

RCPCH Podcasts

Building Capacity 2: Alternative research pathways

Transcript

Sharna Shanmugavadivel

What's your mission, your passion, and your vocation, and your profession, and how do you bring it all together?

[Music starts]

Priyen Shah

All of this has happened just by following where the path has taken me, rather than me directing it in any specific direction.

[Music starts]

Leila Ellis

Welcome to the second episode of our Trainee Research Network podcast series, Building Capacity: Past, Present and Future. In our first episode, we looked at ways to get involved in research. This time we're focusing on what can happen when that involvement takes you beyond the conventional academic pathway. We'll hear from Dr Sharna Shanmugavadivel and Dr Priyan Shah, whose careers have developed in very different ways.

Their conversations explore stepping outside standard training routes, finding opportunities and mentors and how research experience can open doors into areas such as policy, artificial intelligence and health technology.

I'm Leila Ellis from the RCPCH Trainee Research Network, and I'm delighted to be joined by Dr. Sharna Shanmugvedivel, who is a PEM GRID trainee specializing in emergency medicine and who has an interest in public health and health policy.

So, welcome to the podcast, Sharna.

She completed an NIHR doctoral research fellowship after an OOPE as a HeadSmart Fellow, and currently leads the Child Cancer Smart campaign. So Sharna was most recently appointed by the Secretary of State to Vice Chair England's first Children and

Young People's Cancer Task Force at the Department of Health and Social Care, using research to inform the recently published National Cancer Plan.

Sharna Shanmugavadivel

Thank you for having me.

Leila Ellis

It is very exciting to read the wonderful work that you have done in your career so far, but today we are at the RCPCH Trainee Research Network National Conference, and we have had many wonderful discussions about how, as resident doctors, we can contribute to research and the exciting thing I think is actually there's so many ways to go about that.

So I wonder if you could share with listeners of the podcast a bit about your journey so far.

Sharna Shanmugavadivel

Of course, yeah. I mean, so far it's been absolutely fantastic conference. So firstly, well done to everybody who organised this. So yeah, I was invited to speak about sort of alternative routes to getting into research, and you know I started medical school about 22 years ago, and when I was in medical school, the two things I hated the most was neuroanatomy and research and statistics, so the irony is not lost on me that I then went on to be the HeadSmart Fellow and have just handed in my PhD thesis.

I think it, you know, it serves a little bit to sort of say that keeping an open mind is really important because where I thought I wanted to be is not where I have ended up, but actually where I've ended up is where I should be. So it's sort of thinking about not feeling too fixed in in where you know how you want to get to your goal of being involved with research. And so I think my first inspiration was when I did my special study module at the end of medical school, and I was actually meant to do a module in advanced French in France because my career goal at that point was to work for Médecins sans Frontières, but that fell through, and so I ended up running up to the consultant offices within the paediatric department, because I knew I wanted to do paediatrics, and knocking on the door and saying, "Ah, this has happened. Now I've got a month to do something. What do you think I can do?"

And in that office was Dr. Damian Wood, who's a consultant paediatrician with an adolescent interest, and he sort of said, "Oh, actually, I've got this data you can collect if you're interested. We're looking at presentations to the emergency department, sort of 10 years on, sort of follow up study." And so I collected the data for that. And a few years later, he he sort of sent me an email saying, "Oh, you know, it's been accepted as a poster presentation in Johannesburg at the IPA Congress. You know, we're not free to go. Would you want to go?" And so I went to that, and then ended up being you know my first paper that was published.

But actually, I then started paediatric training, and I I didn't follow the kind of ACF route mainly because I didn't really know about it, and you know that's where having like a good

team of peers and mentors is really helpful. I just I just didn't know it existed, and so I started paediatric training. And it wasn't until I applied for this OOPe experience that we're talking about. It was it was advertised as a medical education job, and it was to be the head smart fellow.

And I'd done a job in oncology, so I had heard the experience of parents who felt they'd had a long time reaching their diagnosis for their child. So it did pique my interest, and I applied for it. And actually, within that job was where I didn't realise I was going to be doing research, but I ended up doing systematic reviews and Delphi consensus processes, and it really sparked my interest because it was so translational. So we were doing the research, we were developing the guidelines, we were then putting it into practice in awareness, and we were managing to be you know halve the time to diagnosis for children, young people with brain tumours, and seeing that impact coming out of research so quickly was what really sparked my interest, and after that, I was approached by a mum who who's called Angela Palenco, whose daughter Bethany died from a Wilms tumour, and she sort of said, you know, "why aren't you doing this for all the other cancer types?" And that's what led to me, you know, applying for my PhD fellowship with the NIHR to do my PhD.

Leila Ellis

And Sharna, one running theme that I think is so evident throughout your work is that you know drive to address the questions that are so important to young people and families, and you know you mentioned you know how that has inspired you to go to sort of the next stage in in the research delivery process. But I suppose for those who are you know thinking that research is something that happens elsewhere or it doesn't feel accessible, but you know they're so deeply committed to the purpose of improving care for families, like how do you bridge that gap?

Sharna Shanmugavadivel

That's a really good question, and I think that's exactly what I thought. So the way we were taught research at university, and it's probably changed now, but it really did feel that it was a completely separate to clinical practice, and obviously, I found through being the HeadSmart fellow that it really wasn't. And so I'd say to people, you know, really knock on doors, because especially when you're, you know, early in your training, those opportunities won't come and find you.

You know, I found the opportunity because the first one because I knocked on a door, but the second one because it was advertised as an OOPe, and I think there's there's sometimes we feel like there's a rush to get to the end, and we're all thinking about getting to be a consultant. But you know, I had eight years out of program, and they were the best eight years.

You know, I genuinely learnt so much, and so what I would say is, you know, speak to the people around you, speak to your supervisors, your you know clinical supervisor, educational supervisors, and if you see someone presenting, you know, send them an

email. Everyone that I have sent an email to has been so receptive to receiving that email and has really tried to help.

So I think if you really want to help children, young people, and want to do the research that's there on the ground, I think that's how you can get involved. And some of it might need to be done out in your own time, which is a bit hard, but to start off with, and then you can find your way to kind of bridging that gap and finding your tribe who all do the same thing.

Leila Ellis

I know you sort of mentioned that you feel like you've got into research perhaps a little bit later on in your training pathway.

I mean, for those who are you know in sub-specialty training or you know thinking about CCTing in the next few years and want to sort of open up this research space in their own job plans. What are some routes people can go to do so?

Sharna Shanmugavadivel

Yeah. So I think you know we've spoken today. When I was early training, we didn't have these networks. We didn't have Peruki. We didn't have GAPRUKI, and I think you know, and NeoTRIPs. You know, these are the kind of networks who've got such incredible people within them, not just the professors, but also the trainees, and I think lots of consultants who you were just talking about now about how do you get this in my job plan.

They've been able to join these networks and learn from each other and try and find out how other centres have been able to do it in their DGH, and I think actually those who are towards end of their career, I would highly recommend sort of getting involved with those networks, so that you can because the whole goal is that we can do it nationwide, you know, and having more people together really helps drive that.

Leila Ellis

Absolutely. I also wanted to pick up on again a lot of your work not only is about asking the important questions and then going about in finding out those answers, but you also take it another step further, and you've gotten involved with policy work and sort of communicating what is really important for the wider public to be aware of in you know specific areas, and again with the HeadSmart campaign, you know that that's hugely successful in transforming you know early diagnosis. What's some of the tools or the opportunities that people might be able to explore if they're interested in kind of exploring policy space and also I guess just wider knowledge mobilisation.

Sharna Shanmugavadivel

Yeah, and I think you know that's so kind of you. I only stand on the shoulders of giants before me, and you know I have to give a lot to Professor David Walker and to the rest of the team, so Joe Fen and Sophie Will, who actually her PhD was the HeadSmart Project.

You know, I think if you've got an interest in something, I think you know obviously speaking to different people, so especially health policy type things, the charities are such you know a great source of of help with that. They do a lot of advocacy and they do a lot of charity work. There are all party parliamentary groups for almost most things that you can think of these days. So if you've got a if you've got an interest in that, you can contact the All Party Parliamentary Group and you can sit in, and I think that's what I first did. So I was, you know, went with David to the All Party Parliamentary Groups for brain tumours when I was doing HeadsSmart, and it sort of gets you a bit of an idea of of how that health policy space works and how advocacy works

And you know, also doing research with funders such as the NIHR, they are, you know, sit side by side with the Department of Health and Social Care, and that is because my work was funded through the NIHR. That's why I was contacted to give evidence from my PhD to try and answer some of the questions that that families were asking of the government, really. So people who you know contacted their own MPs, and the MPs were saying, "Well, our constituents are saying this. You know, what's the answer to this? And so that's really that was just a really helpful relationship to understand, which I didn't understand. That then the Department of Health will then look for those that they funded through the NIHR to kind of answer those questions, and so I was really fortunate. I was in that position to be able to then go and influence kind of health policy.

There are also different posts. You know, there are parliamentary positions where they they advertise for you to go and work or do an internship for a year, where you are collecting evidence for really important questions that are being answered, and then you spend a year working with them to to to gain that evidence, and those are kind of the kind of out of out of program experiences that you can apply for and look out for if you're interested in health policy.

Leila Ellis

So we heard in the opening plenary delivered by Professor Will Carroll this morning that about 5% of funding from large funders goes towards child health research, and actually it's really hard to measure that exactly. But we know that you know children and young people make up around 20% of the population. It's clearly a mismatch there.

So you know we'd like to think we would be in a landscape where actually child health research is actively being promoted, and I guess sort of along with that, we want to create a workforce that is able to deliver on you know high-quality research.

So there's you know obviously a lot of different angles from which we could look at this, and starting from perhaps the most obvious, and those who are you know wanting to have formal research time in their job plans and you know the associated funding that goes with that? What are some of the perhaps challenges that that people are facing at the moment and how can they maybe try to address those?

Sharna Shanmugavadivel

Okay, so I think it is. I think what you're speaking about is really hard. And full disclosure, you know, I applied for an ACL in December and I didn't get it. And it, you know, that is some of what comes with research is that you know there'll be either publications or grants or jobs that you apply for that you just won't get, and that's really hard to come to terms with as a medic because you are. We spoke about it in our panel session. You know, you are told when you start medical school you are the top X percent of very intelligent people, and you're used to passing exams and being the best at what you do, and that can be really hard when you then go into the field of research.

I'm trying not to call it academia after hearing Professor Rowland, but you know when you go into wanting to be research active because you have to deal with a lot of rejection, and and so that can really put people off, and we talked a little bit about how do you get used to that rejection because the the funded posts are few and far between, and actually we're competing against other you know often an ACL will come out and you know it will be paediatrics, you know general surgery, adult general surgery, and you know, histopathology or radiology, or you know, you are competing against other specialties who are inherently more research active, who have delivered more outputs because they've had more funding in, and we're sort of behind the curve there, and it's really hard then to compete in that space.

Now, I am not in a formal training pathway, but I have one day a week funded through a charity to continue the Child Cancer Smart work that I do, and I think that's something you know I've had to have permission from the postgraduate academic dean to say that that's okay that I'm doing that alongside my training, but there are different paths out there, and actually I didn't even know that was a path until I spoke to my supervisor, and so I'd encourage people to reach out if it's something that you really want to do, if you've done some work in a in a certain space, and you can find some funding from an alternative route, so it doesn't have to be one of the big funders, but a charity that may support your work. You can see whether there are little grants that you can apply for, which will fund you for a day, a week, a year, to be able to to deliver on that. And and that's how I've I've managed to do it.

Leila Ellis

That's brilliant advice, yeah, and and I think sort of exploring partnerships with charity. Is a really exciting space because again, it links back in with the fact that you know you want to be dedicating your time to questions that are important, and there's no better way to do so than you know to ensure that you've got the right partners involved.

And Sharna, the other question that I wanted to ask you was, how do you do it all? How how do you how do you balance you know the the time that you've gotten you know with a family at home and you know the the many different strings to your life, how have you navigated or like prioritised what's important to you?

Sharna Shanmugavadivel

Oh bless you. You know I think we spoke about this earlier as well on on the previous panel session when Professor Rowland and Professor Carroll were saying, you know, I haven't always had it right. It's hard to juggle it all, and I probably on the surface looks like I do, and and most of the time, you know, I'm a hot mess.

But trying to juggle the you know the the responsibilities, and I think this is where I spoke about it when I spoke, I talked about finding your drivers, and I think I didn't know that until I've reflected now back on on why I do what I do. But you know, most of my decision making is based on prioritizing my children, and everything else comes around it, and and that's why I work 50% clinically, and the other half is is working in research because that works for my family, and I'm able to then do the pickups and the drop offs.

And I sacrifice my evenings, and I don't know if this is not going to work for everybody. And this is why I feel a bit guilty about saying that. But the truth is that many of us do things in outside of our working hours. For me, that works because it means I'm there for the children in working hours, and then once I put them to bed, which is later and later these days, you know, I can then do an hour or two to make up the time.

I think it's really important to have good boundaries. I think it is really important, and I've got better as I've got older with that, where I will just say no. And Damien Wood taught me very clearly how to say no because I was a yes person, and then when you take on too much and you've got so many plates juggling, you're more likely to burn out and you're more likely to drop those plates. And he said it's okay to say no. So someone asks you something, you say, "Thank you so much for thinking of me. Such first line. Thank you so much for thinking of me. I'm really honoured. I don't have time to do that right now because I've got so many other conflicting commitments, I can suggest you go to so and so and ask them. But if you haven't found anyone in six months' time, come back to me and I'll see if things have changed for me."

And you know, I remember him because I just used to hate saying no because you know the people pleaser in you wants to say yes to everything, but actually it's a really good way of saying no. And the other thing to realise is if you can understand your drivers and what you know we talk now about finding your ikigai, don't we? And at the college conference, you know Anna Bavastock and Seb Grade did an amazing workshop in the morning about finding joy in work, and you talk about finding your ikigai, and you know what's your your mission, your passion, and your vocation, and your profession, and how do you bring it all together?

And I think actually also looking at that alongside your jihari's window is really really important because that then tells you what your actual drivers are, what your skills are, so what people see in you that you might not see in yourself, and what is your open window. You know, what does everybody see in you that you know about yourself? What's your good strong skill sets? And then that, together with your ikigai, can really help you build your boundaries, say yes to the to the right things, and hopefully help you not burn out because you you know what you're prioritizing. I mean, this has only come about in the

last couple of years, and I definitely was not that person before. But I think when I mentor people now, I really think and sit down with them to go through these two things so that we can really understand what they're prioritizing their time with.

Leila Ellis

I love that, and having you know a mentor or a few mentors that can really guide you through that process, because I think you know obviously your priorities change over the course of your career, and I think you know, also taking a moment to reflect on you know where you've been and what that's added to you as a person and to you as a practitioner and as a researcher. So I think yeah, it's a really a nice way I think to hear about the value of mentors in your own experience.

So, Sharna, thank you again for joining us on the pod today. Can I just ask for one piece of advice that you may give to those who are listening, who have decided that you know this next period of time is the time for them to explore research.

Sharna Shanmugavadivel

I would say, absolutely, stay curious, keep your passion, and if you really want to do it, don't give up. Because I think it's really, really hard when you keep getting, you know, pushback or rejection or not finding the funding. You know, if you just believe in yourself, and I think the passion. I think someone else said it today. Priyen said it. You know, the passion and the energy. If you've got those two things, you can do anything. You can learn a new skill. You can do things that you don't think you can do because we're all very intelligent people, and just having that drive and passion will get you through.

Leila Ellis

I love that. Thank you so so much again, Sharna. Lovely to see you.

Sharna Shanmugavadivel

Thank you. Thank you for having me.

[Music starts]

Leila Ellis

So I'm delighted to introduce our next guest, Dr. Priyen Shah, who is the head of AI at Lantum, a paediatric registrar and previous clinical lecturer at King's College Hospital, he works at the intersection of big data, AI and infectious diseases. Priyen, thank you very much for joining us today at the RCPCH Trainees Research Network National Conference, and very much excited to continue the discussions that we started this morning about sort of the different routes by which we can build in research time to the work that we do.

Priyen Shah

Yeah, absolutely, and I think what today has kind of highlighted is that there are many different ways to get into research and many ways to get through research, and you just

kind of have to follow the opportunities that come your way, stay open to them, and yeah, never turn down an opportunity to learn something new.

Leila Ellis

And you shared with those in attendance, a little bit about your own experiences, and I wonder if, for the listeners of the podcast, you could perhaps highlight some of the moments in in your career as if are that have been particularly influential.

Priyen Shah

Yeah, absolutely. So, I was very late to the world of research. I, as a junior doctor or present doctor in my kind of foundation years and first few years of paediatric training, I was very excitable. Said yes to a load of things. Often didn't finish the things I was saying yes to because I was saying yes to new things. Didn't really have much direction and didn't really have an inkling that I wanted research.

But kept going through the cycle of saying yes to stuff, burning out, saying coming back, saying yes to more stuff, and burning out. And it was only around the time when my son was born back in 2014. I was kind of midway through my level one training, and I realized that I needed to find a way of breaking the cycle. And what I was looking for was a year out of training, a year to reset, to reconnect, to spend time with with my son at home, but also to contribute. And so I started a Masters, not from a research point of view, purely from a time out of training point of view. And I spent that year with modules in various parts of paediatrics, speaking and being spoken to by some excellent, excellent lecturers, and getting involved in a couple of projects, absolutely loved it, and got the research bug.

Never finished the Masters, which kind of was quite in keeping with how I was working at the time. So I realised at that point that having your working life in a more adult setting, where you could be in control of when and how you do your work, rather than having your rotas and your rosters kind of developed for you and working your life around that really, really worked for me and worked for me with my young family.

And so I came back to training. I spent a couple of years in clinical training and had my daughter, who unfortunately had a number of different health issues related to to infection, spent a number of year number of months in hospital and a number of years of follow up care, and it gave me a real impetus and a research question about the diagnosis of infection in children. And again didn't have a publication to my name, didn't really have a project that I'd started and finished, so didn't really have very much to go on in terms of applications, but thought, let me speak to a couple of the infectious diseases consultants in the hospitals that I was working on, and just continued to do that and put myself out there, and eventually got put in touch with the person who ended up becoming my PhD supervisor, had a conversation. We realized that our research interests were very aligned.

We realized that we both seem to have quite a good working relationship with each other, and I ended up taking out a year of training to do a research fellowship with them to gather some pilot data to work towards maybe putting together a PhD application. Did

my year and then applied for my PhD nine times, and didn't get funding any of those times. Was very ready to go back to training. Was told by one funding body that I was my research question was too scientific, and told by another that it was too clinical and not scientific enough. So I wasn't quite sure where to go with it. So the next step, I was about to go back to training, but we thought let's try one more time. We managed to end up getting funding from an EU grant. This was before Brexit, but it was an EU grant that allowed me to start my PhD and complete my PhD. Again, all quite accidental. All being in the right place at the right time, speaking to the right people, having someone take a bit of a chance on you. Because I didn't have any publications, I didn't have any research packing, but I completed my PhD again, learnt incredible skills.

I basically had a crash course in machine learning from one of the most incredible biostatisticians and bioinformaticians that I've ever come across and came out the other side back into clinical practice. That's when things took a slight detour for me. So I submitted my thesis and I applied for an ACL. But in the meantime, I was also serving as Chair of the London School of Paediatrics Trainees Committee, and we had been seeing a number of clinicians leaving paediatrics over the last few years, either out of paediatrics altogether or into other specialties, and we did a little bit of work into trying to get to the bottom of why that was. And a lot of those issues stemmed from bad rotors and rostering.

And with the skills that I developed during my PhD, I thought let's take a crack at this. Let's have a look and see whether we can develop an algorithm that can do rostering a little bit more intelligently, and ended up after a you know six months to a year with a prototype of an AI rostering engine that's eventually been bought by a health tech company. And and as you said in the intro, so I work as the head of AI at Lantum, who who bought my algorithm, which has been an incredible incredible journey, and and again another great learning opportunity. All very serendipitous, and all just coming from following something that drives you, some passion project the whole way through.

Leila Ellis

That's amazing. You described, I think, something's happening by accident, but also when you're, you know, so committed to the cause and you know applying for funding, you know, repeatedly in that persistence, actually, that's quite intentional. So, really lovely to see, I guess, that sort of whole journey that that's kind of led to this point, and you know, as someone who is also working in research, but perhaps a slightly earlier stage, it's quite inspiring to see that you know you don't need to have it all figured out.

Priyen Shah

No, absolutely. I mean, at the beginning of the journey, I would never have envisaged this. And looking back, I mean, I went into that Master's just for some time out. I went into the research with a question. All of this has happened just by following where the path has taken me, rather than me directing it in any specific direction.

Leila Ellis

And within that, I suppose there's opportunities for lots of detours, and and do you feel like you have had your fair share of detours?

Priyen Shah

Yeah, I mean, I get often get asked by people in training, have you not CCTed yet? Are you still in training, and I think it's been long and a very tangential journey, but it's been fun, and I've learnt loads along the way, and I've met some incredible people, and yeah, and I have no regrets about it.

One of the questions we got asked in the session earlier was about about failure, and you know, I'm sure that a lot of the other speakers on the on the podcast and on the day would have spoken about the number of roadblocks that have been put in their way, and the number of times that they've applied for something and it's not worked, or they've tried something and it's not worked. And the question was about how you keep going and how you keep going. And I think it's about the driver. It's about the reason why you're doing it in the first place, because there will be some times where you're trying something, maybe for the not right, maybe not for the right reasons, and you might fail. And actually, it might be the right opportunity for you to revisit and then say, okay, let me take a step to the left. Or it might be that it is the thing that drives you.

So one of the parts of my journey is that the ACL I applied for, I and ended up actually being appointed to that ACL. Did did a few months of it, but had a number of issues, both from a supervision point of view and and from a HR and pay point of view with it, and it was the right time for me to focus. Say, is this really the track I want to go down? Do I really have a passion, or am I doing it because it was an opportunity that was there, and I just decided to take it and see where it went, and actually realized that the the role, the AI role was much more in line with my values and where I could deliver the change I wanted to deliver. So I think it's important both to have that resilience and keep working hard if you have the passion and the drive, but also recognize and reflect about where it's okay to turn around and say, actually, maybe that's not the right path for me.

Leila Ellis

And you mentioned. Sort of your crash course in machine learning from an amazing bioinformatician colleague, which you know builds on the fact that the you know following research as a clinician, you know it's so fundamental that we have a team around us and and you know, perhaps arguably the right team. How you mentioned that you open contact and you reached out to a few people. Like, what's your advice to those who perhaps don't feel they have the right network around them at the moment to make that first step in in building those connections?

Priyen Shah

It's a really good question because I didn't. I was in a cardiology job at a Central London Hospital without any infectious disease contacts at all, and I think it's just about finding someone's door to knock on, make that first contact, and you know the first or second

and third contact. They they may not be the right person for you, but they might be able to put you in touch with the next person and the next person down the line.

And I think the the person who ended up being my PhD supervisor was the fourth or fifth person I'd spoken to along that journey. Some of whom were interested and aligned, but just went at the right level of their their working lives to to kind of support me through that. And others who just weren't in the weren't the right people. So it's just about putting yourself out there. I'm I'm an introvert at heart. I really find that out of my comfort zone.

So again, it's just another sign that the passion and the drive is there to go outside of your comfort zone and and approach people and just ask the question. You know, could do you have a place for me, or is this something you'd be interested in working with me with? If not, do you know anyone else who's in this field?

Leila Ellis

And how have you balanced the sort of commercialisation element alongside a training post in you know certain sort of requirements that you've needed to meet?

Priyen Shah

If I'm honest, it's still a work in progress. It's still a bit of time in my, you know, trying to balance your on-call commitments in, you know, and I've just come through a tertiary initial and pick a job before that where there is a large on-call burden - trying to balance that with demands of a commercial setting where there are deadlines and there is, you know, output that you need to make or presentations that you have to make. It's constantly evolving, and I feel like from month to month or job to job, it's like it's changing, and I'm getting slightly better at it.

My greatest learning is finding out your limits as early as possible, and working within 10% of those. Because the moment you start working towards your limit, you're you're going to have one extra meeting or one extra on call or one shift where it's just really busy, and then you're you're you're burnt out again. And so finding just having that reserve in your working limit, putting those down early, especially from a commercial point of view, they're actually it's actually a lot easier to state what your requirements and what your working capacity is in a commercial setting, and much more than it is in a, or in my experience, than it is in an academic or in a clinical capacity.

So often we come into those situations feeling like we can't say that we can't do that meeting, or we can't say that that's too hard to do. But actually, they're much more used to doing that in a commercial setting. So I think just be open and honest about what's achievable, and then find a solution with with your partners, whether that's clinical or commercial.

Leila Ellis

And just to continue the commercial theme, how did you recognize that your idea and then ultimately your algorithm sort of had potential for - I should say just and again, kind

of I guess perhaps even more broadly, but for those, you know, working in research settings at the moment, with you know, generation of new knowledge that that might have opportunities for further expansion?

Priyen Shah

Absolutely. I mean, the first step was we, the the starting point of that journey is that we didn't know whether we had the skills or the ability to build something like that, and we thought there are some big players in the game already, and some very well there are some big players in the game already. Could we approach them to see whether they could build it for us, and we could be idea generation, project management side of things? We knew there was a need for it, but we didn't necessarily have the solution in mind, and we got again.

We got a lot of rejection from that. We got a lot of it's not worth building, or it's not worth our effort or money or time to put in. So that's when we started building again. It was a lot of evenings watching online courses or YouTube videos about someone teaching me how to code while I coded along and put it together month on month. And then we got to the point where there was a working prototype. At that point, we approached the NHS directly and actually offered it to the NHS for free because, again, the whole point of this was it's a problem that we needed to be fixed, and we wanted to find a solution, and we didn't really want to start a software company, or you know, didn't want to give up our day jobs that myself and my two colleagues who developed with me.

But there were a number of rules about NHS procurement, which meant that that wasn't an option to go down. So we knew that at that point we either had to pivot and create a company or sell it to another company. Not really thinking that far ahead at beginning, and not really having the appetite for that. We just thought let's just pilot it and see whether it actually has legs before we make that decision, and again, it's serendipity. It's just being in the right place. It just so happened that where we were piloting it, there was the medical lead from Lantum was doing a local consultant job at the time, and it ended up just them snowballing into into a conversation with the CEO and and then the acquisition. But it was all done with the intention of just solving a problem, and then it's just snowballed into into something much bigger than that, which is yeah, again, part of the fun.

Leila Ellis

Amazing, Priyen, you embody, I guess, this openness to different opportunities, whilst also being driven by the thing that you're really passionate about. And again, I mentioned a bit already, but it just that's really inspiring and lovely to hear about. So thank you so much for your time today. Thanks for coming on to the podcast. And how can people kind of keep track of what Lantum's doing?

Priyen Shah

Yeah, so the Lanterns website, lantum.com. You can sign up for information. You can sign up for a free demo. We, if you're London paediatric department in London, just because of the roots of the project within London School of Paediatrics, it's free for paediatric plants in London forever. Outside of that, we can do a free proof of concept. More than happy for people to email me directly as well. So it's priyen.shah@lantum.com whether it's about lantern or AI or just getting into research and data science.

Leila Ellis

Amazing! Thank you so so much.

Priyen Shah

Thank you.

Leila Ellis

That's the end of our second episode on alternative research pathways. Sharna and Priyen's experiences show how varied a career involving research can be and how opportunities can emerge from clinical questions, new skills and connections made along the way.

In our third and final episode, we shift focus from how we can get involved in research to how we can develop skills in critical appraisal and publishing.

[Music starts]