Occupational Health: Working Better

Date 12 October 2023

# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s a science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

**Acknowledgements**

We acknowledge the key contributors to this document and appreciate their support in providing their expertise to our response:

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**Other Contributors:**

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# Our response

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| **I am responding as or on behalf of:**  |
| Employee | Y |
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| Your sector (Please type) | Health & Social Care |
| Size of your company/organisation *(Large -250+ staff, medium (50-249 employees) or small/micro (0-49)* (Please type) | Medium |
| Which region(s) do you operate in – (London, South West, South East, North West, North East) (Please type) | UK-wide |
|  |  |
| **Your Employment type** |  |
|  |  |
| Public sector | Y |
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| **Health sector only** |  |
| Your sector (public or commercial) (Please type) | Public |
| Occupational Health Professional  | N |
| Occupational Health Profession (Please type) |  |
| Occupational health professional body (Please type) |  |
| Other (please state) | Occupational Therapy  |
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**Chapter 1: Opportunities for greater employer action, best practice sharing and voluntary health at work standards.**

**Question 1: What would you consider to be a robust and reliable source of evidence to establish a simple and clear baseline for quality OH provision?**

* **Evidence based outcomes from an Expert Advisory Group.**
* **The Government guidance to support employee health outcomes in the workplace, including specifying a clear and simple baseline for minimum levels of OH support.**
* **Anything else? Give reasons for your views below.**

We place a high priority on evidence-based practice to ensure the provision of quality Occupational Health (OH) services. When establishing a baseline for quality OH provision, we recommend considering the following sources of evidence:

**Government Guidance**: Government guidance on employee health outcomes in the workplace is a valuable and robust source of evidence. Such guidance often results from extensive research, expert input, and legal considerations. It provides clear standards and guidelines for OH provision, which can serve as a baseline for quality. For instance, the Department for Work and Pensions (DWP) published 'What Works for Whom and When' by Waddell, Burton, and Kendall in 2013. This document can be accessed here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209474/hwwb-vocational-rehabilitation.pdf>

**Expert Advisory Groups**: Evidence-based outcomes from Expert Advisory Groups, particularly those comprising experts in the fields of occupational therapy and workplace health, including multi-disciplinary groups such as CWH and SOM and IOH, can offer valuable insights. It is crucial that the recommendations from these groups are well-documented, transparent, and based on rigorous research.

**Peer-Reviewed Research**: High-quality, peer-reviewed research studies in the field of occupational therapy and workplace health can provide essential evidence. These studies should have robust methodologies, large sample sizes, and clear findings related to occupational health outcomes. For instance, Drummond, A., Coole, C., Nouri, F., et al. conducted a feasibility study in 2020 on using occupational therapists in vocational clinics in primary care, which can be accessed here: <https://doi.org/10.1186/s12875-020-01340-5>

**Professional Associations**: Occupational therapy and occupational health professional associations often provide guidelines and recommendations for quality OH provision. These guidelines are developed by experts in the field and can be considered reliable sources of evidence. In 2021, the British Society of Rehabilitation Medicine (BSRM) published 'Vocational Rehabilitation: A Brief Guidance,' which can be accessed here: <https://www.bsprm.org.uk/wp-content/uploads/2022/04/bsrmvocrehab-final7-9-21.pdf>

**Longitudinal Data**: Long-term data tracking the health and return-to-work outcomes of individuals who have received OH services can serve as a reliable source of evidence. This data can help establish trends and best practices in OH provision.

Understanding the impact of developmental, physical, and mental health conditions on daily function and enabling participation in activities are unique and important contributions of Occupational Therapy.

[Allied Health Professions Fitness For Work Report - RCOT](https://www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report)

[Using occupational therapists in vocational clinics in primary care: a feasibility study | BMC Primary Care | Full Text (biomedcentral.com)](https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-020-01340-5)

Every Occupational Therapist can legally sign a Fit Note from point of qualification – it is not dependent upon role / grade or specialism.

We encourage stakeholders in the field of occupational health to utilise these diverse sources of evidence to establish clear and simple baselines for quality OH provision. Combining insights from government guidance, expert advisory groups, peer-reviewed research, professional associations, and real-world experiences can help create a comprehensive and evidence-based framework for promoting the health and well-being of employees in the workplace

For further reference, we recommend the systematic review conducted by De Dois Perez et al. in BJOT (2023), titled 'The effectiveness of occupational therapy supporting return to work for people who sustain serious injuries or develop long-term (physical or mental) health conditions.'

Additionally, we would like to highlight recent research by Gillian Burdon (2023), which will soon be published and addresses the experience of occupational therapists working with employers of people with multiple sclerosis. This research confirms that the employer is an integral factor in determining whether someone successfully stays in work. It also demonstrates that occupational therapists are well-placed to support both people with multiple sclerosis and their employers with understanding the condition, legal aspects, the role of supporting services, and negotiating reasonable adjustments. This research underscores the importance of occupational health services and the need for clearer signposting routes for employers when a diagnosis of multiple sclerosis is disclosed.

**Question 2: What best practice examples have you seen where workplaces are used to better support employee health outcomes that could be used instead to bolster greater take-up of OH provision? What kind of model would you prefer for sharing this good practice, particularly to support SMEs?**

There are many best practice examples for OH provision in large businesses such as Royal Mail Group, BT, Rolls Royce and Growing OHWBT. Many NHS OH departments support SMEs in supporting their preventative and rehabilitative strategies to keeping people at work.

An effective approach to better support employee health outcomes in workplaces is through the integration of Occupational Health (OH) provision, particularly when tailored by occupational therapists. The following best practice examples showcase models that can be used to bolster greater take-up of OH provision:

**Social Media and Webinar Meetings:** Utilising social media platforms and conducting webinar meetings can be an excellent way to disseminate information about OH provision and sustain thriving communities of practice. Through these channels, we can share real world examples of how to integrate OH services effectively, learning and building on previous experience. Webinars can also serve as a platform for occupational therapists and experts to provide guidance and answer questions related to employee health and well-being.

**CIPD Events, Chambers of Commerce, and HSE Employee Relations/Unions:** Collaborative events and partnerships with organisations such as the Chartered Institute of Personnel and Development (CIPD), Chambers of Commerce, and Health and Safety Executive (HSE) can facilitate the sharing of best practices. These platforms provide opportunities for networking and knowledge exchange among businesses of all sizes. OH provision models that have yielded positive results can be showcased at such events to inspire and educate other workplaces.

**Experts by Experience and Peer Support Groups:** Creating forums for experts by experience, including employees who have benefited from OH services, can be an effective means of sharing success stories and testimonials. Peer support groups can offer insights into how OH provision has positively impacted individuals' health and work experiences. These stories can serve as powerful testimonials to encourage other employees and employers to embrace OH services.

**Preferred Model for Sharing Good Practice, Particularly for SMEs:**

To support SMEs in adopting best practices for employee health outcomes, we recommend the development of a comprehensive and accessible knowledge-sharing model:

**Online Resource Hub:** Establishing an online resource hub, hosted by trusted organisations like the Royal College of Occupational Therapists, can serve as a central repository of best practices, case studies, and resources related to OH provision. This hub should include easily digestible guides, success stories, and toolkits specifically tailored for SMEs.

**Regular Webinars and Workshops:** Organising regular webinars and workshops, facilitated by occupational therapists and experts in the field, can provide SMEs with practical insights into implementing OH provision. These interactive sessions can cover topics such as cost-effective strategies, legal compliance, and the benefits of OH services.

**Collaboration with Business Associations:** Partnering with SME-focused business associations, chambers of commerce, and industry-specific groups can enhance the reach of OH provision resources. These associations often have established networks and can help disseminate information and promote best practices among their member businesses.

**Peer Mentorship Programmes:** Encouraging peer mentorship programmes within SME communities can be highly effective. SMEs that have successfully integrated OH provision can mentor others, sharing their experiences and lessons learned. This peer-to-peer support system can foster a sense of trust and relatability among SMEs.

**Tailored Support for SMEs:** Recognising that SMEs may have limited resources, it is essential to offer tailored support packages that align with their specific needs and constraints. This could include subsidised OH services or access to expert consultations to help SMEs navigate the implementation process.

**Welsh In Work Support Service:** Since July 2022, Occupational therapists, Pharmacists, Physiotherapists and Nurses have been able to legally certify fit notes. This is enabling registered health professions to provide advice and adjustments that are tailored to the health and work needs of the patient and should support a more multi-disciplinary approach to managing health and work concerns .[More healthcare professionals given powers to certify fit notes - GOV.UK (www.gov.uk)](https://www.gov.uk/government/news/more-healthcare-professionals-given-powers-to-certify-fit-notes)

The Welsh In Work Support Service, combined with the use of the fit note by additional registered health professions, provide the opportunity for a primary care and communities based ‘health and work service’ in Wales that is accessible, timely and evidence based. This may also offer better value than a traditional Occupational Health model for the management of the majority of mild-moderate health conditions that currently often present as work limiting conditions in Primary Care.

In Wales, some NHS Health Board Occupational Health Services have been transformed to provide a multi-disciplinary approach with less emphasis on a traditional medical model, enabling efficient fitness for work assessments to support staff to return to work/remain in work. The transformation of the service in Swansea Bay University Health Board, which employs 13 000 staff, was highlighted in the following -  [The Occupational Health & Wellbeing Awards 2020 winners - Personnel Today](https://www.personneltoday.com/hr/the-occupational-health-wellbeing-awards-2020-winners/)

There is therefore the potential to develop a ‘work and health’ service model that only utilises a mulit-disciplinary occupational health services when the needs of employees are more complex than can be managed in Primary and Community Services. If these Occupational Health Services were enhanced and provided regionally, it would support economies of scales and offer a more prudent approach as highlighted in the model below (Figure 1). In Wales, the ‘building blocks’ to support such a model are already in place and could be re-engineered to facilitate such a service, utilising Occupational Health for more complex advice,  support and intervention than this Consultation suggests.

Occupational therapists are trained in and have expertise in assessing individual functional capability, assessing the bio-psycho-social demands of jobs and work environments and have the expertise to analyse the match and mismatch between capability and demands. Ensuring that occupational therapists are an integral part of occupational health services, particularly for complex cases improves the efficiency and effectiveness of OH service provision.



**Question 3: What benefits does, or could, access to OH services bring to your organisation?**

We recognise the substantial benefits that access to Occupational Health (OH) services can bring to both our organisation and the broader healthcare landscape. The information provided highlights the positive outcomes that are not only attainable but also desirable for employers, employees, and the entire workforce when OH services are effectively integrated, particularly when led by occupational therapists.

Effective integration of OH services must highlight the benefit of prevention and early intervention as well as rehabilitation and access to community resources.

Access to OH services, especially when led by occupational therapists, can bring numerous benefits to organisations, the workforce, and employers. The positive outcomes observed in the OTVoc Clinics provide compelling evidence of the potential for OH services to enhance overall employee well-being, reduce sickness absence, and improve functionality at work. We believe that these benefits are not only achievable but also essential for creating healthier, more productive workplaces and communities.

**Improved Employee Well-being:** Access to OH services, underpinned by occupational therapy expertise, has the potential to significantly improve the overall well-being of employees. The evidence from Occupational Therapy Led Vocational (OTVoc) Clinics ([OTVoc\_Summary\_-2\_pages\_FINAL.pdf (rcot.co.uk)](https://www.rcot.co.uk/sites/default/files/OTVoc_Summary_-2_pages_FINAL.pdf) demonstrates enhancements in perceived work ability, mental well-being, and general health among patients. This not only benefits individuals but also contributes to a happier, more satisfied workforce.

**Reduced Sickness Absence:** A key benefit of OH services is the reduction in sickness absence rates. The successful outcomes achieved by OTVoc Clinics, where sickness absence rates decreased from 71% to 15%, underscore the potential impact of targeted interventions. This reduction not only boosts workforce productivity but also minimises the economic costs associated with employee absenteeism.

**Enhanced Work Functionality:** OH services, particularly those led by occupational therapists, empower employees to manage and cope with various health conditions. Personalised self-management advice for mental health and musculoskeletal conditions equips individuals with strategies to better manage their health and perform optimally in the workplace.

**Improved Employee-Employer Relations:** Direct liaison between occupational therapists and employers to implement workplace modifications fosters stronger employer-employee relationships. Employers benefit from the support and expertise of occupational therapists, resulting in more effective accommodations and a more inclusive work environment.

**Decreased Reliance on GP Services:** The reduction in the use of "not fit" GP fit notes, from 76% to 31%, demonstrates that OH services can alleviate the administrative burden on general practitioners. This shift allows GPs to focus on other healthcare needs while individuals receive tailored support from occupational therapists.

**Positive Employee Feedback:** The experiences of patients accessing the service highlight the value placed on accessibility, extended appointment times, mental health support, and mediation with employers. Such positive feedback reinforces the critical role of occupational therapy-led interventions in addressing employees' health and work-related concerns.

**Cost Benefit of Occupational Therapy and Multi-Disciplinary OH Services:**

* **Occupational Therapy Ergonomic Input:**

We highlight the cost-effective nature of OH services, especially when delivered by occupational therapists, as exemplified by ergonomic assessment services in musculoskeletal (MSK) contexts.

The cost-benefit analysis reveals significant savings over time when Occupational Therapy Ergonomic Input, Education, and Review are implemented:

* Average Cost over 1 year, with Assessment/Educational/Prevention input: £1,100.00
* Cost Benefit over 10 years, with Assessment/Educational/Prevention input: £1,700.00
* Average Cost over 1 year, with No Assessment/Educational/Prevention input: £3,700.00
* Cost Benefit over 10 years, with No Assessment/Educational/Prevention input: £37,000.00

In summary, Occupational Therapy Ergonomic Input, Education, and Review over 10 years result in an overall saving of £35,900.00, making a compelling case for the cost-effectiveness of OH services and their positive impact on both employees and employers. This information underscores the substantial financial and health-related benefits that result from the integration of Occupational Health services, particularly those led by occupational therapists, into workplaces.

* **Health Work Support Pilot – Scotland:**

Other evidence includes the Scottish Government Pilot in using Work Coaches in 2022 where the final valuation showed that early intervention produced better work outcomes, but that 'complex cases' required other input including occupational therapy intervention.. <https://www.gov.scot/publications/health-work-support-pilot-final-evaluation/>

* **CRS Australia – Cost Benefit of a National Vocational Rehabilitation Service:**

A cost benefit analysis of study was published in 2003 which analysed outcome data gathered nationally over two years through the government-funded national coverage vocational rehabilitation service to help people with injuries, illnesses and disabilities to gain, remain or return to employment. The results showed a total return of $30 for every $1 invested, of which, $16:00 was to the state and $14:00 to the individual. This is a significant saving for government and a significant boost for individuals who prior to the intervention were facing worklessness and the health complications that brings. (Kenyon P. Cost Benefit Analysis of Rehabilitation Services Provided by CRS Australia. Curtin University of Technology. Perth, Australia: 2003)

**Other points:**

* OH services being offered to employees at the start of their employment and periodically thereafter will ensure that employers are being proactive (rather than reactive) to their employees OH needs.
* Flexible working arrangements and other simple adjustments can prevent OH needs manifesting in workforce teams.
* OTs have strong knowledge about community based charities, social enterprises and community interest companies who provide: step-to-work programmes, pre-employment skills and voluntary roles. Many of these services lost investment during the period of austerity that preceded the global pandemic. Our ability to connect people to the appropriate re-employment services can also help people regain employment skills and return to work.
* The above addition has been made in light of this other Government consultation - [https://www.gov.uk/government/consultations/pre-employment-checks-for-health-and-care-volunteers/consultation-on-the-proposal-to-remove-the-statutory-requirement-for-a-full-employment-history-when-appointing-health-and-care-volunteers3\](https://www.gov.uk/government/consultations/pre-employment-checks-for-health-and-care-volunteers/consultation-on-the-proposal-to-remove-the-statutory-requirement-for-a-full-employment-history-when-appointing-health-and-care-volunteers3%5C)

**Question 4:** **Are there particular benefits these measures could bring for people with protected characteristics? In what ways could this be achieved?**

As the biopsychosocial model of health underpins occupational therapy undergraduate training, occupational therapists can bring particular benefits for people with protected characteristics.

**Increased Access to Services:** Increasing the number of occupational therapists in various Occupational Health (OH) and Vocational Rehabilitation (VR) settings, not limited to primary care, would ensure that individuals with protected characteristics have equitable access to early intervention services.

**Reducing Health Inequalities:** Occupational therapists can play a crucial role in addressing health inequalities. They can provide personalised support to individuals, taking into consideration their specific needs and characteristics. This approach can help bridge gaps in healthcare access and outcomes for underserved communities.

**Tailored Interventions:** Occupational therapists are skilled at providing person-centred care. By expanding their presence in occupational health and vocational rehabilitation settings, interventions can be tailored to the unique requirements of individuals with protected characteristics, ensuring that their specific challenges and goals are addressed.

**Partnerships and Collaboration:** Occupational therapists can facilitate partnerships between occupational health, vocational rehabilitation services, and Voluntary, Community, and Social Enterprise (VCSE) sectors. This collaboration can lead to more holistic and coordinated care for individuals with complex needs, including those with protected characteristics.

**Workforce Diversity:** Encouraging the recruitment and retention of occupational health practitioners (including occupational therapists) from diverse backgrounds, including those with protected characteristics, can enhance cultural competence and empathy in care delivery. This can lead to improved patient-provider relationships and better health outcomes.

**Training and Development:** Ensuring that pre-registration training placements for occupational therapists, occupational health, and vocational rehabilitation are supported and can expose the future workforce to careers in OH. This can also encourage individuals from underrepresented groups to consider careers in this area.

**Continuous Professional Development:** Providing sufficient time and support for continued professional development is essential. This ensures that occupational therapists stay up-to-date with best practices and can adapt their services to the evolving needs of individuals with protected characteristics.

**Local Flexibility:** Allowing local flexibility in implementing occupational therapy services in collaboration with community providers in OH and VR settings can help tailor services to the unique needs of specific communities, including those with protected characteristics.

**Question 6: a) What should such a national health at work standard for employers, embedding a baseline for quality OH provision,** **include, especially given the requirement to accommodate different employer needs?**

A national health at work standard for employers, embedding a baseline for quality Occupational Health (OH) provision, should encompass the following key elements, considering the need to accommodate different employer needs:

**Inclusion of Occupational Therapy:** The standard should explicitly include occupational therapy as an integral part of OH provision. It should emphasise the role of occupational therapists in assessing and addressing individual needs and facilitating reasonable adjustments. This recognition acknowledges the value that occupational therapists bring to the workplace with our background in the biopsychosocial model, the PEO model and our focus on measuring and improving safe and effective occupational performance to enhance employee health and well-being.

**Personalisation of Services:** The standard should underscore the importance of personalisation in OH services. Different employers have varying needs and circumstances. Therefore, OH provision should be flexible and adaptable, catering to the unique requirements of each employer. This may involve tailoring services such as pacing and annualised hours to align with specific employer demands and employee roles.

**Baseline Wellbeing and Health Checks:** The standard should mandate baseline wellbeing and health checks for all staff as a fundamental component of OH provision. These checks should encompass comprehensive health assessments and risk assessments. To support this, the government should consider funding support to ensure access to quality OH providers. These providers should possess the expertise to analyse the results of these checks and collaborate with employers to formulate effective health and wellbeing plans at work.

**Multidisciplinary Team (MDT) Involvement:** Recognising that OH provision often involves a multidisciplinary approach, the standard should consider all the services that the entire MDT can offer. Allied Health Professionals (AHPs) should play a pivotal role in the development and implementation of this standard. Their expertise can contribute to a holistic approach to employee health and well-being, ensuring that services cover a wide range of needs.

**Regular Review:** The national health at work standard should include a provision for regular reviews and updates. Workplace needs and best practices can evolve over time. Therefore, employers should be encouraged to periodically reassess and adjust their OH provision to align with changing circumstances and emerging health and well-being insights.

**Collaboration and Consultation:** Employers should be encouraged to consult with employees and OH professionals during the development and implementation of their health and wellbeing plans. This collaborative approach ensures that the OH provision reflects the diverse perspectives and needs of the workforce.

**Legal Compliance:** The standard should emphasise the importance of compliance with relevant legal requirements, including those related to reasonable adjustments, health and safety, and non-discrimination. Employers should be aware of and adhere to legal obligations in their OH provision.

**b) What should the OH elements of that standard look like, particularly to ensure a simple and clear baseline for quality OH provision?**

Evidence of:

* Clear OH and rehabilitation processes;
* A range of services available including AHP provision;
* Ability to provide organisational baseline health and wellbeing measures;
* Clinical and organisational governance;
* Adherence to minimum quality standards – working towards recognised quality accreditation;
* Independent review of OH provision and outcomes;
* Clinical Audit and review;
* Complaints procedures and results;
* Customer and client satisfaction survey, results and actions implemented;
* Clear outcome measures and continuous quality improvement / service development;
* CPD, training and development processes and logs;
* Employee / associate professional checks and membership of professional bodies.

**Question 7:  For an accreditation scheme, should the levels or tiers be based on business size and turnover? What other factors should we consider for thetiers? What incentives should be included in the higher tiers?**

We agree that a minimum professional service standard is essential as a baseline for any OH provision. When designing an accreditation scheme for employer OH provision it is important to consider factors beyond just business size and turnover to ensure that if there are tiers, that they are comprehensive and effective.

**Possible factors to consider for different tiered approach:**

**Service Scope:** The tiers could differentiate based on the scope of services provided. For example, higher tiers could require a broader range of OH services, including occupational therapy, mental health support, and vocational rehabilitation. Smaller providers may focus on core OH services.

**Staff Qualifications:** Consider the qualifications and expertise of the OH providers' staff. Higher tiers could require a higher proportion of qualified healthcare professionals, such as occupational therapists and AHPs, in their teams.

**Risk Profile:** Tailor tiers to the risk profile of the industry or business. High-risk industries with greater physical and mental health risks may require more comprehensive OH provision, including more frequent assessments and interventions.

**Employee Diversity:** Acknowledge that different industries and job roles attract diverse workforces. Tiers could consider the inclusivity and diversity of OH provision. For instance, employers with a more diverse workforce or specific workforce characteristics may be encouraged to offer tailored support and accommodations.

**Outcome Measures:** Evaluate OH provision based on outcome measures. Higher tiers could require providers to demonstrate improved employee health and wellness through specific metrics, such as reduced sickness absence rates, improved mental health scores, or successful return-to-work rates.

**Incentives for Higher Tiers:**

**Recognition and Branding:** Employers achieving higher tiers of accreditation could be granted the use of a recognised accreditation logo or branding, signalling their commitment to employee health and well-being. This branding can enhance the employer's reputation.

**Access to Expertise:** Higher-tier employers could gain access to a network of OH experts, including occupational therapists and other specialist professionals, who can provide tailored advice and support.

**Cost Benefits:** Consider offering cost incentives, such as reduced accreditation fees or access to government grants, to encourage employers to attain higher tiers. This can offset the investment required for comprehensive OH provision.

**Learning and Development:** Encourage ongoing learning and development. Employers at higher tiers could have access to training opportunities and resources to further enhance their OH provision.

**Tax Incentives:** Explore the possibility of tax incentives or credits for employers in higher tiers who invest in employee health and wellness programs. Tax benefits can be a strong motivator.

**Competitive Advantage:** Higher-tier employers could benefit from a competitive edge in attracting and retaining talent. This advantage can result from having a healthier and more productive workforce.

**Government Support:** Collaborate with government agencies to provide financial or logistical support to employers in higher tiers. Government support can help bridge financial gaps.

**Question 8: [To be answered if you are an SME or if you represent SMEs] As an SME with fewer than 250 employees or as a SME representative,**

**a) how useful and/or practical would such an accreditation scheme be for you? Give reasons.**

SMEs often lack the in-house resources and expertise to comprehensively address employee health and well-being. Occupational therapists bring valuable skills in assessing and accommodating employees with health conditions. Their expertise can help SMEs meet accreditation standards by providing tailored solutions that improve employee health outcomes and support in managing health-related challenges in the workplace.

**b) how useful and/or practical would benefits such as access to peer support be?**

Very useful

**Question 9: How should such an accreditation scheme be monitored and assessed? What assessment or evidence should employers need to provide to achieve each level?**

Monitoring and assessing an accreditation scheme for Occupational Health (OH) provision should involve a comprehensive process to ensure its effectiveness and the quality of OH services. Here are some key aspects of how the scheme should be monitored and assessed, along with the evidence employers should provide to achieve each level:

**Monitoring and Assessment Process:**

**Panel Evaluation:** The assessment process should involve a panel of experts in the field, including Occupational Health providers (including OTs), disability advocates, experts with lived experience, and representatives from the Health and Safety Executive (HSE). This panel would serve as an independent body responsible for evaluating employers' OH provision.

**Annual Review:** Employers should undergo an annual review as part of the accreditation scheme. This ensures ongoing compliance and continuous improvement in OH provision.

**Evidence-Based:** The assessment should be evidence-based, focusing on measurable outcomes and impact. Employers should provide concrete evidence of their efforts to enhance employee health and well-being.

**External Evaluation:** External evaluations, similar to Ofsted or the Care Quality Commission (CQC) in other sectors, can provide an objective assessment of OH provision. External evaluators can verify the data and evidence provided by employers.

**Evidence Requirements for Each Level:**

**Basic Level:** At the basic level of accreditation, employers should provide evidence of compliance with legal requirements related to OH provision. This includes certifications and qualifications of OH practitioners, including occupational therapists. Employers should demonstrate that they have engaged certified professionals to deliver OH services.

**Intermediate Level:** To achieve an intermediate level of accreditation, employers should provide statistics and evidence related to key performance indicators (KPIs) such as retention rates, staff turnover, personal injury claims, litigation, and staff wellness measures. Employers should show yearly statistics, actionable changes made based on data, and improved outcomes compared to baseline surveys.

**Advanced Level:** Employers aiming for the advanced level of accreditation should provide a deeper level of evidence. This may include data on the number of employees identifying themselves as having disabilities and other protected characteristics and demonstrating strategies to retain and support these employees. Employers should also present assessments of employee well-being over time, showing improvements and interventions based on OH provisions.

**Expert Level:** At the expert level, employers should provide evidence of implementing staff job retention toolkits and best practice guidelines. This could involve demonstrating the utilization of available toolkits such as those for cancer support, pain management, and neurodiversity. Employers should also showcase how they are effectively addressing well-being concerns raised by employees and how OH practitioners, including occupational therapists, play a pivotal role in resolving such issues.

**Continuous Improvement:** Regardless of the accreditation level, all employers should be encouraged to continuously seek feedback from employees and adapt their OH provision accordingly. Employers should also have mechanisms in place, such as neutral ambassadors or "Freedom to Speak Up" guardians, to facilitate open dialogue and address employee concerns related to health and well-being.

**Question 10:  What Government support services would be most valuable for employers seeking to improve their support for health and disability in the workplace, including as they work by towards a baselined quality OH provision as set out in a national health at work standard for employers, embedding a baseline for quality OH provision,** **that the Government would develop?**

Employers seeking to improve their support for health and disability in the workplace, especially as they work towards achieving a baselined quality Occupational Health (OH) provision as outlined in a national health at work standard, would greatly benefit from specific Government support services. Here are the most valuable services and initiatives that the Government could develop:

**Emphasis on Early Intervention and Prevention:** Government support services should prioritize early intervention and prevention measures. This includes promoting regular occupational health needs assessments to identify potential health and disability issues among employees. Early identification allows for timely interventions and accommodations, reducing the risk of long-term health-related worklessness.

**Support Coordination:** Employers may require support in coordinating various aspects of employee health and disability support. This coordination can involve liaising with healthcare professionals, disability support agencies, and occupational therapists to ensure comprehensive care and accommodations for employees with health conditions or disabilities.

**Occupational Therapy Services:** Occupational therapists can play a significant role in Government support services. They bring expertise in assessing and addressing individual employee needs, recommending reasonable adjustments, and promoting overall well-being. Government initiatives should recognize the value of occupational therapists as valuable resources in improving workplace health, disability support, and well-being.

**Access to Work Rapid Response:** It is crucial to provide faster access to programs like "Access to Work." Delays in accessing support can lead to worklessness due to health or disability-related issues. A rapid response system can ensure that employees receive timely assistance and accommodations to remain productive in their roles.

**Funding for Health and Well-Being Assessment:** Government support services can offer funding to facilitate baseline health and well-being assessments for employers. This initial assessment can help employers identify areas for improvement in their OH provision and prioritize actions accordingly. It ensures that employers have the necessary data to make informed decisions about employee well-being.

**SME-Specific Support:** Recognising the unique challenges faced by small and medium-sized enterprises (SMEs), Government support services should offer tailored assistance. This includes providing SMEs with access to programs like "Access to Work" and ensuring that work coaches are properly trained to assist SMEs in implementing health and disability support measures.

**Government-Funded Work Rehabilitation Service**: There is a need for a nationally funded vocational rehabilitation (VR) service, similar to examples like CRS Australia. This service can focus on helping individuals with disabilities or health conditions re-enter the workforce, offering specialised support and accommodations.

**Question 11**: **Should access to a government-funded support package be conditional on accrediting to the proposed national health at work standard for employers, embedding a baseline for quality OH provision? Give reasons for your views.**

Conditional access to a government-funded support package based on accreditation to the proposed national health at work standard for employers, embedding a baseline for quality Occupational Health (OH) provision, is a concept that carries significant merit.

**Ensuring Quality OH Provision:** Conditional access to government-funded support based on accreditation is essential to uphold and ensure the quality of OH provision in workplaces. Accreditation serves as a benchmark, guaranteeing that employers meet essential standards for employee health and well-being. This aligns with the overarching goal of promoting and protecting health within the workplace.

**Inclusion of Occupational Therapy Services:** The conditional approach provides an opportunity to emphasize the inclusion of occupational therapy services within government-funded support. Occupational therapists are crucial in tailoring accommodations and interventions for individuals with specific health needs. They play a vital role in ensuring that OH services are of high quality, particularly when personalised adjustments are necessary.

**Standardisation for SMEs:** Accreditation schemes can offer a standardised framework for small and medium-sized enterprises (SMEs). This consistency ensures that all employers, regardless of their size, are equipped to provide quality OH services. It prevents a fragmented approach and guarantees that employees in SMEs receive comparable levels of support as those in larger organisations.

**Initial Support and Progression:** Conditional access does not necessarily imply withholding support altogether. It can involve providing initial support and guidance to help employers meet accreditation standards. This approach encourages ongoing improvement and allows employers to progressively work towards compliance.

**Avoiding Disadvantage:** While conditional access is essential for maintaining standards, it is crucial to consider the potential disadvantage it may pose to smaller employers. Efforts should be made to provide SMEs with accessible resources and guidance to meet the accreditation requirements without creating undue burdens.

**Inclusive Standards Development:** The development of standards should be inclusive, involving a diverse range of Allied Health Professionals (AHPs), including occupational therapists. Standards should be written in a way that considers the broader scope of practice and expertise within the AHP community, ensuring that they are relevant and applicable to a variety of OH services.

**Chapter 2**: **Lessons from international comparators and successful UK-based employer models to drive OH take-up**

**Question 12: Drawing on examples from international comparators, what could be effective in driving employer demand to enable a shift towards higher rates of access?**

Drawing on examples from international comparators, several effective strategies can be implemented to stimulate employer demand and facilitate a shift towards higher rates of access to Occupational Health (OH) services. Here are some insights and examples from around the world:

**Return-to-Work Plans with OH Input:** Encourage the adoption of return-to-work plans that incorporate OH input. Occupational therapists can play a vital role in this process by collaborating with OH professionals to develop comprehensive plans for individuals who have been on sick leave. This aligns with the holistic approach of occupational therapy in facilitating individuals' return to meaningful activities and work.

**Addressing Complexity and Disincentives:** Occupational therapists may contribute to addressing the complexity and disincentives that hinder employer engagement in OH services. By providing clear and simplified guidance on the benefits of OH support, employers are more likely to understand the value and make greater demands for these services.

**Insurance Schemes (Workcover):** Look to international models like the Workcover system in Australia. Access to occupational health, treatment, and rehabilitation services is linked to employer liability insurance schemes (Workcover). While this approach is effective for work-related injuries and illnesses, it can serve as a model for structuring access to OH services within the context of employer liability.

**Targeted Approaches:** Consider targeted approaches, as seen in the Netherlands and Iceland. These countries have systems that specifically cater to unionised workplaces. Tailoring OH services to meet the unique needs and preferences of specific groups, such as unionised employees, can enhance demand and participation.

**Funding Mechanisms:** Explore funding mechanisms similar to those in New Zealand, where dedicated funding is allocated to support OH services. Having a designated budget for OH can incentivise employers to engage with these services, knowing that financial support is available.

**Question 13: What are the possible costs/benefits of legal measures to provide OH?**

The introduction of legal measures to provide Occupational Health (OH) services can have both costs and benefits.

**Benefits:**

**Employee Well-being and Safety:** Legal measures can help ensure that employees' well-being and safety in the workplace are prioritised. Occupational therapists strongly support the idea of legal redress for employees who have been put at risk, as this aligns with their role in advocating for individuals' well-being and safe engagement in meaningful occupations.

**Improved Health of the Workforce:** Legal measures can drive employers to invest in the health and well-being of their workforce. This focus on improved health can lead to reduced absenteeism and increased productivity, as employees are more likely to be healthy and present at work, improving retention of skilled staff and reduced turnover.

**Return to Work Initiatives:** Legal measures can encourage employers to implement return to work programmes, especially for musculoskeletal (MSK) issues. Occupational therapists can play a significant role in facilitating individuals' rehabilitation and work reintegration, making it easier for employees to return to work after illness or injury.

**Addressing Health Inequalities:** The mention of work as a key factor in health inequalities highlights the relevance of occupational therapists. They can contribute to addressing these disparities by promoting health and well-being through meaningful engagement in work. Legal measures can reinforce the importance of creating inclusive workplaces that cater to diverse needs.

**Costs:**

**Compliance Costs:** Employers may incur costs to comply with legal requirements related to OH services, such as conducting risk assessments, providing reasonable accommodations, and ensuring workplace safety. These compliance costs can vary depending on the size and nature of the business.

**Insurance Premiums:** Employers' liability insurance premiums may increase as a result of legal measures. This can place financial pressure on businesses, particularly smaller ones, leading to higher operational expenses.

**Regulatory Burden:** The need to adhere to OH regulations, such as the Equality Act 2010 and the Health and Safety at Work Act (HASAW Act), can introduce a regulatory burden on employers. Ensuring compliance may require additional administrative efforts and resources.

**Legal Liability:** Legal measures may expose employers to legal liability if they fail to provide adequate OH support or if workplace health and safety standards are not met. Legal disputes and potential fines or penalties can result in financial implications for businesses.

**Question 14: What lessons could be learned from self-reporting models and Automatic-Enrolment that could be applied to increase access to OH amongst employers? Please include which elements of these examples could be delivered for OH.**

There are valuable lessons to be learned from self-reporting models and Automatic Enrolment that could be applied to increase access to Occupational Health (OH) services among employers in the UK.

**Fit Note Referral Requirement:** One basic requirement that could be introduced for all employers is the mandatory referral of Fit notes for assessment. This approach could mainstream the process of accessing OH services and encourage consistent care pathways. When employees are issued Fit notes by healthcare professionals, employers would be required to refer them for assessment. This would ensure that individuals with health-related issues are not left to navigate the system on their own, potentially involving occupational therapy services to provide tailored interventions.

**Automatic Enrolment:** Similar to the concept of Automatic Enrolment for pension schemes, there could be an opt-in approach for employees to be automatically covered by occupational health services. This means that when individuals start a new job, they are automatically enrolled in the employer's OH program unless they choose to opt out. This approach ensures that people don't slip through the gaps due to ignorance or apathy. It simplifies the process and encourages individuals to take advantage of available OH services from the beginning of their employment.

**Chapter 3: Developing the work and health workforce capacity, including the expert OH workforce, to build a sustainable model to meet future demand**

**Question 15: What more can be done to build the multidisciplinary clinical and non-clinical workforce equipped with the skills needed to deliver occupational health and wider work and health services? Please include any examples of creative solutions*.***

To build a multidisciplinary clinical and non-clinical workforce equipped with the skills needed to deliver occupational health (OH) and wider work and health services, we can explore several innovative solutions and strategies:

**Collaborative Training Programmes:** Develop collaborative training programmes that bring together healthcare professionals from various disciplines, including occupational therapists, nurses, physicians, and non-clinical staff. These programmes should focus on enhancing interdisciplinary communication and understanding to provide comprehensive OH services.

**Interdisciplinary Training:** In addition to the above, occupational therapists are trained as undergraduates to undertake vocational assessments utilising clinical models such as the biopsychosocial model of health and the person environment occupation (PEO) model. It would be effective and efficient to expertise not to irradicate professional boundaries but to enhance practice and improve outcomes for the people we serve. Occupational Therapists would benefit from improved access to quality OH specific training such Diploma in Occupational Health Practice.

**Online Learning Platforms:** Create accessible online learning platforms that offer courses and resources related to OH and work-related health. These platforms should cater to a diverse audience, including clinicians and non-clinical professionals, enabling them to acquire essential OH skills and knowledge at their convenience.

**Mentorship and Apprenticeship Programmes:** Establish mentorship and apprenticeship initiatives, pairing experienced OH practitioners, including occupational therapists, with newcomers to the field. This hands-on approach allows individuals to gain practical experience and insights from seasoned professionals, accelerating their skill development.

**Incorporating OH into Academic Curricula:** Collaborate with universities and educational institutions to incorporate OH and work-related health into the curricula for all health professions. This ensures that future healthcare professionals and non-clinical staff receive foundational training in these areas.

**Scholarships and Funding Opportunities:** Expand training opportunities, such as scholarships and apprenticeships, to further develop the expertise of healthcare professionals, including occupational therapists, in OH. Financial support can encourage individuals to pursue advanced training in this field.

**OH Awareness Initiatives:** Raise awareness among healthcare professionals, including nurses and administrators, about the roles and contributions of occupational therapists and other allied health professionals in OH. This includes highlighting the value of a holistic approach to address work-related health issues.

**Integration of OH into Clinical Practice:** Promote the integration of OH principles and practices into clinical care across various healthcare settings. This involves recognizing the importance of work-related factors in patients' health and well-being and addressing them proactively.

**Leadership and Advocacy:** Encourage clinical leadership with a background in OH and occupational therapy. Leaders with this expertise can advocate for the inclusion of OH in healthcare services, promoting a comprehensive approach to health and well-being.

**Prevention and Well-Being Focus:** Shift the focus of OH from primarily addressing sickness absence to prevention and well-being promotion. Emphasise the role of OH, including occupational therapists, in creating healthy workplace environments that support employees' overall health and productivity.

**Government Initiatives:** Collaborate with government programmes like the 'Work Well Partnerships Programme' to incorporate OH and vocational rehabilitation services into local healthcare collaborations. This approach ensures that SMEs and other employers can access OH services more readily without the need for extensive additional training.

**Question 16: What would professionals find helpful to refer into wider work and health or employment support services?**

Professionals would find the following considerations helpful when referring individuals into wider work and health or employment support services:

**Integrated Services:** Recognise and promote the integration of work and health or employment support services. Professionals, including occupational therapists, should have access to seamlessly connected services that address individuals' physical, mental, and occupational health needs.

**Evidence-Based Self-Management Services:** Encourage the referral of individuals to evidence-based self-management services. These services empower individuals to take an active role in managing their health conditions and work-related challenges, fostering independence and well-being.

**Primary Care Integration:** Promote the integration of work and health concepts into the training curricula for healthcare professionals, including those in primary care settings like the NHS. Occupational therapists can play a vital role in this integration, aligning with their mission to enhance individuals' health and well-being through meaningful engagement in work and activities.

**Support from Professional Bodies:** Advocate for increased support from professional bodies, such as the Royal College of Occupational Therapists (RCOT) and the Chartered Society of Physiotherapy (CSP). These bodies can provide guidance, resources, and frameworks to facilitate effective referrals and integrated care.

**OH Professions Guidelines and Competency Framework:** Develop clear and comprehensive guidelines and competencies for professionals involved in referring individuals to wider work and health or employment support services. Having established standards ensures that referrals are consistent and of high quality.

**Vocational Rehabilitation Pathways:** Establish vocational rehabilitation pathways for individuals, including those who are unemployed. These pathways should encompass comprehensive support, including skills analysis, training, and assistance in job applications, addressing various barriers to employment.

**Job Application Support:** Recognise the need for support beyond training and skills development. Many individuals require assistance with job applications, especially if they face language barriers, motivation issues, low IT proficiency, or disabilities requiring reasonable adjustments. Offering support in job-seeking processes is crucial.

**Shift to Social Model of Health:** Encourage a shift from the medical model to the social model of health. Emphasise the importance of considering social, environmental, and occupational factors that influence individuals' health and well-being, rather than solely focusing on medical aspects.

**Educational Opportunities:** Provide opportunities for shadowing, student placements, and grassroots involvement in work and health or employment support services. Practical exposure enhances professionals' understanding of these services and improves their ability to make appropriate referrals.

**Rapid Access to Psychological and MSK Services:** Greater availability and faster access to IAPTS talking therapies and physiotherapy, occupational therapy or kinesiology will keep people at work and reduce sickness absence. At present there is a significant waiting time for access to these treatment services and therefore, employees whose health condition could be easily and quickly treated, may fall unnecessarily into worklessness.

**Competency Assessment for Unqualified Practitioners:** Ensure that unqualified practitioners receive training and competency assessments to meet required standards. Robust supervision and governance structures should be in place to safeguard both practitioners and the employees they serve.

**Question 17: How can we promote OH as an attractive career to encourage a wide range of professionals to join and/or remain in the profession?**

Promoting occupational health (OH) as an attractive career can be achieved through various strategies to encourage a diverse range of professionals to consider this field:

**Integration into Undergraduate Curricula**: Integrate occupational health training into the undergraduate curricula for healthcare professionals. This exposure during education can spark interest and curiosity about occupational health as a viable career path.

**Student Placement Opportunities**: Encourage occupational therapists in occupational health to provide student placement opportunities. When students gain hands-on experience in this field, they have the chance to explore the unique aspects and rewards of OH, potentially attracting them to pursue it as a career.

**Vocational Services**: Establish fully funded vocational services that help individuals find new work pathways. Access to Work funding and vocational support services can showcase the positive impact professionals can make in facilitating individuals' return to work, making OH an appealing career choice.

**IAPTs and Musculoskeletal Services**: Promote the importance of addressing mental health through the Improving Access to Psychological Therapies (IAPTs) program and the swift access to musculoskeletal services. These services demonstrate the immediate and tangible impact professionals in OH can have on individuals' well-being and work-related challenges.

**Emulate Armed Forces OH Models**: Emulate the successful OH and vocational rehabilitation models used in the armed forces. Research and initiatives like those conducted at Stanford Hall can highlight the potential and effectiveness of OH as a career, especially in providing comprehensive support to individuals.

**Professional Conferences:** Organise profession-specific conferences or events dedicated to OH as a subject area. For example, including OH-focused sessions at conferences like "The OT Show" or the Royal College of Occupational Therapists (RCOT) Annual Conference can raise awareness and interest in the field.

**Inclusive Job Advertising:** When advertising job opportunities in occupational health, focus on the duties and outcomes required rather than specifying a particular profession. An inclusive approach allows for applications from a wider pool of professionals with diverse talents and skills, potentially attracting those who may not have previously considered OH.

**Question 18.What are the optimum touchpoints to promote careers in OH at entry level e.g., studying different disciplines to those who have left the NHS or are considering a career change?**

Promoting careers in occupational health (OH) at entry levels and encouraging individuals from various backgrounds to consider this field can be achieved through several strategic touchpoints:

**School and College Outreach**: Engage with BTEC and A-level students to introduce them to the concept of occupational health as a career choice. Highlight how OH shares commonalities with disciplines such as occupational therapy, making it an appealing option for those interested in health and well-being.

**Integration into Healthcare Curricula:** Incorporate components related to work and health into basic healthcare curricula at both undergraduate and postgraduate levels. By embedding these topics into education, future healthcare professionals, including occupational therapists, can gain a better understanding of the crucial relationship between health and work.

**Career Structure and Promotion:** Establish a clear career structure within the field of occupational health, complete with opportunities for promotion and professional growth. Communicate to prospective professionals that OH offers a long-term and rewarding career path.

**Job Advertisements:** Craft job advertisements that are inclusive and can be met by allied health professionals (AHPs). This approach widens the pool of potential candidates and encourages individuals with diverse backgrounds to consider OH roles.

**Support for Returners:** Create pathways and support mechanisms for individuals looking to re-enter the workforce after taking work breaks or pursuing other careers. Highlight the flexibility and adaptability of OH as a field that welcomes returning professionals.

**Traditional Career Decision Touchpoints:** Utilise conventional touchpoints for career decision-making, such as career fairs, guidance counsellors, and mentorship programmes, to introduce young people to OH as a career option. Ensure that OH is represented and promoted at these events.

**Highlight Career Opportunities:** Emphasise the numerous career opportunities within occupational health. Promote the idea that OH is a dynamic and evolving field with a wide range of roles and specialisations.

**Utilise Technology**: Leverage technology, including big data and artificial intelligence, to showcase the innovative aspects of OH. Highlight how technology is playing an increasingly significant role in shaping the future of the profession.

**Frameworks and Hierarchy:** Establish clear frameworks and hierarchies within OH professions. Define scopes of practice and skill and knowledge frameworks that encompass various OH disciplines. This ensures transparency and clarity for employers, service users, and providers regarding who can perform specific tasks.

**Central Hub:** Create a central hub or resource where individuals can access comprehensive information about OH professions, including roles, responsibilities, and potential career paths. Populate this hub with oversight from various professionals to provide a multidisciplinary perspective.

**Question 19: What actions or mechanisms (including technology) can be used to ensure that the multidisciplinary OH workforce will be utilised by service providers in an effective way to respond to an increase in demand for quality expert and low intensity work and health support (OH)?**

To ensure that the multidisciplinary occupational health (OH) workforce is effectively utilised by service providers in response to an increased demand for quality expert and low-intensity work and health support, several actions and mechanisms can be implemented:

**Multidisciplinary Collaboration:** Promote multidisciplinary collaboration within OH teams. Encourage professionals from various disciplines to work together seamlessly to provide comprehensive care. Occupational therapists can play a vital role in triage processes, ensuring that individuals receive the most appropriate assessments and interventions.

**Utilisation of Technology:** Leverage technology to streamline and enhance the effectiveness of OH services. Implement digital tools for assessments, monitoring, and data analysis, which can help identify trends and allocate resources efficiently.

**Clear Resource Guidelines:** Develop clear and shared resources that explain which professions are qualified to undertake specific assessments and interventions. These guidelines should be created in consultation with all relevant professions to ensure consensus and alignment.

**Training and Education:** Invest in ongoing training and education for OH professionals to keep them up-to-date with the latest developments in their respective fields. This ensures that they can provide effective, evidence-based support.

**MDT Competency** **Frameworks and Hierarchy:** Establish clear frameworks and hierarchies within OH professions. Define scopes of practice and skill and knowledge frameworks that encompass various OH disciplines. This ensures transparency and clarity for employers, service users, and providers regarding who can perform specific tasks.

**Question 20: How do we encourage and support small and medium sized OH providers to adopt a multidisciplinary approach? What are the key enablers and what opportunities are there to incentivise collaboration within the sector?**

To encourage and support small and medium-sized occupational health (OH) providers to adopt a multidisciplinary approach, several key enablers and opportunities for incentivising collaboration within the sector can be considered:

**Training and Education:** Provide easily accessible training materials and resources for OH professionals to enhance their understanding of the benefits of a multidisciplinary approach. Highlight the efficiency of hiring multi-skilled and dual-trained professionals like occupational therapists (OTs) who can undertake multiple assessments in one appointment. Offer training programmes that focus on collaborative practices and teamwork.

**Multi-Modal Resource**: Develop a comprehensive and easily accessible resource that clearly outlines the roles and capabilities of different OH professionals within a multidisciplinary team. This resource should serve as a reference guide for employers, helping them understand who does what, where, and when. Highlight the unique contributions of each profession, including the efficiency of OTs in assessing various conditions and their functional implications in a single assessment.

**Efficiency and Return on Investment (ROI):** Emphasise the importance of efficiency and ROI when adopting a multidisciplinary approach. Showcase how hiring professionals like OTs can lead to more effective interventions and better outcomes for both employees and employers. Demonstrate that the focus should not solely be on the number of people seen but on the effectiveness of the interventions, which can ultimately lead to cost savings and improved health outcomes.

**Question 21: As part of the move to a more multidisciplinary workforce to deliver work and health conversations, should we consider further extension of the professionals who can sign fit notes?**

 **And if yes, which professionals should we consider?**

The extension of professionals who can sign fit notes to support work and health conversations is an important consideration. While it can enhance the efficiency of healthcare services and promote early interventions, it must be approached with caution to ensure the safety and effectiveness of the process.

While all occupational therapists have the ability to certify fit notes, challenges persist for those not employed in NHS or primary care settings who lack access to the necessary documents and IT systems. This issue affects occupational therapists practising in private occupational health and vocational rehabilitation services.

As occupational therapists are trained to complete functional assessments, identify, and address individual needs to enable safe and sustainable return to work programmes, completing fit notes or the AHP Health and Work report should be readily available for all OTs. Specific training in the use and completion of Fit Notes is available through the Royal College of Occupational Therapists training hub.

However, it's essential to emphasise that any professional granted the authority to sign fit notes must have relevant medical or clinical training and be a registered clinician in cases where the condition relates to their profession. This requirement ensures that those signing fit notes have the necessary clinical knowledge and expertise to make informed decisions that prioritise the individual's health and safety.

In cases where specific condition-related expertise is required, considering professionals such as speech and language therapists or clinical psychologists could also be beneficial. These professionals can provide specialised insights into certain medical conditions, contributing to a more comprehensive fit note assessment.

**Question 22*:* What further action can the Government take to support multidisciplinary teams to deliver work and health conversations in other settings (for example NHS or community settings), to improve health outcomes and address health inequalities?**

The Government can take several actions to support multidisciplinary teams in delivering work and health conversations across various settings, such as NHS or community settings. These actions aim to support the integration of work and health considerations within mainstream care:

**Curriculum Integration:** Encourage the integration of work and health conversations within the training curricula for healthcare professionals, including those working in the NHS and community settings. This integration ensures that healthcare providers are well-equipped to address work-related factors when assessing and supporting patients.

**Enhanced Occupational Therapy Roles:** Recognise and promote the roles of occupational therapists (OTs) in rehabilitation and vocational services within healthcare settings. OTs play a crucial role in facilitating the return to work process and improving the functional abilities of patients. Their expertise in assessing patients' functional capacity and liaising with employers can significantly contribute to successful return-to-work outcomes.

**Private Sector Partnerships:** Explore opportunities for partnerships with private sector organisations, similar to the collaboration between occupational therapists from Derby NHS Trust and Rolls Royce. Such partnerships can generate income for healthcare organisations while providing employees with better access to work-related rehabilitation services.

**Information Accessibility:** Ensure that information about available occupational therapy and occupational health (OH) services is easily accessible to SMEs and individuals seeking support. This can be achieved through department websites and outreach efforts to local businesses.

**Support for Long COVID:** Recognise the critical role played by occupational therapists in supporting patients with conditions like Long COVID to return to work. Their ability to adapt and provide individualised care is valuable in addressing the evolving needs of such patients.

**Cross-Boundary Collaboration:** Promote cross-boundary collaboration and communication among various healthcare and employment support groups. Encourage OH practitioners to reach out to rehabilitation staff and vice versa. Effective communication and collaboration are essential in helping individuals access and thrive in their chosen work settings.

**Investment in Existing Services:** Acknowledge the expertise and experience within existing therapy departments in the NHS. These departments often possess a wealth of knowledge and clinical expertise. Investing in these services should involve not only funding for staff and equipment but also support from NHS Trusts, vocational training, and senior leadership commitment. This investment can help make work a more significant outcome in the NHS and improve patient care.

**Addressing Health Inequalities:** Recognise the importance of addressing health inequalities and ensure that multidisciplinary teams with relevant experience and training are available to support individuals with health needs and adjustments. This includes creating a supportive environment for individuals seeking to stay at, return to, or leave work in a positive way.

**Promoting the MDT Role in the Life Cycle of Work**: Access to an experienced multi-disciplinary team is crucial for effective and efficient management and promotion of health at work.

* **Pre-start or At-commencement:** Recognise the important role that AHPs and the multi-disciplinary team have in preventing ill health.
* Conducting baseline employee health and wellbeing assessments, new starter health and wellbeing checks is essential for assessing health and wellbeing priorities.
* Regular health surveillance and results automatically feeding into the occupational health and occupational safety services will ensure gaps are not left.
* Occupational therapists can make particular contributions to ergonomic evaluations, workplace design and adjustments to reduce high risk work demands and environments.
* Early identification and implementation of workplace adjustments and the use of health and work passports that stay with the employee. It is important that these health and work passports are confidential, digitised, easily adjusted as function/work demands change, and are owned by the employee so that they are easily transferrable between jobs.
* **During Employment:** Recognising that circumstances change and these changes need to be pre-empted or identified early to reduce the impact on employee health and wellbeing, work performance and business performance.
* Encourage and maintain good health and wellbeing through health promotion initiatives while adhering to Health and Safety Executive (HSE) guidance.
* Early intervention is vital when health issues arise, with well-defined plans in place to address potential concerns. This includes access to Employee Assistance Programmes (EAP), Increasing Access to Psychological Therapies (IAPT), and rapid musculoskeletal (MSK) treatment, as well as timely Access to Work interventions.
* Ongoing health surveillance, continuous quality improvement, and regular risk assessments are essential components.
* Access to ongoing specialised occupational health services for condition or disability management – occupational therapists can make a significant contribution in this area.
* As an employee’s function changes due to aging, health or wellbeing concerns or disabilities, it is important to provide supportive assessment services and timely access to adjustments and role modifications.
* **Changes to Employment or Leaving Employment:** Recognise that ensuring smooth, supportive and positive transitions with moving roles or leaving the business will have impacts on cost to government.
* Access to vocational rehabilitation services, career guidance, and lifestyle counselling should be readily available;
* Assistance for employees to update their health and work passports for the next steps in their occupational journey.

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