

British Asian Medical Association-BAMA

Physician of the Month

Mr Rahul Patel

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Rahul Patel MBBS MRCS (Eng) MD
FRCS (Tr & Orth)

Rahul Patel qualified from The Royal Free Hospital School of Medicine in 1998. He trained in surgery at various London teaching hospitals before undertaking a formal two-year research period culminating in a higher degree from the University of London. His specialist orthopaedic training was on the Middlesex/University College Hospital, London rotation.

Mr Patel then undertook subspecialist fellowship training in reconstructive arthroscopy and sports orthopaedic surgery at the University of British Columbia, Vancouver, Canada and at the world renowned Steadman-Hawkins Clinic, Vail, USA. He has also gained clinical experience at the Mayo Clinic, Rochester, Minnesota, USA and the Hospital for Special Surgery, New York, USA.

Rahul Patel was appointed as a Consultant in Trauma & Orthopaedics at the University College Hospital, London in 2009. He is actively involved in the training of higher surgical trainees on the London orthopaedic rotations and is also a co-developer, module leader and course tutor on the MSc in Sports Medicine,

Exercise & Health at University College London.

He is an honorary lecturer of University College London and has published a number of papers in his specialist areas of interest.

He is a member of the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS), the European Society of Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) and the International Cartilage Repair Society (ICRS), as well as the American Academy of Orthopaedic Surgeons (AAOS).

Mr Patel's main orthopaedic and research interests are sports injuries, reconstructive arthroscopy/minimally invasive treatment, joint preservation and cartilage regeneration of the hip, knee and shoulder.

What are the challenges of working as a specialist in your speciality?

Orthopaedics is constantly evolving field, which not only draws upon the fundamentals of medicine and science, but also on the progressive nature of technology and engineering. This combination shapes

my work to be exciting and challenging as there is plenty of scope to interface with individuals and their concepts from varied academic backgrounds as well as the opportunity to innovate and pioneer oneself. On the one hand, it is a speciality where you can make a difference to a patient's life rapidly and in a reproducible, safe manner e.g. total hip replacement, but on the other, one can perform cutting edge surgery, utilising novel techniques and still create

real, tangible benefits for the patient. The trauma aspect of orthopaedics satisfies the emergency medicine component of any

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surgeons' psyche, with the emphasis on teamwork (coupled with the opportunity to be a leader), efficiency and precision. What drives me the most is the challenge to harness the aforementioned benefits and use them to set and meet patients' expectations on a daily basis and to demonstrate a compassion and empathy to all patients commensurate to that if one was treating a close friend or family member.

What are your specialist clinical interests?

I am a sports orthopaedic surgeon, very much fashioned on the North American model of a sports surgeon – i.e. I perform reconstructive arthroscopy of the knee, hip and shoulder. The skills are transferrable and the technology and surgical techniques are rapidly becoming interchangeable. Soft tissue reconstruction of ligament, tendon or restoration/regeneration of cartilage are the mainstay of my work, although I do perform knee arthroplasty as well.

What achievements are you most proud of in your medical career?

My higher research degree (MD) and setting up (with others) the MSc in Sports Medicine, Exercise & Health at UCL

Tell me about your research interests?

Currently my main research interest are: 1) Meniscal implants and regeneration 2) Patellofemoral instability 3) Anterior cruciate ligament reconstruction – the quest for anatomical perfection and enhanced rehabilitation 4) Hip arthroscopy 5) Internal impingement of the shoulder

How do you balance the various roles in your professional life?

Time management is the key to successfully balancing clinical, managerial, educational and academic roles. Luckily, I have had excellent mentors. Learning to delegate and to trust your team is the hardest part of the transition from junior doctor to consultant. I have a typical surgical personality but I have learnt that you can't do everything yourself!

How did being an ethnic minority doctor help you in your career?

I have been fortunate never to have been subject to prejudice because of my creed or colour in my medical career to date, but my ethnicity is something I am very proud of and certainly don't hide. In my opinion, to say that one is negatively conspicuous in the NHS because of ethnicity is no longer true nowadays - the NHS is a multicultural diverse organisation, employing and treating people of all races and backgrounds. It will not move efficiently into the 21st century if doesn't embrace this concept. I would rather categorise doctors by speciality than by ethnicity! Promoting understanding of ethnic culture and ways of thinking should come from within the NHS and this is something all ethnic doctors can do with colleagues and patients alike.

How would you encourage more medical students and junior doctors to choose your speciality?

Medical students and junior doctors will be drawn to specialities that they have the most fun in and find the most interesting; at least that's how I chose Orthopaedics! It's up to the educators to showcase their speciality to these young people. Surgery is a field where if you are practical, dextrous, resourceful, determined and are drawn to being **responsible** for rapid positive effects on people's lives, it will pay you back in spades. It is pressure laden and challenging but to

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my mind that's what surgeons relish. Orthopaedics in particular is a speciality with one of the highest overall satisfaction rates from surgical interventions and where a huge spectrum of patients and pathologies are treated.

What qualities do you think a good trainee and trainer should possess?

Trainees should be willing, reliable, diligent and determined. The best trainees show initiative and make the most of every opportunity, especially in the current training climate. Trainers should be patient, approachable, meticulous, calm but exacting. I think both should show humility and understanding.

What do you think would significantly improve the quality of healthcare in this country?

This is of course is a very difficult question, with no single answer! However, one aspect that is constantly overlooked in each political overhaul of the system is the provision of and remuneration of nursing and allied health professional staff. It is common knowledge that the NHS is understaffed in these areas. In my opinion, the nursing profession in particular, would benefit from some form of financial incentivisation. This in no way belittles the fantastic job nurses do currently, but like most jobs in this day and age, retaining the best employees means that as a profession/job it must compete with other job opportunities available on all levels. I believe nurses (and other staff) would be far happier to commit to the NHS longterm if financial and personal development reward could be safeguarded. It's not straightforward, but to my mind this would be a step forwards to higher quality clinical care and standards.

How would you promote better health awareness in ethnic minority communities?

One of the great challenges of the current decade in orthopaedics is tackling the effects of osteoporosis. The current debate of whether the responsibility lies in primary care or the hospital setting to treat it, once diagnosed, progresses; Asian populations, as a result of communication or language issues may not be aware of the importance of treating osteoporosis, especially in the presence of an index event such as a fragility fracture. The evidence is compelling regarding preventing further fragility fractures after an index fracture by bisphosphonate treatment, as it is for falls prevention programs to be more accessible to all vulnerable patients. Ethnic communities still tend to be "left behind" in terms of patient education as well as participation in screening or treatment programs; focused primary care and hospital groups, tendering to their specific population needs, are addressing this imbalance, but more needs to be done to ensure ethnic populations have access to and understand the sequelae of medical conditions that may affect them. There may be complex cultural and social issues that underpin this deficiency but like the British Heart Foundation demonstrated with their focused education of middle aged Asian men and their inherent risk of ischaemic heart disease, it can be achieved if the right mechanisms are put into place.

What are your interests outside medicine?

I am a huge fan of sport in general; to be able to combine hobbies with work is fortunate. Like most of us, I like to travel, especially combined with a bit of adventure!