Margaret Turner Warwick

President, Members of Margaret’s family Fellows, Ladies and Gentlemen

“She will go down in the history of our institution as one of its great Presidents – a comet that flew across our sky for all too short a time” So wrote David London to me some weeks ago when I was collecting reflections from those who had served with Margaret Turner Warwick, David having been her Registrar ‘for all too brief a period’.

For me it is such a great privilege to have been asked to speak about Margaret’s contribution to the College, and I am most grateful to those Fellows and staff members – many of whom are here today – who spoke to me or sent me their memories and reflections.

I would not be standing before you talking about Margaret if I had not been President of the College, and I would not have been President without Margaret. I have a vivid memory of Margaret visiting me at the Royal Free Hospital – her home was in Highgate – and as she was leaving my room, pausing in the doorway and telling me that I must stand for President. It was very difficult to ignore Margaret’s commands!

Margaret’s Presidency was a short one, 1989-92, but we must remember that her influence started well before her Presidency and continued long afterwards. I am sure that all living Presidents can attest to this. Some of my fondest memories of Margaret are of going to stay with her and
Richard for the weekend, when we would spend hours teasing out a problem, an idea, a paper or a challenge, sitting at her kitchen table in Devon with her beloved dog nearby.

Her influence continued right up to her death. It became a habit for me to say to myself: “what would Margaret think of this; have I really understood the issues; would I pass muster?” I could always check this with her – now I still ask the questions but now her welcoming voice, and the usual remark ‘What can I do for you?’ is absent.

It is very interesting to read Margaret’s own reflections on how she became engaged with the College. She said – I paraphrase a little – “Although I had served on two committees and given two college lectures, I had not been closely associated with College activities. My clinical, academic and administrative commitments had been heavy, and theses plus raising money for research and international travel left me very little time, but someone suggested that my name go forward as candidate for Second Vice-President of the College and I was duly elected. This was an interesting post. First, at that time it was the only Officer of the College to be elected by postal ballot of all the Fellows. Second, it was not an onerous job and was generally believed to be appropriate for someone who would not be in the running for the Presidency.” How wrong that was!

Margaret found her time as 2nd V-P very useful. She saw very clearly the most important issues of the day and the future – the College’s relationship to politics and politicians,
and our position on major national issues such as digital technology, funding the Health Service, the future of academic medicine, and – as she put it – solving the medical manpower controversy.

She worried greatly about the critical medical manpower shortages and the restriction on training numbers in certain specialties. She describes how she raised this at the President’s weekly meeting, to quote: “I remember raising this issue and being told firmly that this was not the business of the College and indeed they were about to disband their Manpower Committee.” Fortunately she reversed this.

During her year as 2nd V-P Margaret realised how enjoyable the College ambience was. She describes the loyalty of the Staff and the smooth running of the College. Margaret liked and understood innovation, and – as ever perceptive – said that innovation depended very much on the drive of individual department heads.

Margaret’s love of innovation shone through in the words of her officers – Carol Seymour her Academic V-P wrote to me: “I remember Margaret as always being enthusiastic and encouraging for any new initiative.”

Margaret did not think that she would be elected President. Always logical and seeing to the heart of the matter, she writes: “There were, however, several reasons why I was quite confident that I would not in any case be appointed. First, I was a woman. The College had had very few women participating in any type of office or as Councillors and it was inconceivable that one would be appointed President after
472 years of male predecessors. Second, respiratory medicine was still regarded by many physicians as somewhat of a ‘Cinderella’ subject and there were many much more distinguished leaders working in more prestigious fields.

Third, there was an increasing bias against electing London-based physicians as President. Fourth, it was well known that a Second Vice-President was never elected as President.”

Despite all that, Margaret was indeed elected, and as was the custom took up the reins immediately. She realised that this was very difficult to do, as you cannot easily abandon all your other responsibilities, and subsequent Presidents have Margaret to thank for changing this. Margaret was always grateful to Anthony Newman Tylor who stepped into the breech at the Brompton until her successor Ron du Bois was appointed.

I rang Richard, Margaret’s husband, and asked him if he could recall what it was like for Margaret when she first stepped into the role. Richard said: “It was very male”. It was expected that the President would chair the College Club, until then a male preserve, so to keep her company other women Fellows had to be elected to the Club! At a practical level they had to build another loo!

Richard told me that the circumstances were not easy. Richard, you were a great support to Margaret as President, always by her side and justifiably proud of her.
There is a lovely story told to me by Carol Seymour in an email: “Margaret told me that one evening, when she and Richard had recently qualified and moved to North London, she said to him ‘Richard, what I need is a wife’. He rose to the occasion, and found and appointed an ex-marine chef, who for many years did everything in the house including the cooking.” When you are a hardworking woman, such a wife is an excellent idea.

Margaret had to fill some vacant officer posts, and I would like to read you an email from Norman Jones.

“I had great respect and affection for Margaret – it was a privilege to work with her. I remember our first contact in the context of the College. I had been asked to become Treasurer, but that meant a major change of plan so I equivocated. At about 8.20 one Sunday my phone rang and it was Margaret telling me, in the nicest way, to make my mind up. I was sufficiently impressed by her dedication to College affairs to say Yes there and then.

I was an officer of the College under four Presidents, and I regard Margaret as one of the two best.”

Every President during their time in office will meet professional events and challenges of major importance, and Margaret’s Presidency was particularly rich in such challenges, as we shall soon see. Margaret had experienced many of them as Clinical V-P, and so she rolled up her sleeves and got down to work.
Her officers had great respect for her. Les Turnberg, then a Council member, writes:

“What a formidable character. Small in stature, when she swept into the room you certainly knew she was in charge. There was a sense that we should stand to attention. Personally she was absolutely charming. Twinkly blue eyes, but when they fixed on you you immediately felt the need to be perfectly clear about your facts and your evidence. Slipshod thinking was banned. She was a softy in many ways, but hid that side pretty well in public.

The Registrar also had a determined if rather more reactionary philosophy that did not fit easily with Margaret’s adventurous nature – to watch them sparring was always a pleasure.”

Such thoughts are echoed by another Council member Oliver James:

“She was a brilliant and effective Chair of any meeting, with lightness of touch and humour but with great control. She had a lovely smile that she used to good effect. She was a very attractive person in every way.”

Her lighter side was sometimes seen at college dinners, and Roger Williams recalls how in an early address to fellows she used the rhyming couplet ‘Higamus hogamus women are monogamous; hogamus higamus men are polygamous.’

To move to the big issues in her Presidency, the first immediate problem was manpower – the workforce crisis in
medicine was becoming particularly acute, with already a 50% shortfall in several specialties. Margaret made it clear that manpower was crucial to maintaining clinical standards, and needed long-term planning beyond the personal interest of doctors. She had very little time for JPAC, the Joint Planning Advisory Committee, which included representatives from the DH, the BMA, the Junior Doctors Committee of the BMA, and the Royal Colleges.

This Committee became a veritable battleground between those trying to restrict numbers of trainees and consultant posts on financial grounds or to protect their own job opportunities, and the Colleges trying to take a longer-term view based on the needs of patients.

Says Margaret: “It was a pitiful experience, where the grinding of axes obscured sensible debate.”

David London recalls that: “Margaret was forthright in her opposition to the negative trades unionism of the BMA at that time, thinking that organisation to be more interested in the welfare of its members than the welfare of the public that the profession was there to serve.”

Margaret was clear what the College needed to do to resolve the major difference of view with the BMA. That was to assist the DH by providing much more accurate data. She therefore created a Manpower Unit (now our Medical Workforce Unit) to collect reliable and detailed national data on the workforce and workload. This gave the RCP the evidence to drive consultant expansion. The figures enabled a very cogent case on the need to increase trainee numbers
to be made to the Secretary of State. To everyone’s amazement the College’s case was turned down; Margaret says that the major reason was that the BMA continued to resist change.

In 1989 it was clear that Margaret Thatcher’s Government was intent on reforming the National Health Service because of serious funding shortages (echoes of today). Margaret wrote: “The Government believed, not unreasonably, that if those in charge of the NHS had failed to resolve the problems, then the only alternative was to seek advice from economists, businessmen and others to develop an entirely new approach.”

The Government announced its purchaser/provider split, GP fundholding, and Trust hospitals. Margaret, intellect ever sharp, pointed out that those GPs who were fundholders were therefore also purchasers, and that this was quite inconsistent with the split between purchasers and providers, one of the cornerstones of the reforms.

These were very difficult times. The RCP, working with other Colleges, raised serious concerns and questions, and asked for a pilot in a single region to iron out some of the issues (a request also turned down). Margaret was quite clear: “while the NHS needs to be run in a more businesslike way, it cannot be run simply as a business.”
Margaret’s disappointment with the Government’s stonewalling response was a catalyst for her to initiate major internal reforms. As she said “every cloud has a silver lining” and this massive NHS upheaval caused the College to reconsider its relation with its Fellows and Members throughout the country, and get involved with the public in new ways. Involving the public through the larger charities was the beginning of the Patient and Carer network.

A new management structure, closer and more formalised working relationships with specialty societies, more democratic election processes for College posts, and greater transparency in RCP decision-making all followed. By creating new underpinning structures the RCP was better able to consider, analyse and respond to these new challenges.

Margaret had a wonderful sense of humour, and used this to great effect. As do all Presidents, she received angry letters from Fellows about all kinds of things. Her advice to me about how to handle them was to serve me and I suspect my successors very well. Margaret said: “Telephone them immediately – do not write back.” To use her own words: “Being the gentlemen they were - and they were all men – they usually apologised for some of the language.” Margaret called them ‘the Young Mavericks’ and some 18 months into her Presidency she gathered them together for
‘the Young Mavericks’ Luncheon’, so they could review progress and understand the challenges.

She was also kind to the College Staff in a quiet unobtrusive way. In the past few weeks I have spoken to some of those who experienced her kindness. If need be they could speak to Margaret about anything, and she would listen.

Every President has their fair share of challenges, and for Margaret, adding to the major challenges of NHS Reform and the manpower crisis, there were two others. The first of these was Academic Medicine. No-one understood better than Margaret the importance of having a sound academic base to every branch of medicine. Evidence and experiment, clinical or scientific, are crucial. The truth was that academic medicine had been almost completely ignored in the reforms – Margaret and the College tried to protect it, but disquiet increased.

Much discussion took place between Margaret, Peter Lachmann then President of the Royal College of Pathologists, and others – and out of this arose the concept of the Academy of Medical Sciences, something that Margaret supported and applauded, as she put it “another example of a silver lining”.

The second issue was the prolonged debate surrounding the question whether the paediatricians should break away from
the RCP and form their own College. The debate had been live in Bill Hoffenberg’s time and continued into Margaret’s Presidency and beyond. Much effort went into finding a compromise – I sense from her writings that Margaret was sad when in 1996 the BPA went its own way. She worked tirelessly with the specialist societies, creating a standing committee where they and the Colleges could meet and build relationships of mutual benefit. This was work to be continued by future Presidents.

Margaret was a very hard-working President, but she always found time for others. Her daughter Lynne Turner-Stokes observes that: “Busy as she was throughout her remarkable career, she always managed to make time for her family, friends and colleagues. Endlessly and genuinely interested in others, she almost never talked about herself. Right up to the end she remained the ‘go to’ person for wisdom, advice and support, with that familiar signature question on answering the phone: ‘Hello. What can I do for you?’

She had a great love of music. Roger Williams recalls the Christmas Concerts organised at the College with Fellows performing along with her own talented family members.

My remarks would not be complete without mentioning Margaret’s reach into what was then called the Conference of the Medical Royal Colleges and Faculties. Margaret quickly became the Chair of the Conference, and rapidly
assessed the situation. She wrote: “This body needed to develop a new way of coherent thinking and working if it was to have greater impact on a Government which was rapidly taking over direct control of the more detailed working of the NHS.” Progress was made under Margaret’s lead, and the Conference put together an agreed response to the White Paper Working for Patients and submitted to the Campbell Committee uniformly-collected national and international data on manpower shortages in the NHS. These examples, she stated: “illustrated what can be done as a collective body.”

The Conference became the Academy of Medical Royal Colleges and Margaret saw its potential but warned that it could only be successful if the Colleges and Faculties could demonstrate the integrity of their contribution by providing high-quality data and being willing to work together through the Academy. Then, said Margaret, “Government will listen.”

As many of you know, Margaret did not support special pleading about medical women. She saw herself as a doctor, and as a Fellow and then President of our College. She once said to me: “Do not talk about gender, but do the work and go as far as you can go.”

I can do no better than end with the quotation from Rheinhold Niebuhr that she had on the wall of her study:
God grant me the Serenity to accept the things I cannot change, the Courage to change the things I can, and the Wisdom to know the difference.

Wisdom and courage were undoubtedly among her defining features, and I, like so many in this room, do so very much miss Margaret and all that she was.