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## **DWP Consultation - Reforming the Medical Statement - Fitness for Work**

**Comments from the British Society of Rehabilitation Medicine  
Prepared by Professor Christine Collin, BSRM President & Dr Andrew Frank Past President**

The BSRM is broadly supportive of these proposals, having first highlighted the need for close cooperation between primary care and occupational health services in 2000<sup>1,2</sup>. These reports commented, in addition, to the opportunity for the sick note to recommend consideration of alternative employment where worksite adjustments were unlikely to result in a return to work (RTW).

The BSRM recognises the positive impact these proposals will have on the nation's health by reducing the unnecessarily prolonged periods of sickness absence (with consequential physical and emotional complications) by inappropriate RTW policies

### **Question 2**

The BSRM is supportive of recommending an 'occupational health (OH) assessment' to the listing of current types of changes. Where present, and particularly when the occupational health service is part of the employing organisation (rather than contracted out), OH services can be pivotal in facilitating appropriate and lasting RTW.

The BSRM would recommend consideration of the inclusion of further categories: -

1. *Fit for some work but needs assistance with travelling to work*
2. *Fit for some work but requires time for additional therapy (might be counselling, physiotherapy etc).*
3. *Fit for some work in an adapted and supportive environment after review and recommendation by OH, with specialist rehabilitation as required.*

Whilst the note could consider a further category 'consideration for alternative job', this might be beyond the reasonable scope of primary care and would certainly be rarely needed.

### **Question 3**

The BSRM has no view about the different forms used or needed but welcomes the recognition that reports from other groups of professionals e.g. rehabilitation teams can be used in framing sickness certification and advising on timing and nature of RTW.

### **Question 4**

The BSRM supports any process that facilitates the RTW process. Many individuals will be able to negotiate a sensible RTW agreement (or plan if complex)<sup>3</sup> with their employer and will not need to revisit the general practitioner (GP).

### **Question 5 - Rule 1**

The BSRM would favour the term 'impairment' to the term 'disability' under the definition of 'condition' This is consistent with the WHO views about function and recognises that physical or emotional impairments need not necessarily result in inability to participate e.g. in working <sup>4</sup>.

'Other health care professional' excludes speech and language therapists inappropriately as, for a minority of individuals, communication difficulties will determine (in)ability to RTW. Psychologists are also excluded which seems strange given the predominance of mental health problems in giving rise to work incapacity <sup>5</sup>.

You may wish to overcome this by inserting 'for example' prior to 'occupational therapist'.

### **Question 5 - Rule 14**

The BSRM notes the current state whereby vocational rehabilitation (VR) is not used for benefit purposes in the UK. It notes that this contrasts with Germany where vocational rehabilitation takes place before benefits are given. The BSRM recommends the UK government reconsiders this aspect of policy.

The BSRM does not have a view about the maximum duration a medical statement should be but recognises: -

1. Secondary care consultations for chronic conditions e.g. disabling spinal pain, chronic fatigue syndromes and some psychiatric conditions may well be 6-monthly
2. Shortening the time will impact on primary care consultations.

These observations were drafted by Dr Andrew Frank (Past President) and Professor Christine Collin (President) and agreed by the Executive Committee of the BSRM.

#### Reference List

- (1) British Society of Rehabilitation Medicine. Vocational Rehabilitation - the way forward: Report of a Working Party (Chair Frank AO). First ed. London: British Society of Rehabilitation Medicine; 2000.
- (2) British Society of Rehabilitation Medicine. Vocational Rehabilitation - the way forward (2nd edition): report of a working party (Chair: Frank AO). 2nd ed. London: British Society of Rehabilitation Medicine; 2003.
- (3) Health & Safety Executive. An Employers and managers guide to managing sickness and recovery of health at work. London: Health & Safety Executive, 2004.
- (4) World Health Organization: report by the secretariat. The International Classification of functioning, disability and health (ICIDH-2). Geneva: World Health Organisation, 2001
- (5) Black C. Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population. London: TSO; 2008.