



James Green

We were delighted to catch up with James Green, Consultant Urological Surgeon and new President of the Royal Society of Medicine Section of Urology.

Can you tell us a little bit about what led you into the field of urology and what have been the highlights so far?

I was attracted into urology primarily by the people as much as the conditions. I greatly enjoyed talking to elderly patients who had lived interesting lives and I was lucky enough to work for kind and inspiring urological colleagues. In my very first job Professor John Blandy, Chris Fowler, David Badenoch and Bryan Jenkins were supportive and viewed house officers as individuals rather than just nameless juniors on their team. This attitude, which was unusual at the time, was further amplified afterwards by Tim Philp and many other urologists I met. As a result, I've always tried to do the same, treating young clinicians as valued members of staff and trying to support their careers.

There have been lots of highlights but the one that sticks in my memory is working day and night to help a premature baby in the neonatal intensive care unit (when I was a paediatric surgery registrar), who had to go to theatre for multiple operations, in order to survive. And subsequently being invited to her Baptism and then incredibly to her Regimental Passing Out Parade over 20 years later, knowing she had been fit enough to pass an army medical and to follow her chosen career. When you operate as a trainee, you often wonder how things turn out for your patients and it was wonderful that her parents tracked me down after all that time and I met her again.

Who has inspired you in your career and why?

There have been many but one that stands out is Professor Brian Peeling as he was a superb surgeon and musician. He showed that one could undertake world class, practical research in a district general hospital culminating in his Chair in Urology. Much of the recent work on prostate MRI was modelled on his work on

transrectal ultrasound and prostate screening undertaken over 20 years ago. Above all he was a highly compassionate man who really cared for his patients in both senses of the word. After retiring from urology, he took over responsibility for palliative care in Gwent and set up an international piano competition, culminating in his CBE, awarded in 2002.

What has been the best piece of advice that you have received in your career and what advice would you offer to those following in your footsteps?

Try to work efficiently so you can get some work life balance. Having support from a partner, friends or family (and returning that support) is paramount. Try to be kind to all around you and develop a hobby or a secondary interest. Primarily to help you relax when the pressure of a career in surgery gets too great but also for later in life.

Above all don't let being a surgeon be the only thing that defines you. As that is the primary reason many people keep working long after they should have retired.

What one paper or book would you recommend every urologist should read?

Probably now a collector's item, the short book *The Acute Abdomen for the Man on the Spot* made a big impact on my mind set. Packed with useful, sensible, practical advice, it's an amusing well-written book describing a lonely senior house officer, all on his own at night, with his 'boss' on the end of the phone, unkeen to lend a hand but encouraging him to sort out any emergency that comes his way – especially the ones he has never seen before or experienced. The style of the book amused me. It taught me to be more self-sufficient than I might have been and not to be the unhelpful senior on the other end of the line, later in life.



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It also reminds me that modern clinical textbooks are far too serious and formulaic. I would like to see a return to more witty clinical writing of this type. So, to continue this approach I try to sneak quotes from pop songs into my references for research papers. Editors have allowed quotes from The Smiths and UB40 to grace their learned journals, under my authorship. Hopefully this admission won't stop my further attempts from being rejected as work should still be fun and writing entertaining. Jonathan Goddard's historical articles on urology are perfect examples of well-crafted and witty prose but we need more.

Do you think more needs to be done to make urology, and other surgical specialties, more inclusive?

Yes, and more importantly I think people are keen to progress this, in a thoughtful way. BAUS has done well, in this regard, and I've tried to help by writing papers looking at ethnicity and gender in urology and in other surgical specialties to see if we can learn from others. In the RSM Urology Section we have moved to a more inclusive modus operandi and the two previous Urology Section Presidents were a shining example of how to lead a section, with inclusivity at the forefront. In East London we care for a diverse inner-city population and that needs to be reflected in the staff and care provision given. I have a particular interest in improving care and teamworking and I think we can provide far better care if we bring together the varied skills that a diverse multidisciplinary team can offer.

You have just taken on the position of President of the RSM Urology Section – many congratulations! What would you like to achieve during your time in the role?

As mentioned, I am a promoter of multidisciplinary care, and I would also like to see more cross working across disciplines. For

example, I think every urology department should have access to uro-geriatric support and we will get an update on how this is progressing nationally by the incredible Dr Jugdeep Dhesi during one of our teaching days next year. If anybody deserves a gong (honour) she does. I want to use this opportunity to bring together groups to be educated together more, as whole teams. It has always struck me that it's a bit of a shame that BAUS and BAUN still organise separate annual meetings. Especially when you go to the EUA / EAUN meeting and the Australasian meetings and you see whole multidisciplinary teams able to wander easily between the sessions, to satisfy their joint interests to improve care. So, we are trying to use the RSM as a place that may be able to provide that collaborative venue.

In the future we will have a wider group of clinicians caring for patients ranging from apprentices and allied health professionals to clinical nurse specialists with PhDs perhaps becoming the norm. So, we need to think how we can make urology education more unified as we can't have these multiple groups being trained in silos, as that may encourage tribalism or cause the kind of cultural issues, affecting communication and teamworking, that are impacting safe care in maternity.

I am also keen to promote clinical improvement as I think clinicians are best placed to undertake this work but need skilling up in the methodology to do it. I have seen too much money wasted on management consultancy when more able people in the NHS could have sorted the issues out themselves, if only they had a modicum of training and support.

Lastly, I am very keen to see charities become more embedded into patient care. We need to involve this 'third sector' more in the care of our patients and encourage staff, patients and carers to make involving charities less of an 'add on' and more of a 'must do'. Each RSM meeting will involve a charity representative explaining its value to urology and what they offer to help.

Would you encourage your colleagues to get involved with the RSM?

Absolutely! The RSM has more potential to improve healthcare and working conditions, with our help. BAUN and BAUS are primarily associations for the advancement of patient care via their members. The RSM is somewhat different as its primary role is using education to improve care, with both an incredible library and an illustrious history underpinning it. It also, as I mentioned, has the advantage that it can be cross specialty, as it has multiple sections that span over 50 disciplines. Thus, it can bring all members of multi and interdisciplinary teams, and even patients, together under its wide remit, as its charitable status includes patient education. One would hope that as medicine gets more complex that the RSM would be better positioned than most associations or societies to support far better cross-specialty collaborative care.

The RSM also has resources that could be used for the education of urology staff and patients. In addition to the lecture theatres and audio-visual team, it has administration, marketing and sponsorship staff. It has accommodation, a bar and a restaurant, which sadly BAUN and BAUS don't. And it also has the added advantage of being able to grant educational CPD points to both its own events and those run by others.

Now that online teaching has matured due to Covid, British urology should be using the resources of the RSM to improve the working lives of staff and the care given to patients across the UK. And theoretically it doesn't have to stop in the UK. This year we have a joint overseas meeting in India with the Urological Society of India (for details go to www.mywater.works), so perhaps the RSM could be used to foster better international relations and education between urological societies around the world?

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It would be great to see the RSM Urology Section, BAUN, BAUS and perhaps GIRFT Urology, work much more closely together in the upcoming years. And to encourage everyone across UK urology to share that vision of more collaboration and joint working.

Do you enjoy being involved in training newer members of the profession?

Funnily enough, it is probably the most enjoyable part of my job. I am so impressed with the young clinicians coming through. And I feel it is our duty to help them, as the NHS is struggling, and everyone needs help to negotiate the constant changes and challenges that are thrust upon us.

Every surgeon has a duty to train others and I've always been involved in training throughout my career. Thirty years ago, I set up a paramedic training programme for the British Army as a senior house officer, which led to many lives being saved in Iraq and Afghanistan. I've taught special forces teams throughout NATO and even trained Bear Grylls, when he was in the SAS. More recently I

have supported the Leeds Bootcamp to teach all specialist registrars in England the rudiments of quality improvement methodology. And I'm now helping to train schoolteachers to educate about testicular torsion and self-examination in PSHE lessons but there are 27,000 schools in the UK so I could do with some help, please.

And finally, if you have any spare time, how do you like to relax?

I play guitar, of which I have over 30, each one very different of course. Spanning decades and country of manufacture, from the excellent luthiers of 1950s Germany, 1960s Italy and America, and ending up with more modern expert British makers. I also scuba dive in beautiful parts of the world with Paula and my children. For those of you who don't dive – you've only experienced half the world. So, I'd encourage you to try the other half underwater, it's truly magical. Luckily phones don't work underwater so I am truly uncontactable and can relax.

Many thanks for your time!