

Index No: **D.2.2**
Date of Issue: Reviewed March 2009

HUMAN RESOURCES POLICY

GUIDANCE ON THE MANAGEMENT OF REFERRALS TO OCCUPATIONAL HEALTH

This policy shall be jointly reviewed by management and recognised trade unions no later than the 31st March 2012.

This policy has been issued taking account of the provisions of the Human Rights Act 1998 and should be read and given effect in a manner compatible with that Act.

Guidance on Management Referrals to the Occupational Health Department

1. INTRODUCTION

Occupational Health provides specialist advice and guidance to both the employee and the employee's manager on health related issues, which may have a bearing on the employment of an individual. However, the final decision about employment is the responsibility of the appropriate line manager. He/she will reach the decision having taken into account all relevant information, including the advice from the Occupational Health Department.

2. REASONS FOR REFERRAL TO OCCUPATIONAL HEALTH

Generally referrals to the Occupational Health Department fall into one of the following categories: -

2.1 Pre-employment and pre-placement health assessment (See Pre-Employment Health Screening Policy D.2.1).

2.2 Self referrals

An employee may refer him / herself if they are concerned about their own physical or mental occupational ill health. Early referral is likely to be of maximum benefit to employees.

In these cases, no report will be sent to management unless circumstances are identified which may have serious implications for the health and safety of the employee, other colleagues or patients. Any information conveyed to the manager will first be fully discussed with the individual employee.

2.3 Return to work assessments

An employee may be referred by their manager for a return to work assessment following medium / long term sickness absence (eg following surgery). Such referrals are at the discretion of line managers. It is considered good practice for all managers to have a 'return to work' interview' with their staff who have been off work due to ill health prior to their return to normal duties.

The purpose of a return to work interview is:

- To allow the manager to express interest in the member of staff's welfare, to welcome them back to work and to let them know that they have been missed
- To update the staff member on events that may have occurred during their absence
- To give the member of staff an opportunity to voice any concerns he/she may have
- To identify any domestic, welfare or work related problems in an appropriate forum
- To give the manager the opportunity to check that the staff member is fit to return to full duties
- To raise the option of the staff member seeing an Occupational Health Adviser, either through self or management referral

Where there is any doubt about whether a member of staff is fit enough to return to work, the advice of the Occupational Health Department should be sought in the first instance, and it may be necessary to request a certificate of fitness to return to work from their GP.

Phased return to work programmes and initial restricted duties may be recommended by Occupational Health to assist the individual in returning to work. Where possible the practicability of such measures will be discussed with individual managers.

Further advice on conducting a 'return to work' interview is given in Appendix 4. At the end of the interview, a 'return to work' form should be completed by the member of staff and their line manager (Appendix C). The form should be kept with the confidential personal records of the staff member.

2.4 Short/ medium term sickness absence

An employee whose sickness absence is giving cause for concern and who has been interviewed by their manager regarding such absence, may be requested to attend for a medical consultation and assessment to define whether:

- 2.4.1 There is an underlying medical condition affecting attendance or performance at work.
 - 2.4.2 Treatment or help is appropriate to alleviate the problem. An employee may also be advised to seek clinical management from their General Practitioner.
 - 2.4.3 There is need to consider modification of current duties or alternative employment.
- 2.5 Reports to managers will not contain any clinical details and opinions will normally be expressed only in terms of 'fitness' for work (see section 6). However, in cases where the Occupational Health Physician considers it essential to reveal medical data, either because it is in the employee's best interests or, because of his / her obligations to the employer, he / she will obtain the employee's consent in writing.

2.6 Long term sickness absence

An employee who has had or who it is anticipated will have continuous sickness absence of four weeks or more, or who has been undertaking restricted duties for a limited period as a means of rehabilitation, may be requested in accordance with their Terms and Conditions of Service to attend for a medical assessment / examination to determine as appropriate any of the following:

- 2.6.1 The medical condition(s) causing the sickness absence
- 2.6.2 The likely date when the employee will be fit enough to return to work
- 2.6.3 If able to return, whether there will be any restrictions on duties and / or if they can give regular attendance.
- 2.6.4 Whether alternative employment is recommended and of what type.
- 2.6.5 Whether further treatment or help is recommended.

2.7 Ill health retirement

Employees who become permanently incapacitated for their present employment may have their contract of employment brought to an end on the grounds of ill health. Such cases usually result in long-term sickness absence and **Occupational Health involvement should be sought at an early stage of the incapacity.** See HR policy D6).

2.8 Other reasons

Where a potential problem has been identified as a result of completed risk assessments for night workers, pregnant workers, environmental hazards (including psychological hazards), a Manager should consider seeking advice from Occupational Health.

3. The Occupational Health Physician and the General Practitioner

- 3.1 The purpose of most formal assessments made by the OH Physician is to provide an independent medical opinion that will offer informed advice about an individual's fitness for work.
- 3.2 Rarely the opinions of the OH Physician and employee's GP or Specialist may be at variance. Medical statements issued by a GP only constitute advice about fitness for work, and may be provided in the absence of complete knowledge and awareness of the conditions prevailing in the workplace.
- 3.3 It is accepted that an opinion from an Occupational Health Physician with knowledge of the work environment and duties may override an opinion on fitness from a GP or specialist lacking such knowledge.
- 3.4 In normal circumstances, subject to the employee's consent, the Occupational Health Practitioner will expect to keep the clients GP informed of any relevant facts which may emerge during his / her assessment.
- 3.5 The employee is informed of his / her statutory rights in accordance with the "Access to Medical Reports Act 1988". Consent in writing is always obtained prior to any approach being made to a GP or Consultant for a medical report to assist the Occupational Health Practitioner in his / her report to the manager.

If a medical report is requested from a GP or consultant regarding a member of staff (prospective or existing employee) Occupational Health is acting on the manager's behalf and taking the action deemed appropriate in order to requisite information. Meeting the cost of these medical reports will fall to the relevant directorate.

- 3.5.1 When an opinion of current work capacity is sought the OH Practitioner will ensure that he / she answers any specific enquiry raised. If restrictive advice has to be offered about what an employee **cannot** do, functional abilities as well as disabilities will be stated to enable the manager to make any necessary decision with regard to current or future employment. It will be made clear if the advice is to be regarded as permanent or whether it is restricted to a clearly defined limited period. The intention to re-assess the problem at a later date will be clearly stated.

4. Process of Referral

- 4.1 Referral to the Occupational Health department for any of the reasons in 2.3 or 2.4 should be made by the appropriate manager in consultation where necessary with a Human Resources Adviser using the OH referral form (Appendix 1a).
- 4.2 The purpose of the referral **must** be previously fully discussed and explained with the employee concerned and their representatives if appropriate. (Appendix 1b Employee information about referrals to OH) The employee should be advised of the implication of Access to Medical Reports Act (see policy D.9)
- 4.3 Prior to sending the referral form the manager should contact the Occupational Health Department to arrange an appointment. This must then be added to the referral form.

The manager should then advise the employee of the appointment in writing (see section 6.4 in HR policy B.4)

- 4.4** The OH Practitioner will send **an initial** response reply using the OH reply form (Appendix 2) where appropriate to the manager within four working days of seeing the employee.

A more detailed report may be necessary if additional information has been requested from the employee's GP and / or Consultant, which enables the specific questions from the manager to be answered.

5. Failure to co-operate in providing medical information

If an employee fails to co-operate in helping management to establish if there is a medical reason for their absence, the employee should be advised in writing that in the absence of a medical report management would have to reach a decision on the evidence available to them (see section 7.10 in HR policy B.4)

6. Reports from the Occupational Health

Reports from Occupational Health will normally fall into one of the following categories:

6.1 'Fit to continue in present job'

If the manager is advised that an employee is capable to continue in his / her existing employment and / or there is no underlying medical reason for further absences, the employee should be interviewed by their manager on their return so that the medical report can be discussed. Any issue of reliability or capability then becomes solely a management issue.

6.2 'Will be fit to return in foreseeable future / at given date'

This will usually be the response when an employee has been on medium / long term sick leave (see HR Policy B.4 for definition of medium or long term). The manager should make personal contact with the employee to discuss any recommended arrangements for their return e.g. re-training, Induction, phased return before the recommended return date. Arrangements should be made to meet them on their return and confirmed in writing.

6.3 'Fit to undertake present duties with modification'

Reasonable adjustments may temporarily be required for a defined period of time to aid an employee's safe return to work. Accommodating such adjustments is at the discretion of the line manager.

6.4 'The employee is incapable of carrying out the full duties of their current post, but may be able to perform or will give regular attendance if performing suitable alternative duties / hours within the Trust '

While the Trust is under no obligation to create a specific job for an employee who becomes permanently unfit to undertake the duties he / she was employed to do so as a result of ill health, efforts will be made to search for alternative employment which is compatible with any medical limitations and or recommendations made by the OH Physician. (See HR Policy Redeployment B12).

6.4.1 Occupational Health is able to offer guidance to managers about the

relevance of the Disability Discrimination Act (DDA) to individual employee's including:

- a) Whether the employee has a disability (within the definition of the Act).
- b) What reasonable adjustments need to be considered.

Reasonable adjustments may include, for example, reallocating certain duties, retraining, extra supervision, provision of special equipment. To establish what a reasonable adjustment is, factors such as financial implications, how easy it is to make the change, and the availability of resources should be considered.

Conditions that qualify for inclusion under the terms of the DDA are continually being determined by Employment Tribunals, if in doubt, contact Occupational Health for advice.

6.5 'Due to serious illness or injury the employee concerned is incapable of any work in the foreseeable future'

The employee should wherever possible be asked to attend for interview with the appropriate manager, Human Resources Adviser and Staff Representative where the medical report should be discussed. (see HR Policy Absence due to Ill Health B4 section 5).

6.5 Confidentiality Issues - See Appendix 3 for details.

**MANAGEMENT REFERRAL TO OCCUPATIONAL HEALTH
UNDER SICKNESS ABSENCE PROCEDURE**

The [Fitness Referral](#) form is available on the KGH intranet

REFERRALS TO OCCUPATIONAL HEALTH

EMPLOYEE INFORMATION SHEET

The [Employee Information Sheet](#) can be accessed via the KGH Sickness Absence web page

**FURTHER GUIDANCE FOR MANAGERS CONCERNING REFERRALS TO
OCCUPATIONAL HEALTH**

The [Managers guidance document for referrals](#) can be accessed via the KGH
Sickness Absence web page

OCCUPATIONAL HEALTH

Confidentiality Policy Statement

- All client information learned during the course of the professional duties of the Occupational health Team is received in strict confidence and will not be released without written informed consent from the client.
- Occupational Health records are securely stored, and will not be transferred without the written consent of the client.
- Any disclosure of information with consent will be clearly explained to the client, including reasons and likely consequences of the disclosure.
- In certain circumstances it may be necessary to disclose information in the interest of others only if it is:
 - 1) In the public interest where failure to disclose information may expose a patient, or others, to serious risk of injury or death
 - 2) A case that disclosure is necessary for the prevention or detection of a serious crime
 - 3) Requested by a Court Order
- In all such cases the Occupational Health Physician will be involved in making the decision, and the reasons fully documented and explained to the client.

Relevant Trust Policy documents:

1. B4 Managing Absence due to Ill Health
