

**INFORMATION FOR SCHOOLS & SERVICE AREAS
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CHANGE FROM 'SICK NOTE' TO 'FIT NOTE' – GUIDANCE INFORMATION

To: Headteachers / Chairs of Governors **for information/action**
Service Area Managers

From: Joanna Stirling, HR Adviser, Children, Schools & Families Human Resources,
Room 423, New County Hall, Truro, TR1 3AY

If you have any queries about the content of this document, please contact:
Liz Sandland (01872) 322326, Hugh McCreadie (01872) 323144, Tim Smaldon
(01872) 322609, Joanna Stirling (01872) 322390 or Sarah Cass (01872) 324437

Introduction

On 6 April 2010, the existing Medical Statement (also known as the 'sick note') was replaced with the new Statement of Fitness for Work or 'fit note'.

Why is this happening?

The Department for Work and Pensions (DWP) has produced the new statement in recognition of the supporting evidence that work is good for health and wellbeing, and that the majority of people place more value on work than just pay. There are obvious benefits to organisations if they are able to support an employee back to work at an early stage. The recent work undertaken and report produced by the Government's Health Work and Wellbeing agenda aims to establish that many people who are absent from work due to ill health may be fit for some modified work with support from their employer, and that total incapacity from work is the exception. This change is aimed at encouraging the employer and employee to work together to find an arrangement to assist employees back into work. It is about a 'can do' approach that can remove the challenges to employees returning to work.

What does the new form look like, and what has changed?

The new form is broadly similar to the old form, and the GP can still advise that a patient is not fit for work. The main change is that the GP now has the option to advise that the patient may be fit for work, taking account of the following advice. There are then four options the GP can select from, which are:

- a phased return to work;
- altered hours;
- amended duties;
- workplace adaptations.



There is also space for the GP to write in additional comments or advice on the functional effects of their patient's condition.

What are the most common adjustments the employer may need to consider making when the GP gives their advice?

Phased return to work

A reasonable schedule for a phased return to work following long term absence is generally considered by Occupational Health (OH) to be around four weeks, with normal working hours being resumed in week five. Generally it would be appropriate to commence with 50% of working hours, and building up gradually to full time work over that period works very well, usually resulting in a successful and sustained return to work. There are no hard and fast rules about a phased return to work. Some people in certain jobs can come back more quickly, and some will require a longer period of time to reintegrate back into the workplace.

Altered hours

A reduction in hours for a period of time during rehabilitation and recovery can support an employee to return to work at the earliest opportunity. Details of the altered hours can be negotiated by the employer with the employee, in line with operational requirements. The Council's practice is to bring the employee back on full pay in those circumstances, up to the four weeks mentioned above, if the altered hours are temporary, or if they need to explore a temporary or permanent change to contracted hours, depending on the situation.

Amended duties

These may be appropriate where an employee may be able to return to work before they have fully recovered, but would be temporarily unable to carry out certain activities or tasks that do not constitute their entire role. The employer could then decide if the role can be temporarily adjusted to facilitate an early return to work. Some examples are as follows:

- being able to avoid undertaking duties where long periods of standing or walking are required, when still on crutches after a fractured leg;
- being taken off a front line on-call duty rota when returning to work after a period of stress or depression;
- being relieved of the requirement to drive to meetings when returning to work while recovering following back surgery;
- being confined to specific locations/rooms to avoid stairs or walking distances.

Workplace adaptations

This could include a change of work equipment or location or the introduction of some assistive equipment or technology where a long term or permanent health problem or disability exists.

Will I get advice on how long any adjustments should be for?

Above are just a few examples of possible adjustments to consider, depending upon the individual circumstances. On the form the GP will state a period of time their



advice is for. On the whole adjustments are likely to be short term. In more complex cases they may need to be long term or permanent, it is important to note that these may have an impact upon the individual's grade and pay.

What should I do if I can't follow the GP's advice because it is not feasible or reasonable?

If you cannot provide the suggested support to the employee to return to work, you should use the Statement of Fitness as if the GP had advised not fit for work. The employer is not bound by advice from the GP, in the same way as it is not obliged to follow OH advice if it cannot be reasonably accommodated in line with operational needs. Ultimately it is for the employer to decide what they can reasonably accommodate, taking into account the needs of the employee and the needs of the business, and to be able to justify this if challenged. Any recommendations from the GP should be given full and serious consideration, and if it is deemed to not be reasonable or practicable to make the suggested adjustments, then it is advisable to record the business case for this. This reduces the risk of litigation as a result of failure to make reasonable adjustments under disability legislation.

What if I don't understand the advice from the GP?

You can contact the GP for clarification, although you should be aware that they may be unable to respond to your enquiry immediately. You may wish to begin by discussing the GP's advice with the employee, as they may be able to explain in more detail what the GP's intentions were. You may also find it helpful to contact the HR helpdesk for advice, and there is also the option to contact OH for further advice, or to make a referral to OH.

Can I still make a referral to Occupational Health for advice?

The new 'fit note' does not replace OH advice, and the two may complement each other very well. However, there are likely to be many instances where the advice from the GP is sufficient to enable the employer to support the employee to return to work without OH involvement. Any of the following scenarios could apply:

- the advice from the GP is sufficient to enable a successful return to work, and no further advice or referral to OH is necessary;
- the advice from the GP is sufficient to enable an initial return to work, but further assessment and advice from OH would be helpful when considering the longer term;
- the advice from the GP is insufficient, and a referral to OH is necessary;
- the advice from the GP cannot be reasonably accommodated, and the employee will need to remain on sick pay. The manager may then wish to refer to OH for ongoing advice.

What are the benefits to the employer?

- fewer employees signed off sick when they could possibly do some or all of their job with support;
- clear and practical advice from GP's about fitness for work;
- a clearer and simpler form and process.



What are the benefits to the employee?

- enables an early return to work where possible;
- improves the lives of employees living with long term health problems;
- employee feels supported and valued by employer, thus improving wellbeing and motivation.

Where can I find further information about the new 'fit note'?

The full DWP guidance for employers can be accessed online at www.dwp.gov.uk/fitnote

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INVESTOR IN PEOPLE

Cornwall Council, New County Hall,
Truro, Cornwall TR1 3AY

Tel: 0300 1234 100 www.cornwall.gov.uk