

JAYNE ROBBIE



How did you come to be interested in diabetes?

Just after I qualified as a podiatrist (back in the late 1980s) I attended a talk at a conference by Professor Mike Edmonds and Alethea Foster from King's College. I was so inspired by the work that they were doing and the concept of the multidisciplinary team (MDT) that I developed a real passion for this way of working with the patient in the centre and all the specialists coming together to collaborate in their care. This team working in diabetes care is what keeps me interested.

What is the best thing about your role? And the most challenging?

The best thing about my role is the team working and sharing ideas about care with like-minded colleagues. I love the collaboration, discussion and challenge of the ward rounds and MDT foot clinic. Working together to manage the complex and multifaceted challenges that can be present in one patient is what keeps me motivated and interested. No two patients, feet or wounds are the same. And when everything comes together and we get a really good outcome for a patient who may have had a debilitating or limb-threatening foot problem, this is the ultimate reward for what we do.

And my new, hybrid clinical-academic role is both unique and

innovative. I get to truly blend the theory with the practice and I think this is really one of the best things about my roles.

The most challenging is trying to heal long-standing wounds. We see many of our patients frequently, often twice a week, and share care between hospital and community colleagues. Unfortunately, many people return with new foot problems even when the initial problem has resolved. This is the ongoing challenge of footcare in diabetes; once a person has had a foot problem they will always be 'at risk' of a subsequent problem developing.

Heel ulcers are also very challenging and often have poor outcomes despite intensive treatment and MDT management.

What have you achieved recently in diabetes care that you are excited about and keeps you motivated?

I have been really fortunate to have taken part in the Diabetes UK Clinical Champions programme. It was a truly inspiring opportunity for me and it has enabled and empowered me to move my career to the next stage. This has involved a slight change of role as I now split my work time equally between my clinical role in an acute hospital podiatry department and as a senior lecturer on a diabetes care programme at Birmingham City University. This is a really exciting collaboration and has enabled me to use my clinical skills and experience to enhance the academic content for my students (both in the UK and online globally). I'm also able to incorporate some of the academic skills into my clinical activities.

This has also led to the opportunity recently to present at national and international conferences and webinars, and I have had several articles published too, which has been really exciting. It has resulted in being selected to sit on several national panels, too. I don't think there's a chance of me getting bored!

Tell us about any involvement you have with Diabetes UK

As I have mentioned, I was fortunate to have been selected for the Clinical

Champions programme in 2019, which led me to apply and be selected for a place on the Diabetes UK Council of Healthcare Professionals.

I'm now an abstract marker for the Diabetes UK Professional Conference, which is really fascinating and keeps me up-to-date with what is new and innovative in the wider world of diabetes. I also sit on the Remote Consultations and Ageing Well with Diabetes working groups and the clinical research group for micro- and macrovascular disease.

This all helps to keep me motivated as a podiatrist, as I can provide my unique team experience to Diabetes UK in a variety of ways.

What's coming up next for you at work?

My next challenges at work involve getting podiatry services reset after disruptions to footcare provision as a result of the Covid-19 pandemic. We are seeing a lot of severe foot complications as a result of the lockdowns and shielding.

At the university we are supporting front-line students throughout their studies during the pandemic, so again it is about providing education in a format that is accessible and being flexible in our delivery.

I am involved in a campaign at the moment with national MDT colleagues called ACT NOW. We are currently working hard to get the message to as many people with diabetes, carers and healthcare professionals as possible so that people can seek early referral for foot problems that may ultimately result in amputation if delayed.

Compose a Tweet-style comment for us about the one thing that could improve diabetes care in the NHS

The ACT NOW toolkit facilitates access to timely foot assessment and referral to specialist centres. The checklist enables better healing rates and reduced hospital admissions for diabetes foot complications. The unacceptably high volume of amputations can no longer be tolerated. ACT NOW and save feet! #ACTNOW #MDT #footulcer

What do you think is the most exciting thing on the horizon for diabetes care?

I think that we are at an exciting point in caring for people with diabetes, with developments in technology, multiple platforms for information sharing and education, and the highlighting of the

challenge of diabetes in the Covid-19 pandemic. I think that we have an opportunity to develop remote consultations to become really meaningful for service users and to enable optimum use of resources and skills.

Colleagues who work in certain sectors of diabetes care (eg young adult) have mentioned that the uptake of appointments and accessing of services has increased with this new way of delivering care as a result of Covid-19. It is easy to see everything as a negative, however for some populations (like the young, those who work, people who cannot access healthcare facilities easily) being able to see a healthcare professional remotely can maintain vital and valuable contact.

Being able to link with diabetes testing technology (flash glucose monitoring, Dexcom) means that patients don't need to take time off work or school to attend lengthy appointments in a hospital or GP practice. Data can be shared and care plans devised remotely, increasing accessibility.

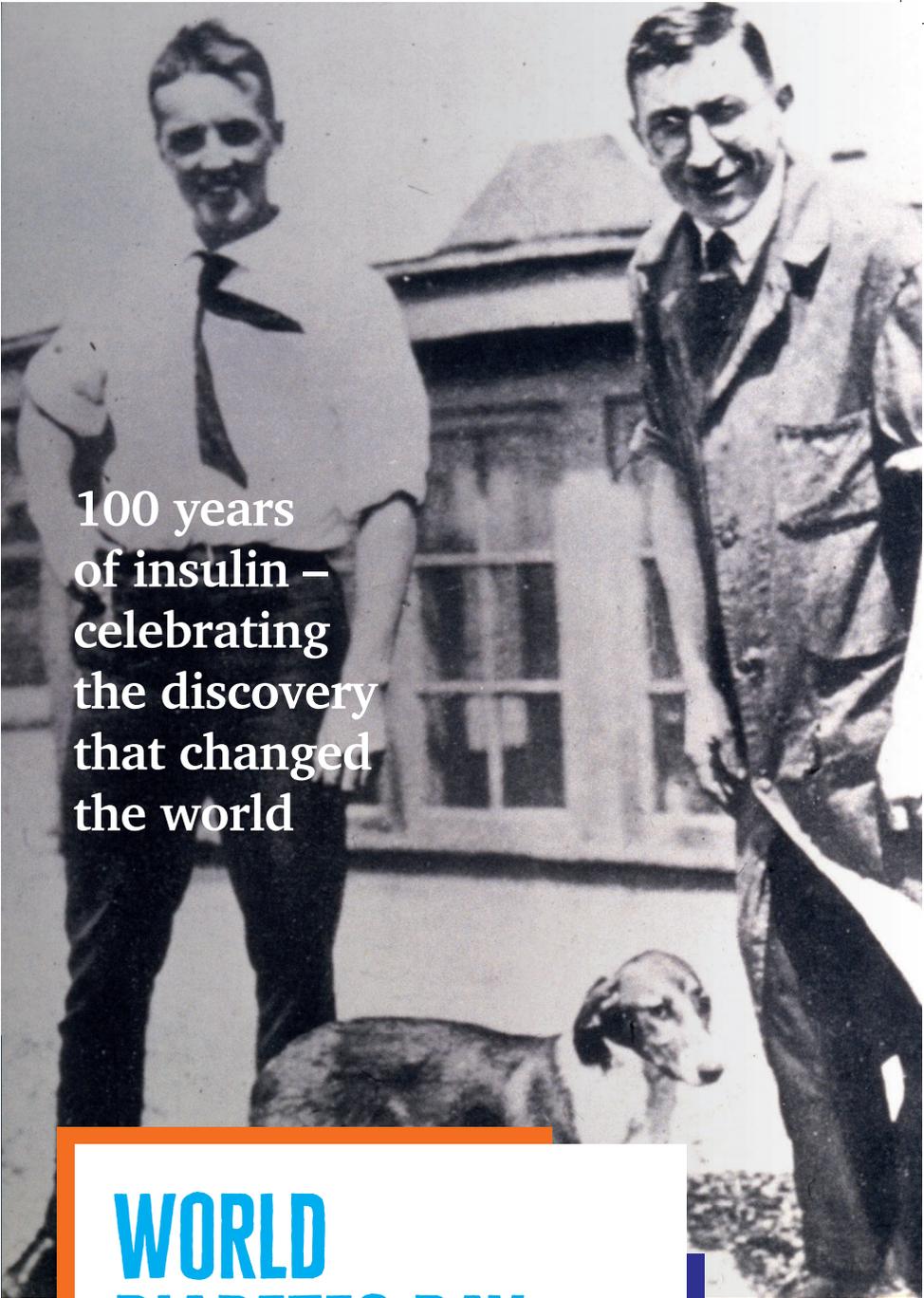
And finally, what do you do to relax outside of work?

Out of work, I have two very friendly Labradors and a horse, so they keep me active walking on the Malvern Hills near to where I live. I also enjoy gardening with my partner; we have a large vegetable patch so there is a constant fight to keep the slugs and weeds at bay. And I am planning for my wedding in September, which is a lovely diversion from Covid-19, and a great excuse for dressing up!

Any tips/final thoughts to share with Update readers?

There is always help available to you through your local NHS services and Diabetes UK. The charity provides steps to prevent foot problems and offers tips for everyday footcare at diabetes.org.uk/up-feet

And please look at the ACT NOW toolkit (idealdiabetes.com/act-now-education-resources) to read more about the importance of correct foot assessment with people with diabetes and also download resources to help you ACT NOW for people with diabetes with foot problems.



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