

Mary Garthwaite

We were delighted to chat with Mary Garthwaite, former Consultant Urological Surgeon and Chair of The Urology Foundation, the UK's only charity representing all urological cancers and conditions.

Can you tell us a little bit about what led you into the field of urology?

The field of urology is unique, varied and interesting. It is a highly innovative specialty with a crossover with several other specialties. The high throughput, the utilisation of cutting-edge technology and the complex clinical challenges made it a stand-out surgical specialty for me.

Surgery had always appealed to my creative and practical side. However, I only made a firm decision to pursue a career in surgery during my year as an anatomy demonstrator and A&E senior house officer at The Royal Free. Adrian Fogarty and Philip Belsham were the consultants in charge of the A&E department at that time. Both had a surgical background and their ethos of dealing with as much as practically possible, within the department, ensured that I gained really good hands-on experience. From there I applied for a basic surgical training (BST) rotation. The Yorkshire Deanery interviews came up first out of those that I had applied for and, as they offered me a post, I ended up moving North. The second six-month post on my two-year BST rotation was urology in Leeds and I loved it.

Like many urologists it is the people that I met along the way that made all the difference. At Leeds I was lucky enough to work for Ian Eardley and Adrian Joyce, among others. However, there are four individuals who I always hold partly responsible for my final decision to pursue a career in urology. The four urology registrars in Leeds at that time were Jon Cartledge, Richard Inman, Mike Fraser and Mick Murphy. When I voiced my interest in urology, they were unanimously supportive. With no female role models around me at that time, the positive support of my senior male colleagues was key.

After completion of my BST rotations and a brief stint as a locum registrar in vascular surgery, I returned to Leeds as a clinical research fellow and then as a registrar. I gained my PhD in molecular biology, with Professor Jennifer Southgate, at York University, and Ian Eardley as my PhD supervisors. Their strong conviction that research, and ultimately patient care, is enhanced by collaboration between clinicians and basic science researchers was infectious and is something I continue to champion today in my role as Chair of The Urology Foundation.

Who inspired you in your career and why?

There have been many people who have inspired me along the way. Too many to list, but they include Simon Harrison, who's thoughtful, considered and holistic approach to the treatment of patients with complex functional and neuro-urological conditions left an immense impression upon me. Ian Eardley became a very valued trainer and mentor, and his support and guidance were fundamental to my early career years. I have also benefitted from the friendship of many, at



all levels of seniority, which is a result of the collegiate nature of the wider UK urology community and BAUS.

What was the best piece of advice that you have received in your career and what advice would you offer to those following in your footsteps?

When I was approaching the end of my training and looking at potential consultant posts a wise colleague told me to consider colleagues alongside job plan or location. You will hopefully be working with these people for a long time and the support of good colleagues is so valuable. Whereas, what you do day-to-day will often change dramatically over the years and every hospital in the country has beautiful places to live in nearby.

My advice to those following behind would be to find a good work-life balance. Ask yourself a simple question – if tomorrow you could no longer do your job, what would you do? It is very easy

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to let your career consume you – to lose your true identity. That's a high-risk life strategy. You don't know what's around the corner and what hurdles life will throw in your path. Even without extra challenges, the lack of a way to wind down, relax and manage your stress levels and the absence of good friendships will see you struggle in the long-term. You need to put as much thought and effort into your non-work life as you do to your work, so a balance must be struck. At The Urology Foundation we support training sessions that explore this area and strategies to avoid burnout.

Now that you are retired from clinical work are you able to look back and pick out two or three highlights?

That's a really tough question. On a personal note, I will always remember one particular boss telling me that I had a "good pair of hands". I think that in general, women surgeons are extremely self-critical of their surgical ability and their skills progression, so to hear that from someone who I felt was a true master of their craft was incredibly special and helped quell my imposter syndrome.

However, the main highlights for me have always come from patients and they are often about the quieter aspects of our role rather than any perceived life-saving heroics. To be thanked for making a positive impact by explaining complex health information in a clear and accessible way, by sometimes just listening and hearing the patient even when there is little you can do to solve a problem, that type of feedback always reminded me of just how important communication is and just how privileged we are to be able to care for our patients. You can know everything about your subject, be a superb surgeon, but if you can't communicate successfully with your patients, they won't thank you and you've failed them.

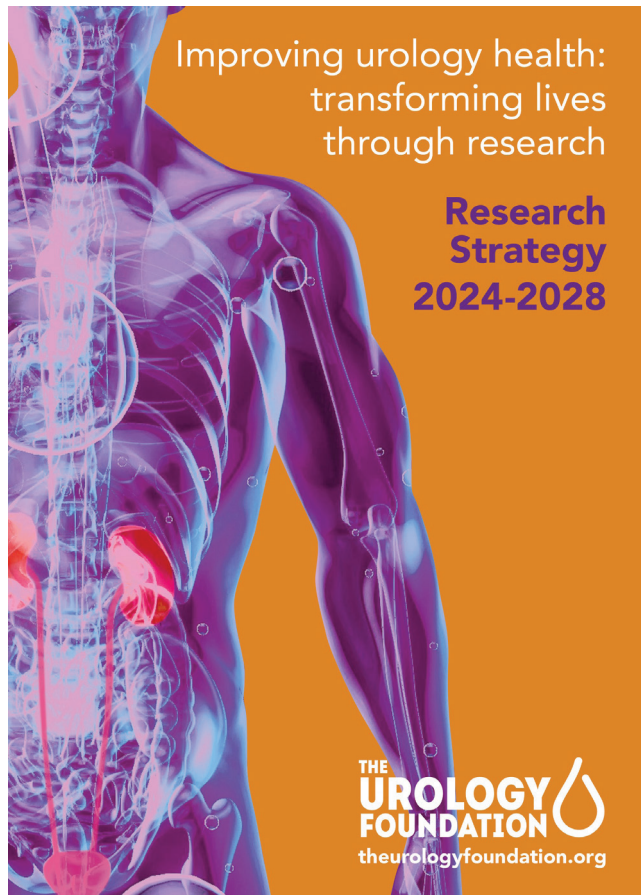
Do you think more needs to be done to make urology, and other surgical specialties, more inclusive?

During my time as a clinical research fellow, Anne-Marie Davis was the only female urology registrar in the West Yorkshire Deanery. Both her presence ahead of me and meeting other women in urology up and down the country were sources of encouragement. By the time I became a registrar Anne-Marie had completed her training and taken up her consultant post, so once again I was surrounded by all male contemporaries. I am delighted to have witnessed how this has changed, nationwide, over the last 10–15 years – something that I feel brings a positive benefit for all.

Although urology is moving in the right direction in terms of full inclusivity there is still a way to go. I think surgery in general is still behind the curve in terms of providing a truly inclusive career option and that comes down in part to the extremely demanding nature of the job and in part to all of us accepting the status quo. We need to find a way of routinely providing different versions of what the job of a surgical consultant can be, without compromising service delivery and patient care. If we can crack that then we can accommodate the many talented people out there who would be an asset to surgery and urology, but who may have other life commitments that would otherwise prevent them from committing to the traditional, full-time, full-on, model of a surgical career.

You are the Chair of The Urology Foundation (TUF); can you tell us a little bit about what led you to first getting involved in the organisation?

TUF is uniquely associated with the UK urology community. I first received support from TUF during my training, by way of a travel grant for an overseas observership and also access to leadership and skills courses.



I have always been grateful for their investment in me and the opportunities they opened up for me influenced and enhanced my career as a urologist.

I was thrilled to be invited to become a Trustee in early 2021. After having had to step away from my clinical career it offered me the perfect opportunity to give something back to TUF and the wider UK urology community. I was subsequently appointed as Chair of the Board of Trustees in 2022. It's a role I never imagined undertaking, but I am really enjoying it. It allows me to continue to use my knowledge, skills and networks to support TUF and it's work in promoting excellence in urology healthcare, for the benefit of our patients. I hadn't really appreciated it before, but as consultant urologists we all possess many transferable skills that can be put to good use in other roles.

What initiatives is TUF concentrating on at the moment?

It's an exciting time at TUF. Next year will be our 30th anniversary. The charity has come a long way since its formation in 1995 and I am so proud of what we have already achieved, but there is so much more to do! The more money we can raise, the more we can do to support the UK urology healthcare community and, ultimately, patients and their families.

2024 has been a busy year. We have significantly expanded our grants and training programme and in July we launched our new Research Strategy. It underpins our research programme and ambitions for the next five years. Alongside it we have launched a '£5 million in five years' fundraising appeal to help ensure that we deliver on our research aims.

We are also working on the development and delivery of a urinary tract infection (UTI) initiative, which includes a dedicated UTI research programme to better understand UTIs, a nurse-led information service and training for health professionals.

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We continue to drive change in urology through our policy work, campaigning and health awareness initiatives. We work closely with decision makers and influencers to help drive change and improve patient care. September is our annual Urology Awareness Month (UAM) campaign, which sees us raise the public narrative around urology health and disease and break down taboos. This year UAM will have a focus on men's urology health.

How can other urologists get involved in TUF?

There are many urologists, in the UK, Republic of Ireland and across the globe, who have benefitted directly from TUF support over the years and we always welcome their continued support and involvement. We welcome people volunteering their time to help us in our work. That may be by becoming an active member of our Science and Education Committee or reviewing panel, by helping us develop information resources, such as web-based content, videos and leaflets or by speaking at events and to the media on our behalf.

As a charity we rely on donations and therefore we always welcome the support of our fundraisers. Many colleagues have trekked, cycled or run to raise money for TUF. By fundraising for us, making a regular donation or encouraging your patients and their families to support us and join in our events, you are contributing to our ongoing investment in UK urology. We also rely on our supporters to spread the word. By raising awareness of TUF and our work with your medical and nursing colleagues, trainees and



A selection of Mary's paintings.

patients, you are assisting us in getting our message out and our support to where it is needed.

And finally, if you have any spare time, how do you like to relax?

I have significantly more spare time now and time is very precious. Alongside my commitment to TUF and improving awareness of urology I enjoy art or a good book. At the age of 16 years I was heading toward art school or architecture, until medicine caught my attention and art was tucked out of sight with the self-made promise to revisit it someday. Art is so important to me now. I like to view art, read about art and create art. I fortunately took up painting again six months before my diagnosis and it's got me through some really tough times in the last six years.

I also value the really simple things in life, such as making time to notice nature and the world around me and actually smiling in the rain. Life is good.

Many thanks for your time!