

Leadership Podcast – Leading the Way

Transcript of podcast – Episode 7

Jonathan Darling and Steve Turner

(Music starts)

Jonathan Darling

Hello. I'm Jonathan Darling, Vice President for Education and Professional Development at the RCPCH. Welcome to our leading the way podcast series, leadership is for all of us, and we hope that by sharing stories and experiences about leadership, we'll be able to help you on your leadership journey at whatever point you're at. And it's my real pleasure today to welcome Steve Turner, who is president of the Royal College of Paediatrics and Child Health, and thanks for coming and joining us today, Steve.

Steve Turner

Thanks ever so much for the chance. Jonathan.

Jonathan Darling

So perhaps just to start off, can you just briefly outline your career journey and key roles you've had?

Steve Turner

Yeah, so I trained in Newcastle back in the 90s, and then did paediatrics based around the North East of England, but with extended spells in Australia and New Zealand, and then moved to Aberdeen, 2003 as a senior lecturer at the University there, and I'm still based in Aberdeen, general paediatrician, respiratory paediatrician, and also doing research. And in that time, I've found that I've done a number of leadership roles and perhaps I'll just mention I was a Scottish officer for college 2016 to 2021 which included a pandemic, which was an experience. Then I was college registrar, which is, well, nobody really knows, but it's very much at the heart of what the college does. That was 2020 21 to 24 and I've been president since 2024.

Jonathan Darling

That's about 18 months.

Steve Turner

Yeah yeah

Jonathan Darling

And would you like to give us just a few reflections on leadership at the outset?

Steve Turner

Yeah, so leadership something I've never had any formal training in, and I think I've probably picked up leadership skills I've got from the University of life and the school of hard knocks, and I think I found myself in a number of positions through the clinical work, research work, and also stuff outside of being a doctor that has helped me do that, so I've had no formal

training, but I think I've probably got quite a good amount of expertise, and hopefully can share some of that with people listening to us.

Jonathan Darling

Great. Well, perhaps we can go back to your early experiences. Maybe you could share some things early on in life that perhaps were to do with leadership or starting on that journey.

Steve Turner

Yeah. So again, I think, like most people, you don't realise when you find yourself a leadership role. So, at school, I would often end up doing things. It was a debating society that was hugely unpopular because you had to stand up in front of everybody and say things. And I ended up doing that and quite enjoyed that. I guess that was a sort of leadership role. I was quite sporty, so did lots of swimming and rugby and often found myself asked to organise this, do this so, and then I was head of house at school. So, without really realising it, found myself in these, in these roles, and then fast forwarding through university rugby features a lot. I was captain of a couple of rugby teams on at least one occasion because nobody else would do it. So, I was last, last person standing. But quite enjoyed those. Quite enjoyed the challenge and the fulfilment. We won a cup. Very exciting.

Jonathan Darling

And when you look back at that, what do you think was it about what you were bringing to those roles that helped you in being a leader?

Steve Turner

Yeah, I. I think it's probably the simple things, it's communication, it's been efficient and understanding people's you know why? For example, at nine o'clock on a Saturday morning, someone rings up and says, sorry, I can't play rugby today. So, it's those things. And I think there's probably an element of, look, it's been the right person or the wrong person at the time when an opportunity comes available.

Jonathan Darling

Thank you. And then let's move on to your sort of more academic career. You're now professor in University of Aberdeen. How did you get to that role, and where did your academic journey start?

Steve Turner

Yeah, like most things in my life, by accident, really, I wanted to be a general paediatrician. Always wanted to be a general paediatrician, and for probably wrong reasons, felt I had to have an ology. Couldn't work out which one to do. So went for respiratory because it was everywhere. So went off to Australia to do some respiratory paediatrics and came back with a MD and tertiary respiratory qualification. So, it wasn't part of the plan. I remember going to an interview at what is it? Was it the Calman interview, going to St interview, and I was asked, you haven't done any research, Steve? And I said, I've got so much trouble learning what's already out there, I really don't want to go and find out anymore. So, I had a very, very thin CV when I got the post in Aberdeen, I remember speaking to the dean at the time who looked at my CV, looked down his nose at me and said, Well, I suppose you could do some teaching, but you haven't got any research. So I did start from a very low base, but I was lucky, and this is where the luck comes in, and that I found myself in Aberdeen with some colleagues who were

very supportive, who, to be honest, needed a paediatrician on the team, and so we got involved in some cohort studies, in some clinical trials, and then one of the adult Chest Physicians in Aberdeen was in part, part of the National Asthma guideline, the BTS sign guideline, and asked me if I'd like to do a bit of work, which turned out to be quite a lot of work, but it was really enjoyable work. Got to meet lots of people, and I think open lots of doors for me. And from that, I think all of a sudden, I found myself being invited to meetings, and I guess you could say that I'd found myself in a leadership role. And once that momentum got going, it was it wasn't easy getting funding, but it was less hard getting the funding in that I knew what the questions were, and then in terms of, you know, collaborating across the UK, across Europe and colleagues in North America.

Jonathan Darling

Yeah, so it all started with being part of some smaller groups and been invited to do something. You took it. Took the opportunity, did you? Did you have any doubts about any of those opportunities, or what was it an obvious thing to do at the time?

Steve Turner

Yeah, I mean, to be fair, I wasn't really given much of an opportunity for a lot of those in the nicest way. I'm sure I could have refused, but, but, but I might come to this later on. One of the things I have found is that those opportunities that I thought, oh, that might be quite a lot of work. Can I really be bothered when I've gone and done it, they've been fantastic. They have been challenging, but they've been very rewarding. So, so yes, I did think, should I? Shouldn't I? But invariably, I usually end up thinking yes.

Jonathan Darling

and other lessons that you can share for people interested in taking research a bit further in their roles.

Steve Turner

Yes, I could probably occupy a 20-minute podcast elsewhere on this, because it's a question I'm often asked. And I think the simple, the simple thing is that I think 10, 15% of people who qualify in medicine have got all of the skills to go on to be a clinically active clinician. I think it's important that being research active is not a dichotomous thing. Every clinician is academically able and can do things, I think in terms of how to get on, and that's the difficult thing. How do you get going? What's, what's, what's the spark? I think getting involved in clinical trials is a very easy way of doing that, because, again, that can then open up the door to getting involved in clinical guidelines, and then all of a sudden, you're sitting at the table with all these people who you think are really important. And it will be that way. So so you can't do it alone, or you can't easily do it alone. In terms of research, it's very much becoming part of a team that's already got some momentum, joining that momentum, using that momentum, and then hopefully finding your own niche.

Jonathan Darling

And you said it's not dichotomous, so everyone's got some role. It's not all or nothing. And I think you talked about previously, taking this small steps, doing one thing at a time, has anything hindered you in doing it, in doing the research side of things?

Steve Turner

Yes, I mean, one of the challenges of being a clinician on a researcher is that there is essentially two jobs. If you speak to most people who regard themselves as clinically active, they'll describe their job as having three halves. You know, there's the research, there's the teaching, and there's the clinical system. There are times when, particularly in the middle of winter, when colleagues are off, that there's you pulled in in too many directions. Now, fortunately, that isn't a problem most of time, because the pace of clinical life is usually measured in minutes and hours, whereas academic stuff is a little bit more glacial in its pace. So clinical commitment is one reason. Other challenges in term getting research done is staff. You know, if you happen to be fortunate to have funding for staff, but staff are ill, or are off sick, or same thing, really, but if the people are meant to be doing the work aren't available, you've got to roll your sleeves up and do it yourself, but, but that's that's okay. So there's some practical, some financial challenges, but to put it on its head, I've always found that, because I've done very clinically relevant research, it actually all fits in very nicely. So when I'm sitting in my asthma clinic and a parent comes in, having gone to chat GPT and got all of the guidelines out, and says, Well, what about this? And say, Well, yeah, but and it makes it can make life a little bit easier having that research background. And the other thing that it does do is it does allow me to work out what the question is, what's worrying this parent that's made them come to see us today?

Jonathan Darling

Thanks. Let's move on to your college roles. So you started out, I think, with the Scottish Officer role, yeah, well, you said a bit about what drew you into that.

Steve Turner

Yeah, good. So I, I, I've always been interested in the college, I think been as new to come with. The College is a splendid organization that does all of the things that respect, you know, a membership organization should do for paediatricians. So, I had applied to be the Scottish officer previously, and there had been another candidate, and they, they got the post, and they got the vote. So when he demitted, I put myself forward. And generally, from a lot of these posts, there isn't an abundance of applicants, and I was the sole applicant. So, I applied for it really, because I'd known that I'd wanted to do it the previous time. And by not applying, it would be almost closing doors, which, fortunately I didn't close. So, I was college Scottish Officer for 2016 to 2021 which, which was great. I already knew through my research contacts. We've done research in lots of different centers across Scotland. So, I knew all of the people. There are 11 children's units across Scotland, and I knew them all. 11 is a small number, and that made it very easy to find out who's who, and to let people know who I am, and that that made it very easy. And Claire, who was the college staff officer in Edinburgh, I got on very well. So we made lots of lots of connections, hopefully made lots of changes, and there were lots of things happening in the college that had a four-nation perspective that we were able to feed into.

Jonathan Darling

And am I right? There's some autonomy or freedom in, or, I don't know if that's the right word, but in how you can do that role, yeah, in relation to some of the other Yeah.

Steve Turner

Yeah. I mean, it does come as a surprise to lots of members in England to hear that health is totally devolved to Northern Ireland, Wales and Scotland. It is totally devolved. So there's a

separate NHS in those three, three nations. And so there is a need for college presence, because, you know, they've got their own government. They've got their own ministers, so that there is that need. And whilst the offices in those three nations are connected to the college, there are, there are differences. As an English man living in Scotland, I'm very aware of the politics and. A that can sometimes be played across the four nations. So, you know, we were regularly going down to Holyrood to meet MSPs. I'd often be invited to go to to join panels where children were with the focus of the conversation.

Jonathan Darling

And am I right that role has some significance within the Scottish Paediatric Society. Is that right?

Steve Turner

So it's it so Scottish Paediatric Society, as they always say, is older than the British Paediatric Association. It's a very proud society. I have had the pleasure of being the president for one year. So the Scottish officer is part of the Scottish Paediatric Society committee, so that they're one of the members, and that allows communication between the college and the SPS. The the SPS is, is for education. It just does education. It doesn't do policy. It, it. It leaves that for the college to do.

Jonathan Darling

I'm just interested in your reflections now from your role as president on the role of local paediatric societies that the Scottish one being one of them, and I know you visited quite a few what was, what's the importance of the role of those today?

Steve Turner

I think they're just as important today as they ever have been. I think the main, yeah, I think the main role of these societies is to provide a community. It's to go, and we've all been to them, you know, you go and you see people hugging each other. You see people haven't met each other for ages, you know? And it's just a way of catching up. And this is, you know, trainees who become consultants are now speaking to the people who used to be their supervisors. So that community, that sense of bonding, is really important, and that's that can only be provided by by these organizations, which I must say, are organized often by a small number of people who are showing huge leadership roles, and they should be commended for that. I think the second thing is, it's the educational side of things. I think that trainees, quite rightly, are expected and want to do audit projects, case reports. And these local venues are a perfect opportunity for them to to to do that, and also for consultants and SAS grade doctors, also to get involved, to make presentations of original research, to chair sessions.

Jonathan Darling

And then maybe, if we move on to your other college role. So you did the Scottish officer for three years, I think, and then moved into the registrar role for the college, yeah, yeah. So it's a bit about what that involves, yeah.

Steve Turner

So the registrar, I love the registrar job, not I mean, I've loved all my job, but nobody really knows what the registrar does. So, the registrar is one of the college scene references, and then the remit is membership and governance, and also helping the college with some of the ethical and

legal challenges that that often come over its horizon. So, I as Scottish officer, I thought I quite I was seeing my term come to an end. I quite like to do some more. And I'd looked at the posts and and there was, there's an assistant registrar post that we had. And I thought, well, I'm imposter syndrome. I'm never going to be good enough to be the registrar, but perhaps I could go for the assistant registrar job. And this was great plan, until the post was advertised and appointed, before I realized, Oh well, I'll give it a go and see what happens with the registrar what can what can go wrong? And so that's, that's why I applied for the registrar post, because I enjoyed being part College community. Felt that I had an important contribution I could make to the college. Unfortunately, got the registrar post.

Jonathan Darling

And so, the Scottish one was been in the thick of things in Scotland, and then the registrar one in the national organisation. And now you're, you've been president for about 18 months,

Steve Turner

yeah, yeah.

Jonathan Darling

Would you give us some reflections on on what you've learned in that role, and maybe,

Steve Turner

yeah,

Jonathan Darling

over the last 10 years,

Steve Turner

yeah, so, so the I'm still learning, I'm still learning, which means I'm still making mistakes. So as president, what I've learned is the importance of knowing when to delegate when not to the importance of keeping an eye on the smaller details. It's interesting. Actually, I again, I would have thought that a leadership, as a leader, you'd be talking about the bigger details, and other people do the smaller details. But I feel. And actually, the bigger details, the bigger plans, those, those are usually fairly obvious, and it's the smaller details that I find I'm often able to make some impact on. And that's probably my additional benefit. So, delegation, when to, Delegate when not to, when to get into the into the finer details, and when not. And also, again, I'd always thought that as the President would everything would happen for them, and I'm sure it could happen that way, but I find that where I think I make a difference is in communication, that you know that the idea that the President sits at the top of the pyramid, isn't one that I appreciate, because I feel very much I'm at the centre of a sphere, and communications are coming into my inbox all of the time. What's that group of? What's that? What's not if I just made up a new bit of social media, I think I'll copyright that one, but I'm able to communicate things, and so I will often say, this is for your information. Don't no need to reply. Or I think you really need to know about this. And that's that's something I wasn't aware of when I started, but I'm very aware of it now.

Jonathan Darling

And do you think having done the previous roles has helped? Is it important to have done those kind of roles.

Steve Turner

Yeah, yeah, yeah. I mean, there are people who, I mean, I was an examiner, regional examiner, used to host the exam in Aberdeen. So there are people in the college who I've known for nearly 20 years through my various college roles. And that's that has made it really easy, because when you when you're working with people who you know, well, life is just much easier.

Jonathan Darling

Great. Well, as was looking at the [NHS healthcare leadership model](#), and there's nine domains there that if anyone's interested, you can just look up the leadership model. But I was reflecting on on those after we'd been preparing for this podcast, and maybe we could just think about a few of those domains which I think apply really in part of our conversation. One is inspiring shared purpose. Another is about sharing vision. And I think that's probably quite a big part of your role. Just interested know how. How do you do that? What's your approach to

Steve Turner

Yeah, vision, probably an iterative one. I think I am never short of an opinion, which I think helps. I think because I've got lots of perspectives. So as a general paediatrician or a specialist paediatrician in respiratory medicine, with the academic side of of things, and also having done lots of lots of college work, I do think I have a lot of a lot of background, a lot of experience that I can pull together. So as an example, changing the way that we work, you know, changing the way that you and I have practiced paediatrics for 2530 years is never going to be easy, because we just get into a into a routine, and we pass that on to our trainees. So, trying to affect that change is, is is really important. It's needed. And because I can pull together while I'm a general paediatrician, I also do the respiratory specialist stuff. I've got all of the research that shows what does work and what might not work. And pulling that together is something that that I often do when I am putting my blog together, for example.

Jonathan Darling

And another one is of these domains or attributes, is connecting which I think you referred to, because part of that is understanding how the systems work and who to go to and how to solve things, and having those relationships that allow you to do that.

Steve Turner

Yeah, very and it's about realistic communication. We all get 1000s of emails, and we, I certainly don't read them all, and I probably don't read stuff that I probably should do. So So I think there's lots of amongst the flurry of communication that's around at the moment. I think there's a need for realistic communication, which is the right communication, the right person at the right time, and that's what I see, is one of my roles. So, for example, if I hear something from one of the other colleges or from one of the charities, one of our stakeholders that I think will be important to, for example, one of my colleagues in the Scottish college office. I'll pass that on. So that's absolutely crucial to it.

Jonathan Darling

And then the last one I just want to pick out of these domains is leading with care about how we create an environment where others around us can be their best and deliver what we need as an organisation. Can you comment a bit on how you see that for the RCPCH and more generally, across paediatrics,

Steve Turner

yeah, and I think this probably applies across all paediatrics to me. I think, I think this is this touches on culture. How do we, how do I use college president help support a culture where people feel valued, listened to, where they feel respected, and so, for example, I'm quite happy for people to email me, and for and people are always a stand up. Thank you very much. You must be so busy, you know. Thank you very much. And you know, it doesn't take very long, and everybody's quite busy. And it's that culture. It's that culture where people feel they can speak to me. I've always insisted that the nurses on the ward call me Steve and only call me Dr Turner if I'm in trouble. And I think that's that's a small thing, but I think it's a really important thing. And I'm quite keen for a flat hierarchy. And I'm not sure that medicines always had a very flat hierarchy. There's always been a very, you know, perhaps when we were very young, there was a very strict hierarchy, and I've always been very keen to have a very flat hierarchy with respect on both sides of all relationships.

Jonathan Darling

Yeah, I do think you create that environment. It's my observation. So as we come to the close of our chat, I just wondered, are there any particular take homes about what you've learned along the way, about leadership?

Steve Turner

Yeah. I mean, I think the first thing is that failure is a really good teacher, and doctors in particular tend to be very high achieving. They've probably never failed anything until they get to medical school. So failure is a new concept to them, and it's not a pleasant one, and it isn't but, but as I get less young, I embrace failure, because I learn. You learn so much from what's not gone wrong. So my first thing would be to say, get involved in leadership and expect to make mistakes, because that's human nature. And I think the thing that that probably distinguishes the better leaders from the less good leaders is not the mistakes they make, but what they do once they've made a mistake, how they how they sort that out. So don't be afraid of mistakes. My second thing would be, and I mentioned this earlier on, we're often given opportunities, and they probably fall into three categories. The first is, oh yes, please, bar of chocolate. Oh for goodness sake, absolutely not. You know, a week of night. But then there's those in the middle. Well, that might be quite nice, but have I got time? You know what? We'll have to go. My advice has been, grab those uncertain. Do it. Because my experience is that they're the most rewarding, the most challenging, the most fulfilling. So don't be don't be afraid to take things on. They I think they would be my 222 main things, and perhaps my third one would be to throw off the imposter syndrome. Everybody feels they're not worthy. Everybody feels they're not good enough. I think doctors are very self critical. I back yourself, back yourself, because if you don't, probably nobody else will.

Jonathan Darling

That sounds a great place to finish. Well, thank you, Steve, it's been great talking. Thanks for sharing your thoughts.

Steve Turner

Well, thank you very much for the opportunity. Thank you, Jonathan.

(Music fades in)

RCPCH

Thank you for listening to this *Leading the Way* episode from the Royal College of Paediatrics and Child Health. The thoughts and opinions expressed in this podcast relate solely to the speakers and not necessarily to their employer, organisation, RCPCH or any other groups or individuals. You can find the transcript to this episode and more from the *Leading the way* podcast on our website, RCPCH Learning – go to learning dot RCPCH dot ac dot uk.

(Music fades out)