

INTERVIEW WITH DR. SARAH JARVIS

Prof. Dr. **Sarah Jarvis**
General Practitioner trainer
Fellow of the Royal College of General Practitioners (RCGP)
Founding member and chair of RCGP Women's Taskforce

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Dr. Sarah Jarvis is a trailblazing woman in medicine – highly respected amongst her peers and the UK Public alike - through her roles as professional spokesperson and media doctor. It's her mission to pave the way for other women, making their journeys to the top of the medical field, smoother than her own. Sarah tells her personal story and gives some valuable insights into how she found her confidence and work-life balance. **Sarah Jarvis** is a GP trainer, a Fellow of the Royal College of General Practitioners (RCGP). Founding member and chair of RCGP Women's Taskforce and was Women's Health Spokesperson for the RCGP for over a decade.

Sarah trained at Cambridge and Oxford universities and has been a partner in the same inner city general practice for 25 years. She is an active medical writer and broadcaster, and is the BBC Radio 2 doctor and the doctor to The One Show on BBC 1. She also appears regularly UK television and radio programs including Daybreak, ITN Lunchtime News, Sky News and Radio 5 live. In addition, she is clinical consultant to the patient health education website Patient.co.uk

She is the resident doctor to Good Housekeeping, and other UK consumer magazines. Besides these, she has been a regular contributor to a variety of medical journals including Update, Doctor, Practice Nurse and the British Journal of Cardiology and newspapers such as The Sunday Telegraph and The Guardian.

Dr. Jarvis is past chair of the Health Care Committee of HEART UK, the cholesterol charity, and is a member of the advisory board for the British Journal of Cardiology.

Dr. Jarvis has a particular interest in cardiovascular disease, diabetes and women's health, and has authored over 500 patient information leaflets. She has also authored Diabetes for Dummies (now in its third edition), Pregnancy for Dummies, Children's Health for Dummies, Women's Health for Life and The Welcome Visitor, a book on the ethics of dying co-authored with the broadcaster John Humphrys.

Failure was never an option for Sarah Jarvis, a diminutive redhead, who set her heart on becoming a doctor from the age of seven. Since that time, her whole focus has been on reaching the top of her profession, despite the many obstacles put in her way to discourage her. She juggled a full-time job, a media career and raised two children; to become a senior partner in the practice she started out as a trainee 25 years ago. She tells how her “sheer bloody mindedness” and passion for medicine pulled her through:

“Like most little girls, I wanted to be a ballet dancer. But that all changed when I was 7 years old- the GP came to our house to care for my father

and I watched him at work. I was absolutely spellbound.”

“My father didn't very often show concern, but I could tell he was anxious.

The doctor showed such competence and such cool. He instilled so much trust. He could see I was interested and allowed me to stay and watch.

“When he left, he gave me the needle and syringe that he'd used to give my father an injection. (This would never be allowed these days due to health and safety)!

“Suddenly, I had a new focus. I didn't want be just a doctor, I wanted to be a GP. And that's all I wanted to be since I was 7years old.

“At the time, I didn’t really understand the implications. I didn’t necessarily even understand what was involved, but I knew that if I was going to be a doctor, I had to do science. And I was very fortunate because I’d already started doing some science at school, and loved it.

“When I was at school, I was always a little bit different. There was a sense that if you were a girl doing science, or anyone who is taking academia really seriously, that you were a swot, and therefore couldn’t be particularly fun, or interesting.

“Suddenly, I got to Cambridge and everybody was just like me. Everybody loved studying. We all just absorbed new information like sponges, and we all reveled in it. And it was, that was a huge eye opener for me, this idea that everybody could love science as much as I did.

“When I graduated, I was able to get a place with a GP training scheme. The very first interview I had I was offered the post.

“I had some truly, truly, terrifying experiences when I was a junior doctor at Epsom Hospital. In those days, when you started on call, there was no induction; you just jumped straight in.

“I actually started on call, on Easter weekend. I was the most senior doctor in the hospital, and I’d done a total of six months, in general medicine. There was nobody else around. I was basically left to it. And it was an extraordinary experience. I learnt an enormous amount but I wouldn’t wish that upon anyone.”

I’m very glad that’s not the way it works now, “

As we talk, Sarah who jams more things into every hour of the day than anyone else I know, is preparing the next day’s meal –lunch for a junior female practice doctor she mentors. She has taken advantage of a rare night off when her family members are all out of the house, to be interviewed so it doesn’t cut into her quality time with her family. She is cooking lasagna whilst we speak. However despite her best attempts, the four cans of tomatoes she has been enthusiastically trying to pry open with various implements, remain steadfastly unopened.

“The tragedy is, that 20 years of medicine have not taught me to open a can... without a decent can opener...my son took my good one to Uni with

him, so I may have problems finishing the recipe I’m making.”

I ask if she had any female mentors or role models when she was training.

“No, very few of the tutors were women and when I went into general practice, there were no senior women, they had all been driven out by a very chauvinistic senior partner. If there had been a senior woman in my practice to mentor me it would have made all the difference.”

I was the first female partner in the practice’s 30-year history, ever to stay for the 3 years it took, to reach parity in terms of payment.

“The senior partner didn’t want women who had children, in the practice. Because he believed, that they couldn’t pull their weight. So, he made it as difficult as he possibly could. The closest I ever came to throwing in the towel was when I was 20 weeks into my second pregnancy and already working 55 hours a week, on call every sixth night and working every sixth weekend. I discovered I had been singled out to work even more hours for the next four months to make up for my maternity leave. I worked a full 55-hour week and then every other weekend on top of that till I was 38 weeks pregnant.

“So he’d got me doing a year’s worth of on call and a year’s worth of nights, in four months, when I was heavily pregnant.

“It was absolutely appalling; it was, quite clearly done with one aim to make sure that I didn’t come back after I had my baby. It was bad enough he hadn’t managed to chase me out after the first, the idea that I should come back after a second, I think he just couldn’t cope with. It was sheer bloody mindedness that kept me going.

With the same determination, Sarah is now focusing on opening the un-obliging tomato cans. She has now switched can opens and is defiantly jabbing at the can.

“I have worked full time, throughout my career, apart from statutory maternity leave for each baby, (13 weeks each child). I have worked, on average, 50 hours a week for the NHS for the last 30 years.”

So being a mother hasn't stopped you?

"No. No. Absolutely, categorically not...I think in many respects it did make me a better doctor."

Today, around half of Sarah's practice senior partners are women.

"I've been a GP trainer for 20 years, and I hope that I've been a role model to some of them. Over the years, about seven of my female trainees have ended up working at the practice with me. So I certainly think I must have been doing something right.

"I would very much say to a woman going into medicine today, you can do absolutely everything that a man can do. Some women do take time out to have babies that does not make you a second class citizen and it absolutely does not mean, by any means, that you can't do everything that you want to do. You should, just maybe not do it all at once. It depends on the person."

"Women have every bit as much determination. In today's society, you should be able to find a way round, one would hope, that you might even find a partner who's prepared to share the burden of child care."

"I'm wondering, do you think that can opener was designed by a woman or a man?" I ask:

"By somebody with no engineering skill what so ever." She replies.

"This is actually getting worse. I have totally mangled it and I haven't even opened it. This is a nightmare..."

"So yes, I think that women are eminently well suited for careers in science, but, they have to overcome their own belief that they are not. I think that's the single thing that holds women back more than anything else."

"I think that many women are their own worst enemies sometimes, they don't believe that they can succeed. They don't believe that they have naturally scientific brains, which, of course, is nonsense. Many, women have the finest of scientific minds.

"I think there are still women who believe that women shouldn't do science because it's not a 'female' subject to study, that they should be doing

art or languages or philosophy. Nothing could be further from the truth."

"I think there's been huge movement in recent years in terms of improving flexibility, in terms of improving gender equality in medicine. Men and women are paid the same for the same level of experience."

So how does the media compare with medicine. Has Sarah experienced gender inequality in her media doctor role?

"My perception is that overall; I think the media is, very discriminatory towards women. I think that there is so much more focus on appearance, I think there is a perception that men get mature whilst women get old. And while it is perfectly acceptable for a man to have no hair, I think it is, even today, difficult to be a woman with wrinkles."

"Apart from the superficial elements, I've never seen being a female, particularly as a problem. In terms of my communication skills and prestige, I don't think that there is a problem for women, and I have to say, I think it is very gratifying to see that women in the media in terms of science are granted the same respect as their male colleagues. I think that's very, very important.

"When I was first involved in the Royal College of GPs, twenty-five years ago, I had this very strong sense that women really struggled. Thankfully, it's very different today.

"The College carried out a survey, of 700 men and 700 women, looking at barriers to fulfillment of work potential and to a successful work/life balance.

And we discovered that the conflict between home and work was the single biggest barrier to professional career fulfillment, for the women that we asked, and not a single man that we surveyed even mentioned it.

"And as a result, we managed to persuade the College to set up the Women's Task Force. And I became the Chair of this Task Force, whose job was, to ensure equality, for women within general practice. We were very much ahead of our time, we were looking at how we could ensure that women got to combine general practice with the demands of parenthood and running the family, in an era when actually, men really didn't do that much.

"The responses to our survey, very much suggested that women were absolutely bearing the brunt of

child rearing, and that it was proving a real challenge to fulfill their career potential.

“Interestingly, a few years later, the Women’s Task Force was disbanded on the basis that many of those problems, had gone away. I think they were premature... I don’t think the issue has gone away, by any means, I think that women do still struggle to maintain a career and to get real career fulfillment.

“I don’t think it’s any more of a problem in science, than it is in any other area. That’s nothing to do with women in science, that’s to do with women in society.

“Women worry more than men.” Sarah says.

“It’s been my experience, as a GP trainer for over 20 years that women are riddled with self-doubt despite being every bit as capable as their male peers. We worry more than men due to our biological make up.

“Women have less confidence in their own ability and more of a tendency to self-doubt than the male trainees.

“Don’t beat yourself up about it. Ironically, a trainee who is under-confident is much more likely to be safe, than one who doesn’t know their own limitations.

“However, you do need to recognize that as time goes on, it is going to be very much more difficult for you to cope with the demands of your profession. Worrying all the time on top of being mentally stimulated all the time, is exhausting.

So what do you do? How do you get rid of worry?

“Time and experience help a great deal. Talk to others. Talk to your peers and people above you who you admire. But you have to learn to trust yourself.

“If you’re uncertain about what you should be doing, then come up with a plan, think about what you think the answer is, before you take it to somebody else.

Because if they then, confirm that they think your plan is entirely appropriate, or if you ask their advice and the recommendation they make is

exactly what you’ve thought already, you need to learn to hang on to that.

“You need to bank that knowledge that your management plan, or your decision, was absolutely in line with that of the person that you admire.

“But, of course, you need to have people you admire, you need to have mentors to be able to go to. If due to your location, you have none readily around you, there are always ways of finding a mentor online. Even a medical professional from another country could make a good mentor. “

What about women who, in the professions, aren’t paid on parity? What advice does Sarah have for them when it comes to valuing their monetary value?

“Women together are a much stronger force than women alone. Women on the whole, have a very strong sense of solidarity. They tend to be more supportive because they tend to communicate better with each other.

Make use of your sisters. We don’t have to, you know, get all touchy-feely about it, but there’s safety in numbers.

“I think, if you were feeling something it is highly likely that your contemporaries are feeling the same. So talk to them about it. Come up with a plan together.

“Don’t allow yourself to be derailed by a man who claims that you are forceful, shrill, or butch, or anything else.

“Recognize that people will attempt to de-rail you and that there are many cheap tricks they will use such as asking if it’s the wrong time of the month, which is possibly one of the most deeply irritating, and offensive comments anyone can make, largely because, of course, there’s no response to it.

“Remember that other people will fight dirty, if they feel that they are being threatened or attacked. Use the support that your female colleagues can provide. Work together.

“There will be women out there who feel your pain, who are going through exactly the same inner turmoil that you are. Don’t do it alone.” She says.

About the article's writer- Joanne Sawicki:

Joanne Sawicki is an award winning journalist, TV producer, entrepreneur and innovator, who is a pioneer in the use of cross platform interactive and mobile media to deliver health and other social services directly into the home and health facilities. She is passionate about using the media to help empower women and their families to lead healthier, happier lives. She has 25 years senior experience within international media corporations including the BBC, Channel 9 Australia and BSkyB. Joanne has a proven track record in leading and delivering multi-million pound projects with diverse partners drawn from the corporate, Governmental, NGO and social enterprise sectors.

In 1998 Joanne left British Sky Broadcasting – having successfully played a key role in the launch of the paradigm-shifting network. Her experience at Sky, coupled with the birth of her two sons, enabled her to create a vision of how digital, interactive media could transform the health of the nation. As a result, she launched Channel Health the UK's first digital, interactive TV Channel and website, watched by 8 million people a month on Sky and in doctors' surgery waiting rooms. Joanne brought in Dr. Sarah Jarvis to present the NHS's Maternity Guide.

Joanne became a finalist in the 2000 Ernst and Young Entrepreneur of the Year Awards when Channel Health, floated on the London Stock exchange, achieving a valuation of £20million. Joanne advised the NHS, BUPA, the Assura Group and European Union (Healthsat) on the implementation of their digital strategies. She is considered a pioneer in the deployment of digital media and mobile devices in the delivery of healthcare to citizens and Health care professionals. She wrote part of the NHS digital strategy, which is now being delivered as NHS Choices.

Joanne, a former member of the advocacy committee for the Royal College of Obstetrics and Gynecology, lead a consortium to bid for **US Aid – Saving Lives at Birth** –reaching the final. The project based in Tanzania, aimed to halve maternal mortality in Tanzania within five years through the deployment of health information directly to women at village level via mobile phones.