



Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)

#WalesFutureLeaders

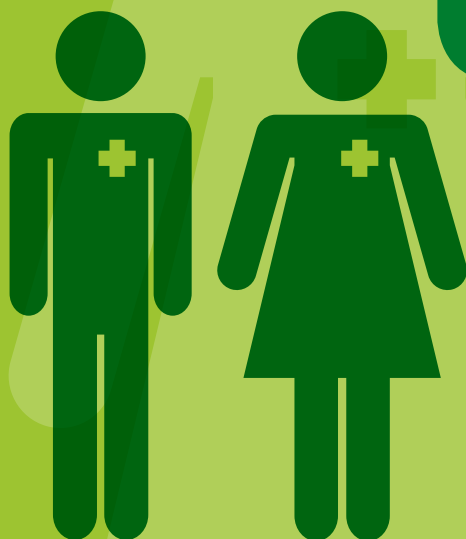
Developing the confidence to get ahead

September 2019



'Trainees are all leaders, whether you realise it or not. Medical students and other healthcare professionals around you all look up to you for guidance, support and encouragement. Trainees have a powerful voice. Regardless of your gender, your ethnicity, your religion or your working pattern, we all have the opportunity to change things and move medicine forward.'

– **Dr Nerys Conway**, consultant
physician and fellow of the RCP
Emerging Women Leaders Programme



‘With good time management, and an incredible support network of fantastic colleagues, I am able to have the best of both worlds. It is doable. I’m not a superhuman. But like everyone else, I’ve had barriers throughout my career.’

– Dr Nerys Conway

In March 2019, the Royal College of Physicians (RCP) in Wales hosted an evening workshop aimed at doctors who want to learn more about leadership and improvement. Hosted by two fellows from the Emerging Women Leaders Programme, Dr Nerys Conway and Dr Joanne Morris, the workshop attracted more than 50 delegates, who heard talks about developing a new service, getting involved with quality improvement (QI) and clinical research, and making the most of leadership opportunities. The workshop was followed by an opportunity to meet mentors and take part in a networking session.

The **RCP Emerging Women Leaders Programme** is a fully funded leadership development programme aimed at addressing the underrepresentation of women in leadership roles within the RCP and the wider medical profession. The programme is supported by the Lord Leonard and Lady Estelle Wolfson Foundation. Two of the inaugural eight places on the scheme were awarded to consultant physicians working in Wales.

The RCP has also launched the **This Doctor Can** campaign which supports the wellbeing and development of physicians from all backgrounds and walks of life. The campaign celebrates diversity and promotes equality and inclusion by showcasing role models from across our membership. It can provide helpful information about RCP activities and initiatives in education, leadership, QI, public relations and policy, all aimed at making every doctor feel included and inspired to progress in their careers.

What did we learn?

Overwhelmingly, teamwork and supporting each other emerged as strong themes throughout the workshop. Time and time again, we heard about the importance of helping each other to achieve and collaborate on projects; to take a risk and not be afraid of learning from failure; to make mistakes and move on. The speakers talked about the importance of mentors and networks, of talking a problem through with your peers, friends and colleagues.

They encouraged the audience to find and follow their passion. Finally, every speaker recommended that we all keep perspective and ensure that we remember to look after ourselves, our families and our mental health.

Below, four of the speakers at the workshop share some key insights into leadership development.

1

‘The important thing is to celebrate successes, and learn from your mistakes’

When developing a new service, you need a clear concept; that is, what do you want to achieve? How do you want to get there? You should also carefully consider the design and location of the service by working together with the people who are going to be providing and using that service. Everybody involved has to understand the purpose of the service and the improvements that you are trying to make.

You must build in early and continuous evaluation processes, not only so that you can expand and build on your achievements, but also so that you can improve how you work. Finally, building a strong team is essential; it is perhaps the most important ingredient of all.

What did we learn?

The building blocks of successful service development

- C** is for concept
- O** is for objectives
- D** is for design
- U** is for understanding
- E** is for evaluation
- T** is for teamwork



I’m going to talk about how we developed the ambulatory care service at the Royal Glamorgan Hospital in Llantrisant. Almost 20 years ago, a group of physicians decided to develop a same-day emergency care service at the front door of the hospital. The concept was to provide a combination of diagnosis, observation, consultation, treatment, intervention and rehabilitation on an outpatient basis, which would help with the management of inpatients and acute medical admissions. The objective was to reduce unnecessary admissions to the AMU (acute medical unit) by establishing an MDU (medical day unit).

To begin with, the design of the MDU consisted of two trolleys and three armchairs in a bay on one of the medical wards. But it quickly became obvious that having this unit located on the other side of the hospital to the AMU meant it was difficult to support their work effectively. After a few years, things changed.

Over 10 years, there was a dramatic rise in the number of patients who were seen by the MDU – from around 600 a year to around 850 a year – and the hospital appointed more consultants. Not long after that, the MDU expanded to a bigger space, working across two bays.

In the first bay, procedures were carried out, and in the second, ambulatory care medicine took place. So we were still working towards the same concept, but the design had changed a little bit and the MDU had expanded. However, it was still in the wrong place in the hospital.

We appointed two more consultants, and started reviewing the concept and design of the service between 2009 and 2013. After a huge amount of planning and thoughts, we moved the MDU to the other end of the hospital, closer to the AMU and the emergency department. We made some mistakes along the way, so the other thing I would say is, always learn from your failures.

‘I think the point about making mistakes and moving on is really important. You know, if you try something and it doesn’t work, you can probably learn more from those things than the things that go really well, can’t you?’

– Dr Hilary Williams, consultant physician

Following the move, we became the ambulatory emergency care unit (AECU), situated next door to the emergency department. This led to better patient selection for ambulatory care and a bigger unit – and so the next step was to streamline our admissions. At this point, there were two GP admission streams – GP referral to AECU and GP referral to admit. We found that there were a lot of patients who were maybe admitted unnecessarily; so we developed a front door triage service, run by nurses who considered every referral and decided whether they should be admitted, or instead treated in ambulatory care. We found that around 60% of the GP referrals to admit could be treated in the AECU and almost all could then be sent home without admission.

Finally, the big question: is the service working? Yes, in that there has been a steady increase in ambulatory care patients – from around 500 a year in 2000 to almost 3,500 a year in 2018. And to finish – the important thing is to celebrate successes, and learn from your mistakes. Oh, and teamwork. Teamwork is the probably the most important thing of all.

Dr Leslie Ala

Consultant acute physician
Cwm Taf Morgannwg University Health Board

2 ‘I’ve noticed that people are more willing to help each other out’

About 6 years ago, when we were planning and implementing the new health board medical model, I was associate clinical director for medicine and emergency medicine, and also joint governance lead for medicine and emergency medicine.

This job taught me a lot, an awful lot. It was hard actually. I think it’s fair to say that when you’re planning to make such a big change to a hospital, there are lots of turbulent waters to negotiate. This job taught me the need for change and how hard it is sometimes to achieve that, and it taught me to respect everyone for who they are and to know that they have a part to play in the team, even if they come across as negative.

You start to learn over time that you actually need those people in the team. You need people to say, ‘If you do this, this might happen and that might happen. You can’t do that. This will go wrong.’ You have to respect them for their opinion, and often they’ll stop you from making a huge mistake. This job also taught me a lot about the need for resilience.

‘Personally, resilience was one of my problems, and I’m very introspective, so I would take things home with me and I would worry about them.’

– Dr Helen Lane, consultant physician

After a while, I started thinking about my next steps. The obvious move was to apply to become clinical director for the hospital, but I wasn’t sure it was for me. I started to wonder what I was trying to achieve because I didn’t think that my strengths were right for becoming clinical director, where you have to do some hard, negative things and you have to be a certain sort of person to do it well. Then several people suggested I become the health board assistant medical director for quality and safety.

So that’s what I ended up getting talked into, and I learnt a lot more. There’s a much bigger world out there. Working in a health board leadership role taught me about process and policies, and more importantly, about relationships and internal politics. I learned about the barriers that different disciplines have and I began to understand how hard it is sometimes to negotiate your way through difficult conversations with people.

However, I also struggled with time restraints. I had 1 day a week to do this alongside my clinical job, and I was becoming more and more frustrated – which is why I later moved into a new role as the health board lead for innovation and QI. I realised early on that my heart lies in bringing people together to work in multidisciplinary QI teams. Because when you work together, that’s when things start to happen and it becomes more sustainable, because you’ve got mutual respect.

‘Often, if a concern is raised within the NHS, organisations tend to establish a task and finish group, or a steering group. They pull this group together to decide what needs to be done. And they create pathways, bundles, protocols, guidelines, policies, put them on a computer and think that it’s sorted. Of course, it may not be sorted because your workforce on the shop floor haven’t been fully engaged in the process.’

– Dr Helen Lane

When you think about it, all the ward teams and specialties and professions are like little ecosystems. Everybody is trained differently, governed differently, we work differently. We socialise in our peer groups. And that tends to be because they’re the people we know. Yet when everyone’s thrown together in a ward environment to provide seamless care to patients, we often end up with silo working. It creates competition, because different QI projects are designed in parallel, with different professions working to solve the same problems, but in a different way. By design, both will fail. It’s impossible for both to succeed.

Initially in 2014, I got together eight people. It was just me, a ward sister, a junior doctor, the ward manager, a pharmacist and a couple of other people. We worked on some small-scale projects, we met every month or so, and I was doing this alongside other responsibilities. In the end, it wasn’t sustainable. Nobody else knew about it and it couldn’t have continued. So instead we started building multidisciplinary QI teams with a core team of senior nurses, senior pharmacists and QI facilitators.

What did we learn?

The benefits of a multidisciplinary approach to QI

- Empowers and values front-line staff
- Supports ideas for change
- Gives permission to make changes
- Improves engagement between board and staff
- Supports education and training
- Celebrates achievement
- Builds reputation of health board and improves recruitment/retention
- Attracts investment and builds collaborative working



We expanded out across surgery and anaesthetics in 2018. That became a bit of a fork in the road. It was because we noticed that some junior doctors were leaving medicine and going to surgery, and they were finding that there was nothing similar happening in other specialties. I sat outside the hospital canteen with one of my colleagues, and we had loads of people coming up, saying, ‘Can you help us do this? Can you help us do that?’ Since then, we’ve had lots of interest from other Welsh NHS organisations and improvement programmes.

The aims are to empower and value front-line staff. Often, this is all about culture change and communication. I’ve noticed that people are more willing to help each other out. And healthcare support workers and ward clerks, who are at the front line day in, day out – they know the hospital and they know what they can change, but they’ve never been listened to. I’ve seen them literally transform in front of me.

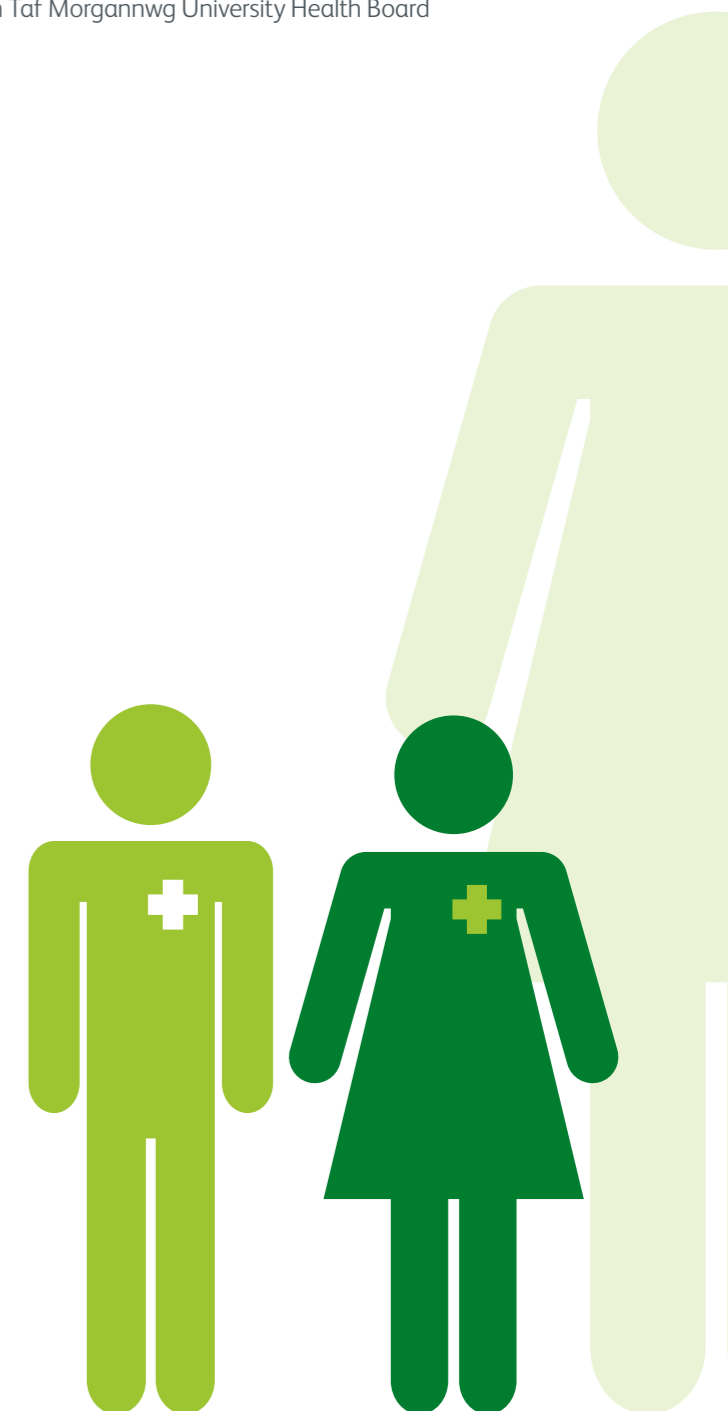
‘Lead by example ... Respect everybody and understand who they are. Learn about yourself – it has taken me a long time to learn about who I am and who I want to be. Understand your strengths and your weaknesses. Expect barriers. Everybody gets pushed back. I’ve had terrible times ... But it is worth it. Pick your battles wisely. Don’t try and be someone you don’t want to be. And always retain your perspective – know what’s really important.’

– Dr Helen Lane

You have to value your workforce – and you have to show your workforce that you value them. We want to improve engagement and support new ideas. It’s about celebrating when people do things right and saying ‘you all had a part to play in this. You’ve all worked together and, you know, you’ve managed to achieve something.’ If healthcare assistants know why they are checking the fluid balance, they will make sure that they properly check for fluid balance. When they know that they are important and valued, they will understand that they have an important part to play. This also builds the reputation of the health board, which helps the recruitment and retention of staff. It attracts investment and builds collaborative working.

Dr Helen Lane

Health board lead for innovation and QI
Cwm Taf Morgannwg University Health Board



3 ‘Most importantly, take time for yourself; it’s so important to have that’

I studied medicine in Cardiff. In 2004, I studied abroad through the European Research Exchange project, Erasmus – a really great lab-based project on the genetics of dementia – and I absolutely loved it. This opportunity ended up shaping a lot of my career trajectory.

In 2012, I applied to the Medical Research Council for a grant, which was outright rejected. I didn’t even get shortlisted for interview. I was gutted. But a little part of me was relieved because I’d fallen pregnant, and I realised that the interview would have been 4 weeks after my due date, which would have been awkward. I was particularly silly as I approached my maternity leave. I’d been working along with a couple of others on a really enormous audit of acute kidney injury (AKI), and we were at the stage of doing data analysis, and I said, ‘Don’t worry. I’ll be on maternity leave. It will be fine. I’ll do all the data analysis when the baby sleeps.’ It was actually so bad and I felt under such pressure to perform. It was an error, looking back, and I didn’t need to put that amount of pressure on myself at that time, and I did learn from that.

I applied in 2014 to the Wellcome Trust and was delighted to be offered an interview this time. The interview itself was one of the most hideous mornings of my life. I was by now pregnant with baby number two. I vomited all the way up on the train to London, and then on the stairs of the building. You can imagine my utter surprise when they actually awarded me the grant. But the elation was pretty short-lived because I then found out that my husband, an orthopaedic trainee, had been posted to Rhyl in north Wales for the next year. This was a dark time for me. I was pregnant. I was tired. The ward was busy. I had a 2-year-old, and my parents were both in full-time work. Now I am working less-than-full-time (LTFT), coming towards the end of my PhD, and life is pretty good. My husband is about to do a post-CCT year fellowship in Birmingham, so we’ve got another year apart on the cards. But by the time he goes, the girls will both be in full-time education. And more importantly, my wonderful mother has now retired, and she does my school drop-offs and pick-ups and helps me ferry the girls to their various clubs. So that’s an enormous help for me. Working in academic medicine, I would say that the variety of the week is something that I absolutely love. No two weeks are the same. It’s constantly stimulating and challenging. I can’t ever imagine myself being bored. However, the workload is literally never-ending. I’m concerned about de-skilling because I have quite a protracted amount of time out of training – that is a massive source of anxiety for me. And there is less job security. Ultimately it’s up to you to bring the money in, which is quite a daunting thought really.

The flexible hours with no on-calls have been such a blessing with a young family. Similarly, single centre training has been a real blessing for me not to have to move all over the country, although it means you don’t get quite the same experience. However, with no on-calls, it has been basic pay, which if I were on my own, especially with childcare, would have been really, really difficult. There’s frequent travel, and having to

arrange that with young children is quite tricky. There’s a lot of out-of-hours work in the evenings – planning experiments, writing papers, preparing teaching sessions.

What did we learn?

Survival tips from a working parent

- Accept that you can’t always be the best at everything
- Outsource and delegate where possible
- Have technology-free time
- Learn to say no
- Take time for yourself and look after your mental health
- Keep perspective



I’m a massive believer that women in medicine can have it all. We can have the career. We can have the job. We can have research. We can have a family. But you have to accept mediocrity in some areas of your life, some of the time. You just can’t be the best at everything all the time. Even if that means baked beans on toast for tea.

Outsource and delegate where you can. Grocery shopping – get it delivered. World Book Day costumes – order them from the internet. I have a cleaner, otherwise my house would be an absolute pit. There are financial implications, but to me, it’s worth my time and my sanity to outsource where I can. Learning to say no is a big one. I want to do it all, and I’m really interested in all these opportunities, but the problem is, if you say yes to everything, you spread yourself too thinly. A good trick is to write everything that you do down, and if you want to take on another responsibility, you have to cross something else off the list. I think that’s a really good tip.

‘Timing is important. There will be points in your life when it’s very hard to take on extra stuff; don’t worry about that. Once you’re firmly established as a consultant, you become less worried about clinics and running a service. I actually have more mental space to take on bigger roles. So don’t feel you have to do everything all at once. You’ll probably be a consultant for a really long time.’

– Dr Hilary Williams

Have technology-free time. I’m really trying to be disciplined and not answer my emails on a Friday when I’m not supposed to be in work and I’m with the children. Most importantly, take time for yourself; it’s so important to have that. It doesn’t have to be exercise – it could be playing the piano, reading, meditating, whatever your bag, but I really would suggest that you commit to looking after your mental health. Keep perspective!

Dr Alexa Wonnacott

Clinical research fellow
Cardiff University School of Medicine

4 ‘My passion drove me to put myself forward and step up’

People who make a difference, they have passion. I wanted to share a quote with you tonight: ‘Great leaders don’t set out to be leaders, they set out to make a difference. It’s never about the role, it’s always about the goal.’ And it is about the goal. It isn’t about the role. It’s about having passion, that drive, that vision to deliver on what’s really important to you and what’s important to your patients. I never saw myself as a leader. I graduated from Liverpool University in 1984 and my passion was health inequalities. Deprivation, inequality and this new virus floating around called HIV. I was encouraged into a 2-week placement in sexual health and I was totally smitten.

After my training, I came home to north Wales. People told me it was career suicide – it was only me, 200 patients and a filing cabinet. That was it. There was no service and there was no recognition that there was a problem – yet within 2 weeks of being there, I had 15 HIV-positive patients. Within a year, I’d gone from 200 patients to 2,000 patients, and 10 years later, I had 25,000 patients. Now we have about 300 HIV-positive patients. So if someone ever tells you there isn’t a demand for something, just provide the service, the demand will always be there.

When I first started in my career, I wanted to understand how Cinderella specialties were treated. They were never given any funding, never developed and the patients were actually made to feel like third-class citizens. As a new consultant, I wanted to raise the profile of these overlooked services, and got myself onto various committees. I organised a big conference in north Wales in 1998, invited Rhodri Morgan – who was about to become first minister – and I started campaigning for a sexual health strategy for Wales. The Welsh government agreed and a couple of years later, I won Welsh Woman of the Year. This award gave me a much bigger platform to talk about HIV and sexual health. This had a big impact for my patients – their voice was finally being heard.

‘You’ve got nothing to lose by applying. The worst thing that can happen is you don’t get it. And there’s no shame in that because we all go through these hurdles, we all have these barriers in life and we’re not all going to be the best at everything.’

– Dr Nerys Conway

That was a big changing point in my life. My passion drove me to put myself forward and step up. I had no preparation for leadership. So how did I survive? I survived because there were people who supported and encouraged me. There are a few people talking about taps on the shoulder. Other people can give you a sense of self-belief.

What did we learn?

Ways to lead change and make a difference

- Find and nurture your passion
- If you provide a Cinderella service, the demand will follow
- Join committees, groups and networks
- Be proactive and clear in your campaign asks
- Always follow the tap on your shoulder
- Know that ‘failure’ is actually a learning opportunity
- Find yourself a mentor you can talk to
- Hold onto your self-belief and the passion that got you there
- Give back and allow people to climb higher than you did



In 2005, I received an OBE for developing sexual health services across Wales, and later spent time integrating two specialties – contraception and sexually transmitted infection (STI) services – across three NHS trust areas. I was doing this without any management support or leadership training. Then I got the tap on the shoulder to be chief of staff for medicine in north Wales. This was a job with a budget of almost £2 million and 3,500 employees; it covered all the medical specialties, three emergency departments, 22 community hospitals, community services and the community estate. I survived in the post for 6 years, but in retrospect, it was an undoable job – a glass cliff job – that is, an impossible leadership role which often goes to a woman or someone from a BAME background. And when the health board restructured again, the rug was taken from underneath me. It took me 2 years to recover. You go through the whole grieving process.

‘I think probably the biggest bit of advice I’ve got for you all is just to be kind. Be kind to yourselves. Be kind to each other. It goes a long way.’

– Dr Nerys Conway

When I realised that actually what had happened to me had been very valuable, I recognised that everyone needs a mentor. You need someone with whom, when things go wrong, you can actually go and have a good in-depth conversation. But you also want the self-belief. You need to keep that passion that got you there in the first place and make sure that you give back and allow people to stand on your shoulder so that they can climb higher than you managed to climb. You just do it quietly, gently and it gives you a really lovely sense of satisfaction ... That nice warm feeling you get when something good happens to someone else and you know you helped make it happen.

Dr Olwen Williams OBE

Consultant physician in genitourinary/HIV medicine
President, British Association for Sexual Health and HIV

Next steps

Feedback following the workshop was overwhelmingly excellent. Ninety-five per cent of delegates said that they would recommend the event to a friend. There is a real appetite among doctors to learn more about becoming future medical leaders and RCP Wales hopes to organise more events like this in the future.

‘It was a really inspiring evening hearing from doctors who have had great careers and made a difference.’

– Trainee physician on Twitter

‘I think that the evening was very successful, and it would be a shame if this sort of thing couldn’t happen again. Wales should be leading the way with innovation and inspiration – we can attract and keep our colleagues if we look to support and take care of them, and show that we do this, and I think events like this are a prime example.’

– Dr Jo Morris, consultant physician and fellow of the RCP Emerging Women Leaders Programme

What did we learn?

Key factors for success

- Reach out to others and work as part of a team
- Do things you are passionate about
- Collaborate with others as much as you can
- Communicate with your colleagues
- Create networks for support and shared learning
- Learn from your mistakes and do not be afraid to fail
- Look after your work-life balance



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Further information

In May 2019, we launched ***Doing things differently***, a major new report on junior doctor wellbeing and how we could do things differently in Wales to support the medical workforce.

To help shape the future of medical care in Wales, visit:
www.rcplondon.ac.uk/wales

To find out more about the This Doctor Can campaign, visit:
www.rcplondon.ac.uk/projects/doctor-can

To find out more about our chief registrar scheme, visit:
www.rcplondon.ac.uk/projects/chief-registrar-scheme

To find out more about the Emerging Women Leaders Programme, visit:
www.rcplondon.ac.uk/education-practice/courses/emerging-women-leaders-programme

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