

STRATEGY FOR A HEALTHY POLICE SERVICE

ACPO JOINT WORKING GROUP

IMPLEMENTATION GUIDELINES ON REQUISITE QUALIFICATIONS OF

OCCUPATIONAL HEALTH, WELFARE AND SAFETY STAFF

This paper sets out the recommended qualifications which should be held by professional staff working within the disciplines of Health, Welfare and Safety when providing Occupational Health Services within the Police Service. Wherever possible **specific** qualifications are nominated, but in certain disciplines a **range** of recommended qualifications are provided, e.g. for Welfare officers where the precise nature of the role may vary from one Police Force to another. It also suggests certain minimum professional staffing ratios. These are not prescriptive and will be affected by geographical issues and demand variations between metropolitan and rural forces.

****N.B. There will be some staff currently in post in each of these disciplines, who will not have all the requisite qualifications. It is suggested that such staff be granted “Grandfather Rights” and should be seen to be “working towards” gaining these qualifications. It is hoped that Forces will give consideration to the allocation of appropriate time and funding to sponsor such staff to achieve these qualifications within a reasonable timescale.**

1) MEDICAL ADVISERS - FORCE MEDICAL ADVISERS (FMAs) AND OCCUPATIONAL HEALTH PHYSICIANS (OHPs)

There is currently no statutory requirement for Medical Practitioners practising in Occupational Health to hold postgraduate qualifications in Occupational Medicine. However, for certain occupations such as diving, the Health and Safety Executive require competence in the subject. Presently some Forces still employ General Medical Practitioners as FMAs. This arrangement has worked satisfactorily based on experience, however this is no longer satisfactory now that Health and Safety Law applies to the Police Service and **Authorities must ensure that they are employing “competent persons” as defined in the Management of Health and Safety at Work Regulations 1992 – Section 6.**

FMAs and OHPs require a very broad range of skills and training if they are to give competent advice and provide a comprehensive Occupational Health Service, protect Police Services against litigation and ensure cost-efficient assessments of ill-health retirement cases.

It is recognised by the Faculty of Occupational Medicine that the practice of Occupational Medicine in the Police Service is often complex and problematic due to the nature of the Police Regulations and Police Pensions Regulations. Forces have often had difficulty in the past in recruiting FMAs with the requisite postgraduate training and qualifications in Occupational Medicine, leading to the employment at times of Generalists who in **legal terms** may not be regarded as **competent** to provide comprehensive advice on more complex issues. e. g. Employment Tribunals and advice on the interpretation of the Disability Discrimination Act, Ill-Health Retirements and Pension Reviews. (Work in these areas is likely to increase considerably as a result of the Healthy Workforce Strategy and when the Disability Discrimination Act (DDA) applies to Police Officers from 2004).

Whilst it may have been acceptable to employ generalists in the past it is the view of the Association of Local Authority Medical Advisers (ALAMA) that the climate of change is upon us. The National Occupational Health Strategy is about **raising** standards of provision of Occupational Health advice and ensuring that Police Services receive the quality professional advice which they deserve.

A summary of recognised post-graduate qualifications in Occupational Medicine is provided in the **Appendix 1**. It can be seen that the Diploma is effectively a qualification for generalists and such a qualification is not an adequate demonstrator of a doctor's ability to provide competent advice to such a major employer as a Police Force with all its complexities. The AFOM demonstrates the **competence** of doctors to practice part-time or full-time occupational medicine.

An additional factor to be considered is that from 2004, all doctors will have to **Re-Validate**, i.e. they will have to demonstrate their ongoing competence to practice in their chosen field to maintain their position on the Register of the General Medical Council (G.M.C.) The possession of a generalist qualification is unlikely to satisfy the GMC requirements.

The advice of ALAMA is that to ensure that the Police Services in England and Wales receive the quality of medical advice which they need and deserve in the future, then **the AFOM should be seen as a minimum** and acceptable qualification. This will demonstrate **competence** from the legal standpoint and will also be the starting point to enable doctors to maintain their validation to practice.

2) OCCUPATIONAL HEALTH NURSE ADVISORS – (OHNAs)

There is no statutory requirement for nurses practising in Occupational Health to hold an OH nursing qualification. There are nurses practising in OH who are not qualified in the speciality but these individuals are not entitled to refer to themselves as OH nurses.

Individuals who do not hold any OH nursing qualifications may not meet the requirements set out for “competent persons” under current UK Health and Safety legislation. (Reference: Management of Health and Safety at Work Regulations 1992 – Section 6.)

In order to practice as an Occupational Health Nurse, individuals must have undertaken additional post registration study which will have led to an occupational health nursing certificate, diploma or degree in occupational health nursing studies and appropriate experience.

Nurses who are recruited from other general nursing disciplines with a view to training as an OH nurse must at least of course be a Registered General Nurse. (RGN) i.e. registered with the Royal College of Nursing. It is recommended that Forces provide training to at least bring such RGNs to basic OHN certificate level. This will demonstrate basic competency in Occupational Health Nursing.

It is suggested that a nurse working in isolation and/or making decisions as a “competent person” must have a qualification in OH nursing and if acting in a senior or supervisory/training role they should hold a degree in OH nursing.

For more details on appropriate Qualifications please refer to Royal College of Nursing Fact Sheet 6A. (See Appendix 2)

For more details on Employment of an Occupational Health Nurse, please see Royal College of Nursing Fact Sheet 6. (See Appendix 3)

Depending on their structure, some OH units may employ as part of the Nursing team RGN’s with no OH qualifications to act as general nurses or even technicians with no formal nursing qualifications to perform routine screening tests or to assist with health Promotion activities. It is essential however that Forces understand that such individuals with no formal qualifications in OH nursing would not be regarded as “competent persons” under Health and Safety legislation and should not be placed in situations where they are expected to make decisions which may potentially be subject to legal challenge, such as decisions on fitness for work. Such decisions must be made by suitably qualified OH Nurses.

3) SAFETY

There is no simple answer to this question. The nature of the Occupational setting and the level of risk attached will largely determine the level of expertise required. It could be argued that in the Police Service this level of risk is high.

There are three broad approaches to achieving “competency” for the role, these are:

- Experience only.
- A professional Paper Qualification.
- A competency-based qualification based upon demonstrable skills augmented by relevant knowledge.

Experience of the right kind is perfectly adequate in low risk settings such as offices, but post holders must be completely familiar with every type of job done in the workplace

and they must be able to identify and control all associated risks. Training will be necessary to maintain knowledge and skill levels and to ensure familiarity with current legislation.

For many employment settings where the risk levels are deemed to be medium, a Certificate level qualification may suffice, but for workplaces where higher risks are present it is likely that a Diploma level qualification or higher will be most appropriate. NVQ's are qualifications which demonstrate a range of skills pertinent to a particular job together with providing evidence of relevant underpinning knowledge.

Whilst the Management of Health and Safety at Work Regulations require employers to "appoint one or more competent persons to advise on compliance with the requirements and prohibitions imposed by or under the relevant statutory provisions", they do not necessarily require the competent person to have formal health and safety qualifications but it is generally recommended that safety advisors should have one of the following:

- a) Minimum of NEBOSH Certificate.(National Examination Board in Occupational Safety and Health)
- b) NEBOSH Diploma Parts 1 and 2.
- c) British Safety Council's Diploma in Safety Management.
- d) Diploma in Health and Safety Management issued by certain Universities, e.g. Nottingham Trent.
- e) NVQ Level 4 or Minimum of 4 to 5 years in Occupational Safety in addition to NVQ Level 3. (Level 4 is regarded as being equivalent to the NEBOSH Diploma whilst Level 3 is deemed to lie somewhere between the NEBOSH Certificate and Diploma.)

We should be striving to employ individuals who will be aiming ultimately to achieve Membership of nationally recognised Professional Bodies, e.g. I.O.S.H. (Institution of Occupational Safety and Health), British Safety Council, or R.O.S.P.A.

(This guidance is based on "Health and Safety Manager" (March 2002) and "Croner. CCH Group Ltd." 2002, supplied by IOSH.)

4) PSYCHOLOGY

Must be Chartered, i.e. hold Membership of British Psychological Society. Some Forces will employ *Occupational* Psychologists and others *Clinical* Psychologists. Some may use both. Alternatively it may be appropriate to employ a *Counselling* Psychologist.

In cases where *Occupational* Psychologists are used, if they are also offering treatment then they must be accredited by a relevant professional body – either

- BABCP- British Association of Behavioural & Cognitive Psychotherapy, or
- UKCP - U.K. Council of Psychotherapy.

Note, in the future (6 to 12 months) there is a proposal that there will be a British Psychological Society Register for Psychologists specialising in Psychotherapy.

5) PHYSIOTHERAPY

Must be Chartered as a minimum (M.C.S.P.) with a degree or diploma in Physiotherapy and should be State Registered with the Council of Professions Supplementary to Medicine. Should preferably have a postgraduate Certificate in O.H. Physiotherapy in addition, or at least relevant experience.

6) WELFARE

It is much more difficult to be prescriptive in this field since ‘welfare’ means different things to different people. At present welfare services vary widely from Force to Force.

Welfare Officers work as case-workers within a confidential team of Occupational Health and Safety professionals often using counselling skills in the field of crisis management in an Organisational setting.

They are often capable of helping with crisis management across a wide range of issues relating to personal and home related problems, personal and family psychological/health, and work related crises of stress, trauma (including debriefing), discrimination, grievance, bullying and discipline.

Some welfare officers are qualified and experienced not only in this field of crisis management but also to go on and provide ongoing counselling and therapy interventions. Others will refer on to other in-house counsellors and psychologists, other Occupational Health professionals, or outsourced and community services.

Part of the crisis management work is necessarily preventative. This includes debriefing and input into training courses on such issues as stress, trauma and welfare provision. It may also include the provision of support sessions for staff identified by risk assessment as being in vulnerable roles.

The welfare officer’s aim is to work with clients to prevent sickness and maintain attendance or to facilitate return to full duties as quickly as possible.

It is recommended that if counselling to any extent is to be offered then a basic counselling certificate should be the minimum qualification. A Diploma in Counselling is highly desirable, particularly if counselling is an extensive component of the role. It is recommended that Forces should encourage their welfare officers to train for and seek British Association of Counselling and Psychotherapy (BACP) accreditation if counselling forms the “lion’s share” of the role.

The structure of the OHU and the type of welfare services provided will determine the requisite qualifications. Experience is also paramount. Welfare Officers may come from a range of backgrounds, relevant experience including Social Work, Teaching, Citizens’ Advice Bureau (C.A.B.) or Counselling of one form or another.

Relevant Qualifications may therefore include a degree in Social Work, Sociology or Social Sciences. Additional useful skills would be in the fields of Trauma Management

(Diploma), Arbitration Skills, Debt Counselling, Advocacy and Mediation. There is a Diploma in Welfare Studies, but this is not especially relevant to Police work.

For an assistant or junior welfare officer role, which would be regarded as a training post, then 'A Level' qualifications with a general awareness/experience of welfare issues may suffice.

For a more detailed exposition on the function and responsibilities of Welfare Officers, please see "The Role of the Police Welfare Officer", published by The Police Welfare Officers' Association, in the attached **Appendix 4**.

7) UNIT MANAGERS

Traditionally Occupational Health Units have been primarily managed by the Senior Full-Time Professional member of staff, either the FMA or OHNA with appropriate administrative support. To ensure best value it may be considered appropriate to appoint a dedicated manager or Unit Coordinator, thus freeing the FMAs or OHNAs to concentrate on their core functions. It is essential that such managers should have a good grounding, and knowledge of Occupational Health, Safety and Welfare issues and this will mean that suitable candidates will often be drawn from a nursing, safety or welfare background. It is highly desirable that in addition to the recommended qualifications in their chosen field that individuals acting in such a senior management role should also have, or be seen to be striving towards, an appropriate management qualification.

N.B. To provide the high quality Occupational Health Services which the Police Service deserves it is essential to ensure the **recruitment** and **retention** of staff of the right calibre. Forces will therefore need to offer realistic salaries and terms and conditions of employment which reflect the training, commitment and qualifications required of such staff and follow recommendations laid down by the relevant professional bodies, such as the British Medical Association, Royal College of Nursing, Institution of Occupational Safety and Health, etc.

APPENDIX 1

Details of Postgraduate Qualifications in Occupational Medicine:

After completing the normal period of undergraduate medical education, a pre-registration year and at least two years of general professional training, those medical practitioners who wish to practise occupational medicine full-time or part-time will need to undertake extra academic study. This will include gaining knowledge of a wide range of subjects not normally included in general medical training, such as health and safety law, industrial toxicology and occupational epidemiology. Such study leads to a formal qualification from the Faculty of Occupational Medicine (FOM). Medical practitioners wishing to become accredited Specialists in occupational medicine will also have to undertake a substantial period of supervised higher specialist training in posts which are approved by the Faculty. The Faculty approved qualifications are as follows:

a) Diploma in Occupational Medicine (DOccMed)

The FOM established the Diploma in Occupational Medicine specifically for doctors working part-time in occupational medicine or for those who have a general interest in occupational medicine as it applies to other branches of medicine. Although the Diploma demonstrates a level of competence appropriate to a generalist (often a GP) working in occupational health, it does not form part of the formal training route to specialist accreditation. It aims to provide medical practitioners with basic knowledge and to ensure that they know when to seek further professional advice.

b) Associateship of the Faculty of Occupational Medicine (AFOM)

This qualification formally recognises the **competence** of doctors committed to practising full-time or substantial part-time occupational medicine. It represents the first stage of specialist training for a higher qualification in occupational medicine. To be eligible to sit the AFOM examination, candidates should have held one or more full or part-time posts in occupational medicine for not less than six months.

c) Membership of the Faculty of Occupational medicine (MFOM)

Membership of the FOM is awarded to Associates after completing four years of supervised training, or its part-time equivalent, in posts approved by the Faculty and after acceptance by the FOM of a dissertation, thesis or substantial published work. Membership is a pre-requisite for specialist accreditation. Training must be supervised by a registered specialist who has either MFOM or FFOM. (Possession of the MFOM is essential for doctors who wish to practice as Consultants in the National Health Service.)

d) Fellowship of the Faculty of Occupational Medicine (FFOM)

Fellowship is awarded by the FOM to those members who have made a distinguished contribution to the specialty and who demonstrate a greater depth of experience and expertise in occupational medicine.

Other Post-Graduate Qualifications in Occupational Medicine (Not FOM Approved)

MSc – In either Occupational Medicine, or related subjects such as Ergonomics, Toxicology. This is an academic qualification and whilst this may enhance a practitioner's skills and knowledge base it does not alone demonstrate overall competence in the practice of Occupational Medicine.

Advanced Diploma in Occupational Medicine This is granted by some Universities to doctors who are studying for either an MSc or the AFOM. It is granted after a series of written University approved examinations. It demonstrates a higher level of knowledge than the basic Diploma, being based on the syllabus for the AFOM, but not to the level of AFOM which is assessed not only by written examinations but also a Viva, the submission of a clinical journal and a clinical examination.

N.B.

To comply with European Law, Forces will need to give consideration to equivalent Post-Graduate qualifications of applicants from EU Member States. If necessary further advice in such cases may be obtained from:

The Faculty of Occupational Medicine,
6, St Andrew's Place,
Regent's Park,
London NW1 4LB