Leading the Way 11:
Trust, courage and diversity in medical leadership
Transcript of podcast
Jonathan Darling and Erum Jamall

(Music starts)

Jonathan Darling

So hello and welcome to this Leading Way podcast, a podcast about leadership in paediatrics and child health from R-C-P-C-H. I'm Jonathan Darlinlg, your host, and I'm Vice President for Education and Professional Development in the college. I am really delighted to introduce today's guest, Dr Erum Jamall.

She's consultant general paediatrician with a special interest in paediatric emergency medicine. And very relevant to our discussion today, she's held some key NHS trust, leadership and management roles, and is currently divisional medical director at Dartford and Gravesham NHS Trust in Kent. So really warm welcome, Erum. Great to have you with us.

Erum Jamall

Thank you very much, Jonathan, and it's great to be here.

Jonathan Darling

So to start us off, Erum, I think you became a consultant somewhere around 10 years ago. When you look back at your training up to that point, was there anything that introduced you to leadership or helped you prepare for it?

Erum Jamall

Um, I think for. Along the way during my training, I was always one to cut myself forward for things. So I did do the trust representative role for the London Deanery, which is the deanery I was training under, and then was also trust rep chair at one point. So those sort of things, yes, I had an interest. In my penultimate year for of training. I did a one year management program, which was led by Hillary Cass at the time, and that was at Skies and St. Thomas' Hospital, which it was an innovative thing. They just started it. It was a bit of a pilot, but I guess that was my first exposure to operational and management roles.

Jonathan Darling

So was that both just paediatrics or was it for people across the whole trust?

Erum Jamall

It was actually for people across the whole trust. And the idea was that it was to get junior doctors involved in service development and change project across the trust.

Jonathan Darling

And was there anything in particular that you took from it or that helped in your leadership journey?

Erum Jamall

I think in looking back almost I was very naive to what leadership involved and who was doing the work behind the scenes almost. So I think the key learning was really how many people and knowledge around the operational management side of thing and just different roles within the trust. I think that was probably the biggest eye-opener. I'd love to say I did something groundbreaking in that year, but I can't say I did, but definitely enjoyed it and definitely made a lot of good connections and, and network.

Jonathan Darling

When I've seen or been part to things a bit like that, it seemed quite positive to have interaction across different specialties.
Did you find that?

Erum Jamall

Yeah. So I think there was a lot of sharing of ideas and knowledge and things that could be taken from one area to another or extrapolated. So I think there were, there was a lot of that happened. Different people were at different stages in their career and had different involvement in leadership roles.

So again, that was something that was really good that came to the fork and I think, I think for me it was around having that exposure to more senior clinicians across the trust and also senior management and operational leads across the trust. So it was almost having a voice at the table. And when you're young and enthusiastic and have lots of ideas of why things aren't working very well, it's nice to be heard.

Jonathan Darling
Right. Let's move on a bit. So then you came to your first consulting role and quite early on, I believe you, you got involved in a leadership role in London.

Erum Jamall

Yes.

Jonathan Darling

That's fine. Uh, can you, can you tell us a bit about what happened? How, what got you into doing that?

Erum Jamall

I would love to say it was by choice, but it was probably more by opportunity.

So my first substantive consultant post was at the Whittington Hospital in London. And very, I joined the department, the P-, the emergency department. As the Paeds emergency lead. Being the sole PEP consultant in the department, it naturally fell to me to give strategic direction. However, very soon after joining, we hit COVID and there was a need to amalgamate paediatric services onto one site in North Central London.

And so we found that the Royal Free and UCL both shut their paediatric services, their paediatric acute services, and joined us on the Whittington site. And you can imagine that. The biggest risk area was the paediatric emergency department, and I was leading at the time that COVID response and managing the huge uptake of flow that we had coming through the department.

So I guess that was my first kind of almost push into. Leadership, strategic management, how things had to be offsite and how we were gonna make things work. And working very closely with, at that time the divisional director of operations and the clinical director at the time to, to make that happen and make it safe.

So I guess you could say that after that I really enjoyed it. And so when the clinical director role came up shortly after, and I knew that. Having been very successful in amalgamating the paediatric services, it wasn't going to be long before people started to think that maybe this is a good thing to do permanently.

And so when that clinical director role came up, I, I applied for it partly being pushed in that direction by my colleagues. But yes, it was something that was more opportunistic than me having, being prepared or working towards that. I hadn't ever imagined myself in a clinical director role or in a Medical management or senior leadership role?

Jonathan Darling

I'm interested in when you said, ‘I really enjoyed that’. Well, it didn't sound like that enjoyable on face value. You've got three services you're trying to bring together. It's COVID, it's, it must be really quite challenging. What, what was enjoyable?

Erum Jamall

I think it was the challenge that was enjoyable.

I think there is a little bit of a, if you go into emergency medicine, you must be a bit of an adrenaline junkie. I think the same applies for medical leadership role that I think if you go into it, you have to, you probably are a little bit of an adrenaline junkie, and I think for me that was it. It was having that strategic oversight, that risk assessment, that continuous kind of EV evaluation of how things were going and tweaking it, the managing of people, which is probably my least favourite part, but it was definitely really interesting and hard.
I think it was something that took me out of my comfort zone. And yeah, that is why I think I found it so exciting. It was rapid, it was fast paced, and for the first

time in a while, it felt like I had a voice and I could do things, and I could implement changes and impact care in a bigger way than I could ever possibly do as just a consultant in a department.

Jonathan Darling

Was there anything you found difficult as you reflect back on that period?

Erum Jamall

Yeah, I think it's, it was the same for the COVID response regardless, wasn't it? That everything was happening at such a rapid pace, and it was very much, you tried something and then you reined yourself back in if things weren't working. And I think that was probably the biggest challenge because when you're talking about service amalgamations, it's great in theory. You can map it out on a piece of paper and go, yep, this makes sense. This is gonna work. But the bit that often gets overlooked, and I definitely did this in my naivety, is the people actually and how they're going to take to the change and how you're going to bring them along, particularly with such a politically driven issue.

Because I think underlying, I think all three hospitals knew that if this was successful, it would lead to discussions around reconfiguration of paediatric services across the patch. So I think for me, in looking back on it, that is the bit I would've put more of my effort and thought into had I to do it all over again.

Jonathan Darling

And would you be able to say a little bit about what you would do? That's one thing, putting effort in, but how would you do that?

Erum Jamall

I think it's about spending a little bit more time on the, on the engagement with other people and gathering opinions and views. COVID was very much command and control style of leadership. You just had to do it. And generally, I think over time my leadership style has changed and adapted. And I prefer to use a much more collaborative approach and a flat hierarchy towards leadership because I find that actually you get further faster with that sort of approach. So that's definitely- There is a time for command and control. If you're in recess, you're not going to have a good de discussion about how you're gonna manage the child in front of you. For example, that there is a time for command and control. But I think even within that, there's opportunities for you to try and engage people and try and get feedback and try and adjust the course that you're taking.

Jonathan Darling

Do you think then that's more a collaborative approach you you're describing there?

Erum Jamall

Yeah, most definitely. I think, I think we naturally work better as a team. You generate better ideas as a team and engaging key stakeholders early and continuously is really important and adjusting as you go.

Jonathan Darling

Well, we want to talk about your next part of your journey as Associate Medical Director, but was there anything else reflecting back on, on that period as the clinical director role? You want to tell us?

Erum Jamall

Yeah it, as predicted, it did lead to a large piece of work which looked at reconfiguration of paediatric services across Pat. In the end, I think the decision was to try and not bite it quite so much, and we went for more maternity and neonate, which had been the original idea from 20 years previous to reduce the number of sites offering maternity and neonatal services.

And that piece of work was really fun challenging again, because there was a lot of heart in there and a lot of people who had been at their trust for very long times and had very strong views of what should and shouldn't happen. But I think it was managed really well at an ICB level, and the program was really well run and we did end up making a decision. So I think that. That probably was the bit of work that I'm most proud of when I was at the Whittington as clinical director and being involved in that and being able to work with some amazing people to achieve something that hadn't been achieved for 20 years.

Jonathan Darling

Well done. It sounds a really good achievement. So let's move on to talk about your next role, which I believe it became Associate Medical Director for clinical effectiveness. So tell us about that and then what you've learned from that part of your journey.

Erum Jamall

So I think it was about two years into the clinical director role. I got the opportunity essentially to apply for an associate medical director role. I had really enjoyed my clinical director time. I still had another year of my tenure for it. So I was starting to think about, okay, what happens after this? And as you well know, you can't plan these roles coming up for when you are ready for them or when, when you finish one thing.

So these roles were advertised and I thought I might as well throw my hat in and see what I have to offer. And so I took on the associate medical director role, and it was under the condition that I carried on doing my clinical director role at the same time, something that I don't recommend people do in hindsight, but again, it was another exposure to a different, very different type of role. Whereas the clinical director role has a lot of operational day-to-day management, day-to-day service development, and navigation, looking at strategic direction for your areas. The associate medical director role was more around clinical effectiveness across

the trust and it felt that I was getting a bigger exposure and a wider exposure to what was going on in other areas that I wasn't so familiar with.

So yes, again, that was a really interesting role and definitely the next step in my medical leadership development. I think at that stage I was still at the point. Okay. I've really enjoyed the clinical director role. I don't know whether I want to carry on down the medical leadership pathway or, no. Thank you. That was enough. It was fun. And I'm going back to being my paediatric emergency medicine consultant full-time, so I think it was really important for me to make that step up. I'd like to say I'm, it helped me completely make up my mind, but I'd be lying. I think I'm still on the kind of fence about whether I'm going to go full flog or I'll do a U-turn and go back to being a very clinical clinician.

Jonathan Darling

And you've managed to continue your clinical role alongside these other roles you've had?

Erum Jamall

Yeah, so my role when I was clinical director and associate medical director, I was doing six sessions of management essentially, and four sessions clinically. That was probably the least clinical work I was doing at that time when I took on both roles. Then due to personal circumstances, I've moved to Dartford and Gravesham, NHS Trust, where I've taken on a divisional medical director role, and I'm doing four sessions of management in that and six with my SPA of clinical and FDA.

Jonathan Darling

Just for those who don't know about the sessions and SPAs, just, just say two sessions is a day, isn't it? Roughly? Yes. Yeah.

Erum Jamall

Yeah.

Jonathan Darling

So you are, you are, tell us about the, this new role.

Erum Jamall

Jumping ship to a new trust, which I hadn't worked at before. You don't have that credibility that you've acquired in a trust where you've been working before you enter a leadership role. So it's that proving yourself all over again I think was probably the biggest challenge. And then also developing those networks and allies that help you do your job. So I think, for me, that probably was the biggest challenge. Having said that, I think they welcomed me really nicely and they facilitated that really well. It probably also helped that I broke my shoulder day

one into the job and therefore couldn't be clinical for a few months, which gave me lots of times to meet and greet people. So again, don't really advocate that.

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We'll be right back after this short message.

(Music starts)
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Jonathan Darling

I'm interested in the, that what you said there about creating that network and allies and I think that's probably quite a key part of many roles.

Erum Jamall

Yeah.

Jonathan Darling

But I'm interested in how you think practically you do that?

Erum Jamall

Yeah. I think for me it probably doesn't come naturally. I think I come across when I'm talking, when I'm speaking with people as very extrovert, but for me it is more of a, I'm better in a one-to-one situation. I'm better off meeting someone one-to-one. So for me, that was quite important. Arranging those meetings early with key personnel, arranging meetings with people that would be key stakeholders within my division. And also with those people who are gonna help me do my my job. And what I mean by that is that you have to have some awareness of what you're good at and what you really don't have in your armour. And make sure that you make connections with the people that can fill in the blank.

So for me, that's really important and I think it's safe to say as a medic almost that. Probably the financial aspect of things is not my forte. And understanding balance sheets and budgets and income, again, not my forte, but something I have to have a handle on and I control. So it's really important for me to have a great relationship with my operational managers and the director of operations for my division and our finance manager. And again, as medics, we are not very good at management. Of medics, I would, it's safe to say we don't do sickness management well.

We don't do absence management well, and so again, having that support from your human resources team, your employee relationships team is really key, because actually what I've learned in somewhat the hard way is that managing those processes early in a systematic and following the policy. Rigidly saves you a lot of trouble down the line. And so those are the kind of things that it's important

to identify what you're not so great at, and then find people who are great at it and keep them close.

Jonathan Darling

That's great. In terms of, we're just touching a bit before on how much you work clinically, and I'm interested in how important is it, do you think, to re retain a clinical role for these sort of trust management positions? Sorry medical management.

Erum Jamall

Yeah.

Jonathan Darling

And could you see yourself doing it without,

Erum Jamall

I think, I think a hundred percent. It's important to maintain your clinical role as long as you possibly can in your journey along medical leadership roles and medical management roles. And the primary reason being is that's where your credibility lies. If you are no longer at the front face almost, it's hard to have that credibility amongst your peers. Also amongst the wider medical body, particularly because a lot of your work involves engaging with consultant, bringing them on side and getting buy-in. Really important that they see you as a clinician first, but it's hard. It's challenging, and the further you go up that hierarchy or that ladder, it becomes more and more difficult to maintain that clinical role.

And I guess that's what come where I come to when I say that I'm sitting on the fence, because at some point I've gotta make that decision that, okay, if I go down this track, when does it come the point that I am not identifying myself as primarily a clinician and more in terms of my medical leadership role? I think that's an identity crisis point that I still am navigating. And I think many people also navigate.

Jonathan Darling

I guess there's many roles in medicine that you start off very clinical and then as time goes on you're taking on other roles and have less clinical, and then you start to wonder, well, what is your identity?

Are you still a doctor? And, and I guess there's a point at which if you became completely management. I know you still met a doctor. I guess you are, but it's a different identity, isn't it?

Erum Jamall

Yeah. And it's not without risk, so there's obviously that identity question that you're asking yourself. And so first you have the imposter syndrome that disappears over time or gets less, or the noise gets less around that, and then you start having this identity issue where you are not sure how you identify.

But there's a real risk as well for us as medic when we enter these management roles, which people don't really talk about, and that's if you leave your clinical work behind, you distil, and therefore it becomes at some point, a point of no return. And yet a lot of these medical leadership roles aren't, aren't as secure as a consultant role is, and so you're diving off the edge of a cliff and hoping that you'll fly.

Probably not quite as bad as that, but you get, get, what I'm saying is that it's not as secure as landing your consultant post for life because those leadership roles are subject to whatever parameters are set for you to achieve. And if you're not achieving those, then you'll fail and therefore not be suitable for the role anymore. And then what happens?

Jonathan Darling

So there's a bit of a tension, isn't there with, because you've said earlier that. It's part of your credibility being medical, but at some point you have to let that go if you're gonna keep on progressing. And yet, then where does your credibility come from somewhere else? I suppose it does, but it's a challenge to be managed.

One- one thing that has always struck me about management roles is first, how key they are to the services of all parts.

Erum Jamall

Yes.

Jonathan Darling

And especially when they're done well, how important it is. I don't, I've not really experienced this, but I'm aware it happens where there's a kind of us them divide between clinicians and management, which can be quite destructive. Can you say a bit about how we can avoid that happening or what's your view?

Erum Jamall

Yeah, I mean, uh, I think probably the best way to answer your question, Jonathan, is to describe my experience of it. I think for me, that was probably one of the hardest things when I stepped into the management role. Initially where one minute or one day you are friendly with all your consultants, and the next day you are effectively managing a group of people who don't really want to be managed and believe they're autonomous - and are autonomous in their working and their services, et cetera. So that's really difficult because then you are seen as having moved over to the dark side and you hear that phrase a lot.

It's disheartening because actually what you want the most is to deliver a, deliver for your services for the team to make things better. And I think, at least for me, that is why I went into it. And so then to be seen as that. Is really hard. And I remember one example very early on in my leadership journey where I had a consultant team who were very under-resourced in terms of consultants. It was a neonatal unit and they only had six consultants. And very quickly after listening to their complaints and what they were saying, I established that they'd never been diary carded. They'd never had their job plans done properly. So we quickly did that. Worked out that they were at least two consultants short and within two months of stepping into role, we had advertised for another consultant role with a second to follow.

And I thought, what, that's great. I've done something really positive for this team. They're gonna be really happy only to be pulled up in front of the BMA, because now they wanted compensation for being overworked and so forth on their rota, and it felt really hard because at the end of the day, I'd done something that they hadn't managed to achieve for themselves for 10 years, and then suddenly I'm the evil one who needs to sort this out.

So that feels really hard. I think as you get more experienced, you start detaching a little bit from that and going, it's not me that they're that other, that these individuals are attacking or against. It is what I am, my role or what I'm doing, that that's the problem. And the way you break that down is by doing more of what I said at the beginning, which is making sure you are visible, making sure that you are available, making sure that you talk to people and hear from them continuously and regularly so that you can nip in the bud grievances and issues that are arising before they turn into that perfect storm or volcano that erupt.

Jonathan Darling

Thanks. Yeah, I think this is really key and I guess I'm hearing the importance of trust, the relationships, that collaborative approach. Yeah. And that will all help to make it more sense of, to a sense of what team working together to deliver a good service.

Erum Jamall

Yes, absolutely. Absolutely.

Jonathan Darling

I just wondered if you've got any resources you might recommend or things that have inspired you, helped you in your leadership role?

Erum Jamall

Yeah, yeah, absolutely, Jonathan. I think for me, having been thrown in almost at the deep end, it felt having not really done a clinical leadership role before I jumped straight into being a clinical director. I think probably the most valuable thing was the coaching that my organization set up for me at the beginning. And some of the coaching that I got from doing the Start Well program, which was the program looking at the reconfiguration of services. Coaching, either get your

trust to, to get you some, and if they're not willing to pay for it, then pay for it yourself.

Because I think it is great to have a sounding board to help direct some of the early imposter syndrome that you might feel and that relationship management, particularly for me, for other people, it'll be different things. But I think that was really key for me. And then the other thing that I did was to do the Executive Medical Leadership Masters at what was then Bay's Business School and now is part of City St. George's. And that was fantastic. Not only because of the modules and the knowledge that you got, it helped to address that imposter syndrome because tick, I've now got a qualification that says that I know what it is to be a leader, but more importantly it was the networks and the connections that you made and that sharing of frustration, the challenges that you have and that it's not uniquely yours. So I think medical leadership can be quite isolating at times. And so for me, that was probably, and still is, I'm still in touch with my cohort. We have, uh, WhatsApp group that if we have issues we can contact each other on and talk about things. And there's a few key people that I'll pick up the phone to and go, 'Hey, I really don't know what to do with this. Can I sound this out with you'? So I think that's been really helpful and useful along my journey.

Jonathan Darling

That's great. And it's worth mentioning in terms of coaching that we did an episode in this podcast earlier with Will Clement. So do, do look that one up if anyone's interested. We, one of the things we talked about before we started recording was about diversity and how we can facilitate and embrace that better. Can you, have you got any comments on that?

Erum Jamall

I think if I could answer that, I would, I would be an amazing person. 'cause I don't think we've cracked it in medicine. Have we really? I think as a female, as someone who's quite young in these roles, dare I say, and probably from the least represented ethnic background. So I'm Pakistani by origin. I tick all the boxes for diversity, but I think that adds to your otherness as well. So I think part of my imposter syndrome was definitely about do I belong when you sit in a room of people who don't look like you and aren't from your background. So that's definitely a challenge and I think the coaching really helped with that, but also I think it's essential. I think diversity add to the table. If you only employ, and you've probably heard this fair, if you only employ the same people, you only get the same result. So that's why it's really key to have diversity within your leadership, in within trust.

How do we make, how do we make it happen? I think for me it's about positive mentorship. And allyship. So it's if you know, that is not something that you would naturally inclined to. So one of the things we did was that we would peer mentor each other. I would be, I was matched with a Caucasian white male colleague, and we would peer mentor each other. So that that was very useful. The other thing that can be really useful is making sure you are actively and proactively signposting people who might not naturally either due to culture or due to nature, go for roles that are outside their comfort zone and certain cultures we know are less likely to put themselves forward for certain things and others much

more likely. So it's about have it being cognisant of that and making sure there are opportunities that are available that appeal to all.

Jonathan Darling

Fantastic, thank you. As we come to the end then, are there any key messages you'd like to leave with us in terms of what you've learned about leadership?

Erum Jamall

I think for me it's, as you go along the journey it, it's really about learning that collaborative approach is the most important thing to develop and establish. Making sure you have good networks with colleagues who are in similar roles across different crops really helps because it can be quite isolating to be a medical leader. I think it's about not being scared to, to jump outside your comfort zone and going for something that, that you might not have thought of. Don't define yourself and put yourself in a box too early in your training or in your career. Try everything.

Jonathan Darling

That's a great message to finish on. Thanks very much, Erum. It's been really great talking to you and I wish you well in the next steps in your journey, and we'll finish there. Thank you.

Erum Jamall

Thanks a lot, Jonathan.

(Music fades in)

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