

Leadership Podcast – Leading the Way
Transcript of podcast – Episode 8
Jonathan Darling and Vicki Walker

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Jonathan Darling

So welcome to this Leading the Way podcast. I'm Jonathan Darling, Vice President in RCPCH for Education and Professional Development. And this podcast is about leadership in paediatrics and child health. And it's my real pleasure today to introduce Vicki Walker. She's A consultant paediatrician with particular safeguarding roles in Mansfield, where she works locally, but also in the college. And she's going to tell us more about that as we go along. So welcome, Vicki.

Vicki Walker

Thank you. It's a pleasure to be here. Thank you.

Jonathan Darling

So, Vicki, it's a while since you became a consultant, I think about 14 years. Can you tell us if there's anything unusual about your training?

Vicki Walker

Yeah, it feels, it doesn't feel like 14 years, but I was a consultant back in 2011. So I think my training when I was doing the leading up to paediatrics, probably not as different as some people, but it wasn't absolutely typical. So I took some time out and went and travelled and worked in Australia for a while as a registrar. And I actually had a staff grade job for a while and I struggled a little bit with exams and did different things. I was a teaching fellow for 18 months at Birmingham Children's Hospital, which was just a lovely job and really fitted the niche of teaching and things that I enjoyed. And again, part and parcel of what I was doing, I wasn't really worried about reaching the end of training or getting into sort of the consultant life as it were. Not that I was dragging my feet, but I think it was just one of those things that I wasn't really focused as some trainees are. I was the regional representative for the trainees committee when I was sort of before I became a consultant. So my interest in doing college work and my interest in trying to change systems rather than just what was going on locally came from a really early age, as it were, and that was back in the time when we travelled to meetings and we'd be up and down to London or up to Scotland and the trainees committee sort of met regularly and really tried to move things forward. We were just after the European Working Time Directive, there was a lot of change going on and seeing the new curriculums coming in and different things. So it was a really interesting time. And I thoroughly enjoyed my undergraduate and my postgraduate sort of years.

Jonathan Darling

You were on the trainees committee and that kind of inspired you almost to be looking at how we can be involved in change of systems. So just say a bit more, what was it about being in that committee that sort of took you into that area?

Vicki Walker

I think it was one of those things. I am never short of an opinion. So and I'm usually pretty confident to try and speak up. And I like speaking up for people who may not feel as confident or as able to speak up. So I was just interested in education as a whole and how we can do it better. And I was interested in teaching. So when you look at that sense of if there's a good idea or if there's something that needs changing, you have to look at this from a more national perspective. So it was just having that wider scope rather than looking internally, looking a little bit more externally and thinking about how can one actually change the system. If I'm doing something that feels really good and feels right and I like it and it feels like a good idea, I want to share that and I want to shout about it and make sure everybody has the chance to do it.

Jonathan Darling

Great, thanks. And maybe just at this early part of our discussion, can you just briefly talk about some of the roles that you've done since becoming a consultant, just to give an outline?

Vicki Walker

Well, I suppose within it, because I trained as a general paediatrician and then ended up in a hybrid job role between acute and general. and then moved into a community paediatrician based role. So I did the on-calls and then gave up the on-calls. And part of the deal around doing that was taking on a leadership role within the community paediatric service where I am. So that was a head of service role. And I did that for six or seven years. And that led me right up to COVID and supporting around that. And a couple of years ago, I stepped up to do a short space of time as the paediatric service director to support colleagues. And then outside of that, part of my job role has been designated doctor for children in care and medical advisor to the adoption agency. So when you look at those as sort of specific roles, and then back in 2019, I was given the role, well, not given the role, competitively achieved the role of a child protection committee member. So the safeguarding committee that was run by the college, it's their longest standing committee. And that was to be the rep for looked after children. And so I did that role and within that some other sort of project work and teaching and running courses and writing modules and different bits, just really trying to raise awareness, supporting what we were doing across the board from during COVID and the pandemic. And then I think from about 2022, I again interviewed and was given the role of Assistant Officer for Child Protection with the remit for education. So within that, there's also sort of different bits that I do, directing courses, I edit the e-learning for health level 3 safeguarding modules. I am sort of written articles, I've sort of run different projects. We've recently just finished projects around setting IHA standards. So IHAs are initial health assessments for children in care and a really big project that finished towards the end of 2025. was the competency framework for healthcare professionals. So that's all healthcare professionals across the

board as an intercollegiate framework. And that was a really big project that I was the clinical lead for. It took us about sort of two years to get that to completion.

Jonathan Darling

Thank you. Well, let's unpack a bit of some of those roles. I was intrigued when you when we talked before that you your first conform post was in the Outer Hebrides. Just say a bit about what took you there and what you learned from doing that.

Vicki Walker

I think probably that was, again, comes back to the idea of not needing to focus on achieving X, then Y, then Z and following standard patterns, shall we say. So I was in a position to choose no young children. nobody else I had to particularly consider. And I just saw the job advert and I thought, do you know what, that sounds intriguing. I wonder what that would be like. So I went up there and it was always going to be short tip. So it was about four months, I think. And when you work within that, there's a hospital based in Strawdaway, which is on the Isle of Lewis, which is the biggest of the islands of the Outer Hebrides. And you cover all of the paediatric population across all of the islands. It's sort of, the hospital itself, we didn't often have paediatric patients in.

They had an A&E that was run by amazing ED nurses, junior doctors who ran the medical side. And if there was a child as an inpatient, I would be the person who had to look after them. But they would sometimes do bloods or do things overnight so that I wasn't on call the entire time. But any emergencies or the neonatal unit they had, the GPs would cover out of hours most of the time. And they were very, very skilled. So we always had this element of, you've got the resource officer, you've got some skilled GPs, you've got amazing ED nurses. And then it was just the newness of, well, what happens if you need to fly somebody to Glasgow? What happens if somebody's on the island of Benbecula, which is 30 minutes flight, then they need to come in and see a paediatrician. And there was just so many different interesting things about how you manage that. It was a glorious few months. Maybe I was young enough that I didn't quite realise what the absolute risks were of all of that. But I mean, we did have our emergencies. But because I had just come out of being a registrar, I was very used to working in an environment when I had no qualms about asking for help. So anybody and everybody, if I felt that they could help, if they knew what was going on, if I just wanted somebody to talk to, I could find somebody. And it didn't matter necessarily who they were or their role or whether they ought to be more experienced than I was or I ought to be the person who was more experienced than them. And I think that really set in stone this sense of partnership working and seeking out the expertise and not letting job titles or roles necessarily put up barriers that's not needed. You find the people and you ask the questions.

Jonathan Darling

Very interesting. Moving on to your head of service role, what was the department like when you started and how did it change over time? And tell us something you'd learned from doing that.

Vicki Walker

It was relatively early from a sort of, only being a consultant for a few years, but felt very much like I'd had a lot of life experience and paediatric experience. You know, I'd run projects, I'd run courses, I'd done my staff grade, my teaching fellow, I've been out in the Hebrides. So again, I don't think it was misplaced confidence, but I had more confidence to try. And I was well supported by the acute paediatric team, but we were quite a small team when we started. There were sort of five consultants. And then over the next sort of six to 10 years, both myself and the person who's followed me as head of service, that team has multiplied hugely. And anybody who's working in community paediatrics at the moment will understand the need for the expansion. But it's the way we expanded the team, it's not just been about consultant paediatricians coming in. It's been about specialist nurses and specialty doctors and a speech and language therapist doing sessions and a psychologist offering sessions. So it's really about shaping the team into what is needed rather than what we think is needed or what's available. And I certainly couldn't take credit for the transformation, but I was definitely part of it. cheering very loudly from the sidelines and trying to get new jobs and sort of negotiating with commissioners. And if you want this pathway, well, this is what we need to have. I'm quite, I'm okay with not employing another consultant, but then I'd like 2 specialist nurses, please, because this is how we're going to meet the needs for the families. We had lots of discussions about where those pathways should be. So what should stay out of hospital and what isn't in our gift to manage? And no, you need to employ other people, not me, to manage some of the sleep or some of the early behaviour or some of the emotional health support that's needed. So it reflected that whole change that's happened within that sort of developmental and neurodisability world and what we're trying to deliver now. It's a very, very different landscape.

Jonathan Darling

And at Mansfield, was it one trust, the community and the acute service, or were you working across two to do the interfacing?

Vicki Walker

We had just been to TUPE, that phrase that I learned how it meant. So the community pediatric service was outside in a community trust and they had just all moved their jobs and their service into an acute trust. But we don't deliver the majority of our service within the trust. So everybody is out in different health centres and different clinics all day, every day in different areas. And part of what we were delivering was the children in care service and then the child protection service. And all of that changed. I was part of the discussions around moving sort of individual child sexual abuse examinations into regional SARCs, looking at then delivering A consultant led child protection rather than relying on juniors and doctors that we just didn't have. So lots of different changes from a system provision, as well as the joy and the despair that is recruiting staff and getting people to have equitable job plans and just managing change within the team. One of the biggest lessons I would say has come from how do you get people on board, you know, and just how do you listen? whilst also being constrained with by what you can deliver and what you can't deliver.

Jonathan Darling

And how do you?

Vicki Walker

Well, you still listen, you still hear what people have to say. And I think there is that sense that of if there's a level of trust, so you've done what you said you were going to do, you've been transparent in what you were doing, You've given people really good reasons why the conclusions and the decisions are what they are. People are then allowed to change, even if they don't agree. They are given the space to come with you and to change and to try to do things. And there's an element of judging how important things are to people and looking at the emotions behind why it's important to people. And there's times for group discussion and transparency and there's time for individual discussion. And again, it's finding a way to get the emotion out of some of these situations because it's taken a long, longer time to get those skills, I think, managing my own reactions and understanding why other people might feel really emotional about something and accepting that sometimes you do things that not everybody likes. But if you can explain it and you feel confident in it and it feels like the right thing for the service and the majority of the population that we're serving, then that can be the right thing to do.

(Music starts)

Jonny Guckian

We'll be right back after this short message. RCPCH Learning provides access to our portfolio of educational learning opportunities, including live event courses, webinars and digital learning, such as podcasts, along with our leadership resource hub at learning.rcpch.ac.uk . You can access the Child Protection Portal and recently published documents relating to safeguarding children on the Child Safeguarding Portal at childprotection.rcpch.ac.uk .

Jonathan Darling

I can understand that it's important to manage the emotional side of that leadership role. But can you just say a bit more about how do you do it both for yourself and for others?

Vicki Walker

So when I'm sort of thinking about things, probably, let me say how I would manage this as sort of myself, without oversharing. There's a sense of you can recognise that you are feeling a different kind of emotion. And if you ever go on any formal resilience courses or training, one of the things that people come up with is how do you recognise it and how do you describe it? So you can feel something that you think is being angry and it's not being angry. It's actually you're feeling frustrated or you're feeling judged or you don't know the answer. So you're feeling unsure or you're just tired and hungry and frustrated with what's going on. So, recognising exactly why you're feeling so... describing it in a way that then allows you to manage it and just recognise.

Jonathan Darling

It to yourself, you mean?

Vicki Walker

Yeah, I think so. Well, I think if you can describe how you are feeling and if you can think about how you are in a situation, that is often mirrored by the people in the room or by the people who are really struggling. So it's a crossover. It's the same technique in trying to say, why do you think they're misbehaving in this meeting? is there something else going on? It's the things that you and I would look at if we're helping a doctor in difficulty. We see the presentation of what's happening, but that's not the only thing that's going on. So when you start to recognise that, I've then had conversations, I've closed down discussions in meetings. We're all getting very emotional here. I recognise we're all really passionate people that want to do the right thing. but we're not getting anywhere. So I'm going to stop the conversation now and we'll all have a think and we're going to come back to it. So you can actually stop something or I've taken somebody aside and said, I'm so sorry you got really upset in that meeting. I mean, it came across as you being really angry, but I think there's probably something behind it. Are you ready to talk about that? Can you explain why that was so difficult? And that can sound patronising. It's sounding patronising in my head. But I promise in real life, just being able to recognise and name emotions does help. Not with everybody. With some people, you just have to be, well, this is how it is. What's the compromise? What do you want from me? What's your limit? How far will you go with this? and then we can sort of talk about it in very transactional terms. And some people just want to be heard and just want honesty and truth and, system wide change and that's down to listening skills.

Jonathan Darling

I think that's very powerful that being able to recognise, describe emotions in ourselves and why they're happening, possibly in others. And then take us on to ways of solving and acting ways to solve the situation and move it forward. Can we move us on to your safeguarding roles? You've had several key safeguarding roles that you've mentioned. Can you say a bit about those and leadership in safeguarding particularly? Is it different?

Vicki Walker

I think it is different. I think the skills that you have are all on a level. There's leadership is still either, leading by example or by role modelling. It's leading by sort of being the most expert in the room or by having the most knowledge and knowing when to lead. So all of the different things that you bring to the table are probably the same. But safeguarding and child protection, there's a real perception about that being difficult. And we have to accept that it's about topics that are really difficult. And it's not something that everybody wants to do. And it's quite hard to be somebody that says you enjoy it, because clearly I don't enjoy the subject matter or the topics or what we need to do. But there is a satisfaction in doing that well and doing it right.

Jonathan Darling

Yeah.

Vicki Walker

So the leadership is often overlapping a little bit between things like peer review or between supervision or between support. So very much a more junior colleague or even somebody who's far more experienced than me, we have all sat together, I don't know what to do with this. Can we just talk it through? And that's part of leadership in what you're doing. And then it's recognising if you're seeing the bigger themes evolve. And once you get into safeguarding leadership at that sort of level 5, which is your designated doctors and nurses, then you're advising ICBs and you're trying to make strategic decisions. And these are decisions which could impact on every single child and young person in the population. They should because child protection, safeguarding, children in care, it applies to everybody. So you're trying to make really sort of broad stroke strategic decisions in an area that is sometimes considered a little bit niche, where of course it isn't because it applies to every child. But if you're just trying to work out how many beds there are or what's the best course for the asthma pathway, then you don't necessarily have a thought on safeguarding. And RCPCH is really important in looking at that idea of it's a thread that runs through everything so that we don't silo work. But the trouble with that sometimes is it can be interpreted as, well, I've got somebody who's managing that, so I don't need to think about it. So that strategic leadership is very much about coming together. And my role is for children in care. So when I look at who I am responsible for within my job, I think I am responsible for the 1000 children who are in care in Nottinghamshire. All of them, all of them I hold a responsibility for because they've given me the job of advocating and making sure that what they get is the right thing. But you are then surrounded by a close network of incredibly passionate people who are all really passionate about the same things and all recognise the importance of it. But you can still feel that push or that sort of brick wall surrounding the passionate group of people when we don't have time for everything, or the higher up the chain you get within the health system, you've got one person who is managing every single condition and every single person by the time you're at the chief execs and the chief nurses. So there needs to be a big skill in liaison and making something important and getting something on the agenda. And that can be tricky sometimes, but it's incredibly important. And of course, it is still that idea of, what's supervision and what's leadership, how to make people interested in being leaders within safeguarding and children in care, because clearly we have a voice and we have a very good voice and an advocating and an expertise that we should be using. And it's quite tricky to sometimes get people to think, well, I could do that, because it's not the straightforward. I'm going to be clinical director and then I'm going to be chair of a division and then maybe I'll be a medical director or maybe I won't. It's choosing a niche area that's a passion that you want to get right. And I think that is maybe where one of the differences comes in.

Jonathan Darling

And you're in this role clearly because you feel strongly about it, you have that passion to see things improve. Can you say a bit about what have been some of the things you've been involved in leading on or taking forward around children in care.

Vicki Walker

I think I've been lucky to be able to try and influence the system and to work nationally because of the role at the college. So I've worked with third sector organisations like

CoramBAAF, the biggest sort of charity looking after children in care. And we worked during the pandemic, we used to have some regular meetings between the health consultant from Karan Bafa, lead children's nurse from the RCN and somebody from RCGP sometimes and myself and we would sort of sit and just, gosh, how are we doing? What's the check in? What's going on across region? What are people asking? I remember we had one conversation about how important it was that foster carers were given the first wave of vaccines because they were the ones and they're often older than grandparents. who were looking after children. We had a decision, we had a discussion around what would we do. This is going to sound a little bit awful, but when we were considering at the beginning, when we didn't know how long people would be in hospital, what the mortality rates would be, there was clearly a possibility that we would see lots of children who needed carers temporarily or in the longer term. and how would we protect foster carers? How might that work? And I'm not saying we were making decisions because clearly that was sitting with governments and system leaders, but we were acknowledging and talking about problems and just trying to do the amount of influence that we could. And then I think the other arm, rather than trying to influence, has probably been about raising awareness. So I've written a number of modules and apologies because it'll be part of your mandatory training. but the e-learning for health modules, the level 3, getting courses at the college, writing some articles, talking about online safeguarding is another sort of soapbox slash special interest of mine. And we publish something in archive. So that sense of raising awareness, keeping people thinking about it. And then we've been working those projects I'd mentioned at the beginning are really around setting standards and looking at the competencies that people should have across the board as healthcare professionals.

Jonathan Darling

Yeah, you're just coming on to the intercollegiate document there, I think, which I think people will be aware of it generally, but it defines the competencies, doesn't it, that at different levels of safeguarding provision. and it's been out for a while, but it's just been redone, revised, is that right? And you've been leading on that?

Vicki Walker

Yes, yeah, yes, I'll call it a labour of love, shall we say. But what people won't realise is that there were actually 2 competency documents. So you're right, this is where we get that sense of level 1, 2, 3, 4 and 5 from. And level 4 are in England, what we would call unnamed doctors, named nurses, named GPs. Level 5, we're talking that designated level. And so we had one for children's safeguarding, which I think was sort of just a five years or so since it had been published. And there was actually a separate document of competencies for children in care. And that was a little bit of an update and a revamp that myself within RCPCH and RCN had done towards the end of 2020. So we've combined both of those so that there's a single document that talks about competencies for children in care and for safeguarding children and young people. And it was a funded project. So a certain number of the Royal Colleges put some money together and that went towards a project manager hosted by RCPCH. Everybody else, including myself, put the rest of their time in for free. And we, over the two year period, we had the normal standards of things. I think we had a steering group, we had writing groups and we had consultation phases and subject matter experts jumping through various hoops until sort of towards the end of the year. It was agreed and signed off and people agreed that they'd be happy to sort of

put their support behind it. And we actually changed it into a microsite rather than a PDF document. And that was quite an interesting thing. I hadn't thought that was going to be a big thing, but it turned into quite a big thing because it hasn't really been done before. So we had this added layer of thinking, how is this going to work on a web page? We think it will, but it is. And it's on RCPCH and it's open access. And rather than a PDF, it's up there as a document and something that we can use.

Jonathan Darling

Well, it sounds a great achievement and very significant document. So congratulations on that. As we're coming to the end, do you have any particular suggestions about resources or other things that helped you in your leadership journey?

Vicki Walker

So James, I was thinking about this. And I think for me, I have enjoyed leadership. I've sought it out because it's an area that I'm passionate about. And I actually had a few sessions with a life coach to try and help me decide, am I doing medical director route? Do I want to look internally? Do I want to look externally? What kind of thing do I like? So if you're thinking about leadership and you don't know what you want to do, there's nothing wrong. In asking a few questions and working out where you get your sort of satisfaction from and where your expertise is. So I think never worry about the standard pathways if you want to do something. And I would argue that anybody in a leadership position, you need to look after yourself as well. So to lead effectively, you have to be grounded and you have to be looking after yourself. And it really helps if you enjoy your job. But that's part and parcel of good and bad days, isn't it?

Jonathan Darling

So the one thing you do to be grounded then or look after yourself?

Vicki Walker

Oh, well, I must admit, I'm a big fan of blaring a piece of music. If I'm struggling with something, and people who've been on courses that I direct will know that every now and then I bring you back in from lunch. with a loud piece of usually some bad 80s soft rock playing in the background or a Queen song or something. So it's amazing what 3 minutes of triggering a different bit in your brain will do. So it's very much the whole turn everything off, look out the window, play a piece of music, find another sensory input, take 3 minutes and just get back to I'm safe, I'm here, I'm in the room, I know what I'm doing. Let's just make the next decision. We don't have to solve the whole problem. So little mantras, little acknowledgement about, and again, some people will be rolling their eyes at that. But do you know, sometimes it works. And when you're leading in, leading in safeguarding, you do have to be able to take yourself out of the situation sometimes.

Jonathan Darling

Sounds very tactical and I'm sure it'll work for lots of people. I think we need to be finishing, but would you like to suggest any kind of take home message or messages as we close.

Vicki Walker

I think I would say that we are all leading all the time and we need to be looking around to see where leadership is needed and where your passion lies. And I would say safeguarding, child protection, children in care, those kinds of areas are really excellent ways of being a leader in your field without needing to necessarily feel like you need to do the line management and the everything else. And I think there are probably areas like that are your passion that you could find to be a leader. That doesn't mean you need to run a service. So find what you enjoy doing and then be a leader in that.

Jonathan Darling

That's fantastic. Great message to finish on. Well, thanks, Vicki, for sharing today. It's been really great to talk.

Vicki Walker

Thank you.

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Voiceover

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 of this episode and more from the Leading the Way podcast on our website, RCPCH Learning. go to learning.rcpch.ac.uk. This podcast was produced by RCPCH in collaboration with Odland Education.

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