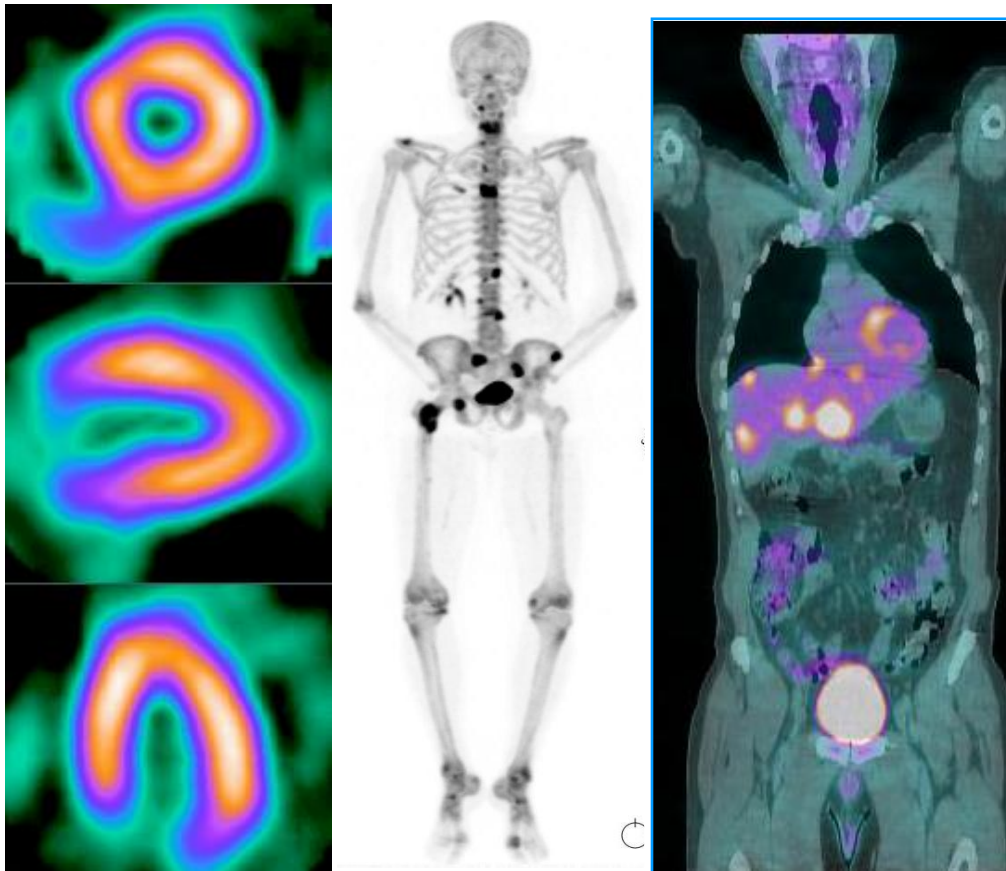





Specialty career profile



Nuclear medicine

Professor Val Lewington



Name: Val Lewington

Specialty: Nuclear medicine

Current job title and grade: Consultant nuclear medicine physician

Hospital/trust: Guy's and St Thomas' NHS Foundation Trust

What influenced you/made you decide to choose your specialty?

Like many trainees, my career choice was determined by working with an inspirational team. My senior house officer (SHO) medical rotation included a cardiology attachment with responsibility for nuclear medicine investigations. I was made to feel welcome and encouraged to spend time in the nuclear medicine department, where staff were keen to teach. I managed to write a couple of case reports and learn basic research skills during a relatively short placement. After a post-MRCP registrar rotation, an opportunity arose to embark on specialist nuclear medicine training.

What was your first experience in nuclear medicine like? Did you hit it off immediately?

I enrolled early for an MSc training programme to learn the basics of nuclear medicine. There was minimal senior medical backup in my department and I relied heavily on my experience in acute medicine to manage patients attending for diagnostic imaging and treatment.

What rotations did you do in your training? What did you find helpful?

I did a conventional SHO medical rotation prior to MRCP which included oncology, followed by two years as a medical registrar in endocrinology, therapeutics and neurology. The acute medicine was essential preparation for managing emergencies in the nuclear medicine department whereas oncology and endocrine placements gave me the skills to sub specialise later in nuclear medicine therapy.

What training do you have to do to get in to nuclear medicine?

The London University MSc nuclear medicine programme links scientific training with clinical nuclear medicine practice and is now mandatory. The national curriculum is undergoing review to keep pace with rapid technological advances. In particular, it is likely that future trainees will require formal radiology training so that they are competent to perform and interpret fusion studies that combine nuclear medicine with cross sectional images.

Do you work closely with other specialties?

Nuclear medicine applications span a broad spectrum of disease, focussing particularly on oncology, cardiology, nephro-urology, orthopaedics, rheumatology and neuropsychiatry.

Nuclear medicine techniques are often used to assess the impact of new developments in other fields, so close collaboration with referring clinicians and radiologists via multidisciplinary meetings etc is one of the most appealing aspects of the specialty. The nuclear medicine specialist is uniquely able to keep abreast of innovations in almost every other area of medicine. Life is never boring.



What are your typical working hours?

Nuclear medicine diagnostic services are largely delivered between 8am and 8pm. Specialists undertaking radio isotope therapy will have an on-call commitment, but workload is scheduled electively and can be organised around family commitments.

Are there opportunities for travel?

Nuclear medicine is a relatively small specialty, but the UK remains an important opinion leader globally. Most consultants develop an area of special expertise and travel widely in the UK and abroad. Virtually all UK consultants are involved in post graduate teaching at a local or national level and many contribute to continuing medical education (CME) programmes at international meetings.

Are there opportunities for research?

Innovation underpins nuclear medicine. Most consultants undertake research – either by providing imaging support for projects initiated in other fields or by developing new tracers for nuclear medicine investigations. Positron emission tomography (PET) with CT or MRI, for example, is vital for drug development in oncology, cardiology and neurosciences.

Do you work closely with other healthcare colleagues or groups?

The ‘teamwork’ concept is overused in the NHS, but nuclear medicine is truly multidisciplinary. I interact with radiographers, technologists, radiopharmacists, clinicians, nurses, scientists, students and managers every day.

Do you establish long-term relationships with your patients?

Opportunities for patient contact vary widely. Some diagnostic nuclear medicine consultants focus on image reporting and presentations at multidisciplinary meetings, with minimal patient contact.

Others with a significant paediatric or cardiology workload will interact directly with patients on a daily basis whereas specialists with a therapy interest will build long-term relationships with patients.


What are the best aspects of working in your specialty?

For me, the main attractions of the specialty are the workload variety, opportunity to interact with virtually all other medical and surgical disciplines and above all, the pace of innovation and change in diagnostic imaging and treatment.

I enjoy enough patient contact to keep my clinical skills up to speed but still have time for research and teaching. Working with the brightest chemists, physicists and pharmacists can be challenging, and ensures that I keep up to date.

What are the main challenges of working in nuclear medicine?

Workload pressures, government targets and NHS reorganisation present difficulties in nuclear medicine as in most clinical specialties. The high cost of major capital equipment and relatively



complex infrastructure required to support nuclear medicine services can make service expansion painfully slow.

What are the common misconceptions about working in your specialty? Nuclear medicine is one of the best kept secrets in medicine. Not to be confused with radionuclide radiology, nuclear medicine is one of the most exciting, innovative areas of medicine at the forefront of drug discovery and oncology therapy.

Is there a typical location for working in your specialty?

Because of the infrastructure and equipment required, nuclear medicine services are hospital-based.

What advice would you give to someone considering a career in your specialty?

Try it. Attend a 'taster day'. Visit a major department and see what's really involved. If you have a sound grasp of general medicine, good communication skills and scientific curiosity, you will excel. The specialty is expanding so rapidly that there is enormous scope for developing subspecialist expertise and building an international reputation.

Describe a day in the life of a nuclear medicine consultant

There are no typical days. I am usually at work by 8am. I review inpatients first and then deal with emails and correspondence or attend a multidisciplinary meeting.

From 9am to 12pm, I report diagnostic images usually with junior staff and supervise the care of patients attending the department.

Lunchtime is usually spent doing paperwork at my desk or attending a multidisciplinary meeting. Afternoons may include a busy clinic (thyroid or oncology), supervision of radionuclide treatment or teaching.

By the end of the afternoon, all reports for the day will have been verified and urgent results discussed with referring teams.

Preparation for meetings, including multidisciplinary meetings, lectures and research is time consuming and often tackled out of hours.

I usually leave between 6pm and 7pm, but may be on-call from home.