

A road less travelled



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A career in academic obstetrics and gynaecology can be a fulfilling life experience. My choice in 1963 was unequivocal. I sought variety, flexibility, job satisfaction and intellectual stimulus.

Our specialty was, and still is, uniquely attractive in its clinical offerings in procedural and internal medicine and obstetric practice. In 1966, I committed myself to an academic career. I was beguiled by the elegant advances in gynaecological endocrinology and obstetric physiology and by the seemingly endless possibilities for research in evolving areas of reproductive medicine. My reference points in my formative years were three giants in their respective fields: James

Scott (reproductive immunology), Rodney Shearman (gynaecological endocrinology) and S J (Jan) Behrman (infertility).

James Scott from Leeds was the Sims Black Travelling Professor in 1964 and during his time at King George V Memorial Hospital, he stimulated my interest in the interface between immunology and reproduction. This formed the basis of my postgraduate studies in Leeds and my subsequent research activities. A major early influence on my academic life came from Rodney Shearman, who had the most finely honed and articulate intellect I have encountered. Both he and James Scott demonstrated the enthusiasm and discipline inherent in academic life and scholarly communication. Rodney's flawless presentations, be they research papers, undergraduate lectures or distinguished orations, were the result of hard work and meticulously researched and annotated sources. I was later to be introduced to the more entrepreneurial aspects of academic endeavour by Jan Behrman in Ann Arbor, Michigan, USA.

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In the days before electronic word processing, when scientific writing was created in typed manuscripts, double or triple-spaced to accommodate revision, James Scott was the most ferocious critic and editor a young researcher could have. He told me the story of Henry Kissinger who asked an aide to prepare a position paper for him. By the time the paper went back to Kissinger in its fourth draft, the aide was desperate – 'I can't improve it any more!'. To which his boss replied, 'OK, I'll read it now'.

Back in Sydney in the late 1960s and early 70s, I tried to improve and extend my clinical skills while maintaining my research interests and teaching commitments. This was a time of great excitement – a time to establish my credentials in the three pivotal activities of a budding clinical academic – teaching, research and clinical practice. I sat at the feet of an extraordinary group of experienced clinicians at King George V Memorial Hospital (KGV) in Sydney. I found that I enjoyed teaching and I began to understand the art and strategy of recruiting research funding. I networked across disciplines in the medical school and listened to veteran researchers.

I remember sitting in Bevan Reid's office listening to endless discussions variously involving Bevan, Malcolm Coppleson, and on occasions, Herb Green from Auckland, where the natural history of pre-clinical Ca Cervix was defined and the generic aetiology

of the disease was proposed, long before HPV was a suspect. I would look at a picture on the wall which reflected Bevan's maverick relationship with the editorial staff of scientific journals. It was a framed copy of the rejection letter from *Nature* for Krebs' description of the citric acid cycle.

These were halcyon days culminating in my move to the Chair at Flinders University and Flinders Medical Centre in Adelaide, where the triad of teaching, research and clinical practice were structurally and functionally coalesced in a medical school and teaching hospital for the first time in Australia.

But, enough of me. I have indulged in this reminiscence in order to tease out some requisite attributes of an academic career in our discipline. Of course, much has changed over the years. The Flinders model has been eroded by age and politics. The health system has embraced process over outcome. Multiple layers of bureaucracy and the de-medicalisation of decision-making are frustrating to clinicians and academics alike in their attempts to provide adequate patient care and teaching opportunities for undergraduates and postgraduates.

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However, a career in academic medicine can be immensely rewarding and enjoyable. I hope that some of my young colleagues will choose this path – the system needs you! The job will be what you make it. Seek out mentors, role models and idols, and discuss your aspirations. Eschew false intellectual modesty and believe in your ability to make a difference. Gain a sense of the history of our extraordinary discipline and its seminal role in society. Earn the respect of your clinical colleagues by sharing their load and they will respond with vital contributions to teaching and research. Where possible, communicate by phone or by walking up two flights of stairs rather than by a frustrating exchange of emails. Train yourself to be brief and effective in committees and to predict or pre-empt their decisions. Delegate where you can, particularly in routine matters, but always retain your private time for reading, writing and research.

I urge you to enjoy the benefits and 'perks' of an academic post. Embellish your salary through your private practice entitlement. Seek to effect change through involvement with international agencies and professional organisations. Use your influence, intellectual clout and innate cunning to lobby governments and their agencies to achieve your goals in healthcare and research. Make the most of the many opportunities for (often subsidised) attendance at professional and scientific meetings and for study leave. Above all, enjoy the many satisfactions and challenges of a career path outside the ordinary. I certainly did.