

"I love the variety of clinical pharmacology and therapeutics; the complex medicine and the clinical trials are always interesting."

Dr Orod Osanlou is an ST6 in clinical pharmacology and therapeutics and is an honorary lecturer at the University of Liverpool.

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ST6 in clinical pharmacology and therapeutics

Employer or university

University of Liverpool

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How I got into the role

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At school I really enjoyed maths and biology and I wanted a career that involved both subjects but also involved contact with people. Thinking that medicine might be a possibility, I organised a taster week at the Leicester Royal Infirmary in the oral and maxillo facial surgery department, which I thoroughly enjoyed. Watching patients with serious problems going home happy after treatment was inspiring. The idea of working in a team also appealed to me.

I also worked in a Shelter charity shop when I was at school. I really enjoyed helping the customers, many of whom were homeless. After taking A-levels I went to the University of Liverpool to study medicine.

During medical school I wasn't really sure which medical specialty I would eventually choose as they all seemed so interesting! However, I did decide that the specialties that had a strong academic bias were probably more suited to me.

After medical school I did my two-year [foundation training](#) ^[1] at the Royal Liverpool University Hospital. I completed various rotations including general surgery, infectious diseases, pharmacology and A&E. During the first year I was very much finding my feet as a junior doctor, and making sure that all my patients were as well as they could be!

The rotation in clinical pharmacology and infectious diseases was particularly interesting. My job was a ward-based medical post, which enabled me to get to know the consultants and how they think and act. I could also see how this specialty relies on doctors with a thorough grounding in general medicine.

I then applied for [core medical training](#) ^[2] (CT1-2), which lasts for two years. My first year was spent at Warrington and Halton NHS Foundation Trust, where I gained valuable experience in acute medicine, [respiratory](#) ^[3] medicine and cardiology. My second year was spent at Aintree University Hospital and Walton Centre for Neurology and Neurosurgery, Liverpool where I gained experience in renal medicine, geriatric medicine and neurology. [Core medical training](#) ^[2] gave me the opportunity to gain broad and thorough training in all aspects of medicine, which provided great experience for my future career.

I'd always wondered, what is clinical pharmacology? To find out more, I approached some clinical pharmacology consultants at the Royal Liverpool and Broadgreen University Hospital Trust and arranged a taster week, which I extended to two weeks with a week of my annual leave. Working on the clinical research facility, I was able to participate in first in man phase one clinical trials! As a result of this I was offered an honorary contract in the department, which enabled me to become closely involved in the work, and to attend relevant meetings.

Once I had passed my [MRCP](#) ^[4] exams I successfully applied to be a representative on the trainees' committee of [RCP](#) ^[5] London. I was involved in many committees including those involving internal medicine, physician associates, future hospitals and curriculum development.

After completing my [core medical training](#) ^[2] there were no training posts in clinical pharmacology and therapeutics available that year, so I secured a one year post known as a LAT (locum appointed for training) which counted towards my training and became my ST3 year (these posts are no longer available in England). I subsequently obtained a national training number for a dual training post in clinical pharmacology and therapeutics, and general internal medicine.

During my second year of training (ST4) I worked back at Warrington and Halton NHS Foundation Trust, in general and geriatric medicine. Elderly people often take many drugs at once - their pharmacological management is challenging as they are at a higher risk of drug interactions and adverse drug reactions. I was also the senior medical representative on the hospital's medicines governance committee. This involved working closely with pharmacists on the use of, storage and distribution of medicines within the

hospital.

I was then appointed as the inaugural RCP [5] chief registrar, where I was appointed as a senior hospital manager and had 50% of my time protected for management and leadership. I used this to undertake many projects that improved the training and working lives of junior doctors and enhanced patient care. On re-establishing contact with consultants I'd met during CT1, I was remembered as someone with a can-do and hard-working approach.

Appointment as deputy chair of the trainee's committee of RCP [5] London has been an amazing experience. I have a seat on RCP [5] council and I was guest editor for a recent edition of the RCP's Future Hospital journal.

What I do

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My current post at ST6 involves a mix of academic, education, management and clinical work. I am a research physician for many trials, including phase one clinical trials. This involves working closely with pharmaceutical companies and requires high attention to detail.

Research is a vital part of my job and I have contributed articles to various scientific journals. One of my interests is pharmacovigilance, to ensure the safety of medicines and to identify and try to minimise adverse drug reactions.

My clinical commitments involve a mixture of in-patient, outpatient and acute work. This involves a mixture of looking after acutely unwell patients in the hospital, outpatient work and leading the hospital's medical emergency team. As part of the acute team, I work on the on call [6] rota, meaning I work around one evening a week, five weeks of nights and four weekends each year on average.

The best bits and challenges

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I love the variety of clinical pharmacology and therapeutics; the complex medicine and the clinical trials are always interesting. When you become a consultant in this specialty there is no defined outcome and that can be scary for some. However I see this as a brilliant opportunity! Clinical pharmacology can include clinical work, education,

management, research, work in pharmacovigilance, for bodies such as the National Institute for Clinical Excellence (NICE [7]), and the Medicines and Healthcare Products Regulatory agency, for pharmaceutical companies and many other areas of medicine.

You also have to be prepared for anything. While I was on nights recently I also had to deal with the fallout from the NHS cyber attack during which our systems were shut down as a precaution, as well as responding to patients!

Life outside work

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Medicine can be stressful so it's really important to manage your time and ensure that you have time for life outside work. I'm married and have strict boundaries to ensure that I spend enough time with my wife and children. I'm also a season ticket holder for Leicester City football club! This has taught me that, with hard work and determination, anything is possible!

Career plans and top tips for others

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I'm just under two years away from completing my training and applying for consultant posts. Before I obtain my CCT [8], I aim to start a PhD on a part-time basis. I'm also setting up a new conference for junior doctors at the RCP [5] and hope to use it to raise awareness of this specialty as a potential career.

My top tips are:

- if you're not sure what career interests you but you do like medicine – consider the breadth of opportunities in clinical pharmacology and therapeutics
- make the most out of your opportunities and don't be disheartened if you have any setbacks
- lots of little steps can make a big difference

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Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training [2]
https://www.healthcareers.nhs.uk/glossary#Core_medical_training [3]

<https://www.healthcareers.nhs.uk/glossary#Respiratory> [4]

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[8] <https://www.healthcareers.nhs.uk/glossary#CCT>