

Professor Sir Eric Thomas FRCOG discusses the similarities between his career in O&G and as Vice-Chancellor of the University of Bristol



In August 2015 I stepped down as Vice-Chancellor of the University of Bristol after 14 years in post. I trained as an obstetrician, which helped in that role, and I shall discuss here the similarities and differences between the NHS and universities.

In most medical practice, doctors see patients with established problems and then decide which interventions are most likely to improve matters. Obstetrics is very different in that women are embarking on a normal, healthy experience, which will only cause problems in a small percentage of cases. It is, therefore, about prospective decision making in the face of unpredictable and developing variables. In many respects this reflects the decision making that university leadership requires. More and more these days, vice-chancellors and their governing bodies are making decisions, with acknowledged risk, in an unpredictable environment. Just like obstetrics, there is never, now, a 'risk-free' option.

The types of decision are very different. In obstetrics the stakes could not be higher as the implications fall directly on human beings – the mother and her baby. In the university the decision will be more

institutional, for example, whether to borrow £200 million over the next thirty years. If that decision is incorrect it will slowly damage the university over decades and may severely blunt the ability to take opportunities. One thing is for sure – obstetrics and medicine in general train you to make decisions and live with the consequences and that skill is as important in universities as it is in health. So training as an obstetrician certainly helped me as a Vice-Chancellor.

The main difference between universities and the NHS is that universities are not a 'system' with obvious levers of central control. Universities are self-governing, entirely autonomous institutions that make their own decisions. Many politicians fail to understand this, or are irritated by it, which leads to universities being seen as difficult. It is axiomatic that the Government should have policy ambitions in higher education – it is too important for our elected representatives not to have such. However, they do not have the levers to force universities to respond to them.

I have sat in an NHS Trust's Chief Executive's office while she waited for a call from the Secretary of State for Health to discuss why targets were being missed at her hospital. Such a situation is unthinkable in universities. At no time in my 14 years at Bristol did any minister attempt to influence the individual workings and decisions of the university.

One leadership challenge for both sectors is definitely the same. It is how to lead talent. Both sectors are made up of intelligent, highly trained and motivated

people who perform best if given autonomy. This leads to the inevitable tension between the needs of the institution as a whole and the ambitions and desires of the individuals inside it. This is further complicated by the increasing size of major hospitals and universities and the demands of external regulators, be they formal or informal e.g. the media. A major difference in the NHS is the rate of change. Universities face a fairly predictable future which will change, but rather slowly. Innovation in service provision and therapeutic and surgical interventions, combined with a rapidly changing demographic, means that leaders in the NHS face a constantly changing world in which it can be difficult to know what the shape of the service will be in two years, never mind ten.

I count myself as blessed because I have been able to serve in two organisations – the NHS and our universities – which are world class, full of fantastic people and which exemplify the very best values and attributes of our nation. Rightly, we should all be proud of them.

Professor Sir Eric Thomas FRCOG trained in Newcastle, was Professor of Obstetrics and Gynaecology at Southampton and Dean of Medicine there from 1998-2000 and a member of the RCOG Council from 1995-2001. In 2001 he became Vice-Chancellor of Bristol University, enjoying its leadership until his retirement in 2015. Knighted in the Queen's Birthday Honours List in 2013, he is currently a Trustee of the RCOG.

RFMS meeting November 2015

Mr Himansu Basu FRCOG - Director of CALMED (Collaborative Action Lowering Maternity Encountered Deaths)



Mr Himansu Basu FRCOG is a member of Rotary International and has spoken to the Retired Fellows and Members Society previously on his project CALMED. At our last meeting in November 2015, he gave us a more detailed insight into the current workings and future trends of the project, based on funding, hands on efforts and advocacy.

The CALMED project he has initiated, utilising Rotary resources, is an 'evidence based' collaborative scheme, involving a Rotary District in South East England and two in India; one in Sikkim and another in Gujarat. Obstetricians from the UK train 'master trainers', who in turn using a training the trainer model, produce a cascade of professionals trained in BEmONC (basic emergency obstetric and neonatal care). The programmes are in partnership with Governmental Health Departments, professional bodies and

universities utilising simulators, videos and other modern methods of knowledge and skills transfer. The training materials are left behind for the master trainers to use.

A Rotary Government partnership will support the production of documentation and data collection, to enable progress to be followed and standards maintained. Equally important is the promotion of the CALMED message (health information and health awareness) through the village health activists (Accredited Social Health Activists - ASHAs) to their local communities. This exercise uses pictorial flip charts in local languages.

It is expected that the Vocational Training Team (VTT) members will keep in contact with the 'master trainers' and support their work by acting as mentors. In addition the project director (Mr Basu) will arrange follow-up visits annually, and the programme committees in Sikkim and Bhuj will report regularly to the Rotary Foundation and the other official bodies involved.

Initial results from Sikkim show a progressive reduction of maternal mortality and an increased number of trained professionals (doctors and midwives) in the target areas. A third CALMED programme is being introduced in Madhya Pradesh in 2016. Looking to the future, Mr Basu is optimistic about establishing a Maternal and Child Health Academy in India, to act as a resource for sustained measurable impact in reducing maternal mortality and morbidity in the target areas.

Mr Himansu Basu FRCOG worked as Consultant Obstetrician & Gynaecologist in Kent. He was a member of the RCOG Council and various Committees. He was also an RCOG Examiner, Convenor of MRCOG Courses, Blair Bell Lecturer, Eden Fellow and an Overseas Doctors Training Officer. He was President of Obs/Gyn Section of the Royal Society of Medicine, Examiner for the Royal College of Surgeons Edinburgh, and Specialist Advisor to the General Medical Council's Fitness To Practice Panel.

Mr Samir Abukhalil FROCG - The Painter



Mr Samir Abukhalil FROCG was our second speaker. He was at pains to establish in our minds that he was not a consultant in our specialty who had taken

up painting to occupy his retirement, but an established artist who, in addition, had been a consultant obstetrician and gynaecologist.

He started painting, aged ten, in his uncle's studio, next under a French art teacher, and later (aged 18) under

the specific tutelage of that uncle, an established artist and architect.

He is 'fluent' in various mediums, but 'oil' is his favourite and his artwork covers the whole spectrum of 'art schools', from the classical to the modern, but he is recognised more for his abstract works than for any other style.

The influence of the Polynesian School of Art shows through in most of his art work. Samir showed us a large number of his paintings on screen, demonstrating the character and styles of his art. One, particularly, of a scene in Canada which he did in both 'classical' and 'modern' styles – which was very impressive.

"Inspiration comes unrelated to time, events or place", but he sees the finished picture in his 'mind's eye' in minute detail, before even putting brush to canvas. Presently, he spends an average of ten hours a day in his studio in north east England or, when he can, in his home in Hawaii, usually working on several canvases at the same time.

His wife is his 'art critic', both in England and abroad and if she does not approve of any painting, he destroys it immediately!

He says that none of his paintings have been inspired by his professional career, but some have been 'statements to express opinions'.



One, *The Merits of Pregnancy* hangs in the College (above)

Samir has completed well over 900 paintings; seven in public ownership are listed by the BBC in the UK National Art Collections, one is in the GMC offices, seven are in the BRL art collection and well over 76 are in private ownership around the world, in addition to the six in our College.

In order to be creative, he says one must be a dreamer: Dreaming means "thoughts, ideas, pictures in the mind" without perception of reality. Art is

all about dreaming and inspiration and for the artist, this generates a "deep, subconscious, irresistible urge to paint"!

Mr Samir Abukhalil FRCOG was born in Palestine in 1946. His early artistic tuition was in the USA by a classical artist. He graduated MB, BCh, from Ainshams University, in Cairo, in 1969, obtained his MRCOG in 1980, his Fellowship in 1995 and retired from clinical practice in 2006.

The RCOG museum collection: what next?

Presentation by Mr Damian Eustace FRCOG, Honorary Heritage Adviser and Ms Briony Hudson, Freelance Museum Curator



Mr Eustace outlined his role as Heritage Adviser, explaining the challenges presented to development, expansion and promotion of the RCOG museum collection in recent years. Ms Hudson had been commissioned to research and write a report considering future options for the RCOG museum collection in April 2015.

Ms Hudson introduced the audience to the RCOG museum collection and the additional loaned material from the Royal College of Midwives, stressing its historical value and significance, particularly due to its interrelationship with the archive collection, rare books, artworks and other historical artefacts held by the College.

The College is committed to viewing all this material as a coherent heritage collection in order to progress strategically. She also addressed the controversial issue

of whether the transfer of the museum collection to another institution should be considered. Her recommendation, which has been fully accepted by the College, is that the collection is much better placed at the RCOG where its potential can be realised rather than risking its interesting artefacts being 'cherry picked' by other museums.

She went on to outline some of the opportunities that the heritage collections present, building on the successes of work with the RCOG archive collections. Creating new thought-provoking displays, working on education and outreach resources and events, and promoting the collections through partnerships with other organisations should engage active, retired Fellows and Members, researchers, students and the wider general public.

The enthusiasm and expertise of retired Fellows and Members could also be harnessed to help with research on the collections and assistance in opening the museum up to the public.

Ms Hudson explained the recommendations made in her report:

- the recruitment of a professionally-trained curator to complement the existing archivist post
- the development of an overarching heritage strategy, led by a new Heritage Steering Group
- a defined role for the Heritage Adviser
- the development of a Friends of the RCOG Collections group
- participation in the annual Open House event

- increased internal and external funding for the museum collection, specifically for new displays
- work towards the achievement of the national museum minimum standards scheme, Accreditation.

We're very pleased to report that following the Retired Society meeting Ms Hudson's museum recommendations were discussed and approved by the RCOG's Finance and General Purposes Committee.

A part time curator will be recruited to support the development of a new RCOG heritage strategy that incorporates all the College collections, displaying and promoting them for the benefit of both the profession and the general public.

Ms Briony Hudson is a freelance curator and historian, formerly Keeper of Museum Collections at the Royal Pharmaceutical Society, Director of Museums at the Royal College of Surgeons and Chair of the London Museums of Health and Medicine Network.

Mr Damian Eustace FRCOG is a Consultant Obstetrician and Gynaecologist at Buckinghamshire Hospitals NHS Trust where he is gynaecological cancer lead, with special interests in Gynaecological ultrasound and minimal access surgery. He is currently the College Heritage Advisor.

The interview

Mr Jack Wingfield FRCOG – Sub-Editor of the Retired Fellows and Members Bulletin



as 'hooker', was not my idea of fun. I discovered I could run, started a cross-country team which was successful (much to the surprise of our sports master) and in college this continued. I raced steeplechase, managed a national record on the track and represented my country through the mud! But I am still a strong supporter of my national rugby team.

When did you decide to pursue O&G as a career?

During obstetric residence as a student. I delivered a small infant, sat him on my hand and said, 'I helped you into this world'.

When did you retire and how do you occupy your time now?

I retired some 18 years ago, when I was 62. 'Admin' was becoming oppressive. I had set up endoscopic gynaecological surgery and administration said it was 'too expensive to sell to the GPs'. I had always said, 'Get out at the top', before people say, 'Why doesn't he leave and make place for someone more competent?' I have

written two books, I sing with two choirs and have been librarian for both and I have taken on the job of Sub-Editor for this publication!!

Do you have any favourite aphorisms?

Two: 'Believe nothing anybody says, only half you say yourself, and don't believe that unless you have it in print'. The other is: 'Breeding is a bad habit! It ruins the anatomy, devastates the bank balance and is a drain on the emotions for evermore!'

If you could 'turn the clock back', what would you do differently?

Not hurt so many people along the way!

Do you still have any unfulfilled ambitions?

To 'drop in my tracks' on completion of our singing commitment, at the end of the Good Friday 3 hour service at All Souls, Langham Place – but not yet!

Thank you, Jack.

As a child, what did you want to be when you grew up?

I am told I always wanted to be a soldier and a doctor. I have more or less achieved these as I became a Major in the TA and spent my professional life in O&G

Did you enjoy school?

I was always the smallest boy in the class and therefore 'bullied'. Academically, I managed to 'hold my own'.

Did you enjoy any form of sport?

Rugby is a 'religion' to the west of Offa's Dyke, but being put in the scrum'

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