



TRAINING AND QUALIFICATIONS FOR OCCUPATIONAL HEALTH NURSES

Summary

The Council for Work and Health is concerned that the current system of training and qualifications for occupational health nurses in the UK does not enable employers to distinguish practitioners who have the knowledge and skills that they require, and thus are not fit for purpose. This paper explains the basis for our concern, and makes recommendations for changes that would help to remedy the problem. In particular, we propose that the Nursing and Midwifery Council should develop a more detailed curriculum for nurses who specialise in occupational health, and take steps to ensure that the curriculum is delivered by teachers with relevant experience, that methods of assessment adequately cover the curriculum, and that standards for successful completion of courses are similar between universities.

Introduction

Occupational health care contributes importantly to national welfare and prosperity. It maximises opportunities for people of working age to participate in safe and rewarding work, bringing benefits for their own health, that of their families, and the wider economy. A need for stronger focus on work and health in the UK was set out clearly in Dame Carol Black's review, *Working for a Healthier Tomorrow* [1], and was accepted in the Government's response to that report, *Improving health and work: changing lives* [2], and in the parallel responses from the devolved Governments in Wales [3] and Scotland [4].

Delivery of occupational health care (including safety in the workplace) is a multi-disciplinary activity, requiring effective teamwork and collaboration. Occupational health nurses have a pivotal role, and it is therefore imperative that their training should provide them with the necessary knowledge and competencies. Moreover, satisfactory completion of such training should be recognised by a clearly identifiable qualification so that employers can readily

distinguish nurses who have the skills that they are seeking. This is particularly important for employers outside the NHS, many of whom have only a limited understanding of nursing qualifications.

The Council for Work and Health is concerned that current arrangements for training and accreditation of occupational health nurses in the UK do not meet these requirements. In this report, we set out our reasons for concern, and propose steps that would remedy the problem.

The current workforce

There are no reliable, systematically collected data on the numbers of occupational health nurses in the UK, but from collation of various statistics, we estimate that between 5,000 and 7,000 nurses currently work in occupational health nationally, of whom about 4,500 have some form of occupational health qualification. The latter include some 3,300 practitioners who are registered with the Nursing and Midwifery Council (NMC) as Specialist Community Public Health Nurses practising in an occupational health setting.

Unlike most other branches of nursing, only a minority of occupational health nurses work in the NHS. Others may be employed directly by large organisations such as multi-national companies and the military, where they are part of multi-disciplinary occupational health and safety teams. Some work for smaller companies, in which they single-handedly provide the main occupational health service, perhaps linking with a safety officer and with access to regular or occasional part-time input from an occupational physician. Others provide services to employers on contract, either through their own consultancy business, or working alongside other occupational health professionals as employees of a larger organisation. A few work for the Health and Safety Executive, or in academia.

This diversity of employment has important implications for the nature and scope of occupational health nurse training.

Training requirements

It is not the purpose of this report to set out a detailed curriculum for the training of occupational health nurses. However, given the important and varied roles that occupational health nurses are expected to undertake, we believe that as well as a broad understanding of the social determinants of health and generic skills in health assessment, patient consultation and team-working, their training should provide special knowledge of:

- The organisation of employment in the UK, including the roles of management and trades unions
- The organisation of occupational health care in the UK, and the contributions of different professional groups to the delivery of that care
- Chemical, physical, biological and psychological hazards in the workplace, and the ways in which associated risks are assessed and managed to prevent harm
- The benefits of work for health, and how people of working age with health problems and disabilities can be helped to enter and remain in appropriate work
- The legal framework that governs employment and safety in the workplace
- Ethical issues in occupational health practice, particularly relating to confidentiality, consent, and the need to balance appropriately responsibilities to individuals and to their employers, fellow workers and the wider public.

Along with this, occupational health nurses require special skills in:

- Assessment of workplaces and occupational tasks for possible risks to health and safety, and for the mental and physical capacities that they demand
- Assessment of current and future capacity for work in individuals with health problems
- Methods of health surveillance for occupational health hazards, such as spirometry and audiometry
- Leadership and management of staff
- Business methods

Current arrangements

National oversight and coordination of training for occupational health nurses is provided by the NMC, which maintains a register of specialist community and public health nurses (“Part 3” of the register). Within the register, nurses with training specifically in occupational health are distinguished as specialists in “Community and Public Health – OH”.

The training for specialist community and public health nurses is delivered by universities, but NMC:

- Sets the outline curriculum
- Sets standards for educational supervision
- Insists that the training is at degree level with teaching by nurses who hold degrees and with supervision from qualified specialists
- Requires that each student has a designated practice teacher
- Approves the courses, and also those for training practice teachers

In essence the NMC standards for curriculum content cover the following 10 broad areas, which are congruent with those listed by *Skills for Health* [5]:

- 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

There is no detailed specification of the occupational health component of the curriculum for nurses who wish to specialise in that particular field.

In addition to those universities offering courses leading to specialist registration with the NMC, several others provide Masters courses in occupational health, either for nurses specifically, or for a wider range of health professionals including nurses. However, these courses do not have standardised curricula, and are not recognised by the NMC.

Problems with current arrangements

When set against the needs identified earlier in this report, the current arrangements for training occupational health nurses have a number of serious shortcomings.

- 1) The NMC curriculum for specialist training in the occupational health branch of community and public health does not adequately specify the special areas of knowledge and competence that are required by occupational health nurses. At the same time, there is financial pressure on universities to deliver courses that are more broadly based, since they attract larger numbers of students. Within such courses, occupational health nurse students tend to be substantially outnumbered by those training to be health visitors and school nurses, and there is a tendency to cater for the majority at the expense of the minority. Moreover, universities that train occupational health nurses are not obliged to have specialist occupational health nurses as regular employees on their teaching faculty.

- 2) Curricula for the more specialised occupational health courses that are not currently approved by the NMC are not standardised. In 2005, the RCN produced a curriculum for specialist occupational nurse training, but to date, only one university has openly adopted this curriculum in its own programme.
- 3) As a consequence of the above problems, there is no meaningful, standard, national qualification for occupational health nurses in the UK. NMC specialist registration in the occupational health branch of community and public health nursing does not guarantee the level of understanding or experience that is required of a specialist occupational health nurse, while university degrees in occupational health or occupational health nursing differ in their scope. This is confusing for employers, and may lead to engagement of nurses who are not adequately trained for their roles.
- 4) Even if training for occupational health nurses were made more specific and better standardised, there would be challenges in its delivery because of a shortage of occupational health nurses who are qualified to teach. In the 2007 NHS occupational health workforce survey, only 11 nurses declared a practice teacher qualification. Many occupational health nurses are not eligible to become practice teachers under current NMC rules (a 2004 survey indicated that half did not have the necessary qualification to degree level), and others choose not to do so because of the time required, and, especially in the private sector, a reluctance of their employers to provide the financial support that is required.
- 5) A further problem is the lack of funding for nurses who wish to pursue a career in occupational health. Training for all student health visitors and school nurses is funded by the NHS, but few employers outside the NHS perceive a business case for supporting a nurse through specialist training, and most trainees in occupational health nursing are obliged to self-fund. This entails a significant financial outlay to cover not only living costs, but also course fees, books, stationery and travel to lectures and placements.

Career pathways

In addressing problems with the current system for training and qualifications of occupational health nurses, it will be important to ensure that revised arrangements integrate with career pathways. In 2009, the Chief Nursing Officer for England proposed a new framework for nursing career pathways, which included a role for advanced nurse practitioners [6]. As

already described, some occupational health nurses undertake leadership roles as managers of occupational health services. These positions demand a high level of responsibility, and a capacity to make important decisions independently. As such, we believe that they accord with the concept of advanced practice, and that occupational health nursing should be recognised as a distinct career pathway with scope for advanced practice.

Recommendations

To address the shortcomings that have been identified, the Council for Work and Health makes the following recommendations.

- 1) The NMC should develop a more detailed curriculum for nurses who wish to be specialists in community and public health nursing – OH. This should build on that produced by the RCN in 2005, with input from the universities that currently provide courses in occupational health nursing (including those not currently recognised by the NMC for training of specialist community and public health nurses), senior practising occupational health nurses, the Chief Nursing Officers of England, Wales, Scotland and Northern Ireland, the RCN, the Health and Safety Executive, and the Council for Work and Health. An element of shared learning with other community and public health nurses should continue where this is feasible, but need not be mandatory. At the same time, scope should be explored for shared learning with other occupational health professions such as occupational physicians, and physiotherapists – eg. on topics such as the organisation of occupational health care in the UK and the ethics of confidentiality and consent.
- 2) Courses for nurses training to be specialists in occupational health should be approved by NMC only where the institution employs teachers with appropriate experience of work in occupational health as regular faculty members.
- 3) In approving courses for nurses training to be specialists in occupational health, NMC should ensure that the methods for assessing students adequately cover the curriculum, and that the standards for successful completion of courses are similar between universities.
- 4) Once the revised curriculum is established and in use, the qualification and its meaning should be widely promulgated to employers.

- 5) Nurses who are already registered by the NMC as specialists in occupational health should be encouraged to assess their knowledge and skills against the expanded curriculum, and where appropriate, to undertake CPD to address any gaps.
- 6) Within their budgets for work, health and well-being, DH and the devolved UK governments should consider offering bursaries for occupational health nurses who wish to qualify as practice teachers, and for nurses who wish to train as specialists in occupational health nursing.
- 7) The NHS as the largest employer in the UK should take the lead in increasing the number of qualified practice teachers and trainee posts within its occupational health services.
- 8) As the model of specialist practice based on Advanced Nurse Practitioners is developed, it should recognise the distinct career pathways of occupational health nursing.

References

1. Black C. Working for a healthier tomorrow. London: TSO, 2008.
<http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>
2. Department for Work and Pensions and Department of Health. Improving health and work: changing lives. London: 2008.
<http://www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf>
3. Working for a healthier tomorrow: the Welsh Assembly Government's response.
<http://wales.gov.uk/docs/phhs/publications/workingforahealthiertomorrow/081215healthieren.pdf>
4. The Scottish Government Response to "Working for a healthier tomorrow" – Dame Carol Black's Review of the health of Britain's working age population.
<http://openscotland.net/Resource/Doc/244390/0068361.pdf>
5. Skills for health. <http://www.skillsforhealth.org.uk/competences.aspx>
6. http://www.dhsspsni.gov.uk/nmag-modernising_nursing_careers