Interview with Bob Aitken - Medical Director

Ed – Thank you for agreeing to speak to me - it is a pleasure to have the opportunity to interview you on the behalf of the *Journal*.

Do you want to tell us a wee bit about your origins?

MD – A small mining village called Netherthird near Cumnock in South East Ayrshire. My dad was a miner and my grandfathers were miners and all my uncles were miners so I am from a second generation of coal miners! I came out of there and went to Edinburgh University and spent 12 years in Edinburgh. I came south at the end of 1979 to join the army and I have been south ever since.

Ed - So you went straight into the army after qualifying?

MD - No I did 4½ yrs in the health service.

Ed - So what did your family think of one their sons going off to university and becoming a doctor when they have all been miners?

MD - Well it was very interesting because at the time I was a reasonably good footballer and I was playing football semi-professionally. I did have the opportunity to join Manchester United, but it was just at the time I was accepted into university. I think my father played along really really well but at the time professional footballers were ten a penny. It was a pretty common occupation to go into. Certainly 10 years ago I was still the only person from my village primary school who did medicine so you can imagine it was something really important to my parents, and ultimately not only to my father but it was very important to me. So I went to become a doctor rather than a professional footballer!

Halfway through medical school I wondered whether I had made the right decision, having not seen a patient for the first three years on the six year course in Edinburgh - but I have never regretted it. Once I saw a baby being born my mind was totally made up about medicine.

Ed – So seeing a baby being born, that influenced you?

MD – It was a very interesting story and I genuinely was sitting swatting for what would be the Scottish equivalent of 2nd MB … biochemistry and physiology - the stuff that everybody loves! I remember vividly watching guys playing football outside thinking 'What the dickens am I doing here?' and then about 4-6 weeks later I was doing physiology and part of that was to visit the maternity unit one Saturday morning. I went along and it was a great privilege to watch a baby being born and it had an amazing effect on me and I thought this was absolutely fantastic! I can't remember the mum's name but the baby was called Lorraine and she was the third daughter. The mother was from South Africa – I don't remember any more than that. I've tried one or two different specialties in my career but I've always gone back to Obstetrics and Gynaecology as my first love.

Ed – So you've never really seriously considered any other speciality?

MD – Ah yeah I did – I really enjoyed clinical medicine but to be honest I think half way through the six year course, once I got into talking with the patients, I loved it. I can't say I ever wanted to be a physician - possibly surgery and I thought Orthopaedics was marvellous but Obstetrics was always what I was driven by.

Ed – OK, so you started in obstetrics at a relatively early ….

MD - I actually had a great experience, I

qualified and then I went home and I did my house jobs back in Ayrshire. I did a clinical attachment there and they asked me if I would go back and I did both my surgical and medical experience in the same hospital. I already had an SHO job arranged back in Edinburgh to start my training in Gynae which I was offered as a final year student and so it was great. I went there and there was I, a young lad born and brought up in Ayrshire, I could speak the language, I could actually speak Lowland Scots to the local miners who couldn't really speak English very well and they loved it and I loved it and it was a marvellous, marvellous experience although life was very hard in the old days. Looking back, it was one of the highlights of my medical career and I loved it.

Ed – Do you go back to Ayrshire very often?

MD – My mother is still there but my dad died a couple of years ago and mum is still there in Cumnock and my sister lives in Ayrshire still. I don't get back as often as I would like but I do get there regularly to check my mum is OK.

Ed – To reconnect with your roots?

MD – Yes.

Ed – Then you joined the army?

MD – Well that's another interesting tale – I was actually applying to do a research job in colposcopy. I was working in Gynaecology and I applied for a new kind of research job and I got it and discovered that there were no UMTs [overtime payments]. Basically my salary was reduced by a third and of course at that stage, I was married with two children and a mortgage to pay and realised I couldn't afford to do it and having been appointed we had to tell them the next week that I couldn't do it … I felt distinctly uncomfortable.

So I went to the BMJ, as you do, because it was the days before rotations and that stuff. I was looking for a Registrar post and - lo and behold - when the BMJ opened there was a full page advert for the Royal Army Medical Corps and I remember they were looking for anaesthetists, psychiatrists and gynaecologists. Like everybody else, the first question I asked myself was 'what on earth is a gynaecologist going to do in the army?' So I wrote to them and got a reply by return of post inviting me down to meet the Brigadier in charge of Gynaecology services for the army and I liked what I saw and I decided 'Let's do a short service commission' and so I signed up. Subsequently I enjoyed it so much … for the first time in my life I was paid for playing golf! After three years I decided that I was happy to spend the rest of my life in the army and so I took a regular commission. Of course that all ended about seven years later when the decision was made to disband army obs, gynae and paediatric services. We saw that coming and left the army at the end of 1989.

Ed – So did you go to any exotic places?

MD – Yes I did, I spent my first wee while in Aldershot so that wasn't very exotic but then I served in Berlin as well as elsewhere in Germany. I did my last wee stint in Cyprus before I left, and I did Hong Kong.

Ed – And after the army?

MD - After the army my wife was quite keen to emigrate so I applied for an obs & gynae consultant post in Thompson General Hospital in northern Manitoba, Canada and that was very interesting as well. When I went out basically the initial arrangement was to join a Canadian chap. There had been two gynaecologists there for several years and his lady colleague had retired because of ill-health and they were looking for a replacement for her so I applied for the job and was interviewed on the telephone and got it and then the usual red tape when you are trying to emigrate to Canada or the States. I resigned my job and decided to go over in a few weeks - and then I got a call to say "get on the first available aircraft and come

over!" I said OK and they said "Oh – and by the way go via London and collect this letter from the Canadian High Commission". I did not really understand what it was until I arrived in Toronto and it was basically a form signed by the Minister of Health to say that this guy is an absolutely essential worker and he has got to go straight away. I actually went straight through the airport flying VIP to arrive in Thompson to discover that about 3 weeks before my colleague had had massive triple bypass surgery and was retired.

Ed – So they wanted you urgently?

MD - That was why all the red tape had been cut. I arrived there to discover I was the only obstetrician in northern Manitoba which essentially covered a population of about 90,000 people - more than 70% of them Inuit - but probably covered nearly twice the size of the UK and that was very interesting. That was 8th August and the first time I had a day off was something like the 4th April!

Ed - So how long did you stay?

MD – I was there just over 2 ½ years and again after a very short period was my first introduction into medical management. After about 6 months I was head of obs and gynae. I did get a colleague in from South Africa after about 14 months but after 6 months they asked me to be Chief of medical staff - it was a small hospital of about 150 beds. During that time we managed to survive a six week nursing strike which was of course interesting. I managed to keep all of the laboratory services on side during what was quite a difficult time for them, as well as reorganisation of services. A great plan of the Chief Exec and me was to get the hospital recognised as a Regional Centre as opposed to being a local hospital. What that meant in Canadian terms was you got extra funding. What we were targeting was a source of funding called the Northern Patient Transportation Program. In Manitoba for example - where Winnipeg was the major centre - 1½ to 2 million dollars was spent transporting patients from northern areas to Winnipeg. What we were saying was if we could deliver these services more locally it would avoid the need for them all going 400 odd miles south. So we put together what was, I thought, a really strong case - a very strong business case. We went and did a presentation after about a year of really hard work at the Health Service Commission. We had to go back the following day for the verdict and they decided it was great and we had done some great work … and they were just going to cut the transportation money! I will never forget coming home and Gillian was ironing a shirt and she had been quite unsettled because the weather was absolutely awful and she was stuck in the home with the children for weeks and weeks on end. I said to her … "do you still want go home?" "Oh yes!" was the reply and I resigned and came home. I vowed …wait for it … I would never get involved in management again!

Ed – Before we leave Canada … is the system there more akin to the NHS than to the American system or is it part insurance based?

MD – It is a combination of both. It is free at the point of delivery and it is government funded - so it is tax money, but patients would go along and make an appointment with whoever they want to see on any given day, and that was part of the problem. They could see two GPs and a specialist for the same condition and that was their right and each doctor billed the health service commission independently on a fee-provided service base. So a bit of an American system as it was fee for service but it was not insurance driven - it was paid for by the taxpayer but there was not the control through primary care that we have.

Ed – Are there any lessons from there for us or will you want to copy the Canadian system?

MD – I think there are certain things that were good in the Canadian system but it was just too much of a free-for-all for patients. If they did not like what they had been told they could just go and get another appointment at the tax payers' expense without any questions asked at all, and they could get the same appointment 4 times until they got what they wanted. Most patients did not do that but it was open to abuse.

Ed - Is that hospital in northern Manitoba still there?

MD – It is yes - and still functioning pretty well I understand, although I have completely lost contact.

Ed – So you came back to the UK?

MD – I came back to the UK without a job. I had been offered (through a retired army surgeon) a job in Bahrain.

Ed – When would this have been?

MD – The end of 1992. I went off for 6 weeks to do a 6 week locum in Bahrain. It was like going from being excruciatingly busy working all hours to making decent enough money sitting in hospital with my main role looking after Gulf Air stewardesses and the Bahrain royal family. So I played a lot of golf having not played much for years and years and I was bored to tears so I came back to the UK after 3 months. I then worried for a time because there were no consultant obs and gynae jobs advertised in the BMJ. The first job that I was interested in was Darlington and I applied for it and started here in the very beginning of February 1993.

Ed – You did have a brief foray back in the Middle East.

MD – I did actually and that was interesting. I have been married twice with several children and my eldest lad became 16 and my accountant noted that my tax code changed. This was in the days when I did a little bit of private practice and he asked if I had any idea why my tax code had changed. Within 48-72 hours I had a phone call just as the postman came and dropped a huge package through the letter box from the Child Support Agency. I'll never forget I actually sat up to try to work out the rules. There was no doubt whatsoever that if they applied the rules as they appeared to read that I was going to end up bankrupt because I had 3 children from my first marriage and I had 3½ at the time with my second wife. I just said it cannot be true. I then tried to speak to the CSA office in Falkirk and Edinburgh and eventually went to London. Every one of them effectively told me that it was unfair but it was just the way things are. In the interim I did not see any option as I could not afford to live in this county because I was not able to support my younger children. There was a job advertised for the Abu Dhabi military and having been in the British Army I thought I would know the system. So I expressed an interest and they were very interested and in the meantime the CSA problem got sorted out. The people from the Middle East continued to offer me more money to go. It is the only decision I ever made purely for money and I very nearly regretted it for the rest of my life. I realised that the contract I had signed was torn up whilst I was in the aircraft! It turned out I was there to solve certain personal problems but I was very fortunate in that I actually contacted one or two people for references and had the opportunity to come back to Darlington.

Ed – So you were able to slot back in?

MD – So I did. As if I had never been away.

Ed – You have been medical director for how long?

MD – 5 years now.

Ed – Why did you want to be Medical Director?

MD – I had got involved. Having said when coming out of Canada I would never get involved with medical management again, I did! I decided when I was CD in Obs and Gynae that in order for the future of the service to be sustainable we needed to rationalise it. We went through quite a complex review process if you remember. It started off with Obs and Gynae, then paediatrics came in and we spent eight or nine months working away doing option appraisal for O&G and right at the last minute Darzi was called in to review the whole of the acute services across County Durham. He congratulated me and the team on the work we had done in Obs and Gynae and just basically agreed that we should decide. I must admit that it went all through the public consultation process and I was very closely involved with that because of the emotive nature of maternity. But I got a buzz when we got the OK to deliver the services. I really felt in the end it was for the good of the service and that we had achieved something. I quite enjoyed that side of things. I had been Clinical Director and I decided to apply for the Medical Director post. I thought I was ready and so I applied thinking that the Medical Director's job was a lot about looking at medical strategy and how we improve things generally … how we support the services going forward. I should point out that I had no intention of being full time when I applied! I decided I would like to do 3 months full time because I didn't know anybody in Durham and I thought that it would be time well spent. So we got a locum in and about 2 months into the job I discussed with the GMC about my staying full time and I was staggered by how positive they were.

Ed – Do you regret being full time now?

MD – I have thought about it a lot and I think that in the end the answer is no. The way the job now is, still doing clinical work is probably not doable anyway. It certainly isn't when you think of having to keep up with CPD points and the like.

Ed – But you have on the quiet being doing some clinical work haven't you?

MD – I haven't for ages now but I did initially.

Ed – Do you think you will go back to clinical medicine before you retire?

MD – If I'm honest I would hate to retire not having delivered another baby. I would be quite happy to retire never having done another hysterectomy! I particularly miss doing a forceps delivery when mum needs to help and you need to help her and the bairn … and you give a healthy baby to a healthy mum and she and her husband are crying and you have a lump in your throat and it's choking and your eyes are watering … I really miss that. So I would hate to retire not having done it again, however I have just signed up again for another stint as Medical Director. I think the longer you stay away from it, it gets scarier -

Ed – So you think likely……..

MD – The likelihood is I'll retire from this.

Ed – What, apart from stroppy consultant colleagues do you dislike most?

MD – The interesting thing is I don't mind stroppy consultant colleagues, as long as there is a reason for being stroppy … and that is frequently the case! My predecessor actually said to me on my appointment "You will have your eyes opened" and I remember after a couple of months going for a beer with him and saying "you didn't tell me how much they would be opened"! The behaviour of some people is quite frankly incredible. At any one time you have probably got somewhere between 2 & 4% of your consultant body causing you major grief. That means we have either got an investigation or a disciplinary going on or pending. That has been my experience. It is hugely disappointing from my point of view

and sometimes quite hard to deal with things that are actually related to close colleagues … sometimes friends. I remember early on in my stint shaving one morning, I was going to a disciplinary and I thought … well I know what needs to happen and I have two choices – one I go in and do what needs to be done or I go in and resign.

Ed – And you didn't resign …

MD – And I have stayed Medical Director. It was very difficult.

Ed – In a funny way, does that actually give you a buzz when you realise you have done the right thing and it has resolved the situation?

MD – The nature of my personality is such and I like to think people know me. I would like to think any decisions made have resolved the situation and that it was the right decision. I live by that because I think that my mother and father would have instilled that in me from a very young age.

Ed – Well now just to widen things out a little more generally what do think the NHS will look like in 10 years time?

MD – Wow, that is the million dollar question!

Ed – Will it still be free at the point of use?

MD – I think it will be free at the point of use but whether the NHS will be a deliverer of services or a commissioner of services is more problematic. There will be more and more private providers and you could almost put into that bracket this Trust as it develops as a Foundation Trust more along business lines. So they will get the care at the point of delivery free but there will be such a plethora of providers that I think it will be difficult to differentiate at times between the NHS and the private sector.

Ed – Will that be sustainable in this part of the world - the North East?

MD – In the North East there are probably too many providers if you take hospitals alone. But we will see the start of private delivery of primary care services … they will take on the traditional type of GP practices and you can see these might well be very interesting in reviewing the polyclinic market. Just like us in a way, in that we have been interested in providing out of hours care for Darlington for a long time and indeed to the extent of employing our own salaried GPs.

So I think it is going to look very different - but the principle will be free at the point of delivery. But I think there might well be many more private-type providers delivering basic care.

Ed – Is it sustainable to have a national tariff the same from Land's End to John o' Groats – or at least Land's End to Berwick?

MD – Well again it's interesting because the "market forces factor" in certain areas allows the tariff to be altered. It is the same as adjusting the tariff to the average of income of the population and we have some benefit from that. You would think that if you have a very disparate geographic population then you can't possibly deliver care to the same standard to the same tariff everywhere. For instance I think it is a bit daft applying the same standards for "call to needle" time for thrombolysis for somebody living in central London and folk living up the dales. How is the ambulance service expected to cope? So applying the same national standards everywhere I think is questionable. This should be more of a local thing and perhaps the SHA could be involved. It is actually quite challenging to deliver a very high quality service in a rural area.

Ed – Going back to yourself … what are you main interests outside work?

MD – I have retired from playing football. My two sons do though, so I watch a lot of football

and if I had the time I would be a fanatical golfer! I played golf at a very early age. In fact where I came from you either played football or rugby in the winter and everybody played golf in the summer. So it has been in my blood since I was about 8 years old.

Ed – So there was not the class divide for golf in Scotland?

MD – That's right. It was a 9 hole course. I can't remember how much it cost. I can though remember going out during the school holidays with a bag full of sandwiches and a few golf balls and you went home with no sandwiches left and you were starving! You spent the whole day on the golf course with your friends and that was it. We loved it. Now I am physically not what I was so I actually can't play football. I took up rugby after quite a bad knee injury because I did not need to kick the ball. I didn't stop playing rugby until into my forties and really enjoyed that. Now I have a hip replacement … but I love golf and really do enjoy it. I don't play as well as I used to - I put that down to poor putting - but I probably enjoy it more now than ever before as it is a way to unwind from the day to day pressures.

Ed – So where do you play?

MD – I play at Eaglescliffe. I was a member at Darlington for 10 years and they let me straight in as single figure handicap player and then I got into Eaglescliffe and I have been there 6 years now.

Ed – What is your handicap now?

MD – I have just gone up to 9.5 so I play off 10 which is the first time I have been out of single figures since I was about 15 or 16.

Ed – I was going to ask what your ambition is … is it to get back to single figures?

MD – I was thinking that on the golfing front I would like to get back to single figures this year and I am more than capable of doing so as I still probably hit the ball as well as I have done ever before but I do not practise enough.

Ed – So do you have any other burning ambitions?

MD – In work I would love to see this organisation being highly successful and I'd love to see it really integrated. That is proper integration of the services across the county and even some integration with primary care because I think there is huge potential to deliver really top class services. But we all need to work together, we need to put our combined brain power together and think in the same direction. But there is too much site-based resistance … I find that sort of attitude sad because I think we have such potential. Not easy but I think there is potential there! It would be great to see - it won't be finished in my time - but I would love to see us take giant strides down that line.

Ed – Do you anticipate in the next 10 years there is likely to be a reshuffle or reconfiguration of Trusts and boundaries?

MD – Well if you look at it logically the way our Trust is configured works against clinical networks. Everybody wants to divide it all again because our formation was against traditional patterns which in my reading of past mergers was always a recipe for disaster! Yet I think we have done remarkably well considering - we have taken significant strides forward. But there seems to be pressure for us almost to divide ourselves up again having worked very hard to get the teams together, so that is a challenge for us. You can see that if there is still that direction of travel there is the possibility (as things have changed so much in my lifetime already) that the whole thing might be reorganised again!

Ed – Now before we end I better ask you the same question I asked Stephen Eames. If you were to be cast away which book would you take with you apart from the bible and

Shakespeare?

MD – I would probably take my whole collection of Ian Rankin crime novels. The reason being that he is a brilliant writer who generates the atmosphere of Edinburgh. If anybody knows Edinburgh well, you feel as if you are there - it is just absolutely wonderful. If I was taking my albums it would be my whole collection of the entire works of Mark Knopfler and Dire Straits!

Ed – Thank you very much.