

University of Edinburgh
Occupational Health Department

Role of Occupational Health in
Attendance Management

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Occupational Health Department
Role of OH in Attendance Management Procedure

Contents

<u>Title</u>	<u>Page</u>
Purpose	3
Scope	3
Standard	3 – 4
Aims	4
Line Manager Responsibilities	5
OHA Responsibilities	5
OHP Responsibilities	6
Employee Responsibilities	6
General Information	6 – 7
Special Considerations:	8
1. Ill Health Retiral	
2. Disability	
3. Access to Work	
Phased Return to Work	10
Outcomes	10
Appendix A – Self Referral flowchart	11
Appendix B – Managerial Referral flowchart	12
Appendix C – Consent form for GP report	loose leaf
Appendix D – Referral form	loose leaf

Occupational Health Department

Role of OH in Attendance Management Procedure

Purpose

To provide:

1. Speedy health intervention to help employees enter work, remain at work or to return to work safely and positively and;
2. To liaise effectively, collaboratively and positively with all key stakeholders in the attendance management process e.g. Employees, Managers, HR representatives and any other indicated stakeholders identified on a case by case basis.

OH strategies, interventions, advice and actions will be based on current best practice and evidence and within the scope of professional guidelines governing medical and nursing professionals; incorporating all applicable Edinburgh University internal policies where these exist.

Scope

This procedure applies to all University of Edinburgh (UoE) employees, individuals and organisations that utilise the Edinburgh University Occupational Health Service.

Standard

All nursing and medical personnel working in those capacities within the UoE Occupational Health Unit will be currently registered with either the NMC (Nursing and Midwifery Council) in the case of Occupational Health Advisors (OHA's) or the GMC (General Medical Council) in the case of physicians. Both OHA's and Physicians should hold further qualification, recordable with their relevant registering body, in Occupational Health. Copies of current registration documents will be held by the Occupational Health Manager although the responsibility of providing this evidence on an annual basis rests with the individual OHA and Physician. It is the duty of all medical and nursing staff to report any situation or condition which may pose a risk to their patients, to their registering body.

In line with the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1999) Edinburgh University has a duty of care to ensure the health, safety and welfare of all employees whilst at work.

The following standards underpin this procedure:

1. "The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics" NMC August 2009

www.nmc-uk.org/aArticle.aspx?ArticleID=3056

2. "Good Medical Practice" GMC 2006

GMC | [Good Medical Practice](#)

Occupational Health Department

Role of OH in Attendance Management Procedure

3. "Guidance on Ethics for Occupational Health Physicians" 6th edition 2006 Faculty of Occupational Medicine
www.facocmed.ac.uk/pubspol/pubs.jsp
4. "Confidentiality: RCN Guidance for Occupational Health Nurses" RCN 2.10.07
www.rcn.org.uk/_data/assets/pdf_file/0003/78582/002043.pdf
5. "Managing Long-Term Sickness Absence and Incapacity for Work" NICE Public Health Guidance 19 1.3.09
www.nice.org.uk/guidance/index.jsp?action=folder&o=41672
6. "Absence Management Toolkit" HSE, ACAS, CIPD HSE 2006
www.hse.gov.uk/sicknessabsence/toolkit.htm
7. Access to Health Records – Department of Health
http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4084411
8. Disability Discrimination Act – and its amendments.
www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1
www.Direct.gov.uk/Disability

Aims

To ensure that all staff who require OH advice and support to:

1. Gain entry to work;
2. Remain at work;
3. To return to work following a short or long term absence or;
4. Leave employment through Ill Health Retiral, Incapacity or any other situation where health may be a factor;

receive the highest quality OH care based on current best available evidence, research and practice.

Occupational Health Department

Role of OH in Attendance Management Procedure

Line Manager Responsibilities

- Ensure all employees are aware of the University Attendance Management Policy
<http://www.humanresources.ed.ac.uk/policies/sams/Sam34.html>
<http://www.safety.ed.ac.uk/resources/Health/referral.shtm>
- Engage advice and support of key stakeholders in attendance management process – this may vary from case to case.
- Engage with employees and ensure that they refer on to OH in a timely manner.
- Discuss referral with employee before submitting referral to OH and ensure that employee is aware of questions being asked on the referral.
- Carry out return to work interviews.
- Communicate regularly with OH.

OHA Responsibilities

- Send out appointment letter or make contact with employee as soon as possible after receipt of referral
- Obtain consent from the employee
- Feedback to referring manager and HR, answering as far as possible the referral questions.
- Advise, if requested, about phased return to work, adjusted role/hours
- Obtain further information from GP or specialist if required
- Carry out a medical risk assessment of the working environment if required
- Arrange review appointments if required
- OHA may utilise the service of the OH physician if required
- Work in partnership with employee, line manager and HR and any other identified stakeholders

Occupational Health Department

Role of OH in Attendance Management Procedure

OH Physician (OHP) Responsibilities

- Obtain consent from the employee
- Feedback to referring manager and HR, answering as far as possible the referral questions
- Advise, if requested, about phased return to work, adjusted role/hours
- Obtain further information from GP or specialist if required
- Carry out a medical risk assessment of the working environment if required – this may be delegated to OHA
- Work in partnership with employee, line manager and HR and any other identified stakeholders

Employee Responsibilities

- To be familiar with University Policy
- To attend for OH appointments
- To follow rehabilitation plan
- Report any issues with process or rehabilitation plan to OH and line manager
- Notify OH of any changes to their medical condition

General Information

Employees may self refer to the OHU or be referred, by their manager/HR as a managerial referral. (Please refer to the flow charts in Appendix A – self referral and Appendix B – manager referral)

- The OHA/Occupational Health Physician (OHP) may only divulge information that the employee has consented to be divulged whether they attend as a self referral or managerial referral.

Occupational Health Department

Role of OH in Attendance Management Procedure

General Information (contd)

- Employees are entitled to see any referral questions that are being asked of the OHA/OHP about them and to have access/be given a copy of any correspondence back to the referring person.
- Only questions asked by the referring person can be answered by OHA/OHP.
- All employees attending OHU, as managerial referrals, will be informed fully of the reasons behind their attendance and for the consultation and their informed consent obtained. If consent is not given then the OHA/OHOP cannot proceed with the consultation and manager will be duly informed of this. No further appointments will be sent. It should also be noted here that the employee should be shown the referral and the questions being asked.
- If the OHA/OHP requires further medical information from the employees attending physician/specialist etc it will be obtained using the UoE consent form and standard letter.
- When requested report is received it will be date stamped and entered into the employee's medical record. No part of this report may be divulged to any third party without the express, written, consent of the employee.
- If the employee requests a copy of this report it will be dealt with in accordance with Access to Medical Records and employee must make an application, in writing, to the OHU

Occupational Health Department

Role of OH in Attendance Management Procedure

Special Considerations

Ill Health retrial

Ill health retrial is subject to a process of its own. This sits on the OH K drive and should be referred to and followed in all cases where ill health retrial is being pursued.

Disability

In the absence of a UoE wide Policy, Occupational Health Practitioners, either Nurse or Physician, should follow current best practice guidelines and utilise all sources of specialist help to augment their advice. See reference section at the beginning of this Procedure for further sources of help and advice. The Disability Office within the University is one possible source of advice and guidance.

Access to Work

- All referrals to Access to Work (ATW) MUST be made by the employee him/herself. They can access this service on-line and contact numbers for their nearest contact point are detailed on the website. If ATW support is given there will be an expected cost to the University therefore OHA/OHP should engage the manager, with employee consent, so that this can be negotiated. Normally ATW will require an employer contact and this should be the employee's manager as they will be in a position to agree any costs. Currently OHU do not hold a general budget for these costs/expenses.
- Access to Work web link:
www.direct.gov.uk/.../WorkSchemesAndProgrammes/DG_173083

Occupational Health Department

Role of OH in Attendance Management Procedure

Phased Return to Work

The purpose of a phased return to work is to rehabilitate the member of staff to their full duties, hours and working arrangements, gradually building back up to contracted within the earliest agreed timescale. This is not to be seen as an automatic right but can be described as an adjustment to assist with a return to work following absence. It would be individually assessed and guidance for time scale planning of any return would be over a period of 4-6 weeks with extension available up to a pre-planned and time limited period usually up to 12 weeks if required by circumstances. This requires the support and agreement of management usually in consultation with Human Resources (HR) and might be best achieved following a referral to the Occupational Health Unit (OHU) who may recommend or advise a line manager in the first instance.

Outcomes

OHA's may recommend temporary adjustments to a person's role to enable their return to work. Employees MUST be referred on to the OHP if there is any concern about the individual's ability to resume their contracted role and hours following the agreed phased return.

In all situations there are three possible outcomes from the OH assessment:

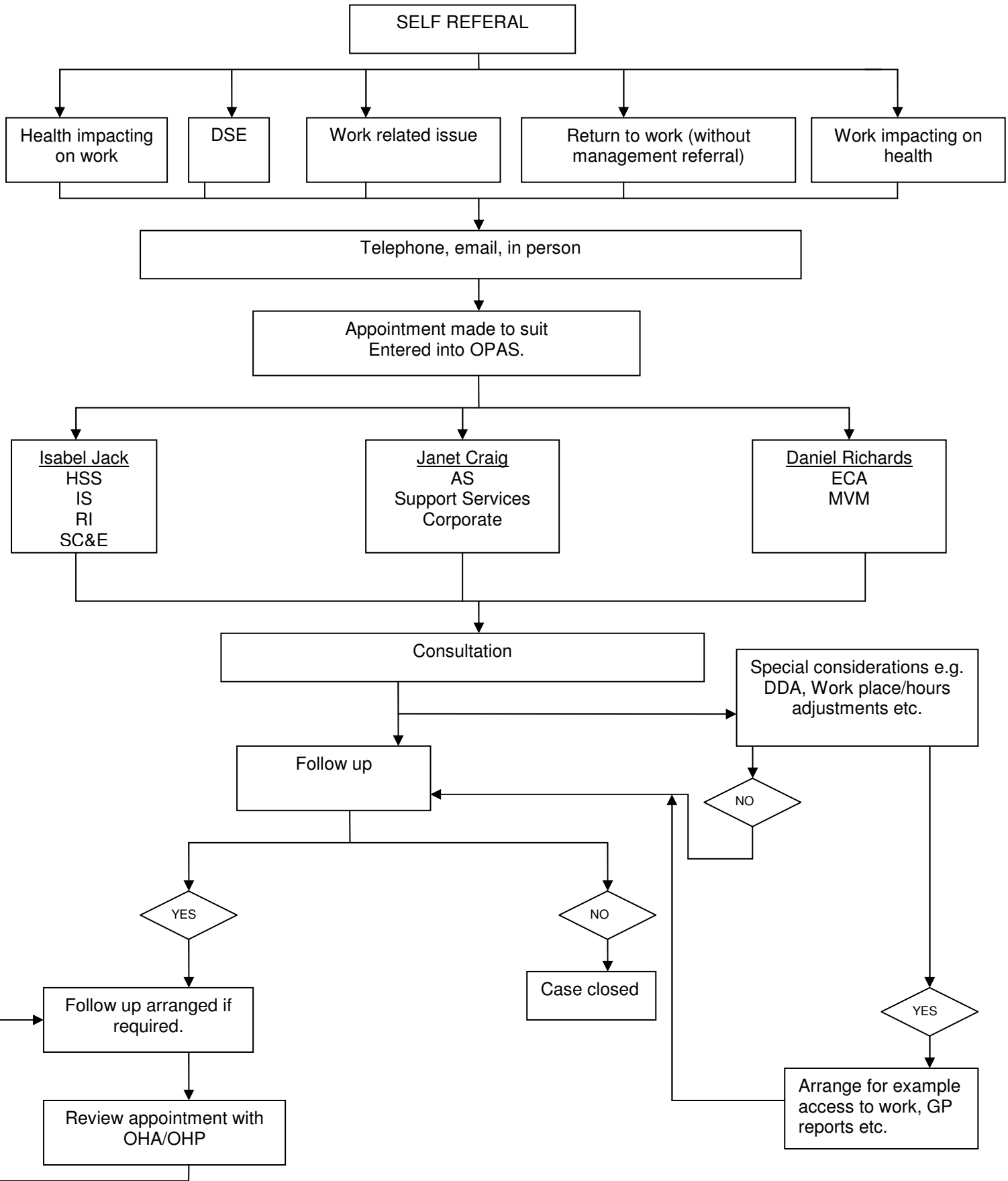
1. Fit for role
2. Fit for role with adjustments either temporary or permanent. Only OHP can recommend permanent adjustments.

Occupational Health Department

Role of OH in Attendance Management Procedure

3. Unfit for role. This may then lead to IHR, redeployment or capability assessment. Again only OHP can issue this recommendation.

Appendix A - Self Referral



Feedback can only be given to manager if employee consents – unless there is a clear risk to health, safety and welfare of the employee or others. OHU can neither confirm nor refute employee attendance without obtaining employee consent

Appendix B - Management Referral

