

Primary care careers

case studies

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Foreword

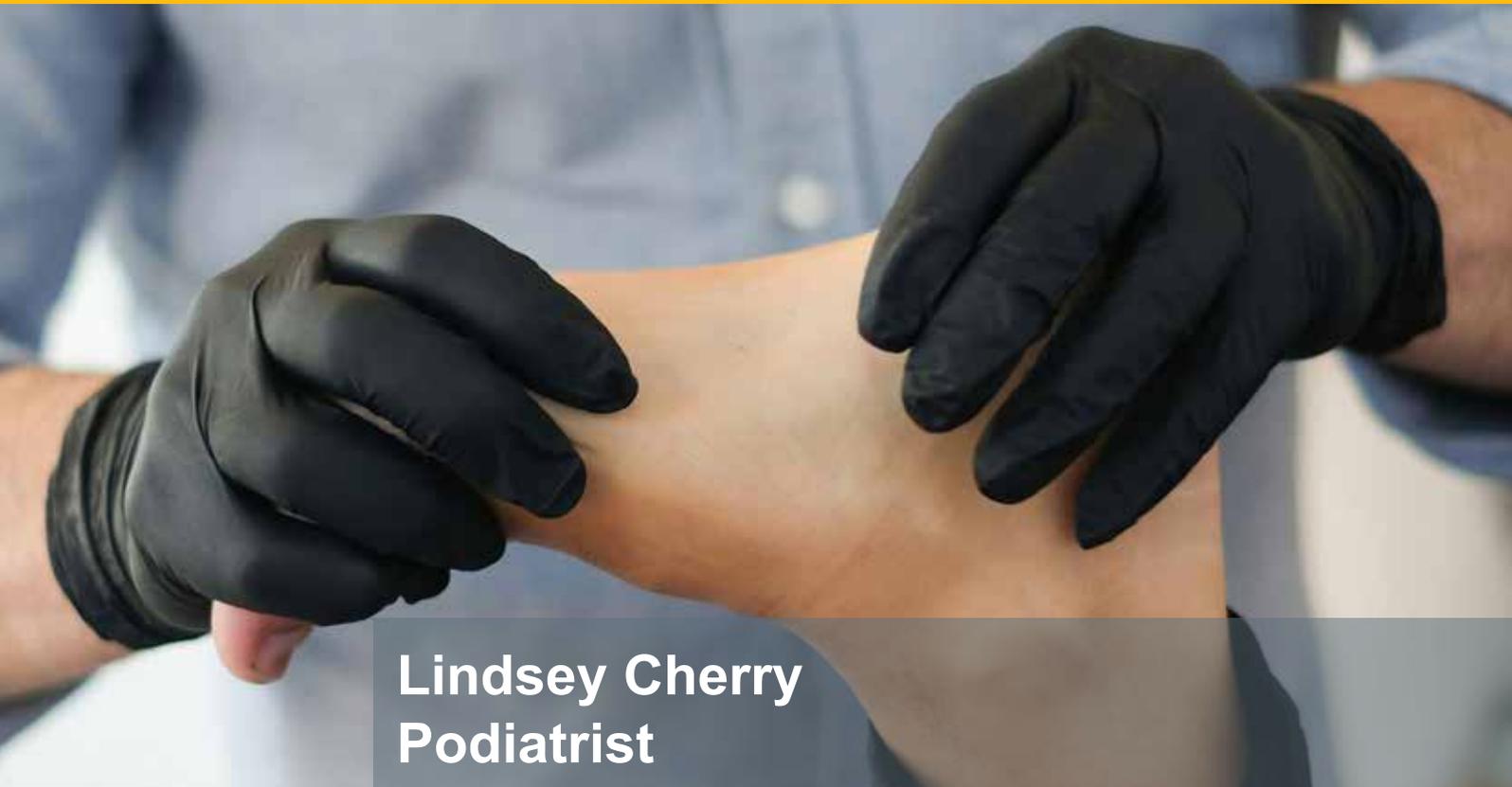
Over the last few decades, the idea of having a 'job for life' has shifted as organisational, societal, political and environmental structures are changing and allowing for more fluid movements between careers and organisations. At a time where Primary Care staff have experienced intense working conditions throughout the COVID-19 pandemic and the repercussions of this are still being felt, it is important that staff feel valued and supported in their roles especially when recruitment and retention of staff is a key concern. Questions then turn to whether enough time and support is provided to Primary Care staff to think about, discuss and manage career decisions, and what resources staff have available to them to explore opportunities and understand potential career pathways.

Through talking to five Primary Care employees, this case study selection provides insights into career pathways and career decision making in Primary Care. They explore what Primary Care employers can do to help support career development, what employees perceive would be helpful both in terms of formal and informal career management practices to navigate careers in healthcare, and the implications this has for both individual and professional growth, employment relationships and staff retention.

I would like to thank the five case study participants for their time and openness in discussing their career journeys to date, the tools and resources they have used and found beneficial, and their considered thoughts and ideas with regards to how Primary Care can help other healthcare staff navigate their careers in the future. I would also like to thank NHS England for supporting the Institute for Employment Studies work and wider research in Primary Care careers. I hope this research provides helpful insights to current and future Primary Care employees, managers and policy makers alike, and can be a tool to help develop career management pathways going forward.

Dr Zofia Bajorek

From community team member to first contact podiatrist



Lindsey Cherry Podiatrist



Lindsey's current roles

Lindsey currently works across two roles. She is a clinical academic, working as an associate professor at the University of Southampton, and for one day a week she works in the Southampton PCN as a podiatrist. As a first contact practitioner podiatrist she says, 'broadly speaking if it's below the knee it can come to me'. As part of working in clinical practice Lindsey is also interested in how to support career development and create a learning environment in primary care, with the aim to increase student undergraduate and post-graduate placements. She has been working specifically as a first contact podiatrist for nearly 18 months, and really enjoys the role.

"I think that it is hugely satisfying, otherwise I wouldn't be doing it. It was a big decision to move over, having worked within a community team, still very much in podiatry and having that network of professionals for over 10 years. I have moved to being the only podiatrist within a primary care team."

One of the most satisfying aspects of her role within primary care is seeing people at 'their point of need'. As a podiatrist Lindsey is able to see many different medical issues as they manifest and present themselves and is sometimes able to detect health conditions that patients may be unaware of.

"In the past twelve months or so that I have been in the post the breadth of things that I have been able to see and contribute towards has been absolutely huge and I feel like I've made more of a difference here than I ever did in the ten years previously."



How Lindsey's podiatry career developed

Lindsey completed her PhD in 2012 and has been a clinical academic since then within the University of Southampton. She has been a specialist podiatrist based in an acute trust, but during this time she felt like the patients that came to her needed to be seen earlier or had difficulties attending clinics in a hospital setting and so, 'I was already thinking about outreach and how to offer my services differently.'

During the Covid-19 pandemic Lindsey found it hard being a specialist podiatrist in a hospital setting, because it became difficult for patients who were immunosuppressed or vulnerable to receive the care they needed.

"I was feeling frustrated by the systems of work and feeling limited in what I could offer as a podiatrist just because how our workforce was structured and how it was increasingly being commissioned."

Lindsey chose to go on secondment with NHS England to look at workforce development and redesign, looking into the movement of allied health professionals into primary care. For Lindsey moving away from caring for patients was a hard decision but when working with the national team to develop roadmaps for practice, she started to work with local PCNs, and when her secondment ended, Lindsey carried on working with the PCNs.

"We decided to pilot podiatry in primary care. My role became a pilot which was both great and terrifying as I was an 'n of 1'. I had to be a bit brave and think that just had to do my best, and that we would all learn something about demand, capacity and opportunity. And it has just carried on from there. It has been quite a journey."



Tools and resources that helped Lindsey navigate her career journey

Lindsey mentioned a number of career tools and resources that have helped her navigate her pathway to her current roles. Finding career mentors or critical friends have been 'pivotal' for her:

"What has been helpful and critical along the way have been finding people that are 'team me' and have provided guidance and shown me different opportunities along the way."

These mentors have been able to answer any questions that she has had throughout her career pathway, from working as a health care assistant and then in acute trust roles. Lindsey discussed how specific mentors provided her with confidence to try out a range of different jobs which opened her eyes to different aspects of the profession and the same mentors have stayed with her to provide external help and guidance in career decisions.

In her current role she recognises that she is lucky to have a clinical supervisor who she originally used to re-assure her in clinical practice as 'I felt like I was a complete learner again and was asking questions about how to structure consultations', but now has conversations about wider clinical opportunities and career development. She also has a line manager through the PCN but acknowledged that was more for strategic conversations at the moment.

During her time at Southampton Hospital, Lindsey was also offered the opportunity to access career coaching. At that time, she reported ‘feeling frustrated but couldn’t work out a way forward’ and so took up the chance to speak with a coach.

“A coach doesn’t know all the answers, but working with the coach unlocked in my own mind ways that I could explore things in different ways...the coaching helped me, and from that time I knew I needed to make a change to move forward.”

The coaching helped Lindsey to ask questions about her own career and how to present herself in different scenarios and gave her tools to use in situations where she was facing uncertainty and challenges.

“I am still receiving coaching and will always seek that. I can’t ever imagine not needing both coaching and mentoring. They both bring out different wisdom and key questions to unlock your thinking. There will always be points on your journey where you need to reflect and coaching will provide that.”

However, another reason that Lindsey has stayed in the profession and has made the choices she has is because of her personal motivation and fundamentally believing in the profession and the difference that she can make to patient care. This intrinsic motivation has been key in the career decisions that she has made.

“I work in podiatry because I fundamentally believe in the difference that it makes...and that is hugely rewarding. Even when it is tough, I believe in the value of what I do. My career decisions and where I have chosen to move is because I thought that there is a better way of being able to do that, and I have stuck with it.”



What’s next for Lindsey?

Lindsey has the ambition to remain a clinical academic, but she also recognised that she could not see a future without primary care being part of it. She would like to see the podiatry profession developing at all levels of primary care as a result of the added value they can bring.

“I look back at what I have done and I think, how did we (podiatrists) ever get this far without connecting better with primary care colleagues better in the past? It just seems crazy.”

When having to make career decisions going forward, Lindsey commented that she would continue to use a combination of coaching and mentoring, as both provide an opportunity to reflect on both personal goals and ambitions, but also having people in the profession to reflect ideas with.



Navigating careers in primary care

In terms of transitioning into primary care, Lindsey believes that for podiatrists the opportunity is there for anyone who would like to make the move.

“For podiatrists I think all people have to do is contact their local practice. I think that this will be really valuable, and the door will probably be open for you. So, in regard to making that move that is actually quite easy.”

However, the difficulty for podiatrists in her opinion is remaining and progressing in primary care because at the moment there isn’t really a precedent for it and so it will rely on personal resilience until opportunities are developed. Having

experienced working in primary care, Lindsey believes that now is the time for the profession to be bold and creative in setting out future career pathways, and helping other professional groups understand why it is important and beneficial to have podiatrists in the team. She also believes that current career roadmaps are not quite fit for purpose, and career development strategies need to be developed so that podiatrists who do move into primary care are not 'stuck' in the role that they have moved to.

"I would like to see consultant roles and see career development conversation happening, and not stopping people moving into primary care or becoming advanced practitioners... There's almost infinite possibilities in career pathways. Who is to say you can't become the clinical director or a PCN director?"

The other concern for Lindsey was from the 'reasonable amount of negativity from people within the podiatry profession' about moving into primary care. She voiced that there had been concerns from those in private practice stating that this is the type of care that they already provide (for those who can pay for it). Whereas Lindsey argues that the service should be available for all who need it, disregarding a person's economic status or health literacy. Another challenge comes from NHS acute trust managers who are fearful of primary care 'poaching' the podiatrist workforce, as this is already limited. However, for Lindsey, thought should be put into what would be better for population health outcomes and service effectiveness and that should be how services are structured.

"If you catch things earlier, intervene earlier, you have better prevention and better population health outcomes. Things do need to change, and it is a huge leap of faith for services to be reconfigured. Podiatry is a profession that should near enough be based in primary care, inputting into other downstream services."

Lindsey is 'unashamedly biased' about podiatry as a profession, and feels that with support from the professional body, the door could be wide open for podiatrists in primary care in the future.

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From adult social care to Occupational Therapist



Helen Rostron Occupational Therapist



Helen's current role

Helen currently works as an Occupational Therapist (OT) working within a primary care team in Somerset. She works within the complex care team, and over the last 18 months has been working on the enhanced health in care homes framework, as within the area there is a large population of older people living in residential and nursing care homes. Helen works part-time, working 32 hours a week on Monday to Thursdays. She has carers needs and has appreciated the flexibility that she has received working within the PCN. From a day-to-day perspective Helen can see a mix of patients, from dementia care, to helping patients support daily living skills, and falls and mobility assessments. As an OT Helen particularly likes to be involved in ensuring that her patients are 'living well and not just existing'.

"It is really about helping people have a meaningful occupation & achieve what matters to them by working collaboratively suggesting possible ways for people to be a little bit more independent."

Helen is enjoying her role, as 'I feel I'm on a stretch zone of learning all the time'. Within the role she has had to get used to working out of set processes, developing new systems operating procedures and being part of a proactive MDT environment working upstream with well residents and not within a reactive acute model.

"I've been getting used to feeling comfortable in the uncomfortable...but it's good to remind myself that I just need to know what I need to know and to trust other members of the team to do their roles as partnership is key."

She feels this is a pioneering role as OT's in primary care are still relatively new, and she is having the chance to showcase the various roles that OT's are able to undertake, and to push the boundaries of what can be done. In previous roles Helen has felt 'wing-clipped', but the move into primary care has given her the opportunity to try something new and she is working in a team that is innovating and willing to evolve neighbourhood and voluntary, community or social enterprise organisation integration.

"My experience of primary care so far is that sometimes you have a tiny seed and then before you know it, it has been rolled out into something completely amazing and you must pinch yourself. I'm absolutely satisfied, to the point that I am exhausted at the end of the week because my week has been so full."



How Helen's OT career developed

Prior to working in primary care Helen has worked both in adult social care, and various health care settings. When working in an acute setting Helen felt very restricted in what she was able to accomplish as an OT as the system was very rigid, and she couldn't use all her skills and competencies in the role.

"I was beginning to lose my confidence in OT identity...but I soon realised that I didn't like being boxed in, so it wasn't about losing autonomy, but it was about the style and culture of working where I was."

Helen moved into adult social care, finding that teams worked more collaboratively, and she was involved in a variety of case work. To expand her role responsibilities Helen wanted to seek out opportunities to lead service improvement projects and provide supervision to staff. However, Helen soon realised these opportunities weren't available, and the work became 'a bit boxy'. She did attempt to renegotiate job roles to expand her role, working within different teams, but after a period of time, she realised that she 'wasn't going to get much more out of the role.'

"I didn't have the opportunity to take on leadership experience or expand my role, so I decided I would apply proactively for other roles within the same council to effectively give me a 'rotational' experience".

She feels working in both health and adult social care has given her the insight needed to work within primary care, providing her with agility of thinking to deal with trickier cases, and a layering of experiences that she can bring to patient treatment options.



Tools and resources that helped Helen navigate

her career journey

When discussing how she has heard about new roles and how she made the career transitions, Helen reported not having any career support at all, and that it has all occurred through her own personal tenacity in recognising that a change needed to be made and having the personal strength and skills to do so.

"I haven't had any career pathway support at all which is such a shame. I have had to make the move into new job roles and push the move myself."

Helen discussed that for her ‘career conversations have never really been a thing.’ In supervisions any discussion about careers, or career development has been very much kept to a minimum, or when she has asked for changes or career development opportunities they have not occurred.

“I have had supervisions where I have pushed things back on my supervisor and have ask ‘do you know how I could progress?’ and have had nothing back.”

She also noted that in her experience career conversations have discussed what staff do on a day-to-day basis, or only occur when you want to leave somewhere. Helen thought that for her, having conversations about ‘what she wanted’ felt selfish, as her role is to be helping other people in their life and with their care.

“I stay in jobs because of what I can offer patients rather than thinking ‘is this the right role for me?’ I always think about trying to be that best clinician rather than thinking of is this where I am best in my career.”

Although in previous roles Helen has had her standard appraisal and a clinical supervision every six weeks, discussions about careers are rarely in-depth and she feels that opportunities for development are rarely highlighted to her. Helen is a strong advocate for appraisals and is someone who always ensures that she has supervision, because she feels that if you don’t have these then your career may stagnate. In her current role there is a better focus on wellbeing, conversations have started to discuss career aspirations, and leadership opportunities both locally and regionally.

Helen mentioned that she would love to have the opportunity to have careers coaching, as this could be a resource to help encourage her to recognise where her skills lie and how they could be best matched to roles going forward.

“I haven’t had coaching, but I’d love to have coaching. It’s essential really, as I’ve never had careers aspiration conversations as such...I would want to know where my strengths and weaknesses are so that I could be working optimally, but I don’t really know what is out there.”

However, another reason that Helen has stayed in the profession and has made the choices she has, is through her personal motivation and fundamentally believing in the profession and the difference that she can make to patient care. This intrinsic motivation has been key in the career decisions that she has made.



What’s next for Helen?

Helen is unsure about what her future will continue to look like in primary care, however, she is keen to take all the opportunities that her current role provides.

“I really don’t know what the next 5 years are going to look like. I genuinely don’t know if I will still be in this role or if I will still be in primary care...Now I am developing the OT offer in my PCN, and I am constantly having different opportunities come up for me in this role.”

She discussed the need for OT’s to be seen as leaders at higher levels in primary care, so that their voices are heard at clinical director levels. This would be one initiative that would help her to remain in primary care. Having improved supervision is also key, as she feels that the ‘role is intense from a lot of different dynamics’, and there is a need to feel more stable going forward.

Additionally, because OT's in primary care are still new, Helen finds it very difficult to 'know what to aspire to as you don't know what is in your grasp, or what a clinical director OT would even look like'.



Navigating careers in primary care

In terms of navigating careers in primary care, Helen believed that this is still very tricky for OT's and still feels 'very bumpy'. This is because of the questions around the 'first contact practitioner' role, and where OT's fit into this model.

"At the moment it is quite tricky because there is talk about first contact practitioners, and there has been a lot of questions about how it encompasses OT roles. It is quite a medically minded model and we are at risk of getting pushed into a generalist medical side of practice, where we as OT's don't want to lose our holistic psychosocial skill set."

These bandings and silos in practice within primary care are what Helen believes can be a barrier to transitions both into, and then in primary care. She mentioned that the Royal College of Occupational Therapists are trying to develop pathways to enable greater conversations about the role that OTs can have and the benefits of having them in primary care teams.

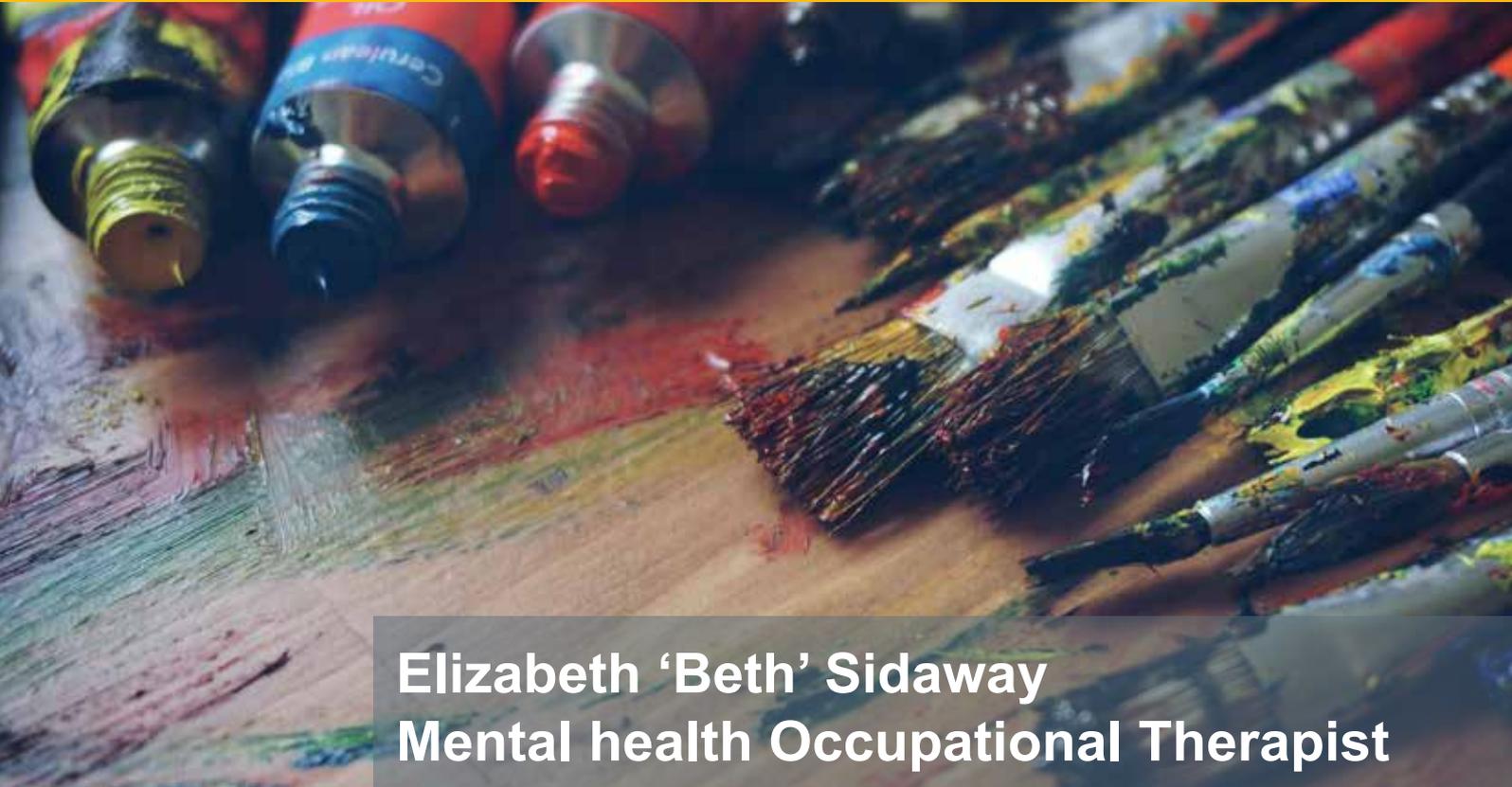
"There is a lot of work that we can do as an OT and as a profession about showing our depth and variety of skill sets in both physical and mental health. We are trying to develop regional communities of practice which will be helpful for peer support in your area. We have the RCOT primary care drop in which is a national peer network bringing advice and inspirational support together enhancing both career and network opportunities"

There are other gaps in resource provision that Helen believes should be addressed to help more OTs who may be considering navigating their career into primary care. For example, wider agencies could help promote the profession. Helen mentioned that the primary care bulletin for example could mention OTs and the role that they play.

"I look at the primary care bulletin, but there is nothing about OT in there – not one bit, which doesn't make you feel very valued. Even on social media there will be a lot of talk about teams within PC and they will miss out OT – and you're like, why is that?"

Helen whole heartedly believes that there is a strong role for OTs in primary care, and the skills set that OTs can provide will enhance both medical teams and patient outcomes. She believes that to help others navigate an OT career in primary care a lot of learning still needs to be done about career pathways, and developing supervisory practices or signposting to career resources that can help individuals have career conversations and ensure that skill and clinical development continues going forward.

From lecturing to mental health Occupational Therapist



Elizabeth 'Beth' Sidaway Mental health Occupational Therapist



Beth's current roles

Beth is a qualified Occupational Therapist, working as mental health practitioner in the University of Sheffield GP surgery. She works with up to 50 clients at one time, who may have a dual or complex diagnosis, who 'are functioning and are not quite at the point of needing secondary services.' When working with her clients, Beth brings what she calls her 'OT lens' to her conversations, asking about their routines, what their goals are and what they would like to achieve.

"I say that I use OT language in the job that I do, but I am doing a similar job to what a mental health nurse might do in the role. I talk a lot about using grounding techniques, how to help them cope day-to-day, talking about things that will keep them safe and well."

Beth has been working in the role for a year, and is in a full-time role, which she splits between working in the University health centre and working from home. She is 'very satisfied' in her current role, describing it as having the perfect balance of having complete autonomy, but also being very supported by the team she works with.

"I have all the autonomy and professional decision making, but when I see clients and I am not sure about the best options I can bring them to team meetings, and it is always really supportive. I've got trust, professional trust."

At this current moment the role is 'exactly where I want to be'. Beth remarks that because mental health OTs are a relatively new role, she has access to a range of career professional development, and she is proactive in going to courses

which she thinks will help her and the role develop and become more embedded in primary care. She recognises that currently there is still a physical and mental health divide in OT and hopes that the creation of similar mental health practitioner roles will help to bridge this divide.



How Beth's career developed

Beth discussed how she has had an 'accidental but meaningful pathway' to get to her current role. She believes that all her past roles have provided her with the skills that currently make her good at her role.

"I don't think that I have had a job where I didn't gather something that could be used on this job. Even though this may not have been the plan, I think that things are falling into place quite nicely."

Beth originally qualified as an OT in 2005, and worked on a medium secure forensic unit, a role that she wanted having had a successful placement there as a student. After three years in the role, she was getting 'itchy feet' and felt that there was little room for development in her current role. Her manager suggested a role in a high secure unit which she applied for, and where she became a clinical lead, where 'she had a lot more responsibility and a good case load'.

Although Beth really enjoyed that role the commute was becoming too onerous, and she consequently moved into mental health services at a band 6 level, starting as a senior OT. After her manager left, she had taken on additional responsibilities (with no additional pay) but was working with a supportive team. Beth took on a Band 7 role, which meant managing two teams across two different sites, but the role started to take a toll on her health and wellbeing.

"It was a very stressful role, it was lots of long hours, lots of junk food on the way home and it did have an impact on my health. There was a lot going on that made the job unmanageable when you were already stressed."

Beth said that 'I ran away' and found a lecturing job. She didn't want to return to forensics, or drop a banding to a more manageable role, and felt like entering community practice at that time was like 'going from the frying pan into the fire'. Her first year of lecturing was really enjoyable, she appreciated working with the students and was getting great feedback. However, when COVID-19 started and with the onset of home working the role changed and it became difficult to navigate student placements, and even when returning back to the workplace there were struggles with hot-desking and delivering student teaching. In addition to this, Beth was taking on additional roles to become a senior lecturer, but the position was not forthcoming.

"I had to jump through a lot of hoops that were just not reasonable...and I got to the point where becoming senior just wasn't worth it. I was working long days, weekends. It was knackered, So I decided to leave."

Using NHS jobs, Beth found her current role and 'thought it sounded interesting', and after speaking with her ex-manager, she realised the potential and possibilities that the role could provide and applied.



Tools and resources that helped Beth navigate her career journey

Beth mentioned that at the time of finding her current role, she didn't receive much help in terms of careers conversations. She was not part of any networks and didn't really know who to talk to about changing roles. Beth acknowledged that in academia there are rarely careers conversations because 'they are not keen on giving you careers advice to leave'.

Careers coaching was something that Beth considered when leaving the university:

"I had no idea where to go and what to do. One of my other colleagues did get a careers coach when they left, and she had found it really helpful. I did think, 'should I do that, it sounds like a really good idea', but I thankfully got the job. But if this job hadn't come through, I would have done coaching."

Since entering primary care, Beth commented that she has received lots of support for her career and potential career pathways and progression. Beth mentioned that the Royal College of Occupational Therapists have been brilliant in the support that they have provided, and through a networking event was put in touch with another colleague in a similar role in a different area of the country.

In her current role Beth now receives monthly supervision, which she describes as refreshing, as they have conversations about wellbeing, whether she is happy in her current role, and whether there is any progression or training opportunities she would like to experience.



What's next for Beth?

Beth is currently really enjoying her role, and discussed how she would struggle to think where she would or could branch out to next.

"If I'm being honest, I would have no idea what I would do if I had to find a new job. In all honesty I think I would panic."

When examining her options, Beth mentioned that she wouldn't really want to return back to in-patient care, and believes that community OT is still unsettled, and she did not want to return to lecturing. As a result of the way services are structured, Beth feels that 'in terms of mental health, there are not actually many options for me.'

Beth has only been in her current role for a year and thinks that there is still a lot of scope for development in the role. If any changes needed to happen, she mentioned that she would turn to the Royal College of Occupational Therapists for support. However, in the future Beth is keen to potentially undertake a hybrid research and clinical role so that her skills in practice can still be maintained.



Navigating careers in primary care

Beth believes that in the future it may become easier to transfer into primary care, however at the moment she believes that the current Band 7 threshold is limiting, as staff have to be autonomous, and as a new starter this could be more difficult.

However, she recognises that this could change in the future if there are more open discussions about the opportunities that could be available.

“I really think that this role could be a lovely apprenticeship. It could really be a good route into primary care for people. The service will have someone who is really experienced, so I really do think that this is one way in which we could diversify.”

She did recognise that there are also barriers when people move into primary care, the main one being that ‘it is too easy to become a manager...I’ve already been asked to become one!’ Her main concern with this is that it would take away from clinical practice which is the part of the role that she really enjoys. There are also concerns about moving up a band, and encroaching upon psychologist roles:

“You need to be careful that you are not seen to encroach on other roles, as there is already a struggle to maintain your professional identity and not to become a generic psychology assistant...the only way up is management and so you look sideways, and there you are fighting for funding and trying to find your niche.”

Beth recognises that mental health OTs in primary care are still relatively new but is grateful for the opportunities and support for networking provided by the Royal College of Occupational Therapists. For future opportunities to develop she feels that the profession needs to have standardised training and ensuring that ample training in core therapies and models of practice are provided to provide consistent and high quality care. To help others access the profession, Beth believes that more can be done to highlight the range of opportunities that are available, including improved management structures so career discussions are undertaken. She also argued that greater use of peer mentoring would also be beneficial for those entering the field.

“Something does need to be done, and more needs to be done to share opportunities within the NHS. More reaching out needs to be done.”

Beth believes that with a greater push from inside primary care, the future for mental health OTs in primary care looks very strong and will be a great option for students to consider going forward.

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From academia to older people Occupational Therapist



Petra Klompenhouwer Older people Occupational Therapist



Petra's current role

Petra is an Occupational Therapist (OT) in a primary care Network in Sheffield. She describes her main remit as working with elderly patients. Technically the patients she works alongside are 65 and over, but in reality, Petra discussed predominantly treating those over 75. Petra has been in her role since March 2023, and so 'I am still trying to uncover what the actual needs of the networks are.'

"I think that my real aim is to try and get the elderly population who are not necessarily accessing GPs to get wellbeing checks and ensure that they are getting the care that they need."

Within her role, Petra works with 4 different practices, and she is somewhat bemused by the variation in working practices between them. Petra works 0.9 FTE over a four-day week, technically covering one of the practices on each of the different days. However, she has been able to negotiate some flexibility and autonomy in how she currently works:

"I wanted flexibility in how I organise my diary, so now I can see different patients from different practices who live in the same street. This is just economical in my time and my practice's time."

Petra admitted that sometimes the role can be lonely and challenging, but at the same time it is a very independent role where she is able to use all her clinical skills and has the flexibility that she would like in the role. She is really pleased that she has a local network of OT's that she can use, as well as a positive national network through the Royal College of Occupational Therapy.

“The great thing is that I can use and revisit my clinical skills. There are some skills that I have had to refamiliarise myself with, but that is good too. I have a good little network here that I can tap into.”



How Petra’s career developed

Petra originally studied for her degree in OT in the Netherlands, and she has a MSc in OT from when she lived in America. She also has postgraduate certificates in learning, teaching and assessment and qualifications in learner support. However, when discussing her career, she noted:

“I didn’t really have a career plan as such. My career has been a very squiggly line all along the way, which being honest, is probably the same for a lot of people. I’ve not really had a linear approach to it.”

She described how previous career changes resulted from moving up a career level or because she wanted to protect her health and wellbeing. Petra explained how she has worked in a number of posts and at various levels of seniority. However, the post she believes has set her up most positively for this role was when she worked for a community rehabilitation team as a MSK specialist, where she served patients in their own home, working closely with rheumatology services, nurses, physicians, dieticians, and other members of the patient care team both within secondary and within primary/community care, as well as with third sector and charitable organisations.

“In this role I worked really closely with AHPs and ran joint clinics. So even though what I do now is fully primary care that post gave me the opportunity to liaise with other care staff and do joint working.”

Prior to working in primary care, Petra worked in academia. She explained that she left her university role ‘primarily for my wellbeing’, although she tried a range of tactics to improve her role before finally opting to leave. As part of her academic role, she designed and delivered the first OT apprenticeship programme in England. This grew very rapidly in terms of yearly intakes and promised additional staff to help with the programme did not materialise. Unfortunately, Petra had to take some sick leave, and during that time engaged in personal coaching. “Although the University had all sorts of wellbeing stuff available, I didn’t find them particularly helpful. And so I sought personal coaching for my wellbeing.” Petra applied for a number of roles in a range of different sectors, including education, but she felt that her current position in primary care sounded really interesting, and was also fortuitous as she is committed to her location.



Tools and resources that helped Petra navigate her career journey

Petra mentioned a number of tools and resources that has helped her navigate her career journey to date. Having a personal network where you can go for advice, information and hear about any potential opportunities by word of mouth has been helpful for her, and something she recommends for others who are considering entering the profession:

“I found out about this opportunity by word of mouth...I’ve spoken to a lot of people about this, as it is all still relatively new... but a network really can help. You have to be brave and bold to get out there and network, but it is something that can help.”

Petra noted that the professional network provided by the Royal College of Occupational Therapists is always a good place to reach out to. They now have a dedicated individual to contact with any questions regarding OT in Primary care, who can also help put OTs in touch with others. Petra mentioned that ‘the national network is a fantastic resource’ and noted that she would always recommend people to make use of that.

Petra’s coaching that she received was both for wellbeing and careers conversations. She had three sessions, which helped her to realise the ‘different assets that I can bring to a role.’ Undertaking the coaching was a very personal decision and worked for her at the time, as she felt that at that time, she didn’t have a clear career path to go down.

“The coach didn’t give me advice. That is not its purpose. But it did help me unpick the reasons that I was unhappy in my current role and why I was struggling, and identify the skills set that I do have to set me on a different thought path.”

In her opinion, not enough emphasis is put on careers conversations in healthcare roles (and this included her time in academia). Petra argued that in her experience any careers conversations that do occur ‘tend to be focused on the role that you are in and continuing to develop that role.’ She has left previous role because she felt she did not have the opportunity to progress or have the support necessary that would help her progress.

“These discussions are not really strongly encouraged, and I think it is because they are fearful that people will leave. But I also think other people don’t understand the system themselves, or what else is out there for people.”

Finally, Petra believes that ‘you have to be strong in your own professional identity to work in primary care, especially in lone posts’. Although she does have a good team in which she works, Petra argued that being strong in professional boundaries, so you are not pulled too much into medical matters is important.



What’s next for Petra?

Petra is unsure what the future currently holds for her. She doesn’t know whether she wants to stay in primary care. She is enjoying what she is doing, and has appreciated the return to clinical practice, brushing up on her skills and the other challenges that the role brings. As she is still fairly new in her role Petra did acknowledge that more time is needed to fully embed herself in the system. However, Petra does have some concerns.

“I still miss some elements of the education side. I have also taken a pay cut to do this role, and I have lost strong contract terms and conditions that I used to have, which is a concern and does need to be looked at a national level for AHP roles in primary care.”

When considering what will help make career decisions in the future, Petra believes a number of issues are important. Using her own personal networks and the networks provided by the Royal College of Occupational Therapists for support will continue to be her main sources of support in which she can have both formal and informal conversations with.

However, in Petra's opinion further support is needed from within primary care, in reference to better clinical career conversations, and how the role can progress and develop in way in which OTs can maintain their professional identity, although she can already see progress in the level of support OTs receive when they first enter primary care.



Navigating careers in primary care

In terms of moving into primary care, Petra believes that currently it is 'very messy'.

"If I look at where I can go, advanced clinical practice at the moment do not recognise a lot of my skills, and it becomes difficult to match up a lot of my skills even though I bring a lot with me. I am probably at the top of where I can be unless I jump on the ACP bandwagon, which I will have to do for my salary to be paid."

This difficulty around skills recognition, skills learning, and role progression is something that could be putting off other OTs entering primary care, as 'it is difficult for people to understand just what it is they are stepping into'. Petra recognised that this is still a new field, and that things are slowly improving in terms of information and embedding of practice, but more still needs to be done.

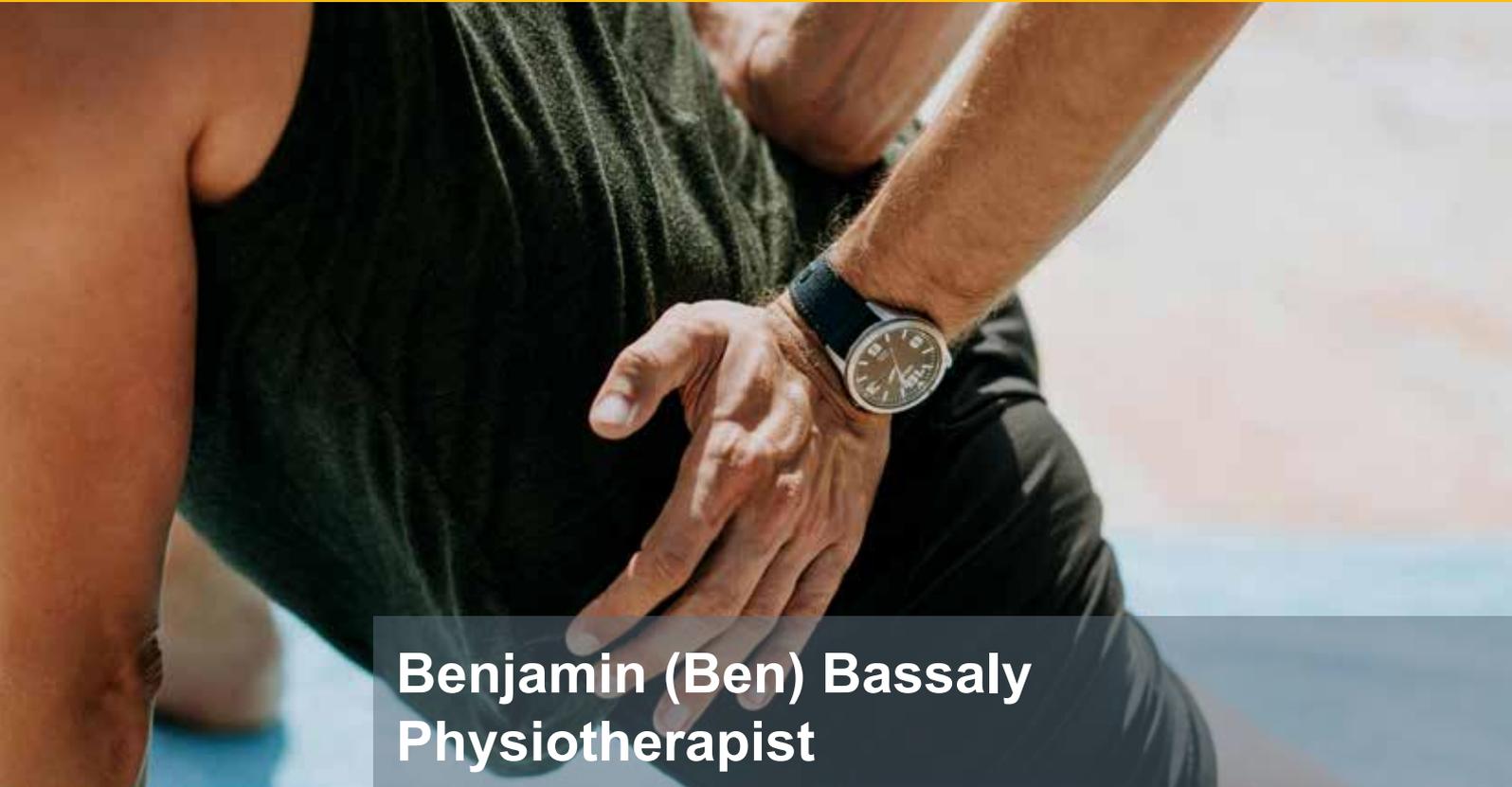
"There needs to be a different route for OT, in which we can still demonstrate our four pillars of practice, and then we can use these to allow us to have our own career paths."

The other concern for Petra was related to contracted terms and conditions. In her experience, her current role was advertised as a Band 7, but she is not receiving the equivalent of current Band 7s terms and conditions, and AHP's employed by primary care have not been included in the pay negotiations since the most recent industrial action in the sector. This meant for example that Petra had to take out additional insurance for income protection and was not paid if she had to take sick leave. If this continues, Petra believes it could put off a lot of potentially good OTs from entering primary care.

"These are the type of terms and conditions that you expect to get if you enter an NHS organisation, but I found out that some basic things didn't apply to me anymore. I was really surprised. I looked into it because I was really confused."

Petra is really pleased to currently have this opportunity to be working in primary care, but for it to be better in the future she truly feels that more information about how this fits into career progression pathways in the sector is needed. If this is done well, Petra feels that this could be a really exciting development for the profession, and it could really fill a patient care gap.

From acute care to advanced clinical practitioner



Benjamin (Ben) Bassaly Physiotherapist



Ben's current roles

Ben currently works across two roles. His main role, where he works for 30 hours a week is for the Hillingdon PCN as an advanced clinical practitioner. In this role he sees all patients over the age of 2 with any presentation (apart from gynae care for which he is not yet trained for). Ben has been in this role for just over a year and works for the PCN on a Monday-Thursday (apart from Wednesday afternoons).

"I do a range of PCN tasks in this role, physical health checks, medication reviews, physical exams, I can deal with repeat prescriptions. There is currently a shortage of clinicians, and so PCNs are trying to build teams of people from different backgrounds that make teams stronger."

Ben also has a role at the Urgent Community Response team, where he has been working for the past eight years. He works with this team for 4 ½ hours on a Wednesday afternoon. This role helps to support GPs and community teams to take physical assessments and a medical history to get a medical plan in place with the aim to avoid admission.

Finally, Ben also has a day a week where he tries to pick up locum shifts, as 'I don't want to get too comfortable, I want to keep on learning', and working in this way provides him with the opportunity to meet other services, expand his network and enhance his knowledge of different clinical services and improve his clinical practice.

Ben said that he is currently feeling more comfortable in clinical practice and working as he is doing:

“I moved into this role because I wanted to help develop support for the services and I have seen a lot of primary care problems that need better management, and I have been able to up-skill here and have the competencies to do the role.”

His working patterns are currently satisfying as he doesn't feel as burnt-out as other colleagues in the NHS. He is still enthusiastic about his role and feels passionately about improving service delivery and outcomes for patients. However, Ben mentioned that he still sometimes feels detached, as this is a relatively new role where there is some hostility from other areas of the profession.

“There have been times when people in forums call you ‘noctors’... Things are changing but you can sometimes feel that you are not part of a team because you are a different type of professional, and how well you accepted can be dependent on the team that you sit in, and how they value you.”



How Ben's applied clinical practitioner career developed

Ben readily admitted that his pathway is atypical, and bumpy, but he has learnt something from every part of the journey he has been on.

“I've had to a lot of ‘letting go of what should have happened’. This has been a good opportunity for building resilience and to getting exposure to services and opportunities that are unexpected. It may even provide you with a new path.”

He originally trained as a physio at Cardiff University, but as a result of personal circumstances Ben had to re-sit his final year. In the year before re-sitting he worked as a Band 3 therapy assistant within a community falls service, which provided him with the exposure to quality improvement as a result of being able to support the service manager and geriatrician piloting the service. After finishing his degree, Ben worked as a Band 4 cover in an inpatient and medical surgical team, and from this spent a lot of time helping the inpatient frailty team.

It was during this time he met the 'in reach' service from a community rapid response team, which led to a placement with them as a physiotherapy student as a Band 5 on the job qualification. He is still with this team, and Ben's role has developed into an enhanced practitioner and then advanced practitioner role. This team supported him through his MSc in Advanced Practice as an apprentice. Throughout this time, Ben was shadowing local GPs, which led to a job being developed for him as a generalist advanced practitioner role for a PCN, which involves rotating between different GP surgeries.

“I've been able to shadow a range of roles including GP's, and they have all supported me with learning how to do a range of assessments and qualifications... Through this journey I have been exposed to a lot of work and amazing people.”



Tools and resources that helped Ben navigate his career journey

Ben feels that in primary care there is 'no real universal go to point' for careers help. He acknowledged that the Faculty of Advanced Practice is available as the 'closest body' available for support for all the professional groups of practitioners:

“The faculty is being very flexible and trying to meet the needs of a lot of different people, and it can seem that they are trying to build the plane while they are flying. But they are doing really good stuff and do have reps reaching out to us, so it is a fantastic resource to have when needed.”

Having personal networks and mentors has also been really key for Ben. Throughout his journey and placements, he has been able to work alongside practitioners who he now calls mentors and role models, who have all taken different approaches to working with him. Ben really valued their support and the time they have given him throughout his career.

“I like the mentoring approach to helping people find their path. I went from one regimented mentor to someone who took a more flexible approach to let people find their feet but who would be there to support them.”

These mentors also helped Ben to network and link him to other practitioners and services to observe, but also provided him with the intrinsic motivation to do what he wanted to do. He commented that having support like this was ‘very rare to have yet so important’.

Ben is also motivated by his desire to ‘help people where help is needed’, which was what led him to undertaking physiotherapy in the first place. Throughout various stages of his life, Ben has had caring responsibilities, and this has always fulfilled him, and so he aims to ‘help other people avoid that feeling of helplessness’. He is self-motivated to try and ‘fill the gap in any skills that I notice’ and will use his networks and mentors to up-skill where needed, as he feels a lot of help in primary care comes from informal support. In terms of whether Ben had access to official careers conversations or guidance, he commented:

“In terms of regular supervision, or line management supervision where careers discussions come up, these are not really ingrained in my experience.”



What’s next for Ben?

Ben’s ultimate career aim is ‘to be a good clinician, the best that I can be for my patients. I am not bothered about the job title. I do just want to be able to use my skills as best I can’. Ben wants to make sure that anything that is done in primary care meets the needs of the local population and ensure that their expectations are being met. He says he is only looking a year ahead at the moment, but does want to find some way in which he can progress in his role:

“I do want to find some way to progress into the consultant role, but I am not sure how that will happen. At the moment there is not really any scope for that, and I am already at the top of where I can be.”

He also wants to develop the educational leadership role for advanced practice, with an aim of improving pathways of care and integration of care models. Ben would like to map this with other clinicians doing similar work, so that a local framework can be developed to help other trainees qualify and gain experience in primary care. He also wants to be able to help other people in similar roles to himself, as he sees staff becoming demotivated, and as a result of being mentored well, he says, ‘I want to continue to support others too. I want to be able to help people find their path.’



Navigating careers in primary care

In terms of moving into primary care, Ben recognises that there are both opportunities and challenges. He believes that opportunities are available for clinicians from other professional backgrounds to enter primary care, but progression and development when in the sector then becomes difficult.

“If you remove job titles and specific professions from frameworks and keep them open ended then that will be amazing...it is fair that clinicians should be banded properly and paid properly but we don't need to just restrict things to GPs and nursing bodies. If ACP roles are being opened up to people of other professional backgrounds then the banding should be inclusive of every professional group.” Ben argued that ACP roles should be recognised by level of practice regardless of profession, and development can then occur as a result of attaining that level of practice and competencies through accredited programmes. This means that your original profession should not be a restriction to the roles that you can reach.

“Equivalency between professional groups is really important, as is pay and progression. I know that this is a hot topic at the moment, but it is an important one...But you do need pathways for progression to keep people in primary care and in post, as people could jump off at this point...we need to think about progressing them and letting them share what they have to offer across the workforce.”

He also suggested that more can be done to help PCN's train Advanced Practitioners in primary care through the apprenticeship levy. Ben felt that more could be done to widen access to organisations that can use apprenticeships and that PCNs should think about the potential opportunities this can provide in allowing trainees to work across organisations and build up their networks and find mentors, so they do not feel isolated in their role. Allied to this, Ben also thought that:

“Educational programmes need to be opened up, and there needs to be clear pathways for appraisal and supervision.”

Ben has a passion for his roles and profession and is keen to continue to develop his skills and clinical practice so that he can continue to be the best for his patients. He is incredible grateful to all his past and current mentors who have had 'frank discussions' with him about potential opportunities, and to whom he still turns to when needed.

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