



The best choice

When I was 14 years old, I decided that being a doctor was the only career for me. I was keen on sciences and both my parents were physics graduates, but my favourite science was biology. A career in medicine seemed the best possible choice. I didn't have a plan B.

Specialty choice

Initially I trained in surgery, but switched to general practice as I wanted a career that offered more continuity of patient care and a more holistic approach. I realised the idea of caring for people and families, rather than referring to patients as "hernia in bed one" or "gallbladder in bed two," was more satisfying.

The GP surgeon

I decided to combine surgical and general practice skills, and when I joined Whitstable Medical Practice in 1979 there was an operating theatre in a community hospital. For about 12 years, twice a week, I carried out operations in three disciplines—general surgery, gynaecology, and orthopaedics. I've also run a sports injury clinic for a number of years.



Bridging the divide

The opportunity to use my hospital acquired skills in a community setting got me interested in the idea of integrated healthcare, as opposed to primary and secondary care where "never the twain shall meet"—which is sadly the situation for most doctors. That interest has become a lifelong passion.

Growing a practice

Since 1995 I've been executive and managing partner for Whitstable Medical Practice. During this time the practice has grown from a single site, 12 GP partnership to an integrated general practice at scale with 23 GPs, nearly 200 staff, and 40 000 patients served from four sites.



CURRICULUM VITAE

John Ribchester

The GP surgeon, who has championed new care models speaks to **Kathy Oxtoby**

CAREER TIMELINE

1979-present GP, executive partner, Whitstable Medical Practice, Whitstable

2015-2018 Chair and clinical lead of the Encompass Multispecialty Community Provider vanguard

2006-2012 GP with a special interest for surgery in primary care and also carpal tunnel decompression surgery

July 2007-September 2008 Medical manager of the Canterbury and Coastal Commissioning Consortium

2001-2005 GP adviser to the Department of Health

1975-1979 MBBS, King's College, London

From the heart

Our practice is the "hub" at the heart of a primary care network. We provide list based general practice to the entire population of Whitstable, alongside a range of healthcare services that would otherwise require a trip to hospital. These can be accessed by patients from a wider area and include diagnostics, outpatients and procedures, screening services, and day surgery.

Building new models

One of my career highlights has been leading a new model of care—the Encompass Multispecialty Community Provider. Our initiatives have provided a better patient experience, better health outcomes, and both clinical and financial economies. Our challenge now is to help roll out the care model throughout Kent, which has a patient population of over 1.8 million.



On receiving an MBE

In 2018 I was awarded an MBE in the Queen's birthday honours list for services to general practice, which I received in front of my family. It was an exciting and humbling experience. But as far as I was concerned the award was for everybody's work in our team.



Next generation

I've been invited to join the development board for the Kent and Medway Medical School which opens in 2020. This includes the ambition for the practice to become a medical student community learning hub.

Future ambitions

I don't have any plans to retire yet but I imagine I'll wind down a bit. I want to carry on working part time at least until I'm 70. All the time I'm trying to change and improve models of health and social care. I feel I'm making some progress, and making a difference. It's worthwhile work—and I don't think I've finished yet.





Ben Goldacre, 44, is a senior clinical research fellow at the Nuffield Department of Primary Care Health Sciences in Oxford. He is a doctor, academic, and science writer whose book *Bad Science* (2008) propelled him to international fame, selling 500 000 copies in the UK alone. A champion of open data, he is a founder of the AllTrials campaign to reform medical evidence by making clinical trials transparent and accessible. He qualified at Oxford and University College London Medical School and specialised as a psychiatrist before training in epidemiology. He runs ebmDataLab.net in Oxford—a mixed team of engineers, clinicians, and researchers building practical tools to improve the use of data in medicine.

BMJ CONFIDENTIAL

Ben Goldacre

Greatest time to be alive

What was your earliest ambition?

I've copied my parents without considering any other options: my dad's an epidemiologist, and my mum's a stage performer.

What TV programmes do you enjoy?

I'm not sure that I think of it as TV any more. You can pay for *Grey Gardens*, torrent 1980s Adam Curtis, and watch Chinese teenagers copy David Byrne's dancing on YouTube. All while doing emails on the sofa. This is the greatest time to be alive.

What was your best career move?

A decade of weekly newspaper columns on flaws in scientific claims was great discipline. But in retrospect, on top of full time clinical posts, the workload messed up some other things, professionally and privately.

Who is the person you would most like to thank, and why?

The many colleagues whose voices I've adopted. Every day I hear from my mouth the voice of people I've worked with—doctors, writers, comedians, or researchers.

What book should every doctor read?

I'm a campaigning writer, so I say with no shame: read my stuff. Read it, criticise it, plagiarise it, give it away: I hope that it's useful.

What unheralded change has made the most difference in your field?

Software. Every clinician and researcher should learn to write a line or two of code, in Python or anything.

Do you believe in doctor assisted suicide?

It's hard. People should be able to choose to die; but long term follow-up data show people who are prevented from killing themselves are often glad to be alive.

What is your most treasured possession?

I don't treasure any specific phone, but I love all phones. The internet, and easy ways to get things on and off it, has made me happier than anything.

If you were given £1m what would you spend it on?

A cadre of grant writers. Funders are a key barrier to better care: they still just want cookie cutter observational epidemiology projects and journal publications, when we could be turning data into tools and services.

What was the worst mistake in your career?

I should've formed a gang sooner. AllTrials.net was the first time I really shared a project, and my current DataLab team in Oxford overwhelm me.

Have you any regrets about becoming an epidemiologist?

Fixing systemic problems in healthcare is one of those rare points of leverage in our society where a small number of people can still do a lot of good.

Where or when are you happiest?

I worry about death, all of the time. The upside is that I'm delighted by every crummy fragment of life: chasing my kids across a meadow, putting out the bins, losing a battle. I want millennia, please—not decades.

If you weren't in your present role what would you be doing instead?

I'll only ever be doing the same thing but in different ways. If you've got any resources for my team email ben@badscience.net. Chop chop, there's work to do!

Cite this as: *BMJ* 2019;364:l851