



## **Escaping the cave: Homage to my teachers**

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***Thank you for all you taught me and for showing me  
the way***



## Table of Contents

Introduction .....	4
My teachers.....	6
John Chalmers.....	7
Raj Bhopal .....	8
Liam Donaldson .....	9
Sam Ramaiah .....	10
Bill Murray .....	11
Joe Melton .....	12
David Ballard.....	13
Bill Gillespie .....	14
Iain Chalmers.....	15
Muir Gray .....	16
Bill Worth.....	17
Barbara Wallace .....	18
Ron Wing.....	19
Judith Strobl .....	20
Dick Heller.....	21
Robert Boyd .....	22
John Pickstone.....	23
Tariq Chauhan .....	24
Mairi Scott.....	25
Aidan Halligan.....	26
Prologue.....	27
About me.....	28
APPENDIX .....	29

## Introduction

*Guru and God both are here  
to whom should I first bow  
All glory be unto the Guru  
path to God who did bestow*

**Poet Kabir Das**

(Hindi- Guru: Teacher)

Since the beginning of time there have been teachers, without them humanity would not have survived – no transfer of knowledge over the millennia and none of us would be here. Surely we owe a great debt to teachers and who should be venerated, and whilst almost every single person can remember the teacher/s who influenced them the most, as a society we fall short. School teachers are struggling, universities have sacrificed teaching at the altar of research or commoditised and dumb downed education, not to talk about the financial burden on students and families. My purpose however is not to go on a rant, there are already enough reports on the (poor) state of education, not just in UK but globally. Rather my aim is to recognise and celebrate this noblest of professions.

In my seventh decade as I try and make sense of my life and become the person, others hoped for, I want to share brief stories of the teachers who shaped me. This is not a history of the NHS or a detailed account of my associations with the teachers, rather it highlights a few issues to draw out the main lessons I took away. When I look at the names inside I can not believe how lucky I have been, to have been associated with these giants. Frankly many of them need to be written up about more comprehensively as their lives surely enriched others also and not just me and the lessons are worth noting, esp for the younger readers who may be excused for not knowing some of them.

I am using the word teacher rather broadly to mean a person who helps the ‘student’ to grow – not just with technical knowledge - but at a deeper level awaken, and empower, them. I am aware that as you read my accounts inside you may take me up on mixing up mentors, coaches and teachers and I respectfully urge you to go beyond the semantics and into the spirit of it. I also do not think teacher is a status thing- my teachers have been seniors, peers and juniors. Anyway it is my story and I get to tell it the way I want!

I recognise all the formal teachers from the nursery school onwards and also what I would call ‘Situational’ teachers- who came in at critical stages and nudged me back on the path, and taught an important lesson but this was not an ongoing association; just as the friends who in many ways were also teachers. I have been truly blessed to have these people in my life and they have my gratitude. They do not feature here as there are so many but they have a place in my heart.

I also do not want to ignore those teachers who taught important real life lessons by explicitly or implicitly undermining me – saying I forgive them is judgement laden and

implies superiority on my part. Rather I am grateful to them since what they did was so helpful – just as the diamond needs pressure, one needs to be stressed to grow. Of course they do not feature here not just to avoid litigation (*sic*) but also because I fundamentally believe most of them were victims too, of their circumstances. This is a late recognition on my part I must emphasise; at the time I ‘hated’ (*sic*) them, infact when I was appointed to the Visiting Professorship of Evidence Based Orthopaedic Surgery (no jokes please) at the University of Teesside I had dedicated the Inaugural Lecture to Mentors and Tormentors! But I have learnt.

This volume is for all them; of course none of them is responsible for the remaining shortcomings and all I can say is I am still trying, and thanks to what you taught me I have the tools.

## My teachers

These stories are listed in the chronological order in which these people came into my life – stayed for varying periods- and are from the time I came to the UK in 1980 soon after qualifying as a doctor in Delhi, India. This is not a reflection on my teachers in India, just that for the purpose of this volume which is intended for the UK audience I have chosen to focus on this aspect. The other reason being I was not a great (*sic*) student at medical college, and my school teachers are a very distant memory though I fondly remember my biology and physics teachers, and of course my first nursery teacher.

All the people in this volume are equally important, no one is 'better' than the others. I have not sought their permission for telling these stories for various reasons including that being modest many would stop or will want to 'correct' (*sic*) me! If I have misrepresented or offended then I am deeply sorry. It is also interesting that although there were many people who were friends and situational leaders throughout, there were many periods in my life where I was just treading water or more positively just applying the lessons, rather than learning new stuff- guess that is important in itself.

What struck me as I started compiling this was the paucity of women teachers in my life – I am sure this is an oversight on my part as there were, despite all the gender inequality, many great women teachers; my medical college in Delhi, India in the 1970s had three women orthopaedic surgery professors and the Dean, Dr Padmavati, the renowned cardiologist who recently passed away having lived a long and rich life, for example. I certainly have many women friends who have taught me many life lessons. I am sure my life would have been richer if I had had more women teachers. However, if I may be allowed one observation and which concerns me is that some women become more 'macho' than men – and I had a fair share of them - I guess due to the hard struggle in getting to senior positions (and as an Asian doctor in the NHS I totally get this), but this defeats the whole object. By taking on the rather 'negative' male characteristics these women are perpetuating the existing dysfunctional systems. So my appeal to men is to look out for women role models and teachers and get a more balanced education, and to women is to remain true – you are the 'better' gender. I was thinking of using the *To Sir With Love* as the title for this volume but not after this!

## John Chalmers

Almost the last of the big names of the era associated with the Princess Margaret Rose Orthopaedic Hospital (PMR as it was known and now gone) John was the quintessential gentleman surgeon. I had gone there in 1987 as an orthopaedic fellow (basically registrar though paid less!), the only route available to overseas doctors to get into such a prestigious institution, after being a registrar for many years in Ireland. PMR was going to be the place to decide my future; from where my career would take off was the hope. The registrars rotated to a new consultant every three months and in between spent time at the acute units at Edinburgh Royal Infirmary and Western General Hospital. As it happened I was not personally assigned to John in the 21 months I spent in Edinburgh but interacted with him through the various teaching sessions and journal clubs, and ofcourse went to his home as part of the regular get together he and his wife hosted for all registrars every year. He would also give me a lift back home, as we lived near each other, whenever he spotted me waiting at the bus stop.

John was very familiar and sympathetic to the plight of overseas doctors trying to make a career as orthopaedic surgeons in the NHS, not least because of his role as the President of the British Orthopaedic Association, and would be looking out for their welfare. Ofcourse this did not extend to being able to help them personally to get on the formal training ladder (Senior Registrar posts), the places were limited and highly competitive, and the way the system was organised made it very difficult to get around for overseas doctors. Certainly when I was at that stage it was well nigh impossible with the result that other classfellows of mine who had also come to the UK either went on to USA or the Middle East.

After I moved into public health (another story) John got me two grants from the R I Stirling Bequest; the first to supplement the grant from Northern Regional Health Authority (see Liam Donaldson later) to go to the Mayo Clinic in 1991 and the second time to enable me to go to McMasters in Canada for Dave Sackett's Evidence Based Medicine course in 1992 before Sackett came to Oxford and infact I was almost in the first cohort of UK people learning about EBM. He was delighted to see me trying to bridge orthopaedic and public health and as it happened Bill Gillespie (see later) came along and set up the Cochrane Musculo-Skeletal Injuries Group (later renamed as Bone, Joint and Muscle Trauma) in Edinburgh. We also then stayed in touch and he was on the circulation list for my director of public health reports in the late 1990s, and always wrote back with feedback.

Whenever I think of John the word I think of kindness, of course he was also a good surgeon and a teacher, which he exuded and which did not finish with the formal association. He need not have gone out of the way once I was out of PMR, but as a great teacher he saw and continued with his role afterwards. I was not surprised at all when I discovered later that Iain Chalmers (see later) and John are cousins, so this is a family trait. I have not been in touch with John for a long time, and will look into rectifying this.

I bow to you, Mr Chalmers.

## Raj Bhopal

Having made up my mind to leave orthopaedic surgery I could not wait to get out; I was very clear that clinically I would not want to practice any other specialty and so it was public health. Given the late stage of applications for the training scheme the one possibility was the Northern Regional scheme in Newcastle, and off I went to compete for it. Raj was a recently appointed senior lecturer then at the Medical School there and spent some time with me before the interview to explain what I was trying to get into, and which I was successful with and so started our association which carries on to this day.

Although a highly respected researcher, Raj at heart is a teacher; his love of teaching is immense and even in his retirement he continues. I was a major beneficiary as a trainee and then as a consultant in Teesside as he introduced me to research and writing. He inculcated the discipline of systematic thinking including precise language and presentations especially writing. He was delighted when I went to the Mayo Clinic and then to McMasters and encouraged me to share the learning through helping to set up specific short sessions/course on EBM. I also went to stay with him when he was on his sabbatical at Chapel Hill in USA. I was delighted when he got the Chair in Edinburgh, a city that we both loved – and where Michael Garraway was his predecessor. We have stayed in touch over the years, increasingly as friends having gone different ways professionally.

I must confess that I did not always reciprocate his generosity and kindness, and at least on one occasion was quite rude to him; his greatness at forgiving me and never bringing it up has always stayed with me. He did try to smooth my rough edges on other occasions too. A powerful lesson, and sadly though I try and emulate him I am sorry to say I do still fail.

I was honoured when Raj and Roma called their youngest son, Rajan. Raj, Rajan and myself also went for a break to Amritsar to see the Golden Temple and the ceremony at Wagah Border many years later, and we recently reminisced as I interviewed him for the NHS at 70 History project.

Even though it may seem that I was favoured because of our shared heritage, Raj is the least discriminatory colleague and friend I know- his major work has been in addressing race inequality and although a proud Indian he has always risen above the colour to see the person behind it.

Joining public health was a real low point in my life as I had always wanted to be an orthopaedic surgeon, and to this day I wonder what would have happened if I had not met Raj and who gave me the direction, and stayed the course till I could walk on my own.

I bow to you, Professor Bhopal.



## Liam Donaldson

Until he became the Chief Medical Officer for England, Liam played an active role in my professional life from having appointed me a trainee to my director of public health appointments. And in between playing various roles as the lead trainer for my attachment to the Northern Regional Health Authority during training and facilitating the grant to enable me to travel to Mayo Clinic to study clinical epidemiology.

What really impressed me and which I tried to emulate was his ability to bridge academic : service divide in public health and injecting academic rigour into practice- after all he had moved from an academic job in Leicester when he became the Regional Medical Officer in Newcastle. Given that he had also tried surgery was another common thread just as the fact that his father, Paddy, another eminent public health doctor had been the chief in Middlesbrough where I was posted initially.

Liam was well known for seeing the big picture and thinking and planning ahead – he could spot trends and also back them, like the work he did on clinical governance. I think history will be kinder to him than he was treated in the last years of his tenure as CMO- his work on patient safety and tobacco control are just two examples for which millions of people and future generations should be grateful.

When my older son joined medical school – he is now a trainee in accident and emergency- I used to remind him that he had played football with Liam at our home! We were hosting a bon voyage party for Raj who was leaving to start his sabbatical in USA and Liam and his wife came- being a private person, and I was so low in the pecking order - I was pleasantly surprised when they joined us.

I used to feel nervous around him but what was interesting was that every now and then he would ‘drop his guard’ and be very open in one to one conversations, and such meetings, rare as time went on, were priceless for what they taught me about the NHS. We had some really interesting conversations when Tony Blair, then the opposition leader was on the way to becoming the PM and I still remember Liam’s predictions – what I said is a matter of public record since I have published the report I sent to Tony, as he liked to be called (*sic*), after meeting him a few times including at No 10, and during my NHS at 70 interview.

As I am writing this I am trying to recall our last meeting - it is definitely more than 6-7 years ago and after the NPSA where he was the Chair was abolished (a tragedy) when he saw me in the crowd at a conference and told me to wait for a private chat; the great teacher trying to look after the ‘student’. As before he ‘shook’ his head when I told him what I was doing- a rather eclectic collection – as he was of the opinion that I needed to focus on specific things; however being broad based: “knowing little about lots” rather than ‘lots about little’ always appealed to me but I know he was (is) right since society celebrates experts not generalists, and he knew that I am not ‘politically savvy’.

I bow to you, Sir Liam.

## Sam Ramaiah

This is the most difficult one to write and I had kept it buried in my consciousness until few years ago when I moved to North Wales near Denbigh from where Sam had moved to take up the District Medical Officer job in Middlesbrough where I was posted when I joined the training scheme at South Tees Health Authority. He was a really caring person and with his wife Jyothi looked after us – with 3 young kids in tow- often inviting us to their home for the ‘South Indian’ food.

I was really frustrated when I moved in to public health from orthopaedic surgery and found it a very hard transition; Sam recognised this and left me to find my feet slowly. Being in that state and really anxious not to ‘fail’ again – I felt that I had failed in surgery and was determined never to fail again professionally – and generally being ‘ignorant’ at that time I did not appreciate his ways of working. Frankly if I had not met him I would not have been able to do half the things I was interested in and became good at, as happened to other trainees who were much more closely ‘managed’. This was partly to do with Sam’s philosophy that Public Health is a broad category and so long as improvements to the population health are happening he was agnostic to which particular topic to focus on (unless mandatory) and that it was always better to let people do what they want to rather than force them. He encouraged wider reading about the NHS and also inculcated the habit of reading the BMJ regularly (which lasted until I retired) and we often used to write letters to the BMJ and other publications.

It was only later that I recognised the value of his teachings and methods, he knew that things got done through people not by writing papers and was a master at influencing the direction at meetings and being able to see which battles to fight. He did more business socially including the weekly pub get togethers than in formal offices. That this seemingly laid back approach was highly effective only became clear afterwards and by when I had burnt my bridges with him, by not supporting him during the NHS reorganisation.

Our paths diverged completely after he moved to Walsall and few years ago sadly passed away, before I could make amends. When I knew him he was a larger than life figure, well known to the local media – often appearing in the papers and on TV: Play it again, Sam, and frankly doing a much better job than some of communications experts now all the rage in the NHS and who are trying to control the message. Sam could spin but also had substance – a combination not always on display these days.

I bow to you, Dr Ramaiah.

## Bill Murray

Time passes and we forget the contributions of others who came before us, and I guess Bill is in that category; an engineer by profession he was working at the South Tees Health Authority when I started training there. My interactions with him, however, really took off after he was 'sent' to Middlesbrough General Hospital as the Unit General Manager. This was the time when Thatcher's plans to separate purchasers and providers and create internal markets was being implemented. Like many people at the time, Ian Donaldson, the District General Manager, thought the power was with health authorities and so sent others to run the providers. This turned out to be such a good decision (*sic*) since Bill really got into that role and made a huge success of it.

Given my interest in acute services and quality- having come back from the Mayo Clinic - Bill was the closest ally in the area; we used to meet regularly when he would share the work being done in the hospital and also advise and guide me in the world of medical politics and management. Whilst Liam was pushing on quality from the regional office, it was people like Bill who were turning it into reality on the ground – given his engineering background he had good knowledge of systems thinking and design, and with his affable and disarming manner he was a hit with doctors, something he never misused and infact was one of the early adopters of medical leadership models. That learning from a master stood me in good stead in my future career.

I have often felt how my life would have turned out if I had taken up his offer of moving to the hospital as an associate, working with Simon Pleydell, to bring public health into an acute hospital rather than move to the DPH post at South Tyneside Health Authority; it was not part of the medical care epidemiologist scheme that Liam started which was very successful and produced some fine examples such as John Wright in Bradford. I digress but the point is the faith and encouragement I got from Bill, a true teacher.

It was with some dismay, softened by a mug I had brought from Daytona – given his interest in motorcycles - after a family holiday in Florida, that we sat in his office in the old hospital block (all gone now) and realised we were parting company. But only in person, in spirit he remained a guide and I continued to watch the developments in Middlesbrough which were often ahead of the times. I have not seen Bill since then.

I bow to you, Mr Murray.

## Joe Melton

A world renowned epidemiologist, Joe was introduced to me by Michael Garraway, professor of public health in Edinburgh, and Raj Bhopal's predecessor. I had gone to Michael for advice when I was trying to move into public health, and after being successful in obtaining the training post I wanted to pursue my aspiration to spend some time at the Mayo Clinic. Liam's help with the grant and Michael's introduction meant that I touched down at Rochester airport at the end of Dec 1990 in deep snow and there was Joe waiting to pick me up.

Although I had really good teachers on the MSc course in Newcastle I was not a good student and was in a hurry to pass exams and become a consultant (another lesson: do not confuse qualifications with learning) and it was only when I went to work for Joe that I finally got into epidemiology (sorry Raj) and especially clinical epidemiology and its application in health services research. I guess the other reason was that being alone- I had to leave the family back in Middlesbrough – and being in Rochester (snow bound, freezing wind chill) and being broke all I could do was study and work. As his Research Associate I spent time with Joe on design, conduct and writing up of research – he would spend hours showing me the ropes including how he edited the papers; he would print and then cut sections off and staple them- a bit of manual track changes so that I could follow the progress of the paper as it evolved. The few months I spent with him and then the next two years as a Visiting Scientist were a really productive time since we managed to produce a large (for me) number of publications. I was also fortunate that Cyrus Cooper (with MRC now) was also attached to him at that time and he was a proper academic, and helped me a lot too. Not just professionally Joe also looked after me personally showing me Minnesota, and feeding me at home or in the restaurant. It used to cause a problem in the general office when Joe would fax 30 pages of the manuscript for me to work on, after I came back; all before computers really made that easy.

Later on I used to visit Mayo on my periodic visits to USA where I would go as I was doing further work on quality and safety in the NHS and would drop in to chat with Joe, and in fact few years ago such visits became more frequent as I was helping a potential hospital developer in India in collaboration with the Clinic. By this stage Joe had retired and we got into more philosophical discussions about life in general; he introduced me to the "How to retire wild, happy and free" book and the "Daily Stoic" newsletter and which were very helpful as I was having my existential crisis. I was fascinated to hear how he moved into retirement- by burning all his papers to make a clean break from the past and refusing all offers of consulting and lectures, to take up his passion of painting; he had seen many colleagues who were defined by their positions and felt lost after retirement, and though I got it I have not been able to emulate him yet!

I bow to you, Dr Melton.

## David Ballard

David was an unexpected bonus at Mayo Clinic- his office was next to Joe's and of course we got talking and one thing led to another. He was really at the leading edge of health care quality at that time and my first interactions with him were when he introduced me to clinical epidemiology and McMaster 'thinking' – all this stood me in very good stead on return to the Northern Region.

Our association did not stop as we carried on regular dialogue and I followed him wherever he went: from Mayo to Chapel Hill, to Emory and then Dallas; he would graciously tell me what he was doing and arranged workshops/lectures for me to share my work and through faculty participations enabled me to get broader learning. It was due to him that I learnt about Never Events (things that should not happen like do not operate on the wrong patient/wrong side), and the VHA health system reforms in the US from the great Ken Kizer himself – it is a shame that the NHS did not learn from this experiment in the USA. I believe Ken was a potential candidate at one time for the post of the NHS CEO, and have tried to imagine the NHS under his direction. I only got to know about Kerr White through David as another example or about Morehouse School of Medicine to support Black students and to serve local communities in the USA.. He involved me not only through his formal positions but also his wider roles such as with ISQuA where he became the President, and helped me when I was trying to promote the work in India through my associations there. This generosity extended to others as he hosted Judith Strobl (see later) at his Colorado retreat with the leaders in USA. The list is endless. Basically he was my first port of call for matters American and whenever I needed a sounding board for my plans.

Unlike me he is not ready to retire and still carries on though finished with Baylor Health System in Dallas, but I am glad that he is going to spend more time in Italy. Michaela, his wife, a leading oncologist, is Italian and they plan to split their time between there and USA. They were really great hosts on my visits to their home/s even though on one occasion whilst making Indian food I used up all the pans in the kitchen and made a mess! I can not wait to get to his ranch in Italy – am a bit of 'Italophile' and enjoy the fresh olives, fruit and maybe wine!

What I learnt from David was not just the technical side of quality and safety but more widely; the value of networks and supporting people who may help you years later - his 'rolodex' must be huge, thinking out of box and not to be constrained, and going out of the way when you have committed to help someone – his energy is phenomenal and he would make extra trips to ensure that he was there if I needed anything. Nothing was ever a problem with him.

I do owe him a visit to India, our attempt to get him there for a conference faltered as we both forgot that he would need a visa and he and his son Alessandro could not board the flight in USA and had to come back from the airport! Am waiting for the pandemic to be over and now that he is nearer in Italy this should be easier.

I bow to you, Dr Ballard.

## Bill Gillespie

By the time I came back from the USA I had begun to form some ideas on how to combine my original passion of orthopaedic surgery with the now profession of public health and started exploring how to develop the concept of orthopaedic epidemiology. Due to the Thatcher changes, the juggernaut of health needs assessment was running with the original Project 26 papers on total hip replacement as one of the early priorities, with Muir Gray (see later) starting his Bandolier, Trevor Sheldon on his Effective Health Care Bulletins and Iain Chalmers with Cochrane Collaboration (as an aside it would be wonderful to study this period, as it demonstrates how things came together as parts of the comprehensive clinical governance strategy later). I was watching these and also opportunistically contributing but had no real stature (not that any of them could ever be accused of elitism) and this is where Bill came in.

He was then the professor of orthopaedic surgery at PMR in Edinburgh, having come back from New Zealand, and responded to my request to talk things through and that led to a long and very fruitful association starting with the setting up of the Cochrane Bone, Joint and Muscle Trauma Group which also opened other doors (see later). Although a Scotsman his heart was in New Zealand and Bill and Lesley returned there and we carried on collaborating remotely when I sent him the 'SOS'. I was the DPH in Hull where there was a great enthusiasm to set up a new medical school and I was pulled into it in a big way except that the aspiration was not matched by local ability, and our attempt in the first wave of expansion failed. There was right kicking from politicians like John Prescott, the local MP, and so next time the attempt was made jointly with York University; I had requested Bill to come and advise us and which led to him becoming the founding dean of the Hull York Medical School, and I then joined him as the NHS partner along with Adam Wardle and together we steered the work reporting to the HYMS NHS Partnership Group where I was the vice –chair.

Of course Bill being a proper researcher, an unusual (enlightened) orthopaedic surgeon for that era, taught me a lot about systematic reviews, but his main contribution was to induct me into, and teach, about, academic management – which I was new to, never having held a real academic post. I did take over the Cochrane Group after he retired although not for very long, but not as the Dean at HYMS which I had thought of but may be just as well since my real interest is in making practical differences to patient care and public health. The lessons he taught served me well in my voluntary work on the education charity I worked with Dick on from 2007 to this year.

Bill came with his wife, Lesley, who herself is a researcher and did a lot of great work for the Cochrane collaboration – so twice blessed.

I bow to you, Professor Gillespie.

## Iain Chalmers

Enter Iain at this stage – as Bill got going with the Cochrane Collaboration I was introduced to him and like most people who come in contact with him fell under his spell. Our first interaction was at PMR where Bill had hosted the inaugural meeting of our Group and where Iain not only generously shared his work on the Collaboration he also introduced me to some key people who would help me in furthering my plans for orthopaedic epidemiology including some in India.

Of course I then got into the Collaboration with Bill's help and used to meet Iain at various meetings where he always made time to talk, check my progress, and share his work and learnings – some of the stuff I had only read about during public health training including the life of Archie Cochrane and discovered Jan, his wife, and Iain's interest in the plight of Palestinians –the last sentence in their paper to *The Lancet* in 2009: “ we are biased in favour of the oppressed and biased against oppressors” sums him up. I hasten to add, given the very tense societal discussions that I am not making a point about any religion – for the record I am a ‘Hindu agnostic-atheist’ and I support the underdogs and try and practise basic humanity. Iain reinforced the message that others had talked about but I was seeing it in action. He also kept on opening doors for me – starting with Muir Gray (see next) and most recently got me involved with the Balliol Colloquium which was a year long project to take stock of the status of research in surgery and its future direction.

Being the person he is, he could see no limitations to what I could do and I still remember the reference he wrote for an academic post I had considered applying for – the contrast with the other referee could not be greater! He also kindly wrote the foreword to the inaugural lecture I gave on my appointment as the Visiting Professor of Orthopaedic Surgery at University of Teesside. He tried to include me with the James Lind developments which I completely understood but by then my focus had shifted.

His relentless pursuit of evidence, questioning prevailing wisdom and ‘authority’, by taking the trouble to thoroughly research – his view was not to start new research without understanding what had gone on before – was such a powerful lesson for me and saved a lot of unnecessary work. Though looking at the state of some of the research, it probably cost me many publications- but then thankfully I was not in the numbers game.

Ofcourse he is a also a cousin of John (mentioned before) and when he came home for lunch many years ago now he brought his brother, and together with other guests including Robert Boyd (see later) we had a great time; I was really very happy, as was the family though Andy Bacon having to squeeze in next to the lit fireplace over lunch got well done! Even now whenever I look at the cushion cover Iain gave me, and which is on the chair, I am reminded of him and give thanks.

I bow to you, Sir Iain.

## Muir Gray

Just mentioning his name makes me smile- that combination of wit and wisdom has been so energising; he gets mentioned often as I recall his quotes like “I never rowed at Oxford (does not mean one was actually at Oxford or even rowed)” or “any wine less than £50 is not worth drinking” (but does not stop one from drinking the £4.99 from Morrisons) and which go down well at parties. The lesson of course was to actively listen and ask if necessary. By the way not sure people really know his other names- he is always Muir Gray, and he even ‘charmed’ my mum when he stopped over at her place in Mumbai for a few hours during a trip with me to India,.

He spotted me through Iain and immediately started working on helping me by hosting a successful meeting in Oxford to help launch my plans for orthopaedic surgery – and where I turned up with my suitcase as I was on way to catch a flight to India later, and which then reconnected me with the Orthopaedic establishment and led to becoming an honorary fellow with the British Orthopaedic Association and joining the group of professors of orthopaedic surgery (the irony!). Even though we occasionally interacted esp at the Cochrane annual Colloquia he came back later into my life when I started doing some work with Iain Buchan – we had set up the Global Partnership in Public Health Informatics - and then the work I did for the National Patient Safety Agency as their India Envoy. Having previously taught me about R & D and then about screening, he introduced me to informatics and the basis of patient safety – which was not just the technical bits but also the important foundations such as about medical leadership and management generally – he is a voracious reader and used to create one page summaries of books and spotted the role mobile phones would play in our lives well before atleast yours truly could comprehend, for example. Anyone who knows him will recognise the breadth of his knowledge which he shared freely in his Glaswegian accent! People often saw Muir as the guy walking ahead with hundreds of followers scrabbling to pick up the nuggets he was casting and run with them – he was always full of ideas, I am sure there are many more who made brilliant careers from the start he gave them.

He was ever so generous and came to India twice with me to help out with my plans, I remember telling him about my last job as the medical director at NHS Manchester whilst waiting to catch a connection at Delhi airport along with Martin Fletcher (then CEO of NPSA) where I had managed to consolidate the various aspects of clinical governance and integrated it with corporate governance and I was very proud. In his characteristic style he applauded me and also cautioned me about having a job with all the risks and none of the power- a lesson learnt too late by when I was being ‘escorted out’ of the NHS with a confidentiality agreement.

More recently my credibility got a boost when I was having tea with my 86 years old friend, Mair (sadly just passed away), a talented harpist, when she proudly showed me a book which she really enjoyed and followed; guess what it was called? Sod 70, and the author? Does that sum up Muir. And I know him!

I bow to you, Sir Muir.



## Bill Worth

It is all his fault (*sic*) – he really backed me for the Director of Public Health (DPH) job in South of Tyne Health Commission, I had decided to move up the ladder rather than sideways with Bill Murray and applied for the post. We had a useful meeting when I went to find out more and it seemed like a fit. Except I was not very good at the interview, but he prevailed and so started my association and education.

It was a steep learning curve, moving from consultant to DPH is like medical student to intern, not incremental but big step change; the buck stops with you as DPH. Bill was aware of my needs and in any case keen to invest in his team and soon after my arrival went on an extensive team building exercise and arranged personal development. He supplemented this with sessions when he would drop into my office or ask me to go down to his where he would teach me about management in the NHS- whilst applauding my enthusiasm, and remember I was going to change the world at that stage, he reminded me of the two golden rules: Always obey the regional office and Its all about money; if you can get these right then you have the freedom to do proper public health. This was such a powerful lesson for the rest of my professional life- infact I used to boast that the finance directors were always my best allies on the boards, my job was to help them do their job first.

Bill, just like Bill Murray, (Do Bills come in threes, as it happened there were three Bills in South Tyneside: apart from Bill Worth, there were Bill Darling, the Chairman and Bill Dodds, a non-executive director!) came from the old school of administrators, unlike the new breed from management schools, and had learnt about the real world the hard way, by working their way up through the system. They had the instinctive feel of any particular situation with ability to assess where the power lay and how to pursue their goal. He was a delight to work with on the board and executive team and I learnt so much- he was always there for me if and when I needed advice and to rehearse 'moves'! He was good socially too including at the occasional get togethers we had at home.

Sadly for me he moved away to the provider side after some time and which left me a bit bereft and I ended up moving too to my next job. We did not meet again, my loss, though I later on heard from Iqbal Singh that Bill was on the scene as they were both on the regional ACCEA committee. He basically taught me NHS management.

I bow to you, Mr Worth.

## Barbara Wallace

About time too- the first woman to feature here, after so many years in the NHS I am writing about one. And what a teacher. Barbara was (is) a highly qualified public health specialist – from Chapel Hill in North Carolina – and was working in England and (was) married to my counterpart, John Harvey, in Newcastle across the river. She watched me when I joined, as there was no secret that I had not done well at the interview (discuss: How important is a single 30-45 minute interview in making a selection) and also since the department needed some revamping (maybe that is why Bill appointed me knowing that in my inexperience I would not hesitate!), and slowly warmed to me. Once I had passed her test, nothing I asked for was any trouble- she is very experienced, able and got things done very quickly, and often knew more than I did anyway. Although I could come up with ideas she was the one who gave them shape- whether it was the Smoke Free 2000 initiative (highly ambitious but effective in creating the awareness and the foundation for what followed few years later) or my DPH annual reports. What she taught me was the practical side – idea to implementation and which was a gap; this learning was to prove useful as I kept changing jobs and having to work with and train new people everytime.

Clearly the fact that she was good was not unnoticed, especially after I had appointed her my deputy (except due to tensions about medical vs non-medical people in the specialty I fudged it by calling her Deputy Director (wider public health) -sorry, which did not stop criticism of me, but she was worth it and more since she was teaching and frankly 'managing' me, not the other way), so Bill poached her for the director of community services post in the organisation and she became a peer. This opened another set of opportunities and more education for me as we worked jointly on the community services and the local authority side. A consummate 'politician' and very street savvy she was a delight to watch and learn from. Of course there were some other women colleagues- both in the department and on the executive team who played an important role too, but I have to single out Barbara. South of Tyne was really the place where I actually learnt in a safe environment - with colleagues like her; I made mistakes but they picked me up.

And then we parted company as I moved off and we became corresponding colleagues and friends, she is as restless as me, and went on to more exciting jobs in global health in USA – her passion - and improved my understanding of that work. She would visit with me whenever in England where two of her children, and now grandchildren, live, and infact came to see me on the Jarrow march too.

Her zest for life matches her passion for public health, and lately we have been having regular exchanges during covid pandemic and as I write this she is waiting for snow to go sledging; deep sea fishing and such stuff being out for the time being for her, and is giving me tips about country living as she has a shack in the Carolina Hills and her neighbours have the distillery- so moonshine on tap. I can not wait to see her again and hopefully soon.

I bow to you, Ms Wallace.

*Rajan Madhok*

## Ron Wing

A grandfatherly figure, he was very diligent and used to come regularly to the office and which was open to anyone; a senior retired figure from the pharmaceutical world Ron was very knowledgeable about the NHS and a very good chairman of the East Riding (and Hull- was added later after protests, the usual NHS mess, hey ho) Health Authority when I joined it from Tyneside. Although my relationship with the previous chairman was OK, Ron was at another level and taught me a lot about non-executive side and the role of chair generally. These were to serve well in the future not just in formal roles as I transitioned from executive to non-executive to chairing roles, but also as the lessons were relevant for all conduct. I really put these to use many years later when I had to undergo a formal interview (with exercise) to be appointed a chair for the GMC's Fitness to Practise Committees. Somehow people tend to drift into chairing roles without the necessary training, it is just assumed they will know just as it is assumed that one has become a teacher due to having reached a position.

He took deep and personal interest in my work, and encouraged and supported me fully to pursue my plans for both, the service and academic side; he taught me the art of making points subtly and saying things without causing offence or creating hostages- all the time staying focussed on the end game, not point- scoring. He was probably the only one who would read my draft annual reports and make suggestions, acknowledging that the reports were independent and these were suggestions which I was at liberty to take on board or ignore; apart from an occasional one where we talked it out, mostly they made sense and 'added value' (his motto).

Well, he certainly added value to my life by giving me more self-confidence; he took real pride in my work and I used to get a warm feeling in his presence. We went to his house for the annual board get together party and like at work he was a wonderful host at home. He had an interesting relationship with the leader of the Council who use to address him as commander (due to his CBE) and Ron would shake his head; he was not elitist.

After I moved on as a result of another reorganisation I lost touch and as it happened his wife and Ron had also moved down south to be near family. I could have used his advice many times afterwards but it was not to be and a few years ago I heard that he had passed away.

I bow to you, Mr Wing.

## Judith Strobl

She backed the wrong horse and paid the price after another reorganisation and the NHS lost probably the best commissioner for health care quality - but I am jumping ahead. Judith and I became colleagues after I decided to get off the greasy pole and left the job as the medical director for a strategic health authority and became a consultant in public health in South Manchester PCT where Judith predated me. Our association was brief at that stage since I was booted up to become the medical director soon after and started focussing on health care, leaving public health to the DPH and team. However, when the reorganisation started (yes, again, and as I write this Hancock announces another NHS reorganisation to cut bureaucracy and improve care- hey ho) and three Manchester PCTs merged to form one, she threw in her lot with me and joined the medical directorate.

Already a PhD with a nursing background she was an ideal colleague to pursue our plans for becoming quality commissioners- all the emphasis on quality was, and is, on provider side and left to national bodies whereas we felt that the most responsible body was the commissioner. We railed against the system and found support and went on with our plans – we published our work showing how things evolved over time, the only paper that actually demonstrated that commissioners can make a difference and play an important role; Robert Francis who was doing the reviews at that time complemented, cautiously as he knew the ‘politics’ of the NHS where commissioners were seen as necessary but useless bodies!

I supported her to go to IHI, Boston as a fellow for a year, and which furthered her already strong knowledge and experience, and then due to yet another looming reorganisation I decided to throw my towel in – I was fed up of these, with my hard work going down the drain everytime.

What did she teach me: apart from the science and diligence- she is so methodical and detailed, she taught me about followership – one of my favourite films about leadership is Schindler’s List whereby Schindler (played by Liam Neeson) is the hero and revered, but people forget who changed him from being another war-time exploiter and philanderer into the human being we read about - it was Itzhak Stern (Ben Kingsley), so it is not the visible leader but the real one behind them that one needs to spot. It has been such an important lesson for me, and hence this anthology is not about seniors but about peers and juniors. Never fall for the position: both cream and crap rise to top, know the difference.

She followed me into the charity I was involved with and where she, as before, was my saviour, and of course we are friends- she came and stayed for a few days with her family at the annexe I have made and which has been available to NHS workers during pandemic who need ‘respite’ as my thank you.

And being who she is, she left lots of gardening vouchers which have been used to buy the fruit trees for my vegetable patch.

I bow to you, Dr Strobl.

## Dick Heller

Selfless, humble, committed are some of the things that come to mind when I think of Dick – he is the founder of the charity, Peoples-uni, which we ran for 15 years to deliver online education to build public health capacity globally. His passion for teaching and especially for the disadvantaged students is immense- he is against the commercialisation of education and railed against the way universities have downgraded education. Being involved with INCLLEN through the Rockefeller Foundation in the 1980s when he travelled the world to spread the word, and set up self-sustaining systems he has a very good grasp of the global situation with public health education, and I came in contact with him when I moved to Manchester. We immediately took to each other, and mounted defence to preserve academic public health in Manchester which finally took their toll on him and he moved back to Australia from where he was recruited but not valued, and he faced similar challenges whilst running Peoples-uni. The thing that most impressed me, however, was his persistence- he would pick himself up and keep going despite setbacks, and he could do this because not only is he good in what he does but he has that important ingredient- passion.

Apart from these qualities, he taught me about online education – something that I did not know a lot about practically though knew its importance, and also how to mobilise and work with volunteers, very different to managing staff. Of course there was the technical bit about online learning and which knowledge was useful in terms of how to create and deliver the education to students, but it was really about how to help students from varied backgrounds not only economically but educationally with their different education systems and how to leverage the strengths of volunteers. Yes, a major reason for the success is his personality, and I can only aspire to it, but there are things that can be learnt, and which I did and am working on, especially as I transition to being a mentor and a reflective practitioner.

It was a very moving experience when we were travelling in India many years ago and one of his old students, Narendra Arora, head of local INCLLEN and a very senior academic in Delhi had invited him and Ann, his wife, for lunch and I tagged along; the respect Dick was shown by another legend made me sentimental and proud to be associated with him. I have often basked in such reflected glory with Dick, and others!

He had a large group of supporters and followers as part of the charity, not surprisingly since he took personal interest in each of them spending hours of his time, well into his mid 70s. We used to socialise when they lived in Manchester and since then have been meeting whenever they travel to Europe and UK, usually after attending the Sibelius music festival in Helsinki – apart from music he has many other interests and exemplifies the healthy lifestyle practices. Not sure when we will meet again given pandemic though I would love to visit Sydney, meantime thanks to technology we remain in constant touch, and I keep learning from him.

I bow to you, Professor Heller.

## Robert Boyd

My grandfather would have loved him as the example of the Englishman that he used to cite when he told us stories from the British Raj days- my grandfather was a lawyer in what became Pakistan and had moved to Delhi after the partition. The gentle, benevolent, multi-talented yet unassuming tall figure who adopted me, I still can not understand why, when I moved to Manchester and was involved in some academic work. Robert was then the director of R& D and the architect of what happened in Manchester in last 15 years in health R & D subsequently, he had set up the foundations.

His biggest contribution professionally was his support for my aspirations for bridging the academic: service divide and where he showed me not the science which he did also, but the 'art' and 'change management' side, and the value of persistence, networks, and playing the long game. Every new situation, with changes of jobs, brought its own players with their own agendas and what worked before did not necessarily apply. I had come bright eyed from Hull - York riding on the successes there only to find myself a small fish in a big pond, which is where Robert's subtle education began – humility and I became friends and to my advantage. Robert knows everyone! – I would mention someone and he would make the connection immediately and nonchalantly, forget six degrees of separation; I was a bit concerned when he and Meriel, his wife, were going to Kolkata, India and wanted to make sure that there were people there who could help if needed, and ofcourse he bumps (*sic*) into Amartya Sen in the city whom he knew well. Talk about Japan and ofcourse his late brother was a distinguished diplomat there.... and it goes on even now. That is how I got connected with John Pickstone (see next).

He also took me under his wing socially and personally, inviting us home regularly and visiting us in return, and indeed jamming – he is an accomplished flute player- with Ryan who is a cellist. The family were really chuffed when we had two Knights, Robert and Iain (I bet both of them will be embarrassed by this, but it was a proud day) around the table for lunch at home once! More recently his role assumed greater importance as I faced major personal difficulties where with a mix of light stuff- we formed our own book club, meeting over lunches, either at our favourite Indian restaurant or his lovely home where Meriel would join in for some time and share her work, he opened up a new world of books; even though an already eclectic and voracious reader he introduced me to new stuff often historical – to more philosophical yet practical advice about life and its travails. His open and objective, non-judgemental, style of conversation made it all so easy. Now a days we exchange notes as he is writing his family history researching old family letters and other materials, and what stories, and I am struggling to start my 'great novel'.

Robert's teaching were powerful professionally and as I transitioned to retirement, and he would tailor his contribution to my needs. Always teaching, without teaching. Everyone should have a Robert, but do not rush, this one is already taken.

I bow to you, Sir Robert.

## John Pickstone

Encyclopaedic – there was nothing that he did not know about history of medicine or the city-region; he was a professor at the Wellcome Centre of History of Science, Technology and Medicine when I was introduced to John in Manchester. As a school boy, growing up in India, Manchester was important to me because of its association with the British Raj in India, Mahatma Gandhi and Trafford Cricket Club, and more recently Man United, and I was delighted to be there. I went to see him in the typical professor's office with walls of books and thus began my education in history of medicine properly, until then I had dabbled in it. He used the book on public health in Manchester, that I had commissioned, to teach me the methodology of research in history and invited me to the monthly NHS history club, and encouraged me to start doing my own work and which then helped me to put together my own writings and am now extending them further. His book: *Ways of Knowing* was particularly helpful to me and especially as I had some one to one sessions with him about it.

John also adopted me, and at one stage John, Robert and David Thompson (professor of gastro-enterology) started meeting for dinners; it was known as the 'Old Farts' club where we had animated discussions about state of the world, and in hindsight there was some stage management as these 'old hands' felt that I could use help and 'taught' me.

His retirement do where the *Who's Who* from the history world was present to both, describe the major historical developments and John's contributions was a real eye-opener, and it was an honour that he had asked me to speak too – trying to give confidence and entry. Of course he was not allowed to retire and given project work immediately by the University, sadly this was not for long, just as he was getting excited about the new life with its freedom to travel and do other stuff he fell ill and quickly passed away. The service to celebrate his life was a very moving event and I felt I had lost a dear friend and a great teacher.

I am now putting his teachings into practice as I have been helping Stephanie Snow, the Director of NHS at 70 history project, both as a subject and as a researcher/interviewer.

I bow to you, Professor Pickstone.

## Tariq Chauhan

Serendipity – where would we be without it. I was recruiting an associate medical director in Manchester PCT and two candidates turned up: spoilt for choice I managed to convince the boss and the candidates, and split the job into two positions and that is how Tariq entered my life.

Being a medical director with public health background in PCTs was a real pain: I used to joke, though serious point, that (proper) doctors did not trust you as you were not seeing patients, (proper) public health folk did not trust you as you had defected to the other (healthcare) side, nurses did not like you as you were a doctor and managers, of course they do not like doctors period. So Tariq became my shield and my teacher, guiding me through the minefields of general practice and local medical politics. Of course I had some understanding of the organisation and delivery of general practice but the detailed required especially when working with other GP leaders needed not just refreshing but also new knowledge so that I could play my role properly at the Board/Exec team. There was a fine line between support and challenge and I had to make sure I did not fail on the basics (... but what do you know, when was the last time you saw a patient rejoinders). A major part of the job was disciplinary matters, a real can of worms post-Shipman and pre-revalidation, and especially when it came to single handed and 'Asian' GPs where we faced some challenges, and where we worked together closely.

As I was exiting the PCT he stepped in and stepped up to ease my life and then helped to preserve as long as he could the work that we had done jointly, not for long though, as in the typical NHS reorganisation manner baby was thrown out with the bath water. So we joined forces outside of the formal system as Tariq moved on to develop his practice and health care portfolio and as I took up a few consulting appointments we found ways to complement each other's work. And this carries on, with now a days about lessons for life- although much younger he has a very wise head and is deeply spiritual and we are enjoying learning about that side of things. I was pleased when he came to celebrate our first multi-faith Diwali in Ruthin and spoke about Islam and what it means to be a proper Muslim, to this day people remember and speak fondly of him. We have a shared heritage- his family comes from Kashmir whilst mine comes from Gujranwala in Pakistan and we often despair about the poor Indo:Pak relations and keep thinking of ways to promote more harmony. He has promised to take me to my father's birthplace, circumstances permitting, and may be I can get him to India.

We meet for regular coffees/lunches- sadly not during pandemic- it is always fun going into a restaurant with him in Manchester with the owner/visitors/waiters lining up to stop by, say hello, and serve him; he is widely respected in the local and national community. Though not my formal GP, he is my go to GP as I reach out to him for informal advice- age is catching up. And we are enjoying our spiritual journey – teaching and learning together.

I bow to you, Dr Chauhan.



## Mairi Scott

Although I have always been reflective by nature, an ideas person and live more in my head, I did not really know about reflection and reflective practice as a discipline, and she put me right. Mairi was a fellow council member at the GMC during 2009-2012 where due to shared interests, and concerns, we became 'partners in crime' (another story) and through that she discovered my interest. Being who she is, always ready to help, she started my education and encouraged my interest and which led me to finally putting together the compendium and to which she wrote a very informative foreword; one of the very few people who has probably read it (another sad learning, one takes so much time to write and yet hardly anyone actually reads the stuff- hey ho). It is one thing to impart content knowledge by sharing references to read to learn about the discipline and another thing to ensure that the student actually gets the meaning, and that was Mairi's success; I think I got it – but I leave it to your judgement! This has led me to further develop the idea of reflective practice and currently I am working on promoting it with the possibility of establishment of a 'School of Reflection'.

After parting company with the GMC we reconnected through her day job at Dundee and where she refreshed my knowledge about medical education, although I had worked with Bill on Hull York Medical School it was more from strategy and policy side whereas this was the real substance – the nuts and bolts – and which was needed as I was providing advice to someone hoping to establish a new medical school. We also shared an interest in promoting international collaborations with a particular focus on India – where though there is a major 'market' it is difficult to overcome the lethargy and resistance of the system; modernisation and medical education in India do not seem to go together, but we have not given up hope yet.

Mairi leads a full life with her family and phone calls with her and her emails are a delight as she takes me to places I dream of through her and her brood's travels; not one for sitting and complaining she gets on with it. Never saying no, she is always there to listen and explore new ideas. I think she is a practical sceptic – not cynical!

A good life needs friends and a purpose – and when a friend helps you find the purpose and then educates and empowers you to enjoy it, then one should be thankful, and I am.

I bow to you, Professor Scott.

## Aidan Halligan

Who are you- and so one starts with name, designation etc and he stops you, and asks again ..but who are you, trying to find the real person behind the 'facade' and that is who Aidan was. Sadly passed away too early in 2015. I had originally met him when he was the deputy CMO with Liam and promoting clinical governance, and anyone who had the privilege of hearing his talks will recognise it, he was a master presenter. Of course being Irish (*sic*) helped and the fact that I had kissed the Blarney Stone (when I worked in Cork) and then our paths overlapped in Dublin where we had both trained created a connection which we resumed when he surfaced in Manchester many years later. He was passionate about marginalised communities and esp homeless people and charged with creating the Healthy North plan- in his typical focussed yet very charming manner he was slowly and surely bringing disparate parties together. Although he would 'flatter' me about my public health knowledge he knew more in many ways, and especially given the levels and sectors he had worked in over the years. His ability to see through things quickly and summarise the issue succinctly was a delight to see- with his bulging notebook full of scribbles and doodles he not only actively listened but made notes. My biggest regret is that I did not get to see his journal – we had met a week before he passed away and he had promised to show it to me, after I had shared my compendium of reflective writings.

Our regular meetings were something I started looking forward to and I began to see 'my' city through his eyes; always excited, asking questions, making visits to see first hand, taking it all in and I would get the digest. We talked about the NHS and people we knew and worked for- he had so many stories. He would share his plans and invite me to 'advise' him (the Irish again – before you accuse me, my daughter is Irish by birth!). There were so many plans, and I was getting re-energised, after a period of despondency which led me to join the Jarrow March to save the NHS, but it was not to be.

But the gift he gave me lives on, his lesson about knowing the person at a deeper level is what I try and follow. Goes against the prevailing wisdom in my younger days, from the film *The Godfather*: It is not personal, it is business, but then look what a life Don Corleone had. So, it is all personal and it better be, rest is fluff.

I bow to you, Professor Halligan.

## Prologue

As I finished the stories, the words that came to my mind were: wow, gratitude, generosity, kindness, thoughtfulness, blessings, thankful, indebted etc and I sat for a while letting all that wash over me bringing a sense of peace. What a privilege.

Then followed regret at missing the opportunities and wasting time- the teachers were there all around all along, but I was asleep. I learnt by hit and trial, bumbling along the way, supported by these teachers. But does it have to be that way?

Ofcourse this is not the place for a fuller discussion especially as personal development starts the day one is born and hence the roles of family, friends, society overlap with that of the teachers – by its very nature teachers have limited opportunity to mould a person whose basic personality is largely already shaped by the time ‘formal’ teachers come in. None the less, they can still play a very important role, and indeed as society changes with nuclear/single parent families, fewer social networks, rise of SoMe and fake news, broken and polarised communities there is a looming human development crisis, and teachers will become critical to the future of humanity and our planet. But it will need to be a different type of teacher; the traditional role to impart information or provide training in the 21<sup>st</sup> century with freely available education content and simulation for example is of limited use, the added value is in developing students in critical thinking, life long learning and giving them the confidence and humanistic values. I believe the new generation of teachers is ready for this challenge and the students clearly need it, and we can only hope that society and policymakers play catch up and create the systems and processes to enable teachers to do their jobs properly.

## About me

After qualifying as a doctor in Delhi, India I came to UK in 1980, and mainly worked as a public health doctor with various medical managerial jobs in the NHS till I retired in 2012, and then did a number of project assignments in UK and abroad. For fuller details of my work so far please see <https://www.nhs70.org.uk/story/rajan-madhok>

Now a days my focus is on reflection and reflective practice- although good teachers are crucial, the responsibility ultimately is with the person and unless one is ready there is not a lot that teachers can do. In any case I feel that life itself is the best teacher, and so it is important to get a variety of experiences and take (calculated) risks but on the understanding that one learns from them and improves, and this is where reflection becomes critical. My latest piece on the subject is attached - Appendix.

NOTE: This volume is for my two sons.

The younger, Ryan, many years ago spotted something which I was oblivious to, and that is whilst I was trying to save the NHS I was losing myself, I had forgotten to live, being focussed on living to work. We had many ongoing discussions as each tried to learn from the other, though it is clear that I did not pay enough attention and certainly not fast enough, and have been playing catch up since.

The older son, Aaron, who after wandering across the globe (both professionally and socially) may finally be finding his niche as he continues his training in A & E medicine. Unlike his father who exaggerates his abilities Aaron underplays them and I hope he will do more as he has the qualities of a good teacher and already undertakes various forms of teaching.

## APPENDIX

**Reflection: my journey**

There is growing recognition of the importance of reflection and reflective practice in medicine. My personal, though limited, observations from talking to younger doctors confirm that there is an increasing interest in the subject. This article is a summary of learning from a lifetime (so far) of practising reflection, in case it helps.

At the outset, I should point out that I have no formal qualifications in the subject, and my learning has been on the job, so to speak. In fact, I have arrived at, and am still learning about, the academic basis of reflection through lived experiences; a rather back to front approach to traditional education. More about that shortly.

My journey started, as happens with many things in life, unknowingly and it was not until much later that I realised that I was practising reflection. Although I had become aware of the subject, especially when I joined the GMC as a Council Member in 2009, the penny dropped after formal retirement from the NHS. As I was putting together my various writings since I started training in public health in 1988, the extent and value of reflection became clearer to me.

Since I put together the compendium of my reflective writings over 25 years in 2013, I have continued my practice of reflection, albeit with increasing focus on lessons from life and not restricted to professional aspects. Latterly I have been working to encourage wider adoption of the practice - I have created a case study-based, self-directed learning resource *Reflection for Health Care Workers* which has more information on what I have described – get in touch if you would like to see it.

So what is the point of this article, apart from self-publicity? Well, I could bore you with the oft repeated quotes like “By three methods we learn wisdom; first, by reflection, which is the noblest; second, by imitation, which is the easiest and; third, by experience, which is the bitterest” (Confucius) or “The unexamined life is not worth living” (Socrates), but in today’s busy and practical world this does not cut the mustard. So, let me give you two good reasons:

1. My life mantra is ‘Do good, have fun and make (modest) money’ and I strongly believe that I have only been able to live with this mantra because of my reflective practice.
2. Reflection is easy actually - do not get bogged down in the technicalities. Basically, it is asking yourself:
  - What am I doing?
  - Why am I doing it?
  - How well am I doing it?
  - Can I do it better?

As you get going, the practice will become easier and more meaningful with the why (should I do this?) coming before the what to do (doing the right thing based on evidence and learning from reflection). You will get better at making sure that your time is well spent and only on activities that are part of your life goal. You will move

from reflection-on-action (the retrospective look) to the real-time reflection-in-action and start living in the moment.

Here is a challenge: Imagine yourself after 40 years of working and telling your story - would you be satisfied and at peace? Then ask yourself: Are you now doing the things that will help you get there? And start to reflect before, in and after action on what you do, and as they say, "Bob's your uncle".

There is no one right way, no checklist, no one watching; do whatever works, try writing in prose or verse and do it alone or with a mentor, remember it is your life and you are your own judge.

But do note that life does not follow traditional educational frameworks where one learns theory and then practises to minimise mistakes. Rather one makes mistakes in life and, if insightful and alert, learns from them. Being a reflective practitioner can therefore prevent the pain and disappointment and make all the difference between the average and the good, and between lived and lived well. The earlier one starts the further one can go.

So, in essence, reflection is about being wise. To weave in another personal interest (poetry), Piet Hein puts this much better in his *groom*:

#### *THE ROAD TO WISDOM*

*The road to wisdom? - Well, it's plain  
and simple to express:*

*Err  
and err  
and err again  
but less  
and less  
and less.*

So, are you on the road to wisdom and ready to do good, have fun and be a great doctor (and partner, child, parent, friend etc)?

I wish you the very best on your journey. Get in touch, if you want, and we can walk together for a while.

*“Looking at a bird he [Feynman’s father] says,*

*“Do you know what that bird is? It’s a brown throated thrush, but in Portuguese, it’s a... in Italian, a...” he says “in Chinese, it’s a... in Japanese, a...,” etcetera.*

*“Now,” he says, “you know in all the languages you want to know what the name of that bird is and when you’ve finished with all that,” he says, “you’ll know absolutely nothing whatsoever about the bird. You only know about humans in different places and what they call the bird. Now,” he says, “let’s look at the bird.”*

**Richard Feynman**

*“A society’s competitive advantage will come not from how well its schools teach the multiplication and periodic tables, but from how well they stimulate imagination and creativity”.*

**Albert Einstein**

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This volume may be used for personal learning, and here I am taking liberty with my teachers and hope they will support this. For wider use contact me via [madhokrajan@gmail.com](mailto:madhokrajan@gmail.com) , especially organisations who may want to use this or any of my other material.

The title is a reference to Plato’s cave, and the picture was taken in the Dolomites during a trek not knowing it will end up here. Very apt as still not completely out of the cave!

The picture on the back is from the internet- I have not been able to find the ‘owner’ and am thankful to them.

