

RCPCH podcast

Your wellbeing as health professionals – working with the College

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Kirsten Olson

Hello and welcome to this Royal College of Paediatrics and Child Health podcast. I'm **Kirsten Olson** and I work in our Membership, Policy & External Affairs Division. This is the second of two episodes looking at your wellbeing, as busy health professionals, and recorded at the College's annual conference in Liverpool this past June.

In the first episode, we talked with members who are engaging the whole team at their workplaces - - whether that's bringing homebaked goods to share, recruiting diverse colleagues to identify the real issues and developing a culture of kindness.

In this second episode, we hear from two members working with the College on wellbeing. First, Dr **Seb Gray**, who wears many hats when it comes to promoting joy at work. Seb is on the editorial team of your membership magazine, Milestones where he introduced a regular feature on wellbeing. He also led a subgroup of our Paediatrics 2040 programme, which produced a report full of practical ideas on supporting wellbeing.

Next, Dr Dal Hothi, our Officer for Lifelong Careers, a new post for the College. Dal shares her four-part framework on wellbeing, which includes how we can build resilience and promote work-life balance and self-care. She's looking at how we can build a Wellbeing and Innovation, or WIN, community – cultivating a sense of connection and standing up for paediatricians. Enjoy!

Kirsten Olson

Hello, this is Kirsten, I'm here at the Royal College of Paediatrics and Child Health Conference and I'm speaking with Dr **Seb Gray**. Hello, Seb!

Seb Gray

Hello Kirsten. Nice to meet you.

Kirsten Olson

Nice to meet you. Perhaps we can start off just if you can introduce yourself and, and how your interest in wellbeing works at the College.

Seb Gray

Absolutely. So I'm Seb Gray. I'm a consultant paediatrician in Salisbury. I'm part of the Milestones editorial team. So we like to feature wellbeing on a regular basis with our quarterly magazine. And I was also the lead for the subgroup looking specifically at wellbeing for the Paediatrics 2040 project as part of the Working Lives, which was a great opportunity. And I've also got a passion for joy in work. So I blogged for FOMED, the London Paediatric website, as well as speaking at regular meetings and conferences.

Kirsten Olson

Fantastic. And perhaps we can kick off just with a question. How would you describe, say, your perfect Saturday morning?

Seb Gray

Yeah, absolutely. So for me family is really important. So luckily, I get most Saturdays off. And so waking up spending time with the family, in a relaxed, non-rushed way is really good. We're actually preparing for a charity netball match at school. So my wife and I are both play. I'm a school governor. So I'm actually playing for the teachers' team against my wife, which is creating a bit of marital friction. But it's great fun, and it's in a local park where there's a skate park right next to to where we play. So that's great fun. And being quite tall, it's quite useful.

Kirsten Olson

I can imagine. Which position do you play?

Seb Gray

I'm currently goalkeeper. I've never played netball before. So it was interesting to learn all the positions.

Kirsten Olson

Yes it's been a number of years for me. So going back to your role on Milestones, so the member magazine that comes out once a quarter, can you explain a bit more about how you decided to create a wellbeing section and what kinds of things you were thinking about including?

Seb Gray

Absolutely. So Milestones is members magazine written by members for members about what members want to write about and read. So we're trying to scope what's going on in paediatric and child health across the UK. And there are fantastic projects going on up and down the country that we really want to showcase. Our whole ethos is sharing seamlessly, stealing shamelessly and getting the best things going on in every place into every place. And I think we've achieved that. There's a lot of great projects that seem to have traveled across the country now, which is really great to see.

Seb Gray

And it's a great opportunity for members to actually showcase what they've done. And I know everyone who's published in Milestones really enjoys seeing themselves there. And we know, for example, not everyone loves baking. But there are lots of people that do love baking. Some people like reading about the history of medicine and Richard Daniels's regular piece. But then it's just the wellbeing pages and the projects that are also really great to showcase what's going on. And we try to be as inclusive as possible, covering the whole of the UK, and also the different groups that work within child health.

Kirsten Olson

Yes. Fantastic. And then you mentioned at the beginning, your work with Paediatrics 2040. For those who aren't familiar, can you briefly explain what that programme is?

Seb Gray

Oh, absolutely. So back in autumn 2018. Russell Viner who was then President came up with this ambitious, fantastic project, mapping out what paediatric care should look like in 2040 with four different working groups, and one of them the Working Lives group, I self volunteered to be part of. And concurrently there was an opportunity to join an International Paediatric Association emerging leadership program, which for me was a great opportunity. And I was fortunate to be supported by the Vice President David Evans at the time in applying for this and was selected. That went on to support from the IPA and Yale Global Health Leadership Academy to support a leadership programme, which I asked the Working Lives group whether I could specifically look at wellbeing.

Seb Gray

And this led to a really in-depth landscape analysis of paediatrician wellbeing, I think the biggest one that's happened to date. And it generated a 51 page report. It showcased all the great projects that were going on across the country at the time, as well as really focusing on the member survey which we had as Paediatrics 2040, highlighting what aspects that members felt were contributing to the low morale and burnout, which is currently a pandemic within child health and paediatric care.

Because knowing exactly what the problem is allows potential solutions at trying to address it. So the culmination was forming frameworks, targeted at the individual, because nobody really wants to be told you need to attend a mandatory resilience eLearning module to fix the wellbeing issue. But there are some aspects you can improve on an individual level. The other frameworks targeted the employer level or the trust level, and then more wider for the final one at sort of national societal level, and that includes College work, really trying to harness in and support trainees, consultants and everyone working within child health.

Kirsten Olson

Okay, sounds fantastic. We'll make sure to include the link to that in the show notes so people can take a look for themselves. Just, whether it's in your own experience or at your Trust, are there any kind of particular tips that you would want to share with members thinking about their wellbeing or the wellbeing of their team, colleagues?

Seb Gray

Absolutely. So I think it's read the report for a start, and you can pick and choose which products you think will work well. And one of the biggest challenges for wellbeing is really figuring out whether what you're doing is going to make a difference. The formal research wellbeing or burnout questionnaires are time consuming, quite lengthy, and don't always work in practical terms. The NHS People Plan is fantastic. And actually, the regular NHS staff survey is now mapped to that. So we should be able to monitor wellbeing and burnout in real time every year, and see how that changes.

Seb Gray

I think for many, many years, paediatrics was thought to be the happiest specialty. But in recent surveys, we're not. We're sitting somewhere in the middle of all the different sub-specialties. And so I think we can't be complacent anymore, we need to start somewhere. And that's my tip, is just start. There are really easy, low hanging fruits that can be the initial steps.

But once you start, it's joy in work, and wellbeing is a snowball that grows and gains momentum and will only get bigger. But once people start, it spreads. It's like karma, isn't it? So it's what goes around comes around and if that's positivity then things will ripple and wait.

Kirsten Olson

Yes. Fantastic. Thanks so much, Seb. It as a pleasure speaking with you today.

Seb Gray

Thank you very much.

Kirsten Olson

Next is Dr Dal Hothi, a consultant paediatric nephrologist at Great Ormond Street Hospital in London and our Officer for Lifelong Careers.

Kirsten Olson

Hi. So we're here to talk about well being and what you and what the college is, is doing to look at wellbeing for, for our members for pediatricians. And just wanted to kick off with a quick question, what do you do to relax?

Dal Hothi

What do I do to relax? It's interesting because I almost have to think about it. Because there was a time that I could say very eloquently very quickly. I see my friends, I see my family, I go to the gym. But what I'm doing right now is I'm struggling for my time. And I feel really time-famined at the moment. So my most favourite activity when I'm not working, is just take a step back and just spend time quality time with my family. You know, just to say hello to my husband and spend some time with him. And what I really love doing now is going out and having breakfast on a Saturday mornings, it feels very decadent, I guess.

Kirsten Olson

Yes. Sounds great. So you're Officer for Lifelong Careers. Can you tell us a little bit about what that means? It's a new role at the college.

Dal Hothi

Yeah, absolutely. It's interesting that I interviewed for the officer for retention. And very quickly, we thought that was the wrong title, wrong sentiment, and perhaps the wrong focus. Retention feels like we are really trying to support the agenda of delivering care for children. And that is absolutely important and crucial, you know, delivery of services for children. We've talked a lot about inequity today in the in the conference. It's a very important issue. But I think one of the other important issues now facing all of us is how we as pediatricians are experienced in our work and experiencing life. And I think that wellbeing issue is something that became very evident during COVID. But even before COVID, we do almost decided that retention felt like it was just a bit reductionist in our thinking, and we need to broaden that to what do we want our pediatricians to experience that they feel that they're fulfilled and thriving, and want to have a lifelong careers in pediatrics? Rather than saying to them, how can we retain you?

Kirsten Olson

Yes. So what are some of the things that you're thinking about? About doing?

Dal Hothi

Yeah, so I think I sort of spent a lot of time with Camilla Kingdon, who was at the time Vice President, and she's now obviously President. And we sort of sought the opinions of many colleagues, but felt that we needed a more of a holistic approach. At the time I was recruited, the Bawa-Garba case is just still going on, GOSH had gone through Charlie Gard and the social media impact on how we as doctors are regarded was still very painful and bruising. We had the inequity of experiences that our paediatricians were facing, there were gaps started just surface and rotor. So that was the environment we were coming in.

Dal Hothi

So we thought, well, how can we tackle that? And so we decided to move from a strategy, which always feels like it's late, or is old by the time it gets published. And so we decided to create a framework. So how can we anchor our thinking, and create a framework so it's a live document, a live thought, as opposed to something that gets put into a cupboard. So we created a four stage framework.

Dal Hothi

The first aspect was nurturing resilience, and advocating for work life balance. I think we sealant on work life balance is a layered approach. And it has to be systemic, it has to be organisational, but there's also got to be this issue of self care as well. Put the oxygen mask on yourself before you do on others. And that is what we always told her on a flight. Sometimes we forget that we are always looking outwards, what other what other people are doing for us. And I think we need to start asking people what do you do for yourself? And let's face it, the NHS don't want us to self care. So if we started self care, and the whole system will fall apart, so we're not making it easy for people do self care. But I think we need to give people the courage and perhaps the tools to start thinking about self care. So that's the first aspect.

Dal Hothi

The second aspect I think was about how can I feel like I'm thriving and developing mastery in my life as a paediatrician. So education is a really important thing. And I think there's inequity in that education: some people feel they're invested in, and their potential is reached, obvious feel that no matter what they do, they constantly bang their head against a brick wall, or nothing is available to them, even though they may have the impetus and the drive, it just doesn't seem to go to fruition.

So we really want to make sure that we invest the future doctor, with the courses, with the skills that will make them allow them to thrive in the future NHS. And I think that the future NHS demands us to be doctors and experts in science. But it also demands us to be expert in

the soft skills, and I hate using the word soft skills, but the other essential skills, you know, skills of leadership, skills of improvement skills of resilience, skills in education. So what's demanded of us as a professional now is much wider than it used to be.

But we can't just expect pediatricians just to fall into these other roles without any training or development. So if we can start to build a wider programme of development for pediatricians that really allow them to be equipped to thrive; otherwise, we'll put them in these positions and they'll fail, not because then they're unable to is because they're not being skilled and developed. And so we really want to sort of help build that confidence. The imposter syndrome is so ripe I think in pediatricians, not because they all lack confidence, but because we're not skilling them to feel confident and capable. So I think that is the second sort of platform.

Kirsten Olson

And the third pillar?

Dal Hothi

The third pillar is really trying to safeguard our professional role and identity. And I think pediatricians really are brave, you know, Clare Gerarda talks about pediatricians facing this life of disability, death and disappointment. That's what we face. You know, we speak to parents, we support and advocate for children. Can you imagine sort of telling a parent that their child is not going to have the life that that family have already dreamed up for them? And then you're the one who has to almost help, navigate, support, mentor, coach them through that, while you're also having your own families, and you're having your own experiences. So I think there is something about standing proud and brave about what work we do, talking about our truth.

And building a more holistic narrative about pediatricians. We're not there to just to be in conflict with families, we're not there to be self serving, and just to think about our lives and no one else's lives. We feel a really strong duty, a really strong duty. That's why we do this work. But we also need to advocate for what pediatricians stand for and what we are and also about our truth, because I think then an understanding will develop.

Dal Hothi

And I think it's only with that understanding why some of these conflicts actually started to dissipate. If we can say truthfully and honestly to, you know, parent groups, this is our truth. And this is your truth. Why do we allow both truths to stay in this space rather than just one truth to be told, maybe it will be a tad different conversations, maybe we'll be able to build different policies, maybe we'll be able to create a different movement and momentum. So that's the third pillar.

Dal Hothi 0

And then the fourth pillar is really to sort of builder and try to cultivate a sense of connectedness with the College. So I was very honest, when I first met Camilla, when she approached me about this role, and so would I consider... I didn't really feel that I belonged to the College. And I never really got involved with College work. For me the College was a place I went to, to tell me about the standards that I was supposed to be attaining or reaching. It helped me get through. It was the place for my exams. It was a place for my study. It was a place for professionalization, if you like, and that's how I saw it. I saw it as an ivory tower that didn't really belong to me.

And we can't carry on like that. We have to have a strong relationship with the College. It's a member organisation and our members need to feel that they belong. And I think that's another thing that we want to do have this real sense of connection with the college that I belong to this community of pediatricians. I can contribute to this community of pediatricians and they can contribute to me. So that's the fourth pillar.

Kirsten Olson 10:21

Yes. So that really ties in so beautifully with our college strategy, of course. So that began last year, and for the next two years. Great. So if you were a member, how do you? How would I go about finding out more about this or how to get involved in developing it, implementing it?

Dal Hothi

So the first thing we've done is that we have started gently and approached a charity called the Dinwoodie, and were successful in getting a grant to just to see what is the current status quo, like, what is the real lived experience of pediatricians. So we did some surveys, interviews, and really get a sense of the experience that pediatricians are having in all aspects of paediatrics, all across the country. We also looked at data on retention, recruitment. And so looked objectively at why people were leaving, or were thinking about leaving, and the ones who was thinking but hadn't quite done it, what was it. And was there any sort of critical points or critical transitions where people are more vulnerable. So we've done that work, and that work is almost at completion. And that hopefully will be available to our members shortly.

Dal Hothi 11:42

From that sort of almost data collection point, we now have approached the Dinwoodie again and have managed to get another grant to start looking at the next piece of work that we can do around this issue. And, and this will be three areas of work that we absolutely need

and we will require our members to be involved. We want this to be a community project, not something that's led by a few people.

The first aspect is that we want to almost create these statements, if you like, or a shared commitment, a contract if you like, where we can say this is how we as paediatricians want to feel that we are treated when we're working in our different workplaces. So almost best practices or statements of best practice of how paediatricians are experiencing or are experiencing life as a working paediatrician in their different organisations. So it's like a GIRFT-like report, not for delivery of care, but a GIRFT-like report on how we as paediatricians, the staff, are experiencing their work.

Dal Hothi

And so we are at the moment creating the statements which we would then need to make sure those statements are correct, in accordance to what our paediatricians feel are the right statements. And then we want, across the country, peer review of colleagues going to another organisation saying let us review, how you guys are doing, according to the statements? And let's create a report of what reality is for paediatricians across the country. And it's not to shame the government. It's not to shame organisations. But this GIRFT-like report is there to almost, I guess, put the spotlight on workforce, on paediatricians in the hope it will activate people to say let's do things differently. Let's not be shamed by this. But let's now be activated to try to do something differently. Let's go and speak to our colleagues across the country and say what has somebody else done to address this issue? And why is this issue in this part of the country not in this part of the country?

Dal Hothi

Similar to the Soft Landings work we talked about this morning in the conference. Soft Landings talking about IMGs having a different inequitable experience. And let's see if we can do something about it. So there must be other beautiful stories like that on all aspects of paediatrics, and how staff are experienced in their work. So that's the purpose of this is this this first piece of work? So peer review, GIRFT-like report, let's put the spotlight on paediatricians and how their life is. And then let's activate our community. Let's talk to each other and let's all get our standards up. Let's talk about areas of excellence and let's share from those areas of excellence, and let's change that narrative. So that's the first piece of work.

Dal Hothi

The second piece of work that we are going to want to try and it's novel it's not been done before is something called a WIN community. So in our regions create these wellbeing and innovation community. So within a region, let's get all the people who are invested in workforce together, and let's start speaking about what's your local data? What initiatives are

you taking? What initiatives can we start, and let's, let's ... activate the community for change, because each community is going to be different. And with those communities, you may have sub communities. So you may have a regional community, you have a community for women, a community for IMGs [international medical graduates], as you may see, it's almost, it's activating the communities for delivering and activating things that will service their own community. Think of innovations, do things differently.

Dal Hothi

Let's stand up and create a movement. Let's stand up and really tell the world that paediatricians mean business. You know, I think it's really interesting. Paediatricians sometimes are regarded as softly spoken, kind, considerate minority in organisations, the one voice never gets heard. But if we can almost, I suppose move that one voice to a number of voices, suddenly, the impact of that voice gets larger, and the chance of being heard gets stronger. And that collective voice, I think, will feel more courageous to make change. So that's what we wanted to do.

Kirsten Olson

It sounds like a big task, but I really look forward to seeing how it progresses.

Dal Hothi

It's that social connection, that social currency that is required, you know, you'd like your something on your own it feels a mammoth task. But if you've got 100 people, yeah, we can do it.

Kirsten Olson

Yes. Absolutely. That sounds fantastic. Really looking forward to seeing more about that. Thanks so much, Dal!

Dal Hothi

You're most welcome.

Kirsten Olson

So it's now autumn, and the work on the programme that Dal outlined is progressing. We'll be posting updates on our website at www.rcpch.ac.uk and our social media, including Twitter @RCPCHtweets, Facebook and Instagram. In the meantime, have a look at our web pages Lifelong careers – in the Education and careers section – and Your wellbeing – in the Key topics section – for more resources and ideas on wellbeing. Thanks!