



CURRICULUM VITAE

Emma Vaux

The consultant nephrologist and general physician talks to **Jacqui Wise** about quality improvement and medicine in the wake of the #MeToo movement

CAREER TIMELINE

2003 to present

Consultant in renal and general medicine, Royal Berkshire Hospital NHS Foundation Trust

2017 to present

Senior censor and vice president (education and training), Royal College of Physicians

2010-2017

Clinical lead, *Learning to make a difference*, Royal College of Physicians

2013-2016

Programme director of quality improvement, Royal Berkshire Hospital NHS Foundation Trust

2013

Generation Q Fellow. The Health Foundation

2011-2013

Clinical director, acute medicine, Royal Berkshire NHS Foundation Trust

2010-2016

Associate medical director, Joint Royal Colleges of Physicians Training Board

2001

D Phil, University of Oxford

1985-1990

MBBS, Charing Cross and Westminster Medical School, University of London

Work ethic

My father was a country GP and, although he was seemingly always on call, he loved his job. He worked incredibly hard, as did my mother, and that engendered a strong work ethic in me. By the age of 12 I was sold on the idea of medicine and I worked hard to get there.

London student

I studied medicine at Charing Cross and Westminster Medical School. I loved it—the sense of community and the mix of people. You played hard and worked hard.



Renal medicine

Serendipity brought me into renal medicine. I literally opened *The BMJ*, saw a job on the Oxford renal rotation, and thought “go for it.” I love the acute nature of the job—the emergencies. I also enjoy the long term relationships you have with patients—I particularly look after patients on haemodialysis.



Improving attitudes to quality

I have tried to move quality improvement on from a tick box mentality. I want to make doctors feel they can make a difference by focusing on small things that can have a huge impact on patients' lives or our ways of working.

Specialty envy

I enjoy my interventional work and if I had my time again I might have been tempted into the world of interventional radiology. On the research side, I have ventured from molecular genetics and working with Chinese hamster ovary cells to a particular interest in the impact dialysis has on a patient's memory and quality of life.



#MeToo

I have been a doctor for 28 years and have encountered all sorts of behaviour, ranging from exemplary role models to the shockingly awful. Around a year ago a senior person crossed a line and made very inappropriate remarks to me. As senior censor at the Royal College of Physicians, I thought, if I don't do anything about this, who will? So I sat down with the other censors and we developed the RCP500 Code of Conduct (www.rcplondon.ac.uk/codeofconduct).



Injecting fun

I try and put fun back into medicine, which I think has become a little bit lost. I have just been working, with our educationalists, on a new college publication about the modern team and how we can learn from, and with, others, not just doctors.

Plans into action

I led the Academy of Medical Royal Colleges quality improvement: training for better outcomes work, which involved 35 organisations coming together. It culminated in published recommendations in 2016 on how to make quality improvement work in action, with patients across specialties and across different professional groups. There is real value when we recognise this isn't a silo activity.

Multiple roles

I'm also a specialty adviser with the Care Quality Commission and a case investigator and lead assessor for the National Clinical Assessment Service (now NHS Resolution). I'm not good at saying no. Most people look at me and think I'm potty with all the different jobs I do.



Importance of clinical practice

I'm now leaning more to the education side of things, including training and continuous professional development. But it's really important to me still to be a practising clinician so I don't lose sight of what's important at the front line.

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Kevin Stewart, 59, is medical director of the Healthcare Safety Investigation Branch, a recently established autonomous body in the English NHS. After graduating from Queen's University Belfast he trained in geriatric medicine, which he still practices part time in Winchester. He has been director of Winchester's acute trust and a Health Foundation quality improvement fellow at the Institute for Healthcare Improvement in Boston, Massachusetts, where he completed a masters in public health degree at Harvard. He led the Royal College of Physicians' programmes on quality and patient safety before taking up his current role. The new unit aims to undertake professional patient safety investigations that do not attribute blame or liability, using investigation principles adapted from aviation and other safety critical industries.

BMJ CONFIDENTIAL

Kevin Stewart More safety, less blame

What was your earliest ambition?

To be a vet—but my teacher asked, “Why? Don't you like people, Kevin?” I decided not to settle for this, and I discovered that I did quite like people.

What was the worst mistake in your career?

I became a trust medical director with very little idea of what it entailed and few of the necessary skills. I'd advise others to do it differently.

How do you keep fit and healthy?

I commute by bike, and I run or cycle most days. I haven't got the physique to call myself a proper runner, although I've done five or six marathons. The quickest I've managed was four hours two minutes, in Paris a couple of years ago.

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

Healthcare's blame culture is far too ingrained, but we'll always have unsafe healthcare until we stop punishing individuals when systems fail.

Do doctors get paid enough?

Doctors of my vintage have a good package, but I worry that the next generation in the UK are under-rewarded and undervalued.

To whom would you most like to apologise?

To the parents of the girl who died in front of me many years ago from pneumococcal sepsis because I'd failed to ensure that the first dose of antibiotics had been given. Stuff like this is still happening. It's the reason I do what I do.

What is the worst job you have done?

The most difficult was a student holiday job as a care assistant on a long stay geriatric ward. It was hard physically and mentally, and I got paid a pittance—but it taught me about the people who really keep health services running.

What change has made the most difference in your field?

The pendulum has swung too far towards intervention. Many older patients come to me because of adverse effects of medicines or interventions, and most are far more concerned about the quality of life than its duration.

What book should every doctor read?

Thinking, Fast and Slow by Daniel Kahneman. It helps us understand why humans don't make rational decisions about lots of things, including health.

What personal ambition do you still have?

I'll do a sub-four hour marathon even if it kills me.

What would be on the menu for your last supper?

With apologies to animal lovers: foie gras to start; medium rare rib of beef; a big cheeseboard; and I'd finish with a Bushmills Irish whiskey.

Is the thought of retirement a dream or a nightmare?

It's not in my reckoning. The Healthcare Safety Investigation Branch has real potential to turn worthy intentions into practical improvements, but it'll take us about five years. I intend to stick around to make it happen.

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

Maybe I'd be the *Supervet*. He seems to be doing rather well.

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