

ignite

WARWICK MEDICAL SCHOOL MAGAZINE





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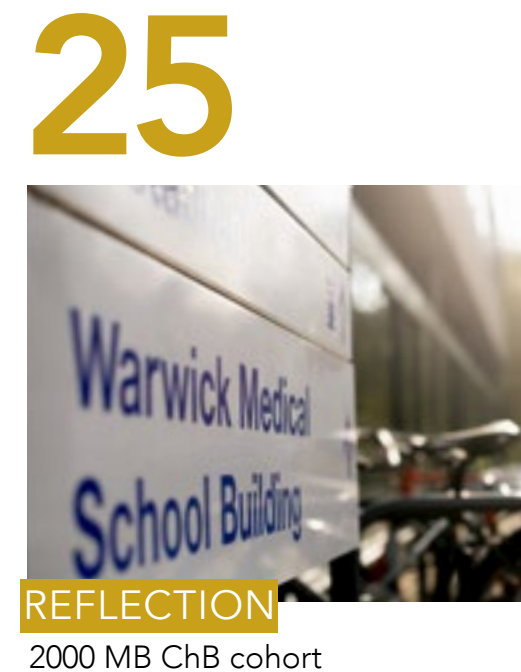
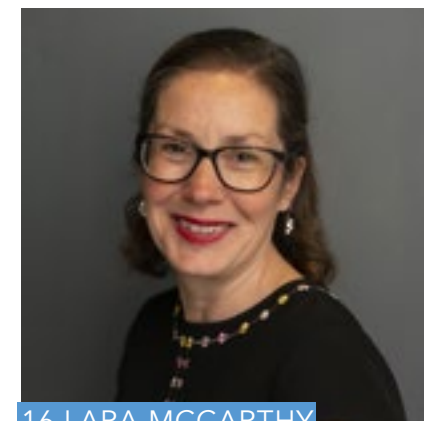
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FOREWORD



Warwick Medical School is turning 20



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REFLECTIONS



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FOREWORD

PROFESSOR SUDHESH KUMAR OBE



As we begin the 2020/21 academic year in what will be an exciting, albeit challenging and unusual academic year, we will be celebrating the 20th birthday of Warwick Medical School all year long.



During the year we were originally planning a number of 20th anniversary events but clearly under the circumstances anything we do has to be done virtually. We will however be publishing 20th Anniversary themed editions of Ignite throughout the year. I invite you to contribute if you wish and also to read what I am sure will be really an interesting and engaging series this year.

The Leicester-Warwick Medical School (LWMS) welcomed its first cohort in September 2000. Some of the staff who are still here today will remember the excitement and share memories of our journey during the last two decades. When the School started we had a cohort of 67 per year in the Medical School Building (MSB) which was our only building at that time. Postgraduate taught programmes for health professionals at that time were part of the Faculty of Social Sciences and moved into the Medical School. The School then began making appointments to strengthen research soon after and that brought in many teams initially in applied health sciences and later in laboratory based research.

I can't help look back and remember our journey even during the time I have been at Warwick Medical School (WMS). I had joined LWMS fairly early in its history in September 2003 and initially had to occupy a Portakabin as there was no room for me and my group. We had to 'lodge' in laboratories at the then Department of Biological Sciences until WMS got its own labs, initially at the Clinical Sciences Research Laboratories (CSRL), and then later on at Gibbet Hill.

By 2006 we became Warwick Medical School when the Privy Council approved independent degree awarding powers and during the next decade we saw very rapid growth of research in WMS. LWMS was initially led by Professor Ian Lauder from Leicester and Professor Yvonne Carter who had been Vice Dean became the inaugural Dean of Warwick Medical School. During the next 15 years or so, there were many transformational events in our history for research from a standing start which is impressive. Establishment of Warwick Clinical Trials Unit (WCTU) with its subsequent accreditation by UK Clinical Research

Network (UKCRN), then Warwick Evidence, recruitment of groups from Marie Curie research institute, new buildings for research funded through Science City research alliance, recruitment of new groups in biomedical research preceding REF 2014 to pick out some of them. There were major investments in facilities too. New buildings such as the WCTU Building and the Centre for Mechanochemical Cell Biology (CMCB) Building and WMS labs in the Wolfson Research Institute buildings helped to provide excellent infrastructure for the growing medical school. We grew rapidly not only in scale but also grew our portfolio for both education and research strategically over this period. Our MB ChB cohort has grown now to 193 per year, and this year we have launched two new distinctive and innovative undergraduate courses. We now have a growing International postgraduate education programme in partnership with iHEED and a vibrant postgraduate research programme that includes doctoral training programmes (for example MRC DTP), and international collaborative doctoral training partnerships (for example with A* Star and also an industrial partnership with Novo Nordisk).

Research grew rapidly to make us a research intensive medical school and today we have some 280 research projects running. We are now the second largest research unit in the University by a large margin after only Warwick Manufacturing Group (WMG). We have graduated around 2,500 Doctors, over 8,000 Master's students and nearly 400 Postgraduate Research students since we were established. We can also be proud of the quality of our research and a large number of post-doctoral fellows have benefitted from the opportunity to build their careers by developing their skills here.

Our impact in this region is also obvious when you consider the NHS and mental health services in this region prior to the Medical School getting established. The fact that all the NHS organisations who are our partners are now rated good or outstanding by Quality Care Commission (CQC) is a testament to improvement in quality of care in this region since the establishment of the Medical School which is no accident.

Research has shown this is what happens to regions that have a medical school and it is no different here as new monies are only a minor part of their transformation, it is much more the research of attracting good talent and being able to benefit from attracting new investments into the region. So WMS has fulfilled its purpose in spades I would suggest, in improving healthcare in this region and beyond by producing some of the best doctors in this country, outstanding future generations of academics, and in making transformational contributions to the discipline and to healthcare through research.

In preparation for the next decade of further growth and development, we have carried out both a strategy renewal (with a focus on planned growth with financial sustainability in mind) and an ambitious 'WMS Grand Challenge' that was agreed by the University Council to guide our ongoing development during the next decade. We begin that journey during the coming academic year. During this academic year we will see, for example, the opening of the new £54 million Interdisciplinary Biomedical Sciences Building that will give us much needed space at our Gibbet Hill Campus. Recently we saw the first of the new Centres that were agreed as part of the 'Grand Challenge' established (the Centre for Early Life and the Centre for Mental Health and Wellbeing) with another to follow soon. We will of course continue to build all our existing areas of strength with even greater ambition. All of this would not be possible without our very talented staff and I would like to recognise the creativity, ambition and the relentless pursuit of excellence that epitomises staff in WMS. If you are an alumni of WMS, I think you will be proud of this School and I am sure you will be pleased with our intention to continue the pace of our further development into a very distinctive reputed medical school.

ALL OF THIS WOULD NOT BE POSSIBLE WITHOUT OUR VERY TALENTED STAFF AND I WOULD LIKE TO RECOGNISE THE CREATIVITY, AMBITION AND THE RELENTLESS PURSUIT OF EXCELLENCE THAT EPITOMISES STAFF IN WMS.





WARWICK MEDICAL SCHOOL IS TURNING 20

PROFESSOR COLIN
MACDOUGALL



Although I didn't join until after the second cohort arrived, I have been here for most of the journey, making this anniversary a focus for both personal and professional reflection.

My first visit to Warwick started in confusion. The University of Warwick had opened a medical school in 2000, admitting 67 trailblazers, all biomedical science graduates. In autumn 2001, I was a newly accredited Paediatric Consultant with an interest in Medical Education and Allergy and responded to an advert for a Senior Clinical Lecturer post at the Warwick end of something called Leicester Warwick Medical School (LWMS). Travelling down from the North East to visit for the first time, I stayed overnight (quite sensibly, I thought), just south of Warwick town. Pre smartphone, I bought a paper map at a service station and tried to find the University. There was nothing obvious in Warwick, but there was something in South Coventry. That couldn't be the University of Warwick, surely?

My geographical error corrected, I arrived at the brand new Medical Teaching Centre (MTC), somewhat on its own in front of the then Maths department. There were few staff around that day, although when I started work after Easter I met Clare Blackburn, then in the School of Health and Social Studies and heard about a young enthusiastic physician in Nuneaton by the name of Vinod Patel.

I already knew that this place (uniquely at the time) admitted only graduates and that the local team was small, that much teaching was via a two way video link with Leicester and that the students shortly to go on to full time placement were to join the Leicester students and be sent in some cases as far as Peterborough. Later on the afternoon of that first visit, I went to the Paediatric department at the Walsgrave Hospital, a large 1970's district general hospital that a few years before had taken only a handful of students.



The journey to 2020 has been quite a ride. WMS has been independent since 2007. Little remains of the Walsgrave hospital, replaced by a £400 million new build in 2006 with the huge Clinical Sciences building replacing the Portakabins where teaching used to happen. 67 students have been joined by around a further 2500. That first group of trailblazers, including many you will meet as Consultants and GPs locally, have been followed by cohorts of, by many measures, some of the highest performing graduates of any UK Medical School.

So what are my personal reflections on how we got here and what we can now achieve?

Our students are central to what we are and what we do. The introduction of our new curriculum in 2013 allowed us to change the way we teach towards a clear patient focus. This was allowed by case based learning and to formalise the place of many aspects of learning such as ethics and leadership in the use of themes. The changes also allowed us to fundamentally change who we brought onto the course by us starting to admit graduates with any first degree. Also integral was the rolling discussion as to what makes the Warwick Doctor special, culminating on our first ever 'Warwick Doctor' awards this year. The Warwick Doctor awards celebrate innovation and creativity, humility, kindness, integrity, academic rigour and support for others.

Undertaking this journey has only been possible with our amazing staff and the full support of the wider school. It is fair to say that the School and University perhaps took the MB ChB for granted some years ago, expecting the course to succeed with too little support, particularly in retaining, developing and recruiting the best educators. I am delighted that



this has been completely turned round, that the MB ChB is once more seen rightfully at the centre of what WMS is and what it does, with, for example, one third more core teaching staff leading, developing and delivering the course. This has been key to the year on year improvement in the student experience as shown by the last four years of a more than 10% improvement in overall satisfaction in the National Student Survey (NSS) every year since 2017.

WMS continues to expand in scale, scope and confidence with the MB ChB at its core. Whilst in future this will likely include answering the forthcoming national call to train more of the doctors the UK so desperately needs, it must also be done in a way that maintains the spirit of the School. Also, this autumn we welcomed undergraduate students who are new courses in health, medical and integrated sciences, a key further step from being simply an outpost of a joint school to being a full, robust and mature school, confident in our successes and future place in UK higher education.

Finally, I have to say something about Covid in 2020. The response of students and staff to the sudden and necessary upheaval has been nothing short of amazing. From providing the regional NHS with 521 frontline staff two weeks after the call for help came, to providing and partaking in a virtual medical course with, for some teachers and learners, one week's notice. Indeed it is notable that even at such a challenging time, the whole of our finalist cohort passed their finals, something that rarely happens, occurring perhaps every decade or two in most UK medical schools.

I believe that our response to Covid has shown the strengths of our teaching teams, the maturity and resilience of our learners and the immense cooperation between both. This is the real strength of WMS and something that shows me that I came to the right place all those years ago, even though I initially struggled to find it on the map.

WMS CONTINUES TO EXPAND IN SCALE, SCOPE AND CONFIDENCE WITH THE MB CHB AT ITS CORE.

OUR TIMELINE

1980s

Warwick had planned to include a medical school in its establishment since its foundation in 1965, but could only do so with government backing for medical manpower expansion in the region. Early bids were unsuccessful, due to a combination of social, political and economic factors, but enabled the development of a School of Postgraduate Medical Education, particularly associated with community health and general practice during the 1980s.

While these postgraduate qualifications and associated research into social and community aspects of medicine progressed, it became clear that any successful bid for medical school places would also need to evidence renown in laboratory-based research.



1990s

Accordingly, during the 1990s, much effort was put into increased fundraising for medical research within the already-established Department of Biological Sciences (now the School of Life Sciences).

Meanwhile, a partnership with the University of Leicester Medical School enabled the development of an innovative, four year, graduate entry medical degree, which combined formal class-based learning with student-directed learning in a clinical setting.

The bid succeeded because the curriculum embodied novel educational ideas, was an integrated course with a strong community orientation and, from the government's perspective, was also a fast and cost-effective way to produce more doctors, from more diverse backgrounds.

Alongside the establishment of the new medical school, Coventry and Warwickshire Regional Health Authority was granted the funds to build a substantial teaching hospital. The location for this would subsequently be determined by the region's hospital building priorities and finances, rather than being located near to the University.

2000

The first MB ChB cohort of 67 students started the course at Leicester-Warwick Medical School after Warwick had partnered with the University of Leicester Medical School.



2004

Professor Yvonne Carter became the Dean of the School.
The first MB ChB cohort graduated.



Warwick Clinical Trials Unit (WCTU) established 2005

Increase in student intake for the MB ChB programmes since 2000



2005

Biomedical sciences did not form part of the original research profile for WMS, continuing instead as a discrete department (now the School of Life Sciences). Instead, WMS remained largely focused on health sciences research initially, with subsequent step-changes in research profile driven by (e.g.) the establishment of the Warwick Clinical Trials Unit (Warwick CTU).

2007

In May, the Privy Council approved independent degree awarding powers for medicine to the University of Warwick and the School was renamed Warwick Medical School. Since that time, our student intake has grown from 67 per year to our current 193 per year.



Mechanichemical Cell Biology Building (MCBB) extension established in 2015

2010

Professor Peter Winstanley started as the Dean of the School.

2012

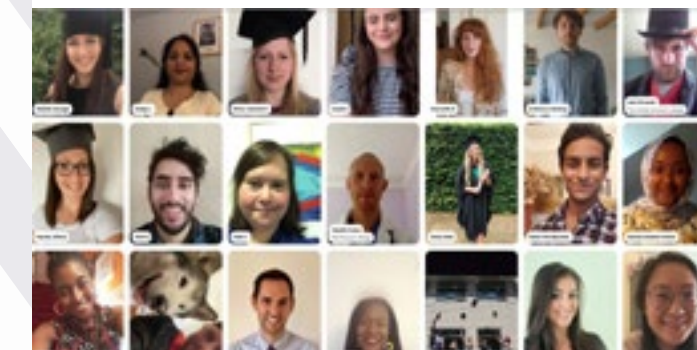
There was a further period of research expansion to strengthen our competitive position and Clinical Medicine REF submission, with appointments that led to the creation of a new Division of Biomedical Sciences.

2013

A new curriculum was launched with a holistic approach to learning and clear patient focus through the introduction of case based learning. The curriculum has core identifiable pedagogy that is designed to enable medical students with a diverse range of first degrees (including arts subjects) to graduate as highly competent, compassionate and motivated doctors.

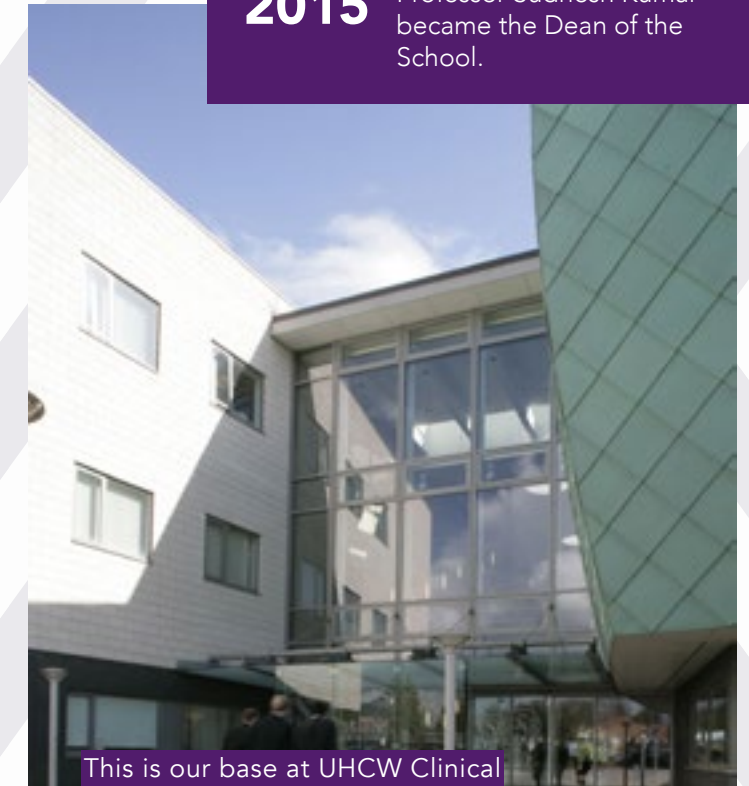
2019

WMS received an Athena SWAN Silver Award.



2015

Professor Sudhesh Kumar became the Dean of the School.



This is our base at UHCW Clinical Sciences Research Laboratories

2020

During the last 6 years we have seen the establishment of many research centres including for Early Life, Global Health, Mental Health, Mechanochemical Cell Biology, Medical Research Council (MRC) Microbial Bioinformatics, Cancer, Health Economics, a Wellcome Quantitative Biomedicine Programme and the Tommy's Centre for miscarriage. Warwick CTU is now the UK's second largest CTU for NIHR portfolio funding.

Our graduating cohort of 175 students all passed their final year, many of the students started work early to support the NHS during the Covid-19 pandemic. We also welcomed our first cohorts of undergraduate science students.





REFLECTION

LARA MCCARTHY

Having now sat down to write, it is very hard to decide what to put in – so many highlights, changes and individuals who have shaped what WMS is today.

Life at Leicester Warwick Medical School started for me in December 2000 as an admin officer working in the 'gold fish bowl' in Physics. I visited the new build Medical Teaching Centre at Gibbet Hill whilst it was without internal walls and marvelled at the space. As we all know the space very quickly ran out as we moved from 67 to 135 to 164 and now 193 students. I was appropriately dressed with flat shoes, yellow jacket vest and hard hat. We were officially opened by the then Health Secretary Alan Milburn.

Those first years were interesting, lots of time spent on the M69 visiting Leicester, including my first trip to the dissection room, getting new members of staff up to speed, talking to the central University about what we really needed to make things work, learning new ways of working and of course getting to know the first cohort of 67 students who had been in the building three months longer than me!

In 2003 we welcomed our new Vice Dean, Professor Yvonne Carter.

In 2004 Yvonne became the third ever female Dean of a Medical School and we had a structure change. Two final year medics saved the life of a Warwick patient on the South Warwickshire Foundation Trust (SWFT) car park by performing CPR. At the first graduation in July of 2004, I was asked to lead the academic procession with mace in hand; something I have done every year since up until 2019. No physical graduation this year so no academics to guard.

In 2005 and 2006, preparations for the General Medical Council (GMC) visits began. These led to the Privy Council signing off on our MB ChB degree awarding status. Following this, we split from Leicester and became Warwick Medical School. The now WMS had a re-structure and we made some curriculum changes.

When I was asked to reflect on 20 years of the Medical School I thought, "Yep I can do that!", having worked there for 16 years and 50 weeks!

In 2007 we awarded the inaugural McCarthy Price for Consistent Performance at the graduation celebration event. This award was sponsored by my McCarthy family in memory of my parents in law, Maurice and Joan McCarthy. Ten years later in 2016 I awarded it in the name of my brother in law Martin who lost his fight with cancer in June of that year. The care he received from his whole medical team was phenomenal and reminded me of the patient centred values based approach that Warwick had adopted a number of years earlier.

In 2009, sadly Yvonne was taken from us following a long battle with cancer; not just our Dean but a sought after local GP, combining her medical knowledge with compassion, empathy and integrity.

In 2013 a completely new case based learning curriculum was introduced, a change from teaching modules to blocks, no year three exams and an elective placement after Finals.

It's impossible to convey in this small space how much effort setting up and trying to continually improve takes. To be honest it didn't always go well. You can though always rely on the Medics Revue to 'take the temperature' each autumn – memorable parodies include Carrie Potter, Woz Medical School and Game of Thrones. Who could forget the aerobics routine filmed in the common room or the run up Gibbet Hill being chased by some random woman on a Harley Davidson?

The following list of names may not mean much to you, but I have to recognise them in my reflection. And if you go and do a little bit of research, you will find them somewhere between Warwick and New Zealand

In the beginning – Chris Lindsay (my first Leicester Warwick Medical School (LWMS) boss) and Jonathon Nicholls (then Registrar, now the OU). Dr Mike Tweed, Dr Ann Jackson, Dr Rose Bland, Dr Clare Blackburn, Dr Alan Dolan and Dr Mike

Stansbie who put up with me when trying to organise things the first time round.

Throughout – Professor Martin Underwood, Professor Anne Slowther, Professor Neil Johnson for their individual and collective ability to present an argument, establish principles and then take them all apart!

Professor John Davey, Dr Graham Ladds, Dr Dawn Collins, Dr Jane Kidd, Dr Jamie Roebuck, Dr Gay Fagan, Dr Kate Owen, Jo Williams – blown away by their commitment, resilience and ability to engage with students.

Rebecca Mole and Lorraine Brown for carrying on and for more than coping. Covid has presented new challenges that you have just got on with and sorted out with the students being at the heart of everything.

Finally the MB ChB team with the many changing faces including, of course, Mick and Jane (up North).

SO MANY HIGHLIGHTS,
CHANGES AND
INDIVIDUALS WHO
HAVE SHAPED WHAT
WMS IS TODAY.





REFLECTION

DR KATE OWEN

We have been through some difficult times together when reduced to a skeleton team, implementing a new curriculum and facing some student dissatisfaction, but when the going got tough, everyone worked so hard - going above and beyond to improve students' experiences. When I was seriously ill and had to take a year out of work for treatment, the team were incredibly supportive and really helped keep me going with messages, visits and books. The sense of team we have now is better than ever and is exemplified by kindness, support for others and creativity.

Our students are equally amazing. It has been a highlight of this year to be involved in the inaugural 'Warwick Doctor Awards'. Dr Anne-Marie Chilton worked in collaboration with staff and students (starting at one of our student-staff away days) to develop a set of core values. 'The Warwick Doctor' is displayed in the Medical Teaching Centre reception as an artwork designed by two students. We invited nominations for staff and students against each of the values - the nominations were profoundly moving - and it was wonderful to be able to reward graduating students whose achievements were not academic, but so important to their future medical careers. "Where else but Warwick" was a comment I encountered more than once - I hope this will help to define us moving forwards. I have also been looking after our student achievement webpages and get to hear about academic excellence, success in other areas of life and amazing incidences of students contributing to society through charitable work.

It has also been a privilege to start working more closely with patients in development of the curriculum. When I set up the MB ChB patient group it was small but dedicated. However, with the help of Lindsay Muscroft and Michele Gutteridge, it has grown and merged with our simulated patient group. This has enabled us to develop OSCEs with students and patients, teach phone and video consulting skills before

The MB ChB team are the loveliest people I have ever worked with.

returning students to clinical environments post-Covid and involve patients in developing Case Based Learning (CBL). There is much more we can now do to collaborate with patients, who after all will be at the receiving end of care from our new doctors.

We have been up and down in the league tables over the years and I have spent a lot of time writing and implementing action plans, but on reflection I believe it is the same Warwick Doctor values which have improved student-staff relations, quality of teaching and support, and student engagement. We have built bridges with as many students as possible, involving them in away days, CBL case development, assessment centres, staff interviews, attainment gap working group and more. Our Student Staff Liaison Committee (SSLC) is amazing and were shortlisted

for SSLC of the year at the SU awards. Staff-student bake-offs have been a particular delight (particularly when judging!), my personal favourite being a functional lactating breast! Every member of the staff team has tried to make each student encounter a positive one.

As to the future, medicine will change but I hope these core values will remain an integral part of what it means to work and study on the Warwick MB ChB. Maintaining team spirit even when physically distant may be an ongoing challenge (though the virtual café has been a refreshing escape) as may working in partnership with students, but we will use the creativity of the team to find a way forward. What more could we hope for than to keep on helping students become kind, humble, creative doctors who demonstrate academic rigour, integrity and support for others?

IT IS GOOD PEOPLE WHO
MAKE GOOD PLACES
(ANNA SEWELL, BLACK BEAUTY)

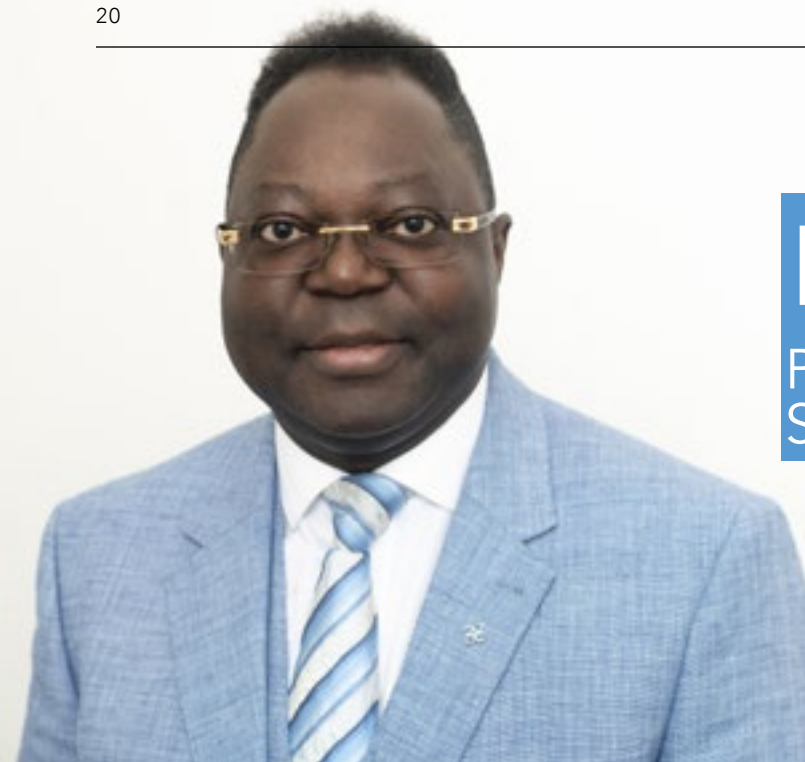
This piece of artwork was created to represent the core values of a "Warwick Doctor". It also acknowledges the beautiful nature of Tocil Wood that surrounds the Medical School with its main feature of a branching tree, which was chosen to represent the growth and development of the students at Warwick Medical School. As the Warwick Doctor grows, individuals will eventually branch off into their own specialities, but they will always share the same core values that are deeply rooted. The designers hope that this piece of art will encourage other students to reflect upon their own experiences at medical school and their growth into becoming a Warwick Doctor.

By Rebecca Hui and Jennifer Paxton



THE WARWICK DOCTOR





REFLECTION

PROFESSOR OLANREWAJU SORINOLA

I have been a consultant gynaecologist at Warwick hospital since January 2003.

Part of my appointment as the undergraduate Obstetrics and Gynaecology (O&G) lead was to design the O&G clinical placement at Warwick hospital for the new Leicester-Warwick Medical School at that time. It was quite interesting as there were only a handful of students and you got to know them very well during teaching sessions in clinics, ward rounds, etc. Although the numbers have increased over the years we still try to maintain the same philosophy of knowing the learner. My experience of graduate students right from the beginning is that they are eager, keen to learn, well rounded and a joy to work with. I can also testify that as a part time postgraduate student doing a PhD in Medical Education at Warwick, I had a wonderful experience with excellent supervisors who went on to become good friends and colleagues. This is a testament of a great school with both undergraduate and postgraduate provision.

My involvement with the Medical School grew over the years as I became the OSCE lead and then the Academic Lead for Phase II. What has struck me over the years has been the values instilled into the students. Fairness, honesty and integrity are some of the values that I have personally observed in our students on a day to day basis which I am immensely proud of. As a phase lead, I have also seen the diversity of our student body, the support for their peers, their motivation and their commitment to learning.

Our current Warwick students and Warwick graduate doctors are amazing. I have had the pleasure of working with them both as students and as doctors and they have always upheld the great values mentioned above. We should always be proud of our Warwick students.

On reflection, I have seen the MB ChB programme evolve over the years from the old curriculum to the new curriculum and changes to Phase II of the programme, especially the core clinical education in Year Two. I think this has provided more learning opportunities and broadened the clinical experience of our students. With the advent of the Covid-19 pandemic, I think medicine, medical schools and clinical teaching will change forever in how we approach teaching and learning. I see a future with more bespoke programmes, tailored opportunities, part time medical courses and more technology driven teaching approaches. I think it will be exciting and challenging but daunting all at the same time.

A school is nothing without its teachers. They are the greatest asset of the School and I am glad I have the opportunity to work with such a great faculty at WMS. Their dedication, desire, commitment and support is second to none and I think our student population are lucky to have such an amazing faculty. To sum up, Warwick students, academic and administrative staff are a treasure and joy to work with. I wish everybody an amazing 20th year celebration (socially distanced of course) and more years of celebrations to come.

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Warwick Medical School



REFLECTION

MICHAEL GLOVER

ONE OF THE THINGS WHICH GIVES ME MOST PRIDE IS SEEING THE WAY IN WHICH OUR WMS HAS GRADUALLY TRANSFORMED THE LANDSCAPE OF CLINICAL CARE IN OUR REGION.

I joined what was then Leicester Warwick Medical School (LWMS) in January 2002 as the Finance Manager. I was subsequently appointed School Secretary, equivalent to the Chief Operating Officer role.

At that time the Warwick part of LWMS consisted of (from memory) three clinical academic staff, one from each of our local acute partner trusts, a small group of part-time GPs and clinical demonstrators and a small school office with 5 or so staff. The first cohort of 67 students were just embarking on the clinical phase of their studies and the second cohort of 128 students were based in the (newly opened) Medical Teaching Centre building. Growth was exponential from that point on.

One of my early memories is of a joint meeting with hundreds of academic colleagues from Leicester Medical School at which it became clear that the original vision for a joint medical school across both universities was not supported. So the scene was set for the emergence of an independent Warwick Medical School. Over the succeeding few years we gradually built up capacity to deliver the MB ChB curriculum at Warwick and made a number of academic appointments to underpin this and to build up a research base. Most importantly we appointed a Dean to provide academic leadership, initially Professor Jeremy Dale was appointed on an interim basis and subsequently Professor Yvonne Carter was appointed as the first substantive Dean of Warwick Medical School. Yvonne was one of the most extraordinary people with whom I have been privileged to work. Much of the success of WMS is down to her early leadership, particularly remarkable given that she was battling breast cancer throughout her tenure as Dean.

Highlights from my time at WMS include: receiving independent degree awarding powers for the MB ChB following a successful review of the programme by the General Medical Council; making a high quality submission to the Research Assessment Exercise in 2008; remaining on friendly and constructive terms with my colleagues in Leicester, despite all of the tensions between our respective institutions; establishing the Clinical Trials Unit under Professor Sally Lamb's leadership; the transfer of research

teams from the Marie Curie Research Institute...I could go on. One of my favourite memories is of a visit from a colleague in the Registrar's Office who showed me a set of fabric swatches and asked which colour I would like to select for the hoods for graduating MB ChB students. I hope that everyone appreciates the rather tasteful crimson colour that I selected, my lasting legacy.

One of the things which gives me most pride is seeing the way in which our WMS has gradually transformed the landscape of clinical care in our region. As an example, when we moved to the area the GPs in our local surgery were mostly graduates of Oxford, Birmingham or Leicester Medical Schools. Now the GP partners are almost all WMS graduates. Our eight years in WMS were some of the most challenging and fulfilling in my career, I am grateful to have had the chance to work with so many wonderful colleagues. Very best wishes for your third decade.





REFLECTION

DR MIKE TWEED

I joined Warwick University in 2000, just before the first cohort of students arrived.

I held a joint appointment being a Respiratory and General Physician at Warwick Hospital and Senior Lecturer in Medical Education. The Medical Education team, academics and clinicians developed the learning environment with sessions across Leicester and Warwick by videolink and a significant number based in Warwick. Learning in clinical settings was developed in community and general practice and hospital based settings. There was a lot of learning by staff, organising and delivering a course, and students, developing the knowledge, skills and professional conduct for clinical practice. The first building was limited, and I can remember very little about it, but the move to the new Medical School building, a purpose built facility with learning spaces, was an early highlight. I moved on at the end of 2002, to take up a position in New Zealand, and continue to keep in touch with and bump into colleagues from those early days.

THERE WAS A LOT OF LEARNING BY STAFF, ORGANISING AND DELIVERING A COURSE, AND STUDENTS, DEVELOPING THE KNOWLEDGE, SKILLS AND PROFESSIONAL CONDUCT FOR CLINICAL PRACTICE.



REFLECTION

2000 MB CHB COHORT

Dr Niall MacDougall



After graduating from Warwick I worked in the West Midlands for a year before returning to Glasgow for specialist medical training. I passed the Membership of the Royal Colleges of Physicians (MRCP) in early 2007 and then spent a few years working as a research registrar working in acute stroke neurology, completing an MD in post-stroke hyperglycaemia. I published a few papers and presented my work in Stockholm, Barcelona and Hamburg. I subsequently completed my neurology registrar training in Dundee and Glasgow and worked as a Clinical Lecturer in Neurology at the University of Glasgow for a couple of years. I have been a consultant neurologist with a special interest in Multiple Sclerosis (MS) since January 2016 and I lead the MS team in Lanarkshire. I am also the clinical lead for the Scottish MS register and we have recently published some work on the epidemiology of MS in Scotland.

Looking back I gained a lot from Warwick, especially from the communication skills, the public health teaching and the sociological bits of the course that I hated at the time. The clinical exposure that I gained as a medical student was also, in retrospect, much better than I would have gained elsewhere. Ultimately I did well from Warwick.

Dr Anna Joseph

Just before my finals, I was leaving a revision session at Warwick hospital. As I was walking to the car, a colleague and I heard screaming and saw a lady bending over a figure on the ground. We found a man in cardiac arrest and started CPR.

I have often thought of that day; I remember pulling the man's shirt so hard the buttons fell off; being shocked at his colour. My absolute certainty that he was dead and thinking 'how could I tell his wife'?

Since then I have had to perform CPR in a flower bed, at the roadside, in a lift, half lying under a toilet cubicle and in so many wards and emergency departments. I now teach advanced life support for adults, children and trauma patients, and basic life support to the non medically qualified.

Matthew, our collapsed patient that day, gave a speech at our graduation, his wife standing next to him. At the time I didn't quite grasp the enormity of his survival. I was naive enough to believe that all CPR worked and everyone went home.

Every year I get a Christmas card 'To someone special'; as touching as this is I think he is the special one. I tell this story to everyone I teach, so they realise this skill is more than just a box to be ticked on the CV. It matters.



Dr Nick France Heads up clinical research and development for a Bay Area biotech

What was it like being part of the first WMS MB ChB intake?

I think most of my peers would agree that it was a mix of excitement and apprehension since we were the first cohort. Warwick did not have an established medical school although the University was world-renowned. In fact, in 2000 when we started, the curriculum was imported from (and in many cases delivered by) Leicester University. The course was launched at the tail end of the final period of mostly phasing out "traditional" medical training in the UK (when didactic basic medical sciences were taught, followed by clinical years). Warwick was part of the new wave of integrated teaching yet retained some of the really engaging aspects of traditional courses such as human dissection.

What are your favourite memories of your time at WMS?

Making lifelong friends and seeing them do extraordinary things. I think some of the friendships and bonds you make at medical school are unique given the intensity of the shared experience and the collegiate nature of being a member of the profession. There are some great lecturers that stay in my mind also, Linda Maxwell, Maggie Allen, Mike Stansby. The four years goes by so quickly!

Tell us about your career path since graduating

I completed Paediatric training at Oxford and Guy's and St Thomas's in London, with a brief spell in anaesthetics and intensive care medicine. I was focussed on becoming a Paediatric Intensivist and after having passed the MRCPCH and the first part of the FRCA was accepted onto an academic training program in PICU. However about 10 years ago I had a change in direction. I was struck by the lack of approved therapies for paediatric patients with rare diseases (with such patients ultimately being admitted and dying



in the PICU) so I moved in to the world of global biotech drug development. I have had the pleasure over the past ten years of being in senior leadership roles overseeing the clinical research and approval of several new therapies for rare diseases including the first approved curative autologous gene therapy for a rare paediatric immune deficiency.

I now live in New York City and head up clinical research and development for a Bay Area biotech where we are developing novel small molecules for rare genetically defined neurodegenerative diseases such as Niemann Pick type C, G2019S LRRK2 Parkinson's and a devastating condition called Infantile Neuroaxonal Dystrophy.

What do you most enjoy about your work?

The intellectual challenge involved in clinical research, the excitement of dosing a first patient in a clinical study and getting data back, and the ability to wear both a physician and a researcher hat whilst working on discrete projects that might result in something of enormous importance to patients who have no treatment options.

How do you feel your time at WMS has helped you in your career?

Warwick had a clear pragmatic focus to clinical problems and a lot of effort was placed on real life problem solving. This helped me throughout my career both patient facing and now in my new role. My transition from final year medical student to first year house officer was much smoother for it.

What general advice would you give to our finalists who will be graduating in the summer and about to start their foundation programmes?

Enjoy it and cherish the memories. Yes there will be stressful times but you will look back on that six month period from



graduation through your early months treating patients with fond memories. If in doubt, ask! And the nurses do usually know best.

What advice would you give to medical students/ graduates who don't feel the traditional path is for them?

That's an easy one as I did not take a traditional path. Get as much clinical experience as you can before making any major decisions in your career that could impact you. You only have one life and the world is a big place. There are many medical graduates all over the world pursuing exciting and rewarding careers both in medicine and outside of medicine. At some point everything will fall into place. Have a plan but don't stress if the plan changes. Oh and complete your foundation training before making any rash career decisions.

Dr Ben Disney

Consultant Gastroenterologist at UHCW NHS Trust

What was it like being part of the first WMS MB ChB intake?

Being part of the first year felt like an experiment – kind of teach yourself medicine, certainly in phase 1 – we were placed in an old computer science building down on main campus with a 'video-link' to Leicester. We often had to travel up to 4 times a week to Leicester for lectures which was a pain! We were a small group which had both positives and negatives. The negatives being the lack of social / sports societies (and the lack of numbers to compete). The positives were distant placements for phase 2 – I was placed in Lincoln for 2 months at one stage! There was an over-emphasis on some social science including being dumped in the middle of Coventry to 'appreciate where we were training'.

What are your favourite memories of your time at WMS?

I've made friends for life. My elective was memorable for round 1 of SARS (being based in Toronto I was soon swiftly kicked out of the hospital) and a car crash.

Tell us about your career path since graduating

I've stayed within the West Midlands completing a post-graduate degree (MD) and completing my trainee to become a Consultant Gastroenterologist in 2015.

What do you most enjoy about your work?

The mixture of hands on procedures (gastroscopy and colonoscopy) with outpatient and in-patient work.

How do you feel your time at WMS has helped you in your career?

I got to know the local clinicians and hospitals during my training and felt more comfortable staying locally as I thought this would ease the transition from student to doctor. WMS helped shape my communication skills and did help me appreciate the bio-psycho-social aspects of patient care.

What advice would you give to medical students/ graduates who don't feel the traditional path is for them?

Medicine is pretty easy most of the time, remember that common things are common. Enjoy being a medical student! Spend as much time on the wards speaking to and examining patients as you can – you learn so much from this. Oh, and always, listen to the nurses!

REFLECTION

DR TIM BLAKE

Consultant Rheumatologist and Physician

I have fond memories of my time at Warwick and am proud to share in its triumphs. I was in the second intake of WMS students from 2001 to 2005, then officially Leicester-Warwick Medical School. As a guinea pig generation to this brand-new medical school, we were a tad apprehensive, but were all eager to get started and make it a huge success. Highlights of my time at WMS were the social events, including Monday night Top Banana, Wednesday night Score in the Students' Union and the countless house parties, in what felt like the whole of Warwickshire!

I have vivid memories of the first-year weekend away to the Lake District that was packed with fun, although ended in our minibus breaking down and missing a day's lectures. There were not many low points, but the three-hour lecture on cranial nerve anatomy by a most enthusiastic retired surgeon still makes me feel uneasy.

WMS equipped me well to start my junior doctor training in the West Midlands, and led to more and more training, so that now I can be found working as a Consultant at UHCW NHS Trust. I regularly teach, examine, interview and mentor WMS students.



REFLECTION

DR MADHU RANGARAJU - A RECENT ALUMNA RETURNS TO TEACH



Madhu graduated in 2018 and undertook an Academic Foundation Programme before returning to us in autumn 2020 as a Clinical Education Fellow to share her knowledge and experience with a new cohort of medical students.

Why did you choose to study medicine at WMS?

I chose Warwick as I wanted to study on a postgraduate only programme and at the time Warwick was the only one. I knew it had a case based learning approach to teaching and there was a lot of self-directed learning which appealed to me. It was also a real benefit studying alongside other graduates as they had a certain level of maturity and they came from a wide variety of backgrounds. For example my clinical lab partner was previously an architect and another colleague was from banking which provided a wealth of different experience and knowledge to learn from.

Do you have any particular memories of your time with us you would like to share?

One particular memory was the dissection trip to St Georges, in Grenada at the end of year one. It was such a fabulous experience, the views were absolutely amazing and it was a great opportunity to spend time dissecting live tissue, given at Warwick we largely work with plastinated specimens during anatomy sessions.

I also really enjoyed being an active member of the surgical society where I was able to run events and develop my interest in teaching by running career development events for my peers.

Tell us about the route you have chosen so far in your career?

When I graduated from Warwick Medical School I was successful in gaining entry to the Academic Foundation Programme (AFP) which I was delighted about. I had developed an interest in research from earlier in my studies having undertaken a student selected component (SSC) project which was research based and loved it. The AFP

provides a real introduction into academia and medicine. As a foundation doctor you follow the same rotations as others but you also have one additional rotation to undertake research.

Warwick students are well placed to make successful applications for AFP because of their graduate backgrounds and because Warwick prepares you very well. Emily Reid, who was the medical careers consultant at WMS and is now Director of Student Experience, Employability and Progression, has worked hard to enable students to be successful. The number of successful applications has risen exponentially over the last few years.

Now having completed my second year of foundation training I have decided to take a break from clinical practice and come back to my love of teaching. I have just started in a role back at the Medical School as a Clinical Education Fellow (CEF) teaching anatomy which I am very excited about.



I have been working in a busy A & E in Birmingham for the last eight months which has been insightful and challenging so it will be nice to have some time back with the medical students in more of a 9 to 5 environment.

Despite the current restrictions we are aiming to do two days face to face teaching supplemented with on line teaching and resources. I have really enjoyed working to develop on-line lectures and meeting the challenge of making them fun and interesting. I didn't realise quite how much more work is required in putting together online lectures than teaching face to face but it has been a really good learning experience.

How well do you think Warwick prepared you for life after Medical School?

There was a lot of self-directed learning as part of the course, which at the time when it was new to us it was hard to see how this would prepare you for being a doctor. However, now looking back you can see the benefit of having to use your own initiative. I think it also helped to build resilience and respond to difficult situations in a professional manner.

We talk a lot at WMS of 'The Warwick Doctor' being special, what does the term mean to you?

A lot of students who graduate tend to stay in the local area and they do have a reputation in the local Trusts as being great doctors. My course gave me the ability to deal with complex situations and difficult patients. It taught me the importance of communication in getting to the key issues and gave me empathy and confidence in uncovering what is really bothering patients when conducting examinations and reviewing their histories.

We are celebrating WMS' 20th anniversary this year. Looking into the future and perhaps the next 20 years what do you think will be?

I feel that it will be increasingly important for doctors to be approachable, calm and have excellent communication skills to help patients understand what health care can do for them. Especially as healthcare may become more complex as time goes on with the advent of remote consultations and the complexities situations like Covid can bring. The pandemic has shown just how important skills like these are in order to manage the expectations of the public. It was amazing to see just how quickly the NHS can adapt in difficult circumstances. As a doctor, although there have been times of over overwhelming sadness it has been an incredibly interesting time to have been working in the NHS as a doctor.

If you met a student who was considering medicine, what advice would you give them?

We get into medicine to help save lives. I don't think you realise just how good that feels as a doctor to have helped people. When they smile and say thank you, you know that it is something you have done and that what you are doing everyday is something worthwhile for others.

In terms of being at medical school I would tell students not to stress, enjoy it! It is hard work and you have to make some sacrifices around spending time with family and friends but there is still an opportunity to have fun, sleep, eat and have hobbies. When you get into working life it is a lot different so enjoy it while you can!

I don't think that anyone can quite prepare you for the transition to being a junior doctor. It can be both fulfilling but also incredibly hard. I hope that as I have recently been a junior doctor I can share my experiences with those who I teach and give them some real ideas of how it might be for them and help them prepare.



WARWICK STUDENTS ARE WELL PLACED TO MAKE SUCCESSFUL APPLICATIONS FOR AFP BECAUSE OF THEIR GRADUATE BACKGROUNDS AND BECAUSE WARWICK PREPARES YOU VERY WELL.

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