



RCPCH podcast: Voices from the Equality, Diversity & Inclusion Members Reference Group

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SPEAKERS

Mike Farquhar, Nadia Audhali, Segn Need, Natasha Neill

Segn Nedd 00:04

Going through my journey of med school.... I'm Black British, but Black British Caribbean, which is even rarer in medical school. So I would never find anybody who had the same cultural upbringing as me - the pub quizzes were terrible because I spent my childhood listening to Motown and everybody's singing Queen songs and I had no idea! So, you know, I always felt a little bit on the outside, even if I didn't always show it.

Mike Farquhar 00:27

We are seeing an increasingly aggressive and regressive attack on rights that have been won by different groups, in more than one country, and I don't think you're immune to that in the UK.

Nadia Audhali 00:39

So it's just amazing really to come together with people who have a shared passion and those kinds of values.

Natasha Neill 00:48

Welcome to this Royal College of Paediatrics and Child Health podcast. My name is Natasha Neill, and I'm Chief of Staff at the RCPCH. I'm delighted to be speaking with some of the members of our equality, diversity and inclusion member reference group. This was a group that we formed almost two years ago to make sure that the voices of members were at the heart of the EDI work of the College. And the group has made huge

contributions to the development of our Working for Change programme. We'll introduce our esteemed guests in a moment, but first to explain what we're going to be doing over the next 20 minutes or so. We have a number of questions, each written on a slip of paper. Each of our guests will pick out a question at random and ask it of the group. Okay, I'll now hand over to the panel to introduce themselves.

Nadia Audhali 01:28

So I'm Nadia Audhali. I'm a paediatric emergency medicine trainee at the Royal London Hospital. One of the main reasons that I'm here is because I'm one of the organising team for Soft Landing, which is an international medical graduates/paediatricians project to support those doctors.

Segn Nedd 01:44

Hi, my name is Segn Nedd. I am a paediatric ST7 PEM Grid at QMC Hospital in Nottingham; I'm the equality, diversity inclusion rep on the Trainees Committee for RCPCH.

Mike Farquhar 01:59

I'm Mike Farquhar, a consultant in Sleep Medicine at Evelina London Children's Hospital. I've also been very involved with the NHS Rainbow Badges.

Natasha Neill 02:09

Perfect, and we can get started on our first question.

Mike Farquhar 02:12

The first question, what do you think has been the group's biggest achievement so far?

Segn Nedd 02:17

So for me, I think it would be the opportunity to collaborate with people from a wide group with different characteristics, as we'd say, that can just come together and chat and talk about their common difficulties, but also the different differences, and really enlighten each and every one of us about the difficulties that we all face. And it's not just about talking about difficulties, but actually working towards solutions. I think oftentimes you can meet people that have the same issues as you, you can talk together, but actually having that conjoined kind of thing of being able to share with other people that may not know your challenges, but also then collectively find commonality to help solve each other's problems; I think it's been a real strength.

Nadia Audhali 03:05

Yeah, I think I agree with Segn, just that feeling of finding people with a common passion or with, you know, getting that moral support for whatever issue it is that you're banging on doors, and sometimes you feel like you're kind of quite marginalised, or you're not... It's quite demoralising, something that you really care about, and people are kind of giving blank looks, or even discouraging looks. So it's just amazing, really, to come together with people who have a shared passion and those kinds of values. And get that moral support, because I think a lot of us do this as additional work, or kind of work that we feel, you know, called to do and on top of our clinical work, and especially being paediatricians, I think we have that feeling of needing to make the world a better place as part of our role. So it's just really very energising, and, and helpful to find like-minded people, and also because some of it is really tricky and difficult. So people that you could troubleshoot stuff with when you come up against a problem or you're on uncertain ground, or you know, there's a lot of expertise in this area, and I would probably only see, you know, my angle on it. So it's just like a kind of a safe space.

Mike Farquhar 04:21

I would agree completely, I think the bigger bit of work that the College has done in equality, diversity inclusion. So the reports that they're are being produced and in the report, I think are obviously brilliant, but for me, the strength of the group is exactly that experience: a space where I think we have all felt safe to be able to talk about some really difficult issues. I think it's a space where people have shared things that they perhaps wouldn't otherwise have shared, and were able to do that because they felt secure and confident. And I think I've certainly learned most from that intersectionality in different people coming to ideas for the first time with their respects and takes that has been really formative for the group in particular.

Natasha Neill 05:05

Great, we have our next question:

Segn Nedd 05:06

Question two: how did you get involved in EDI work?

Mike Farquhar 05:13

I go first? So I came out relatively late in life. So I came late in my 30s. I grew up hiding that bit of who I was. So I was already a consultant paediatrician, but one of the things that I really wanted to do when I did come out, was to try and make sure that people coming

after me would not have to think and feel the way that I did as a child, a young person, a young adult. So that very much drove what I've done. And that was through the Rainbow Badge project, initially, which has opened up lots of doors to carry on doing that work. For me it was about trying to be the person that you needed when you were younger, so trying to create that space for other people.

Nadia Audhali 05:59

It's, it's such a great question. I will answer next, I think. You know, they're really personal stories, I think that usually bring you to this work. But in my case, I grew up in Saudi Arabia, and my mum is English and my dad's Arabic. And so my dad was very Muslim background, and my mum, kind of quite white Christian, sort of English background. And I always felt like it was in the middle of those two. And also, Saudi is a very strict country with quite prescribed ways to be. And then I came over to the UK, you know, and I was just so really grateful that even with all the issues and problems, and obviously, you know, around Black Lives Matter, and the setting up of this group, and all the issues with systemic racism, you know, the UK is very far from perfect, but I felt that it was a place - and especially where I live and work in London - that you could, you know, as a teenager, I felt you could be who you wanted to be much, much more than kind of the other alternative where I grew up.

Nadia Audhali 06:59

But I did really struggle with identity and fitting in and trying to be, you know, English, or British or Arabic, or, you know, where did I fit? I think it's really important to me for people to feel welcomed and to be able to be authentic, and to be able to not have to hide who they are. I just think the UK, the UK is a very welcoming place, but it can be a really very difficult place as well. And I sort of felt that when I came sometimes, so wanted to make it easier, like similar to Mike - you wanted people to not have to go through the struggles that you might have gone through.

Segn Nedd 07:37

And I think for me, it's kind of a bit of a difficult question in the sense of some of it I don't think I necessarily had a choice because I think some of it is out of, as we've all said, our life experiences. So I'm Black British Caribbean. I was born here, my parents were born in Jamaica and Guyana in the Caribbean. So I grew up as a Black British citizen. I was the only person in my kind of area of school to go to med [medical] school. I remember being told in high school that I probably shouldn't apply for med school. And I was a bit gung-ho, So I just organised for me and my friend to get on - it was Nottingham, come full circle to go to Med Link, it was back in the day, I don't even know if it still runs. We got a coach by

ourselves, saying “no, we're going to be doctors!” and we both are now, like 20, 30, no 20 years later.

Segn Nedd 08:30

But I think I've always had to grow up fighting. My dad was, has been blind since he was a child. So I've always grown up in a family... I'm not disabled myself - but where I grew up going to - there used to be a Blind Teachers Association, so going to conferences every summer learning about inclusive education, there was a group back in the 90s that we used to go to every summer. And so it was always, as much as I didn't have a disability myself, I was often a carer as a child, and as an adult for my dad, and seeing the barriers that he faced, always, kind of, I would look out and see things that maybe if I hadn't had that upbringing, and that perspective, I wouldn't see.

Segn Nedd 09:10

And so for med school, I was always trying to find ways to kind of help where I saw that there was things that kind of weren't as I felt they should be. For me, going through my journey in med school: I'm Black British but Black British Caribbean, which is even rarer in medical school. So I would never find anybody who had the same cultural upbringing as me, the same, you know, the pub quizzes were terrible because I spent my childhood listening to Motown and everybody's singing Queen songs and I had no idea. So, you know, I always felt a little bit on the outside, even if I didn't always show it. I think it was really important for me. I'm also involved in a group, the British Caribbean Doctors and Dentists Association and it just gives that opportunity to try and help those that may feel that they're not supported or included to feel part of it. So how did I get into EDI? I lived my experience and tried to see how others may find their own journey and tried in the ways that I could try to get involved in helping.

Natasha Neill 10:14

Thank you so much everyone - amazing stories.

Nadia Audhali 10:17

Hmm, so that's a good one. So, well if I can ask Mike and Segn - so probably Mike first - what do you think is the biggest challenge that the College's EDI work will face?

Mike Farquhar 10:30

Honestly, I think that we're in a political climate that is becoming increasingly toxic. So we're recording this the week after Roe vs Wade was repealed in the States. We are seeing

an increasingly aggressive and regressive attack on rights that have been won by different groups in more than one country, and I don't think we are immune to that in the UK. I tend to come at this from the perspective of LGBT+ people, particularly LGBT+ young people, and trans and gender-diverse young people and adults are right in the firing line of all of this. And I think the College's challenge is navigating that space in a way that still allows them to engage with the Government, because we have to, but also making it very clear that there are lines that we cannot cross; we cannot go backwards. I think that is really, really, really challenging.

Nadia Audhali 11:25

I suppose I can make a smaller, slightly smaller point just pertaining to my own project, Soft Landing and differential attainment. And just that when we were doing some work for that, to present about it, we were just quite struck by how little paediatric-particular differential attainment data there is. So just I suppose with the rising awareness, and I know I've been in the meetings where we've talked about how do you collect this data? And you know, what is... yeah, really how'd you even collect the data? And and it's surprising that we don't have it. And it's disappointing that we don't have it for paediatrics, really. And it's just not out there. So I guess that's quite, I don't think that's a big challenge to be honest. I feel like that's not a massive challenge. So I do think we need to do, I do think we should be moving more quickly with those things, because that's definitely easier than changing the whole political landscape.

Segn Nedd 12:19

I think it's also important to note that a voice can be evidence, and sometimes I think we are so kind of fixated on numbers. Numbers are important, don't get me wrong, but actually, we have voices and sometimes utilising big terminologies, qualitative evidence, and actually that is something that actually we, as scientists have to look into.

Mike Farquhar 12:48

Okay round 2: What's not gone as well as you hoped, with the work of the group. Nadia, you first.

Nadia Audhali 12:58

So I think having that optimistic, 'so we're going to change the world', the meeting, you know, the first meeting and like all the planning and things, and then the kind of reality of the really day-to-day graft of what is involved, and also the difficulty of peoples' lives, and I think how much surviving is going on, you know, for everyone really, colleagues working,

you know... A&E is super busy and the children and the waiting lists for community paediatrics and the patients... that kind of takes away a little bit from your kind of improving the world work.

Nadia Audhali 13:31

And, yeah, so I think I think it's a little bit hard times at the moment, so we're looking at. And looking at kind of being reinvigorated and, and we, I suppose, do look a bit to the College for that. And also resource I suppose, you know, money and time; like people, consultants with PA time for this, I guess the College is not responsible for that, but you know, emphasising people's stories, hearing those voices and having kind of time and money to really promote those.

Segn Nedd 14:03

Yeah, I think I probably echo similar, I think it's more where we have the passion to do things, but we have two hands. And sometimes it's that balancing; there's so much you could do. I mean, we were just talking about, we all come at things from different slants and different angles. But as you mentioned, in terms of the intersectionality of things, you know, I'm a Black British woman, less than full time, female, you know, got a kid, you know there's so many different aspects of things and you can have ideas in so many different areas but actually materialising/getting things done... Which we have, when we look at the reports, the One Year report we have, one of the things that I've been involved in is the reciprocal mentorship programme. And we really, really wanted to roll out really good big scale programmes - I was "yeah, we're doing this year!" It's been two years down the line that we've been planning, and we are we have got a pilot going at the moment, but I'd hoped it it'd be bigger. But actually, progress is still progress. So for me, the biggest challenge has been that reality doesn't keep up with my own mind. But I can see that there's progress. And I think we've still got a way to go, but we're going there.

Mike Farquhar 15:16

I'm going to echo both of these to a degree, in that, I do think the data is important. And so I've a bit of experience in the last 10 years with two projects around fatigue. And with both of those, they kind of trickled along at a low level, and then they got to a point where there was traction and things then really took off. I think the data is one of the things that's key to that to be able to show to paediatricians (for whom this is not their lived experience) why this matters, and to be able to say what the experience is of people who are looking after their colleagues, and then to say: "Well, if you get this wrong, this is how these people's outcomes are worse". And we need to change that.

Mike Farquhar 15:57

So I think for me, I am slightly tempered by the fact that it's taken a while in previous projects I'm involved in. I guess I'm a little disappointed, we haven't quite yet got to that biting point of this being really seen as a core business of every paediatrician, and engaging in it. But we'll get there. Every confidence, we will, as you say progress is progress. And the commitment of the College to support this work, I think is really clear and really important.

Nadia Audhali 16:21

Yeah, it would be nice. We haven't said it. I haven't said it yet. But it would be really nice to just say that Camilla Kingdom [RCPCH President] has been a really, really, really helpful, loud voice in this and it's massively supportive, isn't it, and helpful having someone like that. So just say thank you, and please keep it up, we need you definitely!

Mike Farquhar 16:38

I definitely echo that.

Segn Nedd 16:40

And following that it's not my business to say, actually, sometimes we are, generally as the clinicians volunteering our time. But actually, we've had a dedicated staff Carlota [Narvarro-Espere] who's been with us. And actually it's a lot of resources, even just to get to the report stages, the busy stages. Natasha here, Rob [Okunnu], Bhanu [Williams]. And I think it's just the reality is actually, to take things off the ground, you need a lot more resources and hands at such a big scale to do things.

Segn Nedd 17:15

So next question: What voice do you think is missing from the group at the moment?

Mike Farquhar 17:21

So I don't think completely missing. but I think the group that I'd really love to see us doing more with is children and people themselves. I think the College has a lot of really proven excellence with the RCPCH &Us team in bringing the voice of children and young people in. And I think centring, I think that the lived experience that paediatricians and the staff that make up the people at the College is really important. But actually, I think, looking into the further future, centring this work around children and young people, and what this means to them, is absolutely essential. I think we've got a bit more work to do to bring that

voice into the work of EDI stream and the reference group. But again, I think that it's already a work in progress. So it's very exciting to see.

Segn Nedd 18:08

I think it's the voices that are missing are the ones that we haven't managed to reach yet. And so even if people hearing the podcast now, they thought, "actually, I can't do that, or I don't know anybody", actually they are probably the people that we really want to. Because actually, if you haven't been really engaged with the College, there's a reason why. And sometimes that's because of how you felt in relation to the College or how you felt in relation to the work place. And actually, we want to hear those voices that don't feel that they can say anything, should say anything. If you have a voice or a means of communicating, you don't have to verbalise, but you can contact us in any way. And I think they're the ones that are missing at the moment.

Segn Nedd 18:55

Yes, we you know, the every person is an individual. So we're never going to capture every single different person's traits, but I think specifically those that are feeling marginalised, for whatever reason; in a safe space, we want to hear from them.

Nadia Audhali 19:17

Yeah, I guess I could just add little bit like to that point of just the power of hearing people's own stories in their own voices. And I think it's noticeable that having some of the blogs and things on the College website and I think the more of that the better, but there is always/often a feeling I think that it's always the same people who you see and you get to hear from so as what Segn said really just that and that's what's amazing about diversity work. You know, as much as it can be difficult - you know, difference isn't always easy - but the richness and the value is from having that real eye-opening moment of seeing someone else's experience. So there's definitely voices that it would be nice to have more of yeah.

Natasha Neill 20:04

So we've got the last question.

Nadia Audhali 20:10

All right, thank you. So, so next question is: What do you think the College should prioritise next?

Mike Farquhar 20:20

So I'll go for a general one, which is very similar to what I said earlier, I think prioritising children and young people, is really important. And that then I think ties into what I think would be my more specific one, which is, I think, for LGBT+ kids and young people, and trans and gender-diverse kids and young people, the world is quite scary, is getting scarier. I think I would like to see the College clearly setting out how we should be supporting those young people and their families, and how we should be supporting paediatricians. We've had some really interesting conversations within the members reference group where people have been able to say that actually they don't feel confident to have those discussions because they just don't know enough about it. So how do we support people? I think, although we're talking about a relatively small proportion, percentage of the population, they are so front and centre in terms of media that I think it's really important the College has a clear strategy for that.

Nadia Audhali 21:15

So from point of view of priorities, I think because of doing the Soft Landing work with international medical graduates, that's where my kind of everyday sort of work, EDI work is more focused. I think the priority should be probably with, regards overseas doctors who are coming over, I think lots of the time if they come as trainees it's really good experience because there's like a whole School of Paediatrics behind them in whatever deanery. But often if they're clinical fellows, or SAS grade doctors they're kind of left behind or they're not embraced so much part of the kind of paediatric family. And I think they end up feeling really disappointed or really resentful at times. And it's just, I don't know exactly what the answer is. But I think given that our workforce planning and recruitment involves such a lot of overseas doctors coming to help support our rotas and that we do need them, you know more than they probably need us, even though we sort of sometimes act like it's the other way around. So I think really obvious work and career development things for those doctors and things to really help them achieve their potential. So that we can feel reassured that we're providing resources to reduce differential attainment in those groups and make sure that they can actually achieve their potentials, that they've given up whatever they've given up to come over here and work in the NHS. And obviously, they get some benefits from that, but also that we're doing our kind of duty of care towards those doctors who sacrificed a lot to come and help deliver our service here. So that would be my, my priority.

Segn Nedd 23:02

So priorities wise, I think, having helped to work on some of the action points from the action plan that we have put in the Putting Down Ladders report, I think it's important that we are on our way to completing the majority of these goals and targets that we had as a College. But I think it's important that we get to - completion is a phase, because it's completion and then continuation. But I think it's really important as a College, we can say, we aim to do something and we complete it, and we do it and we continue to sustain it.

Segn Nedd 23:40

So priorities immediately, I'd say is making sure that we're not forgetting what we've said we're going to do, and making sure that we're accountable to that. And doing that. As I said, I'm involved in the reciprocal mentorship programme, kind of creating that and building that up. And I'd really love to see that kind of continuing nature, because I think it will help to give people that opportunity to collaborate with senior members of the College, with other members of the membership, to really see well, a more kind of direct level, how different experiences can be affected by the things that paediatrics in general or child's health, or just people in general, can affect them. So I think, being completers of what we say we're going to do is the priority. So we can have lots of ideas, but I think we need to make sure that we're finishing them.

Segn Nedd 24:35

And for me, I think it's not shying away from things that are really difficult. So as Nadia mentioned earlier, we had evidence emerging about international medical graduates provided in the recent weeks: reports about racism being systemic in the NHS, and there's lots of discussion before, and people can give their own opinion but we have data, we have results now. Because it is not shying away. And as I said, that's always going to be one of my most important slants for me. But there will be evidence from other different parameters. And I think it's not shying away from the things that are difficult, that are tricky to navigate and saying actually, sometimes we don't know the answers, but we're going to look at this, analyse this and try and work forward towards making progress.

Natasha Neill 25:21

And that sounds like a really good note for us to end the podcast on. So I guess I just like to finish with a giant thank you, Mike, Segn and Nadia, for joining us and sharing some of your inspiring and personal stories.

Natasha Neill 25:32

If you're listening and you've been inspired by what you've heard, please visit our website <https://www.rcpch.ac.uk/EDI>, where there's more details about how you can join our EDI member reference group and also links to complete our diversity monitoring form to help us with our data collection. Thank you for listening!