

# Occupational Health Referrals

## Guidance

# Guidance – Occupational Health Referrals

## Introduction

This note is intended to provide practical guidance in relation to the University's Occupational Health referral process. It is specifically intended to support referring Managers, in order that they can obtain appropriate advice as part of the absence management process.

## Purpose of Occupational Health

Occupational Health play a key role in supporting the effective management of health issues within the workplace. They are concerned with the work-related impacts of an employee's health, both in terms of how work or the workplace might impact on the employee as well as how the employees' health may impact on their work. It is not the purpose of Occupational Health to provide diagnosis or treatment, but to provide support to employees, to interpret medical information and to present it to Managers in a useful way that allows them to consider work-related issues such as timescales of absences or adjustments which may be made to support employees in their place of work.

Occupational Health can provide advice across a range of areas, including (but not limited to):

- The potential impact a medical condition may have on an employee's ability to attend work/carry out their duties
- Likely return to work timescales
- Whether or not workplace adjustments may be considered

Occupational Health can also, where appropriate, refer individuals to the University's Counselling and Psychological Services Unit.

## When to Refer

The following are the common (but not exhaustive) reasons/circumstances where a manager might wish to refer an employee to Occupational Health:

- Where an employee has been absent from work on a number of occasions in recent weeks/months (e.g. meeting one or more of the Review Points)
- Where an employee is absent on a long-term basis (over 4 weeks)
- Where particular trends have been identified in an employee's absence pattern
- Where a potential health problem has been identified which is affecting an employee at work and it would be helpful to know more about it, its impacts and what can be done to support the employee

- Where an Occupational Health assessment is required prior to an employee's return to work
- Where you wish to arrange counselling or physiotherapy sessions to support an employee at work (or to return to work)

Referrals relating to short-term absences are normally made following the latest period of absence and are particularly relevant when following the Attendance Improvement Process.

There are no strict rules around when to refer in long-term cases and such cases should be managed on a case-by-case basis. It would however be normal to consider the need for a referral around 1 month into an absence if not done so already. In some cases it may actually be prudent to make an earlier referral (certain health problems can benefit from earlier intervention) whereas in other cases it may be appropriate to delay a referral (e.g. where there are clear or known timescales such as when an employee is recovering from planned surgery or a broken bone).

## Medical Matters Vs Management Matters

It is important that referring managers are clear that they are referring for a medical matter and not a management matter. Occupational Health cannot, for example, directly resolve work-related stress matters as these are generally management concerns that can only be addressed by managers themselves.

Such cases should be managed in the first instance using the Form - Work-Related Stress. Once this procedure has been followed, it may be appropriate to consider the need for a referral to Occupational Health (e.g. to make enquiries around the appropriateness of supportive counselling).

## The Occupational Health Referral Form

Referrals should be made using Form – Occupational Health Referral. This is an electronic form managed through the UofG Helpdesk System.

The referral form is crucial to obtaining useful information and advice from Occupational Health and as such it is vital that it is completed fully. It is essential that Managers discuss their plans for the referral with the employee being referred and managers should understand that a copy of the referral will be provided to the employee. This ensures that the employee is fully aware of why they are being referred and what questions are being asked of the Occupational Health Unit. FAQs - Occupational Health (Employee Information) should also be shared with the employee for their information.

The referral form is an opportunity for the referring Manager to explain to Occupational Health why they are making a referral, to provide the background to the specific case or the

current position and to ask any specific questions they require to be considered. The Occupational Health Unit can only provide advice based on the information presented to them and Managers are more likely to receive useful reports on which they can base decisions, if quality information is provided during the referral process.

## Completing the Referral Form

The form is self-explanatory however some additional notes are detailed below for some sections. Users of the form may also wish to view the [bite-size walkthrough video](#).

### Work-Related Stress

If work-related stress has been cited as the reason for the referral then this check box should be ticked and a completed [Form – Notification of Work-Related Stress](#) should be attached to the referral before the referral can be submitted.

Many of the concerns which may be cited as work-related stress can often be resolved through positive management interventions and the Form – Notification of Work-Related Stress should be used to document any perceived causes, concerns, impacts and proposed resolutions. Managers are responsible for responding to any concerns notified through this process and for taking remedial action where possible.

If an individual is unwilling to engage with that process and a referral is still required, the [Form – Notification of Work-Related Stress](#) allows for this to be noted so that the form can still be attached in order to allow the referral to be submitted.

### Employee Details

Direct reports can be selected from the drop-down menu then the form will auto-populate most of the fields, leaving just a small number for manual input. If referring a non-direct report, the 'employee not listed above' option can be ticked and the fields manually populated instead. In doing this, care should be taken to ensure the details are accurate (particularly the email address, as the individual will receive a copy of the referral). Further checks are built into the process when the form progresses to People & OD.

### Referral Information

This is the main opportunity to provide additional details in support of the referral and for managers to make it clear to the Occupational Health Unit what they are asking. It is important to include as much relevant information as is appropriate and also to ask the relevant questions from the list included (underneath the text box) (or to type additional questions if needed).

The additional information provided will normally link to the identified reason(s) for the referral. For example, if the referral has been made on the basis that a potential health condition has been identified which is causing concern over the employee's ability to perform their duties then this section allows the referring manager to elaborate on the details before selecting which specific questions are being asked of the Occupational Health Unit.

As an example, this section may contain

*"[Employee] has been absent numerous times in the last 6 months, specifically [Dates] as a result of [Reason(s)].*

*At our most recent return to work discussion, [Employee] explained that they have recently been to their GP who has diagnosed them with [Condition] which affects them at work because of [Reasons].*

*I would appreciate further information on how this condition might affect [Employee] at work, any possible adjustments I may make to support [Employee] in their role."*

In the example above, the relevant questions might be:

What is the medical & causal reason affecting [Employee's] attendance/performance at work? Please provide me with a brief description of this condition, its impact and how it affects the employee and the likelihood/frequency of future absences?

Is this absence/condition likely to be covered by the disability provisions of the Equality Act 2010?

What is [Employee's] fitness to safely carry out their full range of duties, and what are the timescales attached to this (if any)?

If unfit for their full range of duties - what duties are they/aren't they able to carry out and for how long?

Are there any adjustments which can be considered to support [Employee] at work/to return to work? How long will any adjustments be required for?

What is the longer term prognosis for [Employee's] illness/condition?

## Summary of Key Duties / Environment

An up-to-date job description should be attached if available and/or alternatively the employee's main duties should be noted on the form (including noting any key activities not captured on any attached job description). This helps the OH Practitioner to fully understand the nature of the role the employee carries out which is vitally important, for example, when they are being asked to advise on potential work-related impacts as a result of a medical condition.

## **Reviewing and Submitting a Referral**

Once completed, the referral can be reviewed before it is submitted. Referrals are routed to People & OD in the first instance. People & OD may provide further advice or may directly approve the referral and pass to the Occupational Health Unit. The employee being referred will receive a copy of the referral at this time.

## **The Occupational Health Appointment**

Once a referral has been sent to the Occupational Health Unit, they endeavour to see referred employees within 1 week.

## **The Occupational Health Report**

Following the appointment, an Occupational Health report will be typed up. Where appropriate, this will firstly be sent to the employee to obtain their consent for it to be released.

The final report will be sent to the referring manager and the referred individual, who will both be able to access the report securely within the system.

## **Using/Discussing the Occupational Health Report**

On receipt of the Occupational Health report, it will normally be appropriate (but not necessarily in all cases) for the referring manager to arrange a follow up meeting with the employee to discuss the report and any recommendations made within it.

Whilst Occupational Health will provide advice, it is the referring manager's role to decide how/if this advice can be implemented.

The format and content of this meeting will depend on the circumstances, however as a guide, the following might be considered:

- Agreeing that the report contents are accurate

- Discussing the contents and any recommendations made
- Agreeing the next steps (e.g. return to work, further review, adjustments, date of next meeting)

Further guidance is available via the [Managing Attendance Toolkit](#), depending on the circumstances of the discussion (e.g. long-term or short-term).

## Further Advice

Further advice is available from your [local P&OD Team](#) or the [Occupational Health Unit](#).