

Electricity Industry Occupational Health Advisory Group



Guidance Note 1.2

The Role of Occupational Health in the Management of Absence Attributed to Sickness

The Occupational Health Advisory Group for the Electricity Industry (OHAG) is an independent body of senior occupational physicians. They all have a professional role to provide advice to individual companies in the electricity industry and they meet together three times a year to discuss matters of common interest and to promote good practice in occupational health across the industry. The main route for doing this is by the preparation of guidance notes on topics of interest to the industry. The remit of OHAG and its guidance covers all aspect of the industry from generation, through transmission and distribution to retail and supply.

Until now the promulgation of this OHAG guidance has largely been by means of paper copies of the documents circulating within individual companies in the electricity industry. OHAG recognises that there is a need to make these papers more widely available and is grateful for the support provided by the Energy Networks Association (ENA) in hosting these documents on their website, and the links to them from the websites of the Association of Electricity Producers (AEP) and the Energy Retail Association (ERA).

The guidance notes will be of interest to managers, employees and occupational health professionals within the industry. They give general advice which has to be interpreted in the light of local circumstances. Health professionals using the guidance, retain an individual responsibility to act in accordance with appropriate professional standards and ethics. This guidance is offered in good faith and neither the individual members of OHAG, the companies they support, the ENA, AEP or the ERA can accept any liability for actions taken as a result of using the guidance.



The Role of Occupational Health in the Management of Absence Attributed to Sickness

1. Introduction

The cost of workplace sickness and absence is high and is a major burden to employers and employees. In the United Kingdom there is an estimated 2-3% of the working population off sick every day. Work has been shown to have beneficial effects on health; loss of work can be associated with increased medical morbidity and disability. There are therefore compelling reasons to manage sickness absence and to take steps to limit it.

Sickness absence management is the responsibility of company management and the individual staff member. Occupational Health (OH) can play an important and useful part in advising and supporting management with this task. The importance of the role of OH has been highlighted by the Chartered Institute of Personnel and Development (CIPD) and the Confederation of British Industry (CBI).^{1 2}

2. Aims of this Document

The aims of this document are:

- To provide an understanding of sickness absence
- To understand the role of OH in sickness absence management

3. Relevant Legislation

- Disability Discrimination Act 1995
- Employment Act 2002 (Dispute Resolution) Regulations 2004

4. Relevant Guidance

- Guidance on Ethics for Occupational Physicians, 6th Edition, 2006, Faculty of Occupational Medicine



5. Sickness Absence Management

Key to managing sickness absence are clear policies and procedures. Employers in the electricity industry need to set standards and protocols on matters such as:

- sickness notification
- sickness certification requirements
- measuring and recording absence data
- return to work procedures
- medical and OH reports

Broadly speaking from an OH perspective advice can be sought from management in two differing situations – frequent short term absence and longer term sickness absence. The distinction between the two is often arbitrary and employers might choose to define the latter as medically certified absence extending beyond the 7 day self certification absence period, or they might define short term as being less than 3 weeks.

a. Frequent Short Term Absence

It should be normal practice for the person's line manager to hold a discussion with the employee after each spell of absence and this is essential if the frequency of episodes of short term absence becomes excessive. The individual may be referred to OH in order to ascertain whether there is any underlying medical reason contributing to the individual's level of sickness absence. If there is then the employer may need to consider adjustments in order to assist the employee. If there is no underlying medical condition then the employer is likely to manage the absence along capability lines and as a management as opposed to a medical issue.

b. Longer-term Sickness Absence

Individuals off work through medically certificated reasons should continue to be managed by line management during their absence. Early referral to OH should be considered in all such cases, particularly where there is no clear return to work date or where there are likely to be specific rehabilitation requirements. Individuals off work with musculoskeletal disorders, psychological disorders or work-related disorders are likely to fall into this group and such individuals should normally have been referred to OH by the end of 2 weeks absence. OH should undertake an assessment of the individual and if appropriate advise on appropriate rehabilitation strategies. Reports to management should only include clinical information with the consent of the individual and should comply with current ethical and legal principles. Reports obtained by OH from treating general practitioners and specialists will be subject to the Access to Medical Reports Act 1988.



Where appropriate the individual's general practitioner and/or specialist should be kept informed of OH recommendations. Where differences of opinion exist between general practitioners and OH regarding fitness for work then employers are usually entitled to follow the advice of the OH service. OH may be able to assist in the recovery/rehabilitation process through the provision of specific treatment interventions such as physiotherapy and talking therapies.

Where a return to work date cannot be ascertained within a reasonable time period the OH may need to provide guidance to management on employment options including ill-health early retirement (if applicable). In such circumstances the OH professional advising management should be fully conversant with any pension scheme rules. In such situations clear, objective and evidence based guidance to employers and pension scheme trustees is paramount.

Individuals who are being referred to OH as part of the company absence management procedure should be made fully aware by management of the reasons for the referral. Secrecy should be avoided. Individuals should be offered copies of OH reports that are subsequently sent to management.

Where work related health problems are identified then OH should advise on possible causative factors as well as any changes to control processes that might be needed in order to prevent further problems. Case conferences involving management and OH can be effective tools as part of the sickness absence management process.

6. Recommendations

- OH should be consulted early in all cases of long term sickness absence.
- OH should play an active part in sickness absence management in the electricity industry. There should be an emphasis on timely return to work approaches including evidence based vocational rehabilitation strategies.
- OH professionals should be aware of ethical and professional responsibilities when advising employers on sickness absence.



7. Summary

Effective sickness absence management is a fundamental requirement for all sectors of the electricity industry. This requires robust policies and procedures backed by reliable data.

OH should play an integral role in sickness absence management and should be consulted early in cases of long term sickness absence. The consequences of not managing sickness absence are, for the employer, high levels of sickness absence and high cost, and for the individual and society unemployment and increased levels of disability and medical morbidity. The way that an individual off work because of long term sickness absence is managed can make a huge difference to their health and future employment prospects. OH services need to assist in the management of sickness absence through the use, where appropriate, of evidence based vocational rehabilitation principles.

There should be clear communication processes between OH, company management, the individual and other health professionals including general practitioners.

8. References & Sources of Further Information

1. Chartered Institute of Personnel and Development (2005) Annual Sickness and Absence Survey
2. Confederation of British Industry (2004) Room for Improvement: Absence and labour turnover 2004
3. Lewis J, Thornbury G (2006) Employment Law and Occupational Health. Blackwell Publishing, Oxford
4. [NHS Confederation \(2007\). The Healthy Workplaces Handbook: The NHS Reference Guide to Staff Well-being](#)
5. Local Government Employers. Management of Ill Health Handbook 2002.