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**Sir Leslie Turnberg, PPRCP in interview with Sir Gordon Wolstenholme
Oxford 1 May 1998**

GW Leslie, last year you finished a five-year term as president of the Royal College of Physicians and, if I am allowed to say so, I think a term distinguished for the firmness of your leadership but also for your geniality and your kindness to fellows. You have been honoured partly as president I suppose, but on other grounds as well, in many places, in this country and Scotland and Ireland, Australia, Pakistan, Singapore, South Africa, and no doubt others. Had you any idea that this is what would happen with your life when you were a boy?

LT Oh dear, no! Not at all. I had no idea.

GW What was your family background?

LT My parents were working people. My father worked as a machinist on a sewing machine, so he worked in a raincoat factory. And I was brought up in a terraced house in Salford. We moved when I was nine or ten to the more green pastures of Prestwich, North Manchester. But there were no professionals in my family, no doctors, no professionals of any sort on either side.

GW And you went to a grammar school?

LT I went to a grammar school.

GW In that area?

LT I just about scraped in. I went to Stand Grammar School, which no longer exists, and I eventually went through the school and got into the medical school.

GW At what time did you consider going into medicine?

LT Right at the last moment. I had thought that I might go into pharmacy and it seemed to me that pharmacy was the subject which involved test-tubes and retorts and chemistry, and I liked chemistry. I didn't realise what pharmacy was about. I didn't realise that it was a different trade altogether, but I liked science and I liked chemistry, so I thought maybe pharmacy would be the thing. Then a friend of mine said that they were going to do medicine and I thought, well that sounds quite interesting, maybe I'll try that. And so I applied for medicine. It was a very sort of...I almost backed into it at the last moment.

GW Did the friend him or herself go into medicine?

LT He did, but he dropped out.

GW But he set you on your way?

LT Yes.

GW So it was really a sort of chance friendship really?

LT It was. I had no idea. I didn't know any doctors. I didn't know anything about medicine and there was certainly nothing in the family that allowed me to think about that. And I didn't go into it because I thought it was a vocation and I wanted to help people, I didn't have that sense about it at that time, at all. It was just science and a science base that attracted me, I think.

GW Were there A-levels in that time or was it school certificate, or what?

LT It was the higher school certificate.

GW What subjects did you take then?

LT I did botany, zoology, physics and chemistry, so I was on the science side. I was inspired by the biology teacher, who was a super chap, Willie P Birch.

GW It's nice to have him named.

LT Yes, he was a lovely man and he was inspirational as a biology teacher. He turned me on to biology.

GW When you went to the medical school in Manchester, what was the entry procedure then because it changed so rapidly?

LT Yes. I only applied to Manchester. And you were offered a place...I seem to remember going for an interview and you were offered a place on the basis of the results of the exam and that was it. I can't remember too much about that actually. I think I had to get through the exam at a certain level to be accepted and that was it. I can't remember the interview. I do remember that the dean was Professor Raper.

GW Yes, I remember the name.

LT Yes, Harper and Raper.

GW Was it then more or less a straightforward medical course through the school. You didn't do a BSc in between?

LT No, it was a straightforward, undistinguished, undistinguishable undergraduate career!

GW You were a late developer?

LT I enjoyed the undergraduate course, but I don't think I strove particularly hard. I just enjoyed being at university.

GW I think Manchester was very lively at that time. We're talking about the fifties, aren't we?

LT Well, remember I lived at home and students in those days, most of us lived at home. At least, I was very unadventurous and didn't move away. So, living at home, my social life was based around the friends at home, not necessarily from the medical school.

GW You qualified in 1957?

LT I did.

GW Was it with the Manchester Royal Infirmary? There was a Jewish Hospital involved, wasn't there?

LT Yes.

GW Were these simultaneous appointments?

LT No, no.

GW They were all separate?

LT I did two house jobs. I'm distinguished because the first three hospitals I worked in have all disappeared, they've all been closed down.

GW Not the MRI.

LT Not the MRI. I didn't work at the MRI in the first three; I worked at the Northern Hospital, the Jewish Hospital and Ancoats Hospital, and they've all subsequently closed down. I think Ancoats still does a bit of something. And it was only after I started doing those house jobs that I realised that medicine was interesting.

GW Really? The clinical side really only gripped you then?

LT I suddenly realised that this is the career I should be in.

GW And was that essentially medical from the beginning rather than surgical?

LT Yes. It was entirely medical. I enjoyed the surgical house job, but really I knew I wasn't going to do surgery. Medicine was what attracted me and I suddenly realised that here was an opportunity to think logically, to try to stretch your intellect and do something good for someone at the same time, and that's a marvellous combination.

GW Were there any individuals in the hospitals who were particularly helpful or inspiring?

LT Yes. I worked for a man called Harry Howat, who you may remember, he was a gastroenterologist at Ancoats Hospital and at the Manchester Royal Infirmary. And

after I'd finished Ancoats, I went across to the Royal Infirmary and worked for him. And I had no idea of what branch of medicine I might go into, I just knew I loved medicine. He was a gastroenterologist and he, I suppose, like so many people turned me on to gastroenterology. It was just emerging really as a discipline on its own. Fibre optics hadn't yet been invented, so we weren't endoscopic people. And it was a discipline which really was just emerging. People were cardiologists or respirologists, and gastroenterology was regarded as general medicine. That partly appealed to me, but also I think the fact that it was going to expand, and Harry Howat was very good. He was a very dour individual.

GW When did Douglas Black come on the scene?

LT Oh, rather later.

GW Much later?

LT Yes. I mean, he was at the Manchester Royal Infirmary, of course, and I met him, but I went as a senior house officer and he was - I'm not sure if he was a professor or a reader at that time - but he was certainly a senior figure, way outside my sphere, and I watched him from afar. Of course, Robert Platt was there at that time, he was professor of medicine. It was an interesting time. I only gradually realised that there were these higher echelon people who might actually look at me.

GW It's always been an exciting school and hospital. Very much so. You obtained your membership in 1961?

LT Yes.

GW Did you have that by the time you came up to University College Hospital?

LT Yes. I'd got my membership and then I came as a registrar to UCH. There was a regular flow of SHOs between the MRI and UCH. There were a lot of people who did the same as I did, and people came back from UCH, as I did, to senior registrar posts, so that was a good connection. We in Manchester had fewer registrar jobs and lots of SHOs and senior registrars, and the reverse was true at UCH, so it fitted well.

GW And with whom did you work at UCH?

LT I rotated between the Whittington and UCH. I worked predominantly for Stokes and Pranker; John Stokes was my chief. That was the first time I realised...up till then I'd been absorbed in medicine and been fascinated by being a doctor, and then I realised that there was more to it and I became less anxious about myself and more able to express myself, I think.

GW You were heading even then to an academic career. Is that so?

LT Yes. I think what set me off was I did a research fellowship with Tom Pranker there. I'd done a bit of research before, but not much, and Tom really set me going on an academic research career.

GW What were you doing with him?

LT I did some work on iron absorption in the gut, so I did some radioactive iron absorption studies on various people. And that was quite an interesting experience, not that the research was ground-breaking in any way, it was just the fact that it was research in a good department with a good chief.

GW Technically fairly difficult, I suppose?

LT Not bad. I think I've done much more technically difficult things.

GW Well, we'll talk about those later perhaps. I'm interested just at the moment in the development of your career.

LT I was a late developer.

GW You're obviously still developing?

LT Maybe I'm not developed yet, but I enjoyed doing what I was doing at the time and I must say I didn't plan my future career terribly well, that is I didn't have a forward look beyond the year, I always thought, well what do I want to do now in this year. In those days, I don't think you really had to project too far ahead and you did what you liked.

GW But retrospectively, you wouldn't have done otherwise, would you?

LT Probably not. I mean, I was lucky.

GW Well, maybe. You make your own luck. You then went back to the Manchester Royal Infirmary?

LT As senior registrar.

GW As senior registrar for three years or so? You were a lecturer at the Royal Free, how did that come about?

LT Well, I went back to the Manchester Royal just for a year to do a senior registrar job and I was then at the decision point as to whether I should go into academic medicine or NHS medicine. And I knew I wanted to do research and I had done this thing with my MD with Tom Pranker and I knew that that was something that was worth pursuing. So a job was coming up at the Royal Free, and a friend of mine who worked for Sheila Sherlock, Tony Tavit, who is now in the States, said, 'There's a lectureship coming up at the Royal Free with Sheila Sherlock, why don't you apply?' And I applied. And I can tell you this little story, which is the way things worked in those days. I don't think they'd be allowed now. Sheila, having advertised the job, asked Tony Tavit to apply for it and he'd rung me and said would I apply, so he felt very embarrassed about this. But he and I both applied and neither he nor I could turn up for the interview. I was a ship's doctor on a Mediterranean cruise and I couldn't turn that down and so I was somewhere else, and he was, I think,

attending his brother's wedding. So neither of us attended, but both of us were appointed. And he was going off to the States for two years; I was appointed to the job for that period of time whilst he was in the States. So we were both appointed despite the fact that neither of us were there!

GW Did you enjoy that job?

LT That was marvellous.

GW That was before the present Royal Free was built?

LT Yes, it was in Grays Inn Road in the huts on the roof.

GW And Sheila maintained a certain momentum?

LT Oh yes, that was tremendous. I mean, then I realised what clinical academic life was about and I immersed myself in that and I enjoyed that very much. The atmosphere in the hut on the roof made me realise that you don't need marvellous buildings to get that atmosphere going. In fact, it may be counter-productive to have beautiful new buildings for a while.

GW Indeed. Yes, I remember when she first went to the Royal Free, and a) prospecting for the hut and, secondly, at the first lunch asking what PMs there were that day, a question that hadn't been asked in the Royal Free for a long time, I think.

LT Yes. I went there when she was in full swing. She had an enormous team there and a lot of people used to come in and spend time in the department, and one saw the whole spectrum of academic medicine coming through from all over the world and it was very inspirational.

GW Yes. Her reputation was tremendous at that time. It must have been very exciting?

LT Yes.

GW Then you did go back for a time to Manchester?

LT No, I went straight from there to the United States.

GW Oh, it was immediately in '68?

LT '67.

GW '67. You married in 1968. Were you married when you went to America?

LT No, we married when we got to America. I got married in the Dallas County Courthouse, so we have a very big marriage certificate with a gold star on the bottom.

GW The star of Texas?

LT The star of Texas.

GW Now, that was a research fellowship? What was the basis of the fellowship? Where did it come from?

LT The Americans funded it. John Fordtran, who I went to work with, had the money. I had applied to him and told him about myself and he said, 'Fine, come and we'll find the money,' which was lucky and I spent a year there. And I didn't have a job to come back to. Nowadays that would be fatal; you go from a job so that you can come back to it. But then I just leapt off into the unknown and had a marvellous year there. That was probably the best year of research.

GW And what were you actually doing there?

LT We were perfusing the human intestine and the main thrust of John Fordtran's work at that time was to examine how salt and water got across the intestinal epithelium in man. There were lots of animal experiments going on but he was, really, possibly not the only one, but one of the very few who was doing it in humans and that's what attracted me to go there. While I was there, I worked very hard because I threw myself fully into it and we found some fascinating things from our work there. We were the first to propose, as a result of these perfusion experiments in whole human beings, that there may be a dual ion exchange process in the apical membrane of epithelial cells in the human ileum. That means that sodium was absorbed in exchange for hydrogen, and chloride was exchanged for bicarbonate. So sodium chloride was absorbed in exchange for secretion of hydrogen bicarbonate, carbonic acid. And we determined that from perfusing the whole human gut with salt and water and measuring the outcome. And it was regarded as being an interesting phenomenon until people isolated the apical membrane of epithelial cells and showed that these two ion exchanges actually exist at the molecular level. And that was some ten or fifteen years later before that was found, so we were delighted that it was confirmed by the *in vitro* people.

GW How exciting. Were you tempted to stay there? Could you have done?

LT Well, I was asked to stay and, in fact, the Americans couldn't understand why I wanted to go back.

GW I think you mentioned to me that to go back to the NHS was inconceivable to an American.

LT Yes, why go back to socialised medicine, for heavens sake! Well, I didn't want to stay. I liked America, it's a tremendous place to be and a marvellous place to do research, but I didn't want to live in America, I didn't want to live in Dallas, and I wanted to come back to the UK. Of course, when I did come back and everything came back to me of how it really is to live in England, I wondered whether I'd made the right decision, but there you go! I put it all in perspective when I went back to the United States to go to one of the meetings to present the papers about four months later. And at that moment I was hankering after all the buzz of the United States, but when I got there I realised that, well, there are warts here too, so I got it into some sort of balance.

GW You came back to Manchester? You were appointed a lecturer and eventually senior lecturer?

LT That's right.

GW And then looking at some notes on your career, the year 1973 appears to have been rather a spectacular one?

LT Yes.

GW You got your fellowship, you got your professorship and I think you were appointed honorary consultant physician at Salford, which is your birthplace. This must have given you particular satisfaction?

LT Yes. I don't move very far!

GW Still, where you are, you do it well enough, don't you? It must have been very, very pleasing and you settled then, I presume, in Manchester or near Manchester as a home and your family developed from there?

LT Yes. Well, I'd been born and bred in Manchester and now I was returning to Manchester and I've stayed there more or less ever since. I just moved across the city from the Manchester Royal Infirmary to Salford, to Hope. And Hope was just being made into Manchester's third teaching hospital. So it was exciting to be the first and only academic member of staff at this new teaching hospital, a rather old district general hospital, in fact. But being there as the first and only one meant that it could only go one way, it could hardly go down. If I left it would hardly be any different, but if I stayed there was a potential for building. So that was a marvellous opportunity, and Hope did develop quite quickly, and to be in a place where you are appointing new academic staff and seeing new departments come is quite exhilarating, as you can imagine.

GW Who were your main colleagues at that time, around '73?

LT '73. Well, the colleagues that I came to at Hope...I suppose Harold Cohen was the consultant physician there, who was very helpful, and Alan Bernstein. They were very helpful and positive in getting us off the ground and ensuring that we developed.

GW Were you regarded as a gastroenterologist at this time?

LT Yes. I was a gastroenterologist. I was desperate to set up laboratories as well as the clinical service and was desperate to appoint new staff. We were given the nurses' home which was being vacated bit by bit. My office was the matron's office and we had a sideboard and a dining room table and chairs.

GW It gave you a sense of authority?

LT Well, yes, I felt very at home there. We converted a number of the nurses'

bedrooms upstairs on the top floor into laboratories and we gradually pushed the nurses out, who moved into new accommodation.

GW They presumably found other accommodation?

LT Well, yes, they did. They had a new building. And the old building is now called the Clinical Sciences Building and it is still the nurses' old home and it's all laboratories mostly. We then appointed Miles Irving as professor of surgery. He came a year after me, and then a whole range of new professors came over the next two or three years, and now there are about three hundred academic staff there as far as I am aware. So it built up quite quickly.

GW And you've seen it from the very beginning?

LT Yes. It was very nice. Looking back...when I emptied my desk not all that long ago, I was looking back through some of the correspondence at what we were trying to do, and I was constantly writing letters making more and more demands for things to happen.

GW To the health authority?

LT To anyone that would listen, the university, the health authority, anyone who had the funding for facilities or staff. And when I look back I realise that one has to do that, but I was very impatient and very frustrated that things were moving so slowly. But, when you look back, things actually moved quite quickly. But it's just at the time you think, 'Heavens, I've got to wait another year for this to happen or another two years for that to happen.' But, it did happen.

GW Was there a big teaching load there?

LT Yes. I arrived there on day one and I already had twenty students arriving on the first day, so I had to find somewhere to teach them, somewhere to take them.

GW It's very refreshing to hear that this sort of thing can happen?

LT Oh, it did and it can. It was unnerving but great fun.

GW In the war it often happened that things had to happen the same day and afterwards it always seemed that it took, well, twelve years to set up the Nottingham Medical School or Leicester or Southampton.

LT Well, they were medical schools from scratch.

GW I know, but even so you did an awful lot from scratch.

LT Yes. The medical school was in existence and the students were in and we were given a group and, well, get on with it. The staff there in the hospital, the NHS staff in the hospital, were very enthusiastic and very supportive and very keen to become teachers of undergraduates and to be involved in the ethos of a teaching hospital. They could have felt threatened, they could have been antagonistic, but they

were exactly the opposite.

GW It's rather interesting to me that quite early on, you seemed to have known that in a way you were going to be a medical educationalist. Is that not true? I mean, your research was one side of it, but it was allied to a strong educational component in there?

LT Yes. I don't know whether that's absolutely true. I always enjoyed teaching. Everyone says that, I suppose, but I did enjoy teaching and I wanted to do more of it. It was only when I became...well before that when I was a senior lecturer that I realised there was more to this than simply taking groups of students, and that there was a gap in the way that we've taught students and we would have to do better. So I became interested in the process and when I got the chair I realised that this was an opportunity to try to change things a bit. But it is quite difficult to change things, even in a chair, because you're not really in charge of your own destiny, you are dependent on the medical school as a whole to be able to change things.

GW Who was the dean then?

LT The dean was Jonas Kellgren. He was a rheumatologist.

GW I remember his marriage to a Northern Ireland nurse.

LT Yes. Well, he was the dean, very supportive and very helpful – I mean he and his successor, I think was Neil Kessel.

GW Yes, I know him too. He was on the GMC and very active.

LT A very active man. He was the next dean and both of them were supportive, but I was constantly at their heels to be more supportive and to move things along. I think I must have been a bit of a pain for them.

GW I think they would have been very critical of you if you hadn't of been a pain in those circumstances.

LT Well, we had nothing of course. We simply had to get it moving.

GW The direction of your ambition in teaching was what?

LT Manchester was a very traditional medical school, and teaching in the clinical arena was very much the usual small group of students divided up into a large number of teams on different units and you were taught medicine and you were taught surgery. But what you were taught and how you were taught and who taught you within those firms was really uncontrolled. And the dean didn't know. I don't think the teachers had an awareness of what the curriculum comprised and where their bit of the course that they were teaching came in to it. And it was all very much of, well, you pick it up as you go along and then at the end you pass the exam. The pre-clinical teaching was very factual, very lecture, very didactic, and was in some way disassociated from the clinical arena. Well, that's the classical undergraduate medical course and very few people seemed satisfied with it. Anyone who had any interest in

it wasn't satisfied with it, and yet no one was capable of dragging us out of that mode. And I was quite keen to see that change. I became dean several years later, as you know, and that was an opportunity to try and change it.

GW Then, I suppose, you did find it rather cumbersome to change?

LT Well, it took a time, but we did. In Manchester, you are dean for three years and I thought that at least if I do anything, I ought to try and change the curriculum, so we immediately set up a curriculum working group. I suppose every dean does that, it's par for the course, but I was determined that we were going to do something. And the things that were obviously wrong had been obviously wrong to everyone. We were not suddenly discovering facts that no one knew about; every medical school had the same problem, but we wanted to do something. So we decided that there has to be the division between pre-clinical and clinical, that has to be blurred; there has to be a drive from the student, that is it has to be student-centred - horrible phrase - but it has to be derived from the student, they've got to do the work, they shouldn't rely on a lecture, we should remove lectures as much as we possibly could. We should get problems into the curriculum so that they worked them through from first principles themselves, all the things that are very well rehearsed by educationalists. And many people, I think, understand it all makes sense, but putting it into implementation was always the problem. So we had the basic outline and the mechanism about how this should work and what we wanted to do, and then it took six years after that for it to be put into place, because you had students already in the system going through the old curriculum and introducing the new system at the same time. So we had two curriculums working through at the same time: one was going out and one was coming in. Now, in Manchester there are no lectures, apart from one on the first day when all the students are together, and the rest is all small seminars with work programmes that they have and problem-solving. And the students are very switched on, in fact, dangerously so, they seem to be a threat to the teachers! It's worked well, but I think the easy bit was having the ideas that something needed doing, and everybody recognised that, and setting it going. The implementation has been what's happened ever since over the years.

GW There was always the theory, anyway, that the curriculum was being overloaded with this, that and the other and that there was no way that anybody could learn all this stuff, but if someone has a teacher that they really are devoted to and inspired by, that amount of material can be learnt in almost days.

LT Yes. The problem with that is that if you have got 325 students that inspirational teacher is going to have a hard time getting round them all. And you've got to rely on the fact that there are so many teachers that they can't all be inspirational, so the system has to be personality independent in a way. It has to be good enough even though you may not always get the most inspirational teacher, although it has a lot to do with the teachers as well.

GW Just going slightly aside, you became a member of the Society for Gastroenterology, you eventually went on the council and I think you were on the research committee as well. When was that?

LT Forever really. I was on various committees of the BSG throughout the

seventies and eighties and I only stopped when I became president of the College, so I was very involved with the BSG throughout that period in various guises.

GW You were on the GMC for Manchester?

LT Yes, when I was dean, and subsequently.

GW You mentioned to me earlier that you found some value in the educational committee, but not necessarily in the 105 or whatever it was membership of the committee. The committee was a terrible word to use for such a gang?

LT Yes, I wondered what had hit me when I got on to the GMC. I was wondering what on earth am I doing here? It was such a large body and it was held in public with the press there - the council meetings. And the people who stood up and spoke obviously seemed to me to be largely talking to an audience outside the GMC, with the particular angle that they were representing, and that wasn't particularly appetising to me. But then of course if you work on one of the committees, that becomes more interesting.

GW Were you on several?

LT I was just on the education committee.

GW Not on discipline?

LT No, no.

GW That was a grim one.

LT No, I didn't fancy that.

GW On the education [committee], who was chairman?

LT Well, it was Charles George more recently, and before him - oh dear, I've forgotten.

GW Was it Crisp?

LT No, no, it was the one after Nigel Crisp, between Crisp and Charles George there was someone else. Unless there wasn't one. Maybe it was Charles. [It was David Shaw.]

GW Now, coming back more to the mainstream of your life because you've just said that you were on the British Society for Gastroenterology up to the point at which you became president of the College. But before you became president of the College you were a member of council. You chaired, I think, an educational committee. Is that right?

LT I chaired the education committee, yes.

GW Were you chairman or just a member of a committee which was supposed to be on communication, which I suppose was between doctor and patient, was it?

LT Yes. No, I chaired that.

GW You chaired that too?

LT Yes. David Pyke asked me to chair this committee on communication.

GW That was an initial one? I mean, it was just started with you?

LT Yes. It was a working party to produce a report, which we did eventually. The problem was we started...I think we started before I was president and then it dragged on rather when I became president because I was distracted by other things, and as I was chairman of it, it became difficult. The report eventually emerged as you know, but I think it took three or four years before it came out, which was very sad.

GW And yet would you agree that it's still one of the major problems of medical practice, this communication?

LT Oh, I'm absolutely sure. It's quite interesting; that report that we produced, I think is quite a good one and it spent a lot of time, in that report, teasing out the nature of the problem, and it is a big one. It's the cause of a lot of patients not getting the right treatment, it reduces their ability to comply with the recommendations that doctors try to get them to do, and it's the source of the majority of the complaints against doctors. So it's an enormous problem, and I think that the rise in the number of complaints and litigation is more associated with poor communication than with failures in other ways. It is a big problem and I think most people recognise it. Every doctor you speak to says, 'Yes, it's a big problem. I'm pretty good at it, I have no problem at all about communication, but I do know that it is a big problem.' And that is the difficulty, getting people to accept that maybe they're not quite as good as they think they are.

GW Some of them who've been videotaped have been horrified to discover that they haven't even looked up when the patient came into the room?

LT Yes, yes. Well, the GPs have got a good system now where I think they video communications as part of the exam.

GW But nevertheless, almost daily one hears of unfortunate misunderstandings.

LT We had Roy Palmer, who was the medical man at the Medical Protection Society, on the committee. And he, from the records they have at the Medical Protection Society, showed quite clearly that communication was behind the majority of the complaints that they see.

GW Basically, do you think this originates in the selection of students? I mean, a student who hasn't got interests in the same, more or less the same, kind of way of life, culture, background or whatever as his patients, is going to, in any case, find it difficult to communicate or correspond with them and so on, isn't he? I remember

meeting one friend who was a young woman, an obstetrician, who met me one day horrified that students, according to her, in her new firm didn't go to the cinema, they didn't go to the theatre, they didn't go to concerts, they didn't even go to football matches. She said, 'What on earth are they going to talk to any of their patients about?' And I think we might have had a particular generation of students, or two generations, who were selected almost because they weren't communicators?

LT I wonder whether that's true? Well, I don't know what happened in the past as much as I know about what happens now and in the recent past. But I'm not convinced that we can: a) tell very much about how good a communicator, or an empathiser, or a sympathiser that a young man or woman will be as doctors from what they are like when they are assessed at the age of seventeen or eighteen. I think behaviour patterns at seventeen or eighteen at an interview, for example, may be a very poor predictor of whether you are going to make a good doctor, a good communicating doctor, an empathising doctor at all. I don't believe it's as possible as some people suggest. So I am not nearly so convinced that we can produce...may be we can produce better selection procedures, but I don't think we have them available at the moment. I'd really like to see the evidence that selection by looking for empathetic characteristics at that age...

GW I mean, you can have too much of a good thing. You don't want one who's going to come in and sort of weep over everything that happens.

LT No, you don't. But also, I mean, there is an awful lot of talk, isn't there, that we ought to be selecting our students on different criteria than academic ones?

GW Yes, another swing of the pendulum probably.

LT Yes. And I am just concerned that there is this sense that if you are academically able that means you are automatically less sympathetic to your fellow man or woman, and I'm not sure that that follows. But it's almost as if, well, we don't want all these academically able people.

GW But, of course, if the academic side of A-levels begins to be spread rather more, that may well bring people forward?

LT Well, I am all for a bigger spread of subjects at A-level, or whatever the equivalent is now, and for a broadening of the entry requirements, not necessarily just science or even only science, and I think there is something in that. But academic ability, I think, is very helpful now and again if you want somebody to solve a problem. And I think it's extremely difficult to predict these communication skill type characteristics. If there is a reliable method, then may be we should use it: I don't believe there is one yet.

GW Yes, but I'm not unhopeful.

LT You think we could do?

GW I think we could improve certainly, probably fairly quickly.

LT You think so?

GW Well, just an old man's guess.

LT We'll have to see the evidence for that. I was struck...there was a very interesting study that was reported in *Nature* about these rather prolonged psychometric testing procedures that companies go through to appoint people, particularly to senior posts. And it seems that their results are very variable when they come to assess the characteristics of the people later in their jobs. As predictors of ability to do things, they are not enormously helpful.

GW On top of all the academic side, is the willingness to accept responsibility isn't it, which is always an incalculable factor, particularly in medicine?

LT I think there is also the point that in medicine, of course, there is an enormous variety of job opportunities.

GW Almost every job in the world is open to you when you qualify.

LT Absolutely, so if you turn out not to have those characteristics that patients require, you may not have to deal with patients.

GW Medical pathology. Coming to the College and your becoming president, and looking back now over the five years, it's been a very busy five years and a number of changes have been made in the College with regard to regionalisation and so on. What has given you particular satisfaction?

LT Yes. What I wanted to do with the College was to try and open it up and make it more responsive, and I think I have moved it along a little in that direction. Opening it up by involving the regions more and trying to develop a regional network, trying to visit around the country to try to demonstrate that the College wasn't just a London based club. I've tried to move it in that direction. There is still more to do of course, but that was something which I thought was useful. And the opening of our office in Newcastle, the first of what I hope will be many, I think that was very helpful, so I was quite pleased with that. The other thing which I was keen to do was to try to bring the Colleges more closely together. This idea of an Academy of Colleges was something that I felt would be helpful, and we've moved a little in that direction. And the biggest thing in that way is the formation of the Specialist Training Authority, the STA, the Specialist Training Authority of the Medical Royal Colleges, which is of the Colleges. And that is for the first time since we lost our legal responsibility to give licences to practise when the GMC formed, it's the first time that the Colleges have had a legal statutory responsibility, so now we have a reason to exist.

GW You're chairing that, aren't you?

LT I'm chairing the STA, yes. But the formation of that and the work we had to do to get it accepted makes very interesting history because there was a lot of resistance to forming it.

GW Coming mainly from where? From other Colleges?

LT There was firstly some resistance within some Colleges to the idea that there would be a legal entity at all. They felt that each College should retain their autonomy to be in charge of their own affairs. So there was a bit of resistance there, but that soon disappeared when it was recognised that if the Colleges don't do it someone else would have to. As you know, it followed the European legislation which says that each European country has to have a statutory body, a competent body, to oversee specialist training. So who should do it in the UK? The Colleges have been doing it for a long time, they should have the legal responsibility. The Colleges thought that they should do it themselves but it was clear that the government wouldn't let individual Colleges do it themselves. So that meant it could be the Department of Health itself through their postgraduate deans. In other countries, it is the Ministry of Health which is the statutory body and that would leave the Colleges on one side, so the postgraduate deans and the universities - the medical schools - could run postgraduate medical education. So both of them were vying for a possibility and of course the GMC, that's the statutory body for registering...

GW It always maintained [the register] when I was around.

LT Yes. The body which maintains the general register, does maintain the specialist register and could have the responsibility. And of course the Department of Health itself - there were many within the Department, and they shall remain nameless, who were quite concerned that the Colleges may be developing power beyond their means. The Colleges were always a bit criticisable because of their independence.

GW They're no use if they aren't independent.

LT The government doesn't really like the idea of an independent body. So we had to convince the officials, which we eventually did by going to the minister, Gerry Malone. And for all the problems he's had, he was very helpful and agreed. So that was the final step, but we had to get the GMC's agreement and Robert Kilpatrick, who was president then, was positive. I'm not sure it would have happened later, but it happened during his period.

GW Interesting.

LT And I think that was a window of opportunity that arose. So the unlikely combination of Gerry Malone and Robert Kilpatrick allowed us to go ahead with it.

GW Is that beginning to work? I mean, it's already at work?

LT Yes, it's been working for two years. It's been a struggle because it's happened at the same time as the new Calmen arrangements for postgraduate education came in, and the new so-called 'inflexible programmes for training'; it happened at the same time as junior doctor hours were reduced. So that the pressures on medical staff in hospitals have increased and some of it seems to have fallen at the feet of the STA, the body which is blamed for some of the problems which are around. But the STA is working. It is becoming an important body. It is a critical

body in the system and I think it has other importance in that it has brought the Colleges together to perform a specific role and it means that the Colleges are now having to agree with what the STA tells them. Now the Colleges are all on the STA, but it has power over the Colleges.

GW They're all represented?

LT They are all represented on it.

GW Is the BMA as well?

LT No.

GW Or the GMC?

LT The GMC has two nominations on it. The GMC and the postgraduate deans.

GW And is this likely to affect the membership or equivalent of the Colleges?

LT No, it won't affect the membership. The Colleges still have to run the exams, still have to organise the training programmes and still have considerable autonomy. But for this role of coming together to provide what looks like a reasonably uniform idea about postgraduate education across all the disciplines, with certain criteria met that they all have to come up to, means that for the first time the Colleges have all had to agree on something essential that they do. And that's quite a unifying experience.

GW This must have been a window of opportunity for you?

LT Yes, it was.

GW How far has Europe so to speak influenced the setting up of the STA?

LT Well, I suppose in a way the STA wouldn't have been formed if we hadn't been part of the European Community. It was a legal requirement to have a competent body that oversaw training, so it was important that we had it and it wouldn't have happened without it. It has brought us into problems with other European countries because, as you know, trainees from other European countries can come here, having got their qualification in the other country, and go straight on to our register and go into consultants posts. And the problem there is, we don't know enough as we should about how they've trained or what they've done, and there are some anxieties about having doctors working as consultants in the NHS whose training we know little about. One of the things that the STA is working on is trying to get the European Commission to allow us to examine the extent of the training and to assess the nature of the training that doctors from other European countries have had. At the moment, we can't because they go straight on to the register.

GW Yes. When I was representing the GMC in Europe, of course it was just after the original six thought they had tied everything up and they thought that 5,551 hours or something was enough without regard to the quality or what went on within it and so on, and were very upset when we wouldn't accept this. Do you now have a

permanent liaison with the Commission?

LT No, we don't.

GW You operate through the Ministry of Health?

LT We operate through the Department of Health. Yes, we do. We have tenuous links with Brussels. We speak to them often enough because we're interested in discussing our problems and issues of this type with them, but we have no formal links, it's all informal.

GW And with the expansion of the European Union?

LT Yes, that's going to be even more problematic because we know very little, particularly about the Southern European countries' training and standards. And we know even less about training in Eastern European countries, who, if they join the Common Market, then their doctors, providing they have been trained in their own country to the minimum standard...And the minimum standard really is based on how many years you've trained. So how many years have you trained and have you reached the EC minimum, and if you have, you're in. And that's all we know.

GW It's dismaying, isn't it?

LT So, considering the amount of effort that we and the Colleges put into the programmes of education here, this seems somewhat of a back door or a trap door.

GW Of course, we did think that the UK would be flooded with people from Europe, especially Italians and so on, and it didn't happen for years. I mean, it was only a few score of people that came. It's getting a bit bigger now.

LT The numbers are not very large, but they are there.

GW But I have met Europeans with equal dread of any British people being allowed to [practise].

LT Oh yes, I'm not surprised.

GW Just jumping a little bit more before we finish, I happened to see in this morning's *BMJ* that the Turnberg Committee has recommended a unified region for the London NHS. Under whose auspices is this report?

LT Well, it's this poisoned chalice that they gave me when I finished the College. They said would I do a review of London's health services and we set up a panel.

GW Who asked you?

LT The Department of Health, minister of health, secretary of state. So it was a report to government. They said you have to do it in three months and report by November and tell us what to do with London's health services. And we made a whole host of recommendations, and amongst which you may have seen the headlines

were all about saving Barts. I don't know whether you saw that?

GW Yes.

LT Well, it was all about saving Barts, but that was a minute fragment of the whole report. One of the things we suggested was this unification of the health authorities so that there is a single London health authority.

GW Well, it makes sense. I mean, the Thames doesn't really divide medicine, does it?

LT No. And we made a number of other recommendations. It's a seventy-four page report.

GW And that's finished with now, that particular poisoned chalice?

LT Yes, that's finished. It was more poison than chalice, I have to say.

GW Are you involved in other things also now, as a result of you being available?

LT Well, I do a number of things. I chair the Public Health Laboratory Service Board.

GW Yes indeed.

LT That's quite an interesting one. I've become a fan of the PHLS. It's great. I'm chairman of the STA still, and I'm scientific adviser to the medical research charities, the Association of Medical Research Charities, and I'm president of the Medical Protection Society.

GW Have you been long in that?

LT About a year.

GW Had you been a member of the board there before?

LT No, no. I'm only a figurehead, you know, just come in.

GW I doubt it. Well, I've enjoyed talking to you very much this afternoon and I'm very grateful to you for enduring this ordeal. It's been extremely interesting to hear how really coming from the very beginning without any help, you have achieved so much and we are very grateful to you and admire you for what you have achieved. Thank you very much.

LT Thank you.