Hi Paul, thanks for talking to us today. Could you start by telling us a little bit about where you did your PhD, why you picked that institution and how your PhD was funded?

Sure, so I did my PhD in the Health Economics Unit at the University of Birmingham in the UK. Initially I went to Birmingham for a job interview. At that stage I wasn’t thinking about going down the PhD route after completing my Masters, I was just looking to get some work experience. Following that job interview I became aware of the PhD studentship opportunity and was really interested in the topic area. I spoke to my Masters dissertation supervisor, Ciaran O’Neill, and my friends and family to see what they all thought about the idea, then I decided that I would go for it and I haven’t looked back.

What was the topic of your PhD?

My PhD research looked at how we can use ICECAP capability measures in an economic evaluation framework that was in keeping with the ideas that Amartya Sen developed in his capability approach. Although it’s argued that the standard approach that we use in health economic evaluations using QALY maximization as our metric draws from Sens’ critique of welfare economics, at best it is a narrow application of his full ideas in an evaluative space. My research also developed an objective for economic
evaluations grounded in the capability approach that tried to focus on getting individuals to a decent level of capability as the priority, and I called this new objective ‘sufficient capability’.

How long did you spend on the PhD?

It was funded for three years full-time, but it took a bit longer than that, probably three and a half years. Luckily I took up a research position in Birmingham that allowed me to work on projects that were related to my PhD and complete my PhD write-up as well, which was very helpful. I was actually quite fortunate, at that time the health economics group in Birmingham was expanding quite rapidly, and I think they had five positions available around the time my PhD funding was ending.

Would you say that was the typical trajectory for PhD students in the UK?

I don’t know if it’s typical! There are a good number of opportunities available for full-time and part-time PhD students, but there doesn’t seem to be a ‘one size fits all’ PhD route for health economists in the UK, it seems to vary quite a lot. I know this differs from the typical route taken in the USA, for example, where there can be some years of coursework before the PhD starts.

Given that you continued working on your PhD beyond your funding period the last 6-9 months of write-up must have been a difficult balancing act?

Definitely. Remaining in the same group meant that there was perhaps a bit more understanding of the need to spend more time on the PhD than if I had moved elsewhere, but it was obviously challenging to both work and complete my write-up at the same time. However, I was in a fortunate position as I was working on research linked to my PhD, looking at ICECAP measures using an international dataset that was collected by the health economics group at Monash University in Melbourne, Australia. This allowed me to explore some of the conceptual and theoretical ideas that I proposed to do in my PhD but couldn’t do in practice because the data was not available at that time.

In terms of broader challenges, it obviously wasn’t as hard for me moving from Ireland to the UK as it might be for others for whom English isn’t their first language, but I think there are probably cultural challenges associated with that sort of move. It took me a few months to adapt to life in the UK compared to Ireland. My advice to others who are in a similar position would be to try to jump into social groups when you get to your new location. This isn’t only important for your own health and wellbeing but I think it also helps you to do better research. There is a tendency to think that every second counts in terms of your PhD but it can also help to step away from it at times to give your mind a break.

You have made several career moves during your postdoctoral career; you were initially based at Birmingham, you then spent some time at King’s College London and you’re currently at Bristol – is this timeline correct?

Yes, I was in the position at Birmingham for just over a year. I then decided to make the move to London around Easter 2014 for a non-academic post at the Royal College of Obstetricians and Gynaecologists. I worked on developing clinical guidelines for women’s and children’s health, specifically the health economics components of those guidelines. There were much shorter deadlines to get evidence ready for guidelines, which forces you to really weigh up the pros and cons of what you focus on in your analysis. Sometimes in academia you have more freedom to explore ideas in greater detail, whereas there were more time constraints in this role.
I then jumped back into academia at King’s when a really good opportunity came up to continue on from my PhD research looking at the capability approach in health economics. Again, it was quite fortuitous that this opportunity arose in London whilst I happened to be in London anyway! I was working with a philosopher called Sridhar Venkatapuram who was interested in global health and the capability approach, so this gave me a very different perspective on conducting research. I had met Sridhar previously at conferences related to the capability approach, so that possibly helped me to get my foot in the door initially for the job interview. Sometimes as an ECR it isn’t too clear what all of the benefits of attending conferences are, but having small chats with people about their work can lead to interesting paths in the future! After that experience I was keen to keep my research interests going and an opportunity arose to do that in Bristol at the start of 2016, so I’ve been here for almost three years now.

Hopefully one of the take-home messages from the ECR Interview Series is that there are many different routes to becoming an established ECR, and your experience certainly helps in that respect. Given that you have made several career moves, is this an approach that you would recommend to other ECRs?

If you have the advantage of being able to be flexible and move around then I think there are some really good opportunities out there for ECRs at the moment – I’m not sure if this was the case when I was starting my PhD. There now seem to be lots of opportunities to work across different institutions, at least in Europe, for example having supervisors based in different institutions, or even undertaking a PhD that is run jointly by two institutions. I definitely recommend drawing from as much expertise as you can, and you might not get this at just one institution. Having done research projects with collaborators from Australia and Germany, I think this really helps to give your research an international feel. I know that not everybody is in this situation, but if you can be flexible, I think this really helps to develop your research interests.

Very well said Paul! Let’s move on to your current role in Bristol. What are you currently working on and what is your current research agenda?

I should say first that my current role is different from the role I had when I started to work in Bristol. In February this year, I started a new role working on a Wellcome Trust funded Investigator award granted to Joanna Coast. The objective of this research project is to develop a life course approach for measuring capabilities for economic evaluation for health and social care interventions. Joanna and her collaborators have been involved in the development of three capabilities measures for adults – a general adult population measure (ICECAP-A), another measure specifically for older adults (ICECAP-O) and a third measure for people who are at the end of their life trajectory (ICECAP- support care measure). The argument for having these different measures for different stages of life is that what people value at different stages of life varies across the life course and this needs to be reflected in the analyses we undertake. Across this life course approach, there are a couple of key missing links that we are looking to fill with this recent research project.

First, the existing ICECAP measures all focus on adults so there is nothing to use for children in economic evaluations. Secondly, although having all these different measures across the life course is advantageous, there is a need to integrate these measures into a common framework that allows decision makers to understand how to use all these different measures in economic evaluations to make resource allocation decisions. These are the key challenges we are trying to address in this five year funded research project.

This sounds like a great opportunity and a well-funded research project. Does this align well with what you want to be doing or do you have your own research interests on top of that that you are pursuing?

Yes, it aligns very well with my research interests. As I mentioned earlier, it was very fortuitous that a job opportunity came up that was linked to my interests and PhD work. My move to Bristol was partly
motivated by knowledge that there was interest in developing the health economics capability approach work here especially when Joanna Coast moved to Bristol. The position I held before therefore helped to develop my research interests and encouraged me to apply for a post-doctoral fellowship and another funding opportunity. In my previous role at Bristol, I worked with colleagues from the UK Renal Registry and the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) West to develop my research ideas further and applied for funding from a UK patient charity. I also applied to the NIHR, which grants postdoctoral fellowships across different fields of health research in the UK. Although I got to the interview stage for both funding bodies unfortunately I wasn’t successful in getting funding through the schemes. However, this worked out quite well for me, as the current opportunity I have opened up shortly after those applications were turned down.

It is good for other people, particularly ECRs in the early stages of their career, to hear that other people haven’t gotten these quite sought after fellowships. There is a tendency to think that it is the end of the world when you don’t get one, but actually that isn’t true as has proven to be the case with you.

Yes, exactly. To be honest at the time it was hard to take. But you just have to keep going even if it feels a bit personal. It’s the same with paper rejections. You have to take the positives from the process as well, as I got to the interview stage in both instances. This is one of the challenges you face when pursuing your research interests, especially when you are competing with not just economists but a whole range of health researchers for whom the criteria might differ from what you associate with normally. For instance, I know in the US it is quite important to have that one publication in the big 5 economics journals whereas for health researchers, the key criteria are much more to do with showing how much you have contributed in terms of quantity of publications as well as quality and also how much you can bring in as research income or as grant funding working with co-authors. My advice therefore to researchers who are interested in applying for these fellowships is to consider how you can distinguish yourself from all these health researchers who have been working on clinical trials to put yourself in a good position to be competitive with them.

Are there any other challenges for ECRs that you would like to highlight?

Other challenges relate to fitting in to different departments. I undertook my Masters degree in an economics department in Ireland, then moved to a health economics unit based in a medical school. The department I worked at in Kings was a social science department and now I’m back in a health economics group in a medical school. My advice for people who don’t know exactly what department they fit in is that it is ok! The important thing is to try these different positions in different departments with an eye to figuring out what works the best for you.

My advice is to not be afraid of taking chances. That is really the only way to find out what works well for you. Also, make sure you have a good support system – both at work and outside work. I have got a really nice supportive team here at Bristol.

What one thing would you do differently if you were beginning your career now?

I see some advertised PhD opportunities that I think would have been interesting to pursue if these had been available when I was at that stage of my career. I have had great experiences in the UK but it would have been nice to work in multiple countries as an ECR. If ECRs can be flexible, there are some really great opportunities out there to work across countries and draw upon international expertise at different institutions.
What is your plan going forward? Five years from now, what do you hope to be doing with your work?

In five years, I hope to have fulfilled the objectives of the current research project - developing the capability measures for children and integrating the framework for measuring capabilities across the life course.

Also, as part of this research project, I’m going to be conducting valuation work for the ICECAP measures so I am going on a choice modeling training course in November. I’m really looking forward to that training and getting more knowledge in that area. There is also money in this research grant for a PhD studentship for the work we are going to be developing on measuring capability at the end of life for children. This would be my first experience sitting on the other side of the PhD supervision table giving advice as opposed to receiving advice so I am really keen to help another ECR develop and progress along their own PhD journey.

Many thanks to Paul for talking to us today. Interested readers can learn more about Paul’s work by visiting his profile page. The next interview in the Early Career Researcher Interview Series will be published in January 2019.