

The newsletter of the Healthcare People Management Association

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New chairs for Northern & BBC branches



Rachael Allsop.



Stephanie Harris.

Rachael Allsop and Stephanie Harris take up the reins for the Northern and Birmingham & Black Country HPMA branches respectively.

Rachael is Director of HR at Leeds Teaching

Hospitals NHS Trust. She was appointed director in 2004, and for the last 10 years has been a visiting lecturer at the University of Leeds and is a member of the Chartered Institute of Personnel and Development. Her area of special interest is employment law, in which she has a masters degree.

Stephanie is director of HR & organisational development at Wolverhampton City PCT, and takes over from the previous branch chair Yvonne Warner. Stephanie joined Wolverhampton City PCT in 2005 from the Workforce Confederation at Birmingham and the Black Country Strategic Health Authority. She was previously director of human resources at Birmingham Women's Hospital.

HR Development Workstream

The HPMA HR Development workstream working group is now underway - many thanks to all the members who have generously offered their time to this initiative. We have colleagues from across the UK from graduate trainee to HR Director contributing and we will continue to keep the membership informed via Network.

HPMA is committed to developing and promoting the highest standards of HR practice as demonstrated through our annual excellence awards. Feedback from our members is clear that we should play a more proactive role in supporting the development of the HR professionals through their careers. We are working with PriceWaterhouseCoopers (PWC) to develop learning products for the following four stages:

Stage 1 HR Graduate Trainee (or equivalent)	to	HR Manager
Stage 2 HR Manager	to	Deputy HR Director
Stage 3 Deputy HR Director	to	Board Level HR Director
Stage 4 Board Level HR Director	to	Chief Executive

In order to ensure that we are designing packages that will deliver the desired learning outcomes we need to identify what individuals need to be able to do at these 4 different stages, and if they do these things what the impact will be on the team, the organisation and the patients. Our working group is tasked with collecting thoughts and ideas these desired learning outcomes to inform the next stage of the programme development.

If you would like to become involved in the HPMA HR Development workstream contact your local branch:

London	David Amos	c/o malcolm.davies@uclh.nhs.uk
South East	Ali Mohammed	Ali.Mohammed@bsuh.nhs.uk
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Northern Ireland	Billy Bateman	c/o Pat.Hannaway@westerntrust.hscni.net
Wales	Karen Wright	Karen.Wright@ceredigion-tr.wales.nhs.uk
Scotland	Chris Carron	Chris.Carron@ggc.scot.nhs.uk.

For other HPMA enquires members should contact Lauren Crawford on lauren@chamberdunn.co.uk or admin@hpma.org.uk

Developing workforce planning capability and capacity

A new programme of development and learning opportunities for the NHS

As part of a programme of work to improve workforce planning capability and capacity within the NHS, NHS National Workforce Projects (NWP) has developed a selection of development menus for 2007/2008.

Each of the four menus provides a selection of suggested NWP resources and programmes that can be used to provide the workforce planning knowledge and skills required by a person operating at a particular level within an organisation.

This approach is designed to allow people from different career paths and roles that input workforce planning to select the educational resources and supporting tools that will suit them. It allows a programme to be developed that will support workforce planning at all levels - giving a range of core skills and competences.

MENU 1 Introduction to workforce planning

This is recommended for those who are new to workforce planning. This may suit those in HR planning, medical personnel and service roles with a workforce planning remit as well as bespoke workforce planning roles. It provides a framework for developing core skills and approaches to workforce planning. The complementary resources at this level include an induction pack to workforce planning; a fast track workshop, delivered with NHS Workforce Review Team and Skills for Health; online regional learning networks; a six step e-learning guide to workforce planning and a workforce planning competence framework - developed for planners to establish the skills they require for the role and identify further training needs.

MENU 2 Operational

This is recommended for those who will be working at an operational level developing or supporting the development of organisational workforce plans. These may be people who have developed workforce planning skills already and are fulfilling this role or come from a service planning or financial background and need to increase their workforce planning skills. Menu 2 includes the first accredited higher education qualification for NHS workforce planners - the Post-graduate Certificate in Strategic Workforce Planning - established in partnership with Thames Valley University. The year long course allows practical learning to meet core competences of planning that can be used on the job and is ideal for operational level planners. In addition, a mentoring and shadowing framework is being launched to allow staff to learn from experienced colleagues across the NHS. Specialist learning modules will also be available, providing skills tailored to the needs of individual staff groups as well as organisational groups.

MENU 3 Strategic - Workforce planning for service commissioners

This is recommended for those involved in workforce planning aspects of commissioning services at PCT or SHA level and will help ensure that LDP and commissioning processes are based on robust workforce planning approaches. There are two key areas for this level of workforce planning; an e-learning programme providing service and commissioning leads with the underpinning knowledge required around workforce implications of the services they commission, and masterclasses aimed at commissioning organisations will be developed to promote the links between commissioning and workforce planning.

MENU 4 Strategic - Workforce planning for directors and leaders

This is recommended for chief executives, workforce development directors, associate directors of workforce, finance and HR directors, directors responsible for service development to give an overview of effective workforce planning approaches. At this level, the menu concentrates on a range of masterclasses and development programmes (developed with established partners), aimed at ensuring workforce planning is on the agenda at senior director level in an organisation. In addition, NWP is developing one of its briefing paper series to look at education commissioning and workforce planning.

More information - plus the chance to register early interest in many of the resources detailed above - is available at NWP's healthcare workforce portal www.healthcareworkforce.nhs.uk/menus. We'll also be launching the menus at NHS Employers Conference, Birmingham ICC, 9th - 11th October 2007 - come and visit us at stands B11 and B12.



Next steps for recruitment to post foundation programme medical training

Many expressed concerns about the ability to smoothly implement the new Specialty Training programmes and unfortunately it appears that a variety of systems and processes failed to meet expectations. However, this article focuses on what many in the NHS (as represented by NHS Employers) believes will work best for the future of higher specialist medical training.



NHS Employers provided evidence earlier this summer for Tooke Enquiry and it is hoped by all that this enquiry will lead to a fair, equitable and effective system for movement from the foundation programme into Specialty training in the future. I have summarised below some of the highlights from the evidence provided by NHS Employers with a focus on those points which will make a significant difference to the success of the new scheme;

- Employers would like to see the option of an interview to be included in the post assessment process
- There is a proposal that an optional FY3 year be introduced perhaps for 2008 only - perhaps in general selected specialties - to allow those who don't feel ready yet to make their long term specialty choice another year to consider their options
- There is support for a national electronic system and for structured assessment techniques.
- The volume of applicants is a concern in relation to the ability to administer any scheme and also to ensure consistent application of high quality national standards.
- NHS Employers are recommending on-line recruitment, Deanery (not MTAS) based and led by employers within a national framework - much like round 2 of the 2007 recruitment rounds.
- National rules regarding robust and clearly defined entry standards in the form of eligibility and person specifications must be described, disseminated and adhered to consistently as a matter of some urgency
- No specific restrictions should be placed on overseas applicants

- Shortlisters need guidance and robust support in dealing fairly and equitably with high volumes of applicants. Hard measures for sifting and scoring long and short lists need to be developed.
- Concerns about applicants being forced to move away from homes and families in order to gain a position have led to the call for smaller units of applications so that candidates have better opportunity of not having to move so far away. For example, London and KSS should be separated.
- Employers would like to commence recruitment processes in November with a view to completing by early May with interviews being between mid February and early May.
- All names of doctors starting in August 2008 need to be passed to employers by the beginning of June to ensure that robust pre employment checks and induction processes are put in place.
- Finally, and in the longer term NHS Employers would like to offer the view that there be more than one start date for doctors entering Specialty training from 2009 onwards.

Those involved in the recruitment and deployment of medical staff will be concerned to remain up to date with changes to these selection processes and to do so readers can view updates on the NHS Employers or MMC web pages at www.mmc.nhs.uk or www.nhsemployers.org

Sharon Gregory, www.sgtd.co.uk
for Consult GEE NHS

Letters and contributions

Network is your membership newsletter so we always welcome comments, articles and news from any of our members.

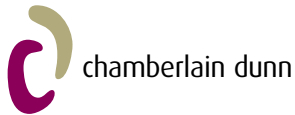
You can send contributions directly through to the production team (lauren@chamberdunn.co.uk) or call 020 8334 4530 for an informal chat first.

The newsletter is published every month and circulated to all HPMA members so it's a great way to share success, ask for help or get colleagues thinking.

Contributions for the October issue should be sent to lauren@chamberdunn.co.uk by 4pm Tuesday 25 September 2007.

All newsletter content is subject to editorial approval by the executive director Alex O'Grady.

Average earnings for qualified nurses top £30,000



Nurses pay has risen by 15 per cent since the introduction of Agenda for Change in 2004, according to new data on staff earnings which for the first time has been collated by the Information Centre for Health and Social Care using the Electronic Staff Record. The mean basic salary for qualified nurses is now £26,100. Nurses also earn an additional 16.5 per cent in earnings through overtime and so on which gives them a mean total of £30,100.

Professor James Buchan analyses this new data from the ESR in the September issue of *Employing Nurses & Midwives*, published by *Health Workforce Bulletin*. He warns that the new data comes with a series of caveats, not least the fact that ESR is not yet fully implemented. But when it is, information about earnings across all occupational groups in the NHS will be easily available and more up-to-date than has been possible in the past.

Median total earnings for qualified AHPs is

even higher at £32,000; and for consultants on the new contract the figure is £103,000. Unqualified nursing staff have average earnings of £17,200.

This issue also analyses workforce numbers over the Blair years which saw a 25 per cent increase in the number of qualified nurses, midwives and health visitors working in the NHS in England. The highest growth was in community nurses with a 38 per cent increase, achieved not by employing more district nurses but by employing other types of nurse in the community.

To sign up for regular free news updates and for subscription details of all our healthcare employment reports go to www.health-workforce.com. Each report is now available for purchase separately at £19.95.

Alison Dunn

Editor in chief, Chamberlain Dunn employment reports

HPMA Webwatch

Once again HPMA's webwatch brings you useful websites & online resources. Don't forget we would really like to see members sharing their own sites and resources. So if you have a suggestion or nomination to share, please contact lauren@chamberdunn.co.uk

Here is this month's eclectic mix:

Acas has launched a new free e-learning course, available on our website, to help employers ensure they have a fair workplace without age discrimination. In 2006/07 there were 394 employment tribunal claims.

From 1 October 2006 it has been unlawful to discriminate against someone in the workplace because of their age.

The new course:

- defines age discrimination
- explains the legal aspects of the age discrimination Regulations
- explains how the Regulations affect recruitment and existing employees
- explains the exception and exemptions of the Regulations
- describes the process for enabling a fair retirement.

You need to register at www.acas.org.uk/elearning/ to access the course but there is no charge and other topics including managing absence, bullying and harassment and redundancy handling are also available.

A number of publishers offer readers free newsletters or 'ezines' alongside their subscription newsletters - one such publisher, **Melcrum**, publish *Strategic HR Review* but you can pick up their free monthly newsletter *The Source* on strategic human resources from www.melcrum.com/services/topic_alerts/index.shtml. This month's issue focuses on mental health issues at work.

'The NHS in the UK 2007/08: a pocket guide' is a comprehensive guide to the NHS published by the NHS Confederation. Although prices for the guide start at £16.96, anyone can download their useful acronym buster free of charge from the website www.nhsconfed.org/issues/about1919.cfm

Articles from NHS National Workforce Projects and the Health & Safety Executive in this issue of *Network* highlight further resources that HPMA members may find useful.

Ask the experts

The HPMA has introduced a new feature into Network; Ask the Experts. This will give our membership the opportunity to pose any HR and legal questions to health sector employment specialists at Beachcroft LLP and our panel of HR professionals.

beachcroft

If you have any questions you would like to pose to the experts whether they be about legal issues such as restructuring, organisational issues or even careers advice please e-mail lauren@chamberdunn.co.uk or rheenan@beachcroft.co.uk. These questions will be responded to in Network and on the HPMA website on an anonymous basis.

QUESTION: Can NHS bodies require their employees and specifically consultants not to compete with them?

Rachael Heenan, Health Employment Partner at Beachcroft LLP replies:

An unforeseen result of competition within the NHS is NHS Trusts increasingly facing dilemmas arising from competitive activity by consultants they

employ. This is most likely to take the form of activities carried out in the private sector relating to work which could be carried out by the Trusts.

Can Trusts require their consultants not to compete with them? The answer depends on the nature of the activities, the extent to which such activities go beyond the boundaries set out in the old or new consultants' contracts, the terms of fidelity and confidentiality implied into every employment contract or in the Human Resources framework applicable in Phase 2 ISTCs.

This is a difficult and contentious issue on which Beachcroft has advised extensively.

If you have any queries arising out of this issue, please contact **Rachael Heenan** on 0113 251 4714 or rheenan@beachcroft.co.uk.

Focus on staff engagement at Leading workforce thinking, 9-11 October 2007

NHS Employers annual conference and exhibition, Leading workforce thinking, examines the importance of staff involvement and staff engagement in managing effective organisations, delivering better patient outcomes and in the NHS next steps review. Delegates will hear from Rt Hon Alan Johnson, Clare Chapman, David Nicholson, Will Hutton, Edward Peck, Michael West, John McCarthy and Jack Black.

With one month to go now is the time to book to get your first choice of workshop and masterclasses. We've designed some great new networking opportunities to make sure you get the most out of the event including dinners and receptions and 'early bird' sessions to find out who's representing you on our national forums and share good practice in our sector-specific sessions.

Find out more and book now at
www.nhsemployers.org/2007



BRANCH MEETINGS

Meetings at branch level take place usually on a bi-monthly or quarterly basis. They typically include speakers, presentations, social gatherings, workshops or educational activity and many branches run regular employment law updates.

Contact HPMA administrator Lauren Crawford on 020 8334 4530 or admin@hpm.org.uk for details on your local branch.

Are your HPMA colleagues getting eNetwork?

If you or any of your colleagues have experienced problems downloading, viewing or receiving the latest issues of the electronic newsletter please email

Lauren@chamberdunn.co.uk
at Chamberlain Dunn Associates.

HSE Management Standards for tackling work-related stress (Management Standards)

Implementing the Management Standards in the Healthcare Services Sector



The Health and Safety Executive has been working with academics, researchers and practitioners in the field of occupational stress for many years. Since 2004 this knowledge and experience has been drawn together in developing Standards to help manage stress in the workplace. These Standards have been accompanied with the development of an applied methodology. We now know much more about what works and how to understand the right action to take.

There are legal obligations on employers to understand and manage risk to the psychological health of their employees from work. HSE has been working hard to enable organisations understand how to do this by following the methodology mentioned above.

It makes sound business sense to manage the health and welfare of employees, but HSE's experience of organisations utilising the Management Standards is that many other business benefits can be derived from applying techniques for positive employee engagement. These techniques are found in organisations who strive to become the best in business delivery.

The gateway to making the business process work well and for service support to be aligned to the needs of employees, the work objectives and to the organisation's aim is through Human Resource management and senior staff engagement. The knowledge and experience of Health and Safety risk managers is an incredibly valuable resource in helping to put means in place to manage work related stress.

HSE is keen to promote learning of how to achieve the benefits of the process and this article follows one in June 2007 that gave an overview of the Management Standards Implementation programme. This article reports on some of the learning points from the first phases of the programme and some considerations on maintaining sustainability.

PHASE 1

In phase 1, HSE has been working closely with a number of NHS trusts and boards (Trusts) as they have introduced the Standards in their organisation. The Trusts drawn from across England, Scotland and Wales, represented a broad range of services (Acute, PCT, Ambulance etc)

This work coincided with a period of significant change within the NHS including reorganisation of SHAs, PCTs and Ambulance Service trusts. This, plus DH targets to recover overspends in financial year 2006/07 lead to a number of participants withdrawing from the project. However, the remaining 21 trusts have reported positive feedback and provided valuable data that will inform the development of further guidance and tools. The following is a summary of comments and lessons learnt so far from this work:

Communication is vital

Regular clear communication is essential to keep staff engaged in the process and demonstrate that their input makes a difference. It helps to maintain the commitment of all.

- When introducing the management Standards approach, it is important to emphasise that that the process involves everyone, but be sure to develop mechanisms that allow to feedback to particular groups when necessary.
- Maintain regular progress updates, it is important to show that effort is not wasted and that action is taken as a result of staff participation.

Providing regular progress updates can stimulate achievement between divisions.

- A positive outcome has been that implementing the process in some trusts/boards has required HR, OH and H&S functions to communicate and work together. Although a little difficult to facilitate at first in some cases, this has led to effective working.

Consider Management Skills

The role of the line manager is critical. It is important they understand the process and are able to promote and engage in two way communication with their staff

- Managers need to be empowered and supported from the top. Senior manager engagement is essential.
- Managers may have been promoted because of their technical knowledge, experience or abilities. They may not always possess management skills required for their role. Specific management training is important to ensure development of necessary skills. (See HSE/CIPD manager competency research below).
- Some aspects of management training may be included in existing modules. It may be necessary to review other training provision.

Understanding the organisation

The organisational culture may not be uniform across all departments or geographic locations. Bear this in mind when designing your survey and focus group composition.

- Be aware that different groups in the same trust may have a different organisational culture. Differences are not necessarily geographical, but can also be functional. For example, in a research environment the group structure may be predominantly horizontal, whereas in a nursing setting, hierarchical.
- Understand these cultural issues by exploring them with managers and workers. This can help to tailor engagement and communication strategies.

Employee Engagement

Some trusts experienced difficulty populating focus groups due to:

Shortage of volunteers

- Publicise the benefits to encourage attendance. Demonstrate that views and opinions matter. Communicate the commitment to take on board ideas and for them to be put into practice. This is not just a paper exercise; changes will be made as appropriate.
- Communicate outcomes as soon as possible.
- Engage with Staff side throughout the project. Staff representatives are very influential to help develop partnerships in support for the initiative.

Release of staff to attend focus groups

Sometimes managers are reluctant to release staff to participate

- Communicate to line managers the importance of staff participation - perhaps introduce a regular agenda item for management meetings
- Give as much notice as possible for dates of focus groups.
- Utilise existing meetings or events where possible

Sustainability

- Best results are achieved by integrating the approach into normal business, owned by all and part of the corporate culture. Include in induction and manager training modules.
- To help introduce the approach, give appropriate support to those undertaking the work. Acknowledge it as part of the business need. Spread the workload from individual project leads - consider forming a working group under the steering group and allocate responsibility for work packages. This can help to maintain the commitment of general managers - perhaps develop local action plans with managers accountable for delivery.

PHASE 2

Between June 2006 and March 2007, HSE held 64 regional 'Healthy Workplace Solutions' workshops with delegates invited from the five sectors reporting the highest incidence of work related stress - Health Services, Education, Central Government, Local Government, and Financial Services Sector. The topic for the workshops was sickness absence management with a particular focus on practical aspects of implementing the HSE Management Standards. The workshop series was well supported by over 1,400 delegates from over 1,000 organisations, representing an estimated 5.4 million employees.

For Health Services, HSE in partnership with NHS Employers Organisation, held 19 workshops over 14 regional locations attended by 460 delegates. Feedback from the 83% of delegates returning questionnaires indicates the workshops were well received with 89% thinking the workshops provided the knowledge to implement the Management Standards in their Trust, and 86% thinking they were now equipped to present a convincing case to senior management for action to manage sickness absence

As part of continued support for organisations that attended the workshops and are now implementing the Management Standards, HSE is hosting a series of Masterclass events in autumn 2007. The Masterclasses will cover a range of topics and provide an opportunity for practitioners to discuss applying specific elements of the process

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with acknowledged experts. If your organisation has attended a workshop and have not yet received an invitation to attend a Masterclass or would like further information, for England and Scotland please contact charlotte.bramham-tate@hse.gsi.gov.uk or for Wales please contact andrew.galvin@hse.gsi.gov.uk

HSE's approach has not been enforcement led, instead working in partnership with others to provide access to guidance and help. However, HSE is refining this approach in the light of feedback from activity so far and a programme of targeted inspections has now begun in Health Services and other key sectors.

Sustaining the gains

The Management Standards approach is designed to help you make steady improvements in managing stress in your organisation. It is important that you are committed to on going engagement with employees to identify and address the problems in your workplace that could lead to ill health, and adversely affect the performance of your organisation.

- Recent HSE/CIPD commissioned research indicates that the role of the line manager is critical to the success of the process and identifies the competencies required to be fully effective in their stress management responsibilities. The required competencies are mapped against the six Management Standards to provide a competency

framework. Ongoing research will investigate integration of the competencies into existing National, and sector specific, manager competency frameworks. To support the acquisition of new skills, the research will also develop and test training interventions. The research report and competency framework is available at www.hse.gov.uk/stress/news.htm

HSE believes that managing work place stress at an organisational level is not just about writing a policy and sitting back. To implement the Management Standards requires proactively engaging with staff at all levels, encouraging buy in and recognising that all have a role in identifying problems and developing solutions. It is not just a one off exercise, but a continuous improvement cycle, to be integrated into every day management practice providing the flexibility to monitor, anticipate and react to new challenges in the workplace.

If you would like more information on, managing work-related stress in your Trust, please visit www.hse.gov.uk/stress or contact

Chris Rowe, Stress Programme Manager
HSE, Rose Court 8SW, 2 Southwark Bridge,
London SE1 9HS

Autumn *Just in time* workstream

HPMA are looking for topic suggestions for the up coming *Just in time* programme.

Our *Just in time* workstream provides practical solutions to today's problems, to reduce workload while maintaining and implementing the highest possible professional standards in the form of low cost half-day workshops. Attendees have reassured us that they have found the events not just as the help we intended, but also as great development and networking opportunities.

We have run successful events on gender equality and disability discriminations, but we need direct input from the membership for the next series to ensure we are meeting your needs.

So if you have a suggestion for a *Just in time* topic please contact admin@hpma.org.uk or call 020 8334 4530.

DATES FOR YOUR DIARY

- **NHS Employers annual conference and exhibition 2007:**
Leading workforce thinking
9-11 October 2007 ICC, Birmingham
www.nhsemployers.org/2007
- **ESR Benefits Realisation events:** Bolton (3 October) & York (5 October)
- **South East Coast SHA HR Business Network launch event** 2 October 2007

In the news:

Health Secretary Alan Johnson has called for more out-of-hours availability by GPs, saying current working hours are an "anomaly".

Johnson told BBC Radio 4's Today programme that there is too much of a "nine-to-five" attitude among general practitioners and urged them to work more in the evenings and at weekends.

The government negotiated a contract with GPs in 2004 which led to more than 90% of them opting out of providing out-of-hours care, while also earning an average annual salary in excess of £100,000.

Johnson's comments follow a recent call from the Confederation of British Industry (CBI) for changes to doctors' hours after an official report showed GPs were working up to seven hours per week less than 15 years ago.

As a result, 10 million people are unable to book a doctor's appointment more than 48 hours in advance because of inflexible GP hours.

Johnson said: "I think there is a bit of an anomaly that there is half day closing on Wednesdays and Thursdays and you can't get to see a GP after you leave work. We do need to address that."

East Sussex Hospitals NHS Trust has been commended by the health watchdog for its efforts to tackle bullying and harassment at the trust.

In January 2006, a report by the Healthcare Commission called on the trust to promote a culture of zero tolerance to bullying after finding several management failings.

The commission's investigation was launched after staff and a local GP raised concerns about perceived levels of bullying at the organisation. It found a lack of action by senior managers in dealing with these perceptions.

Problems between staff took a long time to resolve, there was inconsistent advice to staff from the HR department and employees felt discouraged from submitting formal grievances, the report said.

Monica Green, the trust's HR director, told Personnel Today at the time that she fully accepted the commission's findings.

Improvements have since been made in several areas:

- a staff charter has been launched
- a handbook about dignity at work has been produced, backed up by training sessions
- a plan developed by the HR team aims to improve appraisals and monitor performance
- action has been taken to improve the capability of the HR team and provide leadership development for senior managers.

Sampana Banga, head of region at the Healthcare Commission, said: "We are impressed with the progress the trust has made in tackling the issues raised in this investigation."

The trust welcomed the report and said it had made "significant progress" since the original investigation.

The government needs to give a higher priority to the impact of musculoskeletal disorders (MSDs) on the labour market, according to a new report from think-tank The Work Foundation.

MSDs is an umbrella term that covers more than 200 different ailments, including arthritis, back pain and damage to joints, muscles and tendons.

MSDs affect twice as many people as stress and cause 9.5 million lost working days, according to Health and Safety Executive figures.

The Fit for Work: Musculoskeletal Disorders and Labour Market Participation report argues that early intervention and an emphasis on keeping sufferers in work wherever possible are likely to boost national productivity and help reduce the 2.6 million people claiming incapacity benefit.

Michelle Mahdon, senior researcher at The Work Foundation, said: "Stress hogs headlines, but in terms of people affected, MSDs are the bigger problem, affecting more than a million people a year.

"What urgently needs to change is the attitude of many GPs and employers that an MSD sufferer must be 100% well before any return to work can be contemplated. Too many see only incapacity rather than capacity."

The report calls for:

- Partnerships between patient, employer and GP to achieve a balance between an individual's need for respite and the need to work.
- Better job design: managers can change the ways work is organised - from adjusting working time and altering task allocation, to improving ergonomics.
- Enhanced measurement of direct and indirect costs of MSDs: much better mechanisms to assess and monitor the social and work impact of MSDs are needed.

Dame professor Carol Black, the government's national director for health and work, welcomed the report: "I hope that, in time, MSDs will become less relevant to work and working life. Until then, efforts to raise awareness of them must continue with ever greater urgency."