

# **Leadership Podcast – Leading the Way**

## **Transcript of podcast – Episode 10**

### **Jonathan Darling and Kay Tyerman**

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#### **Jonathan Darling**

Hello and welcome to Leading the Way podcast from RCPCH-A podcast all about leadership in paediatrics and child health, and how we can make a difference in the work we do. I'm Jonathan Darling. I'm vice President for Education and Professional Development at the college, and it's my pleasure today to welcome Kay Tyerman. Who's going to tell us about her involvement in leadership, particularly around workforce and training issues. And we go back quite a long way, don't we? Kay. But welcome to the podcast.

#### **Kay Tyerman**

We do. Thank you, Jonathan. Good afternoon, everybody.

#### **Jonathan Darling**

First of all. Kay. Perhaps just start with saying a bit about what, what got you first involved in leadership from your career?

#### **Kay Tyerman**

Thank you. Yeah. My first main role in leadership was actually in the last few years of my training, so I was an old fashioned kapelman registrar in Edinburgh, and I suddenly decided that I would like to train in paediatric nephrology. So after a quick trip to London and hearing that there was a lecture's job coming up in Leeds, I applied for that role and transferred my training number down to Yorkshire. And I actually met you on my first day as a lecture in paediatrics, in nephrology when you kindly showed me around the clinical sciences building and, told me more about the role that I'd undertaken. And as a clinical lecturer in those days I trained, I did my clinical job, but alongside that, I also supported the fourth-year undergraduate students rotating through paediatrics. And so that involved sort of direct mentorship, delivery of formal teaching, but also informal sort of clinical training on the ward. And as a lecturer, I had the joy of organising the fourth year OSCI examinations. And that was a real insight into organisational skills, ordering desks, chairs for whatever venue we were in, organising patients to come up for these clinical exams, but also in, it was my first test taster of writing questions for a formal sort of undergraduate assessment. So, thinking actually what makes a good question how do you benchmark against questions and actually, are you testing the right things in the assessment. So, I think that was my first taster of a sort of educational role and a little bit more leadership. I started doing a diploma in post-graduate. Graduate medical education. Jonathan, and I have to confess this, I never actually finished it. I had a baby, I got married. I went to Canada for a year. I came back, I had another child, and then I started my consultant role. So unfortunately, the diploma in post-graduate medical education was never finished.

## Jonathan Darling

And what's your reflection on that? Is it something you always wish you'd done or do you feel it okay about it?

## Kay Tyerman

I do wish I'd completed it just for that self-satisfaction and I was enjoying the modules, but I think I've been pragmatic about it. Life events happen. I did think about maybe revisiting it and, even undertaking it about, five years ago post, post COVID. But I think I'll put that to rest. It's just something I'll have to live with, but then I start, I was very lucky I was able to get a consultant post in the unit and leads that I trained in. And started that role in 2004. And after a couple of years, obviously I was enjoying my clinical job, but wanted to do other things as well just to add to my sort of, professional development and experiences. And I applied for and became a member of the British Association for the Paediatric Nephrology Executive. It was a slightly strange title. I was called The Ordinary Member. And that was the role given to a consultant on the executive committee who was within their first five years of starting their consultant post. And I was nominally in charge of organising events around World Kidney Day. And through that I liaised with pharmaceutical industry and other patient based charitable organisations. But it really gave me the opportunity to meet more senior nephrology colleagues from around the UK. See what they were doing, how they were advocating for patient care. Gave me a little bit of a taste about workforce planning because as part of this executive, the nephrology CSACs, which, join that committee. So that's the college specialist advisory committee roles. So I'd hear about recruitment into training places about how consideration was given into number of doctors that should be appointed into subspecialist training and nephrology, and how this mapped later to future sort of consultant expansion.

## Jonathan Darling

So you came across the CSAC as they're called, and then you got involved. Didn't you just say a bit more about, how you got involved in that?

## Kay Tyerman

Yeah, so I think that was about 2010 and a role became vacant to be a training advisor. So CSAC training advisor for paediatric nephrology. I applied for that. I was appointed. I got a lovely letter actually from Simon Newell from the college and his vice president position at that time, congratulating me on this role, which really, it meant a lot to me at the time. And then I worked alongside the CSAC chair to support trainees through recruitment and also Progress and training in paediatric nephrology. And as part of that, alongside the chair, I co-wrote a very long nephrology subspecialty curriculum. And then about four years later, I stepped into the role as being Chair of the CSAC for paediatric Nephrology. And that was at the time that we were preparing Progress Plus or Progress as it was then actually I should say. And so we, we revisited the curriculum 'cause it was a very long, wordy document and we had to really drill it down to learning outcomes and key capabilities that we are familiar with today.

## Jonathan Darling

just say a bit more about the CSAC cause they're quite key in paediatrics around the specialty training particularly, but they don't exist in other specialties, I think. Just say a bit about how important those are and what your role was then for nephrology.

## Kay Tyerman

So CSACs are very much working on behalf of the college. So they are college representatives who have the responsibility for ensuring there's a robust process for the recruitment and training of subspecialists in paediatrics. And I think initially a lot of it was around the actual recruitment process, but over the last few years, I think this has been, has evolved more and more into actually formally assessing progress through training. So now the CSACs will meet with subspecialty doctors and training on a yearly basis and complete really, which is what is like a bit of mini ARCP. So reviewing their sort of progress through there. Their learning outcomes, their key capabilities, addressing any difficulties in training or any gaps they might be experiencing, but also providing a little bit of mentorship and guidance so that there'll be some doctors in training nephrology, for example, who will be following a purely clinical career path, but there'll be others that are stepping out of training to do PhDs or other academic qualifications. And they might need different mentorship that's not immediately available within their department, but accessible from other nephrologists across the UK.

## Jonathan Darling

Great. So let's go on to some of the other roles you've done since then both regionally and in the college. Do you wanna just tell us what, what came next?

## Kay Tyerman

Yeah, so around about the same time that I was CSAC chair, I also stepped into a local leadership role. And that was as a lead clinician sitting between your consultant colleagues and the clinical director role really. So you are bit of a conduit of information. And at the time I'd been in my consultant post for about 10 years. And at first, I wonder if time for, in. I think there were two things. I thought actually I would enjoy doing the role. And I thought why not? And also, I could see there was a need for somebody to step into this role within the department as well. And I thought, actually I'm 10 years into my consultant post. This would be, I'd actually probably enjoy the role, a good opportunity for me. Learn some new sort of managerial skills as well. So I did that for four years and it can be quite a challenging role, but I think things that I learned very much is that you, your fine role is to advocate for your colleagues and your patients. I also learned that if I got an email that said. This needs to be done within the next 24 hours. I could generally guarantee that by the next 24 hours, the task that was required to be done would've completely changed. So, it was really helpful actually in my time management and learning how to sometimes, pause and actually, if you get an unreasonable request, don't be afraid to question it and

actually give the request a bit of a timeframe in which you can tackle and actually give them the response that they need.

### **Jonathan Darling**

Thank you. So just to go back a little bit, you you signposted your interest in education and training early on in your training. And then took that role with the British Society for Paediatric Nephrology that led you to the CSAC and that involvement in training. And now you're doing the lead clinician role in your local trust. What came next and why did you move on?

### **Kay Tyerman**

So it's, maybe it's a bit like serendipity, but it's when you get emails in your inbox. I saw an email from the deanery as it was there in Yorkshire & Humber, but advertising at vacancy as a training program director for higher specialist trainees in West Yorkshire. And I think at first, I read the advert, thought, do I really have time to undertake that? Is there something I would like to do? And I didn't apply first time round, but then a few months later, the same advert was in my inbox. And something must have just, sparked an interest and. I think I thought I would like to be more involved in education. I've never done anything on a regional level. I need to explore this a bit more. So, I spoke to the person who'd been in post for many years to get a feel of what the Post involved, spoke to the current head of school and applied for that role and was very fortunate that I was successful in that role.

### **Jonathan Darling**

So Kay. Kay. When you first looked at it, you thought, do I have time? So how did you actually answer that question? And did you have time in the end?

### **Kay Tyerman**

So I, I created the time in that I decided that actually it would be no more work than my lead clinician role is what I thought, Jonathan. And so, I thought if I step down from my lead clinician role and really it's about the right time for somebody else to take this on, then I'll naturally have time to be a training program director.

### **Jonathan Darling**

And did you.

### **Kay Tyerman**

It was definitely more work.

### **Jonathan Darling**

Yeah.

## Kay Tyerman

And I think it was a, it was just a little bit unpredictable work. So in some ways that's quite good because it's not a constant work stream. So if you have a busy clinical week, you don't need to worry too much that you haven't been able to do lots of training program director work 'cause you'll know you can catch up for a bit potentially out of hours. Not great for work life balance, but you always had that option. But. The biggest part of my job was actually rotational planning for just over a hundred doctors in training and working out where to place them for, two rotations in a calendar year. And that was a lot of work where you really live, breathe, sleep, eat your program planning for a period of about two weeks to get it all done. And I did think, was it really in the job description that I'd be spending all this time populating an Excel spreadsheet, that's really what is involved, but a lot of positives because, you know actually. Being able to give support to doctors and training, whether it's career advice, personal issues, just being a listening ear was a great experience. And also having the opportunity to link in with paediatricians around the region, whether they were your TPD colleagues or whether they were other educators, college tutors. And I really enjoyed that opportunity of doing something else alongside my clinical work.

## Jonathan Darling

Great. To move us on a little bit can you tell us a bit about the recruitment officer role that you did for the college Next? What did that involve and what drew you to that?

## Kay Tyerman

So I think part of, I was drawn to it again, it was a little bit of reading an advert by chance. It was a new post and it was for assistant officer of recruitment with particular remit for subspecialty training. And again I think I saw the advert in at RCPCH Bulletin and the personal sort of. Person specification was that they were looking for paediatrician who had experience in CSAC and as a training program director. So I suddenly thought, oh gosh, that's me. I could do this role. And it was a new role, so that also appealed to me because I thought actually. This is quite exciting. I'm not having to step into somebody else's shoes, potentially. This is a role that I can create into something, and there's a lot of things to do. And also I think in the past I'd been deterred from applying for other college roles because I knew as a full-time working mom of two to actually travel to London several days a month was not, wasn't something that I could juggle. And this advert came out at a time of COVID when we'd all started to work virtually. And so there wasn't any requirement for face-to-face presence in London. So I could apply for and undertake this role and deliver it in a virtual fashion and I did that role for nearly three years, and I, it was one of the best roles that I have done alongside my clinical work. So I worked with a fantastic team at the college. I really enjoyed doing the voluntary work and being involved with the college again. Getting the feel of other activities across the college as well, but I worked with a small sort of team alongside Simon Broughton's office of for recruitment. I saw the delivery of subspecialty interviews online. We looked at refining the short-listing process so that we would benchmark shortlisting questions and how they were marked, but

also how we could benchmark the interview process and introduce appeals processes, both at the short listing and interview stage. I really enjoyed that role and it gave me a different insight into the challenges around recruitment, particularly at the time of COVID, and also how you introduce change into a recruitment process and get people to be on board with you in that change, whether it's the CSAC members that are interviewing and shortlisting or it's the doctors in training applying for those posts. So it was a really rewarding post.

## **Jonny Guckian**

We will be right back after this short message.

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## **Jonathan Darling**

to say a bit more Kay about how you do bring people on board. 'cause you've got quite a lot of stakeholders who, and you're trying to change things and obviously you are trying to make it really a really good system that's fair and transparent and so on, but was it difficult or how do you bring people with you?

## **Kay Tyerman**

So there will, there were, I think there's always challenges in introducing change and I think it's been very much presenting what the change would look like. So going through a very much a consultation process. So that's getting in, getting involved with your trainers, your CSACs, getting the feedback on the proposed changes. Also in the recruitment team, we have a doc, a doctrine training representative. So actually getting to see what they think from a trainee perspective, does this look like a fair process? And also, the college training committee as well, getting their input. And then with that input, you're not going to be able to to introduce change that everybody's a hundred percent happy with. And I think you've probably got to live with that. That bit of uncertainty on how everybody's going to view the change and not to dismiss people who don't agree with the change but always listen to their views. Because I think it's a bit of a, it's an it process. You, you introduce a change and you need to violate it, but be receptive to actually then making more changes until you get it right.

## **Jonathan Darling**

Thank you. Can we move on to the roles you're doing now? So you are, you've got two kind of key roles. One is the head of school for Yorkshire & Humber. And that's a key role for training in that region and the other is the office of workforce in the

college. And so key issues around workforce. Tell us a bit about coming into those roles and how you found them and what you're learning.

### **Kay Tyerman**

So I think both roles were, again, a bit like similar story to the previous roles that I've taken up, Jonathan, that I saw Summer 2022 an advert came out from the college for officer for workforce planning, and it felt like a very much a logical next step because I think I've become acutely aware in my training role and in my role as Assistant officer for recruitment, that really, workforce is the key to everything we do. You've gotta have the right workforce with the right training to actually provide the care for your patients and so that attracted me to the role. I also felt that the previous roles that I'd undertaken, whether they be regionally as a sort of the TPD, or was part of the CSAC or was off assistant officer for recruitment. I felt that they'd given me like the working knowledge of recruitment processes, training issues on a regional level. And so, I felt that I was well equipped on paper to undertake the role. I was a little bit apprehensive 'cause it was a different role. Assistant officer for recruitment, TPD, they're very much operational roles. There's a bit of strategic planning. But also, for workforce planning is very much more of a strategic role. Just really thinking actually, what can you do as a college to advocate for workforce as a whole in paediatrics. So it was very much, I saw it as a bit of a challenge, but it was, I felt like I needed that new challenge at the time. So I, I was fortunate to be appointed into the role and at that time I then demist from my assistant officer for recruitment role, which I was very sad to give up as well. At the same time, I actually also then about a month. Six weeks, six to eight weeks later, the advert came out for head of school in Yorkshire & Humber and I again thought, is this the right step for me? Is this a natural progression from being a training program director? I've been very involved in thinking about how we were going to deliver progress plus in Yorkshire & Humber so as part of that, I'd looked at detail at all the training posts across the whole region. As thought about the training, we at different stages, equity of training provision as well. And again, it felt very much like I was already starting to do a strategic role and very naively I also thought how much more work could head of school role be compared to a training program director role. And so anyway, I applied for that role and was successful as well. So, it was maybe not the best choice for work-life balance that I took on a new officer role at the college and head of school role at the same time whilst still covering my TPD role until a replacement was found. So that's probably the busiest six months I would say of my professional career.

### **Jonathan Darling**

Do you think it helps to, the most people would think it's enough doing one role, but do you think it helps doing the two? Do they link.

### **Kay Tyerman**

The two roles, two sort of roles. I do extend to my clinical role very much a synergistic, so being ahead of school and having that sort of insight and working knowledge of how things work at a educational, regional level alongside recruitment and then being in the role as officer for workforce planning, they're very much synergistic. So the knowledge that I have for one, essentially helps the other and probably just helps join the dots. And maybe my perception is that

enables me to think about really what are the barriers and challenges in workforce planning? And hopefully then what might be the solutions as well that are the easy wins and the long-term goals.

### **Jonathan Darling**

And do you want to just say bits about the key things you are learning around leadership to do with workforce and training?

### **Kay Tyerman**

Yeah. So Jonathan I feel we need leaders to be able to effectively advocate for the future of paediatrics and,

### **Jonathan Darling**

yeah.

### **Kay Tyerman**

I think from my perspective whether you're doing this locally, regionally, or nationally you need to have a bit of that lived experience. So, for me, it's that lived experience of working as a paediatrician trainer as a paediatrician, but then having been involved in training recruitment that now I hope gives me the sort of the skills and the knowledge to be able to advocate in a leadership role for the paediatrics workforce. It's challenging times, I would say Jonathan as well. Within the NHS we recognize that their financial constraints, we hear, national data on birth, weight, on changes in population age. And we know we've got an aging population in the UK. So I think one of the challenges is how do you advocate effectively for investment in child health workforces when you know that actually there's lots of competing bigger voices, whether that's for adult cardiovascular care, oncology, care of the elderly as well. And so I think it's about making sure that, when you get an opportunity to put forward why it's so important to invest in the child health workforce then you've got to have a valid argument... And I think that you can only do that when you. You have that sort of, that, that firsthand knowledge as of working as a paediatrician, so clinical paediatrics, but also when you also understand the logistics of recruitment and training as well.

### **Jonathan Darling**

And perhaps as we're coming towards the end, do you have any resources or things that helped you in your leadership journey?

### **Kay Tyerman**

So, I found that, when I was doing my clinical lead role and as a training program director initially as head of school, the things that I found beneficial is dipping in and out of courses. So, I found that I wasn't able to undertake, say a diploma or a long course, but I could attend a half day or one day sort of training session, as a lead clinician, I did a very good two-day training session, very much on change

management. It was called Breakthrough Thinking, but I found that very useful. I also did coaching sessions specifically about having difficult conversations, and again, that was very useful in the lead clinician role, but also as a TPD and now head of School.

### **Jonathan Darling**

Is that run through the trust or where do you find those ones?

### **Kay Tyerman**

So actually the coaching session about difficult conversations was actually a trust-based course. So that, that, that was very good. And it was with an actor, a psychologist who's trained in coaching and a very small group of consultants and we, we all had very intensive coaching for a couple of sessions on difficult conversations, but that was enjoyable, but also very helpful.

### **Jonathan Darling**

Thank you. And would you like to sum up with some take home messages about what you think are some key things? You've learned about leadership, particularly around workforce and training, but more generally.

### **Kay Tyerman**

So key things Jonathan would be that I think one of the most important things is in leadership roles. Really the best thing you can do is to advocate for your colleagues and your patients. So that would be top of my list. Secondly, one of the things that I've really gained in doing the leadership roles is learning from other people. So, every role you undertake you, you interact with a different bunch of colleagues, other professionals, and I've learned so much from all of those individuals and I feel that's part to me. Personally build up my experience and my confidence in doing leadership roles as I've moved from one role to another. And most importantly, as you'll see I've taken on roles, I've stopped doing roles, and I think just not to, don't worry about stepping out of a role. I think one of the greatest things is to be able to hand that role over to somebody else. So, to do a role to enjoy it, but also feel comfortable in saying, actually now it's time for somebody else to undertake that role and bring their sort of skills and attributes to that role.

I think that I've created a little bit of my own training package in the different roles that I've undertaken, and I know we've talking about things that I've dipped into. When I was a lead clinician and a TPD recently, I completed a deanery funded course called Daring to Lead. And this is based on podcasts and books by a profess professor from the states called Brene Brown. And it was a sixth, half day course spread out over a few months, a half day every fortnight. And Brene's sort of philosophy is very much about how to cultivate being more brave and more daring, as a leader and in this sort of course, you are encouraged to lean into your sort of vulnerability and be more when you are facing a difficult conversation not to go into it with your arm or on so often, if you think, gosh, this is going to be difficult, I need to go in there all prepared not show any vulnerability, have all my facts straight. And actually there is an advantage about accepting that you don't have to have all the right answers there. And then and

actually when you go into a conversation that is difficult learning to be more inquisitive. So actually, if you're having a conversation with an individual and it may be a contentious issue, saying actually I'm interested to hear more about this and hear their viewpoint and then very much sitting alongside that individual rather than across the room. So that you are having the discussion. But you are reaching the conclusion together rather than, you know this is my view, this is our joined view. So, although I was sceptical about the course, I think I did get something out of it. I also, it gave, I think it gave me a little bit more confidence. 'cause one of the parts of the Daring to Lead course is talking about, your moment in the arena. And most of us have imposter syndrome when we enter an arena and we are faced with a challenging new situation and the course encourages you to think about who are your allies, and actually, if you've got allies in the room, really, you've got nothing to worry about. You can look to those allies for support at difficult times. And I found I have found that useful subsequently when I've been placed in new, challenging situations. I also was quite encouraged that I was able to carve out the time to do the course. So the first time I was actually able to do a six-section course over a period for about 12 weeks. So I thought actually it's possible for me to create that time going forward to do other things as well.

### **Jonathan Darling**

That's fantastic. Kay, it's been really great to talk. Thank you for sharing your insights and your story, and we'll finish there.

### **Kay Tyerman**

(Music fades in)

Thank you, Jonathan.

### **Jonny Guckian**

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