Arthritis UK

Centre for Musculoskeletal Health and Work

Impact Report



Building workplaces that work for everyone

Throughout many high- and upper-middle-income countries, including the UK, musculoskeletal conditions (such as arthritis and back pain) are a leading cause of disability and time off work. Although people of all ages can be affected by musculoskeletal conditions, some types (such as osteoarthritis, which around 10 million people in the UK live with) are more common in older adults.

When you combine this with an aging population and the fact that the UK Government is encouraging people to stay in work longer, it may be no surprise that the number of people leaving roles due to challenges with their musculoskeletal health is on the rise. This is despite many of those affected seeking support to remain part of the workforce.

To address this, there are many important questions that need answers to help inform policy and to educate and support employers to better accommodate the needs of people with musculoskeletal conditions. But to ensure success, a holistic approach that brings together experts from different fields is vital. This approach will help us find ways to ensure that workplaces are safe and productive, while supporting people with musculoskeletal conditions to stay in work for as long as they choose.

Helpline 0800 5200 520





Enter the Centre for Musculoskeletal Health and Work

In 2014, Universities of Southampton, Aberdeen, Lancaster, Liverpool, Manchester, Salford, Oxford and Imperial College London plus Guy's and St Thomas' NHS Foundation Trust teamed up to establish the Centre for Musculoskeletal Heath and Work. In 2019, these institutions expanded to include King's College London and the University of Keele. Together, the institutions are aiming to reduce the impact of musculoskeletal disorders, such as back pain and arthritis, in the workplace.

Under the leadership of Professors David Coggon, Karen Walker-Bone and Gary J Macfarlane, the Centre has received £3.6 million of infrastructure funding from Arthritis UK and £800k from the Medical Research Council (MRC) (UK Research and Innovation). This funding was provided to build capacity, address unanswered scientific questions, seek additional funding, embed public and patient involvement, and build networks. Now funded by Arthritis UK alone, the Centre acts as a national source of advice, offering guidance on musculoskeletal issues in the workplace.

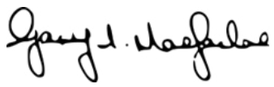
University of Southampton
1495 University of Aberdeen
Lancaster University
Liverpool John Moores University
Manchester 1824 The University of Manchester
University of Salford Manchester
University of Oxford
Imperial College London
NHS Guy's and St Thomas' NHS Foundation Trust
King's College London
Keele University

Musculoskeletal health is fundamental to a productive, inclusive and sustainable workforce. Yet musculoskeletal conditions remain one of the leading causes of disability and work loss in the UK and globally. Addressing this challenge requires not only high-quality science, but also strong collaboration across disciplines, sectors and communities.

Originally established in 2014 as the Arthritis UK/MRC Centre for Musculoskeletal Health and Work, the centre has brought together a group of researchers, clinicians, policymakers and people with lived experience to tackle these issues. This report highlights what that collaboration has achieved: producing over **130 publications**, leveraging more than **£5.5 million in additional funding**, and supporting the development of over **90 researchers and students**. Crucially, the Centre has also generated evidence that is shaping policy and practice; informing NHS guidance, contributing to national policy debates, and developing tools that support people with musculoskeletal conditions to remain in work.

These achievements build on the vision and leadership of the Centre's previous Directors, Professors David Coggon and Karen Walker-Bone. Their commitment to interdisciplinary research and real-world impact established the strong foundation on which the Centre has built outward. Their influence is evident not only in the Centre's scientific outputs, but also in its culture of collaboration, mentorship, and engagement with policy and practice.

As we look ahead, the need for this research has never been greater. With an ageing workforce and changing patterns of employment, ensuring that people can remain in work, despite musculoskeletal conditions is a major societal priority. The staff in the Centre are well placed to continue leading this agenda-generating evidence, informing policy and ultimately helping to build workplaces that work for everyone.



Professor Gary J Macfarlane
Centre Director



Professor Gary J Macfarlane, Centre Director

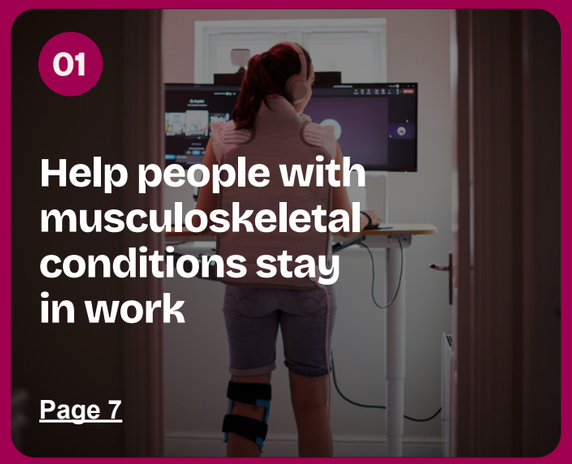


Professor Ira Madan, Centre Deputy Director

Arthritis UK | Centre for Musculoskeletal Health and Work

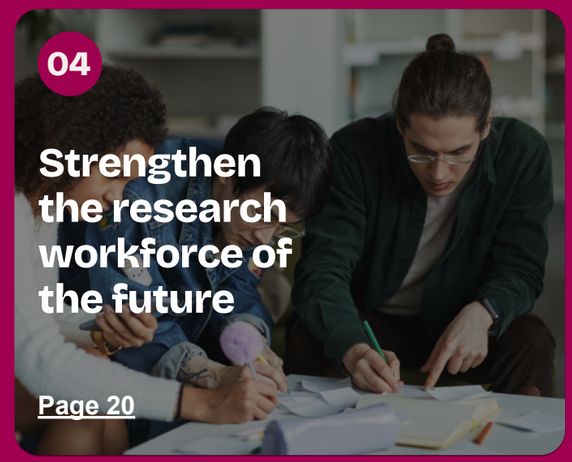
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The Centre for Musculoskeletal Health and Work is investigating ways to:









Our research impact areas

- New knowledge
- Influence on policy and practice
- New networks
- Leveraged funding
- Increased capacity to conduct research
- Patient and public involvement
- New intellectual property, products and services

£3.6m from Arthritis UK and £800k from MRC has led to:

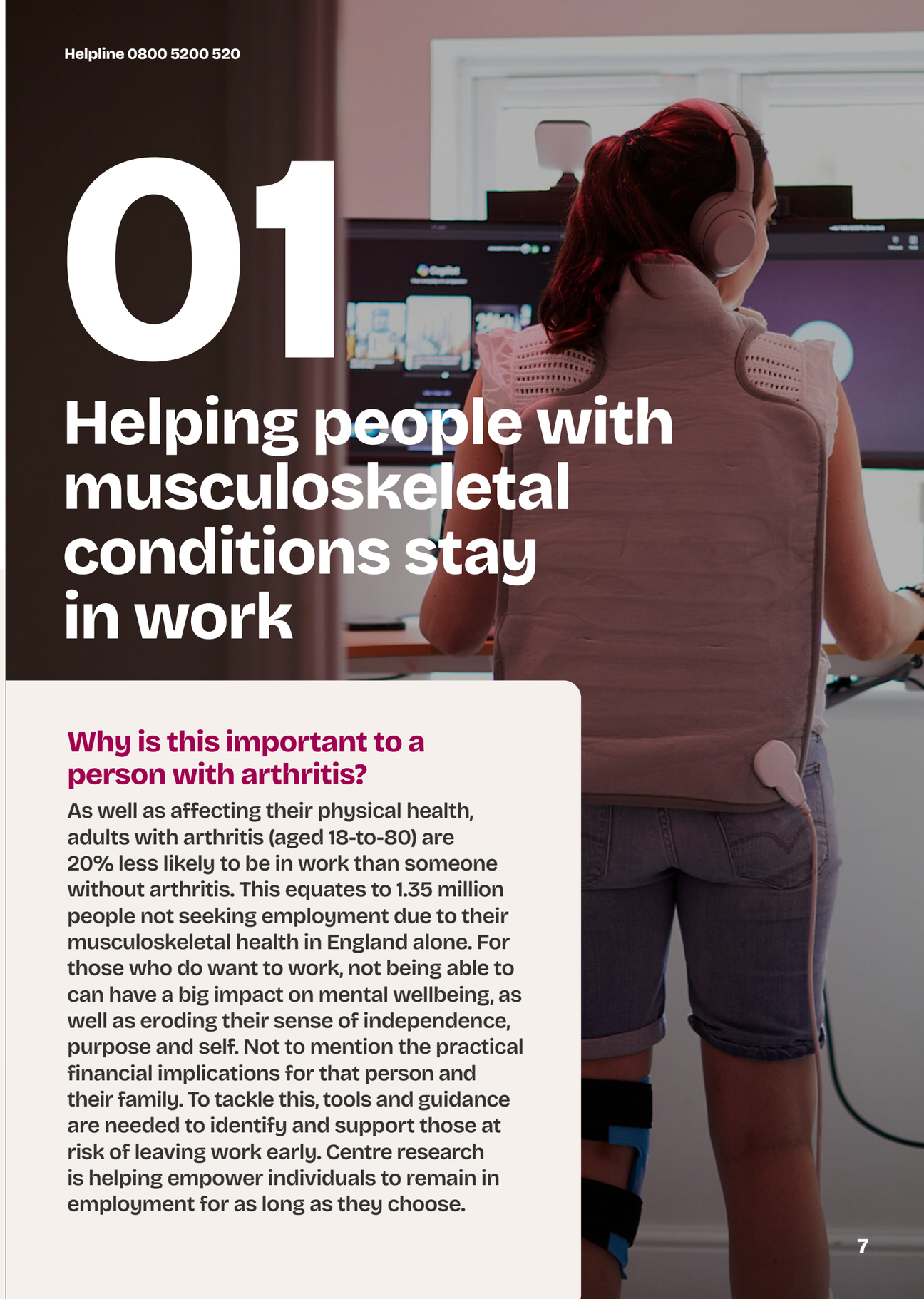
More than 130 publications cited more than 2,000 times.

More than 1 in 4 of the Centre's publications led to a positive influence in policy.

More than 70 patient partners shaping Centre research.

More than £5.5m leveraged funding.

More than 90 staff and students trained and supported.



01 Helping people with musculoskeletal conditions stay in work

Why is this important to a person with arthritis?

As well as affecting their physical health, adults with arthritis (aged 18-to-80) are 20% less likely to be in work than someone without arthritis. This equates to 1.35 million people not seeking employment due to their musculoskeletal health in England alone. For those who do want to work, not being able to can have a big impact on mental wellbeing, as well as eroding their sense of independence, purpose and self. Not to mention the practical financial implications for that person and their family. To tackle this, tools and guidance are needed to identify and support those at risk of leaving work early. Centre research is helping empower individuals to remain in employment for as long as they choose.

Developing tools to help keep you working



WORKWELL Digital

Online self-help resource for people with inflammatory arthritis.

Early testing showed the programme was easy to use, trustworthy and helpful, especially for people newly diagnosed or starting to experience difficulties at work. What's more, flexible online access has made support easier to access.

SUCCEED

Online support hub for self-employed people with a disability.

SUCCEED is helping to tackle **unmet support needs** in this population. The tool is the first of its kind in the UK, led by Dr Paula Holland in collaboration with **Universal Inclusion**.

Making it Work™

Online self-management programme to help people stay in work.

Making it Work™ is an online self-management programme that was originally developed in Canada. It has been shown to help individuals feel better able to meet their work demands and reduced the likelihood of taking time off work for long periods. It includes five online educational and interactive modules covering topics such as managing fatigue and stress at work and building supportive relationships.

Helpline 0800 5200 520

Impact for working people with arthritis

Leveraged funding

Over £600k has been secured by the Centre to build more tools that will support people with arthritis to remain in work for as long as they wish to do so. For example, the Centre is building an online hub of work support resources (called msk.NETWORK) and an online self-management programme (called Making It Work™ - Scotland).

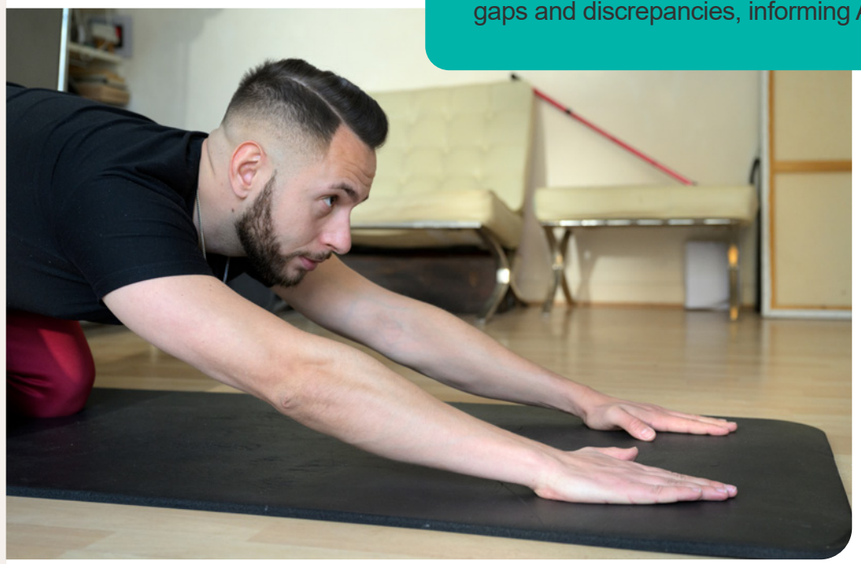
New knowledge

Centre researchers created a structured approach to adapt Making it Work™ for UK health and social care contexts. This approach is now also being used by research groups in New Zealand and France to adapt the programme for their own contexts.

Influence on policy and practice

NHS advice for people recovering from lower arm pain has been updated using evidence **from the Centre's ARM trial**. NHS advice now recommends keeping active instead of rest because the ARM trial found that doing so led to a better recovery.

Centre research **evaluating work support from UK charities** for people living with musculoskeletal conditions highlighted several gaps and discrepancies, informing Arthritis UK's resource updates.



Yeliz's story



"I'm a Professor of Clinical Rehabilitation at the University of Salford, and an Honorary Consultant Occupational Therapist at Northern Care Alliance NHS Foundation Trust. I have been involved with the Centre since its inception in 2014, first as a postdoctoral Research Fellow and later as a Centre Co-Investigator as my research career progressed."

What has Yeliz been involved with at the Centre?

"I led the WORKWELL study funded by Arthritis UK – a vocational rehabilitation programme focused on job retention, supporting people who are still in work but struggling due to their arthritis. 249 people with inflammatory arthritis joined the trial across 18 NHS hospitals. Half received WORKWELL plus a self-help pack, and half received the self-help pack only. Researchers checked how both groups were doing at work after 6, 12 and 36 months. Although **WORKWELL did not lead to improved work productivity compared to self-help advice**, it highlighted a gap in how we support people who continue to struggle after initial adaptation. Interviews showed that some participants felt the intervention repeated information they already knew and lacked tailoring to specific challenges they had. Many also struggled to identify trustworthy online information and wanted a single, reliable source of guidance. This led to the development of **WORKWELL Digital**. Co-produced with people with lived experience, health professionals and digital learning experts, **WORKWELL Digital** offers flexible and accessible work self-management support online, providing practical guidance as and when people need it to help them stay in work."

What is Yeliz working on next?

"For the UK WORKWELL Digital programme, we are focusing on accessibility and inclusion for underserved communities, ensuring the resources are relevant to all. We are also widening access internationally by exploring opportunities and funding to translate resources into Turkish, Spanish and Italian. Separately, with funding from EULAR (the European Alliance of Associations for Rheumatology) we have developed a suite of patient reported outcome measures in Swedish, Czech, Turkish and English, to ensure work assessments are linguistically validated and culturally appropriate."

How has the Centre shaped Yeliz's career?

"The Centre has provided mentorship, role models and insight into how research is developing in the future. Through the networks and opportunities provided by the Centre, I have been able to build my research career around work and arthritis. The Centre has played an important role in amplifying my research, extending its reach, and making me feel part of a wider research community focused on work support. For this, I will always be very grateful."

Helpline 0800 5200 520

02

Driving change in policy to better support workers

Why is this important to people with arthritis?

In 2022, 23.4 million working days were lost in the UK due to musculoskeletal conditions, equivalent to 64,000 years. This makes musculoskeletal conditions the third most common reason for working days lost. Being unable to work has a serious impact on individuals' financial stability and independence. This is why it is so important for workplaces to be supportive. Because with the right policies, employers can help staff stay in work and reduce unnecessary sick leave. To help make this happen, the Centre is helping update workplace policies and supporting national campaigns aimed at improving support for workers with arthritis.

Influence on policy and practice

Centre members have consulted with and provided evidence for influential bodies to shape and improve workplace policies, for example:

01

Former Centre Director Professor Karen Walker-Bone represented Arthritis UK at an evidence-giving session to the House of Commons Work and Pensions Select Committee in July 2016. Subsequently, **a consultation green paper** was published, which helped shape the UK Government's **decade-long strategy** to transform the relationship between work, health and disability.

02

Centre members joined the UK Fit for Work Coalition initiative, which campaigned for employment being classified as a health outcome for people with musculoskeletal conditions, from 2008 to 2018. On the back of this, Professor Karen Walker-Bone helped reframe the UK Government's 'Fit Note' system in 2017. It became an early intervention point for tailored support between employees, employers and health professionals, rather than as a passive, binary certificate.

03

Centre researchers co-authored **European-wide recommendations** on how lifestyle behaviours and work can affect the health of people with musculoskeletal conditions.

04

Centre Researcher Professor Ross Wilkie co-authored a paper to **estimate the healthy working life expectancy in England** as 50 years, a finding which contributed towards the **2022 independent report on the state pension age**, commissioned by the Secretary of State for Work and Pensions.

05

Centre Director Professor Gary Macfarlane is a member of numerous committees for the UK Health and Safety Executive (HSE), providing vital independent advice on workplace health and safety research to ensure it is robust and fit for the future.

06

Professor Karen Walker-Bone contributed towards **consensus guidelines that summarise evidence and advice to help improve the musculoskeletal health for anaesthetists**, produced with members of the Association of Anaesthetists and the Society of Occupational Medicine.

Missing what matters

Despite musculoskeletal conditions having a major influence on people's ability to work, the measures used to capture these difficulties are inconsistent. Existing methods focus mainly on sickness absence, an employer-centric measure that does not fully capture the wide-ranging effect that arthritis and pain can have on work participation. Because of this, policymakers don't have clear, comparable evidence to design, implement or evaluate health policies or work support interventions. To tackle this, the Centre is developing standardised, meaningful and patient-centred measures.

New knowledge

Centre researchers have standardised core outcome sets for being in work and explored the many, interconnected reasons why some people with arthritis don't work. For example, they found that **29% of people with systemic lupus erythematosus** have had to stop working or are unable to work because of problems with their legs or feet. This highlights that foot and leg health needs to be prioritised during health appointments – doing so could help improve people's ability to stay in work.

Leveraged funding

£485k was awarded by the MRC to fund the QUICK study, which found that **current measures only capture a small part of how chronic pain** affects work. To address this, they've co-developed a new questionnaire (called WORC-PAIN) that better quantifies the effects of chronic pain on work. This new questionnaire factors in five key areas that are most meaningful to people with chronic pain, to help inform and assess new work support interventions:

- **Symptoms at work**
- **Changes in employment**
- **Workplace environment**
- **Psychological effects**
- **Life outside work**

Karen's story



"I am a Professor of Occupational Rheumatology and was Director of the Centre from 2014 to 2021. Now, I am Director of the Centre for Occupational and Environmental Health at Monash University, Melbourne, Australia."

Why is the Centre and its focus so important?

"Work and health are inextricably linked. Aside from sleeping, working is the single activity that the average human does most of during their lifetime. It is therefore vital that it is a safe and healthy experience. It is also critical that people living with long-term health conditions or disabilities have equal opportunities to work in comfort and health. This is something I saw in practice in my nearly 30 years of being a Rheumatologist."

How has the Centre influenced policy?

"Together with charity colleagues, we gave oral evidence at two House of Commons Select Committees about the disability employment gap. We became members of the UK Fit for Work Coalition. Our charity-led report on work and arthritis was formally released at a House of Commons event, as was a project we undertook with the National Rheumatoid Arthritis Society. We advised the Department for Work and Pensions many times, always taking the opportunity to highlight the importance of arthritis, chronic pain and musculoskeletal conditions on work function. Being part of the centre got us into these rooms.

Our lobbying contributed to increased research funding on these important topics and that helped raise the profile of measuring work outcomes after any health intervention for people of working age. After moving to Australia in 2022, I realised how far we had come in the UK and how much more needs to be done here."

What are some important findings shown directly by the Centre?

"Our work led to increased understanding of the issues when an individual returns to work after planned operations (like hip and knee replacement and carpal tunnel syndrome). We showed how important lower limb osteoarthritis is as a cause of premature retirement from paid work, particularly among middle-aged women. We found that obesity is related to premature work loss, particularly among older female workers and that the main mechanism is through a combination of depressive symptoms and reduced mobility. These findings suggest a role for prevention of work loss among women by supporting exercise to maintain leg muscle strength and function but also for identifying and treating symptoms of depression.

In inflammatory arthritis, we showed that many patients were not receiving the support they needed from their medical teams to facilitate work. Consequently, we developed a British Society of Rheumatology Special Interest Group. Later, we were asked to do some work with anaesthetists and surgeons working in the NHS to show the burden of musculoskeletal symptoms that they experience – which was high! We then developed national guidance for anaesthetists around self-care and prevention of musculoskeletal symptoms."

Helpline 0800 5200 520

03

Using data to build a healthier working society

Why is this important to people with arthritis?

To improve support for people with musculoskeletal conditions, it's important to track and understand trends of people leaving employment over time. This data builds a picture of who needs support most urgently and what resources are required – key evidence that helps policymakers and employers to design and implement better strategies.

Strength in numbers

The Centre has supported many world-leading cohorts and registers, studies that gather consistent information about lots of people to identify long-term trends. Cohorts provide long-term insights about a group of people whilst registers provide long-term information about patients receiving treatments for a particular condition or disease. These studies have uncovered many important discoveries including:

New knowledge

Health and Employment After Fifty (HEAF)

HEAF is a study that has collected health and work survey data from 8,000 people aged 50 and older across England since 2013. Through HEAF, we learned the following:

Frailty and **obesity** can push people out of work or make work much harder in later life.

People experiencing the menopause have financial stress, poor health or unsupportive work environments and are particularly vulnerable to struggle at work.



Slow walking speed is a powerful predictor of poorer health and indicates a four times higher likelihood of health-related job loss in the future.

How older workers feel about their jobs has a major impact on their **sleep**.

Older people **choose to retire** for many different and interconnected reasons but work-related issues, such as high job demands and lack of support or flexibility, play a major role. This finding contributed towards the UK Parliament's Inquiry titled 'Preparing for an Ageing Society'.

Many older workers leave work because of health issues. There are many health issues that most commonly cause individuals to leave work before they want to and these differ between men and women. **Older workers in poor health**, and older workers with a physically demanding job, are at increased risk of health-related job loss.

British Society for Rheumatology
Psoriatic Arthritis Register

British Society for Rheumatology
Ankylosing Spondylitis Register

New knowledge

The Centre also hosted two registers managed by the British Society for Rheumatology which collectively gather data about quality of life, work and drug safety from over 4,400 people:

1. British Society for Rheumatology Psoriatic Arthritis Register is scheduled to run from 2018 until 2027 and spans over 80 NHS rheumatology sites across the UK. Through this register, we learned that people with psoriatic arthritis who are **unemployed**, experience high anxiety, have a history of dactylitis and currently have psoriasis are less likely to respond well to biologics.

2. British Society for Rheumatology Register in Axial Spondyloarthritis ran from 2012 to 2017, across 85 NHS rheumatology sites. Through this register, we learned that:

- **Rural workers** experience higher presenteeism and greater work impairment, highlighting that more targeted support is needed for people with axial spondyloarthritis in rural areas.
- **Axial spondyloarthritis has a significant impact** on quality of life and work productivity. Sleep disturbance, low mood and widespread pain are **major drivers of poor quality of life**, but they aren't currently considered in European-wide guidelines. **High disease activity, fatigue, and physically demanding jobs** are key modifiable risk factors which affect continued engagement in work for people with axial spondyloarthritis. If these factors are targeted, they could facilitate people with axial spondyloarthritis to remain productive at work.

EUROSPA

New networks

Both registers contribute to an international multi-registry collaboration called EuroSpA. This network combines data from over 33,000 people with psoriatic arthritis and axial spondyloarthritis across 19 European countries, each with their own register. Collectively, it is the largest psoriatic arthritis cohort in the world.

David's story



"I'm Emeritus Professor of Occupational and Environmental Medicine at the University of Southampton and was Director of the Centre in its first year."

What has Centre research found of high interest to policymakers now?

"The Centre supported the HEAF study, which explores the relationship between work and health in late middle age among 8,000 people from across England. The study findings are important for policymakers tackling challenges such as rising economic inactivity among working-age people. In older workers, disabling musculoskeletal pain accounted for more than a quarter of high annual sickness absence, high body mass index was responsible for a fifth of cases, and high absence was more common in people with physically demanding jobs. On the other hand early, long-term exit from paid employment was more frequent among those with higher education and less physically demanding jobs and seemed to be driven more by personal financial security.

Thinking about these two findings together, they strikingly suggest that those most likely to work for longer because of the rising state pension age are the people who will struggle the most to do so. Using HEAF data, we're next looking at what happens to people's health after they leave paid work, and how this differs depending on why they left and in what circumstances."

What else has David's team discovered with Centre support?

"I led the CUPID (Cultural and Psychosocial Influences on Disability) study, which recruited almost 12,000 workers from 47 occupational groups across 18 countries. It began in the early 2000s before the Centre existed, but recent analyses were carried out with Centre support. They've revealed huge variation in the occurrence of musculoskeletal illness – the prevalence of disabling low back pain differed sevenfold across occupational groups, and that of disabling pain in the wrist and hand more than 100-fold. The variation between countries was much greater than that between occupations within countries and couldn't be explained by physical work demands. Rather, it seemed to reflect differences in general susceptibility to pain across different body sites. This suggests that while good ergonomics may make work more comfortable and productive, it is unlikely to have major impact on the prevalence of disabling musculoskeletal pain where rates are high."

How has Centre research been influential in changing clinical management?

"Distal arm pain has features in common with low back pain – it is common and widely attributed to physical strain. When I first started medicine in the 1970s, people with back pain were often recommended to rest on their back for several weeks. By the 1990s, before the Centre, that understanding had completely changed. It is now well-established that people recover better if they stay active, moving as much as their pain allows. This got us thinking whether the same might be true for distal arm pain. A trial carried out by the Centre showed that was indeed the case, and our findings helped prompt the NHS to rethink its guidance. Advice on the NHS website for distal arm pain has now changed."

Rosemary's story



"I'm a Senior Clinical Lecturer at the University of Aberdeen and Honorary Consultant Rheumatologist in NHS Grampian. My work looks at how musculoskeletal conditions affect people's ability to live well and remain in work, and how health services could better support them."

What has Rosemary uncovered through the Centre?

"A key part of my work is bringing together different types of information (such as health records, interviews and surveys) to learn what is happening, why it's happening and what might need to change. Our work has helped broaden how we think about the impact of musculoskeletal conditions on work. Measures such as sickness absence, leaving work or reduced productivity are important but they don't fully capture the complex and changing effect these conditions can have on people's working lives.

Supporting people with musculoskeletal conditions to work well is not just about treating the condition itself, although that's important. It also means understanding the wider context of people's lives, including their job, workplace support, access to healthcare, financial and social circumstances, and where they live.

This work has helped show that musculoskeletal conditions do not affect everyone's working life in the same way. Some people face greater barriers than others. This means that support needs to reflect people's individual lives and experiences, rather than assuming the same approach will work for everyone."

How has the Centre contributed towards Rosemary's vision of what a healthy working society looks like?

"We want a society where people with long-term health conditions can take part in work in ways that are meaningful, sustainable and compatible with their health. The Centre has helped bring together clinical, population health, social science and lived experience perspectives to understand who is most at risk of poor work outcomes, what barriers they face, and how these change over time. This shifts the focus beyond the individual or the condition alone, towards the role of healthcare, workplaces and wider support in helping people live and work well."

How has Centre research been influential in changing clinical management?

"Since the Centre began, there has been a significant shift in how the experiences of people living with musculoskeletal conditions are included in research. Patient and public involvement is now central to every study we run from shaping research priorities to improving research questions, helping make sense of findings, and developing meaningful outputs. This has made our work more relevant, accessible and grounded in the realities of living and working with musculoskeletal conditions."



04

Strengthening the research workforce of the future

Why is this important to people with arthritis?

To continue driving progress in this important field of research, researchers need multi-disciplinary skills, networks and influence. That way, they can tackle current and future health and work challenges across society for people with musculoskeletal conditions. Centre infrastructure has provided a supportive environment for exactly this and its legacy has built capacity across the UK to strengthen the research workforce of the future.

Capacity building

Since 2019, the Centre has supported 48 members, of whom 15 were either appointed or promoted to the position of Research Fellow. In that time, five of our Co-Investigator members have also been promoted to the position of Professor: Professors Gareth Jones, Yeliz Prior, Gwen Wynne-Jones, Ross Wilkie and Suzanne Verstappen.

The Centre has supported

12 PhD students

since its establishment.

London Centre for Work and Health

Scottish Centre for Work & Health
Making work work for everyone

New networks

London

The London Centre for Work and Health (LCWH) was co-founded by Centre Deputy Director Professor Ira Madan in 2022 with funding from the Colt Foundation. Centre member Vaughan Parsons and former Centre PhD student Dr Lisa Newington are part of this Centre.

Scotland

The Scottish Centre for Health and Work (SCHW) was established in 2025 with funding from the Colt Foundation. This initiative will directly build on Centre research and connects several Universities across Scotland with four NHS Health Boards.

Lancaster

Centre Co-Investigator Dr Paula Holland co-leads the Lancaster University Work and Health Forum, an initiative that was relaunched in 2025.

These networks provide regional expertise and insights by leading high-quality research of relevance to many stakeholders including the government, to inform their current major priority to keep Britain working.

Leveraged funding

Centre members have leveraged over £300k to establish the Scottish and London Centres for Work and Health. The map on this page shows the spread of these centres across the UK.

"Musculoskeletal conditions affect millions of people across the UK, but many are missing out on the benefits that good work can bring to their health and wellbeing.

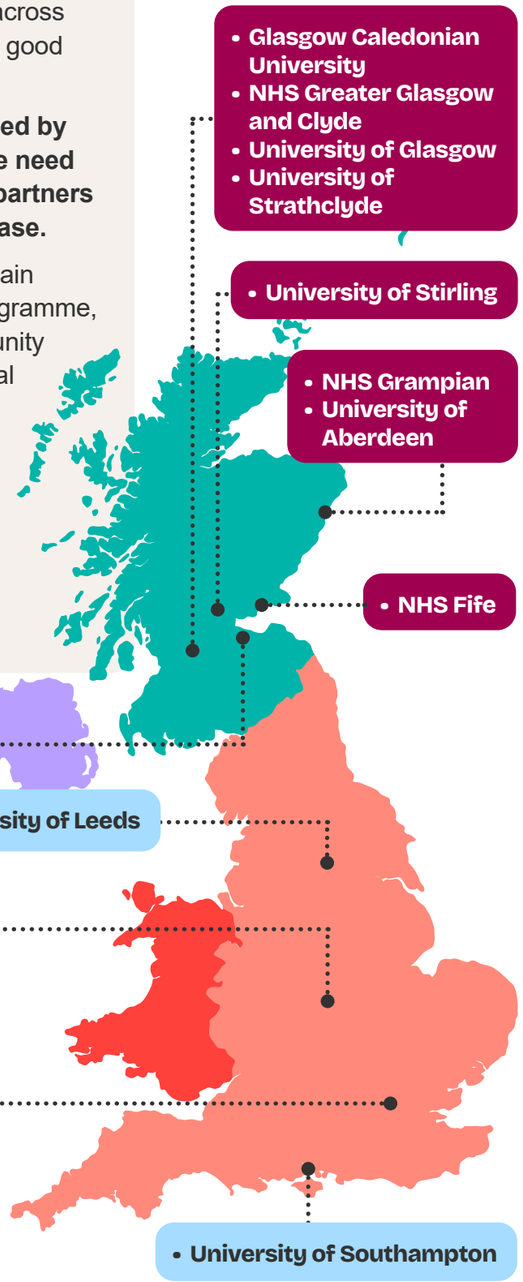
The new regional Health and Work networks seeded by the Centre are exactly the kind of collaboration we need – bringing together academic and health system partners across the country to build a stronger evidence base.

This aligns with our ambition to get Britain working again through the musculoskeletal Community Delivery Programme, focused on getting people off musculoskeletal community waiting lists and supporting those with musculoskeletal conditions back into work."



Andrew Western
Minister for Employment

Photo courtesy of the UK Government website.



LaKrista's story



"I'm an applied health scientist working within the Epidemiology group at the University of Aberdeen. I joined the Centre in 2015 as part of the first cohort of PhD students supported by the Centre. Over a decade later, I'm a post-doctoral researcher continuing my work with the Centre, providing scientific and methodological leadership across a portfolio of projects."

What Centre research has LaKrista been working on?

"There are two key studies I've worked on as a post-doctoral researcher at the Centre. The first is called QUICK (QUantifying the Impact of Chronic pain on paid worK). Chronic pain is a key feature of many long-term conditions and can have a significant effect on people's work – not just performing tasks at work but also things like the need to recharge after work and longer-term career choices. Understanding and quantifying these impacts could help us better develop and implement forms of targeted support. But, there's no questionnaire that measures what really matters to people working with chronic pain. So that's what we set out to do. Using literature reviews, focus groups and a consensus study, we involved over 100 people with experience of working with chronic pain to develop a new tool called the 'Working with Chronic Pain: Assessment of Impacts' (WORC-PAIN) Questionnaire. It's been tested in over 900 people working with chronic pain in diverse settings, so we're confident it measures impacts that matter to people.

The second is the Making It Work™ UK study. This is based on a programme originally developed in Canada shown to be effective in helping people with inflammatory arthritis be more confident with their work demands and reduce sickness absence. Our work at the Centre is focused on making it relevant to the UK context. We found that with some changes the programme could also be broadened to help people with a wider range of musculoskeletal conditions. We've worked with many different people to redevelop the programme such as e-learning experts, graphics teams and patient partners. It's been really exciting and rewarding to see these studies come full circle to implementation stage. Next, we're planning to run pilots in the NHS and roll these tools out as widely as possible."

How has being a part of the Centre helped LaKrista?

"Being a part of the Centre has helped me hone my skills as a researcher and see how lessons learned in one space can be applied across studies. **It's been a unique opportunity for an early-career researcher to see just how creative research can be. It's hugely important working in a space where I'm part of network of supportive peers, working alongside wonderful colleagues.**

I have the freedom to explore ideas and have open discussions with people – it's how I work best as a person.

It's also been hugely valuable to hear and integrate lived experience into our research, from the Centre's network of patient partners, to ensure people's voices come through the research and ultimately reflect what people want and need."

Meet some of the patient partners involved with the Making It Work™ Scotland study

Bethan



I live with fibromyalgia and chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME), and there is a lack of information and support for people once diagnosed.

“I had to learn in my own career to stand up for myself and ask for adjustments and support, and I knew this study aimed to improve the support available for others by helping to provide resources to help those in work to stay in work. If this programme was around years ago, it would have greatly helped me. It took me years to learn my limits and to advocate for myself in the workplace, but Making it Work will hopefully help others get through that difficult phase themselves.

The Making it Work - Scotland study led me to become more confident in myself as an individual, and to understand that I do know a lot about musculoskeletal conditions based on my own experience, and that this knowledge can help others. Building my confidence has even led me to volunteer to talk about my chronic illnesses in my work’s Staff Disability Network, imparting my knowledge on disability in the workplace to help others feel confident enough to speak up for themselves and get the support they need to stay in work.”

Bethan Bourne, Patient Partner

Helpline 0800 5200 520

Lesley



I wanted to become involved in the Making it Work™ study because of my history with fibromyalgia and living with chronic pain for many years.

“I was hoping that my medical history and personal journey with the condition may be of some use to the researchers and that I may have something to offer other patients who suffer from it.

The research project has been very enlightening. I have enjoyed being part of a team working towards something that can help others – where there was no help there for myself or others before.

I now have a better understanding of so many different musculoskeletal conditions and where they overlap. It has helped me realise the extent to which those conditions affect so many different types of people in daily life. It has made me look at how I manage my own condition – as I tend to push myself and not pay enough attention to taking responsibility for pacing myself.

I really hope that once the Making It Work™ programme is ‘out there’ that people will benefit greatly from it. Sometimes, knowing that people are taking your condition seriously can be a great psychological boost. There is nothing worse than being ignored or told that your condition is psychosomatic.”

Lesley Cullan, Patient Partner

Glossary

Anaesthetist

Doctor that gives medicine to make you sleep or feel no pain during operations.

Ankylosing spondylitis

Type of autoimmune inflammatory arthritis where the immune system, which is the body's natural self-defence system, attacks the spine and sometimes the joints causing inflammation, stiffness, pain and damage.

Biologics

Class of drugs used to treat a wide range of conditions including inflammatory arthritis and autoimmune conditions. Biologic therapies include anti-TNFs like etanercept.

Dactylitis

Swelling of a whole finger or toe, making it look puffy.

Distal arm

The forearm, wrist and hand.

Health-related job loss

Losing your job because a health problem makes it hard or impossible to keep working.

Musculoskeletal disorders

Problems with the muscles, bones, joints and adjacent connective tissues, leading to temporary or life-long limitations in functioning, and the ability to participate in everyday activities.

Presenteeism

When someone goes to work even though they're sick or not able to do their job properly because of other conditions.

Psoriasis

Chronic skin condition that causes red, itchy and scaly patches to appear.

Rheumatology

Branch of medicine relating to arthritis and other conditions and diseases that affect our joints, muscles, bones and immune system.

In Memoriam

We would like to recognise the contributions of valued Centre colleagues whom we have sadly lost during the course of the Centre's research period. Each of these members contributed key insights, experience and, most of all, enthusiasm. These are qualities that allowed us to deepen our understanding and help people with arthritis and musculoskeletal conditions to engage better with work.

Stephen Bevan (1959 - 2024)

Stephen was a driving force behind the Centre's research impact work. Alongside his long career at the Institute for Employment Studies and the Work Foundation, he was a leading voice on employment policy and practice for over two decades, combining sharp expertise with a genuine determination to improve working lives for people with arthritis and musculoskeletal conditions.

Professor Nicola Fear CBE (1969 - 2026)

Nicola brought internationally recognised expertise on the mental health and wellbeing of the Armed Forces community to the Centre's research, bringing this insight to bear with significant contributions to the QUICK study. Nicola was equally known for her generosity as a mentor and natural supporter of early-career researchers, and a scientist whose rigour was matched by real warmth.

Professor Ross Wilkie (1970 - 2026)

Ross' groundbreaking work on healthy working life expectancy (HWLE) helped to shape understanding of how we can better extend and support working lives. His collegiate, hardworking approach and his commitment to reducing health inequalities left a lasting mark on all who worked alongside him.

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UKRI Medical Research Council

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