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Christopher Waugh, Joseph Home [1,2]

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2 School of Health and Society, The University of Salford, Frederick Road, Salford, M6 6PU

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Competing interests

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No ethical approval required.

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As a Foundation Year 2 Doctor Joseph was given the unique opportunity to step into a senior leadership role. This short interview discusses some of the challenges and key messages from this experience.

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1. What are the key leadership messages you want to get out to the BMJ Leader readership?

My top three messages are:

1. **Do not let seniority (or lack of it) put you off becoming involved in leadership. Throughout the COVID-19 pandemic the NHS required rapid effective change. Many of the best and most innovative solutions I saw during the pandemic came from Foundation Induction Year 1 and Foundation Year 1 doctors.**

2. **Try not to forget we are all on the same team. Throughout the National Health Service, the chasm between clinical and non-clinical staff can be large. From managers in human resources to lab technicians, everyone is working to provide the best care for patients. We are all people, and everyone is allowed to make mistakes.**

3. **The NHS offers a plethora of non-clinical training opportunities. It is sometimes thought these are only available to senior clinicians and managers, but there are often opportunities to become involved in projects across education, research and leadership. Often the first step is showing interest and motivation.**

2. Tell us a little bit about your leadership role and how it is changing as a result of the pandemic?

As a Foundation Year 2 (FY2) doctor, it is not always easy to make sense of leadership structures within Hospital Trust's, or indeed involve oneself in them. As the junior doctor representative to the British Medical Association (BMA) Local Negotiating Committee (LNC), I was fortunate that throughout my Foundation training I was exposed to management structures within my Trust. This allowed me to develop working relationships with key stakeholders within my organisation. In the initial preparation for the expected 'surge' of COVID-19 positive patients, the Trust activated a 'command and control' management structure. This included daily Gold, Silver and Bronze meetings. As the BMA representative I requested a seat at these meetings in order to represent junior doctor interests. I was subsequently asked by the director team to step back from a significant portion of my clinical responsibilities to assist and lead many of the anticipatory changes implemented to cope with the expected caseload of high acuity patients. This included a whole-sale redesign of the hospital out-of-hours provision, junior doctor redeployment, and junior doctor communications.

The opportunity to lead large-scale projects, with oversight from the Associate Director of Medical Education and Medical Director, were a far cry from the typical responsibilities of an FY2 doctor.[1]

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As we continue to build towards a successful recovery and preparation for future surges of COVID-19 patients, the Trust commissioned a full-time management facing 'Medical Directors Leadership Fellow' post which I am now undertaking following the completion of Foundation Year 2.

3. What events in your past experience are most informing your leadership in this pandemic?

It is difficult to compare the pressures of a purely managerial role to that of a clinical facing role; both come with unique stresses and pressures. Although I had some prior leadership experience within my role as a junior doctor representative, I was thrown into the deep end of senior leadership at the start of the pandemic. One of the key experiences that guided me during challenging periods was the confidence instilled in me as part of my work within the BMA. As a junior doctor it is easy to feel that you are primarily a service provider, and the realms of operation and strategic decision making is reserved for senior clinicians and managers. My experience within the BMA is that all voices are equally valuable, whether that be as a first-year medical student, or medical director. Each offers their own unique and valued perspective. This sense of empowerment helped instill the confidence to speak up, regardless of the status of other attendees within the (physical or virtual) room.

4. What are you finding the biggest challenges?

My biggest challenge throughout the pandemic was undoubtedly maintaining good communication between management and frontline clinical staff. With daily revisions to both National and Regional guidance, it was a constant challenge to clearly communicate these to all staff groups.

From a personal perspective I found it particularly challenging in the management of professional boundaries. One of our key strategies in communications, was the use of social media channels to disseminate messages to colleagues contemporaneously. This was primarily using my personal phone number and social media accounts. Whilst this was effective in providing rapid updates, a secondary consequence of this was that I was accessible throughout all hours and the easiest point of contact for all queries from the cohort of junior doctors. This led to a constant state of 'on-call'. Additionally, as my role evolved throughout the pandemic, it was often not clear where my roles and responsibilities started and finished. Consequently, I received several inappropriate requests to approve additional zero days and annual leave. Both of which I was not in a position to sanction.

5. Any particular surprises?

The biggest surprise thus far is the polar difference in work related stress and pressures compared to my clinical roles. As a junior clinician the workload is often high with severe consequences for mistakes. However, once a shift is finished and outstanding patients have been handed over, one can usually leave work safe in the knowledge that another clinician is looking after the patients. This is a direct contrast to my leadership role which sees a much lower human cost if I make small mistakes. However, the longitudinal nature of project work means it is often easy to allow work to overflow into all hours. I often find

my weekends are a continuation of my working week. Strict discipline is required to ensure adequate time away from work and rest from work-related activities.

6. Are you seeing any behaviours from colleagues that encourage or inspire you?

As a nation I feel we should be incredibly proud of our health-workers response to the pandemic. On the wards I know of many nurses who have stepped up to take on roles within critical care and consultants who have stepped down to the level of Foundation Doctors.

Most of my exposure is to junior doctors, and through my National BMA role I have read and heard many anecdotes throughout the pandemic period of juniors going above and beyond to help the national response. I have found particular inspiration from some colleagues on the BMA National Junior Doctor Committee who have been balancing clinical commitments with high level negotiations. Ensuring junior doctors continue to work in the best environments in the circumstances.

Another group of individuals I have had the pleasure of working closely with throughout the pandemic, are non-clinical staff groups. From medical workforce managers to business partners and divisional managers, I have been consistently impressed by the outstanding efforts from all to make the hospital a better environment for staff and patients alike.

7. How are you maintaining kindness and compassion?

When I was in medical school, I worked with a consultant in pain medicine. His clinic was filled with a group of patients who had been sent pillar-to-post before arriving there. After seeing several patients whom did not have an identifiable physical reason for their pain, I asked him why it was he chose to work within that speciality. He told me that if a

person comes to you with pain, no matter whether you can identify a cause for the pain or not, the patient is still experiencing pain.

This is a lesson I have tried to apply to all areas of my life. When colleagues approach me with concerns or questions, even if I find the problem difficult to understand from my own perspective, it is still important to explore, acknowledge and try to rectify concerns if this is possible.

8. Are there any ideas or readings that you find helpful, for inspiration and support, which you would recommend to others?

During my first rotation in Foundation Year 1, I was sent a copy of the following poem by a wise woman from Yorkshire (my Mum). Throughout the very hectic transition from medical student to junior doctor, I often drew upon this as an attempt to maintain my humanity and keep sight of what we are trying to achieve during a busy out-of-hours shift.

'What do you see, nurses, what do you see?
Are you thinking, when you look at me —
A crabby old woman, not very wise,
Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply,
When you say in a loud voice — "I do wish you'd try."

Who seems not to notice the things that you do,
And forever is losing a stocking or shoe,
Who unresisting or not, lets you do as you will,
With bathing and feeding, the long day to fill.
Is that what you're thinking, is that what you see?
Then open your eyes, nurse, you're looking at ME…

I'll tell you who I am, as I sit here so still;
As I rise at your bidding, as I eat at your will.
I'm a small child of ten with a father and mother,
Brothers and sisters, who love one another,
A young girl of sixteen with wings on her feet.

Dreaming that soon now a lover she'll meet;

A bride soon at twenty — my heart gives a leap,
Remembering the vows that I promised to keep;
At twenty-five now I have young of my own,
Who need me to build a secure, happy home;
A woman of thirty, my young now grow fast,
Bound to each other with ties that should last;
At forty, my young sons have grown and are gone,
But my man's beside me to see I don't mourn;
At fifty once more babies play 'round my knee,
Again we know children, my loved one and me.

Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are all rearing young of their own,
And I think of the years and the love that I've known;
I'm an old woman now and nature is cruel —
'Tis her jest to make old age look like a fool.

The body is crumbled, grace and vigor depart,
There is now a stone where once I had a heart,
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells.

I remember the joys, I remember the pain,
And I'm loving and living life over again,
I think of the years, all too few — gone too fast,
And accept the stark fact that nothing can last —
So I open your eyes, nurses, open and see,
Not a crabby old woman, look closer, nurses — see ME!' - Anon[2]

Another piece of advice which has remained with me came from my previous clinical supervisor, this was regarding the introduction of change. He told me that the single most important action is to identify the decision maker, and ensure it is impossible for them to decline your proposal. In order to do this, you must identify and engage stakeholders and evidence your intentions and decision-making process. This could include undertaking audit projects, conducting financial analyses and surveying staff groups. It is very difficult

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for key decision makers to reject a proposal with a financially sound basis, which stakeholder staff groups support, and audit projects suggest would benefit the organisation.

9. What are you looking for from your leaders?

In his book Leading Change, Kotter describes the key to be a good leader is the ability to instigate change.[3] No industry in the world has been immune to the pressure of COVID-19. The humility to forego historical practices in favour of new evidence and new system pressures is critical in ensuring the health sector evolves in line with our populations needs.

Empathy is another key characteristic I look for in everyone I work with. As doctors we are sometimes guilty of thinking we are at the centre of the NHS. However, the effort and passion put in by both clinical and non-clinical staff to provide the best patient experience, should never be underestimated.

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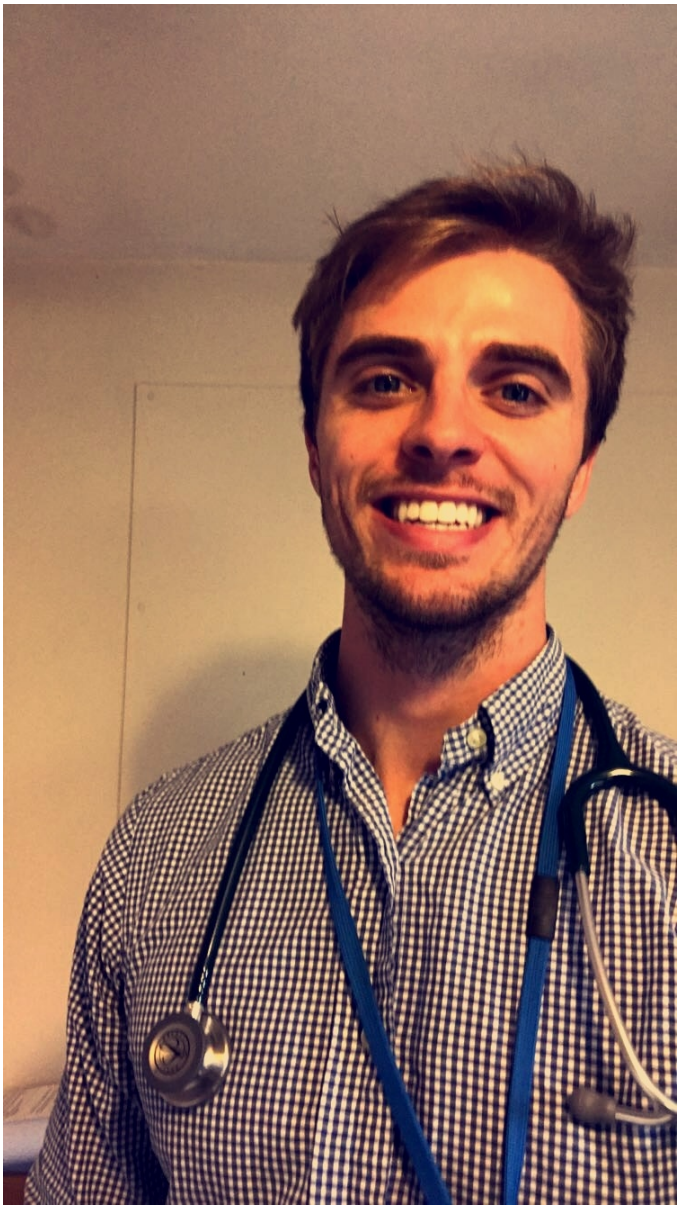

Dr Joseph Home @jwhome9

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