



Interview

The editor recently interviewed Rudy Bilous, Professor of Clinical Medicine at Newcastle University, based at James Cook University Hospital

Ed – Thank you for agreeing to be interviewed today. Perhaps I could begin by asking you to tell us a bit about your background.

RB – I was born and brought up in Cardiff and I only really decided to do Medicine when I entered the 6th form. I'm not quite sure really what it was that decided me - I had a few other irons in the fire - but I just thought it would be a really interesting thing to do and I switched A levels in order to get the chemistry, physics and biology part way through 6th and got my grades. I am not from a medical family and my mother really only knew two medical schools, one was Cardiff - and I did not want to stay at home - the other was Guy's. So I wrote to Guy's and asked what did I need to have in order to do medicine and they wrote me a very nice letter back with a prospectus and said ... apply to us next year (on what was then known as the UCCA form) and we would be pleased to see you. So I did and they offered me an interview and they gave me a place and it was just happenchance really. So I was at Guy's. I did a BSc in neuroanatomy and pharmacology and I qualified in 1976. When I qualified I wasn't sure what it was that I wanted to do but my medical SHO job was with a really inspirational physician called Robin Stott. He was a bit of a political radical and a very good physician. He also ran the diabetes service at Lewisham Hospital and I just got interested in diabetes working for

Robin and that's what really decided me. I did an SHO rotation at St. George's and a medical registrar rotation. I also did nephrology for a year and a lot of gastroenterology and endoscopy. The training was very much broader in those days compared to now so you were able to do a lot of other stuff.

I finally obtained a research fellowship working with Harry Keen at Guy's for two years on insulin pump treatment - that was in 1980. Then I completed registrar training and I got an SR post in Newcastle. After that I was awarded a fellowship in the United States for two years and worked in Minneapolis from 1985-87, finished my SR training and was appointed here in 1990, initially as a consultant physician to what was then Middlesbrough General Hospital before it became all one trust. Then I was appointed Honorary Lecturer, then Reader and finally Professor of Clinical Medicine at Newcastle University. That appointment came through in 2000 and I have held that chair since. It has recently been invested here so that when I retire there will be another chair here - it was originally a personal chair - so that is good news for Teesside. I have kept up my research interest in diabetes particularly kidney disease and still publish in the area, but primarily I guess when one gets older you get more administratively drawn in! So I'm Sub Dean for the Teesside base unit and also Clinical Director for the local

clinical research network across Tees Valley, as well as my teaching, academic and clinical work. So that about up to now is my biography!

Ed – Have there been many challenges for you setting up a new medical school?

RB - Well the first thing is that strictly speaking it is not a completely new medical school. It is a new medical course for the first two years because the Durham campus is not a stand-alone medical school per se. It provides a two year course with the same learning outcomes as the two year course in Newcastle. The ultimate medical degree is a Newcastle University degree so it is not strictly speaking a new Medical School - but it is a new course for Durham University in partnership with Newcastle. I need to go back a little bit. There was a report called the Campbell Report which decided we needed more doctors - we needed to train more doctors in the UK, or more specifically in England. The Campbell Report was actually instigated by the Major government before Tony Blair. Shortly after the Labour Party were elected they decided to have another tranche and so ultimately 2000 new undergraduate medical school places were created and expressions of interest for either developing a completely new medical school or expanding an existing medical programme were invited. Initially they did not encourage new medical schools as such and the idea was that there would be partnerships between universities to develop and expand existing undergraduate medical programmes. So, for example Manchester worked with Keele. That was a partnership originally, but now Keele has gone on its own and has a medical school in its own right. Leicester were linked with Warwick University

but again they have now split up and Warwick has a medical school in its own right. The Peninsula Medical School was different. That was thought to be important for socioeconomic reasons because it was very under-doctored in the south west. They wanted to enhance higher education down there so that was a completely new medical school but built on a previously successful postgraduate medical school at Exeter. In the North East what they decided to do was have a joint venture between Durham and Newcastle Universities to expand the programme. The idea was that Durham would teach the first two years of the five year course and then students would come together at year 3 and a regional medical school would be developed for clinical training which would involve the whole of the North East not just the Newcastle teaching hospitals. Now the idea for a regional medical school was actually one that pre dated the Campbell Report and was an idea of George Alberti's when he was dean. He and Peter Baylis - who was then the post graduate dean - together developed the idea that they would expand medical training. There was recognition that they could no longer provide adequate clinical training places just in Newcastle and they started to build links across the region. The first link they built was with Teesside and initially we were a sub faculty of the Department of Medicine. But instead of having a few students thrown at us and no funding (and we should be jolly grateful - which was the sort of attitude of mind of the old Newcastle hierarchy!), we actually became full players in terms of providing substantial chunks of the curriculum for students who would be based on Teesside for a large part of their training. So

this was a very new departure for the Newcastle school. And then when the Campbell report came out, the idea was to increase from the original 140 students to about 350, 100 of whom would be taught in Durham for two years and then join the Newcastle cohort. In addition to Teesside there would be other base units at Sunderland - which would link in with Durham City, and Northumbria which would go up to Wansbeck and the borders and also stretching across to Carlisle. So there would be a kind of Newcastle/Gateshead hub, Northumbrian hub, a Wearside hub and a Teesside hub. So now we have a system where we teach all of year 3, all of year 5 and big chunks of year 4 as well. Students spend their whole time down here on Teesside now and that has been very successful. So the challenges – well the challenge from Durham’s point of view was that they had no funding or little funding to start with. I think it’s fair to say that the people who were negotiating for the University of Durham at that time did not really have a full understanding of what running an undergraduate medical course was all about, as they had not run one for years and years. So when the funding arrived it wasn’t really adequate for what they needed to do, so the major challenge was recruiting large numbers of clinical teachers who would be able to complement the core team at Durham and provide a very clinically-orientated course. I think Durham were very lucky to have recruited John Hamilton who came from Newcastle, New South Wales to set up the course. He had experience of setting up schools in different parts of the world and a lot of experience in different types of medical education. He was really superb at networking with

interested colleagues on Teesside. There was a lot of local enthusiasm to get this to work and make this happen. So that was the major challenge - to get clinicians involved. Once you had identified the key people they really just took up and ran with it, so it was not a huge undertaking on my part. My job was really making the introductions with John - who could basically sell refrigerators to Eskimos - and once he made the links the course really took off. Since then more funding has come in, and the course is well established. That’s a thumbnail sketch of the history behind how the Durham link came about, but a lot of the groundwork had been done a long time before that with George and with Peter, myself and people like Richard Harrison at North Tees and other key teachers on Teesside.

Ed - I suppose in a sense things have come full circle because of course Newcastle Medical School originally was the medical faculty of Durham.

RB – It was indeed yes, and was in fact called King’s College Durham. In 1964 I think it split and was set up and given a university charter in its own right. Part of the charter gave the University of Newcastle pretty much exclusive rights to awarding a medical degree in the North East, so one of the worries – obviously I wasn’t around at the time - but I am told that there were real concerns that the university would not survive and Newcastle University would not be able to cut it. One of the key components of its future success would be an active medical school, so they built in some kind of rule which meant that Durham could not suddenly decide that ‘we’ want to start awarding medical degrees again.

The Newcastle medical degree used to be a

Durham degree and Newcastle University first awarded their own medical degree in the mid sixties. But now Durham, I am told, in order for them to award medical degrees in their own right would need an Act of Parliament or of the Privy Council or some major political decision to do that. So because of the complexities involved they are a bit hamstrung in terms of being able to award a medical degree in their own right with a University of Durham badge, so the current graduates are awarded a Newcastle University degree.

Ed – Is that arrangement likely to continue?

RB – Well the economic situation has changed now. In order to have a financially viable medical school you really need a cohort of probably of least 150 – 200 students to make the funding work – just to make the maths add up. So that would effectively mean doubling the Durham cohort in order to get the funding and infrastructure and so on. Right now in the current financial climate that isn't going to happen. So I think it will be jolly difficult for all sorts of practical reasons for Durham to set out on its own medical degree, although I think initially that was an aspiration. I am not close enough to the University of Durham hierarchy to know their thinking in this area because my chair is with Newcastle University. I know Chris Higgins, the new Vice Chancellor, was quite keen to explore the possibility of awarding a Durham degree when he first came, but I think that there are complexities. Those sorts of discussions will have to take place at very high tables, certainly a higher table than I usually sit at, so it is unlikely that there will be a Durham MB BS in the near future -but never say never!

Ed – How important is it do you think for a jobbing doctor to be involved in research?

RB – Well I wear two hats, as I said earlier a research hat and a teaching hat. I think it is really important that those that want to do both have the opportunity of doing both. I think it is more important for an institution, in some ways, than an individual. If an individual wants to do research, an institution has to help them to do that. Not everybody wants to do research and that's fine, but if you want to do it then I think it is important that the institution that you work for helps you to be able to do it. . Doing research keeps you up to date and it's stimulating. My job wouldn't be as enjoyable or as much fun and I wouldn't get nearly as much out of it if I wasn't able to do some research. So personally, I think research is very important and I think it is important that people who want to do it should be able to do it. The same is true with teaching – it keeps you on your toes because you are always being asked difficult questions by students and it makes you revisit what you do every day and makes you think about it, justify it and look at the evidence. So the two go together like a horse and cart. You don't have to have teaching and research but I think to do neither then the job could be tedious. So I think that it is really important for Teesside that the health care providers should be active teachers and researchers. Not everybody doing both but all of the hospitals and all of the practices and all of the health care places that we have got here should be able to teach and to research if they want to do it and I think that is really critical. I think that one of the great things that has happened with the Durham course is that it has really gingered things up on

Teesside. Let's face it, we are a bit of a backwater with hard working DGHs offering a pretty good quality service for the most part. But the development of teaching and research has changed a lot of that for the better.

Ed – What is your own primary research interest at the moment?

RB – My particular interest is in diabetic kidney disease, prevention and management. I work with colleagues in the electron microscopy unit at Newcastle University because one of the key things that we do and the service we offer is morphometric analysis of kidney tissue - we look at the impact of treatments or interventions in animal models and in people on kidney structure and function. That's my main research interest.

Ed – You do the bulk of that here at Teesside?

RB – The clinical research is done here on Teesside, the electron microscopy is all done up at Newcastle.

Ed – When you are not being a doctor what do you do?

RB – I have got a big family and so they take up a lot of time. I have four kids. So that keeps me pretty busy although the oldest two are grown up and left home now but come back from time to time.

Ed – Have your offspring done medicine?

RB – No not all. My youngest son says he would quite like to do it and is doing the appropriate A levels so we will have to see how he does, but the other three showed no interest. My daughter is a linguist and she is very interested in medieval languages and she has become part historian and part medieval linguist. My eldest son did his degree in American studies at Hull and is probably going to do

teaching but he is not quite sure yet and he going off to the US for the summer to think things through, and my second son has started a history degree in Lancaster. So they keep you pretty busy, and the dog keeps me pretty busy in terms of walking a lot! I have a pretty big garden which I potter about in. I still write a fair bit. I research a fair bit and still travel a fair bit as a result of that. It is fair to say that the jobs that I do occupy a large amount of my waking time and so that doesn't give me a lot of time to do other things. I like reading and like going to the theatre and stuff like that - not as much as I would like to.

Ed – We are lucky to have the Theatre Royal in Newcastle and the RSC not far away.

RB – And also the music and concerts at the Sage.

Ed – You are not a musician yourself?

RB – No I am not but I do like music and I do like going to concerts. My kids play a bit but no I didn't have the patience to sit down and learn how to play the piano properly.

Ed – One of the questions I always ask is if you were cast away on a desert island, which book would you would take with you - we don't offer any gramophone records I'm afraid!

RB – I am a very practical kind of person and if I was really going to have to survive I would need a book like "How things work", so that I would be able to survive and develop some primitive technology to make my survival comfortable. So I would have to have a manual and something like that to help things along. In terms of novels or non practical books, I have a pretty eclectic taste really. There are some books which stay with you, and

a book that made a big impression on me was Primo Levi's book, "If This is a Man". It is a very uplifting book although it tells a horrible story about survival through Auschwitz but ultimately it is a very uplifting book. So something like that I would take.

Ed – Is there a place – you have travelled a lot – is there a country you haven't visited yet and you would like to visit?

RB - I have never been to New Zealand and I would really quite like to go. When the Lions go to New Zealand next I would like to do that - that might work for me. I would really like to visit and spend some time, I am told it is a beautiful and a friendly place and I am awful at languages so the English speaking would help – I haven't really visited Australia either and would like to. I went to Melbourne once to a conference and gave a lecture but stayed 48 hours!, I have a lot of good friends in Australia and I would like to go out and see them. So going out to The Antipodes would be a good place to go.

Ed – Do you have any unfulfilled ambitions?

RB – Yes I would like to be a much better photographer. That would be what I would really like to do. But I like history, and I know historians go ballistic because they are always talking to doctors and doctors always say they want to do history when they retire, and the historians say "oh I would like to do a bit of neurosurgery"! So I wouldn't dream of thinking that I'd be an original historian or anything like that, but it would be nice just to do a bit of original historical research - maybe history of medicine. But just something original that hadn't been done before and tells us a bit about the past which we didn't know before. So that would be something that I would quite like to do

when I hang up the stethoscope.

Ed – Now you mention photography - that is an interest of yours?

RB – It is a bit, although I am pretty much a happy snapper. I got interested in photography when I was doing electron microscopy work because in those days before digital cameras we had to do a lot of the photography, developing and printing ourselves and then do the measurements from the photographs. So yes, I would like to be better at it and I have got a fantastic digital SLR camera. I probably use it like my mobile phone - about 1% of its potential and would just like to bring that up to maybe 5 or 10%, that's what I would like to do.

Ed – Thank you very much for letting me talk to you.

RB – My pleasure.