Podcast – Jo Merrifield interviewing Chris Humphries

Transcript

Jo Merrifield speaking with Chris Humphries

Time	
0:10: (Jo)	Welcome to this episode of Clinical Research Career Conversations brought to you by Edinburgh Clinical Research Facility. My name is Jo Merrifield, and today I've been speaking with Dr Chris Humphries about his journey into research. Enjoy.
0:32: (Jo)	*So hello. Today I am with Dr Chris Humphries, who is an emergency medicine doctor who is undertaking a clinical research fellowship in the University of Edinburgh. So thank you for joining me today.*
0:44:	*I'd really like to talk to you about your career, because that's what the podcast is all about - understanding people's career journeys and opportunities that they've had. I wonder whether a good place to start is actually if you could describe your role and what you do, especially in relation to the clinical research fellowship.*
1:01: (Chris)	Sure, thanks for having me, Jo. So yeah, as you say, I'm an emergency medicine doctor. I have paused my training to come and take a clinical research fellowship. So technically I'm still a trainee in emergency medicine in England. That's on hold for as long as the fellowship takes. You can take a maximum pause of four years for a training programme, and you can't take any time out in your final 12 months. So I've got 12 months left in my training programme.
1:31:	So I am here doing a clinical research fellowship, and clinical research fellowships are jobs that exist, where you are university employed. They tend to be grant funded, so there'll be a big trial that needs someone to help the day to day running and delivery of the trial. And I am employed through that grant via the university.
1:57: (Jo)	*OK, I see. So does that mean, you've obviously paused your training, do you still do clinical work as well?*
2:05: (Chris)	So at the moment, I don't have any clinical work in my job role, but I'm hoping to move to Edinburgh. So I needed to build clinical relationships with other departments, so I do a weekend every four weeks in the emergency department here. That's really helpful for getting to know people. It makes for quite a tough run of 12 days of work, but that is what I needed to do for medium term planning.
2:35: (Jo)	*Grand. And so what is your research that you're involved in?*
2:40: (Chris)	Yeah, so I'm employed to deliver the MAIL trial, so it's Macrophages for Acute Injury of the Liver, M-A-I-L, and essentially what we're looking to do is to help people who have experienced paracetamol poisoning, because at the moment we have a very effective antidote called acetylcysteine, that is essentially 100% effective if you start it within eight hours. By 20 hours after your poisoning event, it doesn't really do anything. We still give it, because we don't have anything else.
3:15:	And then people develop liver injury, and some people's liver injury will just get better. But some people will go on to either need a liver transplant or die. And it's the commonest cause of acute liver failure in the UK, the US, Australia, in fact, most

of Western Europe. So we're trying to develop a treatment that will allow us to treat those people who are too late for the antidote to try and stop them needing a liver transplant or dying.

3:44: So it's a Phase 1 one clinical trial, so a Phase 1 trial is only designed to prove that you can get to the dose you think you need to give in order to have an effective treatment. So you're trying to prove that you don't have dose limiting toxicity. But of course as soon as you finish a Phase 1 trial, all anyone wants to know is whether it works. And so that's what a lot of the focus of my PhD has become, is trying to extract as much efficacy information as possible from the Phase 1 trial.

4:15: (Jo) *OK, brilliant. That sounds really interesting. And being an A&E nurse in my background, I completely appreciate it's something that is very common in admissions into A&E, isn't it? You said you're investigator on this trial. What does being an investigator actually mean and involve?*

4:35: (Chris) Yeah, OK, so the trial is led by a chief investigator, so that's James Dear, who's a professor of pharmacology, and he's got a key interest in paracetamol poisoning. I would not be credible at my career stage to lead a trial like this. I don't have the background for it, you know, so we've got a huge team. We've got people from the Scottish Blood Transfusion Service who make the cell product that we're giving. You've got Stuart Forbes' lab, who have got ten years of experience of designing and delivering these cell treatments, and have one that's closer to getting to the market than this. You've got the Edinburgh Clinical Trials Unit, who have trials managers and trial statisticians. My job is to come in and do the doing on a day to day basis, essentially, so what I have to do is work with our recruiting team, the EMERGE research group of research nurses to identify patients, answer the patients' questions and then, if they are happy to participate in the trial, I'll take them through the consent process. I'll be there for their dosing visit, I'll be there for all their follow-ups. I have a phone that is carried 24 hours a day, which I have to answer if there's any clinical questions, because, you know, a patient might be admitted to hospital with a complication of the product. And so we can't anticipate problems, it's a new treatment. So although we've thought about it as much as possible, you don't know exactly what's going to happen. So my job is to be the first port of call to solve all the problems with the trial, and then I've got top cover from the chief investigator if there's something that I'm stuck with.

6:25 (Jo) *Yeah, grand, thank you. I actually spoke last week with Julia Boyd, who I think is a trial manager on MAIL, so I guess you work quite closely with the trial managers?*

6:34: (Chris) Yes, she is. Yes, very closely. I mean there there's no one in the trial who's not at some stage an absolutely critical role. So, yeah, and on a day to day basis, trials need a lot more maintenance and nudging along than you'd think. You think all the hard work's done when you get your first protocol, and it's passed through Ethics and you've been given permission to open. But every time that you do something, there'll be some unexpected learning that needs to be incorporated into your working practices going forward.

7:10: (Jo) *I wonder, when did you realise that research was the direction you wanted to take and what kind of opportunities did you have in your earlier career that made you think, actually this is what I want to do?*

7:24: *(Chris)* So I did my foundation years and then did a couple of years as a locum in an emergency department, because I wanted to know that it was the training programme that I wanted to do. And then I joined the training programme, and I did three years, but I'd already done my reg exams before joining the training programme, by virtually having done my SHO. So I did the first three years of the training programme - and emergency medicine training's six years long - so at that stage, although only three years of training, I'd done five years and I was starting to look for things that would give me some variety, because what I was worried about was coming out the far end and only being able to do direct clinical care, and I didn't think that it was going to give me 30 years of career longevity. And when you work in emergency medicine, you see a lot of toxicology. So whether that's deliberate self-poisoning, whether it's recreational drug use, adverse medication reactions, and it's… I found it really interesting because it's essentially applied pharmacology you can see happening in front of you. You can work out clinically what someone's poisoned with. If there's an antidote that's appropriate to give, you can give it and see it work and anticipate from the half-lives of the medication exactly when it's going to wear off, whether the patient's going to need repeat dosing.

8:53: And so I ended up doing a two year… so my career's chopped and changed a bit, so I did a two year out of programme traineeship. So I've done three years of clinical training, so ST1, ST2, ST3, and then I negotiated with the College of Emergency Medicine to do two years where they count 75% of it towards my training, and I get to do 25% toxicology. And that gave me time to do a postgrad diploma, to build relationships with Edinburgh - because Edinburgh is the biggest centre of academic clinical toxicology in the UK - and it gave me time to demonstrate some professional credibility. Rather than just saying I was interested in toxicology, I could actually go and do something. So that's when I did my first research project, with the time that it gave me.

9:43: And then I was able to leverage that into an academic clinical fellowship, which you can be appointed to up to and including ST4. So I think I was appointed one week before the end of ST4 to my academic clinical fellowship. They're funded by the National Institute for Health Research in England and Wales. We don't really have fellowships that are as good in Scotland. So there are some fellowships like SCREDS, but they come with less time and less attached funding as well.

10:22: So what that fellowship gave me was another 25% time to continue developing a research interest and credibility, but also to start finalising some plans for a PhD, and so I started coming up to Edinburgh quite a lot to have conversations in the lead in, to work out what might be coming available that would fit with my timescales.

10:48: *(Jo)* *Obviously you said you'd negotiated with the Royal College, etc. I guess you had to be very proactive on your part and to seek out those opportunities. Is that fair to say?*

10:58: *(Chris)* Yeah, I don't think a clinical academic training programme exists, that is as neat as a standard training programme where you just get on ST1, work hard, do all your assessments and come off at the end of your training programme with your CCT.

11:15: You are consistently the trickiest person to manage in terms of job planning if you're going down the academic route because you need to jump off the escalator at some points to go and do some additional training at the side, you need split time job

plans, which mean that you don't fit well into a full-time rota. So you have to advocate for yourself quite consistently through that journey.

11:42: (Jo) *Yeah. And what would you say are the benefits for yourself personally in being involved in research? Obviously you've got this really keen interest in toxicology, but what benefits have you found being on the journey that you're on?*

11:57: (Chris) I suppose the two big ones are, one, it's kept me really interested in my job. So I don't think that, since I finished my foundation programme, I don't think I've been out of higher education, so I've been able to keep learning the whole way, and I think we all like learning, but when you are completely reliant on people just dispensing knowledge on the shop floor, that rate of learning slows down. It's still there, it's still really valuable, but actually going and seeing what the latest research says, and seeing how big the gaps in knowledge are has been really, really rewarding to me. And I think the other thing that it's given me is variety in my job. So I will be looking for, as a consultant, some sort of split academic clinical job plan, and that variety, I think, will give me the sustainability that I need to work through to retirement.

13:03: (Jo) *Thanks for all of that and I wonder if - I've been asking everyone at the end of the podcast conversations - have you got any tips or advice for anyone who might be looking for a similar kind of career journey? What would you suggest to your colleagues?*

13:17: (Chris) So I think if someone says that they're looking for a similar career journey, I would stop and ask yourself why you're looking for it. If you are looking for it because you just desperately want change, there are easier ways to get change because, even out the far side of this, if I am lucky enough to get a professorship later in my career, I will be in a constant cycle of pursuing grant funding and making people realise that my research is exciting and relevant, and it never stops being competitive.

13:55: If what you're interested in is continuing to develop on an ongoing basis and then a career trajectory where you are developed and in turn get to develop other people later on in your career, I think it will give you that. You can get that clinically though. So I think what you need to think about is why do I want to do research? And if it's because of a sense of curiosity, then it will give you the reward that you want.

14:24: The reality is, I really enjoy my job, but I also know people who find their jobs very frustrating who are in the same position, and you will set yourself up for some quite clunky transitions.

14:38: So for example, as it stands, I am not eligible for any clinical postdoctoral roles in Scotland at the far side of my PhD, because the research system up here is much more poorly funded than it is in England and Wales. So the reality is it comes with its own problems, but I really, really enjoy my job and I would recommend it to people who are curious.

15:06: There are a few different ways in. So if you're in England and Wales, there are NIHR fellowships which you can pursue, and those are quite neat because they are packaged amounts of money that come with specific projects in mind.

15:22: In Scotland, the system's slightly different. There are some PhD fellowships around, but it's more common to find clinical research fellowships like I'm doing, where essentially the job is there and the job is to deliver the trial, and the quid pro quo that is arranged is that there'll be some funding for your PhD fees, but there might not be funding for your PhD projects, so you then have to learn about the grant funding system quite quickly. So, as I say, and I can't emphasise this enough, although there are problems, I do enjoy my job. I really, really like it. And I think the most important thing that you need if you are thinking about it is to speak to someone who's done it.

16:07 (Jo): *Yeah. I guess speak to a variety of people who have done it as well, if possible?*

16:11 (Chris): Yeah, you want to triangulate people's experiences, because if one person has had a bad experience, that doesn't mean it's the truth. I think if you hear from a majority of people that they've had those problems, it probably is true. But you're best off meeting people and chatting to people, and most people are very happy to have a chat with people with questions.

16:34 (Jo): *That's great, thank you so much, Chris, and I wish you the best of luck in your fellowship. And yeah, thanks for talking to me today.*

16:41 (Chris): Thanks for having me on the podcast, Jo. Have a good day.

16:44 (Jo): *Thank you.*

16:50: *I hope you enjoyed listening today. Chris outlined the role of an investigator in a clinical trial and his journey through medical training into his current clinical research fellowship. Whilst he faced challenges in his academic journey, he describes how the addition of research in his role has given him variety, maintained his interest, and provided him with development opportunities that he wouldn't get in a solely clinical role. His top tip, speak to people who have followed the career path you want to pursue. Find out what it is like and what opportunities may be available for you. Check out the show notes for links to the NIHR and NRS opportunities Chris discusses. Thanks for listening and until next time, bye.*