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Course: Professional Career Development within Health and Social Care (LCHS4009_LON)

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I am seeking the position of Public Health Practitioner (Band 6) in a local authority or NHS integrated care system, in an environment aimed at health improvement, reduced health inequalities, and mental health and neurodiversity cross-community support. This role normally means developing and implementing evidence-based interventions; collaborative work with voluntary and statutory organizations; health needs assessment; project management; community contact; and assessment of outcomes at the population level.

This position is intended for practitioners who are working at Level 6 of the Public Health Skills and Knowledge Framework (if applicable) and who are working to get registered with the UKPHR (UKPHR, 2024; Faculty of Public Health, 2025). The combination of my personal experience and my academic background in health and social care is one of the reasons I am

particularly inspired and interested in promoting community health practices that accommodate diversity and mental health—these are priority areas as stated in the UK's recent health policy.

My career goal is to become a compassionate, adaptive, and active practitioner who will contribute to a more equal and healthy society, and this Band 6 role is a wonderful fit.

According to the SWOT assessments I did for LCHS4009, I already possess the majority of these competencies.

1. My greatest strengths are empathy and communication (Sequeira, 2025a, slide 12). These skills allow me to build trust across various communities, which is essential for co-producing treatments with autistic or isolated individuals (Czabanowska, Smith, 2023).
2. Communication & empathy: It is my strongest strength (Sequeira, 2025a, slide 12) that enables me to establish trust among different communities and stakeholders, and that is a key to co-producing interventions in collaboration with neurodiverse or marginalized populations (Czabanowska, Smith, 2023).
3. Leadership and collaboration: I worked on university group projects, was the class rep which are similar to the kind of multi-agency work needed in Band 6 positions (Sequeira, 2025b, p. 7).

Spotted skill gaps and personal development plan (PDP).

Objectives	Specific action	Timeline	Success criteria	Linked to SWOT

Gain hands-on UK policy & partnership experience	Secure 60-hour placement/volunteer role in local authority public health team • Complete RSPH Level 3 Award in Health & Wellbeing	Jan-July 2026	Positive supervisor report + RSPH certificate	Weakness/Opportunity (Sequeira, 2025b)
Master public health administration & data skills	BDA/RSPH online modules on population data & evaluation • Weekly use of Notion + Pomodoro for all assignments	Feb-August 2026	100% on-time submission of placement portfolio; data report graded $\geq 75\%$	Weakness (Sequeira, 2025a)
Build long-term resilience & prevent burnout	Join BDA Neurodiversity mentorship scheme. • Weekly Headspace mindfulness + quarterly Gibbs reflective reviews with tutor	Ongoing from August 2026	Wellbeing score $\geq 8/10$ each quarter; no stress-related absences	Threat (Sequeira, 2025a, slide 28)

Three Possible Interview Questions and Preplanned Responses.

Question 1: "Provide an example of a situation where you collaborated to enhance health outcomes of a community."

Answer: I co-designed a mental health promotion campaign for neurodiverse students, which was part of my LCHS4009 module. With the identified strengths in empathy and communication found in my SWOT (Sequeira, 2025a, slide 12), I was able to make student services work collaboratively with wellbeing teams and peers. The campaign led to a simulated 22 per cent increase in help-seeking behaviours. I would introduce an approach based on co-production to a local authority to satisfy the requirements of the UKPHR partnerships (UKPHR, 2024).

Question 2: What is your experience handling conflicting priorities and workloads?

Answer: "Administrative tasks can be tough because of my ADHD, a weakness I was not afraid to confide in" (Sequeira, 2025a, slide 18). In a recent group project, I worked with the help of digital planners, Pomodoro, and weekly tutor scaffolding (Vygotsky-inspired) to provide all the elements in time and attain 78%. These strategies are still being improved by me in my present PDP, and I am sure that they will be helpful in the case of a challenging caseload of a Band 6 practitioner.

Question 3: "What are your current professional development requirements to put you into preparation for publicly practicing health?"

Answer: "I have filled out two comprehensive personal SWOT analyses (Sequeira, 2025a; 2025b) that are consistent with the current evidence supporting the idea that reflective practice should be considered a key component of being a leader in the field of public health (Czabanowska and Smith, 2023). These directly informed my 12-month PDP, which included a local authority placement, an RSPH Level 3 qualification, and formal mentorship, so that I am attaining the priorities of the workforce development established to be in place by 2025-2030 (Faculty of Public Health, 2025).

This plan of action makes my application based on the reflective work that is already completed within the module and helps to reflect the proactive and evidence-based attitude of a Band 6 Public Health Practitioner.

Task 2

Reflective practice is an essential professional competence in the field of health and social care revealed by regulators and employers. As part of the fundamental standards of proficiency, the Health and Care Professions Council requires that every registrant engage in reflection and review of practice (HCPC, 2023.1-3.3, 2023). We have used a variety of reflective models in our LCHS4009 module, especially the Reflective Cycle and SWOT analysis developed by Gibbs, to form a sense of self and shape our career progression. This report discusses the necessity of reflective practice to facilitate safe, effective, and resilient practice and shows that I am actively working on this skill in readiness for a position as a Band 6 Public Health Practitioner.

Reflective practice is a systematic examination of experiences with the view to enhancing further action (Gibbs, 1988). In health and social care, it performs several imperative functions:

1. It helps to promote patient safety since practitioners will be able to learn or understand errors or near-misses (HCPC, 2023).
2. It contributes to professional resiliency and burnout prevention, particularly in neurodivergent practitioners who have to deal with conditions like ADHD (Czabanowska and Smith, 2023).
3. It offers the evidence needed to revalidate, undertake appraisal, and be registered by the UKPHR (Faculty of Public Health, 2025).

Reflective practice has ceased to be an option, having become a regulated, evidence-based requirement, which supports safe practice, lifelong learning, and workforce sustainability (HCPC, 2023; Faculty of Public Health, 2025). Through the self-creation of self-awareness, resilience, and a professional portfolio by using Gibbs Reflective Cycle (1988) regularly to module assignments and life challenges, I am able to succeed as a Band 6 Public Health Practitioner. This proactive strategy also means that I will be able to achieve not only the existing regulatory requirements but also the future standards in terms of being a leader in the sphere of public health (Czabanowska and Smith, 2023).

Task 3

Description

I presented on 9 November 2025 in a 12-minute presentation as part of Component 1 of the LCHS4009 module on Professional Career Development in Health and Social Care. This presentation was a self-SWOT analysis, which centred on my future growth as a practitioner in the field of public health in the UK. It has included an overview of SWOT, my career goals introduction, a description of the relevance of the tool, my own strengths (including communication, interpersonal skills, leadership, hands-on experience, discipline, resilience, and adaptability), weaknesses (including the need to learn more about the UK health legislation), opportunities (including NHS CPD accessibility, training opportunities, entry-level jobs, and post-COVID public health expansion), and threats (including the presence of rapid policy changes, funding limitations, staff competency, networking requirements, and work-related stress), and challenges. I have also mentioned how to use the strengths to win over the weaknesses and threats, use the opportunities, and end up with thoughts on how strategic planning can be used in line with the national health goals.

The evaluation was done on content, structure, visual aids, delivery, and interaction. I have used slides with pictures, such as diagrams and pictures, to illustrate my points, greet the

audience, and introduced the topic in a clear manner. Nevertheless, I was very close to the time limit and finished almost two minutes later, was so fast in the threats part, and failed to make a clear connection of theoretical parts to the conclusion as much as I wanted to.

Lecturer Arif Ahmed gives feedback with a score of 13/20 on practical (noting good application in practice through SWOT but recommending more detailed use of models and real-world examples to seize opportunities) and 22/30 on transferable skills (noting accurate and reliable communication and structure and coherence). The total score was 68.

Feelings

At the beginning of the presentation, I was excited and nervous. I was excited to contribute to the development of personal knowledge on the career in public health since it corresponds with my interests in community wellbeing and continuous education. But I had concerns about time management, going blank on facts, or appearing awkward in my professional manner in case I fidgeted or talked too fast when under stress. I was more confident in the course of the delivery when I was progressing and using slides, particularly when I could not only feel connected with a listener by positive nodding but also involve her in the conversation. Then, I was happy that it was done but upset about having to work overtime and the hasty parts, but the efforts to improve my morale were positive feedback on being authentic and empathetic. In general, the experience gave me an impetus, but I understood things requiring improvement.

Evaluation

The content's relevancy and organisation clearly demonstrated my expertise of SWOT in a health environment. The visual aids, such as the SWOT diagram and photos, aided interaction, and my strengths from work experience were reflected. On the downside, time was not managed effectively, resulting in being rushed and almost running out of time.

Analysis

The examination of the need to use the models more indicates that I did not take advantage of the opportunity to use more concrete examples from the real world, such as the linkages between opportunities and specific RSPH training routes. This could be due to excessive use of slides as a safety net, which leads to less originality.

Conclusion

Reflectively, I would have practiced on a visible timer to better time myself, had less writing on the slides to provide more verbal explanation, and directly recapped theoretical links (e.g., between SWOT and NHS goals) in conclusion. This would have solidified the practical use, and that may have been better in terms of the test scores. Altogether, the presentation served as an important learning experience that enabled me to understand the right direction of my career, yet it could be improved by adding more real-life cases and time limitations.

Action Plan

In order to make better presentations in the future:

1. Short term (within 4 weeks): Practice future presentations at least 3 times using a countdown timer and take notes; review those notes; use the 6x6 rule (no more than 6 lines/6 words per slide) to reduce text.
2. Medium-term (by February 2026): Participatory presentation workshop at a university (booked 15 January 2026) and workshop meetings with peers quarterly in terms of professional organisations, such as RSPH.
3. Long-term (persistent): Come up with a presentation checklist (e.g., timer check, explicit links to theory, pauses at key points) of all assessments; Plan quarterly tutor meetings based on reflective models of progress in pacing and audience involvement.

Overall, this Gibbs cycle has turned a rather anxious experience into the source of self-development and has made me more self-aware and dedicated to becoming a good public health practitioner.

Reference

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