

# Transferable skills in audiology: one audiologist's journey

BY RYAN O'SHEA

Ever wonder about transferable skills in audiological practice? In this issue, we hear about one audiologist's journey from clinical practice to applying transferable skills gained in audiology to other healthcare sectors.

**I**n 1997, as a 16-year-old starting my career in audiology, I would not have imagined the journey I'd take over the following 25 years, which has led me to where I am in life and work. Being one of two successful candidates for a trainee audiologist post at Southend Hospital, the other a certain Gareth Smith, I was unsure what exactly I'd let myself in for given it was my mum (a nurse at the trust), who had seen the advert and completed the application on my behalf; dressing me in a shirt and tie before turving me out of a car into my first ever interview.

I stayed in the audiology profession for the following 19 years, working across Essex and London, before my final audiology role as team leader for adult audiology at Basildon & Thurrock Foundation Trust.

## Developmental choices

It was around the 15-year mark that I began thinking of what else I could do for a career, hating the idea that my mum had effectively chosen my lifelong career when I was 16! I began to think on the parts of my job I really enjoyed, along with the skills I already had, and what I needed to do to facilitate a transition. At the same time, I was offered the opportunity to study an Audiology MSc through my employer, which I had agreed to do. However, my mum, who knew I wanted to look further afield in my career, suggested I ask the employer if I could do the MSc in a management and leadership subject. The employer agreed, and I took the next few years to complete the course and earn a distinction.

After gaining my masters, I quickly started using the skills to lead effective change and transformation within the



*Me about to attend my first interview.*

service. This was rewarding but, ultimately, as a clinician it was very challenging to find the time to dedicate to these areas when you have a heavy clinical workload. At this point I looked to transition into a management role within the acute trust, but this was difficult due to the pivotal role I had within the audiology service, confirming my decision that I needed to leave the profession to find a work focus that gave me as much satisfaction whilst utilising my skills effectively.

To supplement the MSc, I also enrolled on free courses around management areas such as risk and finance, along with free Quality Improvement (QI) courses, all of which helped me understand the wider world of change and transformation.

## Career post audiology

The transition from audiologist to something else wasn't easy, in part because I didn't really know what it was I wanted



*Me at the end of my audiology career.*

to transition into. I applied for many roles across London and Essex, all inside the NHS, and usually involving the words change, innovation, transformation, or efficiency. I'd often get interviewed, but was frequently told my audiology role meant my experiences were limited when comparing to others that had been interviewed. When one interviewer told me that I'd never influenced a GP or commissioner, I thought 'challenge accepted'. It was here that I secured a role in Southend Clinical Commissioning Group (CCG), as Senior Development Manager for Primary Care. The post was a grade lower than other roles I had been considering, but this compromise was worth the risk as the role itself allowed me to address key issues that I faced from potential employers.

There is no denying the steep learning curve I faced, especially as the local hospital was in special financial measures at the time I joined. However, I stuck in there and learnt as much as I could, wherever I could. After a few months, I was asked to lead on a system-wide programme to support care homes, joining together work and resources from the acute and community hospitals, the council and the CCG. Within a year, I

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had aligned nearly all care homes with a GP practice, developed a training package for care home staff, and implemented telehealth into the homes with most need. This programme of work saved the system over £1,000,000 in its first year alone but, more importantly, ensured faster and better care for our residents, reducing their A&E attendances and hospital admissions by 20% and keeping them at home, healthier for longer.

A few years later, I became the Head of Transformation and Innovation, where I led system-wide programmes on diabetes, population health management, and quality improvement, amongst other things. Eventually I moved back to the acute sector as Head of Improvement and Efficiency, at Chelsea and Westminster Hospital; bringing together all the learning I'd collected as a commissioner, working on system-wide projects, to improve the services offered at a major London hospital.

### Current role and what the future holds

It's at this stage that some people may be content, happy with the journey and progression they'd been on. There was a little of that in me, but another nagging voice, coming back to the impact my mum had on my career, and how I had worked 25 years for the NHS based on her influence on a teenage me (with plans to do another 25 years for a fantastical idea that they would have to give me a knighthood after 50 years NHS service!). This meant I'd never experienced life outside of the NHS, and the wonder around what those challenges could hold, and how much more learning I could achieve excited me.

With this in mind, I handed my notice in and started my own consultancy business. Taking all my skills, learning and knowledge to specialise in offering advice and support to public services when looking at transformation. This can be large or small scale, inward facing or at system level, but always with the aim to understand and align the different views and strategies of organisations and the people within. This work has been the most rewarding to date. I'm able to pick and choose the subjects and areas to get involved in, ensure a well-balanced approach to life and work, and always impact on people and the outcomes they get from the public services we offer.

### Transferrable audiology skills

One challenge I noticed during my transitional phase was that the audiology profession wasn't held in as high regard as other health roles such as nurses, doctors, physios, and pharmacists, who often seemed able to transfer quite easily to non-

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clinical roles. I imagine this is due to the lack of understanding about what audiology is and what audiologists do, which is a shame as the profession really does have a wide set of skills that are transferrable and mean we are suited to many non-clinical roles.

It boils down to us needing two distinct sets of skills to be a successful practitioner. We need the people skills; ability to build rapport and relationships, listen and communicate effectively, counsel and persuade people to try things they do not understand or want to try, patience and resilience. We also need strong technical skills; problem solving, logical approach, computer literacy, data and analysis. Put these together and you have an ideal change agent.

### Advice for other audiologists

Audiologists are in a unique position of having to develop a wide-ranging set of skills to be successful in their career. It is a rewarding profession, and the impact you make on people's lives can really provide long-lasting job satisfaction. These skills, however, can also enable audiologists to transfer out of the profession if they desire, into wider management and transformational roles.

If this is something that interests you, I would offer the following advice:

#### Look at yourself:

- What parts of your role do you really enjoy?
- What transferrable skills do you have?
- What other skills do you need, and how will you get them? – *Look at job descriptions for roles you are interested in.*

#### The plan:

- Do you have a destination? – *It's ok not to, but it helps!*
- What roles and jobs are you interested in?
- Can you create a plan? – *If you need formal qualifications, how long will these take?*

- Supplement clinical qualifications with development of broader skills and experiences – *Look at internal, free, courses. Does your organisation offer developmental programmes such as the NHS Leadership Academy?*

#### The transition:

- Network internally and externally wherever you can – *Let people know you are looking to transition as it may create opportunities.*
- Attend wider organisational meetings, and shadow senior staff if possible – *Learn the language, systems, people, priorities, and challenges.*
- Apply for posts even if they are not perfect – *This may not be everyone's choice, but it helps you to gain confidence and understanding in interviews for the corporate world, which are very different to a typical clinical process.*

Lastly, I would say you need to be brave in your approach, but that you must balance this with patience. It will take time and there will be knockbacks - do not take them personally. Keep in mind your goal and know your worth. With perseverance, the opportunity will arise and your professional world will become a lot bigger!

### AUTHOR



**Ryan O'Shea, MSc,**  
Managing Director,  
Improviastic Solutions  
Ltd (Transformation  
Consultancy), UK.  
[www.linkedin.com/in/  
ryan-o-shea-91651484/](https://www.linkedin.com/in/ryan-o-shea-91651484/)

### SECTION EDITORS



**Lizanne Steenkamp,**  
Lecturer in Audiology,  
Speech and Hearing  
Sciences, Queen Margaret  
University, Edinburgh, UK.  
[lsteenkamp@qmu.ac.uk](mailto:lsteenkamp@qmu.ac.uk)



**Rujuta Roplekar  
Bance, FRCS-ENT,**  
Senior Head & Neck  
Fellow, UCLH, UK.  
[r.r.ropkar@doctors.  
org.uk](mailto:r.r.ropkar@doctors.org.uk)