

OCCUPATIONAL HEALTH SERVICE

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The 'Fit Note' - what it means for an employer

University of Oxford Occupational Health Service Guidance

This guidance should be read in conjunction with Personnel Services Circular PERS(10)04: Introduction of Statements of Fitness for Work ('Fit Notes') .

From 6 April 2010, general practitioners (GPs) will start to use the new Statement of Fitness for Work for Social Security and Statutory Sick Pay purposes. This 'Fit Note' replaces the Med 3 and Med 5 'Sick Notes'. GPs will be able to sign that the employee 'may be fit for work' and suggest adjustments that might assist the individual to return to work e.g. phased return to work, amended duties or hours, workplace adaptations. The advice on the statement is not binding on the employer. Its purpose is to suggest ways of facilitating an earlier safe return to work, if appropriate, to the benefit of employee and employer. Employers continue to have duties under the Disability Discrimination Act (DDA) to make all reasonable adjustments for disabled employees.

What steps should a line manager take if adjustments are suggested?

Many common adjustments (see below, e.g. shorter hours, reduced workload, and minor alteration of duties) do not require equipment but may have an impact on the operation of the department. As a manager, you have a duty under the Health and Safety at Work Act to ensure that any adjustments comply with university policies on safety and health. You must therefore balance the proposed adjustments against the operational needs of the department as a whole, the needs of the other team members, and health and safety considerations. The UOHS can advise managers at any stage of this process.

What if a manager cannot accommodate the employee's needs for adjustments?

If you cannot reasonably make the adaptations or adjustments to help a return to work, you should explain the reasons for this to the employee. You should use the statement as if the doctor had advised 'not fit for work'. The reasons should be recorded in writing, and might include, but are not limited to:

- unlikely to enable the individual to undertake useful work
- disruptive to the operation of the department
- costly in the context of the role
- potentially a risk to the health and safety of the individual or other staff

- not able to be implemented before the employee regains full health

The UOHS is available to advise managers experiencing any difficulty accommodating suggested adjustments.

How long should these be adjustments be in place?

Any adjustments to facilitate a return to work after short-term ill-health should be temporary and should normally last no longer than twelve weeks. (For individuals with a disability the Disability Discrimination Act applies - see [University guidance](#))

What about the cost implications?

The cost of temporary adjustments should normally be offset by the benefit to the department of the early return of the employee. For long term adjustments under the DDA alternative sources of funding (such as [Access to Work](#)) may be available.

What confidentiality issues may need to be considered?

Personal data related to the need to implement adjustments should be stored and accessed according to the department's procedures for complying with the Data Protection Act 1988 ([link to University Guidance](#)).

What if the health problem is work-related?

If the 'Fit Note' indicates that ill-health may have been caused or been exacerbated by work, or working arrangements (including, for example, conditions such as musculoskeletal disorders or stress-related illnesses), please refer the individual to the UOHS using the [management referral form](#). Any incident giving rise to work-related ill-health should be reported to the Safety Office using an accident/ incident form.

Examples of adjustments

The following examples are possible temporary adjustments that GPs or UOHS might advise while the employee regains strength, mobility or capacity to work. The practicability of introducing such adjustments, if requested, should be considered on a case-by-case basis and may vary depending on local facilities.

- Phased return to work, building up from part-time to full-time hours over an agreed and appropriate period of time (see below)
- Changes to individuals' working hours to allow travel at quieter times
- Help with transport to and from work, for example organising lifts to work
- Home working (providing a safe working environment can be maintained and the work can be carried out this way see <http://www.admin.ox.ac.uk/ps/staff/family/flexible/homeworking.shtml>)
- Time off during working hours for rehabilitation assessment or treatment
- Moving tasks to more accessible areas, e.g. closer to toilet facilities
- New or modified equipment and tools, including IT, modified keyboards, etc. The OHS has a [lending library of simple ergonomic equipment](#).

- Modified workstations, furniture, and office movement patterns e.g. allowing the employee to use a footstool/have the post brought to them
- Additional training for workers to do their job
- Modified work patterns or management systems to reduce pressures
- Telephone conferences to reduce travel
- Buddies, mentors or supervision for workers while they regain confidence
- Reallocating work within the person's team

What is a 'Phased Return to Work Programme' (Phased RTW)?

Employees who have been off sick for longer than 6 weeks or who have had a significant period of ill-health (e.g. a major operation) may feel concerned about how they will cope on return to full duties. A structured, gradual return to full duties over a period of time may be beneficial in some cases.

A phased RTW programme usually takes place over no more than 4-6 weeks. Managers should aim to reduce, not postpone, hours or duties to avoid development of a backlog. To achieve this, some duties may need to be temporarily re-assigned to someone else. The line manager and the employee should agree a timetable, duties, and working arrangements that will allow them to gradually increase the hours or duties until they have returned to their full role. The staff member's progress should be monitored on a weekly basis. As individual progress can be variable, some flexibility may be necessary.

During the first 4 weeks of a phased RTW, a staff member will be on full pay. In respect of any further agreed extension of phased return beyond four weeks', salary will be pro rata to hours worked with the remaining time counting against normal sick pay entitlement. Extended or repeated phased RTW programmes should not be undertaken without discussion with the UOHS.

Further Guidance:

[Managing Employee Absence Guidelines for Departments](#)

[Occupational Health Service Ergonomic Lending Library](#)

[Adjustments for individuals with depression](#)

[Adjustments for individuals with back pain](#)

[Adjustments for individuals with disability](#)

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