Spring 2022

JULIA

Your CPD secret weapon

ODPs

The ninjas of the operating room!

I wake up and never know what I'm going to do that day!

A student paramedic's story

Giving a voice to people

A journey to becoming an SLT

CONTENTS

Hello, and welcome to our first Julia magazine!

We've got lots of articles on CPD, with real-life experiences from a variety of Allied Health Professionals.

Also included in this Julia magazine are some suggested CPD resources. You'll find a wealth of additional help at juliamagazine.com, where you can find out about our Julia website and app too. These are designed to help you record, reflect and report on your CPD activities: Julia is your CPD secret weapon!

Throughout the pandemic, we have conducted interviews with AHPs who have shared some honest and enlightening stories about their jobs. We wanted to share these stories with you. They come from real paramedics, physios, OTs and other AHPs from all around the country.

We know that the past two years have been chaotic and recording your CPD has perhaps been the last thing on your mind. But the pandemic has forced most AHPs to learn new skills, change their practice and adapt, which all counts as CPD.

Enjoy the magazine,

JULIA

HOW TO REACH US

Please send all enquiries to hello@juliamagazine.com

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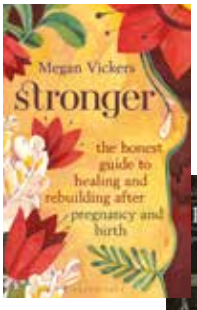
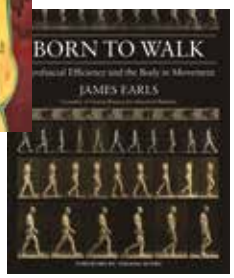
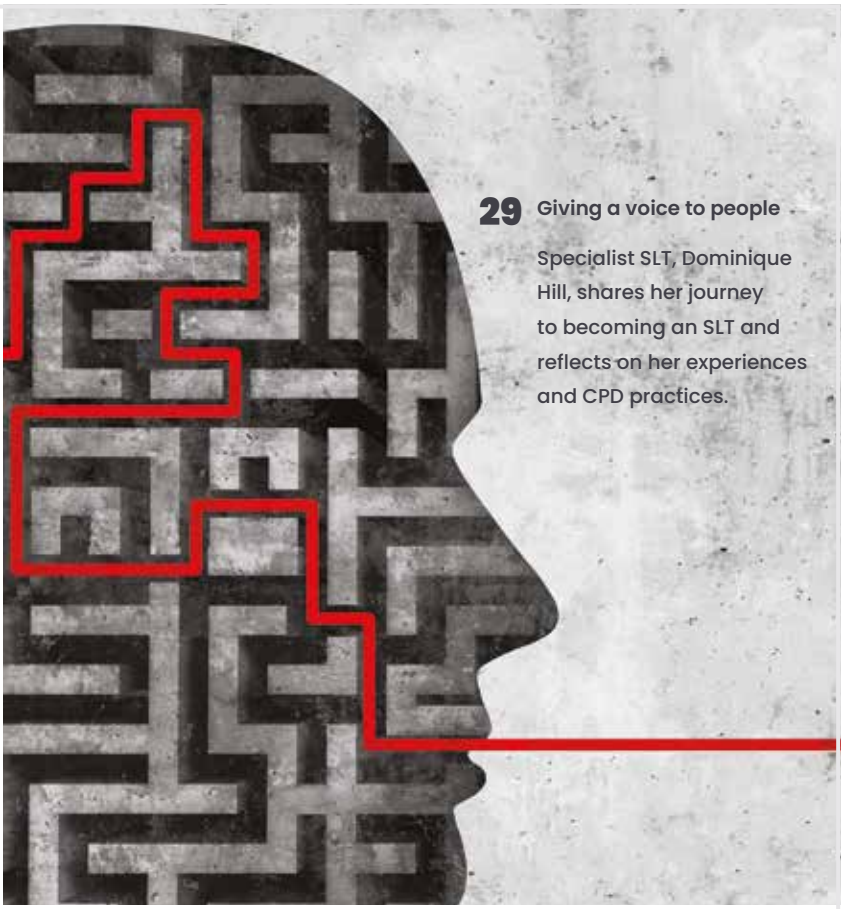
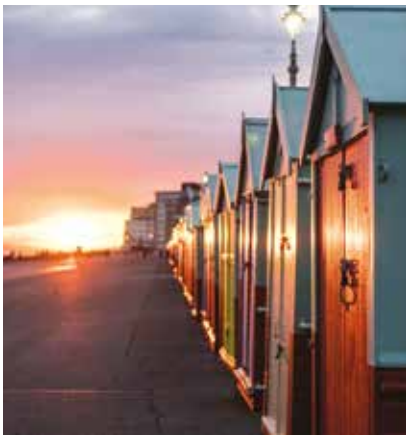








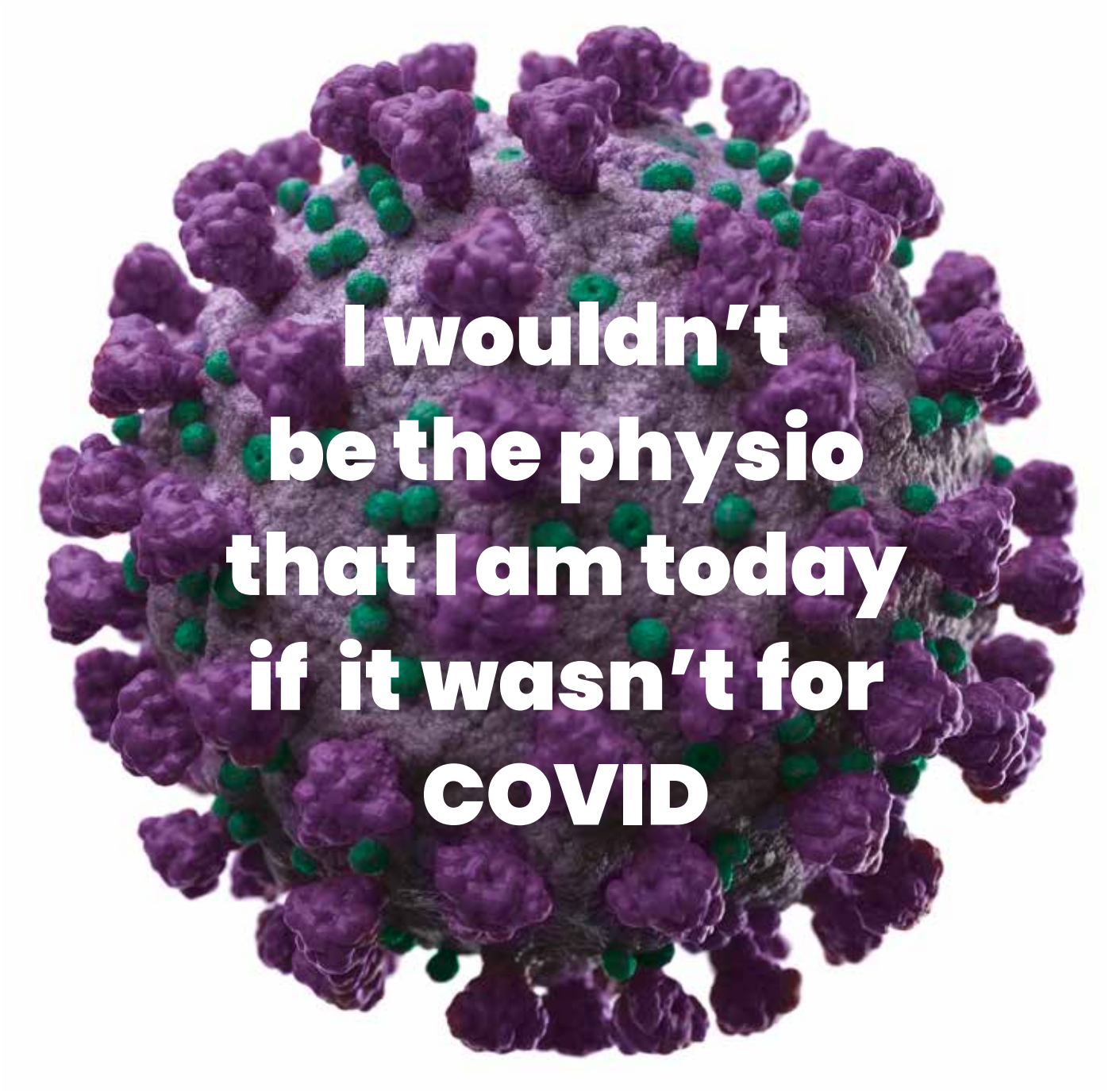
Stop your CPD nightmares

We know CPD for Allied Health Professionals is a living nightmare. Especially if you get that call from HCPC requesting information for audit.

JULIA

Julia helps AHPs record, reflect, and report on their CPD.

juliacanhelp.com



I wouldn't be the physio that I am today if it wasn't for COVID

Physiotherapists make up one of the largest groups of Allied Health Professionals, with an estimated 58,000 practicing therapists.

Saadiyah Hussein

We spoke to a newly qualified physiotherapist, Saadiyah Hussein, who is currently working within inpatient community rehabilitation. Having answered a call to work as a Band 4 in the ITU in March 2020, she experienced an unprecedented final year of study.

Working full time in the first peak of the pandemic whilst also completing her dissertation and final exams, Saadiyah Hussein describes her experiences and how these have cemented her passion for the ITU and becoming a respiratory physiotherapist. She somehow also found time to take advantage of the wealth of extra CPD being made available online during this unprecedented period.

Julia: What changed for you when the pandemic hit?

Saadiyah: "I'd been on placement in the ITU at Barts and they then offered me and my fellow placement student shifts in a Band 4 role. Accepting the work in my final year study was a bit of a crazy decision, but it's thanks to the team I worked with that I had the confidence to qualify.

"In the month and a half that passed between my leaving the placement and returning full time, they had increased capacity from 16 ITU beds to around 30. Other wards had been converted to ITU space, with many staff redeployed to the area.

"As I was working as a non-qualified physio at that time, I was assisting in patient rehab, helping them to stand, getting their movement going and assessing their passive range after sedation. Because most patients were still sedated there wasn't actually a lot of this to do, so we did a lot more running for the nurses."

What was the atmosphere like?

"It was hot, sweaty and tense. I remember vividly working in one of the hottest treatment rooms on possibly the hottest day of the year, rehabbing a patient. I had sweat dripping off my forehead onto my glasses, causing them to slip off my face.

"We were in full PPE and, to begin with, it was almost impossible to find other colleagues you needed. You couldn't see anyone's faces and had to wait for them to turn around to see their name on their front, assuming they'd had the time to write it. Later we used photos that you could stick on your gown.

> *I was so grateful that physios were still willing to teach while being under so much pressure*

"On the respiratory side, patients weren't presenting in the way the physiotherapists would have expected, which added to the stress. One minute they needed no respiratory support, and the next they needed it urgently. Respiratory physio is a strong area of interest for me, so there was a lot I could observe and learn, and I was so grateful that physios were still willing to teach while being under so much pressure."

What got you through this time?

"My team. During the pandemic, they became my family.

"To protect my parents, I moved out of their home and into a flat near the hospital. I found it very difficult to come off shift from an emotionally and physically exhausting day and go back to a very quiet home, with no one to talk to about it. Mostly I was coming home, going to bed, and then going back out to work again and I actually preferred being at the hospital.

"I felt so supported by the team and they gave me so much confidence in my ability. I also tried to support people as much as I could, asking if they were OK and giving a bit of extra help and orientation advice to those who had never worked on an ITU ward before - it was very tough and traumatic for them especially.

"When I left, I gave them all bear hug pin badges as a symbol of how much they meant to me."

How did things change for you during the second wave?

"I qualified in September and began working on rotation, so I was able to see a different aspect. I've been working with a different cohort of patients and continuing to learn so much.

"I'm currently working in an inpatient community rehabilitation role, working with patients either in separate rehabilitation centres or in their homes. A lot of the patients are older adults who had caught COVID and are now struggling with their recovery, despite being OK initially in some cases.

"From a rehab perspective, it's been another learning process, and progress can be slow as patients fatigue very easily. There is new guidance coming out regularly now around this and my CPD has also helped!

"From what I'm seeing, sending patients home as soon as possible to recover there works very well. Being surrounded by their friends and family does wonders, and the fact that we are also offering more virtual care means they have to travel less and have quicker access to advice.

"Although we have been forced into a more virtual world, where it has been established, it works really well."

What are the most important lessons you've learned in recent months?

"I have learnt so much, not just about the profession, but about myself too. Having put a lot in place to support my mental health a few years back, this period has really tested that work. I have proven to myself that I can handle tough situations and that it's fine to ask for support in doing that.

"I wouldn't be the physio that I am today if it wasn't for COVID."

What are your hopes for the future?

"I have always wanted to become a respiratory physio and my experience with COVID has cemented that. You can make such a difference in such a quick way, and therefore get a very quick turnaround of patients.

"I'm in love with the ITU environment; there is such a strong team working with all roles having mutual respect for each other. Ultimately I want to work as an advanced critical care practitioner and will be doing a master's degree to get there."

Painting by Martyn Harris

CPD Resources for Physiotherapists

If you're after some suggestions for increasing the variation in your CPD activities, then look no further...

PODCASTS

Physio Edge

Inspiring interviews with leading physiotherapists, discussing real-life assessment, treatment, clinical issues and ways to give yourself an edge in your practice.

The British Journal of Sports Medicine

A multimedia portal with original research, reviews and debate relating to clinical-relevant aspects of sport and exercise medicine.

The NAF Physio Podcast

Talking about things that matter, but don't really matter. Prepare for critical critique, dubious debate, quirky questions and lots of bad language!

COURSES, WEBINARS & SEMINARS

Clinical Physio

Weekly webinars designed for students and qualified physiotherapists, carefully created to provide up-to-date knowledge and skills. Accessible live or on-demand at **clinicalphysio.com**

The Mummy MOT

A two-part webinar series with dynamic women's health expert Peter Greenhouse covering physiotherapy, perimenopause and menopause = the myths, hormones, muscles and moods.

courses.meps.org.uk/courses/perimenopausal-sexual-health

World Physiotherapy

The World Physiotherapy COVID-19 education task force has developed a free webinar series to support educators.

world.physio/covid-19-information-hub/covid-19-education-based-resources

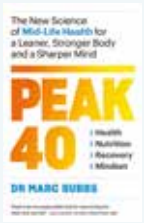
For more resources and links, check out
juliamagazine.com

BOOKS

Stronger. The honest guide to healing and rebuilding after pregnancy and birth

By Megan Vickers (27 May 2021)

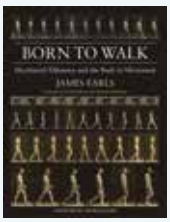
Stronger is the must-read guide to the bodily changes encountered by all women following pregnancy, with explanations, exercises and friendly, accessible advice to protect, stabilise and rehabilitate.



Peak 40: The New Science of Mid-Life Health for a Leaner, Stronger Body and a Sharper Mind

By Dr Marc Bubbs (20th May 2021)

The first guide to truly holistic health and fitness for those in their 40s, offering simple, evidence-based and time-efficient strategies to help you reignite your energy and passion. Easy to digest and advice can be tailored to your body and personality type.



Born to Walk: Myofascial Efficiency and the Body in Movement

By James Earls (2nd Edition, 30 May 2020)

Appealing to anyone with an interest in evolution and movement, Born to Walk will help you understand gait and its mechanics. This revised edition provides new research assessment, diagnosis, and treatment approaches to gait efficiency.

This is our opportunity for

lasting positive change

Like many AHP job roles, dietetics has undergone many changes since the pandemic took hold in 2020.

During the first half of 2021, we caught up with four clinical dietitians whose experiences will no doubt resonate with the 8000 HCPC-registered dietitians and other AHPs across the UK.

The following discussion features excerpts from our interviews with Dr Brian Power, honorary Senior Dietitian at UCLH, lecturer at the Institute of Technology Sligo in Ireland and Director of the BDA Council; Jen Fielder, an East Sussex-based Community Nutrition Support Team Lead with 17 years of experience; and Graham L'Hemeury, a Band 7 Clinical Lead Dietitian who retrained and qualified five years ago.

Dr Brian Power,
Senior Dietitian at UCLH

Jen Fielder,
Nutrition Support Team Lead

Graham L'Hemeury,
Band 7 Clinical Lead Dietitian

Julia: What changed for you when the pandemic hit?

Brian: "Things went very quickly from 'We need to talk about COVID' to 'Everyone go home and work from there'. It was emergency mode. As my primary role is lecturing, it was a case of ensuring that all our students had access to everything they needed. This wasn't too difficult as I had been doing some virtual teaching anyway. I've always been an advocate for behaviour change and questioned the need for so many face-to-face meetings, for example. So I felt very positive about us having to do things differently."

Graham: "All face-to-face interactions with patients stopped and were replaced by telephone calls and, later, video conferencing. We were only able to treat acute patients at that time, many of whom were being referred to us from the hospital. At the start, we didn't have the technological infrastructure in place to work at home effectively, but we slowly got up and running on Teams and had secure networks installed, which made things much easier. Eventually, those who could go back to the office were able to do so, albeit wearing masks and observing social distancing (not always easy!)."

Jen: "We've all experienced a lot of upskilling during the pandemic, which has enabled us to spread our resources and fill capacity gaps as people were redeployed or needed to shield or self-isolate. I think we are a much more agile team now and continue to be very, very supportive of one another. The team has been extremely resilient and adaptable to new ways of working in very difficult circumstances."

Julia: Are there any changes in your way of working that will stick post-pandemic?

Jen: "Now that things are starting to settle to a new 'normality', we are reflecting on the changes we have had to make to ensure our key services remained operational and how we can develop this further. We are now able to work remotely and make use of virtual appointments, both for our patients and for the team. We also introduced twice-weekly virtual CNS team 'Huddles' which give an opportunity for peer support and clinical supervision, and help the whole team to learn and get to know our caseload in more detail."

Brian: "Because you don't have the commute, I think it's assumed by some that you'll work longer and get more done. I've been trying to strike the right balance and have spent more time looking after my son. Being a dad has increased my understanding of family life and the challenges that come with it, so I now have more empathy for other co-workers and patients; in turn, this has made me a better dietitian.

"I think my students have become exhausted by the experience of having all their lectures online. As a result, it's been really hard to retain their engagement. There is also an interesting research question around taking student placements online. Is it possible to learn the same skills online as you would face to face, and therefore do you actually need to see a patient in person before you qualify?

"For some patients, holding remote consultations has actually been a good thing, as it's meant that they haven't had to travel long distances. However, because some of the scenarios are highly emotive, it can be very difficult not to be able to give that face-to-face reassurance. Many patients may not have the technological infrastructure or resources needed for remote consultations. I'm now far more aware of these and other non-clinical considerations that come with a patient attending an appointment.

"The way we are working now would have normally taken 5-10 years to happen, so the pandemic has really accelerated our way of thinking. In my research role, I look at how new ways of working can be implemented across the health service. I'm excited to find out people's arguments for and against going back to the old ways and explore where people's priorities lie in terms of implementing a hybrid model of digital and face-to-face care. I really hope we can capitalise on all the learning we have gone through. This is our opportunity for lasting positive change."

Graham: "Video conferencing is a definite bonus. We used to travel across the country to have meetings with colleagues, which now seems a waste of time and expense. I think we could leapfrog between virtual and face-to-face going forward. Multidisciplinary team meetings have been easier to coordinate online and have become more regular and vital as we haven't been able to deliver all the elements of our service ourselves. This has been really effective and I hope we can continue some of these ways of working in future."

> *I think we are a much more agile team now and continue to be very, very supportive of one another*

Julia: How have your CPD practices changed?

Graham: "There has been a big shift to webinars. I have been able to log on and watch Grand Rounds featuring a specialist talking on a given subject. These were previously done in person on the hospital wards and I was never around at the right time, so I'm pleased I can now catch them online. Due to changes in staff availability, I have been doing more administrative and managerial tasks that I would have otherwise not been involved in, so this has really helped my development."

Brian: "I've been attending more webinars and digital conferences. With people not having to travel to events, the cost in terms of time, expenditure and environmental impact have all been reduced. This has been a real opportunity, with learning more accessible for people at all job levels."

Jen: "A lot of what we do is CPD and, once you actually record it, you really realise this - especially with all the upskilling we've done.

"Our more frequent CNS huddles have been invaluable in providing peer-to-peer support; junior members learn from more experienced dietitians and vice versa, plus we can all learn from our acute team colleagues. Team Lead huddles help us with HR support and supervision, and ensure we all have a good overview of the capacity and demands faced by the department and the wider Trust.

"I have regular meetings with our specialist Prescribing Support Dietitian, which gives me the opportunity to have my work and ideas peer-reviewed, and to receive updates on new products and guidelines for appropriate prescribing. I also use BAPEN, PENG, PEN, and the BDA to keep up to date with national and global trends; many of their conferences are much more accessible now they are online."

Julia: Final reflections - How do you find your job now, and what are your hopes for the future?

Jen: "I love my job. During the pandemic, I've enjoyed the challenge of needing to do things differently and upskill, often at short notice. I'm really proud of the department and grateful to have had their support, help and guidance since joining the team; this has been even more valuable over recent months."

Graham: "My main hope for the future is that we can get back to delivering care safely out in the community. Even if things can't get back fully to the way they were, just reaching a place of better stability and without the risk of hospitals becoming overrun again would be great."

Brian: "I hope to offer a mixture of live and recorded training sessions around behavioural change approaches on my own website. I have gained a lot of experience over the last 5-6 years and I feel like now is the time to share that knowledge. I've been wanting to do this for a while, but haven't quite had the courage or resilience. But if this period has taught me anything, it's to just do it!"

For more from Graham, Jen, and Brian, visit *juliamagazine.com* to read their interviews in full, along with an interview from a non-clinical dietitian and writer, Harriet Smith.

KEY DATES

for AHP renewal windows in 2022

As an Allied Health Professional registered with HCPC, you'll know that when you renew your registration you may be audited on your CPD.

Each profession renews at a set time every two years, staggered throughout the year. During each renewal process, HCPC randomly selects 2.5% of each profession and asks for a CPD profile submission.

Before your renewal window opens, make sure your registration details are up to date with HCPC. Once the window opens, you'll have three months to re-new your registration and, if selected for CPD audit, you should hear about this from HCPC during the first month.

Profession	Renewal window opens	Renewal window closes
Radiographers	1 December 2021	28 February 2022
Physiotherapists	1 February 2022	30 April 2022
Arts Therapists	1 March 2022	31 May 2022
Dietitians	1 April 2022	30 June 2022
Chiropodists / Podiatrists	1 May 2022	31 July 2022
Hearing Aid Dispensers	1 May 2022	31 July 2022
Operating Department Practitioners	1 September 2022	30 November 2022

I don't feel like I'm working!

Beth Franks, a student paramedic at the University of Brighton, met with us to discuss her experiences in her role during the coronavirus pandemic.

Beth Franks

Previously a beauty therapist specialising in make-up artistry who couldn't deal with the sight of blood, Beth took a first aid course in 2017 and then helped someone with an injury to their foot a few weeks later. Coupled with a desire to work with people and feeling unfulfilled in beauty, her interest in Paramedic Science was triggered.

Julia: Before you started studying, you took part in some volunteer work in Fiji. How did that opportunity come about and how did it impact your mindset around pursuing a career in healthcare?

Beth: "I really wanted to make sure I was doing the right thing before I started training as a paramedic. I had been working with St John's Ambulance for a year and completed two first aid courses, then I realised I could do some volunteer work alongside travelling. I went on Involvement Volunteers International's Health and Nutrition programme, where I stayed with a Fijian family and visited rural communities. I was doing health checks - blood pressure, weight - and giving advice to those who needed it. It was the best thing I have ever done and a real eye-opener."

Thinking back to when you made the final decision to become a paramedic, how do your expectations of it differ from your experiences so far?

"I tried to get as much experience as possible so that it wasn't a total shock to me, but it's actually not as much trauma and death as people think. I didn't realise how much social care and mental health support was involved due to the lack of funding for services in these areas. I've done about 520 hours of clinical work this year and can count on my hand the number of calls that you would actually expect a paramedic to deal with.

"People have been right on the brink of suicide and have called an ambulance. When we arrive, they ask to be sectioned, but we don't have that power - all we can do is comfort them, take them to A&E, and hope they get help there.

"It's similar with elderly people - there aren't enough services to support them. A lot still live independently, but if they can't afford or access certain care teams they get left alone. As well as suffering from loneliness, they might not be able to get out of their chair so can't eat, and then they get poorly as a result. Also even if they do have care teams but have a fall, the care teams can't pick them up, so we get called out.

I knew Fiji would be a different way of life, but I didn't realise that there were so many people struggling not far from where I live in the UK

"We get called out to the same people multiple times because they don't know where else to go. And I actually do like many of these calls as the individual's are lovely and I love sitting and chatting with them. But if there were more funds and services for these groups then our job would be totally different and these patients would get much better, targeted care.

"I like the fact that I wake up and never know what I'm going to do that day; I don't feel like I'm working! Night shifts are better than days, as it's less manic. I do 12-hour shifts and it's always busy - we never have times when we aren't doing anything. Some days it is so busy, you don't know how you will meet the demand. There is call after call, and loads of calls lined up in the stack, and people on short shifts sometimes need to extend their shifts.

"I can't imagine being in this job and not wanting to do it. If I ever wake up and don't want to do it anymore, that would be the end."

Can you reflect briefly on your experience as a student during the pandemic? What has the impact been on your studies, and on you personally?

"I started university in September 2019. My first placement ran from November 2019 to Christmas, then I did another placement from January 2020 until lockdown.

"When lockdown started, I got pulled off the road, with placements suspended indefinitely. I had just got into my stride, and then ended up off the road for longer than I had ever been on it.

"Nothing happened at all between March and September 2020 - we were just supposed to be on placement and have one exam. I used that time to prepare for my second year, trying to teach myself common conditions, how they present and how you treat them, so I could feel more useful when I went back out on the road in September.

"I learnt some exciting new skills when I went back to university in September like how to cannulate, and I was keen to practice what I had learned.

"Then, the second wave hit. It was manic; it felt like I was coming home from a warzone some days. Every hospital was full and people were queuing to get in. It was a totally different job compared to when I first started.

"I caught COVID in December 2020 but had no symptoms. When I went back in the January, I was very anxious. I wasn't sure if I wanted to do it. I knew when I started this that it was going to be mentally and physically demanding, but I never thought it was going to be dangerous. Suddenly I was putting myself and my family in a dangerous position;

> *I can't imagine being in this job and not wanting to do it. If I ever woke up and didn't want to do it anymore, I think that would be the end.*

I had already brought COVID home to my family, who are all key workers. There was all this extra pressure and it was scaring me.

"I shut myself away for a while. I was scared to go shopping and I had to stop watching the news. SECAMB released the vaccine programme in mid-January 2021, but I couldn't have the jab straight away as I was post-COVID.

"Once I got back out on the road in January, I was absolutely fine and got back in my stride quickly.

"From December to the end of January, 95% of calls were COVID-related. People were really struggling to breathe and I came home feeling like I had been a real paramedic. We are normally on the scene for an hour, but these visits went down to less than 30 minutes because people were so poorly and we needed to get them to the hospital quickly."

What would you say are the most important things you have learned about yourself over your period of study?

"I appreciate things more now. I realised I actually am quite privileged, in a nice house with a nice family and a good support network. It's opened my eyes to the way that people live.

"I knew Fiji would be a different way of life, but I didn't realise that there were so many people struggling not far from where I live.

"I've also seen how quickly things can go wrong - people can be living their life and then become poorly so quickly. It's changed my mindset. I stress a lot less now and just try to enjoy my life."

Aside from your core texts, what are your favourite resources for expanding your professional knowledge?

"In the lockdown, I did a couple of free courses online, including one on paediatrics. I'm also still volunteering with St John's.

"I do like books, but I'm not always in the mood to read. When I'm on funny shift patterns, I struggle to get back into a sleep routine, so I normally stick headphones in and listen to a podcast, which I love. There are so many medical podcasts - the last one I listened to was on seizures. I find if people are telling me things, I take it in a lot more than if I try to teach myself.

"I listened to some paramedics in America (EMS 20/20 podcast and The Resus Room); it was interesting to hear how the different systems work. People tend

to be much more seriously ill there because they have held off calling an ambulance as they can't afford it.

"The College of Paramedics has a lot of resources too - you pay for membership and get access to their website, advice and courses."

You mentioned on the Homework Help Show podcast the importance of asking questions, no matter how trivial you think it might be. Would this be the main piece of advice you would give yourself if you could go back in time to the first day of your degree course?

"Yes, only because you get thrown into the world of the ambulance service and it is very different to what you may have experienced before. There's a lot of kit, people and procedures, and during the first few weeks of placement, I was trying not to get in the way. I felt like a fraud when I first started, as I knew nothing.

"For example, when people were talking through things with me, like explaining a piece of kit, I wish I had just asked what it was called. I asked some questions, but not others - I thought some questions were silly, but they weren't.

"If you have only been on the road for three or four months, you won't know everything. You are allowed to ask questions - you are a student and that's what you are there to do. A lot of students come straight from school to sixth form to university at 18 or 19 years old, so in the first year, they expect you to know nothing.

"By the third year, you have to do pretty much everything. In one shift, you attend most of the calls and do observations. It's been tough for us who were affected by the pandemic in the second year, as we had very little time on the road. I have had great mentors, they are brilliant at their jobs and are so lovely, I really admire them."

What are your hopes and aspirations for after you have qualified?

"At the moment, I just want to get to the end of it. I want to work on the road and just concentrate on being a paramedic.

"Eventually, I would like to do the paramedic practitioner course - a master's degree in paramedic practitioner care. They're based in GP surgeries, hospitals and lots of other places. It's a lot more work, but it opens different doors and it's helpful if working shift patterns doesn't work for you anymore."

If you found Beth's experiences insightful, share this article with your colleagues via *juliamagazine.com*

Podcasts for Paramedics

Spending a lot of time out on the road, you may find yourself struggling to fit in desk-based learning. But fear not, we have you covered! There are plenty of paramedic podcasts out there to enable you to listen, learn and reflect whilst on the go.

For more resources and links, check out
www.juliamagazine.com

Paramedic Insight Podcast

The College of Paramedics presents a new series of podcasts bringing news, interviews, discussion, and up-to-date analysis from around the world of paramedic practice. Introduced by Ben Watts and Gary Strong.

RCEM Learning

A twice-monthly Free Open Access Medical Education (FOAMed) podcast from the Royal College of Emergency Medicine. It includes literature reviews, guideline updates and interviews with the smartest minds in Emergency Medicine.

The Resus Room

This FOAMed site centres its content around the care of patients in and around The Resus Room. Released at least twice a month, the new podcast episodes focus on evidence-based medicine with reference to national and international guidelines and interesting research papers.

Picking Up The Pieces

Run by London's Air Ambulance Charity and presented by Myleene Klass, these podcasts feature those who have been touched by the charity. In a special episode, writer Adam Kay meets a doctor and paramedic to hear how they process the trauma they witness on a daily basis and discuss mental health challenges and PTSD.

EMS 20/20

EMS 20/20 is a podcast hosted by two experienced American paramedics. Spencer Oliver and Christopher Pfingsten discuss real calls run by real responders and pull out the lessons you won't find in a textbook. This podcast is aimed at paramedical students and seasoned paramedics looking to refresh their knowledge.

Phemcast

This podcast is run by Tim and Clare, prehospital practitioners with a passion for what they do. They aim to share knowledge and expertise in the field of prehospital medicine, with specific reference to the UK working environment.

The ninjas of the operating room!

Operating Department Practitioners, or ODPs, predominantly work as part of the surgical team and play a major role in a patient's perioperative care. There are around 13,000 of these professionals in the UK. Julia spoke to three ODPs about their career paths and experiences in the profession.

We share excerpts from interviews with three Operating Department Practitioners: former Home Support Worker, Rob Edge, who was inspired to change his career path after 10 years in the NHS; newly qualified ODP, David Bethell, who previously served in the army for 7 years; and Band 7 ODP, Barbara O'Donnell, whose team works cross-speciality.

Barbara O'Donnell, ODP

Rob Edge, ODP

David Bethell, ODP

Julia: What changed for you when the pandemic hit?

Barbara: "Things got incredibly busy, very quickly. There was a definite sense of rising to meet the challenge and to quickly marshal the new information that was coming to us so that we could best meet our patients' needs.

"Working throughout was not really a departure from my regular day-to-day work since one of the roles I do takes me all around the hospital anyway. If anything, the ODP skill set is well placed to meet the clinical demands of caring for COVID patients."

Rob: "The pandemic was a scary and stressful time to still be a student. I was placed in a local trust and things were happening, but no one really had any straight answers as to what the next steps would be. I remember being pulled out of theatre just after 2pm and told I needed to get changed and leave, as the hospital was preparing to announce they were locking down - so no non-essential staff, students or visitors were allowed on site.

I now ask myself why I didn't train to be an ODP sooner

"At the time I felt really annoyed and angry that I was being sent away – I chose a career in healthcare to look after people, not to run at the first sign of danger. It was a very frustrating time but, looking back now, I think that this was maybe the right decision when the pandemic was first starting as we did not know the true dangers of the virus."

David: "I was in between my second and third year and was due to go to my general surgery placement, but this was hindered by the pandemic, so I wasn't able to return. The university rearranged the timetable so that all our theory for the whole year was front-loaded. This bought us time whilst things unfolded.

"I did return on the paid placement scheme in July and August as some surgeries were returning. Things had changed a lot. There were new policies in place, there was the wearing of full PPE, and the set up of the theatres had changed, with some theatres and recovery areas even being used as makeshift Covid wards.

"I found the new procedures that were introduced very interesting. Whilst the fundamentals of the job were the same, lots of little tasks are now being done differently, from how we bag waste, to the way we communicate with patients or change out of scrubs. All these little things had an extra level of precaution attached to them. I found it really interesting to learn the actual reasoning behind these changes."

Julia: What were the biggest challenges you faced?

Barbara: "The biggest challenges were staffing and managing any anxieties I had myself, so that I could look after my patients and team properly. It may sound funny to say this, but it was a privilege to be able to go to work during a

pandemic, to maintain some degree of normality, even if the bus that takes you to work is nearly empty."

Rob: "One was the uncertainty and worry that my hard work and studying had been for nothing thus far. I was finally able to return to help as a student ODP at the end of May 2020, and there were already big changes in the way things were happening at my trust. ODPs, as well as other theatre staff, were actually being utilised in ITU to care for patients that were very poorly and, sadly, as the news highlighted, many did not survive. There was an overwhelming feeling every shift that it was just a matter of time before you caught COVID-19 and, with the amount of staff that were going off sick daily because they had caught it, you always felt you were next. The stress from this alone was difficult to process some days."

David: "I think every student would say that one of the biggest factors affecting them throughout the pandemic was not being able to put your theoretical learning of university modules into immediate practice as we would normally do.

"COVID made placements an issue because staff were off work shielding or being redeployed to other areas including ITU, meaning operating lists weren't being fulfilled. So there was, understandably, nowhere for students to learn, and also not enough supervisory staff available. Online learning doesn't suit everyone, so the students who struggled with it for their theory modules were disadvantaged from that perspective too."

Julia: What got you through these times?

Barbara: "What got me through was family, fantastic colleagues, good friends, books and art."

David: "The main thing that got me through my studies during the pandemic was that the finishing line was in sight and that I would soon start practising and earning a salary.

"I also found a real love for the job. There was a period of time in my second year where I was close to leaving the programme. The rigour and financial pressures were getting to me and putting a strain on my family.

"But after a pep talk with my tutor, I realised that I was really enjoying what I was being trained to do. I needed to persevere with the hardship for the greater good that would come from it.

"The reason I got into the profession was to be able to help people when they really need it. When you see people coming into the anaesthetic room and they're actually petrified about what's happening, being able to comfort them is really gratifying. When I left the army, I was in and out of different jobs and wasn't happy - I now ask myself why I didn't train to be an ODP sooner!"

Rob: "Three main things got me through this period: knowing that my children were proud of Daddy - even though I didn't see them for over 13 weeks, and that hurt every day; the great friends I had made at university who were all in the same situation as me; the fantastic people that I worked with every day - we all kept each other afloat and even now we all support each other.

"At the beginning, people became really closed off; there was a feeling of numbness and desensitisation to death because of how much was occurring. No one was talking about it. However, that has really changed now and the theatre team set up lots of wellbeing events where people could come and chat with someone. It's not an NHS-wide initiative, but I think more departments will set these up too as they are proving to be so valuable."

> *The ODP skill set is well placed to meet the clinical demands of caring for COVID patients*

Julia: What has inspired you and what are the most important things you've learned as the pandemic has progressed?

Barbara: "I learned that possibly one of the most important parts of my role is to really listen so that I can understand how to do my best for my patients and colleagues.

"I also learned that I can still surprise myself. At one point, we had to learn a specific skill in relation to a piece of equipment: it looked impossible at first glance. I had the teaching session and then was able to cascade that training to colleagues more quickly than I had expected."

Rob: "No one is a superhero – we all need time to relax and unwind. There is a very high level of burnout at the moment within those of us who continued to work; there will be some long term mental and physical effects for years to come.

"But this is true not just for the people that worked, but also for the ones that were furloughed or worked from home, and all the school and college children out there that have gone through this period not knowing which way is up; the next great worldwide pandemic we are going to face will be a mental health one, and we are not ready for that either."

David: "The resilience of students. How they worked through the continuous uncertainty, whilst maintaining the desire to continue with their studies. As well as coming together in ways we wouldn't have otherwise done.

"Furthermore, seeing how our lecturers and practice mentors still prioritised us, and that never wavered. I have nothing but admiration for everybody that worked to provide safe and productive learning environments for students."

Julia: What does the future look like?

David: "I got a job working in the trust where I completed most of my clinical placements. The reality of qualifying has really hit home, especially as I will soon have to go looking for support rather than it being over my shoulder. I have quickly come to realise there are parts of the role that you don't see as a student, because they just happen "automatically" or in the background. For example, in my first week, we had two procedures cancelled because the patient wasn't fit for surgery, and another procedure was stopped halfway through. So I was tasked with leaving the theatre to inform the relevant people; I hadn't realised before that this was something that I had to do as part of my role.

"It's the really small things that can eat into your time if you have never done them before, which is difficult when you have a busy operating list. I am also still overthinking things a lot, so I don't miss anything. So for now I am just focused on settling into the ODP role and I'm sure I'll get there soon."

"There is a very high level of burnout at the moment within those of us who continued to work; there will be some long term mental and physical effects

Barbara: "We're very much back to business as usual now, to continue meeting people's healthcare needs. If anything, we are more flexible than ever. The aim has always been to deliver the best possible care to all patients, regardless of the external things. Personally, I'm hoping to be able to start doing more work in Quality Improvement/ research."

Rob: "Despite the profession being around for 50+ years, ODPs have never really been noticed. It tends to be a role you come across after you have qualified in another area. This pandemic has really shown the world what an ODP is really capable of, and I like to think of us as the ninjas of the operating room! I hope that more and more people will decide that they too want to become one.

"Working through the pandemic has shown me that I made the right decision because if you like your job on the bad days, you are going to love it on the best days!"

For more from David, Barbara, and Rob, visit our online blog to read their interviews in full:
juliamagazine.com

CPD Resources for Occupational Therapists

Anything you do to learn or develop professionally can count towards your CPD, providing that it enhances what you can offer to service users. These OT resources may help you with your learning.

COURSES, WEBINARS & SEMINARS

All About Occupation

The University of Brighton Occupational Therapy Team has launched the All About Occupation seminar series, which is intended to be a free virtual monthly event. The seminars will feature speakers on a range of topics and will include those who explore or promote people's engagement in activities, the relationship between occupation, equality, health, justice, wellbeing and identity. It is hoped that the seminars will optimise opportunities for networking across locations and disciplines.

For more information, see: blogs.brighton.ac.uk/occupation

Using yoga within occupational therapy for young people with autism

NATSPEC presents a YouTube webinar with Emily Kellett, OT at Seashell Trust.

youtu.be/JVMgzSyW64Y

Royal College of Occupational Therapists

Last but not least, check the RCOT website regularly for their range of virtual and face-to-face learning sessions.

For more resources and links, check out
juliamagazine.com

PODCASTS

OT and Chill Podcast

50+ episodes on all things Occupational Therapy. Regular discussions and interviews with guest OT speakers.

The LD OT Podcast

Run by the RCOT Specialist Section for People with Learning Disabilities, this podcast aims to showcase the amazing work of OTs in this area of practice.

Occupied Podcast

Every fortnight, there's a new discussion on OT-related ideas and concepts, designed to challenge you, make you think, and provide you with guidance.

The OT Roundtable

Roundtable discussions about pressing topics related to occupational therapy. Guest speakers join the hosts, who facilitate conversations on a wide range of issues.

Changes, challenges, and CPD

How an Occupational Therapist managed it...

Occupational Therapists are the second largest AHP group, with 48,000 practitioners. They help people overcome all kinds of challenges ranging from accidents and illness to disability, mental health issues and ageing.

We spoke to Margaret Spencer, an experienced occupational therapist about her career, the changes and challenges she's witnessed, and of course, CPD.

Julia met Consultant Occupational Therapy Practitioner Margaret Spencer to explore her almost 40 years' experience in the profession. Margaret has worked with people with learning disabilities, as a Senior Lecturer for 30 years, and continues to provide professional supervision.

It all started in childhood

Inspired by playing with a neighbour's child who had a learning disability, Margaret knew from a young age that she wanted to work with people with learning disabilities. In Year 9 at school, she discovered Occupational Therapy during a careers lesson. Qualifying as a Band 5 occupational therapist in 1985, she took up a job in Peterborough; a "formative learning experience", after a year, she became the Head OT managing 14 staff and delivering occupational therapy to over 50 clients.

After a number of roles and promotions, Margaret became part of the team setting up the first Occupational Therapy course at Sheffield Hallam University in 1991 and spent 30 years there as a Senior Lecturer, where she also developed the student placement programme. During this time, in partnership with another OT, Margaret worked with Love2meetU, a dating agency for people with learning disabilities, researching, planning and delivering relationship and sexuality workshops around the Yorkshire area.

> *People have seen a new way of working; the benefits of being able to manage their own time and gain more family time*

Alongside all of this, her professional supervision work has gone from strength to strength. Having just hung up her lecturing hat, she is finding herself deeply immersed in this, working with over 80 occupational therapists nationally and internationally through her business, OT360. Margaret remains passionate about the profession and sits on the Royal College of Occupational Therapy Publications Group and is the Chair of Trent Regional Group.

A focus on supervision

Margaret's journey delivering supervision began in 2001, having been approached by an occupational therapist looking for supervision to support their work at a neurological unit. From there, as they say, the rest is history. Margaret now supervises a wide range of people, from newly qualified OTs to case managers and regional directors.

Occupational therapists working with Margaret often choose to have supervision as they are lone workers or are the only occupational therapist in a multidisciplinary team; it enables them

to discuss their work with someone from the same specialist perspective. Her private sessions provide a balance of support, challenge and encouragement for occupational therapists working through the highs and lows of everyday practice.

Remote work = a global reach

Due to the increase in remote working as a result of the pandemic, AHPs have been freed up to gain supervision from anywhere in the world. For those AHPs working abroad and wanting to remain HCPC-registered, Margaret advises how valuable it is to have a supervisor who is from the same profession to check in with remotely, to ensure evidence of adherence to the HCPC standards.

Going independent

Margaret has increasingly been approached by occupational therapists looking to set up their own independent practices, which she feels is largely as a result of the amount of time people have had to reflect on their lifestyles of late. "People have seen a new way of working; the benefits of being able to manage their own time and gain more family time. Occupational therapists want to have more control of their work; they're questioning what they want from their life."

Coupled with the desire to become independent, more opportunities are arising for occupational therapists; Margaret reports a high demand for occupational therapy services as the focus changes towards preventative, person-centred, long-term care.

Changes and challenges

Over the last 10 years, Margaret has been instrumental in developing the role-emerging University student placements on the MSc Occupational Therapy course. Students are placed in pairs in a setting which does not have occupational therapy, where they scope the service and then plan and deliver an intervention for the organisation such as training or a workshop. This gives students more confidence to approach different settings and apply their knowledge, increasing their opportunities for employment. Margaret adds, "after these placements, some organisations have gone on to apply for funding for an occupational therapist, wondering why they never had one before!"

> *Sometimes they don't know what occupational therapy is*

However, even within the broader health service, Margaret has noticed a lack of knowledge about the profession; "GPs have funding, but aren't always using it because sometimes they don't know what occupational therapy is." Often it can be the more socially-economic deprived areas that understand the role occupational therapy can play in their surgeries and Margaret has observed private companies, schools and charities increasingly employing occupational therapists; having an HCPC-registered occupational therapist "can help an organisation's kudos and open access to different funding sources".

Getting that CPD done

Margaret recognises there are challenges to completing CPD and offers support to those invited to the HCPC audit. She often finds most people don't record their CPD as they go along, so they have to go back through their diaries, week by week, to itemise it; this can take a couple of days if they are called for audit by the HCPC. At Julia, we regularly hear similar stories from across the AHP professions.

Margaret generally finds that occupational therapists start with good intentions - 'this is the year I will record my CPD!' - but, inevitably, it never happens. To help with this, Margaret records the information from her supervisory meetings in a way that is directly linked to HCPC standards, so the occupational therapists have documentation on hand if they are invited to audit. Margaret also advises alternative options for tracking CPD, such as an audio diary - AHPs "don't have to write it all down".

Margaret explains how "all the HCPC wants is for you to demonstrate that you are current in your practice", but the audit gets built up to be "more than it is" and "causes slight hysteria". She reports occupational therapists are often worried that they'll be struck off, worry what they're doing isn't good enough, and are almost "too reflective and hypercritical", focusing too much on their weaknesses rather than their strengths.

She often finds occupational therapists aren't strong at identifying areas of CPD to record unless they relate to a formal course, but CPD doesn't have to be so rigid; one of her favourite CPD resources is the Twitter account for the Royal College of Occupational Therapists (@theRCOT) - a "quick and easy, succinct timeline of activities".

Next steps

Looking ahead, Margaret would like to take the next step of sitting on the board of trustees for a few places in Sheffield that work with people with learning disabilities. Overall, she has "loved the trajectory" of her career and wouldn't change a thing. It's been a very organic, exciting career and occupational therapy has been integral to every part of it. Margaret highlights, "it's an amazing profession and I am passionate about continuing to move it forward."

And why is it called JULIA?

In early 2019, HCPC-registered dietitian Jen was struggling to keep on top of her CPD. She turned to her husband, Joel, who runs a software development company, for advice.

"CPD is an absolute nightmare. There are no proper tools to manage it, so I end up collecting random bits of evidence all over the place - on my desk, in my email, on my phone. I dread getting audited by HCPC because producing the CPD audit report would be extremely stressful. Can you do something about it?"

Joel's team started researching how Allied Health Professionals manage their CPD. This involved speaking to fifty AHPs across all professions to discuss their learning practices. The team heard the same message over and over again.

- "I've got nowhere to keep my CPD"
- "My employer doesn't give me CPD time"
- "My CPD ends up scattered all over the place"
- "I forget what CPD I did"
- "I'm scared to open the HCPC renewal letter"

It was evident that CPD was a nightmare and there was nothing user-friendly out there that could help. So, Joel and his team at Switchplane decided to create a CPD management app for AHPs.

From there, Julia was born, built from the ground up in conjunction with a small group of AHP testers. After a year of feedback discussion and development, Julia was ready to launch.

With Julia, AHPs can record their CPD evidence, reflect on it regularly and use it to build a report if selected for audit. There are reminders to complete CPD, and it can be used from a desktop device or via the mobile app on the go.

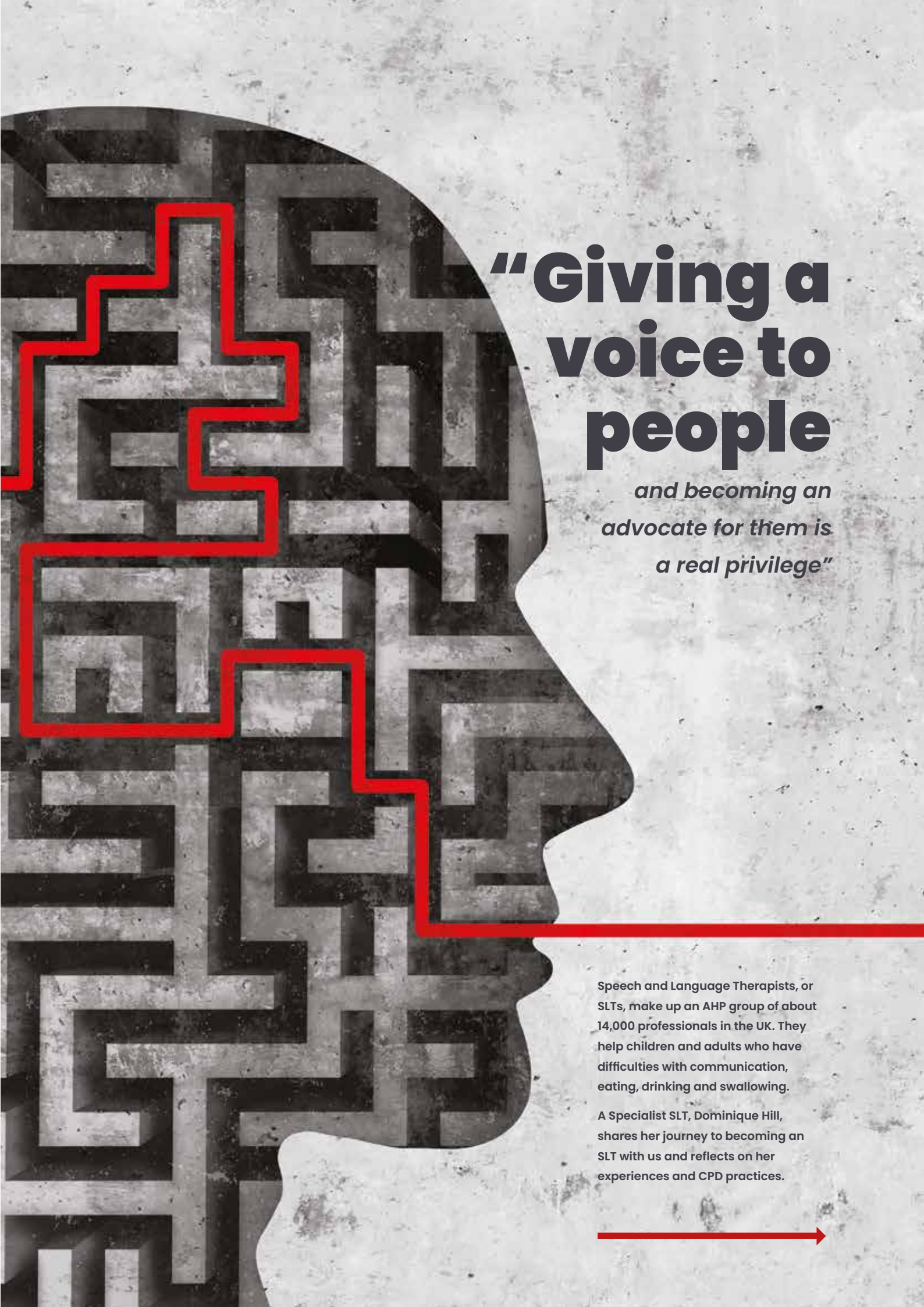
"And why is it called Julia?", you ask. Well, as NHS tech is typically clunky and corporate, the team wanted Julia to be a friendly alternative with a personality. Julia is there to help AHPs instead of getting in the way.

The team checked in with Jen post-launch to find out how her relationship with CPD had changed:

"Since starting to use Julia, I now have an organised up-to-date list of all my CPD activities, which I can reflect on in my own time. It's really easy to add evidence anywhere, at any time, and I can access all my CPD from one place; no more paper folders or trying to remember where I saved evidence. I am now capturing and recording more of my CPD than ever before."

If, like Jen, you want to stop your CPD nightmares, then start a free trial of Julia today.

Visit juliamagazine.com for more information.



"Giving a voice to people

and becoming an advocate for them is a real privilege"

Speech and Language Therapists, or SLTs, make up an AHP group of about 14,000 professionals in the UK. They help children and adults who have difficulties with communication, eating, drinking and swallowing.

A Specialist SLT, Dominique Hill, shares her journey to becoming an SLT with us and reflects on her experiences and CPD practices.

Dominique Hill has been working in the community for a Specialist Children and Young People's Service at the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, but is about to start a new role working with adults with autism in an inpatient setting.

Dominique Hill
Speech and Language Therapist

Julia: Firstly, it would be great to learn a little more about you! When did you first become an SLT and what drove you to pursue the career?

Dominique: "In 2008, when my children were young, I decided I wanted a better work-life balance, so I got a job in a local school as a teaching assistant. I found myself doing very specialist work in that role, in which I was lacking experience. Anyone with communication difficulties was sent my way for extra support. The local communications support service would work with a particular pupil, but would ask me to observe and then carry it on.

> ***I want to build up my skill set and decide what kind of therapist I want to be***

"This organisation was offering level 3 training in 'Spoken Language and Communication Difficulties in Children', so I decided to complete that, which led me to want to do more.

"I am now really passionate about my job, which sounds cliché, but I genuinely love it. I love the challenge. Giving a voice to people and becoming an advocate for them is a real privilege."

Tell us a little bit more about your current role working with young people, and the new one you will be starting soon.

"At the moment, I work in a Positive Behaviour Support team with young people displaying behaviours seen to be challenging. We are a small, multi-disciplinary team of about 23. We work collaboratively, devising strategies for a Positive Behaviour Support plan.

"To do this, we visit all the stakeholders in a child's life - anywhere that child goes, we go. I prefer to say that our little team is interdisciplinary, and the multi-disciplinary team includes everyone else - all of the stakeholders who know the child best.

"We work alongside the existing community teams to identify what the child's behavioural triggers are and what strategies can be put in place over a 12-week pathway. Although we are experts in our profession, the real experts are those who know the child best and have known them for years.

"In my new role, we follow a Positive Behaviour Support pathway, but with inpatients. In this setting, the patients also have music therapy and art therapy alongside the standard multidisciplinary team.

"The adults are in hospital as they have very complex needs. But we keep them in the hospital for as short a time as possible and they should have a discharge plan in place from the beginning."

You have been doing some campaigning around funding improved support for people with communication and swallowing needs. Could you tell us more about the changes that you and others in your profession would like to see?

"I can only speak for myself. I would like to see extra funding available for all ages, but I think there is a huge gap in early intervention and prevention.

"SLTs working in schools need opportunities to work in a holistic way. Working on speech alone is not always enough. If the children I work with had received some intervention and prevention work, we might have caught them earlier. Many have already started to develop mental health difficulties. They are at risk of isolation. Often their long term

prospects for educational achievement and employment are poor.

"In the old days, if you were disruptive at school, you were sent out of the classroom. You could get in trouble for fidgeting. But for an autistic child, for example, that fidgeting could be a coping strategy. It's about making the communication environment a capable environment. Is this person challenging, or is it the environment that is more challenging to them, causing them to display certain behaviours? Let's make the environments, including the people, suitable for the child. We need to look at what adaptations we can make.

"A lot of schools we go into are now receiving Positive Behaviour Support training, so the message is slowly getting through.

"We strive to be person-centred, giving flexibility, choice and opportunities where possible. It's also about the people within the environment and how they can support the person - so if you use Makaton as your communication method of choice, we need to make sure carers are also trained in using Makaton."

Ok, let's talk CPD! What are your favourite CPD activities and resources?

"I enjoy working with student SLTs; supervising them, speaking to them at uni, and being an external examiner, as I can grade things from a holistic, real-life perspective. I also take part in 'speed dating' type events where students can speak to different SLTs.

"I love doing CPD where you listen to the experiences of service users. It really gets you thinking about how you can make changes to your practice. "I sit on a steering group for CPD, which started off as a 'Writing for Publication' workshop. I wrote a 'Day in the Life' article for Bulletin magazine as a result of attending that. Its remit has now expanded to a wider CPD focus and we meet once a month. Any AHPs from our trust can attend and we always have a guest speaker.

"I have also joined the Royal College's Clinical Excellence Networks (CENs), where we meet people at all stages of their career journey, listen to their experiences, and discover opportunities to help our development and practice:W. They are groups of like-minded people wanting to develop similar skills.

"I'm always doing something and I have a nice mix of CPD. My trust has always been very supportive of training. If you want to go on a course, you need to think about what you are really going to do with it: can you teach it to others? Can you apply it to your service users?

How do you find time to access the range of CPD resources out there?

"With the CPD steering group, we are advocating for all AHPs to take half a day for CPD each month. We introduce guest speakers, give the AHPs two hours of writing time, and then they can come back and discuss it with other colleagues. The process allows more collaborative AHP working.

"Now it's virtual, we can record the session, so people can take their half-day slot and watch the content at that time, or attend a live workshop. It's great how flexible training providers have been throughout the pandemic.

"We are in the process of doing an audit on whether people are doing their CPD and what mix of activities they are doing. A survey has gone to all AHPs, and directors are on board and want to know the answers.

"You can't be a good clinician if you aren't linking in with research. If you are never reading a journal article, your work is going to be outdated."

What are your hopes and aspirations for your career moving forward?

"I want to develop my leadership and management skills and move up into band 7. I want to continue to fight for the rights of people with communication needs, so moving up slightly will put me in a position where I can not only recommend changes to services, but also make them."

What advice would you give to those currently training to become SLTs, in terms of how they can continue to build their professional skill set beyond university and maintain their passion for the profession?

"I would recommend looking for opportunities linked to where you are working. Don't do something so wildly different that it can't be applied to your service users - you'll end up with a certificate and not much else.

"To those just qualifying, I would say - be the change. Find your tribe and don't bend who you are. Hang on to your values base, as there will be like-minded others out there. As SLTs, we give voice to lots of other people but are not so good at using our own.

"As an AHP, you carry stories with you. You ruminate on a lot of your experiences and the people you are helping. We see people at their worst or lowest - that, for me, is a privilege."

As SLTs, we give voice to lots of other people but are not so good at using our own

Lucy Clough
Superintendent Diagnostic Radiographer

Radiographers account for 26,000 HCPC-registered practitioners and come in two varieties; therapeutic and diagnostic. Diagnostic radiographers will take images to help understand and diagnose conditions, whilst therapeutic radiographers manage and deliver radiotherapy for patients undergoing treatment for cancer.

Having known she wanted to work in the NHS from a young age, 2011 graduate Lucy Clough spoke to Julia about her role today as a Superintendent diagnostic radiographer at the Evelina London Children's Hospital which is part of the Guy's and St Thomas' NHS Foundation Trust.

A majority of patients that come through the hospital will have imaging of some kind

A profession in demand

According to Lucy, "a majority of patients that come through the hospital will have imaging of some kind, and the trust has over 120 radiographers to manage this"; the radiographers tend to have a flexible workflow so they can be well utilised across departments depending on need.

"Radiographers work in many areas of the hospital, typically starting their careers working in A&E or a general department using plain film and taking x-rays of the body; in theatre, using x-rays to help surgeons guide plates and screws; on the wards, visiting patients who are too unwell to visit the department; and carrying out live screening with examinations such as barium swallows, for those who have difficulty swallowing".

Lucy outlines how, as you gain more experience, the more pathways you can go down in radiography; a radiographer can specialise after becoming a Band 6 radiographer and may then become a sonographer or reporting radiographer, for example.

Lucy's path

For Lucy, upon reaching Band 6, she extended her scope into CT and interventional imaging. Today she runs the children's side of things after showing an interest in the field. This work involves different conditions compared to adults and can include cardiac imaging of the heart, putting stents into arteries, and baby atrial septal defects. Lucy has also trained in radiography reporting, using pattern recognition to interpret the x-rays. Whilst radiologists usually do reporting, there is a shortage so it is a very useful skill to learn.

Moving into the future, the Evelina London Children's Hospital is expanding with a brand new hospital, which is due to open in 2027. Lucy wants to create her own team of paediatric radiographers to put this large hospital on the map. She would like to work with as many AHPs as possible and to become an accredited advanced practitioner for paediatric reporting.

CPD is essential

In terms of CPD, Lucy describes how this is essential if you want to progress to become an advanced practitioner, as you need to produce evidence - it's not only needed for the HCPC audit. She uses her work diary to keep track of her evidence, as well as the Society of Radiographers' portal.

Lucy likes using Twitter to keep up with what's going on in any other areas. She enjoys comparing AHP roles with her physio sister as well as the speech and language therapists that she works closely with on patients' swallowing difficulties; "it's nice that we have a part to play in other people's research and day-to-day practice."

As another CPD-friendly activity, Lucy is also part of the imaging task force for all paediatric radiographers across the country; "it's a helpful forum where you can talk to people and ensure you're up to date on everything".

Although she admits "it might sound a bit geeky!", she also enjoys mock audits, CQC audits and QSI accreditation, with inspectors visiting to ensure the trust can keep its accreditation status. She finds reflecting on those types of visits helpful and they keep you on your toes; "it's good to have moments like that."

Before taking over paediatrics, Lucy was educating SLTs on the role of the radiographer (and vice versa). Now she runs education sessions once a month with as many radiographers as possible to communicate and discuss paediatric case learnings.

A word of advice

Lucy gives some wise words of advice for her past student-self: "All those early morning wake-ups for placements were worth it - and you will make friends for life. Be as proactive as you want to be: the more proactive you are, the further you'll get. Arrange electives. Get as much experience as possible: even if you think you know something, everyone will teach you something different so never waste an opportunity."

Radiography Radio

Radio…or podcasts?! We've put together a selection which may help you with your CPD action plan. Your CPD doesn't have to relate to formal courses, so try learning in a different way.

5 Minute Radiography

Radiography as a career is much more than simply pushing a button. This podcast by US-based Jeremy Enfinger, which has an accompanying YouTube channel, helps build confidence, skill and efficiency to provide the best possible patient care.

RCR: CRASH! (Clinical Radiology Academics Speaking Honestly)

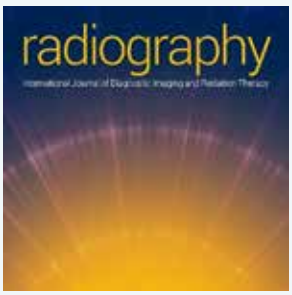
This Royal College of Radiologists podcast is hosted by Tom Turmezei, consultant radiologist and 2020 RCR Roentgen Professor. It features a series of discussions with radiologists from all over the UK who are passionate about research, which may also be of interest to radiographers.

RadCast: Radiographer perspective and skills mix with Brian Devlin

For AHPs or others wanting to find out more about the differences between radiography and radiology, episode 3 of RadCast explains extended radiographer roles, radiographer workforce pressures, and the future of scanning technology. Share this with everyone who gets confused about your job!

Rad Talk: Making Waves

Therapeutic radiographers share experiences with other professionals within the cancer care community.



Radiography Journal Podcast

The Society of Radiographers' Radiography Journal has gone online-only, so they have launched a new podcast for those who would like to hear more about the articles and authors featured in the publication.

MRI Safety Talks: Imaging Safely with Covid-19 - UK Perspectives

MRSO, MRI & CT Radiographer, Barbara Nugent, joins podcast host John Post in one episode to discuss guidelines and advice available for MRI facilities to continue imaging safely during the Covid-19 pandemic.

For more resources and links, check out
juliamagazine.com

How to... Create a CPD action plan

Your CPD time may be limited, but by asking yourself some key questions you can develop a plan that will allow you to spend it wisely - for the good of yourself and your service users. Before we look at those questions, it's helpful to highlight that your CPD 'sweet spot' lies within the intersection of at least three areas.

By considering your strengths and where your energy and motivation truly lie, this will give you a foundation to build on. However, it's also important to think about how you'll apply any CPD you are considering back in the workplace. As the relevancy diminishes, so does your ability to be able to make use of the learning, leaving you merely with a certificate to file away.

1. What are my critical skills, knowledge and abilities?

Now's not the time to be modest. If you can't be honest with yourself about where your strengths lie, you won't be able to create a worthwhile future path. Seeking peer feedback can be valuable.

2. What parts of my role do I most enjoy, and why?

The 'why' is key, as it leads you to a better understanding of what makes you tick. It may also provide vital clues as to where you want to take your career in the future.

3. What are my short and long-term career goals?

Once you know where your drive is, consider how you can harness that to progress your career. Is it a vertical move up the ladder or horizontal to another specialism? Keep all options on the table. Set realistic and specific time-bound objectives. Break longer-term goals down into shorter milestones.

4. What are my development needs?

Think about the gaps in your current capabilities that are preventing you from reaching your goals. For longer term goals, there may be lots, but that's OK - you can't tackle everything at once. Consider how softer skills fit in too, in addition to clinical capabilities.

5. How will I achieve my goals?

The action part! Having answered the previous questions, you'll need to work out how to get there. Think about the huge spectrum of CPD activities available, not just standard training courses. Consider what is realistically achievable in the coming months/years. Link each activity to your earlier reflections.

6. What have I learned?

Did someone say "reflection"?! This is an important piece of the puzzle that will keep your action plan fresh and relevant. Diarise some time each month to reflect on any CPD you've done, formal or otherwise.

Good news! With your plan in place and CPD well within your consciousness, you may just find that a lot more exciting opportunities will present themselves. So make sure you keep things flexible, stay open to opportunities and, first and foremost, make sure you are enjoying what you're doing! If it feels like box ticking, it's probably time to change things up.

How to...

Reflect on your learning

So you've done some CPD and then recorded your evidence. Tick. Now it's time to write a reflection of your learning.

Here are some helpful questions to ask yourself, based on the Gibbs Reflective Cycle.

Description - where you briefly set the scene

- ☐ What is the context behind why you completed the learning?
- ☐ When and where did it take place?
- ☐ What information was covered?

Feelings and thoughts - describe, don't analyse

- ☐ How did your feelings change before and after the learning?
- ☐ What thoughts went through your mind when completing the learning?
- ☐ If you completed the learning with others, what thoughts and feelings did they express?

Evaluation - the good, bad and ugly (be objective)

- ☐ What were the most positive and negative aspects of the learning experience?
- ☐ Which part of the learning was most useful to you?
- ☐ Was there anything less relevant?

Analysis - explore the points you have raised and why these occurred

- ☐ Why has (or hasn't) this learning experience been beneficial to you (and others)?
- ☐ How did you ensure you succeeded?
- ☐ Why did a certain outcome arise?

Conclusion - what you learned and what you could have done differently

- ☐ What were the main things you took away from the learning experience?
- ☐ Would you do anything differently if you were in this situation again?
- ☐ How have you been able to apply your learning?

Action plan - next steps following the learning

- ☐ How do you plan to build on the knowledge and skills you have gained?
- ☐ How will you approach relevant situations differently next time?
- ☐ What further learning do you plan to undertake in this area?

Remember to include real examples. HCPC wants to see that this learning has positively impacted your service delivery and benefited your service users.

It keeps you on your toes!

Podiatrists, together with chiropodists, make up a group of 14,000 professionals in the UK. Podiatrists treat those whose feet and legs have been affected by injury or illness, and will help patients deal with mobility issues, pain and infections.

Julia caught up with podiatrist **Ben Blake** for a chat about his career journey, working in the pandemic and CPD.

There can be steep learning curves at times, but I want to keep improving

Julia: Ben, how did you get into podiatry?

Ben: "At college, my intention was to study medicine. However, I hit a curveball with my final exams and so looked into other fields of study instead and came across podiatry; I thought it was definitely something I could do.

"On reflection, it was a happy accident. I really like podiatry now that I'm doing it, and I would have given it far more consideration initially had I known about it as a career option instead of medicine. The social life around my podiatry career is much better for me personally than I imagine it would have been as a junior doctor."

Tell us about your career so far?

"I moved to a private sector role a few months ago, having worked in the NHS since I graduated in 2016. In the NHS, my role was primarily addressing foot pain: we'd have 40-minute appointments and try to give the patient as much information in that time as possible using our hands and eyes. Time was the biggest resource I had in the NHS because high-risk wound care or prevention of wounds had to be prioritised over functional foot pain. The work was intense and you had to find a way to treat patients in the best possible manner.

"Working in the NHS was a great learning experience. But when the job came up to move to a private practice, FootFocus Podiatry, the opportunity was too good to turn down. I find my new role more varied than before: it keeps you on your toes! There's a wide breadth and scope of work where you might see a mixture of different cases in one day. Each session is just over an hour long and there's lots of technology available to help out with MSK particularly, but also technology and treatments that aren't available on the NHS for things like verrucas. This enables me to give patients a more detailed picture of what might be going on and how to fix it."

You were working in the NHS during COVID-19 - what effects did you notice?

"The podiatry service had to stop taking certain referrals - we'd only see or speak to anyone already on our books. Once we cleared our backlog with the expectation of redeployment, my area could then accept phone call referrals again. Open wounds and ingrown toenails were being seen quite frequently and there was a lot of nail surgery towards the end of my time at the NHS.

"At the end of my time in the NHS, there were still backlogs and ongoing telehealth, at least for initial assessments. But it can be so hard to assess a podiatry issue over the phone sometimes. Face-to-face consultations are much easier as patients can point at, rather than work out how to describe, their issues."

What sorts of CPD activities do you carry out?

"My favourite types of CPD activities are interactive ones, as I learn more from doing things with my learning style. I recently completed an ultrasound course online in a four-week block, but we had homework each week to use our own ultrasound machines and send the image in. Other than that, I quite like CPD I can attend in person or listen to, apply to my practice, and refer to again when I need to. I'm not as good at keeping a CPD record as I should be and I've broken some of my good habits from university, but I do tend to jot things down as they come up."

What advice would you give someone looking to enter podiatry?

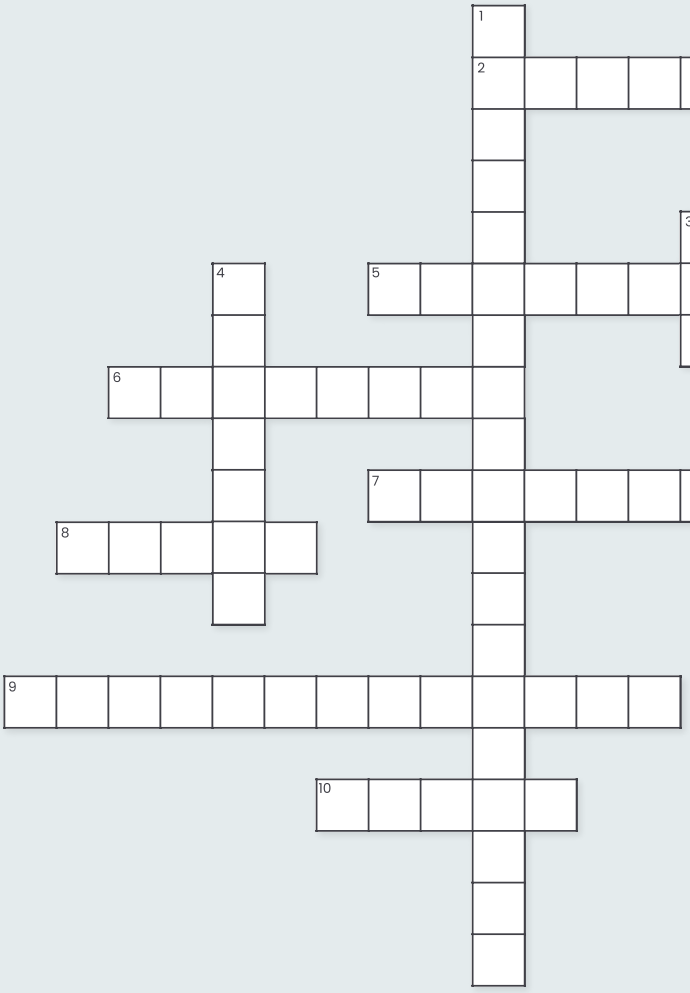
"Form good habits earlier on and keep to them. Gain a breadth of clinical experience rather than doing lots of the same types, as this will help you find out what you're really interested in. Keep the scope wide - there should be something out there that suits everyone."

What are your career aspirations for the future?

"I want to be the best I can be. So far I haven't come across any barriers to working in a specific role or field, but I'm still exploring my options."

The AHP crossword

***WIN** a free year's subscription to Julia!*



Down

1. What type of Practitioners are ODPs?
3. What activity does HCPC audit AHPs on?
4. HCPC stands for Health & Care Professions _____

Across

2. Who would you call in an emergency?
5. What AHP profession deals mostly with the human eye?
6. How many AHP professions are there?
7. Which type of AHP would typically work with imaging equipment?
8. Which online tool can help you record, reflect and report on your CPD?
9. Which AHP profession has the highest number of registrants with HCPC?
10. What type of therapist makes up the smallest AHP group?

For a chance to win a free subscription to Julia for one year, complete this AHP-themed puzzle, snap a picture and send us your entry to win@juliamagazine.com

Stop your CPD nightmares

We know CPD for Allied Health Professionals is a living nightmare. Especially if you get that call from HCPC requesting information for audit.

JULIA

Julia helps AHPs record, reflect, and report their CPD.

juliacanhelp.com