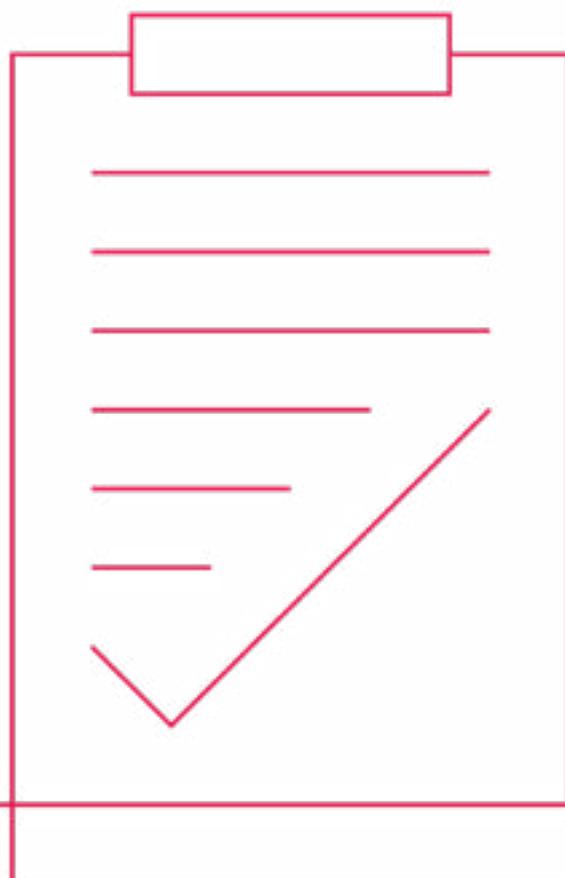


May 2019

# Promoting work as a health outcome

## Summary of the conference 'Good work is good for you'

Shivan Thakrar



## Foreword

The notion that 'good work is good for you' is well known. It is now more than a decade since this concept came to prominence, thanks first to Sir Michael Marmot in his ground breaking review, Fair Society, Healthy Lives and then built on by a former chair of the Academy, Professor Dame Carol Black in her report, Working for a healthier tomorrow.

But while the principle and indeed the title of the conference on which this report is based has never been far from the Academy's agenda, few can argue that we can now say the mission is complete. The statistics remain startling. Even today, unemployment increases the risk of early death by 63%. Someone off work for 6-12 months has a 90% chance of never returning to any form of work.

And while we may have record levels of employment, changes in the way people are employed such as on zero hours or short term contracts mean that the prospect of periods without work are never far away for some.

The Academy, along with the Royal College of Nursing and the Allied Health Professions Federation held a conference in April 2019 which launched the Health and Work Consensus Statement for Action — which sets out a commitment to support healthcare professionals to deliver this agenda.

This, I hope, will go some way towards raising awareness among this key group of the need to take this issue seriously. There is more to be done and the Academy and its members will continue to campaign to ensure that the relationship between good work and good health is known about and acted upon by all.

We had many great speakers at the conference and I would like to thank them personally, not just for the many inspirational presentations and insights they shared with us on the day, but also for the extraordinary work they are doing in bringing this approach into the mainstream of healthcare.



Professor Carrie MacEwen,

Chair, Academy of Medical Royal Colleges

# Good work is good for you – context

Work is not only a source of income, for many it is a source of social contact. It forms part of our identity and can shape our lives. It has a considerable effect on our health, quality of life and life expectancy. It is no wonder therefore, that work is a determining factor for physical and mental well-being. But as with all things this can be positive and negative, good and bad.

'Good' work is engaging and rewarding, giving people a voice and treating them fairly. It not only improves the overall health, wellbeing and performance of an individual, but it also has wider organisational and economic benefits – staff retention, increased productivity etc. But 'bad' work can lead to increased levels of ill-health, lower motivation, higher turnover and reduced levels of productivity.

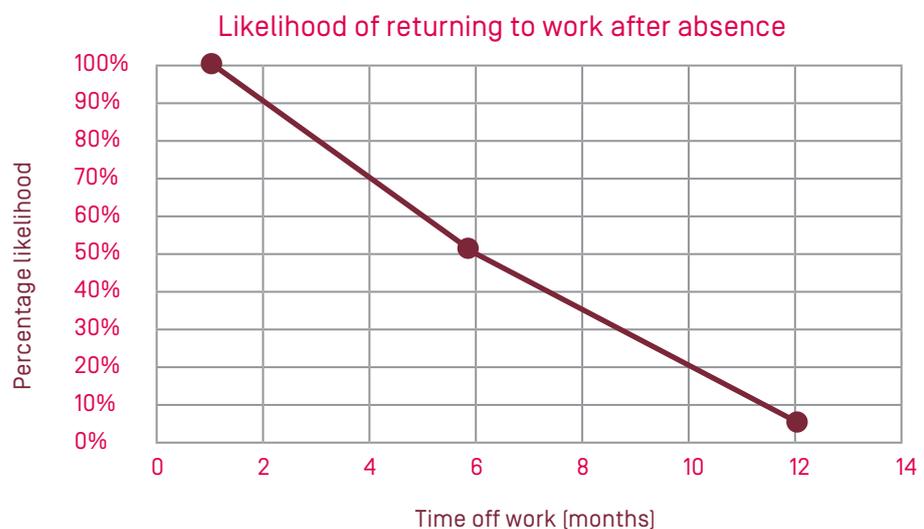
The NHS Long Term Plan (published in January 2019) calls for stronger cross-sector collaboration at national and Integrate-Care-Systems level to improve public health outcomes, as well as improving employment support and workplace health to promote health and wellbeing at work.

## The case for action

Over the course of an average year 1.8 million UK employees will take a long-term sickness absence of four weeks or more ill health among the working age population costs the economy around £100 billion per year including £7 billion in costs to the NHS. There are numerous barriers that prevent entry into work, including long term health conditions and disability Research shows that the longer a person is absent from work the less likely they are to return.

The Academy believes that at the heart of the matter is the individual and it is important to empower and support patients to understand and benefit from the transformative power of 'good' work in leading healthy and fulfilled lives.

Given the right tools and techniques healthcare professionals are well positioned to have supportive conversations with their patients about the correlations between work and health, as well as ensuring that primary and secondary care services function to support those that require assessment, support and rehabilitation.



Office of National Statistics

## 2019 Healthcare professionals' consensus statement for health and work

The Academy along with the Royal College of Nursing and the Allied Health Professions Federation committed to support healthcare professionals to engage more proactively with and advance the concept of, 'good work as a health outcome' across the health and care sector. Working together with patients as an integral part of patient care pathways and with partners healthcare professionals can:

- Create a culture where good work is seen as a benefit to people
- Help promote the aspiration of working in patients
- Promote healthy life choices and lifestyles
- Discuss where relevant, health risks, hazards, and any adaptations in working environments
- Provide support to help patients enter, remain in or return to work when they are ready and able to
- Help patients access high quality sources of specialist support to enter or maintain work
- Contribute to reducing social discrimination, harassment and victimisation associated with ill health or disability, both physical and mental.

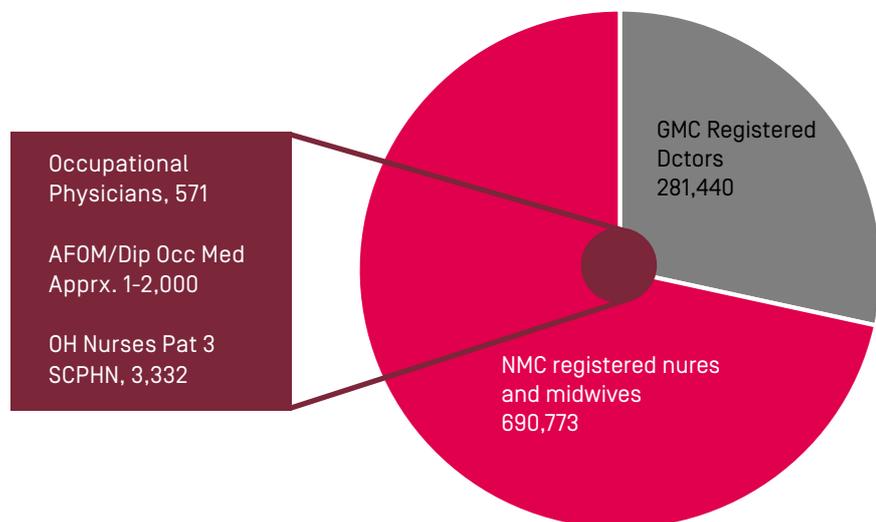
# Challenges

We know that 'bad' work is not in the employer's or patient's interest. However, despite the evidence there are healthcare professionals that do not recognise the transformative role that work can have in an individual's health and wellbeing, or how they can impact a return to 'good' work. Dr Steve Boorman, Chair of the Council for Work and Health, highlighted that many opportunities to make simple and cost-effective work adjustments do not happen because of a communication failure between employees, healthcare professionals and employers. This is partly due to a lack of sufficient training of the current workforce with the move from sick notes to fit notes, as well as a negative perception of the new system. Furthermore, there is a perception that return to work interviews are complicated and onerous — but Boorman argued that they can be simple and are essential in facilitating a return to work.

Motivation is crucial in rehabilitating and reintegrating patients back into work. Dr Allan Cole (speaking on behalf of patients) said that his access to a strong support network of family and friends was critical in his successful recovery and return to work as an anaesthetist after having a leg amputation. Equally, for those that are open to returning to work after an intercurrent illness or prolonged absence, the work must be suitable for the person's abilities and aid their current health and recovery.

Dr Anne de Bono, President of the Faculty of Occupational Medicine (FOM) stated that while occupational physicians have a role in assessing, facilitating and promoting wellbeing/return to work and employment, it is clear that with around 600,000 new people claiming employment support allowance each year it is not possible for the 571 accredited specialist Occupational Physicians (less than one percent of GMC registered doctors) to take on this responsibility alone. Similarly, suitably qualified occupational health nurses (fewer than 2,000) form less than one percent of the total number of NMC registered nurses and midwives. It is apparent that there is a responsibility for all healthcare professionals to promote work as a health outcome. Ensuring healthcare professionals are appropriately trained in 'prescribing' work as well as absence from work is paramount in promoting work as a health outcome.

A key challenge is the inconsistency in recording of employment data in primary and secondary care. This is not only limited to patients' occupational status but with the move from the binary sick note to the more subjective and individualised fit notes, a question that is yet to be answered is what other information is necessary to evaluate the effectiveness of returning to work in supporting recovery.



# Solutions

## Training the current workforce

### E-learning tools

The Work and Health programme newly released on the '[E-learning for health](#)' website contains practical advice to improve HCP confidence in supporting patients with long term or chronic health conditions using brief consultations, as well as improve self-care of health and wellbeing for health professionals. It is pitched at a level that is suitable for specialists, GPs, nurses, occupational health experts and other rehabilitation physicians.

### Council for work and health

The council for work and health has developed a [guide for doctors to discuss work and work modifications with patients](#). This guidance includes a one page 'Talking Work Checklist' that can be used by doctors to have work related conversations and consider adjustments as part of their routine consultations. Case studies that encompass common workplace health issues including cardiorespiratory, musculoskeletal, cancer, injury at work and mental health are provided to facilitate greater understanding of implementing the talking work checklist into everyday practice.

### Health and Work (H&W) Champions Project

Fifty-five H&W Champions have been recruited and trained jointly by Public Health England (PHE) and the Royal College of Occupational Therapists (RCOT). These H&W Champions are delivering individually organised training within their NHS organisations to empower colleagues to integrate employment queries and advice into every-day practice. Sixty formal training sessions have been delivered and 487 healthcare professionals participated. Current findings are overwhelmingly positive and attendees reported that knowledge, skills and confidence improved after the training.

## Training the future workforce

The GMC's Outcomes for graduates [2018] says that:

*'Graduates should be able to describe the principles of holding a fitness for work conversation with patients, including assessing social, physical, psychological and biological factors supporting the functional capacity of the patient and how to make referrals to colleagues and other agencies.'*

While welcome, it is important that this addition is highlighted to staff and students to ensure its inclusion in both learning and assessment activities. Undergraduate curriculum resources are currently being developed for medical school use. Efforts should also be made to include similar learning outcomes into the curriculum of allied healthcare professionals, to improve interprofessional awareness and working as part of the NHS long term plan.

## Cultural changes

### Self-awareness

Professor Debbie Cohen OBE, who is based at the University of Cardiff's School of Medicine argues that before healthcare professionals can play a role in promoting work as a health outcome, they must first recognise their own role in supporting healthy and safe work environments. This includes looking after their own health and wellbeing as well as supporting the health and wellbeing of their colleagues. Professor Cohen's department have developed interactive applications such as Arbour (targeting mental health) to improve self-awareness of health and wellbeing and improve the assessment of an individual's suitability to return to work after a period of being unwell.

### Values

To create a culture of positive change for patients we must first change the culture we engender between staff. Having values that promote a 'culture of change' was a theme that reverberated throughout the conference as well as in Professor Cohen's talk. These values include respect, appreciation, compassion and positivity to stimulate a supportive environment where ideas such as work being perceived as a positive health outcome are not only welcome but are actively implemented.

These values are equally important in ensuring that good relationships exist between colleagues and line managers. This is essential in allowing employees to feel comfortable to engage in open and honest discussions about their physical, social and mental wellbeing. When conversations encompass all aspects of health can there then be shared dialogues to facilitate where necessary, workplace changes that engage the employee in 'good work' on their return to work.

### Whose responsibility is it?

All employers have a responsibility to promote good work for good health, whether they are a multi-national corporation, a public sector organisation or charity. Doctor Richard Heron, Vice-President of Health at BP, illustrated the corporation's need and approach to promoting 'good work'. The methods used by BP could be adopted across many organisations and focus on the importance of value-based leadership to promote a healthy culture, which results in greater productivity. Advocacy is equally important — "caring about people, rather than caring for them." Heron outlined simple steps that can create 'good work' including noticing people, give them space, as a choice, rather than requiring them to answer questions and for those who are returning to work, demonstrating that the employer's interest are about employee health and returning to a supported 'good work' environment, rather than removing them from the organisation.

## Inter-professional working

The Allied Health Professions Advisory Fitness to Work report was developed by the Allied Health Professions Federation with expertise from the UK professional bodies of physiotherapy, occupational therapy and podiatry. It was launched by the DWP at the Health and Well-being at work conference in March 2013. Its purpose was to provide a nationally recognised tool (a form) for Allied Health Professionals (AHP) to advise employees on their fitness to work and how they can return to work, recognising the role of AHPs in supporting the health and wellbeing of the workforce. A review of the form in Spring 2018 found that there was wide variation in its use across the UK. While its format remains unchanged it has been confirmed that the form can also be used for statutory sick pay purposes. The tool is now also referred to as the AHP Health and Work Report (although its title has not yet officially changed), signalling greater interprofessional recognition of standards in assessing fitness to return to work.

# Acknowledgements

The Academy would like to thank everyone that took part and attended the 'Good work is good for you' conference, in particular,

**Dr Anne de Bono**, President, Faculty of Occupational Medicine

**Dr Steve Boorman**, CBE, Chair, Council for Work and Health

**Debra Holloway**, Nurse Consultant Gynaecology, Guys & St Thomas' NHS Foundation Trust and Chair of Royal College of Nursing Women's Forum

**Karyn Davies**, Mental Health Nurse, Senior Lecturer, University of South Wales

**Dr. Charles Goss**, Consultant Occupational Physician and Head of Service, University Hospitals of Leicester NHS Trust OH Service and the MacMillan Team

**Professor Karen WalkerBone**, Professor in Occupational Rheumatology

**Dr Harj Kaul**, Consultant Occupational Physician

**Professor Debbie Cohen**, OBE, School of Medicine, Cardiff University (Chair)

**Dr Rob Hampton**, GP, Health & Work Clinical Champion, Public Health England

**Dr Shriti Pattani**, GP, Health & Work Clinical Champion, Public Health England and Chair NHS Health at Work Network

**Natalie Beswetherick**, Director of Practice and Development, Chartered Society of Physiotherapy

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**Helen Donovan**, Professional Lead for Public Health Nursing, RCN Professor Gina Radford, Deputy Chief Medical Officer, Department of Health

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