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I took an interest in surgery early in my time at medical school and did a research year as a student where I got to perform operations for tibial fractures on plastic bones, then slowly break them to measure how good the fixation was. This was a practical and fun introduction to research, but it showed me how I could use research to change clinical practice. I came to realise that there were lots of questions that we needed to answer to improve outcomes for patients.

As a new registrar, I realised people worried about what was going to happen to their other joints when they had a painful knee, and I found a way to understand that better, using gait analysis. That curiosity eventually became my PhD, covering clinical research, gait analysis and biomechanics, and cartilage biology research, which I performed in Cardiff University, North Wales and Oswestry.

Having completed my surgical training in Cardiff and surgical fellowships in Bristol and Sydney, I moved into a new role at UHCW and Warwick CTU, who have become famous for improving orthopaedic care with large, high quality randomised trials. I am now a knee surgeon with an enjoyable and active clinical practice. So far I have published over 50 papers, lead over £3M of research, and am a co-investigator for another £4.5M of research, mostly NIHR funded clinical studies assessing new surgical treatments that have potential to improve surgical care for patients.

My experience shows that you don't have to always follow the standard path into a research career, a more tortuous path can be both fun and teaches you many skills. The opportunities for people to take up research, especially with new NIHR pathways, have improved so much in the last few years. By working with the skills and expertise of people around you, it is possible to do excellent research that changes care, and I would definitely recommend that anyone with a clinical question that matters should find out what opportunities there are out there – you never know where it might lead!