Improving occupational therapists' confidence in completing the Allied Health Professions Health and Work Report; results from the CREATE feasibility study

Joanne Ablewhite., School of Health Sciences, University of Nottingham, Nottingham, UK
Carol Coole, School of Health Sciences, University of Nottingham, Nottingham, UK
Stathis Th Konstantinidis, School of Health Sciences, University of Nottingham, Nottingham, UK
Aaron Fecowycz, School of Health Sciences, University of Nottingham, Nottingham, UK
Sayeed Khan, School of Medicine, University of Nottingham, Nottingham, UK
Avril Drummond, School of Health Sciences, School of Health Sciences, University of Nottingham, Nottingham, UK

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Ethical approval

Ethical approval for the study was obtained from the Health Research Authority (19/HRA/0377, 16/10/18). Approvals were also obtained from University of Nottingham as sponsor (19/10/18) and from participating NHS Trusts (Nottingham University Hospitals NHS Foundation Trust (11.03.19), Nottinghamshire Healthcare NHS Foundation Trust (29.10.18), University Hospitals of Derby and Burton NHS Foundation Trust (19.12.18), Derbyshire Healthcare NHS Foundation Trust (10.01.19), Derbyshire Community Health Services NHS Foundation Trust (19.02.19), Leicester Partnership NHS Trust (5.11.18), Lincolnshire Partnership NHS Foundation Trust (11.01.19), Lincolnshire Community Health Services NHS Foundation Trust (26.03.19), United Lincolnshire Hospitals NHS Trust (28.01.19).

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Abstract

Introduction

There is a concern that occupational therapists lack confidence in advising on fitness to work. The aim of this study was to compare two training methods of improving occupational therapists' confidence in completing the Allied Health Professions Health & Work Report (AHP H&WR).

Method

A mixed methods study was conducted. Occupational therapists were recruited to face-to -face (n=14) or online (n=18) training. Data were collected via questionnaires at baseline, one week and eight weeks post-training, and using semi-structured telephone interviews. Questionnaire data were analysed descriptively, interviews were analysed thematically.

Results

It was possible to recruit and retain participants to the study. Occupational therapists from both groups reported that the training improved their confidence in completing the AHP H&WR. However, the majority did not have the opportunity to complete an AHP H&WR in practice during the follow-up period.

Conclusion

Similar results for both training methods shows promise for further development and testing. There is therefore potential to conduct a definitive study in this area.

Introduction

Occupational therapists can play an important role in advising on a patient's fitness for work (Drummond et al, 2020). Appropriate advice provided by healthcare professionals and communicated to patients and/or their employers can enable people with health problems to safely remain in or return to work. (Department for Work and Pensions, 2017). Currently within the United Kingdom (UK) there are two standard methods through which this advice may be communicated; the Statement of Fitness for work (or 'fit note') (Department for Work and Pensions, 2008) and the Allied Health Professions (AHP) Health and Work Report (AHP H&WR). The AHP H&WR was previously known as the AHP Advisory Fitness for Work Report.

The Statement of Fitness for Work ('fit note') was introduced in 2010 across England, Wales and Scotland to replace the 'sick note' (Department for Work and Pensions 2010). Previously a sick note simply stated whether a doctor believed that a person should or should not return to work. The fit note was introduced in order that more information could be provided to reduce long term sickness absence and to encourage appropriate rehabilitation and supportive return to work policies. It indicates that a person is either not fit for work, or that they might be fit for work under a certain set of certain circumstances. The doctor is also able to suggest specific changes that might assist the patient in a return to work. The fit note is also used to provide medical evidence for employers or to support a claim for health-related benefits through the Department for Work and Pensions (DWP). In 2018-19, 9,455,031 fit notes were issued by General Practitioners (GPs) in England (NHS Digital 2019).

The AHP H&WR (also introduced in 2010) can be completed by Allied Health Professions (AHPs) including occupational therapists. It provides an employee, their employer and their doctor with information which may be used to help keep the employee at work or facilitate a return to work after a period of sickness absence.

There are important similarities between a fit note and an AHP H&WR. Both can be used to advise an employer that an employee is 'not fit for work', or that they 'may be fit for work' if appropriate adjustments can be made. Both the fit note and the AHP H&WR are advisory: the employer decides whether or not to use it. In theory, both can be used to claim sick pay from an employer, although some employers still require a fit note. However, with regard to claims for UK state benefits, for example Universal Credit or Employment Support Allowance, only the fit note can be used. Universal

Credit is a UK state benefit that a person may receive if they are on a low income, are out of work or are unable to work (www.gov.uk/universal-credit 2020). Employment Support Allowance is a UK state benefit that a person may receive if they have a disability or health condition that affects how much they can work they can do. It provides financial support to help with living costs for those unable to work, and support to get them back into work if this is possible (https://www.gov.uk/employment-support-allowance 2020).

To support the introduction of the fit note, a training programme for GPs was commissioned by the DWP. The aim was to develop and evaluate a face-to-face educational programme to shift GP attitudes to be more confident in the management of the consultation about work and health (Cohen et al 2010). A three-hour interactive training programme was developed; one aspect of the evaluation of the training programme was the assessment of GPs' confidence in managing the work health consultation. Data were collected via questionnaire at three time points; pre, immediately after and three months post training. The findings of the evaluation showed a significant increase in GPs' confidence in managing consultations regarding work and health immediately post training and that this was sustained at three months. However, confidence scores were lower at three months post-training than the scores immediately post-training for six out of seven response variables (Cohen et al 2010).

In comparison, there is a paucity of evidence regarding the training and completion of the AHP H&WR. There is evidence to suggest some use of the document by occupational therapists, but there are concerns that many lack confidence in communicating with patients and employers regarding fitness to work (Coole et al., 2013; Coole et al., 2014; McBean & Lebedis, 2017). It has therefore been recognised that the profession in the UK needs to equip therapists to manage this role by addressing their training needs. (Radford et al., 2018).

There is some international evidence that demonstrates that both face-to-face and online training can improve self confidence in other target groups. A study conducted in India (Aggarwal et al, 2011) compared the impact and acceptability to students, of teaching research ethics and biostatistics, through online training and traditional face-to-face approaches. The authors reported similar improvements of knowledge using both training approaches.

An Australian study compared face-to-face and online approaches to deliver training aimed at improving managers' communication with staff about mental health issues (Gayed et al, 2019). The

authors reported that both training approaches improved confidence and that this was sustained at follow up. However, the authors also reported lower retention rates in the online group.

Overall, therefore, there is a lack of evidence regarding methodological approaches for the delivery of training to occupational therapists and there is a lack of research that specifically compares online training with a traditional face-to-face delivery approach.

A UK study conducted by Hynie (2014) utilised an e-learning training module to develop understanding of the AHP H&WR among occupational therapists and to facilitate the development of their skills in using it. However, there was no comparison made between the e-learning and a face-to-face approach and it was not clear how the e-learning module was designed. Feedback on the training was provided by twelve occupational therapists working in a mental health setting who indicated that the e-learning approach was useful but reported that they needed a greater depth of knowledge about the AHP H&WR and how to apply it in practice.

Training for AHPs on use of the AHP H&WR was also conducted by McBean and Lebedis (2017). Occupational therapists, physiotherapists and podiatrists completed training that included the use of the AHP H&WR (n= 206). At two months post-training, only four had completed an AHP H&WR. Lack of patients/clients within participants' caseloads, for whom the AHP H&WR was appropriate, was reported as a reason for not having completed an AHP H&WR at this time point.

In 2017, in the paper 'Improving lives: the future of work, health and disability', (Department for Work and Pensions 2017) the UK government stated an intention to reform the fit note and to undertake development work to legislate for the extension of sickness certification powers of other healthcare professionals, including occupational therapists. In order to meet this challenge, the profession needs to address the training needs of occupational therapists and how these might best be met.

The aim of this mixed methods study was to compare face-to-face group training in AHP H&WR completion with a purpose-built online training resource. The objectives were 1) to explore the delivery, acceptability and impact on occupational therapists' confidence in relation to completing and using the AHP H&WR and 2) to explore key aspects of study feasibility, namely recruitment and retention of participants. This study was part of the CREATE study (Comparing face-to-face with

online training for occupational therapists in advising on fitness for work). The protocol for this study has been published (Coole et al, 2020).

Method

Ethical approval

Ethical approval for the study was obtained from the Health Research Authority (19/HRA/0377, 16/10/18). Approvals were also obtained from University of Nottingham as sponsor (19/10/18) and from participating NHS Trusts (Nottingham University Hospitals NHS Foundation Trust (11.03.19), Nottinghamshire Healthcare NHS Foundation Trust (29.10.18), University Hospitals of Derby and Burton NHS Foundation Trust (19.12.18), Derbyshire Healthcare NHS Foundation Trust (10.01.19), Derbyshire Community Health Services NHS Foundation Trust (19.02.19), Leicester Partnership NHS Trust (5.11.18), Lincolnshire Partnership NHS Foundation Trust (11.01.19), Lincolnshire Community Health Services NHS Foundation Trust (26.03.19), United Lincolnshire Hospitals NHS Trust (28.01.19).

Research Design

This was a mixed methods study which explored delivery, acceptability and impact of two training methods and study recruitment and retention.

Participants

In order to be able to recruit occupational therapists employed by the National Health Service (NHS), approval had to be obtained from the NHS Trust where they were employed. Approvals were obtained from nine local NHS Trusts in the East Midlands that represented a range of health services and health conditions. We aimed to recruit a purposeful sample of thirty occupational therapists in total; fifteen participants for the group that would receive the face-to-face training and fifteen participants for the group that would receive the online version. This recruitment target was agreed following discussions with the CREATE study steering group who believed we could achieve the study aim within the time and resources available. Participants were placed in one of the training groups by the researchers. Allocation to training groups was based on a combination of availability of participants to attend the face-to-face training and participants preferences.

Inclusion criteria for occupational therapist participants were as follows; to have been practising for a minimum of two years and working at least half-time, to be treating patients who had been or

were in paid employment in the previous six months, not previously having completed an AHP H&WR or attended training in its use.

Recruitment was undertaken by approaching potential participants through professional networks, the study Twitter account, and written invitations to participating NHS Trusts occupational therapy leads.

Training tools

The training resources were developed in a previous phase of the CREATE study through co-design workshops with occupational therapists (Coole et al 2020). Both training methods included parallel content that covered; an introduction to the AHP H&WR and comparison to the fit note, what the AHP H&WR is and how it is used, and case scenarios, relating to back pain, fractured right humerus, anxiety and depression and traumatic brain injury, and included the opportunity of completing an AHP H&WR for a case scenario. Resource links to further information were also included. Participants in both face-to-face and online groups were given all the training. The difference, apart from the method of delivery, was that face-to-face participants were given the opportunity to practice completing an AHP H&WR on one case scenario (anxiety and depression) as the final part of the training session. The online participants could access all four case scenarios and choose which or how many they wanted to use in practicing completing an AHP H&WR.

All participants in the face-to-face group received a power point presentation that outlined the differences between the fit note and the AHP H&WR and how to complete the AHP H&WR. All participants were given the opportunity to practice completing an AHP H&WR on one case scenario (anxiety and depression) as the final part of the training session. Participants could discuss the case scenario and the AHP H&WR with other participants if they chose. Two sessions were provided on different dates for the face-to-face training, and participants chose which one they could attend. Face-to-face training was 45 minutes in duration and participants were given a copy of the presentation in paper form.

In the online training group, participants were provided with a link to a Reusable Learning Object (RLO). An RLO is a 'bite sized' web-based open educational resource (University of Nottingham Health and E-Learning team, 2019). The RLO utilised a dialogue between a senior and a junior occupational therapist in a supervision session, discussing the AHP H&WR. Participants in the online group had the opportunity to complete an AHP H&WR using a case scenario from the choice

of four. The online group had access to all four case scenarios and they had the choice of how many they completed.

Data collection

Data were collected by questionnaire and telephone interviews.

Data were collected from participants using self-report questionnaires regarding confidence in completing the AHP H&WR at baseline (prior to training) and at one week and eight weeks post-training. These were distributed electronically via email. Data collection time points were chosen based on the study by McBean and Lebedis (2017) to measure the immediate impact on confidence and to give participants time to complete an AHP H&WR post training.

Questions were asked in relation to participants' confidence in completing the AHP H&WR for people with health conditions that fell within the participants' area of expertise, for people with any health condition, for people who worked in any occupational setting/sector and for people who worked in certain occupational settings/sectors that the occupational therapist had experience of. Participants were also asked about the usefulness of the training at one week post-training, and at eight weeks post-training the number of AHP HWRs completed since the training

On completion of the eight week questionnaire, all participants were invited to participate in a telephone interview using a semi-structured interview guide. The guide was developed based on the study objectives, and in consultation with the CREATE study steering group. The aim was to give participants the opportunity to talk freely about the training that they had received. Interviewers used prompts and clarifying questions to further explore participant experiences. The same interview guide was used for both groups and is shown in Table 1. The interviews were recorded, with consent, and transcribed by the research team. As no new themes were emerging as the interviews were being conducted, the study research team and steering group agreed that data saturation was reached (Saunders et al 2018).

INSERT TABLE 1

Data management

Questionnaire data were captured via questionnaire and managed using SPSS. Qualitative data were captured via telephone recordings and managed using NVivo.

Data analysis

Questionnaire data were analysed using descriptive statistics to examine the numbers of participants at baseline, one week post training and eight weeks post training who self–reported confidence levels with using the AHP H&WR, with regard to:

- health conditions within their expertise people with any health condition
- people who work in any setting
- people who work in certain settings/sectors occupational therapist has had experience of working within
- the usefulness of the training
- the number of AHP H&WRs completed during follow-up

Interview data were analysed using a thematic approach (Braun and Clarke 2006). Interview recordings were transcribed verbatim and any errors identified and corrected. Transcripts were read several times by JA and CC who independently identified initial codes. Following discussion within the wider research team, a coding framework was agreed and applied to the data. Throughout the process of analysis, the research team met regularly to agree a consistent approach and to discuss and review emergent themes which were subsequently applied to the data.

Results

Fourteen occupational therapists were recruited to the face-to-face training group; six participants attended the first training session and eight attended the second session. Eighteen occupational therapists were recruited to the online training group and completed the training.

Participant characteristics

Participant characteristics are shown in Table 2.

INSERT TABLE 2

The face-to-face and online groups were considered to be evenly matched in that the majority of participants in both groups were employed at the same level (an NHS band level 6). In the face-to-face and online groups the majority worked 30 hours or more per week and had between two and ten years post qualification experience. As shown in Table 3, in the face-to-face and online groups the majority of participants primarily treated people with mental health or neurological conditions.

INSERT TABLE 3

Response and retention rate

In the face-to-face group, fourteen participants completed questionnaires at baseline, one week and eight weeks post training. In the online training group, eighteen participants completed a questionnaire at baseline, seventeen at one week post-training, and sixteen at eight weeks post training.

Fourteen participants in the face-to-face group and seventeen in the online group were invited to take part in an interview. Of the fourteen, thirteen participants agreed; it was not possible to contact the remaining participant who had left their original place of employment. In the online group twelve agreed, five did not respond to the invitation. Recruitment and retention is shown in Figure 1.

a) Questionnaire data

Confidence in completing the AHP H&WR with health conditions within their expertise

As shown in Figure 2, at baseline participants in the face-to-face group reported their confidence in completing the AHP H&WR with health conditions within their expertise as either 'poor' (n=12, 86%) or 'fair' (n=2,14%). At one week post training they reported that their confidence was either 'fair' (n= 10, 71%) or 'good' (n=4, 29%). At eight weeks, three (22%) of participants reported that their confidence was 'fair', ten (71%) that it was 'good' and one (7%) that it was 'excellent'.

At baseline, the majority of participants in the online group reported their confidence in completing the AHP H&WR with health conditions within their expertise as either 'poor' (n=9, 50%) or 'fair' (n=6, 33%), however two (11%) reported it as 'good' and one (6%) as 'excellent'. At one week post-training participants reported their confidence 'fair' (n=6, 35%), 'good' (n=7, 41%) and 'excellent' (n=4, 24%). At eight weeks post training, confidence was reported as either 'fair' (n=5, 31%) or 'good' (n=11, 69%).

INSERT FIGURE 2

Confidence with completing the AHP H&WR for people with any health condition

As shown in Figure 3, at baseline all participants in the face-to-face group reported their confidence in completing the AHP H&WR for people with any health condition as 'poor' (n=14, 100%). At one week post training they reported that their confidence was either 'fair' (n=6, 43%), 'good' (n=7, 50)

or ‘excellent’ (n=1, 7%). At eight weeks two reported their confidence as ‘poor’ (14%), six that their confidence was ‘fair (43%) and six that their confidence was ‘good’ (43%).

At baseline, participants in the online group reported their confidence in completing the AHP H&WR with health conditions for people with any health condition as ‘poor’ (n=11, 61%) and ‘fair’ (n=2, 11%) however four reported it as ‘good’ (22%) and one as ‘excellent’(6%). At one week post-training participants reported their confidence ‘poor’ (n=1, 6%), ‘fair’ (n=7, 41 %), ‘good’ (n=8, 47%) and one participant reported ‘excellent’ (n=1, 6%). At eight weeks one person reported their confidence as poor (6%), ten that ‘fair’ (63%) and five that it was ‘good’ (31%).

INSERT FIGURE 3

Confidence in completing the AHP H&WR for people who work in <u>any</u> setting

As shown in Figure 4, at baseline participants in the face-to-face group reported their confidence in completing the AHP H&WR for people who work in any setting/sector as ‘poor’ (n=13, 93%) or ‘fair’ (n=1, 7%). At one week post training they reported that their confidence was ‘fair’ (n=6, 43%) or ‘good’ (n=8, 57%). At eight weeks, eight (57%) reported that their confidence was ‘fair’, and six that it was ‘good’ (43%).

At baseline, the majority of participants in the online group reported their confidence in completing the AHP H&WR for people who work in any setting/sector as ‘poor’ (n=11, 61%), ‘fair’ (n=3, 17%), ‘good’ (n=2, 11%) or ‘excellent’ (n=2, 11%). At one week post-training participants reported their confidence ‘fair’ (n=9, 53%), ‘good’ (n=7, 41 %) with one participant reporting excellent (6%). At eight weeks post training, confidence was reported as ‘fair’ (n=12, 75%), three reported their confidence as ‘good’ (19%) and one reported it was ‘excellent’ (6%).

INSERT FIGURE 4

Confidence in completing the AHP H&WR for people who work
in certain settings/sectors occupational therapist has had experience of working in

As shown in Figure 5, at baseline participants in the face-to-face group reported their confidence in completing the AHP H&WR for people who work in certain occupational settings/sectors the occupational therapist has had experience of as ‘poor’ (n=12, 86%) or ‘fair’ (n=2,14%). At one week post training one person reported ‘poor’ (7%) eight that it was ‘fair’ (57%) and five that it was ‘good’

(36%). At eight weeks, three (22%) of participants reported that their confidence was 'fair', ten (71%) that it was 'good' and one (7%) that it was 'excellent'.

At baseline, participants in the online group reported their confidence in completing the AHP H&WR for people who work in certain occupational settings/sectors the occupational therapist has had experience of as either 'poor' (n=9, 50%) or 'fair' (n=6, 33%), however two (11%) reported it as 'good' and one reported their confidence as 'excellent' (6%). At one week post-training participants reported their confidence as 'fair' (n=2, 12%) or 'good' (n=12, 70%) or 'excellent' (n=3, 18%). At eight weeks post training, five reported their confidence as 'fair' (31%), ten that is was 'good' (63%) and one that it was 'excellent' (6%).

INSERT FIGURE 5

Usefulness of the training

Results regarding the usefulness and experience of the training at one week post training were similar for both groups. The majority of participants in both groups reported that they would recommend the training they had received to other occupational therapists, (face-to-face group n=12, 86% and in the online group n=16, 94%).

Participants in the face-to-face group rated the training they received as 'excellent' or' good' (n=13, 93%). All reported that it was 'very easy' or 'easy' to follow (n=14, 100%) and' very helpful' or 'helpful' for learning about the AHP H&WR (n=14, 100%).

Participants in the online group rated the training as 'excellent' or' good' (n=16, 94%), one reported it as 'fair' (6%). All reported that it was 'very easy' or 'easy' to follow (online group n=17, 100%) and' very helpful' or 'helpful' for learning about the AHP H&WR (online group n=17, 100%).

Number of AHP H&WR completed during follow-up

At eight weeks post-training, participants were asked if they had completed any AHP H&WRs in practice since the training; the majority in both groups had not. In the face-to face group ten (71%) had completed none, and in the online group fourteen (88%) had completed none. Three participants in the face-to-face group (22 %) and one (6%) in the online group had completed one AHPH&WR. One participant in each group had completed two (or more than two) AHP H&WRs.

b) Interview data

The average length of the telephone interviews with the face-to-face group was 9 minutes (range 5 - 19 minutes) and with the online group was 8 minutes (range 3 to 15 minutes). The following key themes were identified from the data analysis and are presented with illustrative quotations. (FTF refers to a face-to face group training participant; OL refers to an online training participant).

Likes and dislikes about the training

The majority of participants in both groups reported there was nothing they disliked about the training. All the participants valued the case studies and case scenarios. The face-to-face group liked the opportunity to discuss case studies with other occupational therapists during the training session. Having more time to discuss the training and opportunity to ask questions at the end was raised by some in the face-to-face group. One participant in the online group reported that they still lacked confidence with completing the AHP H&WR and that the opportunity to discuss the training with peers may have helped with that. Feedback from both groups was positive in relation to the design of the training.

> *I thought it was really thorough and really helpful and liked that I could do it in my own time. Because I'm sure as you can appreciate it can be hard to get time out of work to go and do something like that. And I think it had the right level of detail and helped me to improve my knowledge.* OL 38

Expectations in relation to the training

Participants from both groups reported similar expectations regarding the training; that they expected that the training would improve their confidence and knowledge in relation to the AHP H&WR and enable them to use it. However, there was a difference between the two groups in relation to the extent they felt the training had met their expectations. Some in the face-to-face group felt their expectations had been met while others reported that they had not had sufficient time during the training to compete an example of the AHP H&WR.

> *it didn't not meet them completely, …I've had a couple of people who said to me, could you get involved with HR or occupational health in giving them some advice? And it's knowing*

when I could do that and when I would be able to be involved with perhaps writing up a fit to work form or report. That I'm still not quite clear of. FTF18

Preferences for training methods

Participants were asked if they generally had a preference for face-to-face or online training. Some reported that they preferred face-to-face training as they liked to be able to ask questions and discuss issues included in the training with the trainer and their peers. However it was also reported that while face-to-face may be preferred, online training had advantages in terms of providing greater flexibility with time and that a discussion forum in tandem with the online training would overcome the limitations of online training with regard to the opportunity to discuss with peers.

… I guess the only thing kind of helpful is a discussion, a forum with other people that might have used it, so people with experience, so that maybe I could discuss…so there might be particular things specifically to mental health stuff that might be helpful for me to discuss with people. OL 25

Completion of an AHP H&WR following the training and further training needs

The majority of participants from both groups who had not completed an AHP H&WR following the training reported that this was because of the needs of the caseload they were treating. As identified in the questionnaire, some participants in the face-to-face group (n=4) and in the online training group (n= 2) had completed an AHP H&WR following training. Participants in both groups reported that they had referred back to the training to help them with the completion of the form. One participant reported uncertainties had arisen when they had started to use the AHP H&WR and felt that further support/training was required. Some participants in the face-to-face group reported that an online resource to refer to or the opportunity for further group discussion would be useful, particularly if AHP H&WR completion was not a regular part of their work.

So like yesterday I clicked back on the link and was able to refer back to the training, just refresh on a couple of bits that I wasn't sure about. So from that point of view it was quite helpful. OL 26

an online resource…., so if there's that as well, if there's a way of checking back to information easily available on the OT website or whatever, so you can always check when you come, because if you're not doing them all the time you might want to double check all the information somewhere so I guess that would be useful. FTF14

Discussion

This study has shown that it is possible to recruit and retain occupational therapists to face-to-face and online training in the completion of the AHP H&WR. The findings suggest that both training methods achieved positive effects on confidence in relation to completing the AHP H&WR, however, it is necessary to confirm this in a definitive study in this area.

Although our study was based in the UK, the findings add to the international evidence in this area and will be valuable in informing training health professionals in other countries where they have a role in sickness certification. Our findings are consistent with those of (Aggarwal et al, 2011) that compared online training and traditional face-to-face approaches in the delivery of information to students in India, with similar results found for face-to- face and online delivery. Gayed et al (2019) in their Australian study that compared face-to-face and online approaches to deliver training, aimed at improving managers' communication with staff about mental health issues, also found that both training methods had similar effects on confidence.

Previous research conducted in the UK that delivered training to GPs on consultations regarding work and health (Cohen 2012) found that confidence was sustained at three months but was lower than immediately post training. However, the training was broader than the fit note, and the number of fit notes the cohort completed during the follow up period was not stated. By comparison, our findings showed that in both groups confidence was also generally higher at one week post training than at eight weeks post training. However, the majority of participants in our study reported they had not had the opportunity to complete an AHP H&WR during the follow up period due to their caseload. This finding is consistent with that of McBean & Lebedis (2017), who also reported that a majority of participants at follow up had not completed an AHP H&WR due to the perceived needs of their caseload. The fact that participants had not all had the opportunity to implement the training may explain why confidence levels were sustained but were lower at eight weeks than at one week post training.

Participants in the face-to-face group liked the opportunity to discuss related issues with peers and believed that time for this was important. In the online group not having peers to discuss the training with was viewed as a limitation. In future research, building in group-support for both training methods may be beneficial in relation to building confidence as reported in a previous study of improving occupational therapists' confidence (Wilding ,2012). In this action research study, a research group working with twenty five occupational therapists found that the group support was key to increasing the participants' sense of confidence in their practice. In our study, participants' confidence scores were lower in relation to completing AHP H&WRs for patients with health conditions, or working in occupational settings, that the occupational therapists had less experience of, indicating that such support may need to be focused. Training via an online resource offers advantages with regard to time and financial cost benefits, and this was reported by participants in our study. In future research the time and financial cost benefits require further exploration and confirmation.

Study Strengths and Limitations

The main strength of this study is that the results contribute to the limited evidence regarding training occupational therapists in the completion of the AHP H&WR. The study shows that occupational therapists were willing to have training, were keen to participate and that the feedback for both mediums was positive - demonstrating potential for both to be rolled out. A limitation of the study is that those who volunteered to participate may have had a particular interest in the training and in using the AHP H&WR which may have impacted on the findings. Although sufficient numbers of participants were recruited, few had the opportunity to practice what they had been taught in training. Any future study would need to consider how participants might have opportunities to apply the training in practice in order to justify the resources involved and test the training in practice.

Conclusion

It was possible to recruit and retain occupational therapists to the study. Similar results for both training methods suggest each has the potential for further development and testing. There is therefore potential to conduct a definitive study in this area.

Key Findings

- It was possible to recruit and retain occupational therapists to this study.

- Similar results were found for both face-to-face and online training.
- Opportunities to discuss AHP H&WR completion with peers are important.

What the study has added

This study has demonstrated it is possible to recruit and retain occupational therapists to face-to-face and online training in completing AHP H&WRs. Similar results for both training methods suggest both merit further research.

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Table 1. Interview schedule

1. Which training did you receive? 2. What did you think of the group/on-line training? 3. What were your expectations of the training? 4. How well did it meet your expectations? 5. How easy was it to follow? 6. Did you think that it covered all the topics you expected it to? 7. How did you feel about the format of the group/on-line training? 8. What did you like about the group/on-line training? 9. What did you not like about the group/on-line training? 10. How could the group/on-line training be improved? 11. How do you feel about completing AHP Reports? 12.How do you feel about completing Fit Notes?

Table 2. Participant Characteristics

		Face-to-face Group (n=14)	(%)	Online Group (n=18)	(%)
Clinical Band*	Band 5	1	(7)	1	(6)
	Band 6	10	(71)	14	(78)
	Band 7	3	(22)	3	(16)
Years post-qualification	2-5	4	(29)	5	(28)
experience	6-10	3	(22)	4	(22)
	11-15	3	(22)	3	(16)
	16-20	0		1	(6)
	21-25	2	(14)	1	(6)
	26-30	1	(7)	4	(22)
	31-35	0		0	
	36-39	1	(7)	0	
Hours worked per week	22-29	4	(29)	3	(16)
	30 and above	10	(71)	14	(78)
	variable	0		1	(6)

*https://www.nhsemployers.org/your-workforce/pay-and-reward/job-evaluation/national-job-profiles/allied-health-professionals)

Table 3. Conditions primarily treated

Condition primarily treated	Face-to-face group (n=14) (%)	Online Group (n=18) (%))
Mental Health	6 (43)	10 (55)
Neurology	5 (36)	4 (21)
Orthopaedics/Rheumatology	2 (14)	1 (6)
Rehabilitation medicine	0	1 (6)
Adult inpatient not specified	1 (7)	0
Primary care not specified	0	1 (6)
Adult community not specified	0	1 (6)

Figure 1 Flow chart to demonstrate feasibility of recruitment and retention of occupational therapists to study

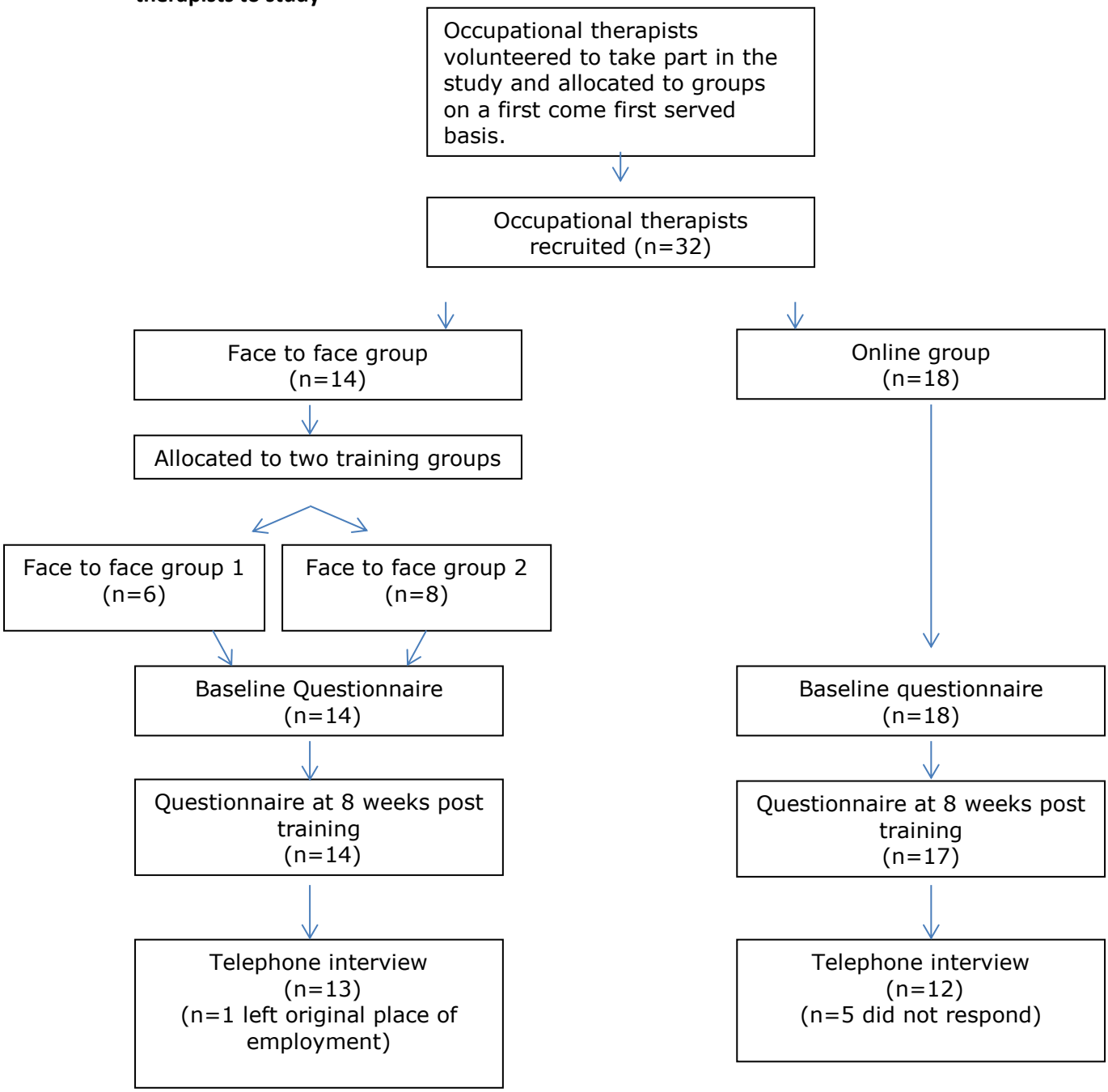

Figure 2 Confidence in completing the AHP H&WR with health conditions that fell within participants' area of expertise (percent)

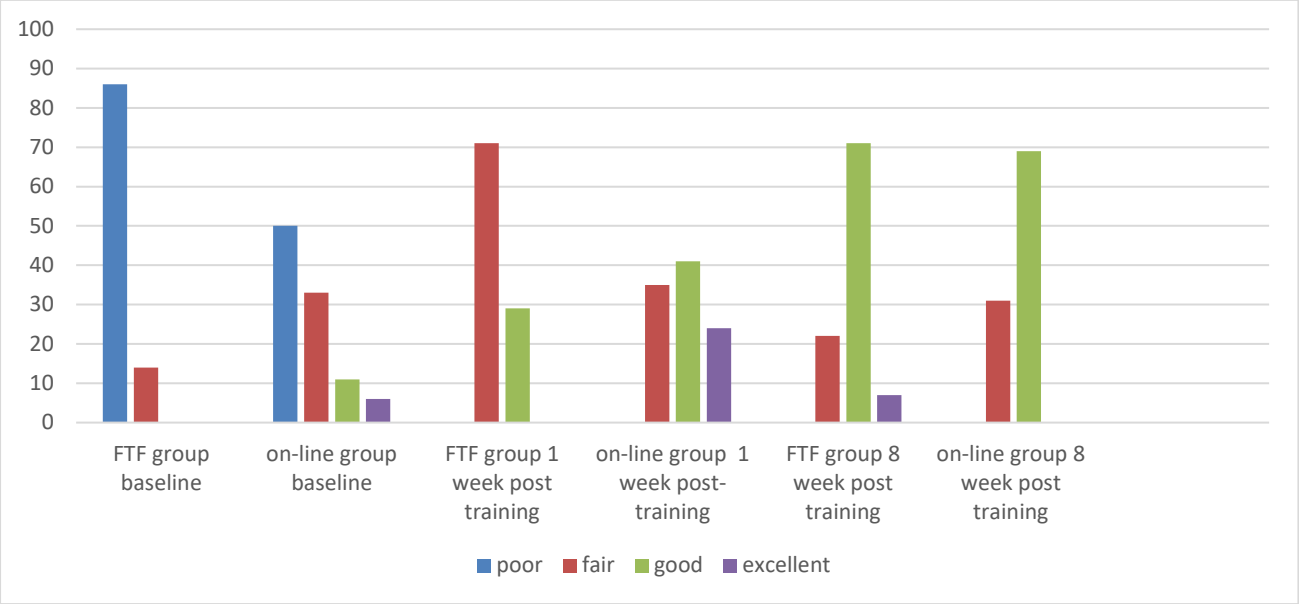

Figure 3 Confidence in completing the AHP H&WR for people with <u>any</u> health condition (percent)

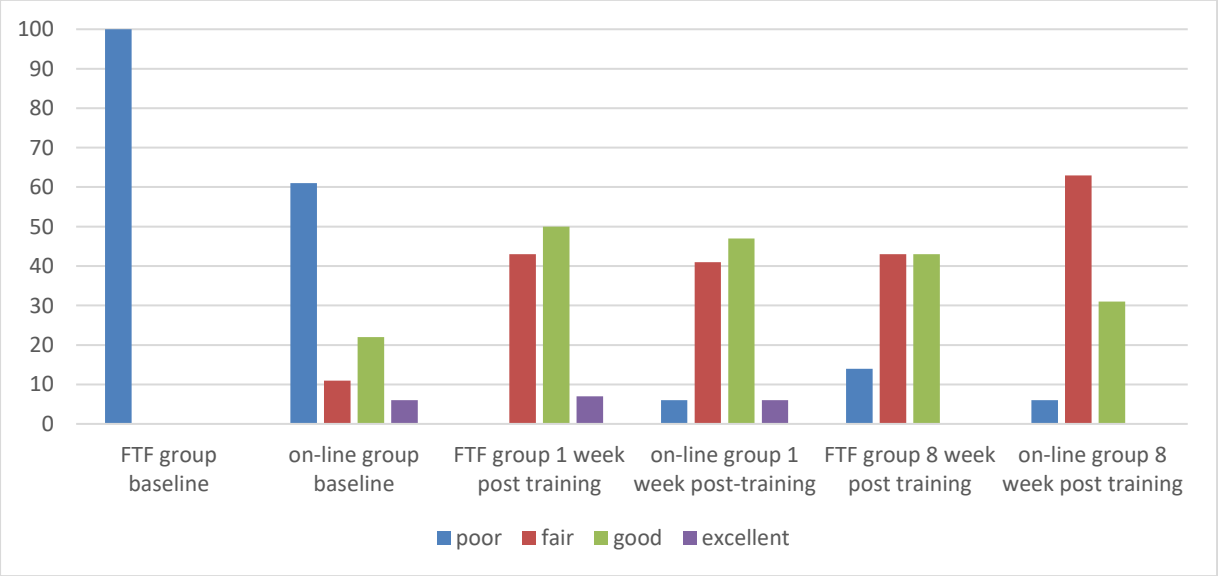

Figure 4 Confidence in completing the AHP H&WR for people who work in <u>any</u> occupational setting/sector (percent)

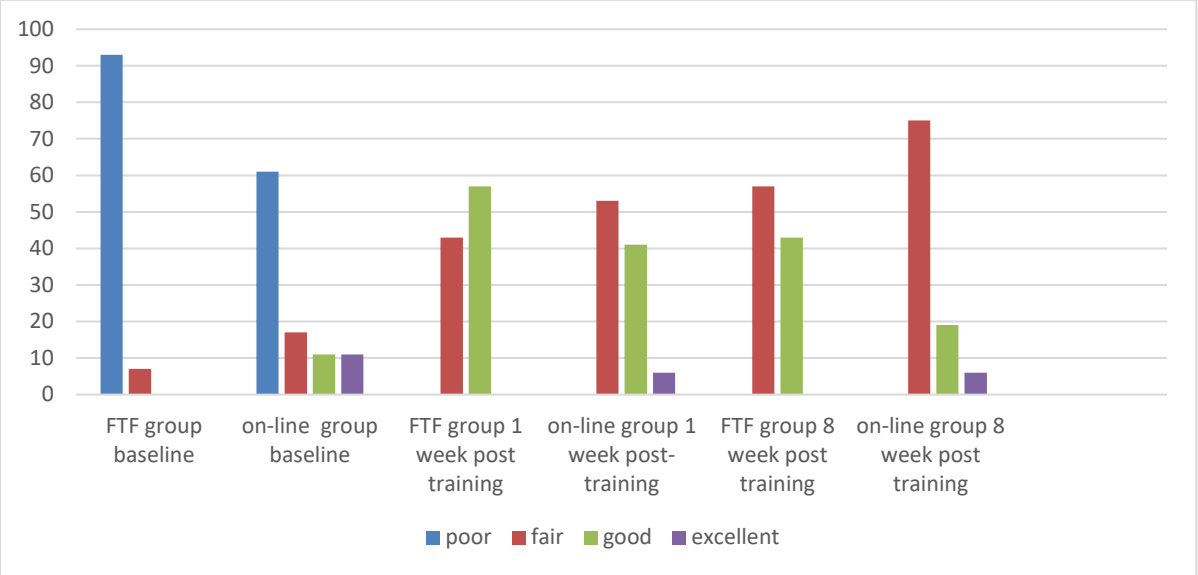

Figure 5 Confidence in completing the AHP H&WR for people who work in certain occupational settings/sectors Occupational Therapist has had experience of (percent)