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Version: Accepted Version

Article:

Ford, A.C. (2025) Reflecting on a career as a clinical academic in gastroenterology.
Frontline Gastroenterology. ISSN: 2041-4137

<https://doi.org/10.1136/flgastro-2025-103502>

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Accepted for publication 21st November 2025

TITLE PAGE

Title: Reflecting on a Career as a Clinical Academic in Gastroenterology.

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Word count: 3998

ABSTRACT

Finding your feet in clinical academia can be hard, but clinical academics are vital to the success of the health service and the health of the nation. Academic success is determined not by intellect, but rather by selecting the right people to work with, as well as developing and honing academic-specific skills and behaviours, such as time management and priority setting. This article discusses the determinants of success as a clinical academic and provides a framework of advice to maximise the likelihood of a long and successful academic career.

Why am I writing this article and who am I writing it for?

At the end of 2026, I will have been a clinical academic in gastroenterology for 25 years. I have enjoyed my time, so far, thoroughly, but it has been hard work, and I have had to make some sacrifices to be “successful”. I entered academia in an era where there was less of a fixed career structure. This meant there was little in the way of formal training or career guidance but, at the same time, allowed for more autonomy and freedom. Nowadays, people need to demonstrate commitment to an academic career increasingly early on. It would be hard to imagine someone drifting through for the first 4 to 5 years post-medical school, as I did, and ending up as a professor in a university teaching hospital. I struggled to navigate through the academic system for much of my first 10 to 15 years, even when appointed as a consultant and associate professor. I repeatedly found myself at a crossroads in life, wondering whether to continue to pursue academia or whether to switch tracks back to full-time clinical medicine. As the first person in my family to go to university, let alone to study medicine, these were always difficult decisions, and I lacked a local mentor with influence and knowledge. I, therefore, always had to make them myself without much in the way of advice.

Reflecting on this, it is crucial to understand that academic success is not determined by intellect (just ask anyone who knew me at medical school in the early 1990s). Rather it is achieved by a mixture of serendipity (often being in the right place at the right time or having the right idea at the right time) and hard work. However, selecting the right people to work with, as well as developing and honing academic-specific skills and behaviours, such as time management and priority setting, are also critical. So, one reason for writing this article is to help provide advice and guidance to aspiring academics as to how to navigate the system so that their experience is better than mine and another is, perhaps, for my own catharsis. In addition, a decline in clinical academics has been identified in the National Health Service.[1]

The decline is disproportionate to other groups within the workforce, and needs to be reversed, but only 50% of research-active medics felt they would continue in an academic career.[1] This highlights the national importance of strategies to train and retain successful clinical academics. For those interested in reading more about the specific issues I discuss, several of the references I quote are a valuable resource,[2-11] provide much more detail, and are far more entertaining, than this relatively short article. Clearly, there is no uniform recipe for academic success, and others may have different opinions. Hopefully, however, at least some of what is written here will not only be useful for those considering embarking on an academic career but will also resonate with those who have been involved in academia long-term.

Identifying a mentor

Speaking from my own experience, navigating an academic career without a local mentor, who is, therefore, close at hand, can be challenging. In fact, you may need more than one mentor for different aspects, or for different stages, of your career. Usually, an ideal choice of mentor is a person, or people, working in the same field, or a related one, whom you aspire to be like and with whom you have a good relationship. Preferably, they need to be local, although being mentored at a distance has served me well (Figure 1). Their purpose is to be a role model, provide advice (including constructive criticism) and encouragement, advocate for you, especially if they are local, and, hopefully, furnish you with opportunities to advance your own career, but this is a two-way street and you also have some “responsibilities” (Table 1).[2]

Similar to working for different consultants in your clinical practice, you can take aspects of your mentor’s approach to academia that you like and incorporate them into your

own way of working in the future. Evidence shows that those who are mentored achieve a larger number of successful grant applications and peer-reviewed articles, have a greater likelihood of, and a shorter time to, promotion, and report higher career satisfaction, compared with those who are not.[3, 12] Other benefits to a mentor may include improved retention of individuals in academia and the involvement of under-represented groups,[13] thereby helping to address inequalities in the work place.

Choosing a project and a supervisor for a higher degree

Many resident doctors will be presented with the potential for an academic project at some stage in their career, and often while in a full-time clinical job. Delivering on such a project successfully can bring you to the attention of “influential” people. They may then suggest that you consider time out of your training programme to embark on a larger project, or series of projects, that will contribute towards a higher degree (e.g., an MD or PhD).

However, before grasping such an “opportunity” there are important factors to consider. These relate to both the project and the supervisor. In terms of the project, is it finite and deliverable? How will it be funded, including (importantly) your salary? Is it likely to lead to a chance to present the work and/or publish it (ideally both)? Will it lead to other tangible opportunities if completed successfully? In terms of the supervisor, do they have a track record of supervising a higher degree successfully? Who did they supervise and what did those individuals achieve under their tutelage (in terms of obtaining funding, presentations, and publications in high-impact journals)? Are they responsive and proactive?

It is always worthwhile speaking to prior supervisees to gain an understanding of the potential supervisor’s working style and expectations, to see if they are compatible with your own. I drifted into research by chance, largely because of a lack of training numbers in

gastroenterology. Nonetheless, after completing a small project, I was fortunate enough to be offered funded research with a well-established academic gastroenterologist, before I became a specialty registrar. He had an excellent track record and, ultimately, became my mentor. Even then, there were “bumps in the road” during my MD, underlining why it is still necessary to acquire other academic-specific skills to be able to deal with those, which are discussed below.

Prioritising what you do with your academic time and creating boundaries to protect it

Clinical work is important and can be difficult to confine to the time allocated to do it. However, as an academic, your time for research and other non-clinical activities is also important for your career development. It is, therefore, vital to prioritise what you do with your academic time and protect it.[4, 5] Priority setting has been described in detail by others elsewhere.[5] Put simply, it can be achieved by creating, and regularly updating, four lists: 1) things you’re doing currently that you want to *stop* doing; 2) things you’ve been asked to do that you want to say “*no*” to; 3) things you’re not doing that you want to *start* doing; and 4) things you’re doing currently that you want to *keep* doing. The final, fifth, list consists of strategies to ensure items on lists 1 and 2 are *shortened* to allow you to *lengthen* list 3 and *maintain* list 4.

Having your academic time allocated as half-day 4-hour slots is likely to lead to its erosion by clinical work to only 1 or 2 hours. Hence, it is better to ensure that you ring-fence an entire day for academic activities. Although this may seem fiendishly difficult in theory, in practice consultant job plans are often fluid and, over time, a single day away from clinical work can usually be engineered. If you are earlier on in your career, your mentor’s support may be required to achieve this.

Even with a full day ring-fenced, urgent clinical queries may arise, and you will obviously have to deal with these. Otherwise though, this time should be spent, wherever possible, writing original scientific articles as first author and/or grant applications.[4] The former drive external recognition, citation rates, and other markers of academic reputation, such as *h*-index. The latter raise local awareness that you are growing successfully as an academic and are someone whom your institution should be nurturing. Early on in a career, academic time is not best spent catching up on *e*-mails or administration, reviewing other people's articles or grant applications, keeping abreast of the medical literature, or meeting up for a coffee and a chat, however tempting the latter may be.[4]

Most original articles will, ultimately, be accepted for publication, whereas most grant applications will be unsuccessful. There is, therefore, always the temptation to focus more on writing the former, and less on writing the latter, as the initial "returns" seem greater early on in your career. Indeed, I took such an approach during the first 10 years or so of my academic career and set out to publish as many first author articles as I could, but this was a mistake. The techniques involved in writing original articles and grant applications are quite different. Grants are the lifeblood of an academic institution and "grantsmanship" is a skill that needs to be acquired at the earliest possible opportunity to maximise your chances of future academic success and sustainability.

Learning to say "no"

At the outset of an academic career, opportunities may appear scarce, so it is appealing to accept every single request for your involvement in a project. In addition, at this stage, everything will seem like an opportunity when, in reality, it may be a "dys-opportunity" (for more on this see below). There can also be a reluctance to say "no",

because the request has come from someone who is your senior, because you are a “people-pleaser” or want to look industrious, or because there is a perception that if your response is in the negative, you will never be asked again. In my experience, the latter is almost never the case and saying “yes” to everything, even to your boss, is not sustainable in the longer term.

Learning to say “no” politely (e.g., “I’m flattered that you have asked me, but...”),[9] and giving valid reasons why you are declining is, therefore, an essential skill to acquire to allow you to develop as an academic (Table 2).[10] This is because you will need to focus predominantly on your own priorities and career goals, which you will have already identified using the strategies described above.[5] Learning to say “no” minimises the risk of burn-out and maximises the likelihood of your academic career being long and successful.

Such academic success is likely, of course, to then lead to even more requests and invitations as you become more advanced in your career. As the maxim goes “if you want something done, ask a busy person.” Saying “no” to requests, even at this later stage in your career, remains important but can also be rewarding and fulfilling, because it allows you to provide opportunities for others. For instance, I can decline a genuine opportunity but suggest someone I am mentoring currently, or have mentored previously, do it instead. Over 25 years, I have learnt the hard way that saying “no” is important for both a successful professional life and a harmonious family life. At my current career stage, I no longer accept invitations that are outside my own field of interest or expertise, and sometimes even decline those that are within it.

Learning to distinguish opportunities from “dys-opportunities”

We all enjoy basking in the warm glow of external recognition of our abilities and/or achievements. Accepting invitations to be involved in certain things can, therefore, be viewed

as an affirmation of these. However, and particularly early on in an academic career, some such requests represent a “dys-opportunity” rather than a genuine opportunity.[11] This is because there will be an opportunity cost to saying “yes” to them. In other words, taking them on will be to the detriment of your priorities and goals that you have identified and need to be focusing on (for which, see above).

Examples of “dys-opportunities” include, but are not limited to, guest editing a “special” issue of a journal, writing book chapters, writing articles for non-PUBMED indexed journals, and going to a conference to chair a session (unless you would be going anyway for continuing professional development purposes or have also been invited to speak) (Table 3).[11] Often it can be hard to disentangle opportunities from “dys-opportunities”. Even when it is obvious, and even now in the middle years of my career, I find it tempting to agree to do things that, deep down, I know are probably more to do with being made to feel important or recognised externally, than being likely to have any major tangible benefit for my immediate or future career. Constant vigilance is, therefore, required.

Developing self-belief and tenacity

One of the necessary “evils” of academic life is dealing with rejection. Rejections can come thick and fast and, at times, it can feel like every article you submit is being rejected, one after another. In addition, as alluded to earlier, most grant applications will be unsuccessful. Therefore, both aspects of your creative life as an academic can, ultimately, be responsible for a considerable amount of frustration and disappointment. Although it is important to always try to keep things in perspective by remembering there are far more terrible things going on in the world currently, it is also critical to future academic success to develop a belief in your own abilities. In short, if you don’t back yourself, no one else will. I

remember being told that, when I had completed my specialist training and had applied for an associate professor post, someone senior and important had looked at my CV and "...could not see where it (my career) was going." Fortunately, I was young enough and arrogant enough to be completely unfazed by this. I did not know the individual, I disagreed with their assessment, and I had a wealth of evidence from other people, whose opinions I valued, that I was developing into a successful academic.

Being tenacious is also essential because of the iterative process involved in academic work, in terms of writing both articles and grant applications. There is the need to re-draft them time and again before submission, and then revise them in light of peer reviewers' comments or resubmit them elsewhere.[7, 8] Some articles I have written have been to five or six different journals, requiring reformatting in the relevant journal's house style each time. This can be both time-consuming and patience-testing, but they have almost always been published somewhere. Of course, it is also vital that you are realistic from the outset about where that will be and that you do not waste your time and energies appealing every single negative decision. Similarly, my most important research study (in my view) was only funded after 7 years of effort and five separate attempts to obtain a grant to fund the work, but led to publications in high-impact journals.[14, 15]

Dealing with unsolicited advice

Other people in positions of power in academia may offer you "advice" without you asking for it. Examples include statements such as: "You should be doing more of A.", or "You should be doing less of B.", or "You should go and meet with Professor C and discuss D." It is unusual that such advice is given without a motive, and the person who is giving it, particularly if they are outside your own specialty, will not be familiar with your research

field. Therefore, they are unlikely to have the necessary expertise, or be best placed, to advise you. In addition, they will not be aware of your personal circumstances or understand your priorities, career goals, or aspirations. Finally, the advice may not be being given for altruistic reasons or there may be a specific agenda, which is unlikely to overlap with your own.

I always knew what my own priorities and goals were and so tended to view such advice warily, or as representing “peripheral noise”, and considered carefully whether it aligned with these. I remember being told when I was an associate professor that I needed to “...stop writing articles and focus more on teaching...” Although, as a result, I had to become more involved in formal teaching within the medical school this was also a necessary criterion for promotion to professor, which aligned with one of my own career goals. Therefore, irrespective of taking this on (relatively) willingly, and to further that career goal, I continued to write and publish articles at the same rate I had previously.

Aligning clinical and academic interests

Remember that “you can’t talk the talk, if you don’t walk the walk.” If you are involved in research into, and publishing papers on, a medical condition then, necessarily, you should be seeing patients in your clinical practice with that condition.[6] There are several benefits to this approach. Firstly, your clinical work will be the source of your own research questions (as discussed below). Secondly, you can be implementing your own research findings into your clinical practice for the benefit of the patients you are consulting with. Finally, the patients you consult with can become involved in your research. This can provide them with treatments or opportunities that may not be otherwise available to them and provides you with their expertise, lived experience, and, often, data. As an example, I am part of a group that conducts clinical research into irritable bowel syndrome, and we provide

a dedicated clinic for people with the condition. This means that they not only have access to interested clinicians who are familiar with the evidence underlying the best treatments for the condition and who can empathise with their symptoms, but they also have opportunities to participate in, and advise on, clinical research.

Looking after yourself

Academic work can be nebulous and is often not easy to confine to the normal working day, particularly if you are collaborating with individuals in different time zones. It is, therefore, important that you do not lose sight of other valuable aspects of your life, including family time, time to relax and do “nothing” to give you headspace, and time to maintain your own hobbies and outside interests. This can be achieved, to some extent, using the strategies of time management, learning to say “no”, and recognition of “dys-opportunities” discussed above.

Although there will be periods when, by necessity, academic work must take precedence (e.g., when there is a deadline looming for a grant application), conversely, there are other times when family life or personal space is the main priority. This includes holidays, periods of significant upheaval (e.g., marriage, birth of a child, moving house, bereavement, etc.) and, for some, weekends. At these times, it may be tempting to try to “keep on top of things” by answering *e*-mails or doing relatively “low intensity” tasks. However, this is inadvisable and is likely to lead to frustration short-term and burn-out in the longer term. It is better to come back to academic work from any break fully refreshed. Hence, ensure you set up an auto-response on your *e*-mail, do not check your *e*-mail account, and resist the temptation to deal with what you might view as being simple academia-related tasks. Remember, no one is indispensable. The COVID-19 pandemic was a useful reminder about

work-life balance,[16] and led many people, me included, to question what their priorities in life were.

Becoming independent as an academic and generating your own original ideas

As you progress as an academic it is vital that you begin to develop independence, both in terms of identity and original ideas. Once you are becoming established in your own field and recognised externally by others it is time to “cut the apron strings”, to some degree, with any senior academic that has been instrumental in assisting you in your career to date. The alternative is to remain forever in the shadow of that individual and be viewed as their “underling”. Of course, this does not mean that you can no longer collaborate with that person, but any collaboration should be on a more equal footing. There needs to be an understanding that if you are providing the ideas, or the bulk of the supervision to someone else doing the work involved, then you will be the senior author on any paper(s) derived from that work.

However, and at the same time, you should be trying to initiate collaborations with other well-known figures globally to help forge your own brand. A period spent as a post-doctoral researcher can help with establishing this independence, because you will spend more time honing your academic skills. As an example, I took 1 year out of programme to work with my mentor as a post-doctoral fellow at McMaster University, in Canada. This allowed me to gain more research experience, collaborate with other academics, and spend time immersing myself in the craft of meta-analysis and epidemiological studies.

Obviously, to achieve independence, you will also need to start generating your own original ideas. This can be quite daunting at first, but the day-to-day practice of clinical medicine can be a rich source of inspiration. Also, keep at the forefront of your mind that you

are becoming an expert in the field you have chosen, and you know best where the gaps in the evidence lie. You will often find your next original idea comes directly from the results of your last study.

Frequently, I find myself having ideas for studies, or questions that need to be answered, when I am out running or “ferrying” my children somewhere. I tend to dictate them into my ‘phone immediately or write them down as soon as I have returned home, otherwise these ideas can be lost forever. In fact, as you become more independent and more senior you will find you have too many ideas and not enough time to undertake the studies required to address them. You will then, undoubtedly, begin to seek out your first resident doctor to embark on a project with you.

Summary

So, after 25 years and counting, would I recommend a career in clinical academia to anyone else? The answer, of course, is a resounding “yes”. Academic medicine has given me a rich and varied life that I could never have imagined when I left medical school almost 30 years ago (in fact, as I revise this article, I am staying in Veracruz in Mexico, speaking at their national society of gastroenterology meeting). However, committing to a career in academia is not for everyone. Some people will dip their toe in with a research project, and others will complete an MD or PhD, but then go back to full-time clinical medicine.

Even if you have no intention of a career in academia longer term, a 2- to 3-year period to complete a higher degree can furnish you with the important generic skills discussed above, including time management and priority setting, as well as the ability to critically appraise the literature. In addition, a fixed role in one centre can allow for some relative career stability and the opportunity to cement essential gastroenterological skills,

such as endoscopic training. Thus, with the truncation of specialty training in the UK and frequent job rotation, it may become increasingly attractive to resident doctors in the future. For those considering any form of exposure to clinical academia seriously, be prepared to be not only hard-working, but also eager to acquire the necessary new skills. Flexibility is also required, to be able to deal with the uncertainty and rejections that will form part of your day-to-day experience. Finally, patience is essential; always remember that events in academia do not happen at the same pace as in clinical medicine.

ACKNOWLEDGEMENTS

I am grateful to Dr. P. John Hamlin, Dr. Matthew Kurien, and Professor Emad El-Omar for providing feedback on an earlier draft of this paper.

CONTRIBUTOR AND GUARANTOR INFORMATION

Guarantor: ACF is guarantor. He accepts full responsibility for the work and the conduct of the study, had access to the data, and controlled the decision to publish.

Specific author contributions: ACF conceived and drafted this article.

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COMPETING INTERESTS DECLARATION

ACF: none.

ROLE OF THE FUNDING SOURCE

None.

Table 1. Suggested “Responsibilities” of Mentees and Mentors.[2, 3]

Mentee	Mentor
Shop around for a mentor	Market yourself as a mentor
Seek advice from peers about suitable mentors	Seek advice from clinical colleagues about suitable mentees
Use your mentor as a role model	Be a role model for your mentee
Take the initiative from/for your mentor	Advocate for and protect your mentee
Be enthusiastic and hard-working	Be enthusiastic and encouraging
Identify projects and career goals	Critically evaluate projects and career goals
Be ambitious	Set clear, realistic, and measurable goals
Look for compatible interests and communication styles in the mentor	Encourage individuality and differentiation in the mentee
Grasp opportunities for advancement from your mentor	Provide opportunities for advancement for your mentee

Table 2. Specific Examples of Ways of Saying “No” to Requests.[10]

Ways of saying “no”: starting with “I’m flattered that you have asked me, but...”, or similar
I can’t
I just don’t have enough time/I’m too busy at the moment
It wouldn’t be fair on the other people I have responsibilities to
My mentor won’t allow me to
I wouldn’t have anything to contribute/I don’t have the required skills to do what you are asking of me
I need to focus on other things at the present time
You should have asked me earlier (if this is a last-minute request)
Can I suggest the following person instead (if this is a genuine opportunity but you are just too busy)

Table 3. Specific Examples of “Dys-opportunities”. [11]

“Dys-opportunity”
Guest editing a “special” issue of a journal or a book
Writing book chapters
Writing articles for non-PUBMED indexed journals
Attending pharma-sponsored dinner meetings
Going to a conference to chair a session (unless you are also attending for continuing professional development purposes or have been invited to speak)*
Taking on administrative tasks or roles*
Agreeing to be involved in a grant application outside your own field of interest or expertise or at the last minute
Being co-investigator on a project outside your field of interest or expertise
Reviewing other people’s articles (unless you are doing this in tandem with your mentor as an educational exercise)*
Constantly pointing out problems in staff or departmental meetings†
Getting drawn in to political or ideological debates about your research‡

*These are usually necessary eventually but are “dys-opportunities” early on in an academic career.

†My colleagues will attest to the fact that, even at my advanced stage, I am still prone to doing this.

‡See Sayre’s law: “Academic politics are (or Competition in academia is) so vicious because the stakes are so low.”

FIGURE LEGENDS

Figure 1. Catching up with my mentor of 25 years, Professor Paul Moayyedi, at Digestive Diseases Week 2025.

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