



## **Position Paper on Med 3 Sickness Certification System: Recommendation of New 'Absence Advice Note'**

### Background

The current system of sickness certification has attracted much criticism from both employers and the Government, with arguments that they are often inaccurate, unhelpful to employers and of poor quality. Obviously COHPA would prefer to see all employers having access to occupational health services and for certification to be carried out by OH professionals. However, significant manpower shortages, together with the Government's apparent abandonment of plans for such a transfer, have prevented this restructuring.

The current system of sickness certification is based on self-certification for the first seven days followed by the issuing of a Med 3 certificate – representing no more than a medical recommendation of incapacity by the patient's GP.

COHPA recognises that the current system creates an undue burden for GP's and does not provide a satisfactory certification document for employers. In 2006 the Sickness Certification Scheme was piloted which implemented 3 models for dealing with the problem, however, initial results have been disappointing, with less than 8% of employers who expressed an interest in participating in the pilots continuing until the end. Although the official findings have yet to be released, a need to develop new strategies has been identified.

If sickness absence is to be managed effectively by employers a more detailed sicknote is required than the current Med 3.

In light of these problems COHPA has developed a new system that will rectify the situation and provide a more effective method of reporting and advising employers about sickness absence.

### COHPA Recommendation

COHPA proposes that the situation can be rectified by an overhaul of the Med 3 sicknote and the introduction of an 'Absence Advice Note' (AAN).

The AAN should provide employers with some or all of the following information:

**Recommendation**

	<b><i>(Is this satisfied by the current Med 3?)</i></b>
- Proof of sickness or reason for absence	<i>(Partially satisfied)</i>
- Commentary on necessity of absence	<i>(Not previously satisfied)</i>
- Accurate diagnosis – perhaps in the form of a coding system	<i>(Partially satisfied)</i>
- Details of any disability – both short and long term	<i>(Not previously satisfied)</i>
- Assessment of function	<i>(Not previously satisfied)</i>
- Details of current treatment being given by GP or Specialist	<i>(Not previously satisfied)</i>
- Ability to work or suggested adjustments	<i>(Not previously satisfied)</i>
- Indicate fitness for adjusted/restricted duties, not just fitness/unfitness for usual duties	<i>(Not previously satisfied)</i>
- Date of proposed return to work or an estimated indication of time frame	<i>(Partially satisfied)</i>
- Use of form would have a small freetext “comment” section	<i>(Not previously satisfied)</i>

The AAN should also provide a tick box to identify where the services of an OH professional may prove beneficial in aiding the employee’s return to work. COHPA acknowledges that in such circumstances the GP must assign any future suggestions regarding the patient to the OH Professional and accept any decisions made.

Effect on Burden

COHPA accepts that this proposed scheme could increase the burden placed on GP’s who take responsibility for issuing sickness certification, but only in the medium term. Consequently COHPA suggests this burden could be eased by the payment of a reasonable fee to the GP, (the level of which should be discussed with the BMA), to be covered by either the Government, the employer or insurance provider.