

## CURRICULUM VITAE

# Krystyna Walton

The trauma rehabilitation specialist started her clinical career in rheumatology before moving into neurorehabilitation

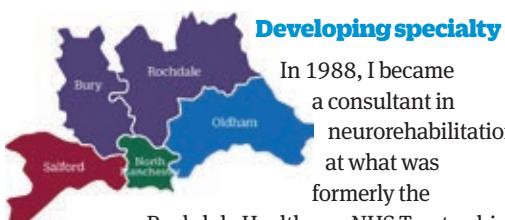
### Choosing medicine

I was 15 when I decided on a career in medicine. My chemistry teacher thought it would be a good choice because I was good at sciences. Until then I hadn't even considered going to university—my parents were refugees from Poland and Belarus, they were working class, not particularly well educated, and could read but couldn't write in English.



### Dealing with difficulty

I became interested in rheumatology as a student. I chose it as my elective because at that time it wasn't covered in any detail in the curriculum and I wanted to know about how patients coped with disabilities and long term conditions. It was the complexity that appealed to me. Every patient and their families deal with disabilities differently, so every situation is unique.



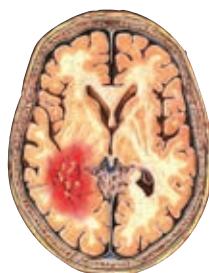
### Developing specialty

In 1988, I became a consultant in neurorehabilitation at what was formerly the

Rochdale Healthcare NHS Trust, which then became the Pennine Acute Hospitals NHS Trust (now part of the Northern Care Alliance NHS Group). The specialty was in the process of development, and the challenge of developing something new attracted me.

### Neurorehabilitation

That year I set up a neurorehabilitation unit in Rochdale, one of the few of its kind in the country. I found neurorehabilitation more rewarding than rheumatology and thought I could be of more benefit to patients with brain injuries, or progressive neurological conditions, as there was a need for advocacy to ensure that they got the right services.



### CAREER TIMELINE

#### 2018

President, British Society of Rehabilitation Medicine

#### 2017 to present

Clinical lead for neurorehabilitation transformation, Greater Manchester

#### 2015 to present

Director, Greater Manchester Major Trauma Rehabilitation, Greater Manchester Major Trauma Network

#### 2015-2018

Chair, Royal College of Physicians Joint Specialty Committee for Rehabilitation Medicine

#### 2012-2015

Clinical lead for major trauma at Salford Royal Hospital, and Greater Manchester lead for rehabilitation following major trauma

#### 2001 to present

Clinical lead for neurorehabilitation, Hyper-Acute Neurorehabilitation Unit, Greater Manchester Neurosciences Centre, Salford Royal Hospital

#### 1996 to present

Consultant in neurorehabilitation and medical director for adult neurorehabilitation services, Priory Highbank Centre, Bury

#### 1988 to present

Consultant in rehabilitation medicine, Rochdale and Salford

#### 1988-2008

Floyd Unit for Neurological Rehabilitation, Pennine Acute Hospitals NHS Trust

### Teamworking

Neurorehabilitation needs you to form relationships with colleagues in other specialties in and outside medicine, including joint working with social services and community services. It's very varied, every day is different, and you feel you can make a difference to people's lives.

### Managing trauma

Over time I've become more involved in developing and managing services, such as leading on rehabilitation following major



trauma for Greater Manchester since 2012. A year later I became director of Greater Manchester major trauma rehabilitation, which involves developing non-specialist rehabilitation for people who have sustained significant injuries.

### Career highlight

Until 1998 I had no aspirations beyond managing a rehabilitation unit in a district general hospital. Then Raymond Tallis (right), who was leading on reconfiguration of Greater Manchester neurosciences services, asked me to help develop the model that integrated neurorehabilitation with neurosciences—a project that changed my career path.



### Sharing knowledge

I was the first chair of the specialty training committee in rehabilitation medicine in the North Western Deanery. We started with two trainees but by the time I finished my two year post as training programme director in 2016 we had nine training slots. I have great enthusiasm for the specialty and like to share its complexity with young doctors. Teaching also makes you think more widely so you don't become stale.

### National committees

I'm on several committees, including the NHS England clinical reference groups for rehabilitation and disability, and for major trauma and burns. Over the years I've been on a number of British Society of Rehabilitation Medicine committees but I never expected to be president, especially as I'm not an academic. I feel so honoured to be elected.

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Virginia Barbour is a champion of the open access movement in publishing and a former chair of the Committee on Publication Ethics. Trained at Cambridge, University College London, and the Middlesex Hospital, she was one of three founding editors of the open access journal *PLOS Medicine* in 2004 and was later editorial director of PLOS for biology and medicine. She now works at Queensland University of Technology in Brisbane, Australia, and is director of the Australasian Open Access Strategy Group

## BMJ CONFIDENTIAL

# Virginia Barbour Queen of open access

### What was your earliest ambition?

As a child I made up stories in which I was the heroine of ridiculously dramatic adventures. I just wanted to make an impression—I wasn't really too fussed how.

### What was your best career move?

Moving to PLOS in 2004. I was at the *Lancet*, watching the launch of *PLOS Biology* and wondering whether PLOS would launch a medical journal—so I wrote and asked, and it turned out to be their next plan.

### What was the worst mistake in your career?

Not keeping up my medical certification. I had to decide to give up my options for training so that I could go full time as an editor.

### How is your work-life balance?

It's got better. Early on at PLOS I had two small children and did long hours. I still do calls at odd hours in this job, but that's true of many Australasian professionals working with overseas collaborators.

### How do you keep fit and healthy?

I did my first half marathon this year, and I plan to do a marathon next year.

### What single change would you like to see made to the NHS?

It has insufficient emphasis on preventive care and on tying this to other initiatives such as healthy cities and food.

### What do you wish that you had known when you were younger?

Look after yourself first. A wise friend of mine said it succinctly: health, family, job.

### Do doctors get paid enough?

Yes, probably. But poor wages for carers are a scandal. It's no coincidence that most low paid jobs are done by women.

### What unheralded change has made the most difference in your field?

The increasing understanding that articles in subscription journals are not the way to communicate research. We need diversity of models, better standards, more transparency—and, crucially, research must be open for all.

### What television programmes do you like?

Political satire. Australia has some great ones—*The Hollowmen, Utopia*.

### What personal ambition do you still have?

To sing a solo in a concert. I'm a jobbing chorus alto, but I'd love to be better.

### What is your pet hate?

Smoking—not the people who smoke but the cynical industry, which established the playbook for how to distort public policy and discredit academic studies. This is now used by others, such as the food industry and climate change denialists.

### What poem, song, or passage of prose would you like at your funeral?

The aria “Der Hölle Rache” by the Queen of the Night, from *The Magic Flute*.

### Is the thought of retirement a dream or a nightmare?

A dream. I want to do hands-on work with wildlife here in Australia. Who doesn't want to work with wombats?

### If you weren't in your present position what would you be doing instead?

Politics, public health, or something combining both.

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