Deborah Gill

Jacqui Wise speaks to Deborah Gill, professor of medical education and director of University College London Medical School

"It takes a lot of qualities to be a good doctor and not all those are about academic brilliance"

Deborah Gill is thrilled that she is now responsible for the leadership and strategic direction of UCL Medical School—the place where she was once a student herself. She laughs that, at an alumni event, she was told she was probably the person they least expected to hold such a role.

"I was quite a late developer. I blossomed later. I wasn't a brilliant medical student." But she feels that being "pretty average" helps her understand the students' perspective. "I tell students it's OK to be top of the class but it's also OK to be one or two percent over the pass mark. It takes an awful lot of qualities to be a good doctor and not all those are about academic brilliance," she says.

Gill is a moderniser and introduced a new curriculum programme at UCL following her appointment as director in 2014. "It wasn't a very modern programme, we were very teacher centred," she says. "We have now introduced a more integrated programme, learning the right things at the right time from the right person. Early patient exposure and maintaining a patient focus in all learning was important."

She also introduced a lot of peer assisted learning. "There was resistance initially. It was thought to be a risky thing to do. But it is important to break down barriers and create a culture where senior students help junior students."

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Gill feels in many ways that the student experience is the same today as it was during her time at medical school. "The biggest difference is to do with money. It is very financially challenging now to go to medical school—the enormity of debt is huge—and this excludes certain groups of people. The level of competitiveness has also increased."

In my day it was more collaborative—it was about getting over the bar together."

One of her next goals is to widen the range of people who go to medical school. This includes looking at different admission criteria for disadvantaged students, scholarships, bursaries, and tailored support.

Another future project is to bring alumni and students together. "They have an enormous amount to give, such as networking, moral support, and showing the range of careers that are available," she says.

Gill was the first member of her family to go to university. After qualifying in medicine in 1990 at Middlesex Hospital medical school (which became part of UCL) she went on to do general practice training at Northwick Park. "I didn't much like doctors and didn't enjoy hospitals at all. I went into general practice as it meant I could spend time with patients and have a more controlled exposure to other doctors."

Gill was then selected for the London academic training scheme which combined general practice training with working in academic general practice at Bart's medical school. "There I got bitten by the academic bug," she says.

At Bart's she worked on a project aimed at tackling the problem of retention of GPs in London. She then transferred to the city's Royal Free medical school and continued to develop and innovate in medical education. She managed to combine academic work with general practice and still works every Friday as a GP in Enfield. "It keeps me grounded. I still enjoy general practice but just couldn’t do it every day," she says.

Gill says she was fortunate to have Jane Dacre (president of the Royal College of Physicians) as her mentor while at medical school and she encouraged her to apply for the post at UCL. "She is a wonderful female role model. She convinced me I could make it to the top."

Jacqui Wise, London

NOMINATE A ROLE MODEL

To nominate someone who has been a role model during your medical career, send their name, their job title, and the reason for your nomination to arimmer@bmj.com

NOMINATED BY AHMED RASHID

“Deborah Gill is a world leader in medical education but what sets her apart is her unwavering commitment to improving the quality of training for her students and providing a supportive environment for her staff.”

“She is a genuine moderniser and is not afraid to make brave decisions or stand up for the values that she believes in. Through this dedication, she demonstrates that medical education, like medical practice, is first and foremost about compassion and care.”

Ahmed Rashid is a GP in London and a senior clinical teaching fellow at University College London

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James Munro, 58, is chief executive of Care Opinion, a not-for-profit organisation that supports online dialogue between patients and providers of health and social care. He worked as a doctor and academic before joining Care Opinion, originally started by Paul Hodgkin, a Sheffield GP, as a platform independent of the NHS and more reflective than social media, for patients to provide feedback on the quality of their care. Funded by subscriptions from a range of healthcare organisations, it aims for “constrained openness.” Munro once tried to explain it to the Queen, but whether she captured every nuance of its carefully curated principles is not recorded.

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James Munro

**Caring about opinions**

**What was your earliest ambition?**
At 4 years old I dreamt of being a clown, an engine driver, or a gardener. Only that last one now seems likely.

**What was your best career move?**
Joining Paul Hodgkin to start Patient Opinion (as it then was) in 2005. The freedom to follow our values and be creative has been wonderful. The cost has been losing any semblance of job security.

**What was the worst mistake in your career?**
I’m not sure whether it was a mistake, but I still grieve deeply for clinical medicine. I loved it, but I took another path. Now it’s my unlived life.

**What single change would you like to see made to the NHS?**
The 1991 purchaser-provider split in England has been a terrible waste of time and money. After nearly 30 years of lacklustre results it’s time to pack it in.

**Do doctors get paid enough?**
Yes, doctors do very well. I’m more concerned about the increasingly wide income inequality in the UK and elsewhere, which corrodes our sense of social solidarity. Alongside climate change I see this as one of the biggest threats to human health.

**What single unheralded change has made the most difference in your field in your lifetime?**
The rise of social media has been extraordinary: it seems to amplify the best and worst of humanity. Our early techno-optimism was clearly naive—we must learn to do this better, together.

**What new technology or development are you most looking forward to?**
I’m hoping that, by the time they finally take my driving licence off me, I’ll be able to hop into a driverless car and whizz off to visit my aged friends.

**What is your guiltiest pleasure?**
I’m one of those vegetarians who eat bacon sandwiches. You call it hypocrisy, I call it a good effort.

**What television programmes do you like?**
I love a bit of Scandi noir. And those programmes where a police helicopter with a thermal imaging camera tracks down villains hiding behind people’s sheds.

**What personal ambition do you still have?**
I feel as though we’ve come a surprisingly long way with Care Opinion, yet there’s much more to do in listening to and learning from people’s stories of care. I hope that I have the energy to contribute something more.

**What poem, song, or passage of prose would you like mourners at your funeral to hear?**
Bob Dylan singing “Forever Young” (the *Live at Budokan* version, of course).

**Is the thought of retirement a dream or a nightmare?**
I always liked Richard Doll’s notion of tapered retirement, with work gradually reducing over time. I worry that retiring suddenly might kill me.

**If you weren’t in your present position what would you be doing instead?**
I could easily be a gardener.

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