

## Professor of Reproductive Medicine and Surgery

### Why did you become an academic doctor?

I have a friend who divides doctors into 'doing' doctors and 'thinking' doctors, just to wind me up. The implication is that you cannot be thinking about what you are doing if you have 20 patients queuing to see you in a busy outpatient clinic and that you cannot concentrate on tying off the bleeding uterine artery if you are contemplating what the blood platelets are doing at the time. Although I admit there is some truth in these extreme examples, it would be a sorry world if doctors just plodded through the latest NICE guideline for whichever patient walked through the door. We should all be academic in our approach to clinical practice, and question why we do what we do.

Also, if I have to be honest, I'm probably not very good at doing what I'm told. I hate protocols and find it impossible to remember lists. However, I'm good at working out things from first principles, hence I guess I'm a 'thinking' doctor.

### FACT FILE

**Name:** Steve Killick  
**Job title:** Professor of Reproductive Medicine and Surgery  
**Location:** University of Hull, Hull, UK  
**Qualifications:** BSc, MB BS, MD, FRCOG, FFFP

### How did you become an academic doctor?

I hope I would be an 'academic' doctor even if I didn't hold an academic post. In the past it was good to have a few papers on your CV and I just collected a few more so that I could apply for a senior lectureship. In the future it seems that doctors will either progress through specialist training posts or some separate parallel academic training scheme. We're separating into doing doctors and thinking doctors again! Surely this cannot be a healthy educational process and cannot possibly lead to better doctors.

### What do you enjoy about it?

I enjoy the fact that every day is different. Sometimes I'm treating patients, sometimes teaching, sometimes trying to

collect data for research, sometimes lecturing abroad. I sit on the usual multitude of committees – some good, some bad, some dreadful – and run a local charity. I never have a day that I could call typical. I don't love every aspect of the job, but if I get fed up and frustrated with one task hopefully it is not too long before I'm diverted into doing another, like writing this article.

### What would you change about your job?

I'd like to feel more part of a team. The current NHS management structure works to isolate individual clinicians and health care workers. I'm never one to call for a return to the past but the clinical firm had its advantages. Something similar would help.

### If you were not a professor what would you like to do?

I have fantasies about running my own small business when I retire at 60. It's the only thing I can think of that holds the same diversity as my current job.

## Psychosexual Psychotherapist

### How did you become a psychosexual psychotherapist?

In my previous career in international business management I did a team development project with an industrial psychologist. The experience was so powerful that I enrolled on a 2-year psychotherapy diploma. I then realised that sex was a big issue for many of my clients, so I embarked on a specialised postgraduate psychosexual therapy training.

### Why do you do it?

I love the challenge of exploring another person's internal world and discovering how they experience life. I also enjoy the academic challenge of sexology, be it psychotherapy, medicine or science.

### What has been your career pathway since you started?

During my postgraduate training, I wanted to boost my clinical hours and persuaded two big GP practices to take me on *pro bono*. The service took off almost immediately and they soon started paying me! In all, I've introduced three psychosexual therapy clinics into the National Health Service (NHS). Then thanks to my supervisor, I got a chance to work in Harley Street.

### How do you get your patients and what are their problems?

NHS patients are all referred to me by the

### FACT FILE

**Name:** Susan Pacey  
**Job title:** Psychosexual Psychotherapist  
**Location:** London, UK, working in both the NHS and private practice  
**Qualifications:** BA, United Kingdom Council for Psychotherapy (UKCP) registered

GPs I work with. My private clients can either be directed to me by their consultant, doctor or therapist, or can self-refer having got my details from the British Association for Sexual and Relationship Therapy (BASRT) website. People come to see me with a very wide range of problems, including erection difficulties, loss of interest in sex, anorgasmia, dyspareunia, vaginismus and non-consummation.

### What is an average day like for you?

I get up at 6.30am and have a social breakfast with my partner before starting work. Couples' appointments last 90 minutes, while individual sessions are 1 hour. I make sure I have a good break between couple clients and at lunchtime, because I work until 9.00pm, after which I write up my notes from the day.

### Have you any other roles and responsibilities?

I do lots of teaching, lecturing and some supervision. I also edit and write for the BASRT journal and 'scout' conferences

for new authors and speakers. I recently organised a debate on sex education at the European Federation of Sexology Congress in Prague.

### What are the worst elements of your job and how do you cope?

At the end of a day's engaging with people's distress, I can sometimes be left with that experience. To offload, I have supportive colleagues and find the walk to the bus stop through the beautiful streets of W1 very relaxing.

### How do you see your job progressing in the future?

I'm at a watershed: I need to decide whether to continue as a solo operator or to become a small organisation and employ others. I like the freedom of being a one-woman practice, but as yet I'm undecided.

### If you were not a psychosexual psychotherapist what would you like to do?

I couldn't think of anything else I would want to do. This job will keep me fascinated until I retire. Then I want to do a PhD and have the 'gap year' I never had!

### FURTHER INFORMATION

**British Association for Sexual and Relationship Therapy (BASRT):**  
[www.basrt.org.uk](http://www.basrt.org.uk)

**United Kingdom Council for Psychotherapy (UKCP):** [www.ukcp.org.uk](http://www.ukcp.org.uk)