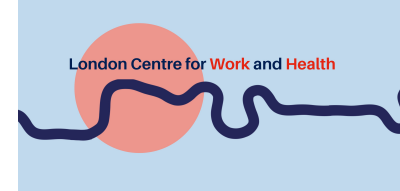


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Growing the OH&WB workforce

Commissioned research for NHS England

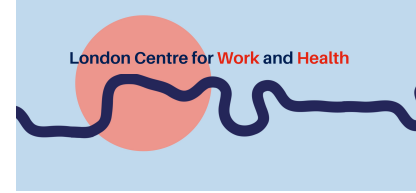
Working group: Vaughan Parsons, Ira Madan, Barbara Smiley, Janet O'Neill

Brief: To scope and assess opportunities for growing a multidisciplinary OH clinical workforce with an emphasis on the utility of allied health professionals and other emerging clinical roles.

Research questions:

Phase 1 (A retrospective lens: what's working well and where are the gaps?)

1. What are the *core characteristics of multidisciplinary OH clinical teams* in the NHS, how do they function in terms of service delivery and meeting organisational needs, and what are their strengths and limitations?
2. What are the *job characteristics, person specifications and competencies of OH allied health professionals and non-OH personnel* who have been effectively trained to deliver OH service functions in the public or private provider settings?
3. What *novel workforce strategies* have been i) developed, ii) implemented and iii) evaluated (clinically and economically) at a local level to grow multidisciplinary OH clinical teams, what are the key learnings and what are the approximate associated costs?



Phase 2 (A future lens: blue sky thinking and exploring new fresh ideas)

4. What are the opportunities for enhancing future multidisciplinary OH clinical teams and their working practices, especially *expanding the role of OH and non-OH allied health professionals*.
 - What would be the implications and what factors would need to be taken into consideration in terms of education & training, clinical governance, supervision and professional indemnity?

5. What *strategies could be implemented to overcome OH staffing and other workforce challenges* which impact on the capacity to grow multidisciplinary OH clinical teams?

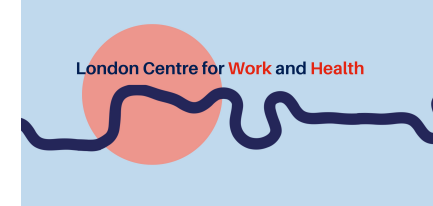
Methods

- **RQ 1** Cross-sectional workforce survey
- **RQ 2** Tabulate core job characteristics, person specifications and competencies of OH allied health job roles.
- **RQ 3** Systematic review of NIHR library / Cochrane (Work) reviews of OH interventions (*Improving work participation. Health promotion at the workplace*)
- **RQ 1** Focus group interviews with stakeholders

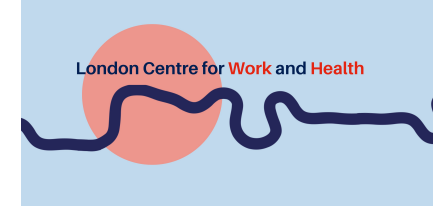
Results : RQ 1 Cross-sectional workforce survey

- 30/127 OH departments, response rate of 26%
- Majority hosted / deliver OH services in acute NHS trusts (79%)
- Wide variation in OH core services delivered
- 22 SEQOHS accredited, 4 working towards, 8 were not
- Wide variation in staffing, education and training opportunities for clinical staff

Results: Job roles



- Health and wellbeing lead
- OH technicians
- OH physiotherapist
- Specialist dietician
- Mental health first aid trainer
- OH cognitive behavioural therapist
- OH mental health practitioner
- Clinical specialist OT – vocational rehabilitation
- Occupational psychologist
- Health and wellbeing improvement practitioner
- Moving and handling coordinator
- Social prescriber



Characteristics of multidisciplinary OH clinical services

- Good interdisciplinary collaborations with wider NHS specialist services
- Establishment of highly specialised MDT teams (comprising OTs, physio, MH nurses)
- Interdisciplinary joint case management across internal OH clinical teams
- MDT clinical input to manage complex cases.
- Daily clinical team huddles

- Peer mentoring support, education, training and supervising by MDT OH team (*interdisciplinary learning opportunities*)
- Emphasis on ‘growing talent’ and internal promotion
- Role of OH nurses in imparting OH know how

Limitations (gaps) in delivering multidisciplinary OH clinical services

<ul style="list-style-type: none"> • No recognised OH qualification or training for AHPs 	<p>Lack of core funding prevents innovation in workforce planning and expansion of OH teams</p>
<ul style="list-style-type: none"> • Difference (perceived and actual) in professional roles and capacities to undertake specific OH job functions and differences in inter-professional working practices 	<ul style="list-style-type: none"> • Investment (time) required to upskill and provide in-house training for new nurses recruited to OH
<ul style="list-style-type: none"> • Limited opportunities to provide clinical supervision to AHPs in OH. 	<ul style="list-style-type: none"> • Insufficient office / clinical space to accommodate staff

Systematic review of NIHR Library

Occupational rehabilitation / RTW focused interventional studies

- **SWAP trial MSK**

Physios and nurses

- **IN-STEP trial**

Employment Support Advisors

- **i-SWAP trial**

First Contact Practitioners- advanced OTs

- **OPAL trial**

Physios/OT

- **WAVE trial**

Non-clinical staff

- **WORKWELL trial**

Rheumatology OT

- **FRESH trial**

OT supported by brain injury case managers

- **Ways back to Work study)**

OH nurse case managers

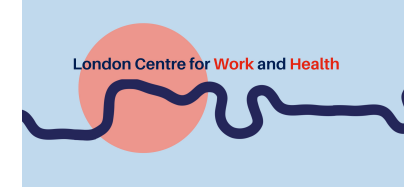
- **RETAKE trial**

Stroke OTs

- **Collaborative case management to aid RTW**

OH nurse case managers

Systematic review of Cochrane (Work) reviews



Cochrane (Work) n=10 systematic reviews

MODERATE / STRONG EVIDENCE (n=2 reviews)

MDT interventions to enhance return-to-work for cancer patients. (Boer et al, 2015 (Netherland))

Job roles: Psychologists, medical social workers, oncology nurses, case managers

Types of MDT interventions:

Psychoeducational (coping strategies)
Workplace adjustments
Exercises)
Medical / Pharmacological

Results: MDT interventions led to more cancer patients returning to work than care as usual

MDT biopsychosocial rehabilitation for chronic low back pain. (Kamper et al 2014 (Australia))

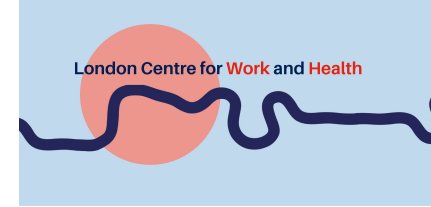
Job roles: Physicians, psychologists, physio, social workers, OTs and exercise therapists.

Type of MDT interventions

Biopsychosocial rehabilitation
Psychological input targeting social / work-related behaviours
Education

Results: MDT treatment results in larger improvements in pain and daily function than usual care

Focus group interviews



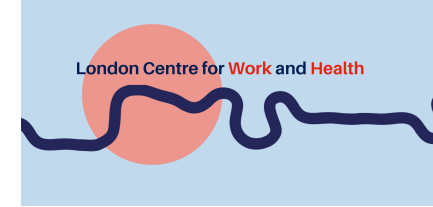
OT / physios can perform initial assessments (with training and SOPs)

Prominent role for OH technicians

Clinical governance reassurances a priority

- Who's best placed to provide clinical supervision to AHPs (in-house or external), discipline-specific vs MDT ?
- Lack of competency framework and clinical standards to benchmark for AHPs and other roles
- Lack of OH-specific education and training for AHPs or interdisciplinary training opportunities
- Need for a preceptorship model to support career transitions of AHPs into OH

Focus group interviews



- Rebranding the image and identity of OH: traditional OH job roles not attractive to attract AHPs
- Student placement opportunities viewed as valuable
- Build upon successes (rise in staff psychology services in OH)
- Need for a national professional network to disseminate learnings and share resources
- Disparity between independent vs NHS in willingness & capacity to grow OH clinical workforce
- MUST demonstrate the value and clinical benefits of widening the clinical AHPs workforce

Targeted OH workforce strategies to grow OHWB services and attract AHPs

- Creation of novel OHWB roles (Dietitian, social prescriber, sleep physiologist, menopause worker)
- Dual OH posts (e.g. ergonomic/physiotherapy role)
- Structured retraining pathway for experienced new recruits into OH
- Setting up OH apprenticeship programme
- Collaborate with trust's AHP Lead when developing OH AHPs job descriptions
- Showcasing OH as specialty career pathways at recruitment events

Main obstacles to workforce innovation

1. Legacy and fear

- Traditional views of OH service provision
- Perceived threat to specialty and traditional OH professional roles (diluting/undermining expertise)
- Fear of the unknown (what the new era of OHWB services will bring)

2. Lack of knowledge and understanding of what AHPs can offer (skills, capabilities)

3. Lack of strategic workforce planning guidance for OH leaders to grow MDT teams

4. Funding issues

- Drop salary band disincentives for future job applicants

Next steps and recommendations

- A root and branch review of OH&WB service provision and job roles, and to develop a comprehensive competencies framework covering all relevant health professional groups
- Establish / strengthen career transition pathways for qualified health professionals to enter OH specialty along different career points (graduate, early and mid-career)
- Increase student placement opportunities for AHPs / nurses to promote OH&WB as a viable career option.
- Establish a centralised repository of resource material and information (job descriptions and workforce proposals/pilots) for OH&WB leaders.