



Careers

Curriculum vitae: Scarlett McNally

BMJ 2017; 357 doi: <https://doi.org/10.1136/bmj.j2694> (Published 06 June 2017) Cite this as: BMJ 2017;357:j2694

Orthopaedic surgeon Scarlett McNally is keen to promote surgery as a career for everyone. “It’s a job like any other,” she says. She also enjoys spreading the message about the benefits of exercise— and who would argue with someone who holds a black belt in karate?

Choosing medicine

I decided to study medicine because I thought it would be like biology but without the boring plants. I saw it as an academic exercise, but then after two weeks at medical school we did dissection and it suddenly made sense. I wanted to move things around.

Female surgeon

I was never told that I shouldn’t do surgery because I was a woman. I was told what an unusual choice it was. People were so busy trying to be positive that they didn’t say what they would have said to a man: here are the courses you should be doing, or come to my office and we’ll talk about it further. Only a couple of people took it to the next level and offered help.

Specialty choice

Orthopaedics makes sense—something is broken, and you fix it. When I was making the decision which specialty to go into, I thought that with other specialties you needed to justify the surgery. But with orthopaedics you show the x ray, and everyone knows what you have done.

Working life

When I trained, I had to do 80 to 100 hours a week. But surgery isn’t like that any more. We used to operate all night, but reports into patient outcomes stopped that. We don’t need to be heroes. It’s a job like any other, and we need to get that message out there.

Working at scale

I was elected on to the council of the Royal College of Surgeons in 2011. I love operating and I love my patients, but I wanted to be able to affect things on a bigger scale.

Exercise

I did some work with the Academy of Medical Royal Colleges on health inequalities and the importance of exercise. I collated the evidence about how important exercise is for health [McNally was lead author of the Academy of Medical Royal Colleges' report *Exercise: the miracle cure and the role of the doctor in promoting it*]. Doctors don't realise how much evidence there is and shouldn't be afraid to talk about it with patients. I love karate; I train twice a week, and I also do competitions. After a busy day in clinic to go and hit someone is so therapeutic.

Unconscious bias

I wrote a booklet on unconscious bias [the 2016 Royal College of Surgeons' guide *Avoiding unconscious bias: a guide for surgeons*]. Even now patients don't realise I'm the one who's going to be doing the operation. When I was younger I had problems with some of the nurses because they would always bleep the male surgeons to do emergency cases as it didn't occur to them that I would want to do the operation. You have to confront people's biases.

Running the NHS

I would love to run the NHS one day. When Bruce Keogh [medical director of NHS England] announced his retirement I wrote to his office to say that when they're coming up with the person specification for the role they should make sure that they don't make it so tight that they only get the usual people applying. If they want more women and black and minority ethnic candidates they have to make it open.

Career timeline

1984-87

University College, London

1987-89

Trinity College, Cambridge

1990-94

House officer and senior house officer posts, South East England

1995-2001

South East Thames orthopaedic specialist registrar rotation

2002-present

Consultant orthopaedic surgeon, Eastbourne District General Hospital

2008-11

Director of medical education, East Sussex Healthcare NHS Trust

2011-present

Council member, Royal College of Surgeons for England

2012-present

Member of Academy of Medical Royal Colleges' health inequalities forum

2012-present

Honorary senior clinical lecturer, Brighton and Sussex Medical School