

HEOPS

Higher Education Occupational Physicians / Practitioners

Recommendations on occupational health provision in UK universities

Occupational health needs of universities

As a sector, universities have a wide range of occupations, varied occupational hazards (especially in research), and complex occupational health (OH) needs¹. These require a professional OH response that is proportionate to their needs.

Occupational health services in universities

OH services advise on all matters concerning the effects of work on health, and the effects of health on work. Services provided may include: assessment of fitness for work, advice to management on adjustments to work, statutory health surveillance, diagnosis of work-related disease, workplace assessments, liaison with primary care and hospital services, occupational immunisations, assisting in the response to dangerous incidents/hazardous exposures, investigation of suspected clusters of work-related ill-health, assisting in hazard and risk assessment, attendance at relevant committees and working groups, case-conferences about individuals, statutory reporting, liaison with other university services and with external agencies, collation of anonymised statistical data, preparation of university policy documents, provision of training sessions and web pages. OH services may also help Universities to respond to government initiatives such as those on rehabilitation and wellbeing.

Guidance on occupational health provision

The International Labour Organisation published general guidance on OH provision in 1985². However this guidance is not specific to universities. The Health and Safety Executive published general guidance OH provision in higher education in 1991³ with a revision in 2006⁴. A checklist which is helpful in defining OH needs is appended to the most recent Health and Safety Executive guidance⁴. The Society of Occupational Medicine has affiliated special interest groups for several large employment sectors, including healthcare, transport, police and fire services. The higher education special interest group (HEOPS) is one of these special interest groups.

The membership of HEOPS collaborated on national surveys of OH provision in UK universities in 2001-2004. Four papers have been published based on these surveys⁵⁻⁸.

Staffing: General

Staffing costs form by far the greatest proportion of the costs of an OH service. The quality of the professional advice and other services provided to the university depends on the clinician's qualifications, past experience, and ongoing professional development.

Staffing: Medical

HEOPS recommends that all universities have access to at least one accredited specialist in occupational medicine. A small university focussing on teaching may find that occasional sessional work by an external contractor is adequate for its needs. For larger research-intensive universities, one or more in-house post may be appropriate. As a comparator, 31% of NHS OH services surveyed in 1999¹⁰ reported at least 1 FTE doctor time.

Staffing: Nursing

HEOPS recommends that all universities have access to at least one specialist in OH nursing. Larger, research-intensive universities will need to employ several specialist OH nurses. For comparison, 40% of NHS OH services reported at least 3 FTE of nurse time in 1999¹⁰.

Staffing: Other professions

University OH services should not provide primary care services but OH staff should co-operate with treating doctors where appropriate. The provision of occupational hygiene, physiotherapy, counselling and other specialist services is not considered here but Universities should consider what services to offer staff and students in the light of local circumstances and needs.

Staffing: Administrative and Clerical

The administrative and clerical staffing should be proportionate to need. It is desirable for at least one member of staff to have medical secretarial experience.

Staffing: skill-mix and formula

These recommendations are intended as guidelines for in-house services or, for external contractors, that proportion of their OH staffing complement which is dedicated to the university's needs. The Association of National Health Occupational Physicians (ANHOPS) has recommended minimum staffing levels for NHS Trusts as follows:

- OH Nurses – 1 FTE for the first 750 population covered and then 1 FTE for every 1000 population thereafter.
- Occupational Physicians – 0.15 FTE for the first 750 population covered and then 0.125 FTE for every 1000 population thereafter.
- Administrative staff – 1.25 FTE for the first 750 population covered, then 0.25 FTE for every 1000 population thereafter.

Recommendation

A consensus of HEOPS members endorses the ANHOPS recommended staffing levels as being applicable to higher education institutions as a starting point for assessing staffing needs. Some students (eg medical students, or doctoral students in the biosciences) require considerable OH service input. Other students require less. Students who are subject to statutory regulatory bodies such as the General Medical Council will normally require more OH input. However, OH advice about fitness to study, adjustments needed and fitness for placements or electives is sometimes necessary irrespective of the course of study. HEOPS recommends that students be counted as equivalent to between 0 and one member of staff.

For each 1,000 staff and students (students equivalent to between 0 and 1.0 FTE staff) HEOPS recommends the following range of staffing:

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|------------------------------------|--------------------------------|
| • Nurse† | 1 FTE (Range from 0.5 to 2) |
| • Doctor† | 0.25 FTE (Range from 0.1 to 1) |
| • Administrative or clerical staff | 0.5 FTE (Range from 0.25 to 1) |

† at least one of whom is a specialist in OH

Services, values, goals

HEOPS recommends that each university defines its organisational aims and objectives in relation to OH and that the document also defines clearly OH services provided, core values and main goals.

Line management

There is some research evidence to suggest that the quality of university OH provision is higher when a clinician (rather than a non-clinician) is the manager, and that quality is similarly high if the managing clinician is a doctor or a nurse⁸. HEOPS therefore recommends that services should be managed by either a specialist occupational physician, or a specialist OH nurse, depending on the size of the service and other local factors. The management scope should include management of staff, management of the service budget, professional responsibility for OH policy documents, and accountability for the quality of advice and services provided.

Universities vary in the way they configure their central infrastructure services and, anecdotally, it appears that OH services can work well within several different configurations and line management structures. Whatever the line management structure, it is important that it emphasises to staff and students that the OH service provides an objective, impartial and independent service. Universities may wish to be assured that their OH services are aligned to quality standards such as those emerging from the Faculty of Occupational Medicine national accreditation program¹².

Budget and reporting

As well as managing the service budget, HEOPS recommends that the service manager should also prepare an annual report of service activity and spending so that performance can be judged against agreed goals when setting annual budgets.

“Dotted line” reporting

Whatever the line management structure, and regardless of whether the head of the service is employed in-house or is an external contractor, HEOPS recommends that the head of the service has a clearly-agreed “dotted line” reporting arrangement to the university Vice Chancellor (or equivalent) and Registrar (or equivalent) for any matter affecting the health of university staff or students.

Attendance at university committees

Whatever the line management structure, and regardless of whether the head of the service is employed in-house or is an external contractor, HEOPS recommends that the head of the service (or his or her representative) attends relevant university committees on, for example, health and safety, disability, welfare, student health, human resources and risk management.

Accommodation

The service will not have the confidence of staff or students if it is not seen as confidential, so HEOPS recommends that premises are sited so that entrance and waiting areas provide privacy. The size and main activities of the service will dictate the number of consulting rooms, clinical rooms, records areas, storage areas, and offices. The entrance should be accessible to disabled persons.

Equipment and consumables

The main activities of the service will dictate the type of clinical equipment required and its throughput will dictate the cost of clinical and office consumables.

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