ROLE MODEL

Chris Rollason

Anaesthetist at
Nottingham University
Hospital, talks to **Helen Jones** about
a career setback that
put him on a new path
as an SAS doctor

NOMINATED BY ROBERT FLEMING

"A decade ago, I was a struggling trainee in anaesthesia but seeing the career Chris had as a SAS doctor allowed me to understand how I might carry on as an anaesthetist. A decade later, I'm now in an elected position representing this part of the workforce nationally, and it is in no small part thanks to him that I'm still a doctor at all.

"Chris is an exceptional anaesthetist and has a breadth and depth of clinical experience that is hard to match. He is a rare example of someone who is a master of all trades. Seemingly able to turn his hand to almost anything despite working in a large and busy tertiary referral centre, his versatility and work ethic are second to none.

"From toddlers having oculoplastic surgery through to centenarians having trauma operations, all his patients benefit from his great kindness and care, as well as his incredible expertise and skill. He constantly seeks to improve patients' care experience."

Robert Fleming, SAS anaesthetist and elected board member and SAS Committee chair for the Association of Anaesthetists

NOMINATE A ROLE MODEL

To nominate someone who has been a role model during your medical career, send their name, job title, and the reason for your nomination to awaters@bmj.com



hris Rollason initially turned down a place at medical school and ran away to sea. "With the wisdom of age I can see I was an incredibly immature teenager and the prospect of being cast into the world was quite daunting," he says. "The Navy gave me incredible opportunities—I travelled, worked with some fabulous people, and gained a great understanding of international affairs. It developed me as a person, helped me stand on my own two feet, and gave me direction."

After three years as a naval officer, however, he decided that medicine was "an itch I still needed to scratch." He pursued a medical career but found it was not all plain sailing. "I did reasonably well in training, but I struggled with the primary exam. I lost a lot of ground against my colleagues and then found I couldn't progress into specialty training. It was probably the biggest challenge I've faced in my career. There was a sense of loss as my peer group, whose coat tails I had been hanging onto, shot off in a different direction," he says.

Seeing that Rollason was "in a bit of a fix," a senior colleague at Queen's Medical Centre in Nottingham said that there was a way for him to stay in the specialty—as a specialty and associate specialist (SAS) doctor. "From that point on, I found a lot of pleasure in the independence the role gave me.

"Rather than doggedly following a training programme and all the frustrations of rotating, I had a lot more consistency in my working pattern, which enabled me to take time to smell the flowers rather than rush to the next achievement. I started to think about the patients I was treating and how my role fitted into their care," he says.

His own experience means that he now supports younger colleagues for whom things may not have gone to plan. "I've taken on a pastoral role," he says. "A lot of trainees believe

they will get on a training programme and become a consultant, but there are many traps and pitfalls along the way. There is a generation of doctors who have had uncertainty forced upon them.

"I tell people the non-consultant route is very satisfying in terms of career, family life, and peace of mind that comes from knowing they can stay in the specialty that they've already dedicated so much time to."

Rollason's exceptional clinical work, teaching, and support for colleagues has been recognised by the Association of Anaesthetists, which presented him with the 2021 Evelyn Baker Award. "It was a complete surprise and some of the comments my consultant colleagues made were incredibly flattering.

"Up to that point I went to work, I did my best, and I came home with great internal satisfaction—so that external validation was very gratifying," he says. And, he adds, there are lots of little things about his job that are rewarding, "For example, supervising a trainee who has done their first case solo."

When he is not doing the day job, Rollason is involved in racecourse medicine. "I used to ride but, sadly, my horse has retired. One day a colleague sidled up to me and said, 'I believe you're horsey—are you doing anything tomorrow afternoon?' That was my introduction to providing medical support at point-to-point, professional horse racing, and the Burghley Horse Trials.

"Medical emergencies that occur because of racing are usually rarer than those that happen in the crowd. It's a fascinating world and it complements my NHS work as it involves speaking to people, being part of a team, and organising a team—it's mutually beneficial," he says.

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82 21 January 2023 | the **bmj**