See sweet to C-suite: Carrie MacEwen

BY DAVID LOCKINGTON

The business world tells us, "Know your why." But increasingly, we live in a society where people think, "Why bother?" In this interview, David wants to know what makes Carrie MacEwen tick, and why she bothered to get involved locally, nationally, internationally, and even with the GMC.

Standing as President of RCOphth.

So, welcome Carrie. I thought you were an eye doctor in Dundee, so why the GMC?

I'm still an eye doctor in Dundee. I pop into Ninewells very happily on a Monday morning and I do a clinic, but not every week because I can't always manage it. My colleagues still seem happy to see me! I've been an ophthalmologist for many, many years and I'm very comfortable in that role, so I remain clinically active.

How did I become Chair of the General Medical Council (GMC)? I went to medical school nearly 50 years ago, and at that point I only had one ambition - to become a doctor, and to be a good doctor. For most of my life, that was what I did. I was a full-time clinician and I hope I was a good one. That was the thing that made me tick.

> "Leading means you know the direction you are heading"

If you're looking for reasons why people try to move into different positions, many things came up. I went to medical school in 1975. That was the year of the Sex Discrimination Act. Up until then, it was OK to discriminate against women in any number of ways. I went to medical school, there was a small number of women, and you had to be determined to succeed due to competition. I went to Dundee, which was the best thing that ever happened to me – a fantastic medical school, it still is – but I had to recognise the environment I was working in. I think that period of time really influenced my actions. You had to prove yourself. It wasn't enough to be as good as everybody else – if you were to get on in an environment that was male dominated, you had to stand out. As a woman, I think that made me want to do things differently. I was very driven by clinical work.

Less than full-time training was an early concept, called the Flexible Training Scheme at that time. I was offered the opportunity to lead on its development as I was one of a small number of women consultants, despite not having had the opportunity for anything other than full-time training myself. I was ultimately appointed Associate Dean, and that was a way that I felt I was able to address some of the challenges I had faced, because I recognised that you just can't 'have it all'. That was initially on a voluntary basis but became half a day a week. It wasn't very much, but it gave me a bit of an appetite for things that were different.

Using opportunities that come your way, particularly things that drive you, are really, really important, and I think people should try and think about that. Being a doctor and even being a clinician isn't just about seeing patients, it's about all the different aspects of it. It's about supporting your colleagues. It's about research. It's about teaching. It's about bringing the next generation on. It's thinking about how you can make the service better. It's all these different things. We've become very compartmentalised now – I was given opportunities, I took them, and they worked. Therefore, I was able to develop a number of different interests. I think it's more difficult to do that nowadays.

Let's talk about that. You say you were given opportunities. Did you go and find them? Or did someone mentor you?

It's difficult to know, isn't it? There was no great plan. I'm a curious individual, I like to find out how things happen, how things work, and I like to make things better. That's been a great driver for me, and so things came my way. Before I started in ophthalmology, I did a job in A&E (or Casualty, as it was in those days) so I could sit my general surgical primary (the Royal College of Ophthalmologists didn't exist then). That job taught me a number of things but, importantly, it taught me that you need to collaborate with people and work well with people.

It also gave me an opportunity to do some early clinical research. Very early databases, which didn't really exist before then, were beginning to be set up. I developed an interest in how you could use data to determine how clinical services and outcomes can change or how you can monitor things. Ultimately, that gave me an interest in epidemiology, in which I did quite a lot of work – my MD thesis was population based and served as the basis for a lifetime of clinical research.

My exposure to A&E also took me to sport and exercise medicine, which gave me a whole different line of medical interest. It wasn't something that I did day-to-day, but it provided another group of people to collaborate with, learn from and get a different perspective. It gave me a different way of thinking, and I was very much involved in setting up the Faculty of Sport

and Exercise Medicine through the Royal College of Ophthalmologists.

I think most motivated people, if they are honest, are trying to prove something, even if it's just to themselves. We're flying high, but someone is still higher. When I walked through the Eye Department in Gartnavel recently, I saw on the historic Board of Ophthalmologists, 'C MacEwen' – your father! Was that a help or a hindrance?

Where do you stop? You get to the end of junior school; you go to senior school. You get to the end of senior school; you go to university. Wherever you go, there's always another place to go to.

My dad was a fantastic inspiration to me. As I said, there were very few women doctors. I wanted to be a nurse – that was the ambition I had until my father said to me, "Why don't you become a doctor? There is such a thing as a lady doctor, you know." There were very few women in his year and of those, hardly any practised clinical medicine, and few of them had consultant or GP roles. He said, "If you're going to do it, you should do it properly. Don't get sidelined." So, he was very motivating, saying that it could be done but it would take a lot of work. He was an ophthalmologist, and he had so many ideas. He was innovative and was always taking on new things. And I think that was a great hook for me to hang my coat.

There's an incredible ophthalmic legacy in Glasgow and Scotland from which you can trace a number of Royal College presidents. You also had that huge honour. How did you find that leadership role? Did you have the power to do things or were you just a mouthpiece for the college?

You're absolutely right, it was an enormous honour to be elected to that position between 2014–2017; and I saw that as a huge opportunity. The colleges I know now, and knew then, move between being considered as a valuable assistant to governments and policy makers to being just a complete, self-interested pest – it's very, very cyclical. The colleges could be invited to contribute lots of policy, delivering positive change, and sometimes the doors would be shut in their faces. I was very keen to make sure that we became the number one voice of ophthalmology, but I also very much saw it as a time of change.

I had only been in the Council for a year before I became President, and there was this huge issue about return appointments being cancelled by hospitals and people, particularly with glaucoma, were being left, unmonitored, to go blind because we were so busy trying to get new patients in to meet targets. That had been highlighted and so we knew we needed to reform, and I was already doing some work in Scotland in that field, so, I saw it as an opportunity to really change the way we thought about patients. We needed to reform services. We needed to embolden the multidisciplinary team and that involved us taking more control of training and education of all involved in eyecare.

I don't know whether you remember, but I developed the Way Forward Project, which was a way of making sure that we were sharing good practice – that wasn't looking at anything new or clever; it was sharing what people had already agreed to do and was working for the benefit of patients. I also set up the Common Competency Framework for non-medical ophthalmic healthcare workers, which has now become the curriculum for the Ophthalmic Practitioner Training (OPT); and these were timely opportunities. I was in the right place at the right time, but I saw a great opportunity to make change for the people that I worked with, but also for the patients that that we cared for.

Did you get any pushback? As you said at the start, as a female doctor, sometimes people can project onto you, like, "Here she comes… to disrupt the college." How do you deal with that caricature?

It's a tricky situation to find yourself in. First of all, you've got to bring people with you. That was where my collaborative skills came in, bringing in other people like orthoptists, optometrists and ophthalmic nurses. Bring them in and say, "Look, you've got your own training programmes, you know that, but why don't we work together?" This required a lot of relationship building.

As far as ophthalmologists were concerned: highly, highly suspicious, particularly with the inclusion of optometrists – you know, "the High Street optometrist is driven by different reasons than we are." That was the bit that was really, really difficult, and a lot of it came down to encouraging ophthalmologists to deal with the things that were difficult, that took judgement and involved using their higher training, and at the same time they could be leading a team, they could bring people in, they could shape

Holidaying at Machu Picchu.

how other people formed services. It was appealing to their leadership skills and their professionalism that I think ultimately won the day, but it was a challenge.

I think a major frustration in the NHS is you want to develop something, but then you're told, "Sorry, there's no money." How do you deal with that?

I couldn't agree with you more. Financial envelopes are difficult and the trouble with them is that they're an envelope in place of the big picture. From that point of view, I led the national eyecare work stream in Scotland, which entailed visiting each of the eye departments. We did have some funding for that, which was good. We had some capital and interim workforce funding, so that was something we could use to encourage both the managers, the financial departments and the clinicians. We had some leverage there. The bigger problem was Getting It Right First Time (GIRFT – the quality improvement programme in England, of which I was co-clinical lead).

That was more of a problem because the commissioning in England is difficult to permit change; you go to a department, everybody agrees they know what to do and then they say, "We can't. The primary care commissioning is different from secondary care commissioning. How are we going to deal with that?" And it is extremely frustrating.

You've got to go up a level at that point and so we went to discuss national

Presenting at a GMC education event.

commissioning but even still, it was really difficult, so there are huge frustrations in trying to effect change. It's such a complex system that we work in. It is difficult and it is frustrating, and many people give up because they just cannot square that circle.

The thing is that some people find an ability to work around it, and if they're prepared to work together and they've got people who are flexible – clinical, management and finance.

In light of that, how do you deal with frustration? Do you think that's one of the biggest drawbacks in medical leadership?

In many places you have to have some agency and some power. You've got a job to do. As people get older, maybe they've done a leadership job on a number of occasions, but they find that nothing much has changed since the last time they were there. You know, they feel that there's no point. People come in with great ideas and are met by, "Well, we actually tried that five years ago." Or simply, "That is not possible." There are huge frustrations within leadership roles in the NHS, but I still think there's people who do have the ability and the capacity to deal with it, and they do find innovative ways to work together across various different agencies – the input of clinicians is vital. I think they've got to recognise that that you mustn't let 'perfect' get in the way of 'good enough'. And sometimes that can be a bit of an issue.

I wonder if part of the attraction of doing 'para-NHS' work is to keep your perspective up above your immediate environment where you can be dragged down by the daily grind. Have you found it liberating to fly a bit further?

Totally. Recognising that being a clinician is not just seeing patients and not just working in the health service – there are trade union activities, academic activities, university hierarchy, the GMC, medical Royal colleges – any number of things that you can do to add another dimension to your professional life. I think what you want to do is find your niche and where you feel your talents can be best used. That's really, really important.

At the college, I became a senior examiner and then I was the vice president for examinations for a few years before I became college President. There was a job to be done. We had to do it. The exams had to be fair and we had to make sure they were quality assured. I found that really liberating because it was a very small organisation, very responsive. And it wasn't a question of, "Well, we'll do it in three weeks, you know, or three months' time." No. "We have to do it now."

This all seems extremely positive, so let's flip it. I guess whether you like it or not, you're the face of the organisation, so all the dirt gets chucked at you if someone's unhappy. How do you deal with that?

You're right, absolutely. I've had more dirt than I would care to share with anyone, and it's not pleasant.

Give us some resilience wisdom from Carrie MacEwen.

I think there's a number of things in this. First of all, the important thing is that you absolutely have to listen to people and I think consulting and listening and genuinely trying to understand people's concerns are vitally important. It doesn't mean to say that you agree with them or you've got to make changes because of them; your key thing is to understand them and hopefully – and this is more difficult nowadays – explain to them why that isn't your remit or isn't something that's financially possible or something that is undesirable. You can explain to them if you can, but that's not always possible. It's key that you listen and respond as best you can.

The other thing is to be clear that you know, in your own mind, that you're doing the right thing. Leading means you know the direction you are heading. So, I think you've got to be very clear in your own mind. I get things said to me and I read things about me and I just think, 'Well, that's wrong,' (and I would like to explain why but don't get the chance) or 'that is something that I have thought about and I realise what is being said, and we should consider further or sadly, I can't do anything about it and I've just got to keep my eye on the prize,' and that [prize] is keeping your colleagues and patients in mind, first and foremost, in everything that you do.

That's really great advice. Having the destination in mind allows you to focus on it and not ignore but deflect the weapons which are being chucked in because I think unfortunately, in today's world, it's very easy to vent without thinking about implications, and that can be very hurtful. I suppose that leads to two questions. Number one, is it lonely at the top?

Yeah, I think it can be.

Number two, how do you address that?

Well, it can be lonely, but there's certain things that have been fantastic. First of all, I've got a wonderful husband who's medical, retired now, but he supports and understands a lot of things so that's brilliant.

I've had the most wonderful friends and colleagues throughout my entire working life, going way back, but at Ninewells I had terrific colleagues – consultant colleagues, junior staff, and also the secretarial and support staff – everybody's just really, really supportive. I did quite a lot of clinical innovation around eye movements and so on, and that was also well supported by orthoptists who were part of a very important team.

I was also very lucky when I was President of the Royal College of Ophthalmologists. I had the most incredible team and the presidents of other colleges

became a vital sounding board, especially during Covid-19, when I was Chair of the Academy of Medical Royal Colleges. We're still in contact at least once a week – there's about 10 of us – and that's really important because when things go wrong, they've been through some similar things that I've been through and it's important to bounce things off one another and provide mutual support.

But it can be isolated. Sometimes you feel that you're there on your own, and you're the person who is the focus of what's going on. And sometimes, you can have some pretty lonely and tricky times, and nobody can really help because it's up to you to deal with it by yourself, unfortunately.

So how does Carrie MacEwen relax? How do you switch off?

I've got grandchildren, which is fantastic. I absolutely spent time with them and I love that. I love my garden. I've got a reasonable-sized garden and I beaver away at that; and we cycle. I'm not saying I'm a cyclist; that's an exaggeration. We cycle; we go out on our bikes. I'm just back from the most wonderful cycling holiday in Vietnam. I love sport. I've always loved sport and participate as much as I can. We also watch sport and rugby, and we don't talk about our national team at the moment!

Less said about the rugby the better, Carrie. Someone said there's a fine line between the winning rugby teams: it's called the Equator!

You're absolutely right!

I think it's so important to have those activities to decompress and get away. I'm a huge fan of travel because not only does it broaden your mind but it gives you a bit of distance and space.

We do love travel. Like I said, my husband's retired, and although I chair the GMC, it's a three-day-a-week commitment (although not in practice), and while there's other things I do, we have holidays. It's essential – I need it to get out and get away. The world is a fascinating place.

Last couple of questions: What advice would you give a younger version of yourself seeing what you've achieved? If you go back to that young female trying to do medicine in Ninewells, what would be your advice to yourself and those similar?

First of all, we're really, really lucky in medicine and particularly in ophthalmology. I think that people underestimate their own leadership skills very much. So, it's not a role, it's a mindset. People underestimate that. I would say be confident. You are bright, you're able. You know your job. You are a well-trained professional. You don't need to ask for permission. When you have used your judgement and know you are doing the right thing in the interest of patients, 'Proceed until apprehended'.

Some of the other things I've learned along the way: collaboration, understanding, compassion. If you have these things from the get-go, you will listen to people. You'll understand those you work with. And if you want to lead, I think it gives you much more strength at the end of the day.

The other thing: direction. If you're wanting to lead, know where you're going, but be prepared to change – if you're listening you might need to change because what you saw at the beginning, or the path itself might change and require some reorganisation.

These are really helpful concepts for us all because at each stage of our journey through life, if we know what we're aiming to do, then as the doors open, we'll fall through them. I think the most disappointing thing is when you find people in leadership positions who either don't want to lead or don't want to make a decision, and it starts to become very political. That's not inspiring. And what I love about yourself and people like you is that you have inspired the next generation to see what a person from outside of London can achieve. And they can use that platform to bring others with them, making it better for everybody, but always coming back to what's best for our patients.

Always what's best for the patient. Always, always think along these lines because that is your North Star. And the other thing I would just say is don't be afraid to take a bit of a chance on opportunities. Just say yes to something that you maybe didn't think you would. I've said yes to things along the way and what I've learned from that has been enormous. Often, you go into something and you think, 'I can't do this. I can't. I don't have the knowledge or skills.' Do it for some reason and it's astonishing. We learn, we develop, we become either good at something or if we find it's not for us, there's never anything that's forever. You can always change your mind, but either way it is a learning experience.

I think that's fantastic advice. We are conditioned to 'just say no'. Forcing yourself to say yes opens so many doors. Even in this role as Editor of *Eye News*, I debated, 'Should I do it or not?' Well, I wouldn't be talking to you today if I hadn't said yes. I think what you said resonates particularly with me, and maybe it's the Northern Irish / Scottish thing. When's enough? Not yet, because there's more to do. There's always more to do. You can always be better. Final question: How would you convince someone to get involved in leadership?

I think it's difficult to convince someone who doesn't want to do it – that's the first thing. But for somebody who's swithering about it, I would say to them, "Say yes, give it a go. See how things are." I would also say to them, "Be bold. Be brave." Part of the problem is that people maybe don't feel they can do it, but being bold and brave as bright, intelligent, highly trained, highly educated human beings, doctors are more than likely to be doing the right thing.

I agree. Life is definitely more interesting trying to swim in the deep end. That's what the thrust of these 'See sweet to C-Suite' interviews have been – chatting to people who are swimming in the deep end and see how they are thriving, not just surviving. And I think your story has been inspirational, Carrie. Thank you so much for taking the time to share it with us.

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