

Podcast transcript

Career conversations: Suhailah Mohamed

Hannah Spencer:

Hi everyone and welcome to this podcast recorded and produced by the Royal College of Occupational Therapists.

This is one of a series of podcasts which really focus on hearing and sharing the career narratives of our diverse workforce and highlight a whole range of possibilities in occupational therapy.

My name is Hannah Spencer and I'm an occupational therapist that's had the absolute pleasure and privilege of facilitating and capturing these conversations with members of our occupational therapy community.

Suhailah Mohamed:

My name is Suhailah Mohamed, I'm an occupational therapist. My clinical background has predominantly been in mental health services, inpatient and crisis and sort of home treatment services. And I'm now working with NHS England in the office of the chief Allied Health Professions Officer. Who's Suzanne Rastrick. And my job title is Head of Allied Health Professions.

Hannah:

So the purpose of our conversation today is around that career journey and thinking about your occupational therapy career and your experiences of getting to this point. I guess I found it quite helpful to guide my reflections using that river analogy, career journey as river, river course, and in a sense, kind of use that Kawa model in my thinking. So I guess what drew you to occupational therapy? Can you pinpoint the source of that journey? How did it start?

Suhailah:

Absolutely. So this is my second career, so I always knew that I wanted a career in health and care. I was on the trajectory to study medicine at university, but there must have been an angel looking out for me because that didn't quite happen. And then I'd actually done my bachelor's and had started working within health and social care recruitment, or health and social care sort of workforce provision with a private provider up in West Yorkshire, and I relocated from West Yorkshire down to London, continued sort of within that health and care workforce arena within the private sector. And when I was a senior recruitment consultant for a health and care recruitment agency, we were looking to expand within our agency and open an occupational therapy locum desk. And it was from conversations with our sales director who was telling me about the vision of the organisation setting up this desk and he did the sales pitch for occupational therapy and he must have seen my eyes light up because he stopped in the middle of his pitch and said, 'oh, don't worry Suhailah, their loss is our gain'.

But I went home that day and Googled occupational therapy and the first thing that came up was the American Association of Occupational Therapy description of what the profession is and its

philosophy. And I fell in love with the philosophy that I read, It resonated with me so strongly. I said, of course, doing is central to my sense of being. Of course, when I do things that I love and are purposeful and meaningful, I feel good. And inevitably, my health is improved from that sense of feeling good. So it just made sense to me to the core and then I applied to do the Master's in Occupational Therapy, which I then completed at Brunel University and joined the HCPC register as an occupational therapist in 2017. So that was my introduction to it.

It's slightly different because I actually hadn't had first-hand experience. What I fell in love with was with the philosophy and the theory, which I then realised when I was studying was quite different to perhaps most of my peers on the course, who typically had encountered an occupational therapist in action, either from people in their lives or through their own exposure to working within health and care services, where they might have had a colleague in the team who was occupational therapist too, or they were occupational therapy assistants, or as part of the occupational therapy support workforce or support workforce more generally, and then came across it.

Hannah:

And then what's contributed along the way to your flow? What kind of skills, experiences, opportunities have you had along the way?

Suhailah:

So many.

I think a lot of it has been people, I think, believing in me, and I feel so grateful to people who did believe in me and in a sense took a chance in me because it doesn't take any scientists to do the math. In 2017 wasn't really that long ago and, if you think about it, kind of in, I guess, in that element of time. It's really where I get the most puzzled looks when people hear about my career. But I did come, as I said with previous, if you like, career, and I kind of built a skill set within the private sector around negotiating and sales and business development and training and education.

So I guess the opportunities were generally, I think, around people harnessing my needs to have fingers in lots of pies and I'm generally the person in the team that volunteers for a lot of stuff because I'm just curious and I must be naive, but I just say yes to everything because I love learning. I think ultimately it comes to that and think that the best leaders have been able to harness that quality about me and it's really from me being involved in lots of things. So I'll give an example. When I was a student and also when I was an early career occupational therapist, I was involved in RCOT's London regional branch. I started off as a student rep when I was a student, I moved on to be the secretary, then the vice chair, and then I became the chair. And kind of having, I guess, that sort of experience via RCOT and being able to bring that into my work, I think, was definitely a contributing factor. It sort of really helped build my network, but helped me kept connected to what was happening, not just in terms of occupational therapy in London, but occupational therapy across the country because when I attended branch forum meetings, I'd hear what was happening in the Midlands, I'd hear what was happening in Northern Ireland, Scotland, Wales, et cetera. And that was really useful intel, like I said, to then inform what was happening within the team or department that I, for example, was working in.

Hannah:

So I guess moving on to the next question, you've alluded to it a little bit. How has your environment around you enabled or restricted that career journey?

Suhailah:

That's a lovely question. I think that's key. Again, I was reflecting with somebody the other day, Dr. Stephanie Tempest, who we've already mentioned before, and you were talking about really the importance of the environment. And we were using thinking about the Kawa model and nature, we were using the analogy of seeds in soil, and if the soil doesn't have the right ingredients, then that affects the growth of that. The seed may grow, but it might be a little bit quicker, they might be stunted, you don't know right, so you need the right ingredients and the soil... what's the word I'm looking for?

Hannah:

To nurture the growth, I guess.

Suhailah:

Yeah, absolutely.

Hannah:

Yeah.

Suhailah:

And there's everything there, from the temperature to the nutrition of the nutrients within the soil itself, to the water content, to the light that it gets. Right. So to the space that the seedling has. All of those kind of factors are really important to growth. So 100%, I think environments have been key.

Hannah:

What has helped?

Suhailah:

So I think for me, it's where I've been in an environment where this quality of mine of being curious, which, if that is curbed, I've been essentially told, no, you can't sort of be that way, I found those environments very stifling and quite difficult for me to thrive and for me to grow in and generally I haven't felt sort of happy within those environments. But the best environments that I thrived in is where I have had space for creativity. I've had space for working autonomously. I've had space to make mistakes knowing that I have a safety net behind me; knowing that I can go back and kind of just go, oh, something went wrong here. If I do need that and then I'm able to access the support that I need. So space perhaps is a really key one.

I really cherish transparency in teams and transparency working. As you can tell, I love talking, sometimes to my detriment, but I appreciate an opportunity to be open and honest and transparent about my work and the challenges that I'm facing. And I say it in that way because sometimes, particularly when you are on a particular career trajectory, being vulnerable about things that you're finding difficult at work can feel difficult to do because there is a worry about being judged for your level of competence. And that's certainly something that I've had to learn and I have to manage myself, that I have to tell myself it's not a sign of weakness to say to people, I don't know what I'm doing. I've just started it's, week three or whatever, and I really don't understand this programme of work that I'm supposed to be a national leader for. But being able to do that is something that I really appreciate being able to do, because sometimes it's just a verbalisation of I'm not sure what I'm doing. That kind of puts it out into the ether, if you like. And that in itself creates space within

your psyche and within your mental space, to then be able to move into a space of being solution finding or to think a bit more creatively.

Hannah:

And it empowers others to do the same.

Suhailah:

Absolutely. I think it models that behaviour. And we talk a lot, I think, certainly within the NHS, I can't speak for all sectors, but even in my time in the private sector, we spoke a lot about seeing mistakes as not mistakes or not failures, but learning opportunities. But sometimes I think that doesn't always translate into how we work in practice or a working culture, because, look, mistakes, yeah, they're not easy. Even when I make my first responses, oh, my God, and you kind of go into this catastrophising space, but you train yourself to kind of go, okay, actually, what is the worst that can happen? What is the impact? What do I really need to damage control if I do need to damage control? And nine times out of ten, the best thing about human beings is that you can appeal to their compassionate side in the most part, and as long as you explain and you take accountability and you offer a solution, most people are quite happy with that, I found, because for a lot of people, we all make mistakes, we're all fallible. I think, as you said, it gives people that. 'Oh, it's not just me, then'. Right. And you come across as being a human being and not a robot, because ultimately, that is what we are, we're all humans. And sometimes not having enough coffee in the morning can lead to a very mistake filled day.

Hannah:

I hear you! Coffee aside, What about boulders along the way? What about those challenges in your journey?

Suhailah:

Oh, challenges in the journey? Do you know the challenges, in all honesty, Hannah, have been systemic challenges. So maybe, perhaps I'll use two examples. There's working within inpatient mental health services and my decision to work within that type of service, particularly in principle, I don't see a space for inpatient services, particularly where people have mental health conditions. Now, I'm sure anybody listening to this would probably gasp, but I'll explain. So, other than, of course, where you've got issues around safety and somebody needing to be kept safe because they're at risk of harm to themselves or to other people, I can understand a need for some form of restriction, but can that restriction happen within their own environment? I hope so. That would be the utopia. Right. So my statement is really based in kind of, I guess, the absolute ideal. But I was motivated to work in an inpatient environment because I saw the role of occupational therapy in facilitating early discharge and doing discharge safely in a way that prevented future admissions. And when I spotted the role, when I realised that's what occupational therapy can do here, that's what motivates me. Because I thought, rather than kind of I thought I could tackle the issue from the inside in a way. So if I'm inpatient settings and I'm able to influence the decision to either admit or to support kind of discharges into the community and keeping people safe and well at home, that I thought was something that really excited me and I felt aligned with my values and kind of what I wanted to be a part of as part of my clinical practice. But coming back to the boulders and the barriers, I was really struck on the things, of course, that you don't fully get exposure, whether it's from a four week placement or through your pre-reg training, is, I guess, is understanding the full system. So understanding the admission processes that patient journey from, say, for example, a psychiatric intensive care unit and then needing to be stepped down into more open acute wards, and then maybe needing to step down even to an even more open ward, and then maybe being discharged with crisis and home treatment. Right? So, like I say, that systemic thing that certainly as

a clinician, as an autonomous clinician, I thought was a bit of a bold and a bit of a barrier in terms of me being able to actualise this utopian vision that I had for how occupational therapy happens. Let alone of course, you work within an MDT, it's a consultant led team and kind of all of those particular things.

The other systemic boulders in all honesty, and of course, this is the bit that is a bit sad, is really around whether it was conscious or sometimes conscious bias, sometimes unconscious bias, sometimes flat out discrimination. And I guess some of those kinds of those human things that do happen because either people feel afraid or they feel insecure, they feel anxious or yeah, they feel threatened by something. And now, back then, of course, no one likes to be at the receiving end of any of those experiences. But I think my journey with this and my reflection and my work working through all of those experiences has taught me that nine times out of ten, something is going on for the person when they behave in that way. And kind of reminding myself that kind of just not to be on the offence and not to be on the defence because, remember, that person might be in a difficult space themselves and sometimes they know what's going on for them, sometimes they don't know what's going on for them, but that gets in the way.

So I'll give you an example again. When I had started my very first job, I felt ready. First of all, I had to push really hard for me to be put onto the preceptorship programme. I understood that preceptorship was something that was on offer to me as part of me joining the organisation. But when I asked to start it, I was discouraged and I was told I needed to wait for my preceptorship; I needed to wait at least six months before I started my preceptorship, which didn't make sense to me because I was like but by six months, there's so much kind of learning that I perhaps would have missed and actually I need that support now to help me make that transition. But the answer was a hard no from my clinical lead. No, you're not going to start it until that point. And then when I did start it and I was whizzing my way through the preceptorship kind of learning, I was told that I was moving too quickly and that I needed to slow down. So sometimes some of my evidence that I submitted wouldn't be accepted, because if it was accepted, then it means I finished the preceptorship too quickly.

Finally, I managed to finish the preceptorship, and I felt ready for moving onto, if you like, the next stage of my career, which would be at the pay band for the agenda for change pay band six. And again, I was told, no, you have to be at pay band five for at least 18 months before you can. And it was those sorts of and without explanation, this is a thing. And whenever I did try to ask for why? Because again, that's how I I if something doesn't make sense to me, I will ask why I think I do it. So almost like, you know, like a five-year-old kind of goes, why is the sky blue? Type thing right? It doesn't make sense, does not compute. Verbalise it. And it was kind of like, that's just how it is, right? And a lot of people would then reflect back to me from their own. So when I was about when I started, but without really thinking about me or thinking about Suhailah's story, like, my clinical lead's story was very different to my story in so many ways that personalisation I didn't feel was there. But then eventually I thought, you know what? This organisation that I'm in is not the right organisation for me. I'm not finding a way to belong here and I don't feel like I belong because it felt like a series of these being told no with no right.

So eventually I chose to leave that organisation and went to my next Trust and they had a different the leadership there. They had a different attitude to talent management and I'm so grateful, kind of in that environment. As an example, Hannah, I was at pay band six for three months before an opportunity came up to move on to being the lead for the occupational therapy team in this inpatient mental health hospital. And I applied for it, I interviewed for it and I was successful at it. And I think it's, you know, very different. No one said to me in that environment, oh, you've only been at pay band, this pay band for three months, there's no way you can go on to the next pay band so soon...So they recognised, they saw me as a person, they saw my skills, they saw my competence, they also saw the transferability of certain skills that they then were able to go, right, this person

actually can lead this team. And from there, thankfully, I have benefited from this different leadership attitude. So, slightly long answer there to some of the boulders, but I hope I've kind of explained.

Hannah:

And I think the key is for the environment around you to see that person to see you, and you are the multifaceted kind of wealth of experiences and skills.

Suhailah:

Yeah, absolutely. And that's like with the model that you're using to hold these conversations, Hannah. They prize personalisation and the person, and they recognise that everyone's journey down the river and your experience of the ebbs and flows will be unique to you because of everything else. So, yeah, that's another reason why it's great to have this conversation with you today.

Hannah:

I guess, following on from that, do you feel like you've been able to be or to bring your authentic and best self to occupational therapy? That's a process?

Suhailah:

I think it's a process, and I say it's a process because there's so many. So, if I think about when I initially started, I think the way in which perhaps I reconciled myself with my professional environment is very different to how I do that now. As I progressed in my career, I felt more comfortable but some of that is a reflection of me being familiar and comfortable with the system itself, me being familiar with the culture of the NHS, because, yes, you might have varying culture from, say, organisation to organisation or team to team, but there is also an NHS culture that is ubiquitous no matter where you are. That is, yeah, if you like the culture of the NHS as one of the largest employers globally.

But I think where I was able to do that most in all honesty, Hannah was actually in my clinical practice. So, when I was I think particularly about my time when I was the occupational therapist that was designated to a psychiatric intensive care unit in an inpatient mental health hospital, I felt very able to bring my authentic self there. And this is why, for me, personally, I love working within the mental health learning disability and kind of autism sort of sector, because there's something about the population that you work with that makes it very difficult to be anything other than authentic. Sometimes I think having a mental illness is almost like having a superpower because, I don't know, you have like a sixth sense for the inauthentic stuff. And I don't say this lightly. My father lives with bipolar disorder and he developed that condition later on in life. It was late onset after having a cancer diagnosis. So it was almost like the cancer diagnosis was almost like the trigger for him. And when he got the diagnosis, when his symptoms started to present itself, his inability to hold inauthenticity became kind of much more obvious, right? So if you say something to him and he doesn't feel like you're being true, he will call you out. That's why I say it's a little bit of a superpower. I think, for me, where have I been able to be my truest self or where have I felt able to bring my truest self has really kind of been working within inpatient mental health because you have to, I think, rapport and trust and connecting with the people that you're working with in those environments on a human level is so key because you're meeting them in a space where they are so vulnerable. So you need to be prepared to make yourself vulnerable for you to be able to have that connectivity and them to be able to trust you and then you're able to move forward in terms of care and treatment delivery. So, yeah, I'll take a breath there, but that's probably where I felt able to do that.

Hannah:

What has been or is most important or helpful for you in your development and progression as an occupational therapist or through your occupational therapy career?

Suhailah:

What's been most helpful to me? Spaces to reflect and spaces to have abstract conversations. So I think they've been super helpful. Again, what do I mean by that? So, say, for example, at the moment, we've got certain policy drivers, so you might have heard about integrated care systems becoming legal and statutory entities from July of last year. And we are at the moment, the world is moving underneath our feet. Health and social care is trying to reorganise itself, right? And trying to find a different way. We're calling it a new architecture, a new design, although it's maybe just a new sort of brand that we're sort of going for. But again, kind of being able to have a space where you can just think about what does this mean? Like, what is actually happening? And I think, again, sometimes in our work, we're so busy doing the doing that the time for reflection or thinking abstractly, we don't protect as much. So I think that that's been really... and sometimes I have to find a way to be able to protect that for myself in my time. Sometimes I don't get to do it between, say, the hours of nine to five or whatever my contracted hours are, but I find ways of being able to have that time protected, even if it's outside of, say, my working hours. But that time for reflection, I think, is certainly a real enabler, but not reflecting for the sake of reflecting. Because sometimes I think, Hannah, you can almost be in a reflective space and, yeah, I think sometimes we can over reflect as well. But you reflect with a view of finding the action that you then implement, right?

And then I guess the other enabler on the back of that is you reflect, you find the action that you want to try, so you test it out and then you review what you're doing. So it's a combination of reflection and quality improvement, where you're thinking about things, you're testing them, you review its effectiveness, and you either adjust or you continue what you're doing up until you kind of feel like, okay, I've done enough testing that this can become a routine activity or a routine way of sort of doing things. So I think those particular things sort of helped me. I don't feel like I'm giving this question enough justice, though.

Hannah:

Has supervision had a role in that?

Suhailah:

Yeah, because some of the reflection happens within supervision. But again, supervision I'm hesitating now, because I think maybe what I understand is supervision people might understand differently too. I like to think about supervision in its broadest sense, so, of course there's my clinical supervision. So I'm working with a particular person really having some difficulty in terms of delivering care and treatment planning, and I need some support there so that's my clinical supervision that I think is sometimes it's different, sometimes maybe it's a little bit easier because you've got things like your NICE guidelines that you can be referring to. Right? And if it's not something that can be addressed maybe from a clinical guideline, then nine times out of ten it's a relational issue. So whether it's relating with the family, relating with the individual, relating with the children, relating with the MDT. But there's also, for me, supervision and some of the best, like I said, supervision I've had has been about thinking about Suhailah and Suhailah's story to date, but also where Suhailah is going right within the context of supervision. And that can look different, of course, to clinical supervision. So, yes, supervision absolutely has had a role. But when I say yes, I'm talking about supervision, like I say, in the broadest sense.

Hannah:

Absolutely. And kind of your supervision capital letters and underlined.

What you wish you'd known as an early career OT or prior to joining the profession, what would you say now to your early career self?

Suhailah:

So I think about this question a lot. So one of the things from a theoretical perspective, one of the things I wish I knew was about, say, like understanding the NHS or the makeup of the public health and social care sort of sector. So understanding the role of arm's length bodies. I hadn't come across Health Education England. I knew about NHS England, but didn't really know about them, right? NHS improvement, NHS Digital, all of these arms OHID Which is now the Office of Health Improvement and Disparities, which was Public Health England. Like, really understanding some of these bodies and how they influence my role within an occupational therapy service. Right. Because it does have a trickle down effect, of course. You've got Department of Health and Social Care, they're setting policy, policy goes into programmes, programmes then get delivered kind of via NHS provider organisations. And I think understanding that connectivity would have helped me for two reasons. First of all, it would have helped me understand where I sit within the system. So there's something about how being able to situate yourself in the system that you're working in, even though it's within your team or within your department.

And the other thing that would have helped me is really understand my career opportunities. So I had no idea that this is where I would be. Right. And if I think about if I think back to my conversations with peers, for most of us, our understanding of what our career opportunities are, is you go in, you be an occupational therapist, and you work your way up the pay scales, right? With no kind of real understanding, actually, of what that means. Without a real understanding of kind of knowing if I'm a pay band six, why am I that pay band as opposed to a pay band eight? A, like, what's the difference, right, that you're not limited to the clinical pillar. So think about the four pillars of practice, I think. Yeah. So I really wish I'd known more. I mean, I knew I could be a lecturer because we had lecturers, like, at university. But again, that sort of felt like what you do when you're done with your clinical career, right? So when you're done working with people who are receiving services and you're kind of exhausted by that and the demands. And we did speak about, I guess, the emotional and the human cost that came from being a health and care professional. So it's almost like once your energy reserves had been depleted and you couldn't afford the human cost anymore, then you went and maybe became a lecturer. I'll be really honest, my very naive sort of view of what the career kind of opportunities were back then. So I do wish that I'd known that you could, for example, be working in Health Education in England, whether that's as a fellow or programme leader, there's also, I wish that I knew that you could be applying to roles that were open to other professionals. So we call them professionally agnostic roles, and we're seeing a proliferation of them at the moment on the back of ICS's becoming statutory entities. But there was something about maybe explicitly being told, just because you're a HCPC registered occupational therapist doesn't mean you can only apply to the roles that say occupational therapist.

Hannah:

Exactly.

Suhailah:

Right. So. Maybe those are the kind of two, three things I wish I would have known.

Hannah:

And I kind of heard in your answer there around a lot of focus in that transition when you are in early career, a lot of focus kind of is on that pillar of professional practice and almost the other ones get kind of a little bit overlooked, particularly the leadership one.

Suhailah:

That's right.

Hannah:

But all those four pillars, intertwine and interweave consistently, don't they?

Suhailah:

Yeah. Lovely.

Hannah:

Where's next for you?

Suhailah:

RCOT. I said my introduction that I'm currently employed by NHS England as head of allied health professions. I'm really pleased that I'll be joining the Royal College of Occupational Therapists from April as Head of Practice and Workforce. And I'm excited because it's a new role for the organisation. And I think the college generally has done something really brave by taking the step to modernise itself that's never, first of all, an easy thing to acknowledge and let alone taking the action to address it. And there's something about being able to come to the Royal College of Occupational Therapists as a space to share, consolidate, harness, bolster, kind of all of the learning and skills that I've gained generally working across kind of AHP workforce stuff and programmes. I spoke to somebody last week who asked me if I was going home, and that was quite a nice way of putting it.

Hannah:

Really nice way of putting it.

Suhailah:

I was lost for words, believe it or not. I kind of had to double take a couple of times because I had really had to think about that. But there is something actually quite lovely about that. Yes, it does feel a little bit like when you're 18 and you go and you travel the world and you gain all these experiences and insights, then you kind of come back home and you then give to your home all the stuff that you've learned and gained. Something along those lines. I've been on my travels and now coming back to occupational therapy practice to share all the learnings and all the lessons and stuff that I've learned along the way.

Hannah:

Is there anything else that you'd add to anything we've discussed today?

Suhailah:

I think the only thing is not to forget that you're the driving. If we're talking about career, we are the people in the driving seat. No one can drive your career. You're going along the river, you're the person with the paddle that gets to kind of steer the boat. I guess, in a sense, yes, sometimes you do have external factors that are outside of your control that derail you and kind of catch you unawares, and that's a part of life. The uncertainty that kind of, I guess, comes with existing, but there's also certain bits that you can steer, not necessarily control, because I think... control maybe feels too strong, but in terms of steering it, I think that's always helped me on the times when I've kind of had a bit of a wobble and I've had difficult times. I remind myself that I'm the person that is in the driving seat of Suhailah's career. And reminding myself of that is empowering and makes me feel what's the opposite of helpless? Yeah, I guess, empowered.

Hannah:

Empowered.

Suhailah:

I feel empowered and I feel like I have agency and I feel very hopeful then when I can kind of remind myself of that. And those are all then just helpful spaces to be in when you are thinking about moving forward. And I guess at the points where that river, that career journey might turn or change course in a way that you don't anticipate, one, being willing to embrace that, and two, being willing to influence that. And what that's helped me then is kind of reinforce your capabilities. So the next time I'm in that position where I'm sort of ebbing a little bit, then I go, do you remember that time when you ebb and you overcame it and you did a really good job of it? So you got this girl like, keep going. So it's that sort of and then the more I do that, then the more you sort of have that self belief, the more you're able to have that self reliance and to trust in your abilities. And then when people say to you, listen to your gut, you know that your gut is never going to do you. And you're trained to listen to your gut because that's what you've been doing to be able to get through those ebbing situations.

Hannah:

We've got a quick fire finish the sentence question to finish.

Suhailah:

Okay.

Hannah:

So: being an occupational therapist is...

Suhailah:

...the best.

Hannah:

Brilliant ending.

Suhailah:

Is it not too simple?

Hannah:

We could do another take if you prefer.

Suhailah:

Yeah. I've never had a doubt in my choice, but just remembering that philosophy like the doing, being, becoming, that is just sometimes I sit on the sofa and I'm just musing about life for everything else and I just think about doing, being, becoming, belonging. Right. So, yeah, that's how can you argue with that?

Hannah:

No, I love it. Thanks so much for talking to me.

Suhailah:

Pleasure.