Supporting occupational health and wellbeing professionals

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Anne Trotter
Nursing and Midwifery Council
By email.

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Dear Anne
I was delighted that Deborah and you were able to join the SOM consultation discussions held on 25th May regarding the proposed Specialist Community Public Health Nursing standards. There were 43 attendees at this event, and It was good to have you and Deborah join us for those discussions. Most of the points in this letter that were raised at that meeting will come as no surprise as they have been raised by Marisa and myself in several consultation meetings. I am sure it will be helpful to have this written feedback.

I have discussed the proposed NMC standards proposed with several experienced occupational health (OH) nurses, OH managers, organisational leads, and occupational physicians, including Dr Will Ponsonby, the SOM Immediate Past President, Dr Jayne Moore, SOM President elect, Prof Ewan MacDonald of the University of Glasgow and Dr Anne de Bono, President of the Faculty of Occupational Medicine. This communication also reflects those discussions.

There was overall satisfaction that the suggested course content is comprehensive with what we believe is a good focus on OH nursing.

1 Key points
Educators mooted whether SCPHN(OH) courses should be delivered at undergraduate or postgraduate level. There were mixed views amongst other educators regarding L7 delivery. Several recommend continuing to offer at both undergraduate and postgraduate levels. My personal view: M level is appropriate as SCPHN registration acknowledges we are working at a specialist and advanced level. These standards are being devised for OH nurses of the present and the future. Registrants who qualify under the *Future Nurse* standards will all be graduates. There are currently a range of courses for OH nurses offered at undergraduate level for those who do not have a first degree. Those people can undertake SCPHN M level courses in the future if they so wish.

Those attending the SOM event supported having a business focus as OH services must add value to the organisation if they are to remain viable. The material included on page 14 of the document must include our role in risk management. Being competent to undertake a role in, or advise on, risk management has been crucial during the Covid-19 pandemic.

1.1 Nurse prescribing
You are aware my opinion regarding the mandatory inclusion of nurse prescribing is that it is inappropriate. This was mirrored by other educators and for many reasons, including, but not restricted to:

- In some, but not all settings OHNs administer immunisations/travel medications, this can be facilitated through existing Patient Group Directions (PGDs);
- The view of educators, senior OHN practitioners and eminent OH physicians is that prescribing should not be a **mandatory** component within SCPHN(OH) programmes. For OHNs able to justify prescribing within their role, they can undertake the V300 as a post-reg stand-alone course if they think this would add value to them;
- If the intention of the NMC is to encourage OHNs to undertake a treatment role this is a retrograde step taking us back to the treatment services delivered more than fifty years ago;

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- Dr Will Ponsonby (SOM past president), Dr Jayne Moore (SOM President elect) Dr Steve Boorman (Chair Council for Work and Health) confirm that prescribing is not part of their OH role and there is no good reason for it to be included in the role of the OH nurses with whom they work;
- There will be difficulties getting prescribers willing, and able, to supervise the prescribing element in the practice setting. It has been challenging enough for OH students to get practice teachers, finding a prescriber to supervise prescribing practice which they may be unable to achieve in their own workplace may be impossible;
- For those unable to prescribe in their own workplace, arranging an alternative placement for that component is unlikely to be successful as:
    - Their employer may require them to undertake this experience during their annual leave – this was the case for alternative practice experience for many LSBU students.
    - Service leads approached for alternative prescribing placements may not engage with this resulting from the time commitment and the additional responsibility of having a student prescribing for their clients/patients.
    - There are likely to be insurance and additional (honorary) employment contract issues associated with undertaking prescribing placements away from their usual workplaces.
- Should students change employer partway through the course, through choice or necessity, they may be unable to complete the prescribing element and therefore be ineligible to graduate.
- Students unable to complete mandatory elements of an OH course cannot graduate; mandatory prescribing may result in OH nurses gravitating to non-SCPHN courses.
- Adding mandatory prescribing will result in a reduction in space in the curriculum for essential OH content resulting in registrants being competent to undertake a role they may not need but less competent in undertaking essential OH focused elements. Individual HEIs can still choose to include nurse prescribing should they be able to justify this.

1.2 Person-centred care

OH Nurses must be impartial advisers to both clients (patients) and managers. “Person-centred care” may have different meanings to clients and practitioners and could open a can of worms. Liz Scott of Cumbria University has raised this as her particular concern, I am sure she can provide her reasons for this.

There are occasions when the advice we give is not necessary to the client’s liking and they are likely to report an OHN to the NMC if they are unhappy with a report made to a referring manager quoting, they consider the report is not “person-centred”. There could be significant implications should an aggrieved employee take a case to an employment tribunal. A well-briefed legal representative could turn that to the claimant’s advantage.

2. Secondary points

2.1 There is mention of OHNs designing workplaces (P3), OHNs do not design workplaces but do advise on adjustments and we consider occupational function as well as job design (p23)

2.2 OH nurses do not treat but they may manage first aid provision and contribute to disaster planning (disaster planning does not feature in the standards)

2.3 I have raised at several consultation meetings that environmental impact should be included in OH courses, that is how all waste materials are managed, particularly food and hazardous chemical and biological waste. This should not be restricted to clinical waste point 3 page 23).

2.4 I have raised in previous NMC consultation meetings that OHNs should understand the importance of reducing/controlling emissions associated with work processes. This will reduce environmental pollution impacting on the health of the community. Happy to discuss further if that would be helpful.

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2.4 Genomics is an issue for some, but not for myself as I can see how I would incorporate this into materials I could teach.
2.5 We suggest the term *industry* on page 16 is replaced with the term *sector* as not all OHNs work in industry, but they all work in specific sectors.
2.6 Reference to risk and hazard on page 22, point 10. Being pedantic – I suggest the word hazard is positioned before risk. A hazard is only a risk to health if control measures are inadequate.

I think I have captured the discussions we had last week. Please feel free to contact me if I can be of further assistance. I recognise the importance of getting these standards right.

Kind regards

Prof Anne Harriss
President
Society of Occupational Medicine