

# Sophie Buddo

MEED Practitioner



## My route into eating disorder dietetics

In April 2021 I made the move from renal to the world of eating disorders. I had worked in nephrology for 5 years so the switch to mental health was quite a change. In this time, I've moved my way into various roles within our eating disorder service and earlier this year moved into a joint clinical and dietetic lead position. My clinical title is MEED Practitioner which has been a pivot again from a traditional dietetic role. MEED stands for Medical Emergencies in Eating Disorders and the aim of the role is to support and upskill staff in general hospitals in the management of severe eating disorders. I've practiced for 10 years now and originally trained in New Zealand and have been working in the UK for the last 7 years, mostly on sponsorship visas.

## A closer look at my current role

Eating disorders is a really interesting field to work in and requires a slightly different skill-set where motivational interviewing and nutritional counselling are drawn on a lot. The work requires a level of patience and understanding as the recovery process can be long and challenging but incredibly rewarding. I work in a service where there is a strong emphasis on building a therapeutic relationship with patients which I enjoy and the work is varied in terms of both the management of physical health (e.g. acute refeeding) and providing psychological support.

I was lucky to be hired by a Trust that was willing to take a chance on someone who didn't have a huge amount of eating disorder experience. They supported me with accessing eating disorder training right from the outset. I also made sure to take advantage of all of the inhouse training to ensure I was practicing in informed ways e.g. trauma informed care, autism awareness, psychological treatments.

## My typical day involves...

It's a bit cliché to say but every day is really, very different. My MEED Practitioner role is an all-ages role so some weeks I'll be providing outreach support to children and young people with eating disorders in hospitals and other weeks I'll be seeing adults. With the outreach support I visit hospitals, provide advice around refeeding, help facilitate difficult conversations and liaise with local eating disorder services to think about aftercare. A big part of this role is training and upskilling staff to feel more confident in managing eating disorders and giving people tools to provide compassionate and safe care. Other times, it feels like I'm in meetings all day which is sometimes the unglamorous reality.

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## The thing I'm most proud of

It is incredibly heart-warming when patients write in to tell us they're living their life beyond the eating disorder. We recently had a previous patient share with us that she'd moved to her home town in the Southern Hemisphere, got a fulfilling job and was pregnant with her first child. When she was in the depths of anorexia, there is no way she would have believed this was to be her future.

## How does dietetics in the UK compare to New Zealand?

Dietetics in the UK is quite different than in NZ. I find that there are more opportunities to try out a new field given the greater number of services and job roles. There is comparatively very little movement in the job market in NZ and when jobs do become available, it's highly competitive. Obviously, the services are much larger here, so you don't make the same close relationships with your colleagues as you might do in a smaller department back home, however the learning opportunities are vast meaning you can progress quite quickly in your career with the right support and work ethic.

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## What advice would you offer to someone who has trained overseas and is considering practicing within the UK?

When I first moved here, I was told by a recruiter that I would never get a job in London having not ever worked in the NHS which I now know not to be true. So, my first and last locum role was in East England which although I enjoyed, was quite an isolating experience having just moved to the UK alone. Employers are now moving towards values-based recruitment, especially for overseas trained clinicians which is positive. Back yourself, your skills and demonstrate how your experience is transferrable.

The BDA has so many courses - make use of these as well as resources available. It will really help you understand ways of working here and help you understand key standards and guidelines that might differ to practice guidance in NZ (e.g. NICE), as well as key resources (e.g. PENG).

The other very practical bits of advice I would give is to link in with online forums - many people have walked this path before you; have a folder with all of the relevant documentation you need (and there is a lot) e.g. immunisation records, proof of address, criminal checks, record of qualification etc; reconsider opting out of the pension if you are; and have fun (the UK has so much to offer other than great work opportunities).

Finally, try not to drop the things that help to keep you grounded. I'm from a very quiet and peaceful part of New Zealand so I found London quite overwhelming to begin with. For me it's been really important to get out into nature and visit the ocean every once and a while.