

From Sick Note to Fit Note

implications for workplace counsellors



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On 6 April 2010 the sick note was replaced by the *Statement of Fitness for Work*, or “fit note”. This is part of a wider government strategy to improve health and wellbeing for the working age population.

For this article I spoke with general practitioners, occupational health, human resources (HR) professionals and workplace counsellors to discover the potential benefits and pitfalls of the new fit note. I then considered what impact the fit note may have on workplace counsellors.

What’s changing?

The old sick note only allowed doctors to say whether the patient should or should not work. The new fit note means doctors can advise that the patient is either

- Not fit for work
- May be fit for work, taking account of the following advice

Doctors can now advise how a return to work can be facilitated. It is useful for workplace counsellors to be familiar with the four most common recommendations, mentioned on the Statement:

Phased return to work: reduced hours, gradually increasing to normal hours over a period of time.

Example: One of my clients was off with depression. After four weeks of counselling she met her manager and returned to work three hours a day for a week, gradually increasing her hours. The client had thought she was ready to return full-time, which I knew this can be exhausting. Fortunately the client’s manager was aware of this too and their HR policy was that

employees should always have a phased return after any absence due to mental health issues.

Altered hours: different hours, not necessarily fewer.

Example: A client’s wife had manic depression. They had three school-aged children. He wanted to return to work, but was always worrying what his wife was doing and whether the children were OK. When I asked when it had been easier to combine work and caring, he said the best had been when he worked night shift. So he decided to ask work whether he could do night shifts again, even on a temporary basis, to enable him to return to work sooner and to stay at work.

Amended duties

Example: I’ve seen several clients who are train drivers, off work after running someone over on the tracks. They have initially returned to amended duties for example, being in the station office or sitting next to another driver on a train.

Example: A client working in a bank was off work with stress. When she returned they initially gave her less stressful duties, such as not dealing with customer complaints or training.

Workplace adaptations

Example: One client felt very bitter and resentful towards a colleague who had got a job she had applied for. The seating arrangements at work were changed so that she was no longer sitting directly opposite that colleague.

The employer must consider the doctor’s recommendations and decide whether they are practical or not. If not, then the employer is considered not fit to work.

Why is it changing?

In 2007 Carol Black, National Director for Health and Work was commissioned by the Secretaries of State for Health and Work and Pensions to undertake a review of the health of Britain's working age population. Her report states:

"Recent evidence suggests that work can be good for health, reversing the harmful effects of prolonged sickness absence. Yet much of the current approach to the treatment of people of working age, including the sickness certification process, reflects an assumption that illness is incompatible with being in work." [p.9]

"Early, regular and sensitive contact with employees during sickness absences can be a key factor in enabling an early return". [p.11]

"Recommendations: The sick note should be replaced with a fit note, switching the focus to what people can do and improving communication between employers, employees and GPs." [p.17]

The new fit note is a direct result of Black's report. The Scottish Government's Healthy Working Lives strategy includes a response to Black's report and aims to improve the health of the working-age population [HealthWorks]

Potential benefits

The professionals, whom I interviewed, echoed the points made by Black above:

Encouraging dialogue: One occupational health professional felt that the sick note now puts more onus on the employer to conduct return-to-work interviews and have a proactive sickness absence policy. Employers are often frustrated at simply receiving a sick note saying the client is off work, without specifying when they are likely to return or what support they need to do so.

Enabling clients to return to work sooner:

"Attending work is largely regarded as good for mental health and wellbeing. The Fit Note has the potential to reduce absence due to illness or incapacity by taking the opportunity to find out what the employee can do to remain at or return to work provided there are appropriate support mechanisms in place for this to happen" (Rick Hughes, Lead Advisor: Workplace, BACP).

In cases where a return to work would be detrimental to the client's wellbeing, the doctor would choose the "not fit to work" option.

"The new fit note is designed to encourage a speedier return to work and gives greater flexibility for return to work arrangements that suit both employer and employee.

"It is also no longer necessary to be signed off as fit to work. This means that, with the employer's permission, the employee can return to work or resume their full duties (without any adjustments) before the date stated on the fit note." Nicola Harcus, Corporate Services Manager, Servite Housing Association

Improving employee mental health

"As far as employers are concerned, the Fit Note is a long awaited and welcome step in the right direction in terms of absence management. The benefits apply to the employee and employer. The outdated Med 3 form did not allow for the fact that injury or illness does not always render the employee completely incapable of work. More often than not, the employee is capable and also keen to return to work in a temporarily adapted role. Research has demonstrated time and time again that employment is good for us! The social interaction and feeling of contributing to society associated with employment are just two factors which can contribute to our feelings of wellbeing

and self-esteem. Research has also shown that the longer an employee is off work sick, the less likely they are to return to work. I have seen people lose confidence, feel isolated and become depressed after mid to long-term spells of absence from work. The Fit Note allows employers the option to discuss with the employee much sooner than the normal timescales would allow.” Christine O’Ready, HR, The High School of Dundee.

Potential pitfalls

Financial disadvantage to clients Dr Beena Raschkes, GP, NHS Tayside says she has patients who would be financially disadvantaged if they returned to work on reduced hours instead of receiving sick pay for the whole week. This needs to be taken into consideration by employers when agreeing a return to work plan.

Insufficient information on fit note

Linda Bell, consultant occupational health physician from a Dunfermline-based occupational health provider, Business Medical, says that GPs generally have had no training in occupational health, don’t know the specific workplace, the demands of the job and the scope for adaptations, whereas occupational health professionals do, and can visit the worksite and talk to the relevant managers. Business Medical reports an increase in referrals, as employers try to assess what adaptations are needed.

How will this affect workplace counsellors?

By workplace counselling, I mean where the counselling is paid for by the employer. The workplace counsellor may be directly employed by the client’s employer or work freelance for a national Employee Assistance Programme (EAP) provider like Rowan.

As a workplace counsellor, I am not usually asked to provide any reports for management. There is one employer, however, who, when they make a management referral, asks the counsellor to provide a report with suggestions for how the employer can facilitate a return to work. I discuss this with the client and ask them for suggestions. These can include a phased return, or amended duties. Sometimes I find that clients are not aware of these options. They believe that they can only return to work once they are a hundred per cent fit and able to return full time to all their duties.

I believe that part of our educative role as workplace counsellors, is to know the points below and convey them to our clients, when appropriate:

- the common ways that employers can help someone return to work
- that employers are supposed to conduct a return-to-work interview with clients before or when they return from sickness absence. The purpose is to discuss how the employer can support the client in their return, and may include exploring the options recommended on the fit note. The workplace counsellor can usefully discuss options with the client beforehand, helping them work out what is best for them, so that they can go into their return to work interview able to put forward their own suggestions. I often find that clients welcome the opportunity to use counselling sessions to prepare for such interviews.
- employers are not obliged to follow the recommendations on the fit note – clients may assume that employers must follow the doctor’s suggestions. We can help them be realistic, since the employer only has a duty to consider the recommendations.
- that returning to work can be beneficial to mental health.

How directive or educational should workplace counsellors be?

Some workplace counsellors may be completely non-directive: even when a client is off work, they would not raise return to work unless the client did so.

Others, myself included, would ask the client what would support them to return to work. Sometimes the reply is, "I can't even think about that yet," in which case I concentrate on what is figural for the client (for example, talking about personal issues, or building their confidence by tackling simple tasks, such as leaving the house).

My aim when I raise the question is to help prepare the client for their return-to-work interview, to empower them to take some control of the situation by stating their needs and giving their employer options. Taking a measure of control relieves stress, which often results from feeling out of control. Considering practical steps towards returning to work, helps the client break it down into manageable chunks.

For one client the first step was simply driving into the work car park, sitting in the car and driving away; that in itself was a challenge. He gradually built up to going inside, having coffee with a colleague and so on until he felt ready to speak to a manager and then have a phased return. Like any other issue which clients bring, I cannot give them solutions but I can help them break down the problem and come up with their own creative solutions, to support themselves and access support from others.

Conclusion

The new fit note allows the GP to provide more information for employers on what adjustments may help the employee return to work. The

quality of this information will be limited by the GP's knowledge of the workplace, but it is an improvement on the old sick note, which made no recommendations at all. It encourages employers to discuss with employees how best to support their return to work.

Workplace counsellors need to know the options available and to encourage clients to consider whether a speedy return to work is in their best interests, and, if so, what would support them returning to work.

References

Black, Carol, 2008, *Working for a healthier tomorrow*, London: TSO (The Stationery Office) www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf [Accessed May 2010]

DWP *Statement of Fitness for Work – a guide for occupational health professionals*, Department of Work and Pensions (DWP) March 2010. www.dwp.gov.uk/fitnote

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