



# “REFORMING THE MEDICAL STATEMENT” – consultation on draft regulations, May 2009

Response to the Health, Work and Wellbeing Directorate (DWP) from:  
INSTITUTION OF OCCUPATIONAL SAFETY AND HEALTH (IOSH)

Consultation  
response  
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## About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is the largest body for health and safety professionals in the world, with around 35,000 members in over 80 countries, including over 13,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, IOSH is a registered charity, and an ILO international NGO and CIS collaborating centre. The IOSH vision is:

**“A world of work which is safe, healthy and sustainable”**

The Institution sets professional standards and supports and develops its members, providing impartial, authoritative, free guidance and a continuing professional development programme. Regularly consulted by government and other bodies on draft legislation, codes of practice, guidance and international standards, IOSH is a founding member of UK, European and International professional body networks and secretariat to the latter two, recently helping introduce a pan-European standard for health and safety practice (EurOSHM).

IOSH has an active research and development fund and programme, helping develop the evidence-base for health and safety policy and practice. Summary and full reports are freely accessible from our website. IOSH publishes an international peer-reviewed journal of academic papers twice a year titled *Policy and practice in health and safety*. We have also developed a unique UK resource providing free access to a health and safety research database, as well other free on-line tools and guides, including award-winning websites for business start-ups and young people; an occupational health toolkit; and a risk management tool for small firms.

IOSH has 29 Branches in the UK and worldwide including in the Caribbean, Hong Kong, the Middle East and the Republic of Ireland. We also have 17 special interest groups covering aviation and aerospace; communications and media; construction; consultancy; education; environment; fire risk management; food and drink; hazardous industries; healthcare; international; offshore; public services; railways; retail and distribution; rural industries; and safety sciences. These networks organise low-cost health and safety events across the UK that are open to the general public.

IOSH members work both in-house within organisations and also as external advisers, at strategic and operational levels across all employment sectors. IOSH accredited trainers deliver health and safety awareness training to all levels of the workforce from shop floor to managers and directors, through a licensed trainer network of more than 1,350 trainers. We issue around 120,000 certificates per year.

For more information about IOSH, our members and our work, please visit [www.iosh.co.uk](http://www.iosh.co.uk)

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## General comments

IOSH is keen that Britain should urgently address the weaknesses identified in Dame Carol Black's 2008 review of the health of the working age population.

In order to support the necessary reforms, we believe it is essential that GPs are provided with occupational health awareness training and support and that occupational health issues are adequately covered in their professional curricula.

We also believe that employers and workers should have improved access to high quality, government-supported occupational health services across the country and that GPs should have better access to appropriate treatments for their patients from improved service provision.

IOSH was pleased to submit evidence to Dame Carol's review and are currently piloting a new training programme to help health and safety practitioners play a more active role in management and promotion of health in the workplace.

We are also pleased to respond to this important consultation from the Health, Work and Wellbeing Directorate, '*Reforming the medical statement – consultation on draft regulations, May 2009*' and in the specific comments that follow, answer the five consultation questions and also briefly outline some of IOSH's supportive work in this area. The response is based on consultation with our members, specifically; an initial draft response was balloted to the IOSH Council and the IOSH Technical Committee for comment and agreement.

## Specific comments

**Consultation Question 1:** *Do you have any further information, data or analysis which would be useful for improving the quality of the analysis in the attached Impact Assessment?*

Although we have no further information, data or analysis to offer to improve the Impact Assessment, we would make the following observations:

- As recognised, the possible benefits could be greater than stated, as the assessment does not take account of the potential long-term benefits of early returns to work (p.42, paragraph 20)
- However, the possible costs could also be significantly greater than stated, as the assessment does not include the costs of providing the essential occupational health awareness training for GPs and the additional NHS and occupational health services needed to support the new system (see answer to Q5 below). We would suggest that both of these costs need to be estimated and included, in order that appropriate resources can be allocated.

**Consultation Question 2:** *The Government welcomes views on whether listing common types of changes is helpful; whether those listed are sufficient; and on whether ‘Occupational Health assessment’ should be added to the revised statement?*

We believe listing types of common changes is useful, to help raise awareness of these potential options with all parties and assist the work-related conversation between the patient and doctor, then between patient and employer.

We agree with the proposal that there should be an additional option of ‘occupational health assessment’ and also suggest there should be an option of ‘altered working arrangements’ (which could include such things as working from home or assisted travel).

**Consultation Question 3:** *Will the changes described in paragraph 40 ensure that the current functions of the special statement, form Med 5, are accurately incorporated in the revised form Med 3?*

We agree paragraph 40 provides for the incorporation of the function of the current form Med 5 into the new form Med 3; while it obviously does not provide the same level of detail about specialist consultations etc, these are not needed for the purposes of statutory sick pay or for state benefits.

**Consultation Question 4:** *The Government welcomes views on whether medical statements should only be issued when a patient is assessed as ‘not fit for work’ or ‘may be fit for some work’?*

We generally agree with this principle, but in order to allow patients to return to work earlier without follow-up consultation, as indicated in paragraph 42 “...if an individual feels able and it is within advice given by the doctor who issued the medical statement.”; we believe doctors will need to specifically inform their patients about whether or not an earlier return is advisable.

Also, we would suggest the statement “I will / will not need to assess your fitness for work again at the end of this period.” should be separated in order to allow a caveat (italicised below) in the case of patients who may not improve / recover as expected, as follows:

“I will need to assess your fitness for work again at the end of this period” and “I will not need to assess your fitness for work again at the end of this period, *unless your condition fails to improve.*”

**Consultation Question 5:** *The Government welcomes views on whether the draft regulations, including the rules, achieve the intentions expressed in the commentary. In particular, bearing in mind the Government’s aim of reducing sickness absence and supporting people with health conditions to return to work at the earliest opportunity, should the maximum duration of a medical statement be less than 6 months? (See Rule 13.)*

In addition to amending the regulations and rules, for the successful operation of the new form Med 3 system, we believe it will be essential to:

- Provide GPs with occupational health awareness training and support. We have also suggested that occupational health is included in GPs' and medical students' curricula <sup>1,2</sup>
- Improve access to high quality, government-supported occupational health services across the country; for example, if pilots are successful, the proposed new 'Fit for Work' service <sup>3</sup>, which will take a case-managed, multidisciplinary approach.

Also, to assist earlier returns to work, we agree that consideration could be given to shortening the maximum duration of medical statements. This would need to be supported by better promotion of the government's guidance for GPs on recovery periods for common operations; and, as patients may be waiting for NHS treatments such as physiotherapy or CBT, improved access to treatment.

IOSH has made a number of recommendations in support of helping to improve the health of the working age population in our new manifesto 'Creating a healthier UK plc' <sup>4</sup>. These include:

- Tax-relief where employers provide certain therapies for non-work injury / illness
- An equivalent in England and Northern Ireland of the Healthy Working Lives, Scotland and Workboost Wales initiatives, giving small businesses free workplace visits and advice
- An enhanced role for trained health and safety practitioners in helping support safe and sustainable returns to work and multidisciplinary working
- Relevant health and safety in professional curricula.

IOSH also provides free guidance on occupational health issues via our occupational health toolkit <sup>5</sup> and our free guides 'A healthy return – good practice guide to rehabilitating people to work' and 'Working well – guidance on promoting health and wellbeing at work' <sup>6</sup>. In addition, we fund and publish research into occupational health issues and operate an OSH research database <sup>7</sup>.

## References

1. IOSH response to the Royal College of General Practitioners consultation on the GPs curriculum, consultation 'archived documents', 2006, [www.iosh.co.uk/condocs](http://www.iosh.co.uk/condocs)
2. IOSH response to the General Medical Council's consultation *Tomorrow's Doctors*, consultation 'archived documents', 2009, [www.iosh.co.uk/condocs](http://www.iosh.co.uk/condocs)
3. Black C, *Working for a healthier tomorrow*, The Stationery Office, London, 2008, [www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf](http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf)
4. IOSH health and safety manifesto, *Creating a healthier UK plc*, 2009, [www.iosh.co.uk/files/news/ourcampaigns/Manifestodoc.pdf](http://www.iosh.co.uk/files/news/ourcampaigns/Manifestodoc.pdf)
5. IOSH occupational health toolkit, [www.ohtoolkit.co.uk](http://www.ohtoolkit.co.uk)
6. IOSH free guides *A healthy return – good practice guide to rehabilitating people to work*, 2008 and *Working well – guidance on promoting health and wellbeing at work*, 2009, [www.iosh.techguide](http://www.iosh.techguide)
7. IOSH OSH research database, [www.oshresearch.co.uk](http://www.oshresearch.co.uk) and IOSH research and development programme, [www.iosh.co.uk/researchanddevelopmentfund](http://www.iosh.co.uk/researchanddevelopmentfund)