



Meeting Dame Carol Black

By Dr Toh Han Chong, Editor

During the recent 39th Singapore-Malaysia Congress of Medicine at the Grand Hyatt from 1 to 3 Jul 2005, we were honoured to be granted an interview with Dame Carol Black, President of the Royal College of Physicians, London Professor of Rheumatology of the Royal Free and University College Medical School, and former Medical Director of the Royal Free Hospital in London, United Kingdom.

Dame Carol, as President of the Royal College of Physicians, London, for the past 3 years now, how has the experience been for you and what are some of the initiatives that you and the College have put in place?

It has been a fantastic privilege, but also very challenging. And that is because it is a very challenging time for British medicine as we really transform the way we deliver healthcare in the United Kingdom. If I can give you some examples: much of our healthcare is moving to chronic disease management in the community where we have an increasing number of patients with long term disorders, in an ageing population. At the same time we also have more people going into our hospitals acutely ill. So we need to make our hospitals better in delivering acute medicine and our community health services better at managing patients with long term diseases.

The College of Physicians has decided to develop a specialty of acute medicine – a specialty like cardiology and neurology. This is important to us because it is meeting the needs of the service and in future, doctors managing acute care problems will be even better trained for that kind of work.

We are conscious that we need to prepare our consultant physicians to share healthcare provision in the primary healthcare sector, so that more of them will do part of their practice in the community, maybe in designated clinics closer to where patients live. We are breaking down traditional barriers in secondary medical care as well. The College is working with Royal College of General Practitioners and the NHS (National Health Service) Alliance, which is



Dr Toh Han Chong and Dame Carol Black.

the organisation representing Primary Care Trusts in the community to achieve these objectives.

So, these are two big initiatives, one in acute medicine and the other in chronic care, which the College has been pressing forward.

We also have a distinguished working party on medical professionalism, which has been at work for the last nine months taking evidence from many people. We recognised that society today demands a different kind of professionalism from doctors. Here in Great Britain, we have had a number of singular notorious events that have shaken public confidence, like the case of the serial killer, Dr Harold Shipman, and the avoidable deaths of babies and young children after heart surgery in Bristol attributed to professional misconduct. So we thought we should take a deep look at what doctors and the public think medical professionalism should mean today. We were particularly keen to know what they think of training. Part of the work has been a questionnaire which was sent to our training consultants – over 2000 responded. So now we are better informed about what our trainees want for the future: they want to be members of a profession, they do not want to be just considered shift workers, and they want to adhere to the values that the medical profession encompasses.

Another very significant thing we have done is to bring patients and the public much closer into the College. We now have a Patient and Carer Network, with some 70 individuals in it. The network is represented on all our committees, involved in our working parties, and go on our hospital visits. So we are bringing patients in and seeking their views quite genuinely. Before, we had a small committee, which had much less influence.

I have also tried to align the College more closely to the delivery of healthcare. If you think about it, the College

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has always been strong on education and clinical standards, but was seen as remote from the resource and organisational issues that are part of the day-to-day delivery of healthcare.

The National Health Service has been perceived by the rest of the world as humanistic. But is it sustainable? In the next 10 years, would you be able to recognise the NHS as it is?

The legislation that brought in the NHS nearly 70 years ago was driven by a deep humanity. That drive and purpose remain. But I do not think that as an organisation, it will be recognisable as it originated. There will be much more variety in service providers and more choice. As you probably already know, private companies are now engaged by the NHS to deliver healthcare. It will still be free to the public – that is paid for out of general taxation, but delivered in some instances, by private companies for the NHS. The Government believes that introducing choice between different providers will drive up the quality and the cost effectiveness of care.

As you know, British Prime Minister Tony Blair is arriving in Singapore tomorrow to give support to the London bid for the 2012 Olympic Games. If there were something you would advise him to change about the NHS, what would you say to him?

I would not actually ask him to change the aims of the NHS Plan, which are supported by huge investments. But what I would ask him to do is to really listen to the people who deliver healthcare.

If you want doctors and nurses to change things and be involved and be part of your plan, then you absolutely have to capture their support. You cannot just say, well, I am going to impose the plan. You have to persuade the people who deliver healthcare that targets you set are useful and make clinical sense. It is about engagement. What the government often does is to engage us – but engage us rather late when their minds are made up.

We would like to be there right in the beginning, so that we have a chance to influence things in ways that commend wide support. Then healthcare professionals would feel ownership too.

So, I would ask him to engage all healthcare professionals to own what the government wants to do. Not only do

doctors actually work very hard, they are pretty good at delivering something new if they truly believe in it.

What are some of your fondest memories in your career in medicine?

Getting into medical school, probably, because I was admitted to medical school when I was nearly 26 years old. It was not easy for me. I paid my way through medical school because I had already done a degree in history and a diploma in medical social work.

Some of my fondest memories also relate to the people I worked for, in particular my mentors and role models. One such individual was Professor Alan Read, who was the Professor in Medicine at Bristol University. He was a gastroenterologist and hepatologist. He really encouraged me to move upwards and do what I wanted to and to do research. He was a tremendously important influence. I was a Registrar then. The second person who had an enormous effect was Dr Barbara Ansell who was really one of the country's foremost rheumatologist. She set up paediatric rheumatology following in the path of Professor Eric Bywaters, and has an absolutely international reputation. There have been many others, but these two stand out as people who had a seminal effect on my career.

One of my greatest rewards has been to set up a service for scleroderma that now enjoys international renown, and being able to develop it, clinically and scientifically. There was a very poor service in our country, and scleroderma, an uncommon disease, was neglected. Now we have a first class unit, able to attract major grants. I do believe we have changed the outlook for patients – in their quality of life, certainly, and for some, in their life expectation.

What are some of your recreational and social past-times?

I do long distance walking with my husband and our friends when I can. We like to walk in the mountains, and do that each summer. I run regularly too. I particularly love the opera, but since becoming President of the College, I simply have not had time to go very much and I like classical jazz. The other thing I used to do much more than in the last three years was read for pleasure. Regrettably I did not enjoy history when I read it as an undergraduate in Bristol, but now more and more, I do and recently have read Samuel Pepys' Diary, and a new biography of King Henry the Eighth, who founded our College. During my time at Bristol University, I was also President of the Student Union. So I suppose I have always wanted to drive things. ■

