

# Audio file

[Episode 3 - Richard Canter \(29 April 2024\) 1.mp3](#)

## Transcript

00:00:14 Speaker 1

Welcome to conversations in Med Ed, the people behind the research.

00:00:23 Speaker 1

Thank you, Richard, for joining me this afternoon. Maybe you could just introduce yourself to our listeners who you are, where you based and what do you do?

00:00:33 Speaker 2

So I'm my name is Richard Cantor. I'm a professor in the Nuffield Department of Surgical Science and an honorary research fellow at the Department of Education. So do you want a bit of background or?

00:00:46 Speaker 2

Not.

00:00:46 Speaker 1

Yes, please.

00:00:48 Speaker 2

So I started to do physics for a year at university and then after a year change to medicine.

00:00:54 Speaker 2

Suddenly had a kind of.

00:00:56 Speaker 2

Damascene moment when I'm not sure where my physics degree would.

00:00:59 Speaker 2

Lead me so.

00:01:00 Speaker 2

My 20s, I became a doctor and in my 30s I became a consultant surgeon and then two years into that, I thought I can't do this for the rest of my life. It's more straightforward than you might.

00:01:12 Speaker 2

Think.

00:01:13 Speaker 2

And I picked being a surgery because I knew of no other job where you could.

00:01:17 Speaker 2

Gossip all day and be paid.

00:01:18 Speaker 2

So.

00:01:20 Speaker 2

And then I.

00:01:21 Speaker 2

Got into research and education etcetera, but maybe we'll leave that side of the story until until you ask about it.

00:01:31 Speaker 1

Sure. I mean, well, maybe you can tell us how do you go from being a surgeon into getting involved in sort of education. I mean, I think many people do clinical research, but what laid you down to sort of getting more involved in medical education itself?

00:01:45 Speaker 2

Well, like like a lot.

00:01:47 Speaker 2

Of the important events in your life, it was a little bit by accident and it was a result of a kind of series of accidental events.

00:01:53 Speaker 2

So I'd I thought about doing a PhD. I'd always wanted to do a PhD because I thought it's, you know, it's the ultimate qualification and if you're serious about research, you need to do that. And I'd I'd contemplated doing a PhD in the Department of Physiology between preclinical and clinical medicine.

00:02:14 Speaker 2

But it didn't seem to kind of work out. You know, you know, it's like funding and opportunities etcetera. So I'd harboured the idea when I became a consultant surgeon after about two years, I thought, OK, it's fine. I enjoy the job. I didn't have any problems with it.

00:02:30 Speaker 2

But I kind of felt I needed to have more interest and I've done quite a lot of conventional research. But the thing about conventional research is a little bit formulaic. Yeah, you have to you, you, you sort of follow a well described recipe and produce the results. Nothing wrong with that. And there's a reason why there's a well described recipe.

00:02:52 Speaker 2

But it doesn't always involve a lot of thinking. Once you kind of crack the idea. So I had a good friend who was head of European studies at the University of Bath, and he said, as I mentioned to him, I'd like to do a PhD, said well, why do you do it in European studies? And I thought, why not? I'll do.

00:03:11 Speaker 2

Something completely different.

00:03:12 Speaker 1

Yeah.

00:03:14 Speaker 2

And so, but he said on one condition. And I've been best man at his wedding, you know, see why he said this. As long as you have a topic where we can go all over Europe and have fun together.

00:03:26 Speaker 2

But I thought I.

00:03:26 Speaker 2

Thought about doing that and what I was looking at was the way individual countries in Europe defined quality in terms of medical practise etcetera and a very hugely not just in education but in medical practise itself from 1 country to another, from from Greece to Germany to France etc.

00:03:45 Speaker 2

Etcetera. And my hypothesis was that the European Economic Community was in normalising community in that you start off with a lot of diversity and over a period of

time that diversity would be lost. So this would be a kind of study that looked at the diversity and.

00:04:04 Speaker 2

What were their?

00:04:06 Speaker 2

What were the attractive elements in certain countries, etc. So that as they move towards a a unified way of doing things, what would be gained and what would be lost by that process? And I got that accepted in the department.

00:04:19 Speaker 2

But my my friend Jillian then then moved to Yale, I thought.

00:04:26 Speaker 2

Well, he was at the University of Bath and I thought, well, I quite fancy a Yale PhD and we we said about trying to do that, but it.

00:04:34 Speaker 2

Didn't look.

00:04:34 Speaker 2

Practical. Yeah. And so my wife was doing an MBA, and I started reading her organisational books. You know, his husbands get.

00:04:43 Speaker 2

Interested in what? What?

00:04:45 Speaker 2

Really was and I realised I was operating on quite high levels of assumption.

00:04:49 Speaker 2

About all kinds of things. In particular, power. Yeah, you know, big, big, big issue at the doctors and myself are are usually regarded by the members of the public as powerful people. And I'd never contemplated how I use my power. Nobody would taught me how to do it. And it was that her graduation ceremony, that.

00:05:09 Speaker 2

My wife's graduations had me for her MBA that I sat next door to has one of her supervisors and we got chatting and she said, why don't we meet up and in the end I became her student at the PhD in management looking at decision making.

00:05:23 Speaker 2

Wow.

00:05:24 Speaker 2

Now that that.

00:05:25 Speaker 2

Wasn't directly in education, so there's a little other parts of the story in order to get funding and interest for my European project, I'd written to the Royal College of Surgeons and said, look, would you be interested in looking at how surgical quality is maintained throughout Europe?

00:05:44 Speaker 2

In different countries.

00:05:46 Speaker 2

And I I got a kind of an interested response, but it clearly learned some of these desk and after I'd finished my PhD, they got in touch with me saying we need to reform surgical education and we think that you might have the qualifications to help. Would you be interested? And that was the point at which I finally got into education.

00:06:06 Speaker 2

And and was at the first meeting when produced the Intercollegiate Surgical curriculum reform, which was a a collaboration between the English College. The two Scottish colleges and the Irish College to transform the quality of surgical education after the the Bristol Hart Inquiry report by Kennedy.

00:06:26 Speaker 1

Wow.

00:06:27 Speaker 2

There is in there, right at the very beginning of somebody who's supposedly was a, you know, an expert on systems.

00:06:33 Speaker 2

So is it worthwhile saying how that became more?

00:06:36 Speaker 1

Yes, definitely. This is fascinating.

00:06:40 Speaker 2

It was quite interesting at the very first meeting, people started to talk about the curriculum and after about half an hour I.

00:06:47 Speaker 2

Said.

00:06:48 Speaker 2

Usually when you start a new project, you said to literature. Has anybody done that and they said no, no, because there's something about.

00:06:59 Speaker 2

Royal colleges that are really quite hushed and put it politely, quite determined that they will. They will discover everything for themselves. They can't learn from others. And I said, well, I have. I mean, I've looked at education systems throughout the world and the reforms they're bringing about and there's very clear to me that the Canadians are very much better.

00:07:20 Speaker 2

Why don't we collaborate with them? I am by nature a collaborator.

00:07:24 Speaker 2

And they said and and one at the chair. Actually, Professor Gordon Williamson said, you know, Richard, I'm I'm interested, you know, can you fix up a meeting? And I already had an exchange with the University of Toronto with the trainees. And so it was quite easy to get an invitation to go over.

00:07:44 Speaker 2

And we went across and spent a week with them and looking at their educational systems and seeing how they reviewed programmes.

00:07:52 Speaker 2

And we both came.

00:07:54 Speaker 2

Back with a lot of intellectual property and the Canadians gave us 18 inches of patients said. You can use these, which was tremendously generous with their intellectual property at no cost. We just flattered that you expressed an interest in coming over and and that led on to other things in Canada.

00:08:14 Speaker 2

And and that was the point at which I guess the committee took so certainly Gordon Williams and I because, you know, it took one another seriously in terms of reform. And I got interested and became the clinical lead for for reform with particular interest in the needs analysis.

00:08:35 Speaker 2

Were the systems in place and the resources in place in order to bring about an educational programme?

00:08:43 Speaker 1

Well.

00:08:44 Speaker 2

I'll stop them.

00:08:45 Speaker 1

OK.

00:08:45 Speaker 2

So that that point I got into education, I didn't know much about education.

00:08:51 Speaker 2

Other than than I've been.

00:08:52 Speaker 2

A programme director. So I had a kind of.

00:08:56 Speaker 2

A kind of feeling for for it in in medicine. But the methodologies used in management and in education and psychology and social sciences, they're they're all much the same so.

00:09:08

I could.

00:09:09 Speaker 2

I could understand the literature and understand you know the research issues around developing.

00:09:16 Speaker 1

Yeah, I think that's one of the nice things about education we draw from so many different disciplines that it really makes this sort of into distinct disciplinary multidisciplinary environment. And it's quite interesting to to just work within. So it sounds like you've raised many different and interesting points. That one is the importance of sort of collaboration a.

00:09:35 Speaker 1

And sort of just reaching out to others and being almost open with your intellectual property. But at the same time, also just thinking, does that mean that sort of you drew very strongly on your different networks? How did you get in?

00:09:48 Speaker 1

To those spaces. Was it through relationship building within the Royal colleges that you were a member of, or was it through, you know, like you just happened to sit next to your wife, supervisor at her graduation, which sparked an idea? So I know there's lots of sort of happy coincidences in these moments that we don't plan, but looking back, do you see any sort of?

00:10:08 Speaker 1

Networks or plans that you just sort of put in place without realising it and then later on you could draw on those networks to explore your education interest.

00:10:17 Speaker 2

I think I'm. I'm you know, I like chatting to people and I like making relationships. And I I think that that I discovered that if you make a relationship somebody before you know where you are, you find yourself working together and later on. Funny enough, I I kind of formally researched that in another programme when we got to a grant looking at power sharing.

00:10:37 Speaker 2

Between clinicians and management, but it got a grant of over half a million to look at this and our our our final conclusion from this study and it's a fundamental one really that if you learn together, you work together. Mm-hmm. And I think it's one of the real reasons why I'm.

00:10:54 Speaker 2

And you know, I'm a fan of multidisciplinary training for for certain kinds of of practise. Yeah. You know, no point in necessarily having multisite just been training in resuscitation. For example, when when the, the, the medical component of that may be very different from what everybody else does. But in terms of improving.

00:11:15 Speaker 2



Quality healthcare practise and the experience for patients. It's important that doctors and nurses, physios, managers all work together, yeah.

00:11:28 Speaker 1

Looking at the perhaps the evolution of the field, because I'm not too familiar.

00:11:32 Speaker 1

With.

00:11:33 Speaker 1

The UK healthcare context, or its history, do you feel like?

00:11:39 Speaker 1

They're sort of the same needs today as they are, you know, decades in the past or have you seen surgical training, really progress and standards improve or have you seen that loss of diversity with you know trying to improve standards and qualities across Europe?

00:11:56 Speaker 2

No, I haven't really studied across Europe other than it. It's quickly come clear that the Canadian model is one that lots of others have adopted, so.

00:12:07 Speaker 2

But for for.

00:12:08 Speaker 2

Me that first of all started off when I develop a relationship with the Director of medical.

00:12:14 Speaker 2

Surgical education with the in Australia and the Australasian programmes, and I said I've just been to Canada and they're they're really worth having a look.

00:12:24 Speaker 2

Intimated to him some of the material and then got permission from the Canadians to pass all that on to Australia and they developed the system and I'd also talked to people in Holland and about this and they'd already, you know, clocks.

00:12:44 Speaker 2

The importance of the way the Canadian did things, and we're starting to look at it.

00:12:49 Speaker 2

The Americans also, I was over in Canada once since Americans visited from the college.

00:12:55 Speaker 2

And they clearly were taking a lot of interest in the way the Canadians were doing it. But the Americans, a bit like the British, wanted to reinvent it themselves. So.

00:13:05 Speaker 2

If you actually look.

00:13:06 Speaker 2

At the American model, there's great similarities, but I don't think they've formally acknowledged that they've looked at the way the Canadians have done, but you can't help thinking that.

00:13:17 Speaker 2

They they've learned a lot from spending time with the Canadians, yeah.

00:13:21 Speaker 1

Yeah, I think that's also in South Africa. We have our competency framework, which is called Africans and it's basically can made sort of slightly repackaged, but it's basically a direct sort of adoption and in a very different context. But in terms of your research, I know you have a sort of wide range of interests. Are there any sort of areas of focus?

00:13:41 Speaker 1

Would like to share on sort of power or.

00:13:44 Speaker 1

Curriculum.

00:13:46 Speaker 2

Yes, I mean when I came to when I came to Oxford because I was in Bath, I'd been a A, a senior lecturer and then a reader in Bath and and and I and I was interested in getting a professorship. I mean, everybody is. And I'd already pretty well been offered a professorship in Vancouver. I'd gone over there for a week and I made it very clear.

00:14:06 Speaker 2

That an application would be welcome. They wanted somebody who, with a medical training background but also a PhD in management and look at organisational behaviour, etcetera.

00:14:16 Speaker 2

And then then out of the blue, I got this invitation to apply for a chair in Oxford, which I did and and.

00:14:25 Speaker 2

That, that, that.

00:14:26 Speaker 2

That really scuppered the the position in Vancouver and and when the title came through, it was surgical education and it made sense.

00:14:36 Speaker 2

But that that wasn't. That wasn't particularly the title that I actually had, but it turned out to be a.

00:14:43 Speaker 2

Very.

00:14:44 Speaker 2

Good title because it it covered disciplines.

00:14:48 Speaker 2

And and that that's the point at which I kind of, you know, started to get serious about education.

00:14:56 Speaker 2

In answer to your question about how things improved, yes, undoubtedly.

00:15:00 Speaker 2

But there have been problems in that and we anticipated those problems. We anticipated that if we put in powerful systems of assessment that were to some extent quite rigid that this would would result in in too much kind of protocol driven and checklist kind of.

00:15:20 Speaker 2

Systems of quality. And So what we did was but but.

00:15:26 Speaker 2

We would. We're never going to get Grant. We got a 2.9 million grant from the government to to do the the, the, the, the transformation of surgical training, they were worried.

00:15:36 Speaker 2

About the quantity.

00:15:37 Speaker 2

But one of the conditions was that.

00:15:39 Speaker 2

We did have.

00:15:40 Speaker 2

Very fixed systems of assessment and this is for a bureaucratic legal.

00:15:46 Speaker 2

Reason that if there things went wrong then you could demonstrate that people have been properly trained. So there's this conflict between.

00:15:55 Speaker 2

Law and the way things need to be done with evidence and processes that are rigidly followed versus clinical practise, which isn't really like that. And sometimes you assess competence in clinical practise by.

00:16:09 Speaker 2

By looking at people and thinking, you know that person is good at what they do. In the same way you you don't need to play tennis to be able to look at two people playing to know that they're very good tennis players. It's a judgement on.

00:16:21 Speaker 2

The.

00:16:21 Speaker 2

Kind of as almost a kind of aesthetic level.

00:16:24 Speaker 1

Yeah.

00:16:25 Speaker 2

But that that got me interested in.

00:16:29 Speaker 2

Anyway, so we actually put a research project in programme to assess our our the outcomes and it met if up to three years and then five years and they met up to 10 years and the issues that we thought were developed did actually develop, yeah.

00:16:45 Speaker 2

And that was quite interesting, but there was no other way to introduce it.

00:16:52

Yeah.

00:16:52 Speaker 1

And what? How do you think people can sort of balance competing interests of different stakeholders, you know, sort of that bureaucratic side, but then also just, you know, they need to practise surgery. How do you think you can sort of is there is a compromise possible?

00:17:07 Speaker 2

Well, it's it's this huge.

00:17:08 Speaker 2

Issue in curriculum development. Often overlooked. People think that curriculum development is drawing up a kind of syllabus. You know, setting some standards and then how do you train them and then assessment and then maybe you throw in faculty development and assessment of the programmes.

00:17:24 Speaker 2

But somebody has to pay for it and and people have an interest. So for example, in the Masters programme in Oxford, I mean, who, who their stakeholders? The university is, who decides what's in the curriculum? Does the university in in a medical education programme, is it, is it the GMC? Is it the royal colleges?

00:17:44 Speaker 2

Is it of specialty associations? Is it, is it, you know, individuals practising in, in our hospitals, do they decide what's important et cetera.

00:17:55 Speaker 2

Is it the hospitals they're interested in workforce that are going to do lots of procedures?

00:18:01 Speaker 1

And.

00:18:02 Speaker 2

And and, you know, reduce waiting lists, not research so.

00:18:07 Speaker 2

They'll have a say in all of this, particularly as they're maybe paying for some of the time for people to develop some of the curriculum so stakeholder interests are very important and it does depend on.

00:18:18 Speaker 2

Who pays? And as it is clear at the moment that the government is.

00:18:23 Speaker 2

Taking a lot more interest.

00:18:24 Speaker 2

In in healthcare education because they want to have a particular kind of workforce which is quite interesting because the Canadian model.

00:18:38 Speaker 2

Instead of looking at a provider based system of care, which is we're in the hospital and we're we're doctors and we know what's best for you and we'll develop a.

00:18:48 Speaker 2

System.

00:18:49 Speaker 2

They went back to patients to to develop a demand less system. What do patients want? And they started way back in 1990.

00:18:58 Speaker 2

With the curriculum with their canids.

00:19:01 Speaker 2

Problem of of getting groups of patients, questionnaires, focus groups. What are the qualities you want to see in the doctor for the new Millennium?

00:19:09 Speaker 2

And then they took that and put it through 110 educational organisations to come up with their canned system.

00:19:17 Speaker 2

And then presented.

00:19:18 Speaker 2

It to the government, this is what the public want. This is what the profession wants.

00:19:23 Speaker 2

And that put.

00:19:24 Speaker 2

Them in a very strong position to to put that in place.

00:19:30 Speaker 2

And so I've been in, in some ways, the government wanted demand led system. What what patients want and that's that's in in line with what the Canadians were trying to do, but because we're the NHS, the in this country is so politically aligned success of.

00:19:49 Speaker 2

Of politicians and successive prime ministers is closely aligned with the success of government.

00:19:55 Speaker 2

Then they'll be.

00:19:56 Speaker 2

They'll be developing systems that that are in line with with them, and all of this makes the study of education really interesting. Yeah, much more.

00:20:05 Speaker 2

Yeah, I mean, you have to really think about.

00:20:08 Speaker 2

You're doing and you set up educational programme. You know, sometimes you don't really have to kind of think if you're doing more conventional. Of course you do, you know, try to develop new theories and new ideas, but.

00:20:22 Speaker 2

Almost anything you do in social science, you've got to think, and that's what makes it interesting, yeah.

00:20:28 Speaker 1

Yeah, I mean, I guess for our listeners who don't know, Prof Canter actually leads some of the sessions on our Masters programme, some on sort of power and curriculum. And I remember you sharing, umm, in the curriculum session that and Ken made sort of the development of.

00:20:42 Speaker 1

Inmates how patients asked for advocacy. That was something that emerged, you know, from the patient perspective that the professionals hadn't actually considered. And again, I think it comes down to power in terms of thinking about systems. You know who has the power in the system? Is it the government? Is it the funders? Is it the patients, the practitioners? And so I sort of see all these things, you know.

00:21:02 Speaker 1

Puzzle puzzle pieces in a larger picture and sort of working together in really fascinating ways.

00:21:10 Speaker 2

Thank you. Thanks very much and thank you for sitting on some of the lectures.

00:21:15 Speaker 1

Always. I've loved it. I've been able to audit the course unofficially. So maybe about thinking about those who are interested in undertaking perhaps a formal qualification in health professions, educational, medical education or sort of undertaking educational research. What advice would you give them and sort of?

00:21:35 Speaker 1

Yeah, encouraging them to enter the field. Looking back on your own journey.

00:21:40 Speaker 2

Well, you raised actually several issues. I think if you're, if you're talking about people who come from medicine, you know they'll often want to do a master, some kind of qualification and they may they, their instinct would be like it was in mine, although I didn't actually do it in the end would be to go and do a masters in some aspect of medical care.

00:22:00 Speaker 2

You might study, you know, PP42 cytochrome in head neck cancer in various treatments. Now if if people want to do that, I suggest that that probably doesn't have much legs in the terms of how useful that will look on your CV down the line.

00:22:18 Speaker 2

I mean the.

00:22:19 Speaker 2

The doubling of medical knowledge at the moment, somebody pretty reliably told me it's about 73 days. Yeah. So. So it used to be 7 years in my day, but it's 73 days. The amount of stuff that's coming out is.



00:22:30 Speaker 2

Just colossal so.

00:22:32 Speaker 2

Whatever you study in terms of the the technical side of things will look very dated.

00:22:37 Speaker 2

Whereas doing a a masters or a PhD or something like education or or management or leadership still looks good on paper and allows you to to change. So that's the the advantages of of of doing a social science qualification.

00:22:57 Speaker 2

And and certainly and and this is with our students in in doing the dissertation and also with our students who are doing their masters dissertation in other programmes that leave and they look at a dissertation dissertation project, I say this is an opportunity for you to be strategic, to go to your department and study something that they're interested in.

00:23:17 Speaker 2

And send a message to the organisation where you work that you're ready for promotion to handle things. And so we've had some good examples of.

00:23:27 Speaker 2

Of students who then studied leadership and set up leadership courses, and how to do this and at the end of their dissertation, they're they're they're now in charge of leadership training in their hospital. This happened happened to a couple of students in Canada, both in in Toronto and in.

00:23:48 Speaker 2

In in Vancouver and some Australians, they suddenly find themselves, here's somebody who we can appoint to be in charge of leadership and and that's. But of course the other thing about all Masters and defilers, the other thing that that a lot of people overlook is the opportunity cost of doing this. So somebody comes to me and says I'd like to do it.

00:24:08 Speaker 2

A default or pitch. The details are known in next box for the PhD elsewhere.

00:24:14 Speaker 2

The opportunity cost is probably about 50 or 60,000 in lost income and university fees plus four years hard work. You might think you can do it in three, but.

00:24:25 Speaker 2

Very few people do.

00:24:27 Speaker 2

Now have you?

00:24:27 Speaker 2

Thought of what else you might do with 60,000 and four years hard work, you might become a a jumbo jet pilot and fly.

00:24:33 Speaker 2

All over the world, a more fun, more useful way for you to spend that money and not have anybody who's taken.

00:24:43 Speaker 2

But people don't think about the the opportunity cost of of lots of work. On the other hand, qualifications.

00:24:44 Speaker 1

Yeah.

00:24:51 Speaker 2

And enable you to kind of look over the parapet and do something else and reinvent yourself along the way. And and that's I think.

00:25:00 Speaker 2

Changing your direction of interest is a way to maintain interest. So when I look back on my life and this is I think, relevant to people listening and thinking about doing this in my 20s, I became a doctor and my 30s. I became a surgeon.

00:25:17 Speaker 2

And and and then in my 40s I did a ad film and got into education and became a programme director and in my 50s I got into healthcare systems and quality improvement. And then in my 60s I decided to stop being a clinician. And I'm 60 because, you know, whisper it, but doctors between.

00:25:37 Speaker 2

6065.

00:25:39 Speaker 2

Trouble. That's one of the risk times because you get a little bit complacent about what's happening. So I resigned from clinical at when I was 60 and became an academic full time academic and and I'm 73 yesterday actually.

00:25:53 Speaker 1

Happy birthday.

00:25:56 Speaker 2

And I still absolutely love what I do, and I think I think when I look back round about when I was 40, I'd I'd made these changes by accident and then I start to purposefully reinvent myself. And I had planned to go at 70, but the university asked me if I carry on for another five more years and then I I'm definitely.

00:26:16 Speaker 2

Knowing because I've I've got in mind, what else I might do?

00:26:20 Speaker 1

Yeah.

00:26:21 Speaker 2

It's certainly not not stopping working because and here this may be not something therefore wants to hear for me, I don't see necessarily the connection that many people do between between work and life life balance. I think work is life. It's where you make lots of relationships and good relationships.

00:26:41 Speaker 2

And get to know people. A lot of people meet their partners in work. Work can be fun. Yeah. And an opportunity to bridge generation gaps and. And so really, when it comes to life, I I just think of three things which may be in work in life and that is contact with young people because I think it's really important.

00:27:01 Speaker 2

That that the ages talk to one another and you do things I like and work and you.

00:27:05 Speaker 2

Work with people I like.

00:27:08 Speaker 2

Very much the case with.

00:27:09 Speaker 1

You. No, that's. I think that's fantastic advice. Yeah, I think especially like moving to the UK and sort of leaving everything you know behind. I've definitely feel like my life at this stage, my work life and my personal life have merged because, you know, I haven't yet sort of developed this outside of relationship. So it is really great that we get to work with people.

00:27:11

Preference.

00:27:28 Speaker 1

You are really interesting and experienced and you have such a wealth of experience and I mean such an asset to our course and then we're incredibly lucky to have you. But just to also, yeah, in the department, I have such fantastic colleagues. So again, I think people might be surprised about Oxford. I was definitely surprised about the people who teach.

00:27:49 Speaker 1

Our course and and Prof Kanto was actually instrumental and also developing.

00:27:53 Speaker 1

So that's, yeah, we're we're thrilled that he sort of so again a gap in the need and with department colleagues in the department, they put this programme together and it's sort of it goes from strength to strength. And I think you know your rich experience as a clinician and through all those different evolutions of life is definitely informed how our the content of our programme and how it's taught. And I think also this sort of.

00:28:15 Speaker 1

Culture and ethos, and what people hopefully take away the values that they take away from our programme. I have differently experienced it over the last year and hopefully our students do too.

00:28:26 Speaker 2

Thank you very much. My my favourite definition of experience is making the same mistake over and over again so, but when I I think what people don't realise and what I didn't realise when I was a student was the the sort of the teaching methods that we have is an opportunity to experiment with ideas and I'm I'm a firm believer that really.

00:28:46 Speaker 2

Significant ideas come as a result of.

00:28:48 Speaker 2

Interaction between two people, so when?

00:28:50 Speaker 2

We set up our.

00:28:52 Speaker 2

Our sessions, our teaching sessions.

00:28:55 Speaker 2

We're, we're actually I think we do make this quite.

00:28:57 Speaker 2

Clear. We're relying.

00:28:58 Speaker 2

On you know, the younger generation or other people who are at the frontline working to come up with new ideas, innovations and be creative. And I think that's one of the things that Oxford is extraordinarily good at at at at getting rid of the hierarchical difference between.

00:29:18 Speaker 2

You know, between professors and teachers, I mean, everyone calls me Richard, which is great. But my wife, who calls me when I'm being really stupid, unfortunately.

00:29:28 Speaker 2

Is.

00:29:29 Speaker 2

Quite often, in her opinion, takes place in the home or doing something stupid and and the lack of hierarchy and the willingness to engage means.

00:29:38 Speaker 2

My goodness. I mean, we we learn a huge amount from our students as, as you well know, and that sounds patronising was actually true. And I noticed that that I remember reading.

00:29:52 Speaker 2

Reading in the the book of Somebody who is a Nobel Prize winner, that the acknowledgements that he really wanted to acknowledge interaction with students because he had over the years tried out lots of ideas on students and in that way had refined them. And that is definitely true. Definitely, yeah.

00:30:09 Speaker 1

Yeah, sounds like research. Experimenting. Yeah. Getting diverse points of view and improving overtime.

00:30:17 Speaker 2

And testing out and ideas and and being critical and curious.

00:30:23 Speaker 1

Any other sort of lost stories or reflections or advice to give to listeners?

00:30:28 Speaker 1

Yes.

00:30:30 Speaker 2

Not really. I'm always very careful about advice.

00:30:35 Speaker 2

I know, I know. One thing I've done in terms of kind of reinforcing the relationship between faculty and the student is I have insisted when I when I supervise a pH. DD Phil Masters and they write a paper or anything but my name is not on it.

00:30:54 Speaker 2

I'm very happy to have recognition for it because when I was younger I saw people who were supervised and the supervisor that put themselves down as first author credit never went their way and that was wrong. Actually it was wrong in practise as well as wrong in principle and and that.

00:31:13 Speaker 2

That canned.

00:31:15 Speaker 2

You know can end up by, you know, making it difficult for students career to develop. So I've always done that occasionally. I've had students who secretly put my name on a paper.

00:31:29 Speaker 2

To feel a bit.

00:31:30 Speaker 2

Embarrassed. So. So, Katie, do a search. Ohh. OK.

00:31:34 Speaker 2

Put my name on the paper. Thank you, which is very nice, but it's not expected because I want credit to go to I.

00:31:41 Speaker 2

I you know.

00:31:43 Speaker 2

You know most most faculty at my level in university don't don't need that kind of that kind of recognition anymore.

00:31:51 Speaker 2

And I'm very I'm.

00:31:52 Speaker 2

Very proud of that and and one student who who wrote 137 papers, extraordinary and and in the end.

00:32:02 Speaker 2

Sadly, he was a brilliant student who who sadly got a brain tumour and died. But before he died we had we'd stayed in touch, lovely and slightly choked up because he was a real.

00:32:14 Speaker 2

Really, really special friend. And he said, look, I did put your name on a.

00:32:19 Speaker 2

Paper I thought you.

00:32:22 Speaker 2

Ought to I think we collaborated on about 30 papers or something like that, so and anyway, I was very touched by that.

00:32:32

Yep.

00:32:32 Speaker 1

I think it it sort of links back to your points again on power and how supervisors can if you build that relationship. But again the important of connection and collaboration which you sort of raised at the very beginning and seeing us all as interconnected and

supporting each other in different career stages depending on where you're at. So I think that's yeah the beautiful story.

00:32:52 Speaker 1

Thank you so much Richard for your time. We really appreciate it and.

00:32:59 Speaker 2

Sarah's a bit nervous. It's not my my particular style to talk about these things with you. A bit bit worried that some of the ideas have not come across in a kind of coherent way because life isn't like that bit messy. It's about managing the mess, isn't it?

00:33:03

Yeah.

00:33:05

Right.

00:33:14 Speaker 1

I was going to say I you sort of have a rough idea and then your stories are just so interesting and diverse. I'm like, Oh my goodness. I just wanted to want to talk for hours. But yeah, I mean, I still think very interesting and valuable, even just sort of. I think we've only scratched the surface.

00:33:30 Speaker 1

But I think there's lots of sort of gold Nuggets there for for listeners to to find.

00:33:36 Speaker 2

So one of one of my favourite sayings and I can't find the origin of this and I'm certainly not clever enough to come up with it, is that poets lead the way, philosophers follow, and scientists mop up. And I think that's sometimes how change takes place and it's it's it's the poetry that comes.

00:33:53 Speaker 2

Out of working with younger people that maybe starts off ideas. So if anybody who looks at this can find the origin of that statement.

00:34:01 Speaker 2

Please let me.

00:34:02 Speaker 2

Know so I can't find it.



00:34:04 Speaker 1

Please do. There should be an e-mail address in the show notes. So if I hear any sort of feedback I'll pass it along.

00:34:11 Speaker 2

OK. Thanks very much.

00:34:12 Speaker 1

Thanks Richard.

00:34:16 Speaker 1

I am Danika Simms, your host and producer. Thank you for joining conversations in Madrid.

00:34:23 Speaker 1

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00:34:25 Speaker 1

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00:34:34 Speaker 1

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00:34:49 Speaker 1

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00:35:26 Speaker 1

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