

**The challenge of preparing nurses practicing in the workplace setting competent to promote, improve and maintain the health of the working age population**

Report prepared for:



by:

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\*The views expressed within this report reflect the combined views of the author and the above group of practitioners. They do not necessarily reflect those of their employers.

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Kirk, H (2009) Issues in OH Nurse Education: A Short Review

## Executive Summary

This report identifies the challenges associated with developing educational programmes preparing practitioners able to practice as competent OH nurses utilising public health principles. It highlights particular difficulties in meeting the current standards set by the statutory body for nursing registration, the NMC.

The paper proposes reasons for the deficiencies with the objectives of providing an overview of:

- factors underpinning the development of educational programmes;
- the impact on OH nurse education of the Government's response to the review undertaken by Dame Carol Black (Dept Work and Pensions and Dept of Health, 2008);
- initiatives aimed at raising awareness amongst nurses of opportunities within the specialism of OH nursing in order to increase recruitment into the specialty.

The paper demonstrates that the NMC learning outcomes for Specialist Community Public Health Nursing are congruent with those formulated by the Sector Skills Council for the UK health sector, *Skills for Health*

The report includes the following recommendations :

A strategy must be formulated which increases the number of nurses considering a career in OH and addresses the challenges facing educators in providing programmes preparing competent OH practitioners able to practice in a variety of workplaces within the public and private sector. They should be competent to offer advice on workplace health management to organisations ranging in size from SMEs to large national and multi-national organisations .

This strategy should include:

**Lobbying:**

- **Lobby** the NMC to include more specific learning outcomes and specific skills clusters within their Standards for SCPHN programmes. These learning outcomes must support the recommendations of the Black Review particularly with regard to supporting people with long term health conditions to remain, or return, to the workplace.
- **Lobby** the Chief Nursing Officer of the Department of Health to ensure that careers within OH nursing are highlighted and appropriately reflected within documents or models associated with the Department of Health strategy of Modernising Nursing Careers. The current model is very restrictive and does little to attract innovative practitioners into the specialty of OH Nursing. (Refer to Appendix B.)
- Although OH nurses are public health practitioners, OH nursing practice incorporates advanced clinical practice as defined by the NMC (NMC, 2005) It is likely that the NMC may develop a separate part of the register for Advanced Practitioners. Graduates of OH nursing programmes should have the opportunity to be registered as such.

**Course curricula and mode of delivery**

- Course curricula must include outcomes which:
  - promote both physical and mental health
  - provide the knowledge and skills required for case management including the development of effective return to work recovery programmes and support for people with disabilities.
- Shared learning with a range of practitioners studying programmes in health or management will enhance OH practice and be a more appropriate strategy to

meet the recommendations of the Black review. It is appropriate for there to be commonalities of curricula between programmes focused on rehabilitation; mental health; occupational therapy; physiotherapy; and general and human resource management. Shared learning will help to promote inter-professional collaborative working.

- Where compliance with NMC standards for provision of practice teachers is difficult, course providers should seek alternatives to NMC validation for post-registration programmes preparing OHNs

## **Funding**

- The NHS as the largest employer in the UK has the potential to make a significant impact on the provision of quality OH nursing courses. They could take the lead in:
  - Restricting financial support for OH nursing courses to a limited list of preferred HEIs will ensure these institutions are able to maintain a critical mass of OH nursing student numbers. Students recruited to such programmes must be supported by an appropriate number of OH lecturers able to provide high quality learning experiences.
  - Increasing the number of trainee posts within NHS OH services.
  - Provide bursaries for students who are gaining unpaid practice experience in OH services.
  - Provide enhanced financial remuneration for the additional responsibility involved in supervising trainees may also result in more OHNs within the NHS wishing to become practice teachers.

# **The challenge of preparing nurses competent to promote, improve and maintain the health of the working age population practicing in the workplace setting**

## **1. Introduction**

Gainful employment reduces health inequalities and enhances both health and wellbeing (Waddell and Burton 2006). The current aim of occupational health (OH) services is to promote, improve and maintain the health safety and welfare of the economically active sector of the population.

OH nurses already have an important public health role but the implications of the government document *Improving health and work: changing lives* (Dept of Work and Pensions and Dept of Health. 2008) will further extend the role of OH services to encompass assistance for those who are economically inactive resulting from poor health or disability to gain employment.

This paper builds on, and complements, a document prepared by Helen Kirk (2009) *Issues in OH Nurse Education: A Short Review*.

Kirk refers to a general consensus view of deficiencies in many educational programmes in relation to preparing nurses competent to practice in the workplace setting (see Appendix C).

## 1.1 Aim and objectives of this paper

The aim of this paper is to propose reasons for the deficiencies highlighted by Kirk (2009) with the objectives of:

- providing a historical perspective of the evolution of programmes preparing occupational health nurses for practice;
- giving an overview of the factors underpinning the development of educational programmes;
- highlighting the impact on OH nurse education of the Government's response to the review undertaken by Dame Carol Black;
- identifying congruence between the NMC learning outcomes for Specialist Community Public Health Nursing and those formulated by the Sector Skills Council for the UK health sector, *Skills for Health*.

Kirk (2009) highlights a lack of reliable data regarding the number of nurses currently practicing within OH resulting from the following factors:

- there is no statutory requirement for employers to provide access to an OH service;
- where there is OH provision employers are not obliged to employ a nurse holding any post-registration qualification in the specialty,
- qualified nurses access a range of high quality OH qualifications at educational levels ranging from diploma, bachelor degree and masters level. Not all these qualifications in OH confer registration with the Nursing and Midwifery Council (NMC) as a Specialist Community Public Health Nurse (SCPHN).

## 2. The historical perspective

The original certificate in Industrial Nursing, offered in 1932 by the Royal College of Nursing (RCN), evolved into the RCN Occupational Health Nursing Certificate (OHNC). The OHNC focused purely on workplace health management, was recordable on the Nursing Register and offered in a number of UK higher education institutions (HEIs).

Pre-registration nurse education has evolved significantly since the late 1980s, impacting on post-registration qualifications. Although some pre-registration courses have been delivered at degree level for a number of years, the majority of nurses completed SRN/RGN courses with more of an emphasis of practice skills (the “knowing how”) rather than a more academic approach (the “knowing why”). The raising of pre-registration nurse education to a minimum of diploma level (Dip HE) necessitated the academic level of post-registration education being likewise raised to the level of diploma, and more recently, degree and masters programmes. The OHNC was superseded by diploma then degree level courses and validation transferred first to the English National Board for Nursing Midwifery and Health Visiting (ENB) and more recently to the NMC. The strength of both the OHNC and DOHN programmes was their total focus on factors impacting on workplace health.

Although the following is not a definitive list, both programmes were rooted in the principles of public health and incorporated broadly similar theoretical components including:

- the social determinants of health;
- patho-physiology in relation to the effect of work and work processes on health, and health status on work;
- the skills of risk and health assessment;
- the application of a range of health and safety and employment legislation.

By the mid 1990’s the ENB required OH programmes to be delivered at

degree level and incorporate a proportion of shared learning with other nurses working in primary care.

The principles of the ENB curriculum were broad requiring:

- “the exercising of higher levels of judgment, discretion and
- decision making, focusing on four broad areas:
  - clinical practice;
  - care and programme management;
  - clinical practice development, and
  - clinical practice leadership.” (UKCC, 2001, p5)

Multi-disciplinary learning outcomes resulted in a change of focus that some OH professionals considered to be a retrograde step as a significant requirement was for courses to include:

“a common core of preparation and specific modules. The core modules shall consist of no less than one third and no more than two thirds of the total programme.” (UKCC 2001 p 7)

The requirement for common core material taught to other nurses including HV and SN students, coupled with financial and resource constraints, resulted in the proportion of OH specialist material varying across institutions. This emphasis on core content has influenced how OH courses have subsequently been developed and delivered. Shared learning has its place but the relevance to OH students of shared learning with HV and SN students is questionable. Such an approach enhances the understanding of those students of the principles of OH that they may not have experienced in their pre-registration nurse education. Anecdotal evidence from OH students and graduates suggests that such shared learning does not necessarily enhance their learning experience. Shared learning outcomes or shared learning with other practitioners enrolled on programmes preparing practitioners of occupational medicine, mental health, occupational therapy, physiotherapy, management and human resource management may be a more appropriate strategy.

The current standards with which Higher Education Institutions (HEIs) must comply in order that their graduates are able to gain NMC registration as an SCPHN is encompassed within the document “*Standards of proficiency for specialist community public health nurses*” (NMC, 2004).

It includes the standards for both the qualifications of practitioners supporting students in the practice setting and curriculum content.

### **3. Nursing and Midwifery Council standards for practice teachers**

NMC standards require OH nurses supporting students in the practice setting to hold an approved teaching qualification. Although laudable, the paucity of practitioners holding such a qualification causes difficulties in the provision of suitable practice placements reducing the number of nurses enrolling on SCPHN courses. The NHS as the largest employer in the UK could take the lead increasing the number of appropriately qualified practice teachers and trainee posts within their OH services. Financial remuneration for the additional responsibility involved in supervising trainees may also result in more OHNs within the NHS wishing to support students in the practice setting.

#### **3.1 NMC standards for curriculum**

In essence the NMC standards for curriculum content emanate from the following 10 broad principles congruent with those produced by *Skills for Health* (Appendix A):

- Surveillance and assessment of the population’s health and wellbeing;
- Collaborative working;
- Working with and for communities to improve health and wellbeing;
- Developing health programmes and services reducing health inequalities;
- Policy and strategy development;
- Research and development to improve health and wellbeing;
- Promoting and protecting the population’s health and wellbeing;

- Developing quality and risk management;
- Strategic leadership;
- Ethically managing self and resources.

The broad principles on which the NMC curriculum is based are sound. However, there is no requirement for a specific skills cluster to underpin practice within these standards.; neither do they stipulate the proportion of core to specialist content required in order to prepare nurses for practice in the workplace. The standards for curriculum content are sufficiently broad to allow HEIs the flexibility to develop an excellent course preparing graduates for competent practice. However, failure to include specific OH skills clusters, developed by experienced OHNs, has the potential to result in the practice competence of graduates being variable and dependant on the HEI in which they completed their OH education.

### **3.2 Integrating curriculum requirements into course delivery**

Course content is influenced by both external and internal factors. External influences include the requirement of the validating body and market forces. Institutions delivering programmes co-validated by the NMC follow the same broad curriculum, however, the specific focus of course content varies from institution to institution. Internal influences include the:

- general requirements of the university with regard to a common academic framework delivered across other role preparation courses;
- range of professional experience of the people involved in the curriculum development panel;
- financial, physical and human resources which impact on the mode of delivery that the university can support.

In addition to OH nurses NMC validated SCPHN programmes prepare nurses working with children and young people within the 0-19 yrs age range, ie Health Visitors (HVs) and School Nurses (SNs). Most, if not all, HEIs package these programmes together teaching core material across all pathways. The

proportion of pathway specific material is variable and is probably dependant on both the number of specialist OH lecturers employed within the teaching team and the extent of their influence on curriculum development.

Most HEIs educate a larger proportion of SCPHNs working with children and young people compared to those working with the working age population ranging from school leavers to those who have reached the usual age for retirement and beyond. This affects the degree of influence of OH specialists on curriculum content. In the case of the author's institution, places for students on the occupational health pathway are oversubscribed resulting in it being possible to offer a large number of pathway specific units, five out of a total of eight. The emphasis within the programme is on pathway specific material addressing the effect of health on work and work on health.

Financial pressures within institutions with fewer applicants for an OH pathway may limit the proportion of OH specialist content. Graduates of such programmes will have a broad appreciation of general public health principles but may be unable to apply these effectively to the workplace setting (Garnham, 2008).

The lower number of applicants to OH programmes compared to those applying to train to become HVs, and to a lesser extent SNs is a reflection of funding issues. All HV and SN students gain funding via the NHS. Not all applicants for places on OH pathways have secured such training posts and associated funding. These applicants have no option but to self-fund. This involves a significant financial outlay as on top of living costs such as mortgage payments this includes: course fees, books and stationery; travel costs associated with attendance at lectures and placements. Eligibility for NHS bursaries may assist such students.

HEIs must prepare competent and employable graduates. In order to ensure this, members of the panel developing the curricula of courses must include OH nurse practitioners with a range of practice experience within both the public and private sector. In order to ensure competence and employability

the NMC must only approve courses meeting public health competencies focused on OH practice delivered in institutions having an appropriate number of OH qualified lecturers. These lecturers should be employed on permanent, rather than hourly paid contracts.

#### **4. The current range of educational provision**

As already highlighted a variety of programmes in OH nursing have been offered by HEIs. Some HEIs have made a conscious decision not to offer courses in OH conferring SCPHN registration. Provision of high quality, non-SCPHN, courses range from the diploma courses offered by HEIs in both England and Wales and degree programmes available in England, Wales and Scotland. These programmes prepare nurses competent to practice OH although graduates of these programmes are ineligible to register as SCPHNs. This does not seem to adversely affect recruitment; stakeholders value the course content and competencies of diplomates/graduates of these programmes more highly than registration with the NMC.

#### **5. The Black Review**

Dame Carol Black's review, *Working for a Healthier Tomorrow* and the subsequent Government response: *Improving health and work: changing lives* (Dept Work and Pensions and Dept of Health. 2008) will significantly impact on the delivery of public health through workplace health initiatives. Improved access to high quality OH advice, provided by an increased number of well-qualified and highly specialised practitioners is integral to this strategy.

##### **5.1 Career pathways**

As OH nursing is integral to fulfilling the recommendations of the Black review, it is essential to raise the profile of this specialty in order to attract the best people to practice within this specialty. Opportunities for OH nurses are inaccurately reflected within the framework prototype in the December 2009

bulletin of the Chief Nursing Officer (CNO) of the Department of Health. The framework fails to do justice to the speciality by not recognising the level of responsibility of OHNs nor the career paths available to them. The model implies that OH nursing is at a level below district nurses, nurse practitioners, HVs and SNs and clinical nurse specialists. In reality qualified OH nurses are specialist nurse practitioners and many OHNs deliver nurse, rather than doctor, lead services. OH nursing should therefore be recognised as involving advanced clinical practice.

The model of the CNO indicates a pathway for an HV to become an HV consultant but fails to show that OH nurses are well placed to follow a similar career pathway. A more appropriate positioning in the model may encourage ambitious registered nurses to consider a career in OH nursing.

## **5.2. Developing course content in the light of the Black Review: *Working for a Healthier Tomorrow***

This document and the Government's response are viewed positively by OH nurse practitioners and will influence the curriculum of courses preparing OH nurses. Both documents highlight the benefits of work to the individual, their families and the community. They incorporate recurring themes highlighting the importance of:

- robust data collection informing an academic body of knowledge;
- partnership working with the aim of reducing health inequalities
- reducing the financial burden of sickness absence to business and the nation;
- improving the quality of work and of workplaces;
- strategies promoting mental health and reducing workplace stress;
- early interventions supporting those with health conditions and utilising effective vocational rehabilitation programmes and work action plans;
- supporting those with disabilities to return to being, or remaining economically active;

- involving a multi-disciplinary health care team including occupational health practitioners, GP's, occupational and psychological therapists and members of the Access to Work team in developing return to work strategies;
- improving the health of those out of work and supporting those with the potential to work to enable them to do so;
- emphasising fitness for work of those who have been absent from work due to ill-health identifying the elements of their job requirements they are able to undertake;
- better integration of skills, health and employment provision
- linking health with safety;
- Business awareness – working in partnership with Business in the Community.

These themes are significant drivers for workplace health. If OH nurses are to be competent, and have the confidence to participate in these initiatives, role preparation programmes must incorporate specific skills clusters reflecting these elements. It is timely for the NMC as a validating body to make such skills clusters an integral part of the curriculum for OH nurses.

Many practitioners currently choose to follow an NMC validated programme. However, the current paucity of practice teachers holding the requisite qualifications may result in institutions discontinuing NMC validated programmes. Courses may instead include the occupational standards set by the Sector Skills Council for the UK health sector.

The practice outcomes required to implement the recommendations of the Black review are congruent with both the current general NMC SCPHN standards and the Public Health competencies identified by *Skills for Health* (see Appendix A). Graduates of such courses will be well positioned to seek registration with the UK Public Health Register (UKPHR) ensuring public protection and confirming professional accreditation and practice competence.

Graduates of non-NMC validated educational OH programmes may be eligible for registration with this body.

## **6. Conclusion**

This paper has provided a “Cooks Tour” of the influences on the provision and content of courses preparing OH nurses for practice. There are interesting times ahead for OH nursing and challenges for OH educators. It may now be time to build on current curricula and the Council is urged to lobby the NMC to review their standards in relation to the integration of specific OH focused skills clusters.

In order for OHNs to be competent to participate effectively in the strategies encompassed within the Government document *Improving health and work: changing lives* (HM Government 2008) they must be competent to devise robust return to work recovery strategies and have an in-depth appreciation of a range of issues to assist people with disabilities to remain in, or gain, employment.

Although shared learning is beneficial to HV and SN students this approach may detract from the learning experience of OHNs. Shared learning outcomes with programmes preparing medical practitioners; human resource specialists; and physical therapists such as physiotherapists, occupational therapists may be a more appropriate approach for programmes preparing nurses to practice workplace health.

## **7 Recommendations**

Competent OH nurse practitioners are required to support a range of Government public health initiatives. Particularly important are initiatives supporting a return to, or maintaining, gainful employment for people with disabilities and/or long term physical or mental health conditions.

It is recommended that a strategy is formulated which increases the number of nurses interested in a career in OH and addresses the challenges facing educators in the development and delivery of programmes preparing OH practitioners competent to practice in a variety of workplaces. They should be able to offer advice on workplace health management to organisations ranging in size from SMEs to national and multi-national organisations.

This strategy should include:

### **1. Lobbying**

Stakeholders, including the Council for Work and Health, should:

- Lobby the HSE and Quality Care Commission persuading them to put pressure on employers to ensure that they provide access to an OH service for their employees. A competent nurse holding a university validated specialist post-registration OH qualification at a minimum of Graduate Certificate or degree level should direct the nursing provision of such services.
- Lobby the NMC to include more specific learning outcomes and specific skills clusters within their standards for SCPHN programmes (NMC, 2004). These learning outcomes must support the recommendations of the Black review particularly with regard to supporting people with long-term health conditions to remain, or return, to the workplace. The NMC should only validate OH courses in institutions where there are OH lecturers employed on permanent contracts.
- Lobby the Chief Nursing officer of the Department of Health to ensure that careers within OH nursing are appropriately reflected within any documents or models associated with the Department of Health strategy of Modernising Nursing Careers. The current model is very restrictive and does little to attract innovative practitioners into the specialty of OH Nursing. (Refer to Appendix B.)

- Although OH nurses are public health practitioners, OH nursing practice incorporates advanced clinical practice as defined by the NMC (NMC, 2005) It is likely that the NMC may develop a separate part of the register for Advanced Practitioners. Graduates of OH nursing programmes should have the opportunity to be registered as such.

## **2. Course curricula and mode of delivery**

- Course curricula must include outcomes which:
  - promote both physical and mental health;
  - provide the knowledge and skills required for case management including the development of effective return to work recovery programmes and support for people with disabilities.
- Shared learning with a range of practitioners studying courses in health and/or management will enhance practice and be a more appropriate strategy in meeting the recommendations of the Black review (Black, 2008) than limiting shared learning with other public health nurses such as HV and SN students. It would be appropriate for there to be commonalities of curricula between programmes focused on rehabilitation; mental health; occupational therapy; physiotherapy; and general and human resource management.
- Where compliance with NMC standards for provision of practice teachers is difficult, course providers should seek alternatives to NMC validation for post-registration programmes preparing OHNs

## **3. Funding**

The NHS as the largest employer in the UK has the potential to make a significant impact on the provision of quality OH nursing courses. They could take the lead in:

- Restricting financial support for OH nursing courses to a limited list of preferred HEIs. This will ensure these institutions are able to maintain a critical mass of OH nursing student numbers. Students enrolled on these programmes must be supported by an appropriate number of OH lecturers able to provide high quality learning experiences;
- Increasing the number of trainee posts within OH services;
- Provide bursaries for students who are gaining unpaid practice experience in OH services;
- Enhancing financial remuneration for the additional responsibility involved in supervising trainees may result in more OHNs within the NHS wishing to become practice teachers.

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Appendix A

**Congruency between the learning outcomes required by NMC, Skills for Health and those needed to meet the recommendations of the Government’s response to Dame Carol Black’s review *Improving health and work: changing lives.* ( HM Government 2008)**

Skills for Health Public Health Competencies										
	PH01	PH02	PH03	PH04	PH05	PH06	PH07	PH08	PH09	PH10
	Surveillance and assessment of the population's health and wellbeing.	Promoting and protecting the population's health and wellbeing.	Developing quality and risk management within an evaluative culture.	Collaborative working for health and wellbeing.	Developing health programmes and services and reducing inequalities	Policy and strategy development and implementation to improve health and wellbeing.	Working with and for communities to improve health and wellbeing	Strategic leadership for health and wellbeing.	Research and development to improve health and wellbeing.	Ethically managing self, people and resources to improve health and wellbeing
<b>Improving Health and work: changing lives</b>	√ data collection	√ RTW strategies	√ risk assessment	√ partnership working reducing health inequalities	√ partnership working reducing health inequalities	√ strategies promoting mental and physical health	√ working with multi-disc team & access to work	√ leadership role in promoting w/place health	√ data collection and developing academic body of knowledge	
<b>Compl'd compet's skill for health See web link below*</b>	PHS01 PHS02	PHS03 P HS04 PHS05	PHS06 PHS07 PHS08	PHS 09 PHS 10 PHS 11	PHS 12 PHS 13	PHS 14 PHS 15	PHS 16 PHS 17 PHS 18	PHS19 PHS20 PHS 21	PHS 22 PHS 23	PHS 24 PHS 25
	PHP01-5, PHP 7-12	PHP 13-21		PHP 9, 22-26	PHP 28	PHP 29-40	PHP 41-43	PHP44-47		
		HT 1-3								HT 4
<b>NMC</b>										
<b>1.Surveillance and assessment of the population's health and wellbeing</b>	X									

	PH01 Surveillance and assessment of the population's health and wellbeing.	PH02 Promoting and protecting the population's health and wellbeing.	PH03 Developing quality and risk management within an evaluative culture.	PH04 Collaborative working for health and wellbeing.	PH05 Developing health programmes and services and reducing inequalities	PH06 Policy and strategy development and implementation to improve health and wellbeing.	PH07 Working with and for communities to improve health and wellbeing	PH08 Strategic leadership for health and wellbeing.	PH09 Research and development to improve health and wellbeing.	PH10 Ethically managing self, people and resources to improve health and wellbeing
2. Collaborative working				X						
3. Work with and for communities to improve health and wellbeing							X			
4. Develop health programmes & services reducing health inequalities					X					
5 Policy & strategy development and implementation to improve health and wellbeing						X				
6 Research and development to improve health and wellbeing									X	
7. Promoting and protecting the population's health and wellbeing		X								
8 Developing quality and risk management within an evaluative culture			X							

	PH01 Surveillance and assessment of the population's health and wellbeing.	PH02 Promoting and protecting the population's health and wellbeing.	PH03 Developing quality and risk management within an evaluative culture.	PH04 Collaborative working for health and wellbeing.	PH05 Developing health programmes and services and reducing inequalities	PH06 Policy and strategy development and implementation to improve health and wellbeing.	PH07 Working with and for communities to improve health and wellbeing	PH08 Strategic leadership for health and wellbeing.	PH09 Research and development to improve health and wellbeing.	PH10 Ethically managing self, people and resources to improve health and wellbeing
9. Strategic leadership for health and wellbeing								X		
10. Ethically manage self, people & resources to improve health and wellbeing										X

Skills for Health competencies taken from

[https://tools.skillsforhealth.org.uk/competence/searchResults?&framework\[0\]=56&level\[0\]=1&level\[1\]=2&level\[2\]=3&level\[3\]=4&page=1](https://tools.skillsforhealth.org.uk/competence/searchResults?&framework[0]=56&level[0]=1&level[1]=2&level[2]=3&level[3]=4&page=1)

#### Useful internet resources:

Skills for Health website

[http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks/~media/Resource-Library/PDF/more\\_Public\\_health\\_skills\\_and\\_career\\_framework.ashx](http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks/~media/Resource-Library/PDF/more_Public_health_skills_and_career_framework.ashx)

Public Health Skills and Career Framework for Educators:

[http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Public\\_health\\_skills\\_and\\_career\\_framework-Educators.ashx](http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Public_health_skills_and_career_framework-Educators.ashx)

Using framework for SCPHN courses (see page 2):

[http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Public\\_health\\_skills\\_and\\_career\\_framework-Educators.ashx](http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Public_health_skills_and_career_framework-Educators.ashx)

Portfolio:

[http://www.phru.nhs.uk/Pages/PHD/portfolio\\_development.htm](http://www.phru.nhs.uk/Pages/PHD/portfolio_development.htm)

Career framework:

<http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks/public-health-career-framework.aspx>

Public Health Skills cube:

[http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks/~media/Resource-Library/PDF/more\\_Public\\_health\\_skills\\_and\\_career\\_framework.ashx](http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks/~media/Resource-Library/PDF/more_Public_health_skills_and_career_framework.ashx)

Health Functional Map

<https://tools.skillsforhealth.org.uk/hfmbrowser>

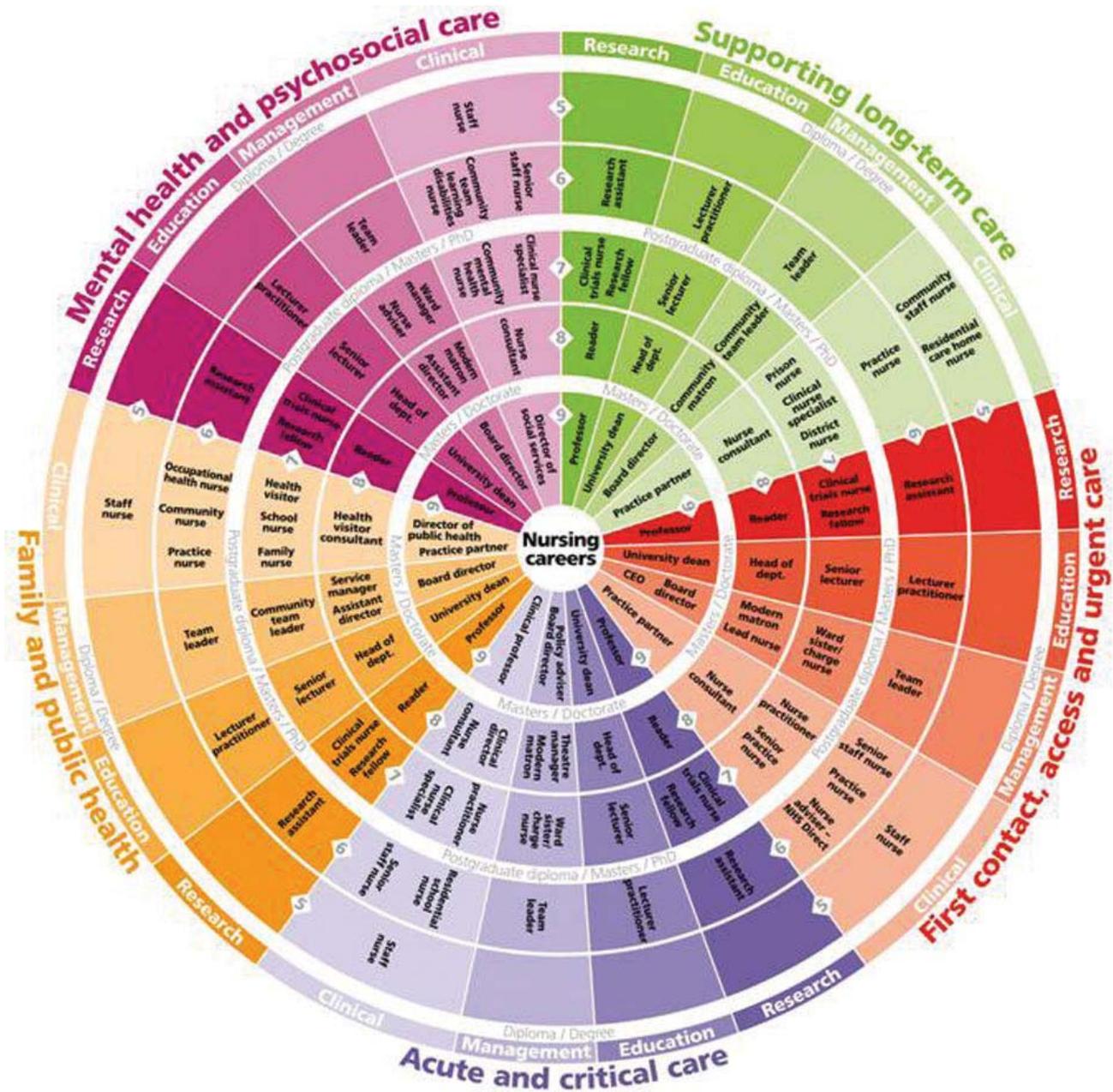
Faculty of public health – Good public health practice”

[http://www.fph.org.uk/prof\\_standards/downloads/appraisals/B\\_GPHP.pdf](http://www.fph.org.uk/prof_standards/downloads/appraisals/B_GPHP.pdf)

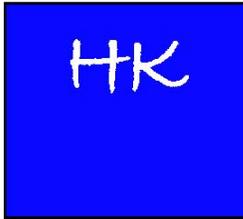
## Appendix B

Visual Model of the Nursing Career Framework – Department of Health (2009) *The Chief Nursing Officer's Bulletin* December 2009

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/document\\_s/digitalasset/dh\\_110507.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/document_s/digitalasset/dh_110507.pdf) (accessed 6 March 2010)



## Appendix C



### **Issues in OH Nurse Education: A Short Review**

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## **Future of OH nurse education**

There is a general consensus that current specialist occupational health training programmes are not delivering occupational health equipped to practice.

This paper reviews some of the associated issues and suggests actions that might be taken to improve the flow of adequately trained occupational health nurses.

## **The current demand for OH nursing workforce**

There are no reliable or systematically collected data on the size of the nursing workforce in occupational health.

There are 3300 specialist occupational health nurses on the public health part of the NMC register, sometimes referred to as “Part 3” of the register. However, “Part 3” does not include nurses with a qualification in occupational health who have not followed the approved specialist path. Many nurses trained several years ago had no reason to register their OH nursing qualification and so did not migrate to the specialist register when it was established.

The NHS OH workforce was surveyed in 2007. However, only about 1/3 of organisations responded. The responders employed more than five hundred nurses. The total number is likely to be at least twice this. There are likely to be about 1200 nurses working in occupational health in the NHS.

The NHS Plus survey also revealed only half of NHS nurses in OH were on “Part 3” of the NMC register, a further 20% were in posts for qualified OH nurses, and about 30% of NHS nurses in OH on general grade. (The NHS has a high demand for general nurses in OH that is not mirrored elsewhere, due to the high volume of immunisations needed for clinical staff.)

The NHS OH survey data suggests:

- About 80% of nurses on “Part 3” of the NMC register do not work in OH in the NHS
- The total number of nurses in the UK with OH qualifications may be about 4600.

Other data are consistent with the substantial majority of OH nursing posts being outside the NHS. A snapshot of recruitment reveals only about 10% of advertised vacancies are in the NHS (19/6/09 jobs.nhs.uk and monster.com 15 v 145).

The total number of nurses with OH qualifications in the UK with may be about 4600. Some nurses working in OH are in general posts or in training and do not have OH qualifications.

## **A reasonable estimate of the number of nurses working in occupational health is 5–7000 nurses of which about 4500 have OH qualifications.**

Assuming a 5% turnover from qualified OH nurses retiring and leaving the specialty about 250 new OH nursing students must be recruited each year to sustain the current workforce. Data on student numbers are not routinely published.

## **Hurdles to starting in OH nursing**

Almost all nurse training takes place within the NHS. There are noteworthy exceptions such as private nursing homes. Occupational health is unique in that most posts are outside the NHS and most training is likely to be outside the NHS (although there are no data to confirm this).

Nurses wishing to pursue a career in occupational health face numerous challenges:

- Finding a suitable post where they are supernumerary or away on a course for significant periods of time.
- Getting on a relevant course at university and funding this.
- Identifying a funded and qualified Practice Teacher

The investment cost for employers, in training fees and especially unproductive time, is substantial. Many will be reluctant to make this investment.

The lack of willingness of employers to invest in training is compounded by a weak business case. The need for a specialist OH nurse and benefits of having one, over and above any nurse, are not defined. [For example, the Health & Safety Executive has consistently avoided defining competence in occupational health.]

In some areas SHAs will financially support students, including those employed outside the NHS, but this does not seem consistent.

The availability of courses is good. At least fifteen (15) universities offer occupational health programmes suited to nursing in England, Scotland, Wales and Northern Ireland.

## **Training structures**

The requirements for specialist training in occupational health nursing are established by the NMC. The NMC sets only high level standards for training programmes and approves the detailed curricula set by universities that comply with the standards.

The NMC:

- Maintains a register of specialist community and public health nurses, including OH nurses ("Part 3" of the register).
- Sets the outline curriculum (headlines only)
- Set standards for educational supervision (which are very flexible)
- Insists all Specialist programmes are at degree level with teaching by degree level nurses and supervision from specialists
- Approves university courses for training specialist nurses and training their Practice Teachers

There is no obligation for OH nursing courses to lead to specialist registration and an increasing number do not. This in itself reflects the dissatisfaction with the current system.

There is a substantial financial pressure on universities to deliver as much of their specialist training programmes generically as they can. OH specific modules add cost to the core programme. As courses tend to be generic they inevitably become oriented to the biggest student population, health visitors, and not OH nurses. [School nurses face, and complain about, the same issue.]

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There is no detailed curriculum for specialist OH nursing programmes. The RCN produced a curriculum in 2005 but this has no formal status (eg with NMC). Only one university has openly adopted this in its own programme. Detailed analysis of this curriculum shows that it is very similar in content to the curriculum prepared by the FOM for specialist training in occupational medicine although laid out slightly differently.

Even where universities are training specialist OH nurses they are not obliged to have OH specialist nurses on the teaching faculty but most do. Some universities make excellent use of invited guest lecturers but others are reluctant to do this because of the associated additional cost.

All students on specialist nursing programmes need a designated Practice Teacher. Ideally the NMC indicates this should be one student to one Practice Teacher. The rules for this are very flexible and the NMC guidance explicitly addresses the challenges for OH nursing. Many OH nurses would not be eligible to become Practice Teachers – a 2004 survey showed about half aren't qualified to degree level. Only 11 nurses declared a Practice Teacher qualification in the 2007 NHS OH workforce survey.

Registered specialist nurses can quickly qualify as NMC approved Practice Teachers. Courses are widely available, are completed part-time within a maximum of six months, and constitute only a few days in an academic setting. Previous training and experience can be taken into account.

Universities are supposed to keep a register of qualified Practice Teachers (from all specialist disciplines) so that they can be linked up with students pursuing any specialist path. However, it is not clear if this happens in practice and it seems unlikely non-OH specialist nurses in the NHS (eg health visitors) would be willing to take on an OH nursing student from a private company.

The current specialist training structures have a number of weaknesses:

1. There is no need for any OH qualified teaching staff on the university course even where OH students are taught.
2. There is financial pressure to fill student spaces so the course is kept general.
3. There are relatively small numbers of OH nurse students and a tendency to cater for the majority (health visitors)
4. There is no detailed curriculum defined by the NMC.
5. There is a perceived bureaucracy amongst experienced nurses: OH nurses don't immediately appreciate why they can't teach on a specialist programme if they only have a certificate (OHNC) or diploma (OHND) because degree courses weren't available when they trained.

### **What kind of specialist OH nurses do we need in future?**

Establishing "Part 3" of the NMC register in 2004 created a new population of specialist community and public health nurses (SCPHN). This drew OH nurses together with health visitors and school nurses and recognised that OH had a place in serving working populations. The headline NMC curriculum acknowledges this philosophy (Table 1). It is strongly oriented towards the health of populations and individuals within populations.

• Surveillance and assessment of the population
• Collaborative working
• Working with, and for, communities
• Developing health programmes and services and reducing inequalities
• Policy and strategy development and implementation
• Research and development
• Promoting and protecting the population
• Developing quality and risk management within an evaluative culture
• Strategic leadership
• Ethically managing self, people and resources

Table 1: NMC Standards of proficiency for specialist public health nurses

This model was reasonably well suited to the historical “factory nurse” model of care with the surveillance and immunisation of groups. However, it is not consistent with contemporary needs that focus on case management and rehabilitation. Occupational health nursing has become more interventionist and this is what employers seek in new OH nurses.

Beyond public health the NMC model of specialist practice is based on Advanced Nurse Practitioners (ANP). In recent consultation the NMC wrote:

*“Advanced nurse practitioners are highly skilled nurses who can:*

- *take a comprehensive patient history*
- *carry out physical examinations;*
- *use their expert knowledge and clinical judgement to identify the potential diagnosis;*
- *refer patients for investigations where appropriate;*
- *make a final diagnosis;*
- *decide on and carry out treatment, including the prescribing of medicines, or refer patients to an appropriate specialist;*
- *use their extensive practice experience to plan and provide skilled and competent care to meet patients’ health and social care needs, involving other members of the health care team as appropriate;*
- *ensure the provision of continuity of care including follow-up visits;*
- *assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed;*
- *work independently, although often as part of a health care team;*
- *provide leadership; and*
- *make sure that each patient’s treatment and care is based on best practice.*

*Only nurses who have achieved the competencies set by the Nursing and Midwifery Council for a registered advanced nurse practitioner are permitted to use the title Advanced nurse practitioner. The title will be protected through a registrable qualification in the Council’s register.”*

At present the NMC work on the ANP model has been delayed pending the outcome of the Chief Nursing Officer’s review of post-registration nursing and the Modernising Nursing Careers programme.

This is a model of specialist nursing that is more consistent with current and future OH nursing practice. The current trend to deliver OH nursing courses that do not lead to

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specialist registration on “Part 3” may well be followed by a trend to deliver Advanced Occupational Health Nurse Practitioner programmes.

### **Summary**

Most of the barriers to entering training are perceived ones. Determined nurses identify posts, courses, supervisors, and Practice Teachers, and if they can't find funding, they will fund their own studies.

Employers aren't under pressure to employ nurses trained in occupational health (eg from HSE to comply with H&S law or CQC to comply with care standards).

Specialist registration with the NMC has limited value to nurses, employers, and patients. Pressure to deliver cost-effective specialist programmes has diluted the focus of OH nursing courses. A trend to non-specialist OH nursing programmes has now emerged.

### **Potential actions**

There are a number of actions that the DH/NHS could take that would improve the flow of suitably trained students.

1. Critical mass – the DH/NHS could take the lead in restricting financial support to universities on a limited list of preferred suppliers of OH nursing qualifications that have adequate OH nursing student numbers and an adequate OH nursing faculty.
2. Teaching support – the DH/NHS could take the lead in providing an accessible pool of Practice Teachers that support trainees in the NHS and elsewhere.
3. Course approvals – the DH/NHS could urge the NMC to make sure that approved courses have sufficient specialty-focus in terms of detailed curriculum, modules, and faculty for each of the specialist routes offered.
4. Funding – the DH/NHS could ask SHAs to fund all OH nursing students in an equitable way irrespective of their employer.
5. Course development – the DH/NHS could support the development of a model occupational health advanced nurse practitioner course taking account of the Faculty of Occupational Medicine's expertise in curriculum development and with input from non-NHS and NHS employers.
6. Career paths – the Chief Nursing Officer could be lobbied to make sure the future of occupational health nursing is recognised as advanced clinical practice and not absorbed into family nursing.

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