

MORE RESOURCES ONLINE



Occupational Health and sister publication, *Personnel Today* have launched the Workplace Health Connections blog (www.personneltoday.com/ochealthblogs) to encourage debate and information sharing among all those with a stake in workplace health. Here is a recent excerpt:

Now that our national papers have got bored with repetitive strain injury (RSI) horror stories, it would be tempting to assume the problem had gone away. In fact, it could be that mobile technology and the trend for people to work outside working hours on trains or in other locations will put the issue back on the news agenda.

IT giant Microsoft has just put out a survey which shows there is an epidemic of 'Blackberry thumb', and that work-related RSI cases are at an all-time high with spiralling business costs.

For years, HR and OH specialists have had an uneasy feeling about homeworking and health and safety. The increasing use of mobile technology such as laptop computers, Blackberrys and mobile phones means that risk management and health surveillance may have to extend beyond the home office to the car, the train, and even the local Starbucks.

If you would like to comment on this or other posts to Workplace Health Connections go to: www.personneltoday.com/ochealthblog

Occupational Health journal also welcomes comment articles and letters from anyone else with views on health at work. Send yours to OH. Editor@rbi.co.uk

NMC needs a radical rethink on course content for SCPHNs

Grouping all public health nurses together comes at a cost.

I recently withdrew from an occupational health nursing degree course, which had been approved by the Nursing and Midwifery Council (NMC). This was despite having paid the initial fees and starting the course, after seeking advice from other OH professionals.

Although it may suit the NMC to group all public health courses together, having one specialist module and no specialist tutor among the teaching staff seriously detracts from the value of a course.

My experience illustrates that the NMC has failed to consider the cost to students, universities or employers of grouping all public health nurses together. And having one specialist module in a course is transferring the responsibility of relevant, speciality-specific learning to the workplace. The consequence will be that fewer employers will support their staff to undertake the degree.

Countdown to quitting

Having worked as a periparturient OH nurse for a year, I was offered a permanent role with the proviso that I obtained a formal qualification as soon as possible.

Unfortunately, I did not explore the NMC website thoroughly enough, and lacked awareness of changes to university programmes. The NMC's Specialist Community Public Health Committee (2008) states that Specialist Community Public Health Nurses (SCPHN) promote and protect health, reduce health inadequacies, and work in partnership across boundaries to promote the health of all.

I thought OH seemed to fall within the NMC description, but later OH nurses told me they felt they'd been left out in the cold and had been 'dumped' with the other public health specialities to keep them firmly in the nursing fraternity, and not more allied with health and safety.

Some courses seemed to have a strong OH input, while others



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shared most modules with other SCPHN specialities. Most universities stated they provided the SCPHN degree and accepted OH nursing students. Eventually, I was accepted onto the two-year part-time degree course at London Metropolitan University.

I was the only OH student, but assumed this was normal as there was also only one second-year student. My employer proposed I claim to be self-funding and they would reimburse the fees, but was also confused about the amount of input and learning they would need to provide.

The demands on my external mentor led to her withdrawing from the role because, as she put it: "I should be reinforcing your university learning, not providing it." She was uneasy about maintaining her own workload, providing clinical supervision, and having to teach and mark my work. The final straw for her came when she was obliged to do the 'practice teacher' course – now an essential NMC requirement – and she withdrew.

Return on investment?

My employer felt it was unnecessary for me to do the course full-time, but the university said this was essential. The company couldn't see much return on their investment for at least two years. Other OH nurses in the company were undertaking a diploma with a different format, and would remain useful employees throughout their course.

Following changes to the business, my employer withdrew support for me, perceiving that the university was unreasonable in its requirements of students, practice

teachers and employers. It told me my fees would not be refunded.

I then had four weeks to find a practice teacher in another organisation, and cold-called 15 companies to sell my services in return for an education. When I was offered another job, I reluctantly gave notice to my original employer, feeling that although the business decision was the right one, I'd been let down.

One size doesn't fit all

At university, I continued to struggle with the relevance of the course content and its application to my field of practice. The one-size-fits-all method of teaching didn't provide the support some of my fellow students required. The university advised me to relate working with families to working with groups of builders or dustmen. There was no OH tutor or even access to an OH-qualified member of staff, as most tutors were district nurses.

In trying to push everyone under the same SCPHN umbrella, it became increasingly apparent that the district nurses, practice nurses and health visitors were well provided for, while the smaller specialities lagged woefully behind.

The final straw for me was when two of the tutors showed an interest in my assignment, stating they would "learn something in advance of your specialist module". I withdrew in January.

I am not criticising London Metropolitan for its course content, as it was made clear in the prospectus. I withdrew due to lack of speciality relevance. It wasn't an easy decision; I have lost my original job and am out of pocket. I have been offered a place at London South Bank University (LSBU) in September, although no previous module work is relevant.

I wanted to study to become a better practitioner. One specialist module cannot ensure a thorough grounding in the subject, no matter how effective the teaching.

My advice for anyone considering this degree is to find out exactly how much OH input is provided, and who provides it. Alternatively, I would encourage other nurses to canvass the NMC to rethink their current structure for SCPHN study.

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