

Student Placements in Occupational Health Services: nursing and physiotherapy FREE

Clare Brown, Kiera McDowall, Elizabeth Murphy ✉, Josh Bell

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The pandemic of COVID-19 has impacted on the lives of the working-age population more than could have been anticipated in the early phases of 2020. The residual impact of COVID-19-related ill-health, delayed diagnosis amongst other health conditions and the overwhelming constant mental, physical and emotional demands of working in healthcare are yet unmeasured.

It is however recognized from pre-pandemic times that the workforce required to sustain the specialist expertise to manage workplace hazards and risks requires innovative solutions and creative workforce engagement. Integration of Occupational Health into the National Health Service (NHS) has previously been considered by Heron and Torrance [1].

The COVID-19 pandemic raised the profile of many working in the speciality and practically demonstrated the added value of Occupational Health Professionals in supporting and sustaining the required staffing levels [2]. DeBono *et al.* outlined the findings of a mixed methods survey of occupational health services performed during the COVID-19 pandemic. They reviewed the perceptions of those working in the speciality of occupational health and in particular focused on roles as strategic influencers and leaders within organizations.

The NHS England People Plan also recognized the necessary requirements of prioritizing the safety and health of all those

working in the NHS [3]. The updated plan was published in July 2020 and covers all those employed by NHS England. The principles are also transferable to wider NHS workplaces and can be translated more widely to the benefit of all workers.

A key pillar explored for occupational health in this editorial is pillar four which is titled- [growing for the future- how we recruit and keep our people, welcome back colleagues who want to return]. To support the NHS People Plan NHS England have set out a bespoke vision encapsulated in the GrowOH initiative [4]. This is led by subject experts and is linked to regional Academic Health Science Networks.

The strategic drivers of particular interest include the growing our occupational health and well-being people (driver three). The initiative has recognized the multi-professional team working which is essential to delivery of integrated quality occupational health services.

There are established training programmes at postgraduate level for medical postgraduate doctors training in occupational health at Completion of Certified Training level (CCT), Certificate of Eligibility for Specialist registration (CESR) and a Diplomate qualification for other postgraduate doctors wishing to develop expertise (Dip Occ Med). The National School of Occupational Medicine and the Faculty of Occupational Medicine work together to provide the required curricula, training quality assurance of courses and examinations [5,6].

The postgraduate training for nurses in occupational health requires a second degree which when completed enables nurses to hold the qualification of Specialist Community Public Health Nurse–Occupational health (SCPCN). The Faculty of Occupational Medicine had launched a Diploma in Occupational Practice (DipOccPrac) which has the objective of increasing accessibility to specialist expertise for nurses who wish to work in occupational settings. There are several providers of the necessary courses and again the National School of Occupational Medicine and the Faculty of Occupational Medicine work together to provide the required curricula, training quality assurance of courses and examinations. This

for the first time brings together the training and examinations for two key professional groups in the specialist field.

It would be aspirational to expand this opportunity to others working in occupational settings including mental health practitioners, physiotherapists and occupational therapists. At the time of writing there are no courses available for these colleagues and this could be viewed as a lost opportunity to reform the access to training.

It is also recognized that early links into educational programmes for undergraduates can increase the recruitment into postgraduate specialities. Many of our senior colleagues have published 'why I came to occupational medicine', this is often linked to early workplace experiences or meeting an inspirational leader. Peer-to-peer conversations and informal form a platform for recruitment. Foundation Doctor shadowing opportunities are frequently used to explore occupational health in my own service; however, the decline in the early undergraduate curriculum delivery has led to less opportunity to share the value of occupational medicine.

Other professional groups have however been more successful and as a multi-professional team we have successfully established both physiotherapy and nursing placements in the NHS service.

NewcastleOHS is part of the Newcastle upon Tyne Hospitals NHS Foundation Trust which employs approximately 18 000 staff. We are a diverse team including postgraduate trainees in general practice medicine, occupational medicine and occupational psychology.

Undergraduate students from local universities have visited the department on placement for physiotherapy for 3 years. This initiative aims (i) to raise the profile of the department and area of specialism to improve recruitment to physiotherapy and nursing teams, (ii) to increase accessibility to best practice placements in occupational health, (iii) to enable partnerships to become established with educational institutions which could generate interest in specialist training, for example the Diploma in Occupational Health Practice (DipOHPrac), (iv) to

inform the mode and delivery of training for the future practice-based settings and (v) to provide experience in workforce leadership, education and research.

The programme comprises 4- to 6-week student placements of third-year BSc and MSc students. Bespoke timetables were developed for each student scheduling halfway and final appraisals and a presentation slot during which students have the opportunity to do a presentation about a chosen topic at the end of their placement. The integration into clinical assessments and multi-professional team working enhance the necessary skills required to deliver advice to employees and managers through management referrals and self-referrals. There are also opportunities to do workplace visits and review advice given during assessments.

The COVID-19 pandemic delayed the commencement of physiotherapy student placements. Trust guidance on social distancing and reducing patient attendance on hospital sites, the placement was adapted to become fully virtual with students being provide with a laptop and work mobile phone with clinical supervision provided via Microsoft Teams™. Students were able to achieve their objectives and continue to develop their knowledge and skills with the virtual offering. The physiotherapy placement is now established with several students attending the department for a 6-week placement. Following on from the initial student placement at recruitment subsequently there were over 20 applicants, and the successful candidate was the student who had participated in a placement. Throughout the Trust three students have also secured substantive posts in core physiotherapy roles.

Building on this experience the team identified the possibility of developing a nurse student placement in occupational health services.

Key objectives identified were to increase nurse student experience in a speciality that is key to supporting the working journey of NHS staff from a health and well-being perspective.

The practice placement facilitator suggested several 1- to 2-week placements as a pilot for nursing placements. These

placements are classed as satellite experiences and support the student learning and development without the need for specific skills assessment. Informal feedback can be given in the additional feedback section of the student portfolios.

A Newcastle OHS induction document was developed to support the student experience. This included the local induction information and supplementary guidance on what to expect during the 2-week period in the team. This document was sent by e-mail to students placed with us along with a timetable to enable them to collaborate with members of the multi-professional occupational health team. The team deliver numerous training events each week and it was straightforward to link the students into several learning opportunities, for example bereavement training and musculoskeletal disease knowledge updates linking to current evidence-based advice to assist recovery and functional improvement. There are also opportunities to shadow other practitioners in the occupational health team including senior nurses, outpatient clinic nurses and physiotherapists.

The initial nurse pilot was for 6 months; during that time frame six students attended for 2 weeks each. The feedback was positive although all the nursing students reported a desire for more clinical activity.

A key barrier to some continuing to grow the necessary specialist expertise in occupational settings is the decline in undergraduate curricula opportunities and 'hands-on' clinical experience at undergraduate level. Postgraduate access to appropriate level training for all professional groups must be expanded and made more accessible on a multi-professional learning platform. The use of undergraduate placements and shadowing experiences for doctors are essential to promote growth of those wishing to access more expertise in the speciality.

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