

## SERIES OVERVIEW

Dr Lucinda Edwards (Niamh Algar) is a smart, battle-hardened doctor, but we meet her on a nightmare shift that ends in the death of an opioid overdose victim, Edith Owusu. Despite the support of her medical supervisor, Dr Leo Harris (James Purefoy), Edith's grieving father (Brian Bovell), demands an inquiry into Lucinda's actions on the fateful night.

Leading the medical investigation are Dr Norma Callahan (Helen Behan) and Lucinda's former colleague, Dr George Adjei (Jordan Kouamé). While George feels this was an unavoidable tragedy, Norma is suspicious of Lucinda's behaviour and decisions in the lead up to the patient's death.

As the pressure of the investigation intensifies, Lucinda's relationship with husband Tom (Lorne MacFadyen) starts to fracture, and her confident professional exterior begins to crack. Is Lucinda hiding something?

## CHARACTER BIOGRAPHIES

### **Dr Lucinda Edwards**

Dr Lucinda Edwards is a fiercely intelligent and hard working doctor. Lucinda prides herself on her ability to handle whatever medical crisis is thrown at her, and she always goes above and beyond to ensure her patients get the best care.

She is months away from achieving her dream of becoming an A&E consultant. But though she thrives on the adrenaline and pace of A&E, on further inspection she might not be a natural fit for emergency medicine. She cares too much, she's impulsive *and* a perfectionist - which makes it hard in a speciality where speed and impartiality are essential.

When a patient's death threatens to unravel everything she has worked so hard for, Lucinda must try to figure out exactly what she got herself involved in before she loses it all. As Lucinda tries to stay one step ahead of the MIU, her increasingly impulsive, unpredictable and erratic behaviour will leave the audience questioning throughout the series whether or not Lucinda Edwards really is fit to practise. How far is she willing to go to protect herself and her professional reputation?

### **Dr George Adjei**

Dr George Adjei is an investigator with the West Yorkshire branch of the Medical Investigation Unit. After his initial medical training, he worked in oncology for a few years. However, when one of his patients died unexpectedly under his care, he was placed under investigation. Despite being cleared of wrongdoing, the guilt was too much for him and he left his job as an oncologist, eventually joining the MIU.

Having 'switched sides', George sometimes struggles to criticise other doctors – he understands the pressure they're under, but that empathy is also what makes him good at his job. At the same time, he cares deeply about stamping out corruption in the medical profession. He's diligent, hard-working, and eager to succeed; he wants to make up for his 'failure' as an oncologist. Investigating Lucinda's case is particularly tricky for George, because he and Lucinda were friends back when they were both junior doctors. He trusts Lucinda - she was always a great doctor. But he needs to prove to his boss Dr Norma Callahan that he can be objective, and he can't ignore the warning signs: there's something going on with Lucinda.

### **Dr Norma Callahan**

Norma is the Senior Investigator for the West Yorkshire Medical Investigation Unit. She's the definition of firm but fair - she takes her job holding doctors accountable incredibly seriously, and views her team as a crucial part of the healthcare system. Norma initially became an obstetric consultant. But when she expressed concerns about one of her colleagues, she was ostracised by her team who prioritised protecting their fellow doctor over the safety of their patients. She was disillusioned, and decided to rethink her career. After joining the MIU, she quickly rose up the ranks and became a senior investigator.

Norma is thorough and logical; a leader, not a follower who is never swayed by sentimentality. This makes her good at her job. She rarely sees the grey – in medicine most things are black and white, right or wrong. Having failed to improve the medical practice within her own clinical team, Norma's aim now is to improve medical practice across the board using the power of the MIU.

### **Dr Leo Harris**

Dr Harris is a senior A&E consultant - he's run the ward for so long, he's pretty much part of the furniture. He's confident, competent, and more than a little complacent. Now that he's reached the top of his department, after years of hard work, he's happy to take advantage of his seniority every now and then. He's a mentor figure to Lucinda: he knows she's a brilliant doctor, and he's training her up to take his place running the Royal Hospital's A&E department when he eventually leaves. Lucinda trusts him to have her best interests at heart and to provide her support when she needs it. But when her difficulties at work start to reflect poorly on Dr Harris, will he put his own reputation on the line to protect her?

### **Dr Ramya Morgan**

Ramya is a junior doctor on her placement in A&E; she's an F2 doctor, which means she's in the second year of her foundation training programme. She's strong-willed, opinionated, cheeky, quick-witted. She just wants to make it through this placement unscathed: she knows emergency medicine isn't for her, she hasn't done 6 years of studying just to patch people up before sending them on to another department. Ramya comes from a wealthy, successful medical family. Some of her peers resent her for this privilege, and the confidence (or arrogance...) it's given her - but this only makes her more eager to prove herself as brilliant on her own merits.

When a patient dies, Ramya is left reeling. She must navigate investigations and inquests while grappling with her own guilt and a growing sense of outrage at the hospital's approach in the wake of this tragedy. Ramya has to decide whether 'doing the right thing' is about what's right for you, or if it means acting for the greater good.

### **Dr Oscar Beattie**

Oscar Beattie is a junior doctor working in the West Yorkshire Royal Hospital's A&E. Kind, sensitive, and loyal, he cares deeply about his colleagues and friends on the ward. He's finished his general medical training, and now he's chosen to specialise in emergency medicine because he thinks that being a doctor is fundamentally about helping people, and A&E sees patients at their most vulnerable. But the frantic pace and high intensity of emergency medicine can get to Oscar; he's a gentle soul, and some days he finds it hard to take the heat in A&E. He idolises Dr Lucinda Edwards, because she manages to be tough and caring at the same time. As rifts deepen and tension builds amongst his colleagues, Oscar's deep-seated loyalties and his determination to do the right thing become a source of distress for him.

## Matron Beth Relph

Beth Relph is the Matron and oversees and leads the team of nurses in the West Yorkshire Royal Hospital's A&E department. She is an experienced, hardworking, caring, and dedicated nurse, who takes her job very seriously. She always tries to do what's best for not only her patients, but her colleagues. Beth is well respected by her colleagues and doesn't suffer fools, often speaking exactly what is on her mind, whether the recipient likes it or not. She has worked with Lucinda for a long time, and they have a close and trusting relationship. Her deep loyalty to her friends and colleagues proves difficult when trying to do the right thing.

## INTERVIEWS

### GRACE OFORI-ATTAH – WRITER, EXECUTIVE PRODUCER

#### **What was your path to becoming a screenwriter?**

Having been a doctor for 15 years I've always been interested in storytelling and medicine is a career that's full of stories. The first time you meet a patient, whether it's in A&E or on a psychiatric ward, you are getting their history, their story. And you are trying to figure out what are the key details. What are the most important reasons why they are here today and how is that relevant to the treatment and the outcome?

As I progressed through my career and was doing psychiatry, that story and its relevance became all the more important. Psychiatry is the black sheep of the medical family. But I feel that mental health is present in every part of medicine. And mental health discussions are becoming more relevant today.

So I wanted to write a medical story. But while *Malpractice* is set in A&E to reflect what was probably the most difficult junior doctor rotation I've ever done, the underlying story is really one about psychiatry, mental health, addiction and how that is pervasive. Not just in medicine but in wider society.

I resigned from my consultant's post after just a couple of months in August 2017. It's meant to be the pinnacle of your medical career. You pass all of your exams, you become a consultant and you have achieved the dream. My parents were thrilled. But I just felt this real disconnect.

I really wanted to give screenwriting a go and thought if I finished my training and became a consultant I can then come back to medicine at any point. Because I'm fully qualified. So I can stop and concentrate on the screenwriting.

But in the way that medicine is all consuming, as you see in *Malpractice*, you get sucked into this thing of you've got to keep going, you've got to keep jumping through the hoops. And when I was offered a consultant post it was the gift of a job within a team I was already working with. So I felt unable to say no to that. But then very quickly I knew what I really wanted to do was the writing and I eventually resigned. Although I did go back not long after.

#### **How did *Malpractice* originate?**

*Malpractice* first came into my head towards the end of 2019. The first ever script I wrote way back in 2014 / 2015 was for what I thought was a great drama. Set on a psychiatric ward, it was called *Ward 6*. Loosely inspired by Chekhov's *Ward No 6* about a doctor who neglects the psychiatric ward but then eventually becomes inseparable from the patients.

I'd set my story in a modern day hospital. That's the script that got me an agent. I had discussions with World Productions and having gone away and thought some more, I then pitched them the idea which became *Malpractice*. And they loved it.

### **What themes did you want to explore?**

One of the main themes is pressure. That work-life balance pressure and the idea of doctors as people. What had really bugged me a lot during my training was this perception of doctors as being any different from their patients when they are obviously one and the same.

We'd had the junior doctors' contracts' issues and strikes and that was all very difficult. Particularly for my cohort of doctors. Many of my friends left medicine during that time. There was a lot of negative press about doctors and what society's expectations were of them. So I wanted to do a piece about the different pressures doctors are under and what it really looks like.

### **Can you tell us about Dr Lucinda Edwards, played by Niamh Algar?**

Lucinda Edwards is a doctor who is exceptionally talented. She is just about to reach the pinnacle of her career - on track to become a consultant - and has worked very hard to get there. Lucinda has chosen to work in A&E because it's the coal face of medicine. It's almost like being in a war zone. So, she has chosen what I would say is the hardest bit of medicine to do. That might be something about her personality where she likes to put herself in difficult situations and manages to cope, seemingly, quite well with them.

But underneath all of that is a young woman who is trying to keep her family together. She is the sole breadwinner; has just had a child and felt she's had to go back to medicine very quickly after giving birth because of the Covid pandemic.

That was her decision, but I think there was a pressure on doctors at the beginning of the pandemic if they were not working, if they had taken a year out or whatever, to come back. And I don't think anyone realised the full impact of that on doctors. So what we see in *Malpractice* is an unravelling.

It's not just because of decisions they have made. It's because they are a doctor and there are expectations coming from all different angles about how they should behave. I wanted to show in Lucinda that it's not just what we immediately see but everything before that has led to the situation she is in.

### **You show how stretched resources are in A&E in terms of both staff and beds?**

In a few seconds of your working shift it can go from being quite peaceful to suddenly absolute chaos just as you think you are about to clock off. You can become quite numb to hearing about there being no space for patients in A&E and the lack of hospital beds and what it really means.

So, I wanted to show the decisions that have to be made when there is literally just one bed left and all of the patients that need that bed are sick. And what looks like in medicine the safer patient to move to make room may not be. Because there's a reason, they've been brought there in the first place.

Lucinda is still classed as a junior doctor. That's the other thing people don't understand. You are a junior doctor until you are a consultant. She has to make that decision about who to prioritise and everyone is putting pressure on her. Then when it goes wrong, nobody wants to be responsible for that. And you can see she is in an impossible situation.

### **How do you feel about the current state of the NHS?**

A lot of damage has been done to the NHS. People were very down on doctors and nurses and not being seen. Then we had the pandemic where everyone was suddenly incredibly grateful for doctors, nurses and other health care professionals. Clapping them in the streets. But that has turned again to people hating GPs and saying they can't get an appointment.

Can't people see what the link is between that and the damage that has been done to the NHS? How the health service just cannot cope. That doctors and nurses are just trying to do their best. But they can never do enough. They still have to keep working in the face of all the criticism.

And then you have politicians like former Health Secretary Jeremy Hunt doing a lot of damage not just to the NHS structurally but also in terms of the morale of the work force. He really damaged people's sense of self-worth, their pride in what they were doing. A lot of UK trained doctors decided to leave because of decisions made by the current government. The working conditions are terrible.

### **Are there any traces of you in these characters?**

I am 100 per cent not any of the characters. But I have a particular soft spot for Dr Ramya Morgan (Priyanka Patel) because that's the level I was at when I did A&E. I was an 'F2'. You've done your exams and done well at university. But there's no real preparation for being on the wards. You can have been on the wards as a medical student but then you're quite protected.

So you go from doing one year of being a junior doctor - my first job as an F2 second year doctor was in A&E at King's College Hospital in London - and I was so unprepared for what was to come. Essentially you just have to keep going. You don't know what's coming through the doors. They give you a manual so you've got all of the protocols so you can look it up and figure out what to treat and how to treat. But I found it pretty harrowing.

And you are reliant on your seniors. They make that clear. You can ask your seniors. But there's also a thing that "you should know this so why are you asking?" So, Ramya, for me, is an interesting character. At first people might think she is dreadful. She's looking out for herself, doesn't pay attention, she's bored, lazy...but, no. She's just really stressed and tired and trying to survive the rotation and feels like she's being picked on and singled out for blame. When actually she is there to learn and the other doctors are there to teach and train her and are responsible for the education she will get in A&E. And that's the only training she will get in A&E.

On the basis of that she will be expected to manage things. During the pandemic they were asking doctors like myself, who were consultants in random specialties, to come back to fill the Nightingale Hospitals on the basis that we had done a four month rotation in A&E nearly a decade ago. And they thought that was enough experience. The panic it caused among my colleagues. As if that is sufficient training for us to go back and be looking after these seriously ill Covid-19 patients.

## **There are consequences for doctors who come under investigation?**

For a few years I had been quite alarmed at the number of doctors committing suicide while under investigation by the General Medical Council. The process just wasn't considerate to the doctors involved. As a doctor you are constantly worrying about doing something wrong because it's almost like there's a presumption of guilt rather than innocent until proven guilty.

I remember quite early on in my core training a nurse and a doctor disappearing from our ward overnight. Because a patient had made an allegation against them. It was like, 'We have to believe the patient immediately and they have to be suspended until it's investigated.' They hadn't done anything wrong but they still had to go through this awful process, which everyone knew about because they were no longer on the ward. The processes are so punitive.

I never really see anything on TV about that investigation process - or about coroner's inquests, which are a huge part of my medical life. Especially as a consultant and a registrar in psychiatry. Because you have a lot of patients who commit suicide or have substance misuse deaths. We had so many coroner's inquests. Again, I was so surprised that people don't really seem to understand this process. Which can be so unfair on all sides. The whole thing can be dreadful. And then you have to go back to work.

So there are scenes of a coroner's inquest in *Malpractice*. To show that while doctors may not be on trial there, it feels very much like you are. We filmed those inquest scenes at the very beginning of the shoot and I was there for around half of the filming. It gave me shudders. Even watching it on screen I feel really stressed.

## **Malpractice also highlights addiction?**

There is a stereotypical idea of what a drug addict looks like. What I want to show is that's just not the case. The people who are probably causing the most damage - not just at street drug level and personal use level - are your middle class and upper class, wealthier, professional substance users. Because they really drive the market. They can pay more.

With *Malpractice*, all of the drug addicts are not your stereotypical drug addict. I really wanted to show this other side of substance misuse.

## **What did you make of the hospital set created for *Malpractice*?**

I was very impressed with our production design team. It was just incredible. I showed some of my peers who work in various specialties now, most of them consultants, and they all said it was a much nicer hospital than anywhere we've ever actually worked. It was amazing.

I couldn't believe all of the stuff they had sourced. It was fascinating to see. But it did make me feel quite stressed. Every time I went into A&E as a doctor I would feel stressed. The adrenaline would be going because you don't know what's coming. And I also felt that on set. So, they did a really good job. Very realistic.

## What about the medical procedures depicted on screen?

I had discussed some of the medical procedures in advance with Niamh Algar (Dr Lucinda Edwards). Talking her through why I had chosen specific lines. The thing with the script writing is trying to make it clear and dramatic but also still be true to what's happening. So, I was on set for most of the really technical things. Just to make sure the most dramatic bits of the procedures were being captured appropriately.

I was amazed at Niamh's ability to convincingly portray medical language she had never heard before. The day before she would be doing some of the complex scenes we would spend time going over the pronunciation of some of the more difficult words and words she could not say. Then 24 hours later she was saying those words as if she'd been using them her whole life. Niamh was absolutely brilliant. Very convincing as a doctor.

## What is it like creating a world filled with characters and then seeing it come to life?

Surreal would be the first word that comes to mind. I said to our director Phil Barantini that when I watch the episodes, I can't believe I wrote it. It doesn't feel real at all. But it's incredible. I'm starting to feel a real sense of pride in it. Just having people take seriously something you have made up is a very strange feeling.

## You have said you never felt fulfilled as a doctor. Why was that?

There is very much a feeling, particularly as a junior doctor - and I've talked about this with other medical colleagues - that you are a cog in a system and as a result of all of the stuff that has happened with the junior doctor contracts and strikes, a lot of us have said we've been reduced to these units of work and we can be slotted in anywhere. We're slotted into different teams, we are constantly rotating and you don't necessarily feel personal care.

So with medicine there was the feeling that you are replaceable. Yet you never want to take a day off sick when you are actually really sick. You see that with Lucinda. She feels she has to keep working and that's to the detriment of both her patients and herself. People will say to you, 'You should take a day off because we can get a locum in, we can get someone else.' But we don't really believe it. You feel you have to keep working.

But I've always loved writing - and I guess it's a personal thing in that there are different things that satisfy different personality types. The sense of satisfaction I got from completing my first script, even though it was just something I'd written for myself, was incomparable to how I'd felt day-to-day as a junior doctor.

A lot of being a junior doctor felt like survival. I'd be amazed that I'd got to the end of a rotation. And it's only now with reflection, especially having done *Malpractice*, that I think of my 23-year-old self finishing medical school and I can feel real pride in what I did. Because I definitely couldn't do it now. I really needed a lot of distance to appreciate what it was. When you are in it you don't realise that it is an incredible thing. It's really hard to see how hard it is to be a doctor when you are in it because it just feels so relentless.

## **Do you think you can help people more through TV than being an individual doctor?**

There is nothing like sitting in a consultation with a patient who you have been trying to persuade for months to take a drug. And then their favourite soap star or whatever takes it. Then they suddenly want it. The power of television is extraordinary. It can actually change people's lives. The influence that a storyline can have. Discussions of suicide in major TV soaps, for example, enable conversations to happen.

I started to realise that a lot more as I got further into my career. The power of TV and art to open up discussions that are quite difficult. It's somehow more relatable than the paternalistic doctor telling you how you should live. That cannot be underestimated.

## **What is your writing process?**

What I find really enjoyable about writing is that the images come first. So I can see the action in my head and it's a 'say what you see' thing when I'm writing. I will think about it very visually and that makes the writing and the dialogue a lot easier because it's always acted out in my head.

I just wish I could go back in time and tell my younger self that this would happen. I wouldn't have believed it at all. What I do have are endless journals and diaries from when I was younger where I say, 'I want to be a writer.' All of the way through from childhood to university. It's quite nice to look back at some of those and feel like, 'Yes, it's happening.' I still can't quite believe it but it is like a dream come true.

I had been worried at each step that something would go wrong. We wouldn't get to go into production, then Covid would halt the filming and that would be it. There is always a long way to go from writing to ending up on screen. But I'm finally starting to enjoy the fact that it is going to be screened on TV.

## **How did your parents react to your change of career?**

My parents are very traditional West African parents so my decision to become a screenwriter hasn't come without obstacles.

My sister is an actor and my brother is at the National Film and Television School on a directing course. We all started off as scientists. My sister was a pharmacist and my brother a dentist. So, we have all gone towards the creative arts.

I brought my mum and dad on set. I'm hoping my dad is going to have a tiny cameo in the last episode if it survives the edit. He's a Reverend and always saying he's an introvert and doesn't know where his children got this creativity from.

Then as soon as he got on set he gave himself extra lines, he's chatting to all of the cast and crew. He was having the best time.

## PHILIP BARANTINI – DIRECTOR, EXECUTIVE PRODUCER

### What appealed to you about *Malpractice*?

The producer Sophie Reynolds got in touch with me because she had seen my film *Boiling Point*. It took me a while to get to read the script for the first episode because I was busy. I also didn't know if I would have time to do it because there was another film I was due to shoot.

To be honest, I actually wasn't going to read the script. I was going to tell my agent I had to pass on it because it wasn't going to work out in terms of me being available. Then I finally found time to read the first script and I was like, 'Oh my gosh. This is good.' I was really excited and got in touch with Sophie.

When I read the *Malpractice* scripts they felt really authentic. For me, authenticity is key in everything I do. That's why I was drawn to these scripts because you could really sense that on the page. It was written by a doctor, Grace Ofori-Attah, from a place of real truth.

I originally wasn't going to direct all five episodes. I was only going to do two or three. Then we were doing the audition process and I kept thinking, 'Do I really want to let go of this and hand it over to someone else?' So I asked if I could direct the whole thing. Which, although I hadn't realised, was what they had wanted me to do in the first place.

Everybody is going through a lot in this series. Not least Dr Lucinda Edwards, played by Niamh Algar. Lucinda is an A&E doctor in an incredibly stressful environment. I want viewers to understand what she and all of these characters are experiencing.

### What challenges do the characters face?

We show characters struggling with addiction and mental health. Ultimately that's what *Malpractice* is about. Overcoming your struggles. Or not. Having to deal with that and how people react. It's an intense story and thrilling as well in terms of other things going on. I'm totally open about my own personal experience. I had addictions when I was younger, but I've been sober for seven years now. So I can completely relate to those themes. ... The first step in recovery is admitting you have a problem. Until you do that there is just no way of stopping. For a couple of years people would say to me, 'I think you need to slow down.' Or 'You need to stop.' And I'd be like, 'Yeah, yeah, no, I will, I will.' But I never really wanted to. Because I didn't think I had a problem. I just kept brushing it off, thinking it was all fine. Other people literally cannot do anything to help if the addict doesn't admit they have the problem and want to stop. I've had a couple of people come to me since I quit drinking, asking me for help. The only thing I say to them is, 'I can't do anything for you until you really, really, deep down inside yourself want to do this.' Because it's all well and good saying, 'I need to, I should do, I have to.' But unless you want to, you're never going to stop. Until you're completely ready to do that then there is nothing anyone can do for you.

### *Malpractice* shows hospital staff under huge pressure?

You can't blame nurses and doctors who are walking away from their jobs. It's absolutely insane. So scary. You push people to the limit and that's what you get. It's really sad.

Many people have been through hell during Covid. With medical staff in the front line facing massive challenges. Including from people who refused to wear masks coming into hospitals when many others were dying from Covid in the same building. Doctors, nurses and other staff had to deal with all of that.

Malpractice is set after that main pandemic period but everyone is still exhausted from both that and the constant present day pressures. I felt quite strongly that we didn't want to push the Covid thing in viewers' faces. We just drip feed a little bit of that so people can relate to what has happened to these characters in the past as, hopefully, we move forward.

We learned some real insights into what people are going through in that world. Because they are under so much pressure. Which we have all seen for ourselves in recent times. It's horrific. We are really beyond a crisis point.

### **What did you aim to achieve in terms of the look and feel of Malpractice?**

I wanted to be bold with how we told this story and for Malpractice to feel claustrophobic at times. I didn't want it to feel like a TV series. I want it to feel like five movies. Quite gritty and grainy. With some energetic moments using hand held cameras in the hospital. We also used longer takes in certain moments to just let the drama play out.

### **What is your approach as a director?**

I didn't go to university or anything. I left school at 16 to become an actor and I'm from a working class family. I've had directors come to me as an actor and talk for five minutes about the motivation and this and that. And all they want me to do is walk a few feet across the road. Why don't they say, 'Just walk across the road.' And I would do it.

Having been an actor myself means I understand actors. I empathise with them. Because as an actor you're incredibly vulnerable and you're putting yourself out there. I like to make them feel comfortable because I've been in films or TV shows where you just don't feel supported by the director.

I'm certainly an actors' director but I also exactly how I want things to look. I don't ever say I'm an expert and I don't micromanage my cinematographer or his or her team. But I know what I like to look at and I've got a fantastic relationship with my director of photography Matt Lewis, who has done everything I've done. We've got a shorthand together. That means I can then focus with the actors. I can be with them.

I like to work closely with the actors before we even start shooting. It's important that you talk about the character and get all of that information out in the open before we start filming. So you talk about back stories and where they are. Whatever the actor wants to do. Because then when we get on set my job is easy, in a way. I'm just watching it play out. And if there's any tiny thing, I just give them a nudge one way or another.

I leave it to them because they have their own process in the way they work and I have to respect that because every actor is different. I can't come bulldozing in, going, 'Right, this is how we're doing things.' That's counterproductive in the creative space. You have to give actors a bit of freedom to play. Ultimately, they are going to embody this character and they need to be let loose a little bit. You can't keep them on a leash.

I like to let the actors play and improvise around the script a bit. We'll do a few takes where it's to the script, as it is. And then I'll do what I call the 'rogue take' where I say, 'Right, let's go rogue. Let's do whatever. We've got the take we need for the edit. Let's now just do something crazy and see what happens.' It's not to use that actual take in the scene but there might be one little moment where the actor does something incredible and you can use that in the final edit. I wanted it to be real, quite raw and believable.

It's about getting into the mindset of your actor and how they work so I know how to approach them. The same with every actor on set. You have to find a different approach for everyone. Ultimately, it's about making them feel comfortable. It's all about trust. I have to trust them and they have to trust me.

**Can you tell us more about Niamh Algar as Dr Lucinda Edwards?**

Niamh Algar is just mind blowing in this drama. She is so good. All of the actors are phenomenal. But she is a force. Niamh has a huge workload in *Malpractice* but she is not someone who will hold back. She just literally threw herself into the character. And it's not an easy character to play. It's a tough space to put yourself in mentally. And she did that.

Then you have the junior doctors like Ramya Morgan (Priyanka Patel) and Oscar Beattie (Scott Chambers) who have to face life and death situations at a young age. I might be on set one day when things are not going the way you wanted. But then you think, 'We're not saving lives here.' So you have to keep some perspective.

I watched so many medical programmes before we started including one called *Junior Doctors* which was really insightful. It shows you what they go through when they are thrown into those situations. And they don't have a choice. With the patients putting all of their trust in them.

**Where did you film the hospital scenes?**

We filmed at a former tax office in Shipley, West Yorkshire. It was amazing. We found the building online and the exterior looks like a hospital. Then we went there and found the interior was just like a studio with big open spaces. Massive rooms. So, we decided to film all of the hospital exterior and interior scenes there.

The production designer Adam Tomlinson and I had an early chat about what we wanted it to feel like. There is a certain criteria and things that have to be there to make it look real. I wanted it to feel like a real hospital, not a set, and Adam is all about that anyway. He made 3D scale models which were so helpful. Then when we saw it all come together it was absolutely amazing.

We had the A&E consultants come on set and they were like, 'Wow, this is incredible.' One of them said it was better equipped than their own hospital and added, 'I wish I worked in this hospital.'

**What was it like filming the medical scenes?**

At the outset, we don't know what the medical scenes are supposed to look like. We're just reading from the script. One particular procedure was an emergency thoracotomy which basically involves cutting the chest open and massaging the heart with your hand. So, we had to get the prosthetics team on board with that and they were absolutely incredible. It looks so real on screen.

But it's stressful because of all the elements that have to be right and look right on screen. In terms of the prosthetics we had just three re-sets that we could do. You just have to trust all of the departments involved.

I know what I want it to look like and I've got two medical advisors sat next to me - an A&E consultant and an A&E nurse. So, every time we did a take I asked them. 'Does that look real. Is it believable?' And they were like, 'Yes. It's very real.' That was key for me.

### **Can some dramas make a difference?**

I definitely believe some dramas can make a difference. They absolutely can. I think the subject matter of *Malpractice* is very relevant at the moment. Working on this drama has given me even more respect for the medical profession. It has really opened my eyes. They are there to serve and help people but they are taken for granted. At the end of the day they are human beings and deserve better.

### **How do you reflect back on working on *Malpractice*?**

To do all five episodes of this and have one voice, it feels like my baby. That is incredibly special. I call the cast and crew family. I would love to work with all of them again. It was a very special job. Also for ITV and World Productions to trust me with this because I know how long they had been working on *Malpractice* before I came on board. To trust me with the whole show, to tell their story. The writer Grace Ofori-Attah has also been incredibly supportive. They left me to it, which is rare. So I feel very grateful for that.

## **NIAMH ALGAR – DR LUCINDA EDWARDS**

### **What were your initial thoughts about *Malpractice*?**

My first reaction was, 'Oh my God.' Because it's relentless and this character is thrown into something completely out of her depth. You feel as if she is just trying to keep her head above water throughout the entire story. So, I thought, 'This is going to be quite the marathon of a shoot.'

The script was so compelling. Written by Grace Ofori-Attah, who worked as a doctor. And then you've got the director Philip Barantini. So in my head, as I was reading it, I was thinking of those two people. Along with World Productions who are renowned for these high-paced, cliffhanger, adrenaline-filled series. I knew it would be incredibly exciting to explore and be a part of. Then thinking, 'OK. Now I've got to try and pull off being a doctor.'

The fact that someone like Grace has written this is really important. Exploring the medical profession and the misuse of drugs. I'm fascinated by human behaviour. That's why I became an actor. So, the idea of addiction and drug abuse has always been something I look at with very empathetic eyes.

### **What else did you learn from that experience?**

What I learned from it is there is a huge mental health crisis that's happening. A lot of these staff are being left to deal with people who are mentally ill with nowhere else to go. So they find themselves in A&E at two in the morning.

The pandemic has impacted on a lot of people's mental health. I think many people were self-medicating at the time because they couldn't see their doctor or were too scared to go near a medical facility. With an increase in anxiety and depression due to the pandemic. People have become a lot more open and able to talk about it.

Addiction comes in all different forms. Not just substance abuse. It was fascinating as part of my research to speak to recovering addicts and how they came to be dependent on drugs. And it's not as difficult as you think. Mostly everyone knows someone who is an addict in some form. Or people who don't realise they have an addiction.

### **Who is Dr Lucinda Edwards?**

Lucinda is a registrar at the West Yorkshire Royal Hospital working in the A&E department. Having been on the frontline during the pandemic. She finds herself at the centre of a malpractice case after a young lady is brought into A&E after a drugs overdose and subsequently dies.

As the story develops, we learn more about Lucinda and her life. Working in a very hectic environment that she normally thrives on. And she has to deal with the repercussions of what happened that night.

We also learn a little about what she went through at the hospital during the pandemic. Including dealing with patients who believed Covid was a hoax and refused to wear masks. I can only imagine how stressful and infuriating that was for a medical professional who is trying to save people's lives. Also seeing so many dying from Covid.

Then you have people coming in seeking medical attention who aren't taking it seriously. Claiming it's their basic human right not to wear a mask. But yet the person sat next to them has the basic human right of being able to feel safe. I can't imagine just how much patience and strength hospital staff would need in that situation.

### **The drama shows the enormous pressure hospital doctors and nurses are under?**

It's constant problem solving. When a patient comes in, before you've even thought about how you can treat them you have to think about where you can put them.

My mum was a nurse in Ireland for 40 years and my sister-in-law is an A&E nurse. I grew up listening to stories about how difficult it has always been. I'm just so impressed and in awe of people who can work in an environment where there are already so many obstacles thrown at you before you've even started your shift. It's down to the fact that you care. That's it. They care about people and want to look after them. You just wish everyone thought the same way.

Lucinda works in a very sensible, pragmatic way, thinking, 'OK. I'm at the centre of this. What's the problem and how do I fix it?' And you are trying to do that in the least amount of time. But Lucinda never has enough time to do anything and is always running out of time. Facing life and death situations every single day, multiple times a day.

We see the trauma that Lucinda has to deal with. Of seeing things go wrong that a lot of the time weren't her fault. And how - and if - you can park that and move on. How can you switch off from spending an entire day in what feels like being on a battlefield? Then to walk into your home with your three-year-old daughter who just wants to spend time with her mummy and play games. As a person, how do you make that switch?

There is an impact on Lucinda's home life with her partner Tom and three-year-old daughter Abi. I interviewed A&E doctors and asked them how they switched off. One of them replied, 'I don't switch off. I just try and get as much sleep so that I can do the job the next day.'

They don't really have time to think about what they have done that day. Because they are already thinking about what is going to happen - or what could happen - tomorrow. It's that idea of always thinking ahead. That for me was the route into the character. Lucinda doesn't stop and she doesn't want to stop. She is terrified of stopping because then she has to think about everything that has happened. Then what could that do to her? It's like a pressure cooker that Lucinda has been put into and you are just waiting for her to explode.

### **What was it like filming on the hospital set?**

The hospital set was very authentic and realistic. It felt very real. It was like the most immersive theatre.

We had so much space on the hospital set because we built everything from the ground up at the old Shipley Tax Office. We had these large, long corridors. While when I was in an actual A&E I couldn't get over how many times we actually had to hug the wall as a trolley goes by. It's a tight, compact area. I thought, 'If only we could give this set to a hospital.' It had to work as an A&E but also as a practical working set.

### **How did you approach depicting some of the medical procedures?**

We did these amazing medical procedures where our production designer and prosthetics had actually built torsos. There's one scene where Lucinda is carrying out an emergency thoracotomy which means you open up someone's chest and then she is massaging the heart mechanically in order to get it going again. So we had this chest prosthetic - three of them - which we would be cutting into. They were incredibly realistic. We had a team of medical advisors who were on set the whole time and they were saying, 'We wish we had this for our medical students to learn on.'

But with most of the prosthetics we just had one or two so you only had one or two chances to get it right as you are cutting in to them. So you needed to know exactly what you were doing. As an actor you're making sure you're staying in character and also that you are going to get the procedure right. Because this could be the only version we get filmed. So I definitely had that natural pressure that would be on the character. But, of course, it wasn't life or death for me as it would be for a real doctor.

In another scene Lucinda has to suture - sew stitches - in an eyelid. I was completely fine with it all because you are just focusing on the task in hand. But for that one I was more stressed. Before we started filming I had two weeks to prep. To get as much practical hands on experience as I could - not practical in the sense of actually working on patients but I needed to physically look like I knew what I was doing.

My sister is a vet so I went home to Ireland and spent a couple of days with her. She taught me how to suture using oranges. There wasn't a safe orange in the house. My mum came in and said, 'I was planning on making fruit salad with that.' So we had all of these half stitched up oranges.

That scene was later on in the shoot so I also bought a suturing kit online and had it in my flat in Leeds. So whenever I was learning lines in the evening or watching telly I would just be practicing suturing.

**You also filmed inquest scenes at a coroner's court?**

We shot that in a proper court house before we filmed anything in the hospital. It was terrifying to be there as an actor and be cross examined. It felt very real.

**What was it like working with the rest of the cast?**

I had worked with Helen Behan before on *The Virtues*. That was my first television series. With Helen playing my sister-in-law. There's a very different dynamic in *Malpractice* with her playing Dr Norma Callahan, this very serious woman who is investigating the drugs overdose death at the hospital. There's this head-to-head battle between the two of them. They were fun scenes to shoot. It's like a chess game with Lucinda constantly trying to keep her head above water. You could feel the tension building throughout.

Priyanka Patel, who plays junior doctor Ramya Morgan, is an incredible actor to work with. She brought so much to that character. This huge heart. Ramya is almost Lucinda 10 years previously. Lucinda is terrified of Ramya making mistakes because the minute you do that it's on your record for the rest of your life. Lucinda is someone who is constantly trying to keep going and fix things. Trying not to look back on the mistakes she has made. Being on the frontline during Covid with so many patients dying has been this huge trauma in Lucinda's life. That was something completely avoidable. But at the time she couldn't see it for what it was. So there's almost like that big sister quality that comes out with Lucinda and Ramya. In the sense she warns Ramya while at the same time she is educating her. It's this tough love relationship.

I also really enjoyed working with Lorne MacFadyen. In the script, I was really drawn to his character Tom, Lucinda's husband. Tom is a man who feels at times helpless in understanding the stress his wife faces on a daily basis working in A&E. He knows her better than anyone and believes that she is a good person. But as the story progresses, you get to see someone who's beginning to find it difficult to remain strong when Lucinda retracts further into herself and lies more about the extent of what's happening. Their relationship in the story of *Malpractice* showcases the challenges families face when one partner is dealing with serious trauma, anxiety and how that can break down a marriage. It was so refreshing to read a male character in a series with so much heart and vulnerability.

**What did the director Philip Barantini bring to *Malpractice*?**

The term 'go rogue' was this constant phrase you could hear from Phil down the other end of the set. It meant he was happy with what we had already filmed in a scene so the last take was to maybe find something new and different. It's really interesting what you find in those takes when the pressure is off because you know we have the material for the day. When you are given freedom that's when creativity is born. It allowed for incredible moments of improvisation and spontaneity within the drama. It was one of the best experiences I've had as an actor.

**If you are lucky in terms of work, actors get to inhabit so many different people over the course of their career?**

It is such a huge privilege as an actor that you get to learn about people you would never otherwise have thought about on a regular basis. To live in someone else's shoes for three or four months is a privilege.

People and their behaviour fascinate me. I've always been fascinated by doctors because it's a very selfless profession and a lot of the time a thankless one. For me, it's about understanding what drives a person to put themselves in that situation where you are dealing with people's lives.

**How do you reflect back on working on *Malpractice*?**

I worked with a fantastic team on this. The kindest and most welcoming set I've had the joy of working on. Everyone in every department really went above and beyond and cared so much about the drama. There is so much happening all of the time in this story. There were a lot of things to keep track of with many layers.

It was definitely a character I found hard to shake off after I finished filming. Lucinda really got under my skin. I think that's a good sign. Of knowing you cared about it and it meant a lot to you. Coming from a household where there are so many people within the medical profession there is that extra pressure of wanting to make sure you are representing it in the most truthful way. The character, for me, lived and she existed. So when they called 'cut' in your final scene you are saying goodbye to the character. This has been the hardest role to shake off, definitely.

What I completely underestimated was the physical residual feelings your body holds on to. Even in a traumatic and dramatic scene you know you are acting. Your brain has said, 'We're acting. This is all scripted and it's fake.' But your body still produces that adrenaline you would have. I think that is something that sometimes can be overlooked in parts of this profession. Actors really do put themselves through it in an emotional state. And it's the understanding that you as an actor are responsible for your aftercare when you go home. Being aware of how that might have some sort of effect on you and taking care of yourself.

You are coming home trying not to think about the scenes you've done that day. And then you have to learn lines for the next day. It was a huge challenge. But I love challenges. The greater the challenge the greater the reward. That feeling of looking back on it and going, 'Wow, we actually did that.' You just hope people respond to it. I'm so proud of the work we did. It was a tough shoot but everyone gave 110 percent every day. I was very fortunate to have an amazing team around me.

## HELEN BEHAN – DR NORMA CALLAHAN

### **What did you do before becoming an actor?**

I qualified as a nurse back in the day and still work as one part time between acting jobs. Once a nurse always a nurse. There was no accessible drama where I grew up in Ireland so I became a nurse. I've been doing it now for 20 years. Obviously when the acting career took off nursing took a back seat. I went back to work during the Covid pandemic. There is a lot of down time as an actor and it's a great tool to have when you are idle. To be able to dip back in. You feel very useful doing something worthwhile.

I worked for a short period in head and neck oncology and found it very distressing. Particularly because there were a lot of younger clients in the area I worked. So I didn't stick at that too long. I worked in a lot of fields - surgical and of late I worked vaccinating. But it's getting less and less these days. It's more of a sporadic part-time thing.

### **What attracted you to Malpractice?**

I thought the storyline was fascinating. The scripts were so good that I kept reading them one after another. I wanted to see what happened next. It's such a familiar territory for me but in a totally different capacity to the character I play. It makes me appreciate both worlds really. So grateful to be playing a role and for no-one's life to actually be at risk. And to appreciate the vital and important work that my real-life colleagues do.

It was a very special job. The character and her daily life was new to me so that's always a challenge. I'm never comfortable. I don't think I'll ever be nerve free. My heart is always pounding through my chest until I get the first few takes out of the way or the first few days. And then I settle a bit. But I'm always thinking, 'Am I going to get away with it this time?' I'm living by the seat of my pants.

### **Who is Dr Norma Callahan?**

Dr Norma Callahan is the head of the West Yorkshire Medical Investigation Unit. So when there are any medical discrepancies, Norma and her colleague Dr George Adjei, played by Jordan Kouamé, step in. She is quite a straight down the line character. She follows her job to the letter of the law. Even though she has been doing this for some time she is not jaded by it. Norma is a tough nut but she has a heart. The more I played her the more I got to know her and I'm extremely fond of her now.

I'm not one for stuffy suits but Norma likes a suit and a buttoned-up shirt. She is quite well to do and she wears it well. Norma likes to look her best. The costume designer did a great job with Norma. She is suited and booted and very well put together. It was nice to play something totally different to yourself.

### **Norma is described as 'authoritative'. Does that come easily to you?**

My kids would tell you it does. But I'm a very non-confrontational person in the workplace. Assertiveness is not something I have a great amount of. So it was a great challenge for me to play

that character. I welcomed it and fully immersed myself in it. Norma does not struggle with that at all. People like Norma are necessary in order to keep everybody in check and ensure patient safety.

Even with my nursing background, I didn't know the depth or extent of medical investigation units. But in the last 10 or 15 years I've noticed the documentation that has to happen when you have a 'near miss'. Not even that something has gone wrong, it's that potentially something could have gone wrong. There is so much paperwork to fill in because it has become so litigious. It's frightening at times.

Because doctors are exhausted and they do become complacent. Unfortunately that's when problems occur and lives are lost. Certainly I've noticed the amount of extra paperwork now. Everything is under threat of litigation. So they are extremely careful. Everything has to be written down. There are handwritten notes for everything. If it's not written down, it didn't happen. That is absolutely the case.

#### **How would you describe the relationship between Norma and her colleague George?**

George is coming up through the ranks with Norma in charge. She has seen it all before and is trying to shape him to get to the position she is in. I think they have a great working relationship. Where Norma is hard and hardened, George is maybe more empathetic. But he is still impartial and professional. Less of an attack dog than Norma. They work very well as a team together. She has greater experience and he has the benefit of fresh eyes.

#### **Did your nursing background help?**

Norma is not a nurse and doesn't have the same bedside manner as a nurse. But in nursing you meet all manner of people, every character type, and you learn how a hospital works on a daily basis. Knowing the inner workings of a hospital, behaviours of doctors, how exhausted doctors can become, how jaded, that's something I'm familiar with. So there was no end of help from that point of view. Having real life experience in a hospital was extremely beneficial for my role.

#### **Malpractice shows the huge pressure on doctors and nurses?**

Many have not yet dealt with the fallout from what they went through during the pandemic. The mental exhaustion. I remember going to work in a Covid hub and being absolutely petrified that I was going to take something home to my family. Being dressed up like a NASA spaceman and trying to put the patient at ease when they come in and see you like that.

And then young people becoming very ill and dying and not having time to grieve for them or process it before you have to clean down the bed and take the next one in. So all of that at such a high volume as it was in the acute hospital setting day after day after day, working two shifts back to back. The constant loss, the constant devastation.

Also dealing with public every day who didn't want to comply, knowing that hospital admissions would be less if people would take more care. People refusing to wear a mask and assaulting staff. I think some doctors and nurses must have been worn down to the very bare threads.

It was ground we hadn't covered before. It's just been exhausting and I really do think the fallout has yet to be felt. It's monumental what staff have had to endure. Having not slept, when you are

worried for your own safety, that of your patient, your family. It's incredibly stressful and exhausting.

In a real-life hospital accident and emergency department you have to get it right first time or somebody's life might be lost. There's very little room for error. But, of course, we're human and errors do occur. That huge pressure is reflected in this drama. It's a real testament to everyone involved that it looks and feels so authentic.

### **The story also explores addiction?**

That was another part of the draw of the script. We are seeing the extent of addiction more and more. People struggle to cope and they turn to various things. The regular parameters haven't been in place for addiction services over the last few years so I'm sure the problem has only got worse. It's an absolute minefield. There aren't enough mental health specialists, there isn't enough psychological support in the community for people. There isn't the service there. It's a very broken system.

### **Where did you film?**

We filmed at a former tax office in Shipley, West Yorkshire. The hospital set was very impressive and the crew did an amazing job. You had everything you would need. Whereas in an actual hospital you might be looking for something and be low on supplies of things.

### **What was it like working with the director Philip Barantini?**

It helps to have a very calm leader of the ship and he was completely chilled out. Knew exactly what he wanted. Very focused and driven but also sound and cool. So the work day was very easy. Everybody was left to do their job and they did that very well. It helped that Phil was an actor before he became a director. His instincts for what felt right and looked right were impeccable, so he never steered us in the wrong direction. We would do one take word for word as in the script and then do a 'rogue take' where you could do a little improvisation. As an actor it gives you great creative freedom.

### **And working with Niamh Algar (Dr Lucinda Edwards) and the rest of the cast?**

I worked with Niamh on The Virtues. It's always good to have a familiar face when you're starting a new job. I had also worked with Hannah Walters before, briefly, on This Is England. Then it was so important for me to get that relationship with Jordan Kouamé very early doors. Because obviously George and Norma work together. It helps that he's a very lovely fella. It makes life easier. It was a pleasure going to work. Also working with the rest of the cast.

The days can be very emotionally wearing. But when you're telling a story as important as this it's worth the effort and investment in that. And it's temporary. We don't have to go back to doing a week of night duty in a hospital and those harrowing places. We do our takes and we're gone. We are the lucky ones.

### **How do you view your life as an actor?**

It's a massive privilege. Because I came into acting only 10 years ago or so I had lived a life before then. I wasn't a fresh faced 18-year-old. I just think it's such a privilege and pleasure to be an actor.

Having worked in oncology and having seen young people die, having gone through that actual hell, I can't bear it when anybody has a problem as an actor. It's like, 'Stop. You don't know how lucky you are.'

Knowing what I know, I see the privilege of this job. Obviously it's emotionally difficult, the hours are very long and it can be a very tough job. But we get to play. We get to experience different characters, different jobs, lives, emotions. It's a wonderful job. I'm so grateful and so lucky.

And every time you get a job maybe there's 20 or 30 people that didn't get that job. We've all been one of those people who got turned down for a role. So if you're lucky enough to be working it makes you want to invest everything you have in the project. Because everybody works so damn hard to get a good, finished product. Especially when it's a subject as important as this one is. I think *Malpractice* is really going to resonate with people.

I believe television drama can make a difference. Not every project will do that. But if you can put your arms around one person with an idea...I certainly found that with *The Virtues*. The amount of people who spoke to us after that show about how it had affected them. If somebody watching who has experienced something similar can feel less alone by seeing themselves or their situation represented on television, then it can become vital work.

### **Do you get recognised off screen?**

Yes, people do recognise me. Even with a mask on. Sometimes I find people looking at me trying to work out how they know me. And it's always positive, which is great. People are lovely. Also when they go out of their way to send you messages after a show. I always find that really stunning that people take the time to do that. It's nice to hear.

### **How do you reflect back on working on *Malpractice*?**

It was three hectic, amazing months. You get a different experience from every single job. Because this one was kind of close to the realm of knowing for me medically, I was comfortable in my skin in this job more so than I have been in others.

But it was very challenging for other reasons, understanding the role of the medical investigator and all of that. Amazing to work with our director Phil and to see how he works. It's a constant learning curve. Working with the other actors, seeing how they prepare and operate.

It's constant school, especially for me, because I've no RADA under my belt. I have nothing. I wandered in off the street. So I am constantly watching like a hawk and soaking it all up. I still cannot believe how lucky I am to be doing this as a job. So every experience is usually a top notch one for me. I just feel so lucky. And *Malpractice* will sit up there with the highlights. It is so good.

## JORDAN KOUAMÉ – DR GEORGE ADJEI

### **What were your thoughts when you read the scripts for Malpractice?**

I could not put it down...although I was reading it on my laptop. It was a real page turner. The writer Grace Ofori-Attah has created something amazing. What came out was the authenticity. It felt real to me. Not like a writer stretching away from their own experience to try and create something. Grace has been there and knows the situations. Which also made it even more anxiety inducing.

### **Given that you only graduated from RADA in 2021, how did you feel when you were told you'd got the role?**

A lot of actors do this job for quite a while before they can get anywhere near an ITV drama. So it was a shock. But I was just excited to get to work with the director Philip Barantini and the rest of the team. I made some fantastic friends on that set.

### **Who is Dr George Adjei?**

George is a medical investigator who works under Dr Norma Callahan (Helen Behan). He used to be an oncologist and had previously been investigated for a mistake that wasn't his fault a few years prior to this story. It's since been driving him. He doesn't want any patient to be in that situation again.

I saw this as a redemption arc for George. He is tasked with shadowing Dr Lucinda Edwards (Niamh Algar) and investigating what has happened at the hospital. I didn't know a great deal about medical investigation units before this came along. But it makes sense in terms of patient safety.

### **Did you feel the need to do any of your own research?**

When I get any script I try to find the essence of the character so that's what I can focus on. All of the research and so on is too intellectual for me. But I did watch a couple of documentaries and listened to interviews.

I try not to get too bogged down in all of that because the script had it all already. It was full to the brim with information but also enough in there to allow for a lot of interpretation. George's back story isn't explained in great detail but Grace and I had a conversation about it and she told me what she was thinking. And then it just made sense when I read the scripts.

### **How would you describe the relationship between George and his boss Dr Norma Callahan (Helen Behan)?**

They have different ways of approaching situations. George is more heart first. While Norma is definitely on the cerebral side. She handles things logically to determine something and is more detached. But George, having been in the same situation once, understands where these doctors are coming from and is more emotionally invested.

### **Malpractice shows the A&E doctors, nurses and other hospital staff facing huge pressures. What are your thoughts about that?**

It's crazy that a year since first seeing the script that Malpractice is even more relevant today. The pressure on NHS staff is totally unreasonable. It's a miracle they have carried on working this long after the pandemic. It wasn't fantastic before the pandemic but now there is a mass exodus of nurses, doctors, paramedics and other staff. It's a lack of care and funding from the government.

Our story shows you the reality on the ground and what neglect of a whole system and service does to the people in it. There's a massive mental health crisis, a massive crisis of fatigue in hospitals and there's not enough staff or space. This is all stuff we know. But it's unbelievable that this is still the situation in our hospitals.

The people working in the NHS are no different to anyone else. They are all human beings but they are being treated like robots. 12-hour shifts, go home, come back. Your colleagues are not coming in because they have quit. And we're not going to pay you properly for the work you do. It's insane.

There are also all of the problems of trying to find a bed for a patient. Who to treat first in A&E and who not to treat - faced with shortages of staff and resources. The job should be simple. You come to work, you do your job and save people's lives. But there's this whole other level of stuff that doctors, nurses and other hospital staff have to deal with which gets in the way of that. *Malpractice* does a really good job of highlighting the bureaucracy and absurdity of it.

I have nothing but admiration for doctors and junior doctors since working on this show. At any level of the hierarchy. No-one becomes a doctor because they want the best holiday package or whatever. They want to help and be of service to our communities. And the age they go into the profession is even more amazing to me. How young they are. And they face a job today where there are not enough doctors and nurses, not enough beds, too many people coming through the doors for them to cope with properly.

### **What else does *Malpractice* highlight?**

It looks at the problem and issues of addiction. There are functioning addicts in all walks of life. It's emblematic of the pressures human beings have to deal with - and how they deal with them. If you've got no resources to look after your mental health, look after your body, and you're just told to 'go, go, go' no matter what - and you can't take a day off because you are letting your team and patients down. Then it's understandable that you might just take something to keep going.

### **What was it like filming on the hospital set?**

That was amazing. It's the first time I've seen a set built from the ground up. I'd seen that done on stage in theatre but not for TV and film. The building we used was a former tax office. It reminded me of some Soviet era construction. They built an A&E unit on the whole of the ground floor. Then when you filled it with actors and supporting artistes, it came to life. It was loud, chaotic and felt real. It does a lot of the acting for you.

This was my first TV job and you have to learn a lot very quickly. One of my first days was a big scene and it took some getting used to. I'm professional, I know what I'm doing but to be on a set like that and acting opposite people like Helen Behan was unbelievable. So I had to learn a lot quickly but I was very well supported. Our director Philip Barantini was a legend. He gave us all of the time we needed but also kept it going.

Philip is an actor as well so he was easy to talk to. I never felt freer and more comfortable to do what I wanted with the character. He has an interesting balance of giving you enough time to discover whatever you need to discover and get it in the scene. But also keeping it moving. That comes with his 'rogue take' after the other more usual takes with what's on the page. So whatever has been building up underneath we can then just play it out. And if it's usable, it's usable. And if it's not, it's not.

## How do you reflect back on working on *Malpractice*?

It was brilliant. An amazing opportunity to get to work on something so, unfortunately, relevant. As a first job it's what you dream of. To get to work with Philip Barantini. I'd seen his film *Boiling Point* about a month before getting the audition so I really wanted to impress him. And then to actually get to work with him? Fantastic. I really hope people watch it.

## JAMES PUREFOY – DR LEO HARRIS

### What were your initial thoughts about *Malpractice*?

There were two things that drew me to the project initially: one was that the script was just dynamite. It was very well written; and clearly done by someone who had real experience of a hospital, of the medical profession, of procedure and what it's like to work in a high-pressure A&E situation. Secondly, I was a big fan of *Boiling Point*, Philip Barantini's film, which is incredibly impressive. The one-shot wonder, the performances, the script. So, you look at the people who are involved and you think 'these are the kind of people I want to work with'. They're the people you learn from and people who make you develop as an actor, even at my grand old age.

### What was it about the writing from Grace Ofori-Attah that brought you into the scripts?

I spent two years when I was 16-18, working as a hospital porter in various departments -A&E, operating theatres, and the morgue, to name a few. So, I've been an observer in those situations, I've seen it first-hand and been close to people who were dying, giving birth, losing limbs so I'm familiar with this world. I'm not a doctor, obviously, but I know what it's like working in a hospital. With that I know how mistakes are made, when things go well and when things go badly.

Authenticity is key in these worlds, it's as simple as that – as an actor and an audience it's all you want. When you're making it you're mindful it's not a documentary so it's not going to be exactly precise, but you want it to be as authentic as possible. We're always after finding that very delicate balance between drama and documentary, between the reality of the situation and the needs of the characters and the narrative. That was the thing that I found most impressive about the scripts, the authenticity of it seemed very precise. Reading those scripts and then seeing the rehearsals, it made me think that, yes, this is what it was like working in an A&E department.

### Did you need to do any research before filming?

Because I'd had that prior experience it felt like going home. It felt very real to me, like it did when I was observing it first-hand.

### Who is Dr Leo Harris?

Dr Leo Harris is the Senior Consultant of the A&E department at the hospital. He has the responsibility for all the staff who work underneath him; the medical staff, the nursing staff, auxiliary staff, he is very much the head honcho of that department. He is married with one child and he's been doing the job a long time. He's good at it and he works very well with the management of the hospital and has a particular professional interest in Lucinda Edwards (*Niamh Algar*).

**What is Leo's relationship to Lucinda – he is her mentor?**

In any field, you are able to see there are bad doctors, there are average doctors, and then they are really shit-hot good doctors, people who make consistently good calls. He thinks she's one of them and that she's going to go far. As a result, he forgives any slight chaos around her, just like anybody in any profession. You could say she was justifiably arrogant. Lucinda is quite clearly brilliant - she knows what she's doing and makes good calls. Sometimes she takes a risk, but they pretty much always pay off and he wants to protect her.

**How does he feel when Lucinda comes under scrutiny?**

He assumes that she's innocent and if there's been a mistake they will work through it. Although it'll be a difficult process to go through which may involve a Coroner's Court, various medical boards and so on. But ultimately he'll back her because he thinks she's good at what she does and he trusts her, and she trusts him.

**The drama shows the enormous pressure hospital doctors and nurses are under. How important is it to get that right?**

I think now more than ever, with a National Health Service which is severely underfunded and degraded and has been so for years. Despite what they tell us, there are obviously problems in hospitals all over the country, and with those problems, the staff come under increasing pressure. They are understaffed as we've had so many people in the medical profession leave this country who were of European origin, which has left massive holes in the labour force. These factors all increase the pressure on the remaining staff. It's critical that we get it right, because you can't go around pretending that things are great when they are not.

**What was it like filming on the hospital set?**

It was extraordinary because they built a set in the disused tax office in Shipley. You go into a building that looks like a tax office but then go through a set of double doors and you are in an A&E department with everything that you could possibly need, all the props, all the medical equipment, everything was right there. So, it was a little bit like Alice in Wonderland. You walk in from the street expecting to see one thing and you come through a door and it's a whole new world. It was impressively art directed and designed and it looked like the real deal to me.

**What was it like working with the rest of the cast?**

Terrific. I've described Niamh as a firecracker of an actress. She's got a lot of energy and she takes big risks, makes big choices, and they're always interesting to see and that's what I think audiences will love. As for the supporting cast there wasn't a weak link amongst them, they were all bringing their A-game, every one of them. From the less experienced ones like Jordan Kouamé and Priyanka Patel all the way to the older hands like Helen Behan, Hannah Walters and Tristan Sturrock, it was a great ensemble and a pleasure to work with. It was a particular pleasure watching the great Brian Bovell. It's always lovely working with someone like him because we've been around a while so to watch him do his work was a real honour. The courtroom scene he did was extraordinary work.

**What did the director Philip Barantini bring to *Malpractice*?**

He's an actor turned director so he knows where we're coming from and that's always very useful. Actors make very good directors because they talk our language and understand the pressures we're

under. They understand the plumbing of a scene. I really enjoyed working with him and learnt a great deal from observing him.

**You have been able to inhabit so many different characters over the course of your career. How have you found playing character in the medical profession?**

It's my first. I've never played a doctor, which is surprising considering how many parts I've played! I have the highest admiration for medical staff. They're the ones who make the life and death decisions, they're right at the sharp end of everything. So, although all the nurses, auxiliary staff, the support staff and everybody else, are highly valued they do as they're asked, they don't have to make the actual life and death decisions. I've always thought it an incredibly impressive profession.

**How do you reflect back on working on Malpractice?**

I really, really, enjoyed it. I loved being up there in Shipley and the cast and crew were terrific. The writing was exceptional. Although I have to admit I felt rather long in the tooth because it was quite a young cast and I think I was treated as a senior member of the profession. It comes to us all eventually, I guess!

## PRIYANKA PATEL – DR RAMYA MORGAN

**How did you feel when you heard you had the part of Ramya?**

When I was told I'd got the role of Ramya I was completely shocked. I didn't expect it at all. I was still training and acting but most of the stuff I did was community productions and a lot of theatre rather than screen. I just thought it would be another audition that passed me by and nothing would come from it.

**What were your thoughts about Malpractice?**

I loved Malpractice. It drew me in straight away. At first they gave me the script for episode one and Ramya's character description. The things that stood out for me were her unlikeable qualities. Which I'd never really had before when reading a character description. I loved all of her unlikeable qualities and thought if I got to play her that would be really fun.

It's also got that authenticity because it's written by a doctor, Grace Ofari-Attah. So there were no qualms about us doing a good enough job in bringing this world alive and making it believable. She was there every day on set with us. It was great to have her in the room as another point of contact for us to go to and check a few medical nuances.

**Did you do any of your own research?**

Both Scott Chambers, who plays Dr Oscar Beattie, and myself are the two junior doctors in the series. So all of the research we did was very much junior doctor based. We watched the reality show 'Junior Doctors' which was great. I also listened to a lot of podcasts and read a number of articles. And I asked around - I have a few cousins who are training to be doctors. I also used to work

as a nanny and the family I was with worked within the medical world so I gained a lot of insight from them.

### **Who is Dr Ramya Morgan?**

Ramya has finished medical school but is very early on in her career. You see her in *Malpractice* doing her stint in A&E. She looks at Dr Lucinda Edwards, played by Niamh Algar, and aspires to be like her. You could argue Ramya might be a little impatient and over ambitious. Because she wants to get there pretty fast considering how young she is. But she's a great character to have in A&E. Ramya loves being a doctor.

Ramya and Lucinda get on as well as you could in terms of being junior and senior doctors. They have a very professional relationship. Ramya looks up to her in her career and aspires to be at Lucinda's level.

There's also an element of politics that goes on in hospitals. Ramya is on a relatively short-term placement in A&E with just a month to go. So while she wants to do the right thing, she doesn't want to jeopardise her career. I think that happens in many work places.

Ramya is so early on in her career that any sort of waves she makes now could have a massive ripple effect on where she goes from here. She clearly hates A&E and wants to get out of there as soon as possible. But at the same time she has her pride and a high moral compass. So Ramya is very conflicted about what to do when things go wrong. Whether to speak out or keep silent.

### **How does Ramya get on with fellow junior doctor Oscar (Scott Chambers)?**

They have a great relationship. The little dynamic duo, I like to call us. Ramya and Oscar are definitely the relief in terms of the drama. Sometimes they clash because Ramya comes from a bit more of a privileged background and that can lead to them bumping heads a little bit. But ultimately they are really good friends and are in it together. On shift together all of the time - shifts that are 13 hours long.

### **Malpractice reflects the huge pressures on hospital staff?**

The pressures on everyone working in A&E, including junior doctors, are absolutely crazy. I didn't realise the scale of it until I did my research. When you're a patient you don't really think of them in a junior and senior doctor way. You just see them as doctors and they know what they are doing. They have all of the knowledge. You come to them with problems and they give you answers.

But as I was digging into my research you think, 'So you did seven years of medical school, which is a very long time to be dedicating yourself to both practice and continuously be filling your brain with textbook knowledge.' And then you are thrown out there into the world and expected to cure people and give them the answers they need and want. And say it in a really diplomatic way without panicking or breaking under the pressure.

I totally sympathise and empathise with junior doctors. In real life it's often a life and death situation with huge responsibility on their shoulders. I can totally understand why dedicated nurses, doctors and other staff are walking away from their jobs. The pressure on them during the height of the pandemic was already so high. And since then we have seen no let up in that enormous pressure in

terms of the number of patients, lack of staff and resources. Staff are not being paid enough and some of them have had to resort to food banks.

So it's not surprising that people are walking away from an employer that is taking everything from them but not really giving anything back. There is only so much pressure you can put on people to save lives when they are not being looked after themselves.

**Staff also face a formal investigation if they are suspected of making a mistake?**

I didn't really know how it worked on the inside. But if you make a mistake you are investigated. Of course it makes sense when it involves a death. That was a whole new plethora of knowledge I had no idea about. It was almost as if I was learning about it as Ramya was going through her storyline. Which was a good way for me to do it and keep it authentic. At the root of it all is the fact doctors have a duty to ensure patient safety. Your patients come first.

**What was it like filming the medical scenes?**

It was incredible to see the prosthetics they came up with for filming. I had never seen anything like that before. It was amazing. I thought I would be a lot more squeamish than I actually was.

Even so, the pressure of filming is still on, especially when you are cutting into a prosthetic. They were some of our biggest scenes on the shoot. And in some of these situations this will be the first time a junior doctor like Ramya will actually have done certain procedures for real in a hospital A&E.

The hospital set was very impressive. We filmed in Shipley. My dad was originally from Bradford and as soon as I told my parents they knew exactly the place I was talking about. It really did look like a hospital from the outside with all of the signs up and so on. It was incredible what they put together in such a short space of time. It became a home from home. It really helps when you are on a set like that and in scrubs. We all got our own stethoscopes, torches and other things that made us feel like the hospital was ours.

**You also filmed at a coroner's court?**

It was the most nerve-wracking thing I've ever done. I was sweating buckets doing those scenes. I can't even imagine what it must feel like in real life. I got the best outfit ever for Ramya. An incredible fitted pink suit. Of course I did because Ramya would not turn up to court without looking completely pristine.

We filmed the coroner's court scenes over the course of a week. I had a day or two beforehand watching other people do their scenes so I could ease my way in. But it didn't make it any less scary doing my bit. You're performing to a room full of people along with everyone else behind the cameras and monitors.

But it was also so thrilling. I'll never forget that. I learned so much. It was sink or swim. You had to give it everything you had to back yourself and the character. At that moment it really was fight or flight for Ramya. That was at the front of my mind.

**What did the director Philip Barantini bring to *Malpractice*?**

He's just a gem. Everything you think he would be. He is a wonderful person and every actor's dream director. He gives you so much space to learn and to make mistakes. He is always there if you need him. Very generous with his time.

He gave me a ring before we started shooting to explain how he works so I had a bit of time to mentally prepare and understand his method. But it's one of those things where you don't learn unless you're thrown in. It became less and less intimidating and by the end I was itching for more.

### **What was it like working with the rest of the cast?**

It was amazing working with them all. Didn't I just luck out? I was working with so many great people. Most of my scenes are with Niamh Algar, who plays Dr Lucinda Edwards, and watching her do her thing was a masterclass. They are all brilliant in their own right with so much to learn from them. Everyone had so much time for me. I feel like the luckiest girl in the world.

Working on *Malpractice* felt like a perfect pocket of time. One of the best things that ever happened to me. I learned so much.

## **SCOTT CHAMBERS – DR OSCAR BEATTIE**

### **What appealed to you about *Malpractice*?**

My first reaction was just how gripping the episodes were. Every time a script came to an end you wanted to read the next one. The first episode ends on such a cliffhanger. With lots of twists and turns.

It also resonated with me as my mum was a district nurse who loved her job. But towards the end of her career her daily workload was so overwhelming that she couldn't look after people in the way she wanted to because the list was so long. *Malpractice* illustrates how overworked doctors and nurses are.

The drama also feels really authentic because it is written by a former doctor, Grace Ofori-Attah. It was great that she was on set most of the time. She worked a lot with Niamh Algar, who plays Dr Lucinda Edwards, as her character is very much the driving force of the whole thing. So her journey had to be as accurate as possible. Grace gave a lot of care and guidance.

### **Who is Oscar?**

Dr Oscar Beattie is a junior doctor at the West Yorkshire Royal Hospital working under the guidance of Dr Lucinda Edwards (Niamh Algar). He works closely with another junior doctor called Dr Ramya Morgan (Priyanka Patel). Oscar and Ramya are a bit of a double act. They get on well but are very different in terms of their mentality towards the job. He will stay at work long after his shift has finished.

Oscar has worked extremely hard to get where he is, absolutely loves his job and wants to be the best at his job that he can be. But sometimes things get in the way to stop him from doing that. He is also tired which is not surprising given the hours junior doctors have to work.

Oscar looks up to Lucinda and is a bit in awe of her. And I think there is also a little bit of a crush there on his side. Ramya can see that he is smitten and plays with that as a bit of fun. Ultimately Oscar is still training and does doubt himself at certain points when he wants to impress Lucinda.

### **Did you do any research of your own?**

As soon as I got the role I was sent a list of things to watch if I wanted to. One of them was a BBC TV series called Junior Doctors and that was incredibly eye-opening and very helpful. Including seeing how busy they are all day with these bleepers that never stop going off. From that I added a sense of constant anxiety to my character Oscar. That something can come through the door at any time, and you have to be ready.

Working in a hospital accident and emergency department you always have to be in the moment. When a patient comes in it's the start of an investigation. You're like a detective in a way because you have to figure out what is wrong with them. So, you look out for certain signs and symptoms. And if you neglect certain things or overlook something, that could put their life at risk. But working such long hours under great pressure leads to exhaustion and then potentially a bad decision.

### **How did you find the medical scenes?**

The medical scenes in *Malpractice* are very realistic. I loved them. Because I knew it was fake. If it was real, it would be a totally different thing. I could never do that job. It was all done so well during filming, including very realistic prosthetics. When you're playing a character you really have to get into it and react as Oscar would react. It was interesting to figure that out.

The hospital set was incredibly authentic. It felt like a genuine hospital. When you are dressed in costume and on that set, it does half the acting job for you. And the director Philip Barantini gave us a lot of freedom. He was amazing. I can't speak highly enough of him. He really does get being an actor, having been one himself. He makes you feel a part of everything.

### **How does Oscar cope with the pressure of his job?**

A lot of the responsibility falls on Lucinda's shoulders. As junior doctors, Oscar and Ramya don't have to make too many heavy decisions. I don't know how someone like that could cope with that sort of pressure.

I can understand why so many doctors and nurses are leaving their jobs, having been through the pandemic and still facing huge pressures. Someone like Oscar doesn't get paid anything like as much as they should for the job and hours they do. I was surprised when I looked into that. Many people working in hospitals could actually be struggling to make ends meet.

### **There are also consequences if you are accused of doing something wrong?**

If you make a mistake as an actor in a TV drama you get a second chance. But if a doctor or nurse is accused of doing something wrong they could end up in serious trouble and that could change their entire future. *Malpractice* explores that and the process of an investigation.

### **Malpractice also looks at addiction. Did you know much about the subject?**

The writer Grace Ofori-Attah talked on set about the problem of addiction and how easy it is to fall into it. It's a huge problem. I had no real idea about how many people are impacted. And so many don't realise they are addicts and that it is an issue in their life. Often it's family or friends who notice, not you. Then you have to admit you have a problem before you can try and fix it.

### **What was it like working with Niamh Algar and the rest of the cast?**

Everyone working on *Malpractice* was genuinely so welcoming from day one onwards. Niamh was incredibly creative and gets so involved. She very much lived and breathed her character. I was a bit in awe of her in terms of her acting. Just taking in how she worked. Because she had a lot of scenes, several with medical terms most of us had never heard before. So aside from everything else she had to learn them and how to pronounce them. It was a really nice team and we got on so well.

### **How do you reflect back on working on *Malpractice*?**

I loved working on *Malpractice*. It's something to be proud of. I think everyone together has created something very special. I hope the audience will be hooked by the story and some may identify with the characters.

## **HANNAH WALTERS – MATRON BETH RELPH**

### **What did you make of the scripts for *Malpractice*?**

I read a lot of scripts, including those sent to my husband Stephen Graham. I'm quite ruthless with them. A script has to grab me by the first five pages or that's it. Grace Ofori-Attah's scripts for *Malpractice* were so fluid and beautifully written that they were very easy to read. You just get into that world straight away. For an actress to read that, you think, 'I just want to be part of that world.'

The fact that Grace worked as a doctor also makes it truly authentic. She would come on to the set to do a lot of observing. It's always lovely for the actors, crew and director when a writer does that. But also for her to be able to see her work come alive. How wonderful to be able to write something and then see life breathed into and see it happening before you?

We also had various different medical personnel on board in a consultancy capacity. But then we could also always do a little nod over to Grace to check we had the medical terminology correct. It's quite clear and evident in her writing that she knows what she is talking about.

*Malpractice* has that element of being a medical thriller. But it's also about humanity and the chaos inside a human and how human beings react. It looks at addiction and how that impacts on people. It's very insightful into human nature and moral compass. A mixture of everything.

### **Who is Beth Relph?**

We give her that old fashioned title of Matron in the Accident and Emergency department, as some hospitals do again now. Other hospitals say Ward Manager. Beth is the eyes and ears and the heart and soul of the A&E. She's the anchor, the rock in that department. Nothing gets past her. She is firm but fair. Very pastoral in her nature but also quite ruthless when it comes to the work. Beth knows what she is doing and is not afraid to pull her sleeves up and literally get elbow deep. An all-rounder. You could call her motherly but you really don't want to cross her.

Beth is responsible from the minute someone comes in the door to the time they are transferred elsewhere. But not only is the patient her responsibility, ultimately the doctors and other nurses are her responsibility. That includes fresh out of medical school young doctors. She has to be mindful of the fact they are still learning. But at the same time she can't let them get away with anything. She has to be on them constantly.

She has to oversee everything. Like the conductor that orchestrates everything that goes on. You have to be super organised to do that job for real. It takes a certain type of person to be able to multi task and stay focused in that job.

Medication also plays a part in *Malpractice*. Where it is under review and questioned and you have to get that medication right. While every single thing has to be written down and accounted for. So there is a timeline that can be checked for every patient.

### **Do you have any medical connections in terms of family and friends?**

My father-in-law, Stephen's dad, was a pediatric nurse and then a nurse manager. So as I was reading the scripts I was asking him about various things. He was a great reference for me.

### **What was it like filming scenes involving medical procedures?**

I didn't think I was squeamish until a certain day when they brought in body prosthetics and a lot of fake blood. In one scene there is a stemming of blood where Beth is quite hands on. To the point it was virtually everywhere. We had just come back after lunch as well. There was a moment where everybody just had to step back in between the takes and take a breath. I had to do that a couple of times, just because the prosthetics were so realistic.

We had a real doctor and nurse on set to advise us. They were on hand for every single moment of filming those scenes at the hospital to make sure we got it right. We had to make sure we were doing everything correctly. Having Zara Falcon on set was utterly invaluable and she helped me immensely. And the trickiest thing for me? Not any of the procedures. Putting on the medical gloves the staff have to use.

We were only pretending in a studio surrounded by other actors and the crew. But there was the odd moment where I got a bit overwhelmed and I turned to the medical advisors and said, 'You do this for real. How on earth do you cope on a daily basis with the pressure? Especially in an A&E department?' Because it's instant decisions. You can't take your time. That thought process has to be instant. There are no second takes in real life.

In a scene when a patient dies, the director Philip Barantini decided to leave Beth with the deceased patient on her own. Showing that moment real life doctors and nurses have to deal with. When they are devastated and heartbroken. Because that is a life lost. You have a moment of emotion and then you have to gather yourself together and carry on. Our nurse advisor said that is not shown very often on TV and it made her cry just watching me doing it. Because she had felt it, done it, had been in that situation.

### **Malpractice shows the huge amount of pressure nurses and doctors are under?**

They are not paid anywhere near the amount of money they should be or given the respect or credit they should be given. *Malpractice* shines a light on that as well. It shows that extreme pressure they are under. Including some very young junior doctors. So many don't make it past their first year or so because the pressure is just too much.

The whole system is under huge strain. At all levels. It's extreme pressure every day, every hour. There is no break in it. So where is the consideration in that? If there were more doctors and nurses that pressure would be eased. It's fairly simple, isn't it? But it's hard to attract people in to these professions now because there is no pull for them to do it. Why would you want to go into a job that is not great money and hours and not given the respect you should be credited with?

Tens of thousands of nurses are quitting every year. And why would you not do that? Given what they have been through in recent years, including being on the frontline during the pandemic. Yes, we stood on our front door steps and clapped. But where was the financial incentive? With the cost of living rising. Where was that for them? Just as a thank you? For doctors and nurses.

### **The drama also investigates addiction?**

Addiction is a huge problem today. Things aren't dealt with in the way they should be in the early years of addiction. And it then just spirals into serious addiction that is uncontrollable. It's a disease and heartbreaking to see people go through that.

It would be great to have more available places and funding in the NHS. A lot of that is now only available in the private sector. To get help when you've got an addiction many people have to go down that private route and not everybody can afford that. Malpractice also shows that addicts are not the stereotype that people think they are. It breaks that stereotype. Which is really important because addiction affects everybody in every walk of life.

### **Where did you film?**

The hospital set was in the former tax office at Shipley in West Yorkshire which is an enormous building. The hospital set was incredible. Our production designer Adam Tomlinson did an amazing job. It felt completely real in every single aspect, including all of the medical equipment. With three separate units within the set. All totally believable with great attention to detail.

Working on a set like that does half the work for you as an actor. They are creating a whole world. From the set designer, costume designer, make-up, art and lighting departments and so on. Everyone helps to create that real life situation. We all have to work together. Without one of them it doesn't work. A great team produces great work.

We also filmed inquest scenes at a coroner's court. I've never been anywhere so intimidating in my life. With Beth taken out of her comfort zone in a different environment she is not used to. And we were just pretending. Then you think what it must be like to face that in real life. So we had to get all of that right.

### **What did director Philip Barantini bring to Malpractice?**

Stephen and I had worked with him before on a film called Boiling Point. I was an executive producer on that and played the role of Emily. We will all be reuniting for a five-part TV drama of the same name which continues the story. Phil has a great eye for allowing you to be in the moment and bring something fresh. He would also do an extra 'rogue' take to give the actors free range.

Because Phil was an actor first before he was a director - he acted with Stephen in Band of Brothers years ago - he knows how an actor works. He is very inclusive, listens a lot and is very collaborative as a director. Not just in terms of the actors but to everybody who has an idea. He is very open to suggestions if it means it's going to be the best thing for the scene.

### **What was it like working with Niamh Algar who plays Dr Lucinda Edwards?**

Niamh is incredible in this part. Such an intense role to play. Including all of that pressure Lucinda is under as a doctor as well as personally. Also having to teach the junior doctors. Plus having to make the decisions herself. For an actress to play all of that is very tough. Especially the big scenes, four or five pages long, which would be heaps of medical dialogue that you have to get right. While at the same time physically performing some procedure on camera and look like you know what you are doing. Niamh shone in those situations. To watch her do it was incredible. She was a tour de force.

**How do you reflect back on working on *Malpractice*?**

I loved it. It was exhausting but exciting. And I've made some proper friends for life. Including actors and crew I would love to work with again. It was a great job.