

team are working using BPSU, HES, NPD, HFEA, and other data sets. His new research network www.gapruki.org.uk is aiming to address research questions which effect many children and their families in general and community paediatric settings. Furthermore he is a member of the BPSU scientific committee, Assistant Convenor to BACCH and editor in chief of the journal Adolescent Health Medicine and Therapeutics.

1. What made you decide to become a doctor and how old were you?

Oddly I had shown an interest in being a doctor from a young age, possibly six, but then was dissuaded from applying for medicine by my parents. I applied post 'A level' results. So I guess something inspired me but I would be fibbing to say what, lost in the mists of time!

2. Who has been your greatest inspiration and why?

Outside my own family, Professor Brent Taylor, Professor of Community Paediatrics at Royal Free Hospital Medical School, then UCL. Brent was hugely supportive of his team, and I felt he was, and is, a good example of someone who 'puts his money where his mouth is.' I was able to see from the very beginning how he dealt with the MMR/autism issue - a nightmare scenario with profound implications. He did this by research showing as well as possible that there was no higher rate of autism diagnosis in 120,000 North London children before or after the MMR vaccine. I learnt a lot from being the 'observer aka spy' in the Wakefield clinics, the disaster for public health in England, how the fall out went for researchers associated with the fraud, and the way the LANCET published research which was subsequently found to be very flawed.

3. What has been the greatest challenge of your career and how did you overcome it?

In some senses that challenge is now, I applied for the position of president of RCPCH coming second and although I lost by "the rules", that is the school of hard knocks, and we have all been there. What to do? Well the old saying - if you don't succeed at first, try again, maybe I will.

4. What advice would you give to community paediatric trainees who want to be involved in research but have no experience in the field?

Doing research can be anything from writing a case report, to contributing patients to a broader study, to suggesting ideas/sharing ideas. You are all observers at the coalface, and you can advocate for your patients unmet needs. I know you may feel like a person going into a wood without a path, but there is help and advice out there... There are a number of community paediatricians with research interests and I hope you will find one of us helpful.

5. Have you had a mentor during your career and how did you find them?

I have not had a formal mentor but did have a life coach a few years ago - he was doing this for the trust I was working for. Stephen D'Souza in Manchester who helped me in my early research project involving neurodevelopmental studies. Stephen is thoughtful and calm and was really kind when I had little idea what I was doing.

Brent Taylor had a much greater influence on me in more recent stages of my career. Not just the MMR work he did but he was also a constant source of support and advice. I often quote him. A few

examples "pomposity is often a cover for incompetence" and "only fight the battles you can win." He was a very sound clinician and a battler when it came to things he didn't agree with. His prediction that smaller paediatric units needed to close drew a lot of negative correspondence but he has been proven right over time.

6. When interviewing what do you look for in a consultant candidate?

Honesty, modesty, evidence of application to craft, anything, which has been done above and beyond simply ticking boxes through the ST1-8 system. That is not to say that is insufficient but given two candidates where one has shown initiative such as quality improvement, research, or something a bit more would prefer them. When I see 'pages plus of courses' (beyond compulsory things like APLS) I think 'How did they have so much time to go to these courses?', and 'Who was looking after the patients?'. I am not talking about proven diplomas and degrees here.

I do a lot of interviewing and sadly occasionally see applications with typos or worse, or applicants who haven't thought heart and mind that they want to work in that place.

7. How do you maintain a work life balance?

Yes, difficult...

I am better than I used to be, being diagnosed with life threatening cancer 8 years ago was quite a shock, so I am trying to look after myself better. Every day is a bonus. But I am now near cure. Ultimately some folks work harder others less so, and those who work harder seem to 'get luckier' the harder they work. I am glad I no longer do on calls, which I stopped some 4 years ago. Academic work can be very stressful and I love my clinical work with patients and colleagues. It keeps me grounded.

8. What is the greatest piece of advice you've received?

There are many, but, "Alastair you don't like being told what to do" was very helpful when I was considering leaving academic medicine to work for GSK (at a time my academic career was struggling).

9. Finally, if you were stranded on a desert island, what 3 things would you take with you?

1. My wife and three children
2. My violin
3. A good supply of recorded music.

Alastair Sutcliffe is Professor of General Paediatrics at the UCL and Great Ormond Street Institute of Child Health, he holds honorary contracts as a consultant Paediatrician at UCLH (and GOSH and the Whittington hospitals)

His preferred contact address is

*Prof Sutcliffe,
PPP Theme,
UCL and Great Ormond Street Institute of
Child Health,
30 Guilford Street, London WC1N 1EH*

*a.sutcliffe@ucl.ac.uk
or www.alastairsutcliffe.co.uk*

A message from Charmari and Lottie (BACCH Trainee Reps)

Dear Community Trainees and fellow BACCH members. We all know that this has been a very stressful few years for the NHS, junior doctors and paediatrics. Recruitment and retention are huge issues across medicine and particularly community paediatrics. Given all of the stress and low morale, we wanted to inspire trainees and remind them that all of this hard work is worth it... we think!! We have therefore started a new series, "15 minutes with..." where we will be interviewing inspiring figures in paediatrics. We welcome your feedback and if you have any suggestions for interviewees please email us at trainees@bacch.org.uk

15 minutes with... Professor Alastair Sutcliffe



Alastair Sutcliffe is a Professor of General Paediatrics, dually accredited neurodevelopmental paediatrician and current MRC grant holder. His interests include exposures to children in utero, and their longer term health consequences, the health of children under 5 years, medicines for children, nudge economics and its use in health care, screening tools and their use in child health and Looked After Children, to name a few. Beyond having received peer reviewed chief investigator funding from the EU, NIHR, Wellcome, CR-UK, HTA, Nuffield and others he is regarded as the de facto paediatric expert on the health of IVF children. His present