



University of  
**Salford**  
MANCHESTER

## Ten minutes with Dr Joseph Home, Medical Directors Leadership Fellow at Pennine Acute NHS Trust

Waugh, C and Home, J

<http://dx.doi.org/10.1136/leader-2020-000376>

<b>Title</b>	Ten minutes with Dr Joseph Home, Medical Directors Leadership Fellow at Pennine Acute NHS Trust
<b>Authors</b>	Waugh, C and Home, J
<b>Publication title</b>	BMJ Leader
<b>Publisher</b>	BMJ Publishing Group
<b>Type</b>	Article
<b>USIR URL</b>	This version is available at: <a href="http://usir.salford.ac.uk/id/eprint/58304/">http://usir.salford.ac.uk/id/eprint/58304/</a>
<b>Published Date</b>	2020

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: [library-research@salford.ac.uk](mailto:library-research@salford.ac.uk).

# BMJ Leader

## Ten Minutes with Dr Joseph Home, Medical Directors Leadership Fellow at Pennine Acute NHS Trust.

Journal:	<i>BMJ Leader</i>
Manuscript ID	leader-2020-000376.R1
Article Type:	10 minutes with...
Date Submitted by the Author:	11-Sep-2020
Complete List of Authors:	Waugh, Christopher; Pennine Acute Hospitals NHS Trust Home, Joseph ; University of Salford, School of Health and Social Science; Pennine Acute Hospitals NHS Trust,
Keywords:	clinical leadership, management, medical leadership, career

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

1  
2  
3 **Ten Minutes with Dr Joseph Home, Medical Directors Leadership Fellow at Pennine Acute**  
4  
5 **NHS Trust.**  
6  
7  
8  
9

10 **Christopher Waugh, Joseph Home <sup>1,2</sup>**  
11  
12  
13  
14

15 **1** The Pennine Acute Hospitals NHS Trust, Delaunays Road, Manchester, M8 5RB  
16

17 **2** School of Health and Society, The University of Salford, Frederick Road, Salford, M6 6PU  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

28 **Author Biographies**  
29

30 **1<sup>st</sup> author**  
31

32 **Dr Christopher Waugh is a Junior Doctor in Greater Manchester. With an interest in**  
33  
34 **medical education and clinical research he is currently involved in several collaborative**  
35  
36 **studies including the development of tools to stratify COVID-19 patients for surgery.**  
37  
38  
39  
40  
41

42 **2<sup>nd</sup> author**  
43  
44

45 **Joseph Home is a Junior Doctor working in a medium sized District General Hospital in the**  
46  
47 **United Kingdom. After leading several projects during the COVID-19 response within his**  
48  
49 **Trust, including; junior doctor redeployment, redesign of the out-of-hours service and**  
50  
51 **transformation of the Foundation Doctor Year 1 workforce, he is now undertaking a**  
52  
53 **management facing Medical Director Leadership Fellowship in Manchester.**  
54  
55

56 **Having previously studied a post-graduate degree in medical law, he is currently enrolled**  
57  
58 **on the Senior Leader Master's Degree Apprenticeship to study a Global MBA at the**  
59  
60

1  
2  
3 **Alliance Manchester Business School. He is also currently an Honorary Research Fellow at**  
4  
5 **the University of Salford working within the school of Health and Society, and Honorary**  
6  
7 **Secretary for the British Medical Association North West Junior Doctors Committee.**  
8  
9

### 10 11 12 13 14 15 **Correspondence:**

16  
17  
18 Correspondence to Dr Joseph Home, Trust Headquarters, The Pennine Acute Hospitals NHS  
19  
20 Trust, North Manchester General Hospital, Delaunays Road, Manchester, M8 5RB;

21  
22 [jwhome@live.co.uk](mailto:jwhome@live.co.uk)

23  
24  
25 **Twitter:** @JWhome9  
26  
27  
28  
29  
30  
31

### 32 33 **Funding**

34  
35 The author has not declared a specific grant for this research from any funding agency in the  
36  
37 public, commercial or not-for-profit sectors.  
38  
39  
40  
41

### 42 43 **Copyright**

44  
45 The Corresponding Author has the right to grant on behalf of all authors and does grant on  
46  
47 behalf of all authors, a [worldwide licence](#) to the Publishers and its licensees in perpetuity, in  
48  
49 all forms, formats and media (whether known now or created in the future), to i) publish,  
50  
51 reproduce, distribute, display and store the Contribution, ii) translate the Contribution into  
52  
53 other languages, create adaptations, reprints, include within collections and create  
54  
55 summaries, extracts and/or, abstracts of the Contribution, iii) create any other derivative  
56  
57 work(s) based on the Contribution, iv) to exploit all subsidiary rights in the Contribution, v)  
58  
59  
60

1  
2  
3 the inclusion of electronic links from the Contribution to third party material where-ever it  
4  
5 may be located; and, vi) licence any third party to do any or all of the above.  
6  
7  
8  
9

### 10 **Competing interests**

11  
12  
13 None declared.  
14  
15

### 16 **Transparency**

17  
18 The author affirms that the manuscript is an honest accurate and transparent account of the  
19  
20 events described.  
21  
22  
23  
24  
25

### 26 **Ethical approval**

27  
28 No ethical approval required.  
29  
30  
31  
32

### 33 **Word count**

34  
35 Abstract: 33  
36  
37

38 Main body of text: 1999 words  
39  
40  
41  
42  
43

### 44 **Abstract**

45  
46 As a Foundation Year 2 Doctor Joseph was given the unique opportunity to step into a  
47  
48 senior leadership role. This short interview discusses some of the challenges and key  
49  
50 messages from this experience.  
51  
52  
53  
54  
55

### 56 **Article**

57  
58  
59  
60

- 1  
2  
3 1. What are the key leadership messages you want to get out to the BMJ Leader  
4  
5 readership?  
6  
7  
8  
9  
10  
11  
12

13 **My top three messages are:**

- 14  
15  
16  
17  
18 1. **Do not let seniority (or lack of it) put you off becoming involved in**  
19  
20 **leadership. Throughout the COVID-19 pandemic the NHS required rapid**  
21  
22 **effective change. Many of the best and most innovative solutions I saw**  
23  
24 **during the pandemic came from Foundation Induction Year 1 and**  
25  
26 **Foundation Year 1 doctors.**  
27  
28  
29  
30  
31  
32 2. **Try not to forget we are all on the same team. Throughout the National**  
33  
34 **Health Service, the chasm between clinical and non-clinical staff can be**  
35  
36 **large. From managers in human resources to lab technicians, everyone is**  
37  
38 **working to provide the best care for patients. We are all people, and**  
39  
40 **everyone is allowed to make mistakes.**  
41  
42  
43  
44  
45 3. **The NHS offers a plethora of non-clinical training opportunities. It is**  
46  
47 **sometimes thought these are only available to senior clinicians and**  
48  
49 **managers, but there are often opportunities to become involved in projects**  
50  
51 **across education, research and leadership. Often the first step is showing**  
52  
53 **interest and motivation.**  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 2. Tell us a little bit about your leadership role and how it is changing as a result of the  
4  
5 pandemic?  
6  
7

8 **As a Foundation Year 2 (FY2) doctor, it is not always easy to make sense of leadership**  
9 **structures within Hospital Trust's, or indeed involve oneself in them. As the junior doctor**  
10 **representative to the British Medical Association (BMA) Local Negotiating Committee**  
11 **(LNC), I was fortunate that throughout my Foundation training I was exposed to**  
12 **management structures within my Trust. This allowed me to develop working**  
13 **relationships with key stakeholders within my organisation. In the initial preparation for**  
14 **the expected 'surge' of COVID-19 positive patients, the Trust activated a 'command and**  
15 **control' management structure. This included daily Gold, Silver and Bronze meetings. As**  
16 **the BMA representative I requested a seat at these meetings in order to represent junior**  
17 **doctor interests. I was subsequently asked by the director team to step back from a**  
18 **significant portion of my clinical responsibilities to assist and lead many of the**  
19 **anticipatory changes implemented to cope with the expected caseload of high acuity**  
20 **patients. This included a whole-sale redesign of the hospital out-of-hours provision, junior**  
21 **doctor redeployment, and junior doctor communications.**  
22  
23 **The opportunity to lead large-scale projects, with oversight from the Associate Director of**  
24 **Medical Education and Medical Director, were a far cry from the typical responsibilities of**  
25 **an FY2 doctor.<sup>1</sup>**  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56

---

57 <sup>1</sup> Home, J., 2020. Junior Doctors as senior clinical leaders – a reflection on my foundation year 2 (F2)  
58 experiences during the SARS-CoV-2 COVID-19 pandemic. *International Journal of Healthcare*  
59 *Management*, pp.1-5.  
60



1  
2  
3 **As we continue to build towards a successful recovery and preparation for future surges**  
4  
5 **of COVID-19 patients, the Trust commissioned a full-time management facing ‘Medical**  
6  
7 **Directors Leadership Fellow’ post which I am now undertaking following the completion**  
8  
9 **of Foundation Year 2.**  
10  
11

- 12  
13  
14  
15 3. What events in your past experience are most informing your leadership in this  
16  
17 pandemic?  
18  
19  
20  
21

22  
23 **It is difficult to compare the pressures of a purely managerial role to that of a clinical**  
24 **facing role; both come with unique stresses and pressures. Although I had some prior**  
25 **leadership experience within my role as a junior doctor representative, I was thrown into**  
26 **the deep end of senior leadership at the start of the pandemic. One of the key**  
27 **experiences that guided me during challenging periods was the confidence instilled in me**  
28 **as part of my work within the BMA. As a junior doctor it is easy to feel that you are**  
29 **primarily a service provider, and the realms of operation and strategic decision making is**  
30 **reserved for senior clinicians and managers. My experience within the BMA is that all**  
31 **voices are equally valuable, whether that be as a first-year medical student, or medical**  
32 **director. Each offers their own unique and valued perspective. This sense of**  
33 **empowerment helped instill the confidence to speak up, regardless of the status of other**  
34 **attendees within the (physical or virtual) room.**  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56

- 57 4. What are you finding the biggest challenges?  
58  
59  
60

1  
2  
3 **My biggest challenge throughout the pandemic was undoubtedly maintaining good**  
4 **communication between management and frontline clinical staff. With daily revisions to**  
5 **both National and Regional guidance, it was a constant challenge to clearly communicate**  
6 **these to all staff groups.**

7  
8  
9  
10  
11  
12 **From a personal perspective I found it particularly challenging in the management of**  
13 **professional boundaries. One of our key strategies in communications, was the use of**  
14 **social media channels to disseminate messages to colleagues contemporaneously. This**  
15 **was primarily using my personal phone number and social media accounts. Whilst this**  
16 **was effective in providing rapid updates, a secondary consequence of this was that I was**  
17 **accessible throughout all hours and the easiest point of contact for all queries from the**  
18 **cohort of junior doctors. This led to a constant state of 'on-call'. Additionally, as my role**  
19 **evolved throughout the pandemic, it was often not clear where my roles and**  
20 **responsibilities started and finished. Consequently, I received several inappropriate**  
21 **requests to approve additional zero days and annual leave. Both of which I was not in a**  
22 **position to sanction.**

23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42 5. Any particular surprises?

43  
44 **The biggest surprise thus far is the polar difference in work related stress and pressures**  
45 **compared to my clinical roles. As a junior clinician the workload is often high with severe**  
46 **consequences for mistakes. However, once a shift is finished and outstanding patients**  
47 **have been handed over, one can usually leave work safe in the knowledge that another**  
48 **clinician is looking after the patients. This is a direct contrast to my leadership role which**  
49 **sees a much lower human cost if I make small mistakes. However, the longitudinal nature**  
50 **of project work means it is often easy to allow work to overflow into all hours. I often find**  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 **my weekends are a continuation of my working week. Strict discipline is required to**  
4  
5 **ensure adequate time away from work and rest from work-related activities.**  
6  
7  
8  
9

10 6. Are you seeing any behaviours from colleagues that encourage or inspire you?

11  
12 **As a nation I feel we should be incredibly proud of our health-workers response to the**  
13 **pandemic. On the wards I know of many nurses who have stepped up to take on roles**  
14 **within critical care and consultants who have stepped down to the level of Foundation**  
15 **Doctors.**  
16  
17

18 **Most of my exposure is to junior doctors, and through my National BMA role I have read**  
19 **and heard many anecdotes throughout the pandemic period of juniors going above and**  
20 **beyond to help the national response. I have found particular inspiration from some**  
21 **colleagues on the BMA National Junior Doctor Committee who have been balancing**  
22 **clinical commitments with high level negotiations. Ensuring junior doctors continue to**  
23 **work in the best environments in the circumstances.**  
24  
25

26 **Another group of individuals I have had the pleasure of working closely with throughout**  
27 **the pandemic, are non-clinical staff groups. From medical workforce managers to business**  
28 **partners and divisional managers, I have been consistently impressed by the outstanding**  
29 **efforts from all to make the hospital a better environment for staff and patients alike.**  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

50 7. How are you maintaining kindness and compassion?

51  
52 **When I was in medical school, I worked with a consultant in pain medicine. His clinic was**  
53 **filled with a group of patients who had been sent pillar-to-post before arriving there.**  
54  
55

56 **After seeing several patients whom did not have an identifiable physical reason for their**  
57 **pain, I asked him why it was he chose to work within that speciality. He told me that if a**  
58  
59  
60

1  
2  
3 **person comes to you with pain, no matter whether you can identify a cause for the pain or**  
4  
5 **not, the patient is still experiencing pain.**  
6  
7

8 **This is a lesson I have tried to apply to all areas of my life. When colleagues approach me**  
9  
10 **with concerns or questions, even if I find the problem difficult to understand from my own**  
11  
12 **perspective, it is still important to explore, acknowledge and try to rectify concerns if this**  
13  
14 **is possible.**  
15  
16  
17  
18  
19

- 20  
21 8. Are there any ideas or readings that you find helpful, for inspiration and support,  
22  
23 which you would recommend to others?  
24

25 **During my first rotation in Foundation Year 1, I was sent a copy of the following poem by a**  
26  
27 **wise woman from Yorkshire (my Mum). Throughout the very hectic transition from**  
28  
29 **medical student to junior doctor, I often drew upon this as an attempt to maintain my**  
30  
31 **humanity and keep sight of what we are trying to achieve during a busy out-of-hours shift.**  
32  
33  
34

35 *'What do you see, nurses, what do you see?*  
36 *Are you thinking, when you look at me —*  
37 *A crabby old woman, not very wise,*  
38 *Uncertain of habit, with far-away eyes,*  
39 *Who dribbles her food and makes no reply,*  
40 *When you say in a loud voice — "I do wish you'd try."*

41  
42  
43 *Who seems not to notice the things that you do,*  
44 *And forever is losing a stocking or shoe,*  
45 *Who unresisting or not, lets you do as you will,*  
46 *With bathing and feeding, the long day to fill.*  
47 *Is that what you're thinking, is that what you see?*  
48 *Then open your eyes, nurse, you're looking at ME...*  
49  
50  
51

52 *I'll tell you who I am, as I sit here so still;*  
53 *As I rise at your bidding, as I eat at your will.*  
54 *I'm a small child of ten with a father and mother,*  
55 *Brothers and sisters, who love one another,*  
56 *A young girl of sixteen with wings on her feet.*  
57  
58

59 *Dreaming that soon now a lover she'll meet;*  
60

1  
2  
3  
4 *A bride soon at twenty — my heart gives a leap,*  
5 *Remembering the vows that I promised to keep;*  
6 *At twenty-five now I have young of my own,*  
7 *Who need me to build a secure, happy home;*  
8 *A woman of thirty, my young now grow fast,*  
9 *Bound to each other with ties that should last;*  
10 *At forty, my young sons have grown and are gone,*  
11 *But my man's beside me to see I don't mourn;*  
12 *At fifty once more babies play 'round my knee,*  
13 *Again we know children, my loved one and me.*

14  
15  
16  
17 *Dark days are upon me, my husband is dead,*  
18 *I look at the future, I shudder with dread,*  
19 *For my young are all rearing young of their own,*  
20 *And I think of the years and the love that I've known;*  
21 *I'm an old woman now and nature is cruel —*  
22 *'Tis her jest to make old age look like a fool.*

23  
24  
25 *The body is crumbled, grace and vigor depart,*  
26 *There is now a stone where once I had a heart,*  
27 *But inside this old carcass a young girl still dwells,*  
28 *And now and again my battered heart swells.*

29  
30  
31 *I remember the joys, I remember the pain,*  
32 *And I'm loving and living life over again,*  
33 *I think of the years, all too few — gone too fast,*  
34 *And accept the stark fact that nothing can last —*  
35 *So I open your eyes, nurses, open and see,*  
36 *Not a crabby old woman, look closer, nurses — see ME!' - Anon<sup>2</sup>*

37  
38  
39  
40  
41  
42 **Another piece of advice which has remained with me came from my previous clinical**  
43 **supervisor, this was regarding the introduction of change. He told me that the single most**  
44 **important action is to identify the decision maker, and ensure it is impossible for them to**  
45 **decline your proposal. In order to do this, you must identify and engage stakeholders and**  
46 **evidence your intentions and decision-making process. This could include undertaking**  
47 **audit projects, conducting financial analyses and surveying staff groups. It is very difficult**  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57

58  
59  
60  

---

<sup>2</sup> Nursinghomealert.com. 2020. See Me | *Nursing Home Alert*. [online] Available at:  
<<http://www.nursinghomealert.com/share-this-poem>> [Accessed 2 September 2020].

1  
2  
3 **for key decision makers to reject a proposal with a financially sound basis, which**  
4  
5 **stakeholder staff groups support, and audit projects suggest would benefit the**  
6  
7 **organisation.**  
8  
9

10  
11  
12  
13 9. What are you looking for from your leaders?  
14  
15

16  
17  
18 **In his book *Leading Change*, Kotter describes the key to be a good leader is**  
19 **the ability to instigate change.<sup>3</sup> No industry in the world has been immune**  
20 **to the pressure of COVID-19. The humility to forego historical practices in**  
21 **favour of new evidence and new system pressures is critical in ensuring the**  
22 **health sector evolves in line with our populations needs.**  
23  
24  
25  
26  
27  
28  
29

30  
31  
32 **Empathy is another key characteristic I look for in everyone I work with. As**  
33 **doctors we are sometimes guilty of thinking we are at the centre of the**  
34 **NHS. However, the effort and passion put in by both clinical and non-clinical**  
35 **staff to provide the best patient experience, should never be**  
36 **underestimated.**  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

---

<sup>3</sup> Kotter, J., 2012. *Leading Change*. Boston, Mass.: Harvard Business Review Press.

1  
2  
3  
4  
5  
6 **Interview date: 2/9/2020**  
7  
8  
9

10 **References:**

11  
12  
13 Home, J., 2020. Junior Doctors as senior clinical leaders – a reflection on my foundation year  
14 2 (F2) experiences during the SARS-CoV-2 COVID-19 pandemic. *International Journal of*  
15 *Healthcare Management*, pp.1-5.

16  
17 Nursinghomealert.com. 2020. *See Me | Nursing Home Alert*. [online] Available at:  
18 <<http://www.nursinghomealert.com/share-this-poem>> [Accessed 2 September 2020].

19  
20 Kotter, J., 2012. *Leading Change*. Boston, Mass.: Harvard Business Review Press.  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



Dr Joseph Home @jwhome9

264x470mm (72 x 72 DPI)



1  
2  
3 **Ten Minutes with Dr Joseph Home, Medical Directors Leadership Fellow at Pennine Acute**  
4  
5 **NHS Trust.**  
6  
7  
8  
9

10 **Christopher Waugh, Joseph Home <sup>1,2</sup>**  
11  
12  
13  
14

15 **1 The Pennine Acute Hospitals NHS Trust, Delaunays Road, Manchester, M8 5RB**  
16

17 **2 School of Health and Society, The University of Salford, Frederick Road, Salford, M6 6PU**  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

## 28 **Author Biographies**

### 29 **1<sup>st</sup> author**

30  
31  
32 **Dr Christopher Waugh is a Junior Doctor in Greater Manchester. With an interest in**  
33  
34 **medical education and clinical research he is currently involved in several collaborative**  
35  
36 **studies including the development of tools to stratify COVID-19 patients for surgery.**  
37  
38  
39  
40  
41

### 42 **2<sup>nd</sup> author**

43  
44  
45 **~~Dr~~ Joseph Home is a Junior Doctor working in a medium sized District General Hospital in**  
46  
47 **the United Kingdom. After leading several projects during the his Trust COVID-19 response**  
48  
49 **within his Trust, including: junior doctor redeployment, redesign of the out-of-hours**  
50  
51 **service and transformation of the Foundation Doctor Year 1 workforce, he is now**  
52  
53 **undertaking a management facing Medical Director Leadership Fellowship in Manchester.**  
54  
55 **Having previously studied a post-graduate degree in medical law, he is currently enrolled**  
56  
57 **on the ~~Global MBA~~ Senior Leader Master's Degree Apprenticeship to study a Global MBA**  
58  
59  
60

1  
2  
3 at **the Alliance Manchester Business School**. He is also currently an Honorary Research  
4  
5  
6 **Fellow at the University of Salford working within the school of Health and Society,** and  
7  
8 **Honorary Secretary for the British Medical Association North West Junior Doctors**  
9  
10 **Committee.**

### 11 12 13 14 15 16 17 18 **Correspondence:**

19  
20 Correspondence to Dr Joseph Home, Trust Headquarters, The Pennine Acute Hospitals NHS  
21  
22 Trust, North Manchester General Hospital, Delaunays Road, Manchester, M8 5RB;

23  
24  
25 [jwhome@live.co.uk](mailto:jwhome@live.co.uk)

26  
27  
28 **Twitter:** @JWhome9

### 29 30 31 32 33 34 35 **Funding**

36  
37 The author has not declared a specific grant for this research from any funding agency in the  
38  
39 public, commercial or not-for-profit sectors.

### 40 41 42 43 44 45 **Copyright**

46  
47 The Corresponding Author has the right to grant on behalf of all authors and does grant on  
48  
49 behalf of all authors, [a worldwide licence](#) to the Publishers and its licensees in perpetuity, in  
50  
51 all forms, formats and media (whether known now or created in the future), to i) publish,  
52  
53 reproduce, distribute, display and store the Contribution, ii) translate the Contribution into  
54  
55 other languages, create adaptations, reprints, include within collections and create  
56  
57 summaries, extracts and/or, abstracts of the Contribution, iii) create any other derivative  
58  
59  
60

1  
2  
3 work(s) based on the Contribution, iv) to exploit all subsidiary rights in the Contribution, v)  
4 the inclusion of electronic links from the Contribution to third party material where-ever it  
5  
6  
7  
8 may be located; and, vi) licence any third party to do any or all of the above.  
9

### 10 11 12 13 **Competing interests**

14  
15 None declared.  
16  
17

### 18 19 20 **Transparency**

21  
22 The author affirms that the manuscript is an honest accurate and transparent account of the  
23  
24  
25 events described.  
26  
27

### 28 29 30 **Ethical approval**

31  
32 No ethical approval required.  
33  
34

### 35 36 37 **Word count**

38  
39 Abstract: 33

40  
41  
42 Main body of text: 1999 words  
43  
44

### 45 46 47 **Abstract**

48  
49 As a Foundation Year 2 Doctor Joseph was given the unique opportunity to step into a  
50  
51  
52 senior leadership role. This short interview discusses some of the challenges and key  
53  
54  
55 messages from this experience.  
56  
57

### 58 59 **Article** 60

- 1  
2  
3 1. What are the key leadership messages you want to get out to the BMJ Leader  
4 readership?  
5  
6  
7  
8  
9  
10  
11  
12

13 **My top three messages are:**

- 14  
15  
16  
17  
18 1. Do not let seniority (or lack of it) put you off becoming involved in  
19 leadership. Throughout the COVID-19 pandemic the NHS required rapid  
20 effective change. Many of the best and most innovative solutions I saw  
21 during the pandemic came from Foundation Induction Year 1 and  
22 Foundation Year 1 doctors.  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32 2. Try not to forget we are all on the same team. Throughout the National  
33 Health Service, HS the chasm between clinical and non-clinical staff can be  
34 large. From managers in human resources to lab technicians, everyone is  
35 working to provide the best care for patients. We are all peoplepeople, and  
36 everyone is allowed to make mistakes.  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46 3. The NHS offers a plethora of non-clinical training opportunities. It is  
47 sometimes thought these are only available to senior clinicians and  
48 managers, but there are often opportunities to become involved in projects  
49 across education, research and leadership. Often the first step is showing  
50 interest and motivation.  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 2. Tell us a little bit about your leadership role and how it is changing as a result of the  
4  
5 pandemic?  
6  
7

8 As a Foundation Year 2 (FY2) doctor, it is not always easy to make sense of leadership  
9 structures within Hospital Trust's, or indeed involve ~~one~~yourself in them. As the junior  
10 doctor representative to the British Medical Association (BMA) Local Negotiating  
11 Committee (LNC), I was fortunate that throughout my Foundation training I ~~had~~  
12 ~~familiarised myself~~was exposed to ~~both with the structure of~~ management structures  
13 within my Trust. ~~This allowed me to~~also ~~developed~~ working relationships with key  
14 stakeholders within my organisation. In the initial preparation for the expected 'surge' of  
15 COVID-19 positive patients, the Trust activated a 'command and control' management  
16 ~~system~~structure. This included daily Gold, Silver and Bronze meetings. As the BMA  
17 representative I requested a seat at these meetings in order to represent junior doctor  
18 interests. ~~Following this, I was subsequently~~I was asked by the director team to step back  
19 from a significant portion of my clinical responsibilities to assist and lead many of the  
20 anticipatory changes implemented to cope with the expected caseload of high acuity  
21 patients. This included a whole-sale redesign of the hospital out-of-hours provision, junior  
22 doctor redeployment, and junior doctor communications.  
23  
24 The opportunity to ~~Leading~~ large-scale projects, with oversight from the Associate  
25 Director of Medical Education and Medical Director, were a far cry from the typical  
26 responsibilities of an FY2 doctor.<sup>1</sup>  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56

57 <sup>1</sup> Home, J., 2020. Junior Doctors as senior clinical leaders – a reflection on my foundation year 2 (F2)  
58 experiences during the SARS-CoV-2 COVID-19 pandemic. *International Journal of Healthcare*  
59 *Management*, pp.1-5.  
60

1  
2  
3 As we continue to build towards a successful recovery and preparation for future surges  
4  
5 of COVID-19 patients, the Trust commissioned a full-time management facing 'Medical  
6  
7 Directors Leadership Fellow' post which I am now undertaking following the completion  
8  
9 of Foundation Year 2.  
10  
11

- 12  
13  
14  
15 3. What events in your past experience are most informing your leadership in this  
16  
17 pandemic?  
18  
19

20  
21  
22 It is difficult to compare the pressures of a purely ~~management~~ managerial role to that of  
23  
24 a clinical facing role; both come with unique stresses and pressures. Although I had some  
25  
26 prior leadership experience within my role as a junior doctor representative ~~at my Trust~~, I  
27  
28 was thrown into the deep end of senior leadership at the start of the pandemic. One of  
29  
30 the key experiences that guided me during challenging periods was the confidence  
31  
32 instilled in me as part of my work within the BMA. As a junior doctor it is easy to feel that  
33  
34 you are primarily a service provider, and the realms of operation and strategic decision  
35  
36 making is reserved for senior clinicians and managers ~~only~~. My experience within the BMA  
37  
38 is that all voices are equally valuable, whether that be as a first-year medical student, or  
39  
40 medical director. Each offers their own unique and valued perspective. This sense of  
41  
42 empowerment helped instill the confidence ~~in me~~ to speak up, regardless of the status of  
43  
44 other attendees within the (physical or virtual) room.  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55

- 56  
57 4. What are you finding the biggest challenges?  
58  
59  
60

1  
2  
3 My biggest challenge throughout the pandemic was undoubtedly maintaining good  
4 the  
5 communication between management and frontline clinical staff. With daily revisions to  
6 both National and Regional guidance, it was a constant challenge to clearly communicate  
7 these to all staff groups.  
8

9  
10  
11 From a personal perspective I found it particularly challenging in the management of  
12 professional boundaries. One of our key strategies in communications, z was the use of  
13 social media channels to disseminate messages to colleagues contemporaneously. This  
14 was primarily using my personal phone number and social media accounts. Whilst this  
15 was effective in providing rapid updates, a secondary consequence of this was that I was  
16 accessible throughout all hours and the easiest point of contact for all queries from the  
17 cohort of junior doctors. This led to a constant state of 'on-call'. Additionally, as my role  
18 evolved throughout the pandemic, it was often not clear where my roles and  
19 responsibilities started and finished. Consequently, I received several inappropriate  
20 requests to approve additional zero days and annual leave. Both of which I was not in a  
21 position to sanction.  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41

42 5. Any particular surprises?  
43

44 The biggest surprise thus far is the polar difference in work related stress and pressures  
45 compared to my clinical roles. As a junior clinician the workload is often high with severe  
46 consequences for mistakes. However, once a shift is finished and outstanding patients  
47 have been handed over, one can usually leave work safe in the knowledge that another  
48 clinician is looking after the patients. This is a direct contrast to my leadership role which  
49 sees a much lower human cost if I make small mistakes. However, the longitudinal nature  
50 of project work means it is often easy to allow work to overflow into all hours. I often find  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 my weekends are a continuation of my working week. Strict discipline is required to  
4  
5 ensure adequate time away from work and rest from work-related activities.  
6  
7  
8  
9

10 6. Are you seeing any behaviours from colleagues that encourage or inspire you?

11  
12 As a nation I feel we should be incredibly proud of our health-workers response to the  
13 pandemic. On the wards I know of many nNurses who have stepped up to take on roles  
14 within critical care and cConsultants who have stepped down to the level of Foundation  
15 Doctors.  
16  
17

18  
19 Most of my exposure is to jJunior dDoctors, and through my National BMA role I have  
20 read and heard many hundreds of anecdotes throughout the pPandemic period of jJuniors  
21 going above and beyond to help the national response. I have found particular inspiration  
22 from some colleagues on the BMA National Junior Doctor Committee who have been  
23 balancing clinical commitments with high level negotiations. Ensuring junior doctors  
24 continue to work in the best environments in the circumstances.  
25  
26

27  
28 Another group of individuals I have had the pleasure of working closely with throughout  
29 the pandemic, are non-clinical staff groups. From medical workforce managers to business  
30 partners and divisional managers, I have been consistently impressed by the outstanding  
31 efforts from all to make the hospital a better environment for staff and patients alike.  
32  
33  
34  
35  
36

37  
38 7. How are you maintaining kindness and compassion?  
39  
40

41  
42 When I was in medical school, I worked with a consultant in pain medicine. His clinic was  
43 filled with a group of patients who had often been battered sent pillar to post before  
44 arriving there. After seeing several patients whom did not have an identifiable physical  
45 reason for their pain, I asked him why it was he chose to work within that speciality. He  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 told me that if a person comes to you with pain, no matter whether you can identify a  
4  
5 cause for the pain or not, the patient is still experiencing pain.  
6  
7

8 This is a lesson I have tried to apply to all areas of my life. When colleagues approach me  
9  
10 with concerns or questions, even if I find the problem difficult to understand from my own  
11  
12 perspective, it is still important to explore, acknowledge and try to rectify concerns if this  
13  
14 is possible.  
15  
16  
17  
18  
19

- 20 8. Are there any ideas or readings that you find helpful, for inspiration and support,  
21  
22 which you would recommend to others?  
23  
24

25 During my first rotation in Foundation Year 1, I was sent a copy of the following poem by a  
26  
27 wise woman from Yorkshire (my Mum). Throughout the very hectic transition from  
28  
29 medical student to junior doctor, I often drew upon this as an attempt to maintain my  
30  
31 humanity and keep sight of what we are trying to achieve during a busy out-of-hours shift.  
32  
33  
34

35 *'What do you see, nurses, what do you see?  
36 Are you thinking, when you look at me —  
37 A crabby old woman, not very wise,  
38 Uncertain of habit, with far-away eyes,  
39 Who dribbles her food and makes no reply,  
40 When you say in a loud voice — "I do wish you'd try."*

41  
42  
43 *Who seems not to notice the things that you do,  
44 And forever is losing a stocking or shoe,  
45 Who unresisting or not, lets you do as you will,  
46 With bathing and feeding, the long day to fill.  
47 Is that what you're thinking, is that what you see?  
48 Then open your eyes, nurse, you're looking at ME...*

49  
50  
51  
52 *I'll tell you who I am, as I sit here so still;  
53 As I rise at your bidding, as I eat at your will.  
54 I'm a small child of ten with a father and mother,  
55 Brothers and sisters, who love one another,  
56 A young girl of sixteen with wings on her feet.*

57  
58  
59 *Dreaming that soon now a lover she'll meet;*  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

*A bride soon at twenty — my heart gives a leap,  
Remembering the vows that I promised to keep;  
At twenty-five now I have young of my own,  
Who need me to build a secure, happy home;  
A woman of thirty, my young now grow fast,  
Bound to each other with ties that should last;  
At forty, my young sons have grown and are gone,  
But my man's beside me to see I don't mourn;  
At fifty once more babies play 'round my knee,  
Again we know children, my loved one and me.*

*Dark days are upon me, my husband is dead,  
I look at the future, I shudder with dread,  
For my young are all rearing young of their own,  
And I think of the years and the love that I've known;  
I'm an old woman now and nature is cruel —  
'Tis her jest to make old age look like a fool.*

*The body is crumbled, grace and vigor depart,  
There is now a stone where once I had a heart,  
But inside this old carcass a young girl still dwells,  
And now and again my battered heart swells.*

*I remember the joys, I remember the pain,  
And I'm loving and living life over again,  
I think of the years, all too few — gone too fast,  
And accept the stark fact that nothing can last —  
So I open your eyes, nurses, open and see,  
Not a crabby old woman, look closer, nurses — see ME!' - Anon<sup>2</sup>*

**Another piece of advice which has remained with me came from my previous clinical supervisor, this was ~~once gave me some advice~~ regarding the introduction of change. He told me that the single most important action is to identify the decision maker, and ensure it is impossible for them to decline your proposal. In order to do this, you must identify and engage stakeholders and evidence your intentions and decision-making process. This could include undertaking audit projects, conducting financial analyses and**

<sup>2</sup> Nursinghomealert.com. 2020. See Me | *Nursing Home Alert*. [online] Available at: <<http://www.nursinghomealert.com/share-this-poem>> [Accessed 2 September 2020].

1  
2  
3 **surveying staff groups. It is very difficult for key decision makers to reject a proposal with**  
4  
5 **a financially sound basis, which stakeholder staff groups support, and audit projects**  
6  
7 **suggest would benefit the organisation.**  
8  
9

10  
11  
12  
13 9. What are you looking for from your leaders?  
14  
15

16  
17  
18 **In his book *Leading Change*, Kotter describes the key to be a good leader is**  
19  
20 **the ability to instigate change.<sup>3</sup> No industry in the world has been immune**  
21  
22 **to the pressure of COVID-19. The humility to forego historical practices in**  
23  
24 **favour of new evidence and new system pressures is critical in ensuring the**  
25  
26 **health sector evolves in line with our populations needs.**  
27  
28

29  
30  
31  
32 **Empathy is another key characteristic I look for in everyone I work with. As**  
33  
34 **doctors we are sometimes guilty of thinking we are at the centre of the**  
35  
36 **NHS. However, the effort and passion put in by both clinical and non-clinical**  
37  
38 **staff to provide the best patient experience, should never be**  
39  
40 **underestimated.**  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

---

<sup>3</sup> Kotter, J., 2012. *Leading Change*. Boston, Mass.: Harvard Business Review Press.

1  
2  
3  
4  
5  
6 **Interview date: 2/9/2020**  
7  
8  
9

10 **References:**

11  
12  
13 Home, J., 2020. Junior Doctors as senior clinical leaders – a reflection on my foundation year  
14 2 (F2) experiences during the SARS-CoV-2 COVID-19 pandemic. *International Journal of*  
15 *Healthcare Management*, pp.1-5.

16  
17 Nursinghomealert.com. 2020. *See Me | Nursing Home Alert*. [online] Available at:  
18 <<http://www.nursinghomealert.com/share-this-poem>> [Accessed 2 September 2020].

19  
20 Kotter, J., 2012. *Leading Change*. Boston, Mass.: Harvard Business Review Press.  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60