

"Sometimes it is the every day cases in the outpatients' clinic that can be just as rewarding as the more acute situations."

Dr Judith Tweedie is a cardiology trainee and is currently working as a research fellow to the president of the Royal College of Physicians.

Dr Judith Tweedie

ST7 cardiology trainee

Employer or university

Royal College of Physicians



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**How I got into
the role**

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I chose medicine as it combined two of the things I was really interested in – sciences and people. Most of my exposure to medicine was via TV medical dramas such as Casualty!

I applied to Aberdeen medical school as one of my UCAS choices. When asked by the interview panel why I wanted to do medicine, my reply was that I wanted to wear a white coat and use a stethoscope! Happily they saw the joke and I was accepted.

Medical school was hugely enjoyable and I especially liked the practical placements. I was attached to a GP practice in Stornaway, a Scottish Island in the Outer Hebrides, and also spent ten weeks in a hospital in Inverness, gaining varied experience in different specialties.

During my final year I completed an elective [1] in Trinidad and Tobago working for a blood transfusion service. My three months there were incredible – I experienced a new culture by living with a family and saw a different healthcare system in action. I also worked on a project that ultimately changed the procedures for blood transfusions locally.

I opted for an intercalated degree during my medical school training, choosing a BSc in Medical Sciences. The degree included research, and mine was about respiratory [2] function in children. An intercalated degree is a good option, as it provides the opportunity to broaden your skills.

After medical school I proceeded to foundation training [3] in Edinburgh. My rotations included general medicine, general surgery, haematology, cardiology and emergency medicine. I enjoyed everything, but especially liked the practical aspects of surgery. However, cardiology seemed to offer the best of all worlds with its combination of medicine and practical procedures.

I was then accepted for core medical training [4] (CMT) in Glasgow. The varied two-year programme included general medicine, geriatrics, diabetes and endocrinology, renal medicine and cardiology.

During CMT you have to pass your MRCP [5] (UK) exams, parts one and two, as you can't start specialty training without this. The second part is known as PACES, or Practical Assessment of Clinical Examination Skills, which I failed the first time, which isn't at all unusual. I think I probably failed due to a combination of nerves and lack of confidence, but was determined not to allow this setback to detail my career. I went out of my way to find patients I could practice on, and ended up passing with a very high score the second time around! Fitting everything around a busy hospital job with shift work was demanding.

After CMT I was accepted for dual training and cardiology and general internal medicine, back in Northern Ireland. Cardiology appealed as you see patients throughout their journey starting and finishing in outpatients, and continuing through imaging (which you normally do yourself), treatment (which often includes a practical procedure) and management in a coronary care unit or high dependency unit.

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What I do

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I'm about two and a half years away from becoming a consultant. Dual training in cardiology and general internal medicine takes a minimum of five years, but my training has been extended as I have taken time out of my training programme (OOP).

Specialty training has been both challenging and very interesting. The first three years of training includes general adult cardiology where you learn how to manage an outpatient clinic. Patients present with a range of conditions including heart attacks, angina, abnormal heart rhythms, genetic diseases of the heart and valve diseases.

Paediatric cardiology is part of the initial training even if you don't choose this as a sub-specialty. This is very varied and can include children with a small hole in the heart or others with cardiac problems which are part of complex health issues. Working with children involves learning a different set of skills, and I've greatly enjoyed this work.

The first three years also includes obstetric cardiology – treating pregnant women with existing heart conditions or those who have developed heart disease during their pregnancy.

You have to get up to speed in a range of practical procedures relatively quickly. To start with you simply observe, but then with experience you participate more and more. As a trainee you're always closely supervised by a consultant, who guides you through the procedures. These include fitting stents and pacemakers as well as emergency procedures. You also learn about specialist imaging such as echocardiograms that enable the workings of the heart to be shown in great detail.

The other main aspect of your initial training is working on the wards, and participating in ward rounds with the consultant. The work is fast-paced and patients on a coronary care unit may be very unwell. You'll be doing shift work, with nights and time spent on call [6].

Because I am doing a dual training in general internal medicine, I have to fit in the curriculum and training for this at the same time as my cardiology training.

Completing your e-portfolio and gaining the necessary competencies is an important part of the training process.

I've chosen cardiac imaging as my sub-specialty, and you spend the last two years of your specialty training focussing on this. I really enjoy this aspect of the work.

Three years ago I took time out of my training (OOP) to work as a clinical fellow to develop my interest in teaching and training. I'm currently working as a research fellow to the president of the Royal College of Physicians, which has been a great opportunity to extend my skills beyond the clinical remit. I'm involved in project management, leadership, management and policy research. This involves working across different organisations such as NHS England, Health Education England (HEE) and the National Institute for Clinical Excellence (NICE [7]).

I'm currently part of the team working on the RCP [8] Future Hospital chief registrar scheme, which offers an annual training programme to enable registrars to gain the necessary skills to become future leaders. I've been involved in setting up the project, developing the training components, managing publicity and dealing with the stakeholders. I'm also doing an MD in Medical Education at University College London, where my research is looking at how doctors form their professional identity.

- **The best bits**

and challenges

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I really enjoy working with my registrar colleagues. We learn from each other, support one another and give mutual feedback. Everyone pulls together and the sense of camaraderie is great. I also love working with patients! Sometimes it is the every day cases in the outpatients' clinic that can be just as rewarding as the more acute situations. Education, teaching and training is another very rewarding aspect of my job. Teaching also tests your own knowledge and ensures you keep up to date.

The workload is definitely increasing – so ensuring that training still happens and that trainees can keep up to date with procedural skills can be challenging.

I have been incredibly fortunate to have wonderful mentors and role models, particularly in recent years. This has made a huge difference to what I think I can achieve.

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Life outside work

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It's important to keep a good work life balance, and I'm not always good at that. However, I have lots of interests outside medicine, such as reading, exercise, walking and spending time with friends.

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Career plans and top tips for others

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I have 18 months left at the RCP [8] and will then return to my training post for a further year before gaining my CCT [9] and applying for consultant posts.

Top tips

- find out what you enjoy alongside medicine, be it teaching, research, quality improvement or leadership and develop your abilities within this
- do what genuinely interests you, not just what you think you should do
- think broadly – cardiology is not for a certain “type” – you can find something that matches your interests, such as imaging, paediatrics, or research

Source URL:<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/medicine/cardiology/real-life-story-dr-judith-tweedie>

Links

- [1] <https://www.healthcareers.nhs.uk/glossary#Elective>
- [2] <https://www.healthcareers.nhs.uk/glossary#Respiratory>
- [3] https://www.healthcareers.nhs.uk/glossary#Foundation_training
- [4] https://www.healthcareers.nhs.uk/glossary#Core_medical_training
- [5] <https://www.healthcareers.nhs.uk/glossary#MRCP> [6] https://www.healthcareers.nhs.uk/glossary#On_call [7] <https://www.healthcareers.nhs.uk/glossary#NICE>
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