**Management Referral Guidance & Process Flow**

Advice provided by Occupational Physicians in this context is primarily designed to support the referring manager in his/her decision-making when dealing with a health-related issue in the workplace. After assessment of the health problem, a report is provided to the referring manager. This is not a “medical” report but a “management” report designed to answer specific questions asked by the referring manager. It does not usually go into medical detail but addresses the functional implications of the medical problem using lay language.

**Reasons For Referral**

There may be many reasons for wishing to obtain independent medical advice in relation to an employee, but the commonest reasons include:

* **Long term sickness absence** – usually defined as continuous absence of 4 weeks or more.
* **Recurring short term absence** – based on episodes and their frequency e.g. Bradford formula.
* **Concerns over work performance** – poor or reduced performance levels where there may be a health problem.
* **Investigation of work-related illness/injury** – assessment of whether a health problem is likely to be work-related or not.
* **Substance abuse concerns** – assessment of suspected or admitted to substance abuse affecting work.
* **Ill-Health Retirement assessment** – whether the scheme ill health retirement criteria are likely to be met *[please note that separate arrangements exist for formal independent pension scheme opinions]*

**Notifying the Referred Employee**

When referring an employee for occupational health advice, it is important to let them know why they are being referred and what the process involves. A short guidance note for the employee about the occupational health appointment is provided for this purpose and can be downloaded from [www.tophs.co.uk](http://www.tophs.org.uk). It is important to inform TOPHS of any language barriers that the Employee may have.

**Completing a Management Referral Form**

A standard management referral form must be completed before an employee can be booked for assessment. It is essential that key information is provided to the assessing physician, as the quality of this information is vital to the effectiveness of the referral process. Without adequate background information the assessing physician may be unable to fully assess a problem and respond to the questions asked. Referral forms can be downloaded from [www.tophs.co.uk](http://www.tophs.org.uk).

**Questions That May Be Relevant**

Common questions that a referring manager may wish advice on include:

* Is the employee fit for work?
* When is the employee likely to become fit for work?
* Does the employee have a disability as defined by the Disability Discrimination Act?
* What sort of accommodations or adjustments may be required?
* Are accommodations or restrictions likely to be short term or permanent?
* Is there an underlying medical reason for recurrent short term absence?
* Is any underlying health problem likely to improve?
* Are further absences likely and at what level?
* What can be done to assist an early return to work?
* Is a graduated return to work programme appropriate?
* Is the illness caused or made worse by work activity?
* What can be done to reduce the risk of further health problems in the workplace?
* Is reduced work performance likely to be due to health problems?
* Is the employee fit to attend an investigatory or disciplinary process?
* Is the employee likely to meet ill health retirement criteria or income protection benefit criteria?

Be specific about what you are asking for.

**Report to the Referring Manager and Confidentiality**

Confidentiality is a cornerstone to the assessment process but this need not inhibit the quality of advice provided to managers. It is a requirement for all doctors to respect patient confidentiality, and this is made clear in GMC and Faculty of Occupational Medicine guidance. Breach of patient confidentiality is a professional misconduct issue.

If employees do not believe an occupational health assessment process to be medically confidential, then they are unlikely to be honest and open about health issues and this fatally undermines the effectiveness of the process.

Hence, when reporting to management, confidential clinical details are usually omitted unless expressly permitted by the referred employee, or already disclosed to employer by employee. However it is possible to provide responses to the questions asked without releasing confidential information. For example, a manager can resolve a health related issue without knowing the actual diagnosis as long as they understand some of the key functional issues and what they can do to assist.

Please also be mindful that current guidance relating to independent medical examinations recommends that doctors should offer the employee the opportunity to preview the report going to the manager. The principle is to avoid surprises.

**Employee Perceptions vs. Management Perceptions**

One common area of concern, particularly where there may be work-related problems suspected, is being able to determine the “truth” about causation and work. Very often an employee will express their perceptions that lead them to believe work has caused their illness, while management may have a different view and have concerns that employee perceptions are accepted at face value by the assessing physician.

Common problem areas in this respect include:

* Employees rarely accept that their performance is suboptimal, whereas management may take a different view.
* In cases of “stress”, employers are often concerned that employees and their GPs have too easily attributed the cause to work.
* Assessing whether an employee is really unwell with “stress” or whether they have removed themselves from the workplace in response to a situational difficultly that could be resolved through management action i.e. not really a medical problem.

This highlights the need for referring managers to provide sufficient detail in their referral form, to enable the assessing physician to obtain a broad view of the problem.

Assessing physicians do test employee perceptions and do not take them at face value. Their role is to independently assess the situation taking into account their experience in dealing with occupational issues and their knowledge of the workplace. This normally provides a more balanced view of the problem, one that will stand up to scrutiny and challenge.

**Additional Medical Information**

In some cases it is necessary to obtain further medical information in the form of a report from the employee’s GP or specialist. This is only done where there are clear benefits in doing so such as where specific medical information will influence the view of prognosis or alter advice provided to the manager. In some cases, it may be required to corroborate aspects of the clinical history or to clarify issues the employee may not be able to in sufficient detail.

Where this is required permission will be sought from the referring manager to action such a request, as this will incur additional cost. The reasons for the request will always be made clear to the referring manager.

**Management Referral Process Flow**

**Manager identifies a problem requiring OH referral**

**Discusses with employee and notifies of referral to OH service**

**Manager completes referral form and sends to TOPHS Ltd**

**Appointment time, date and location confirmed to referring manager**

**Manager notifies employee of appointment details**

Provides information on referral process & reason for referral

**Employee assessed at consultation**

**Report issued to manager with recommendations and advice [with or without preview by employee]**

**Where required seek further medical information from GP or specialist (after authorisation obtained)**

**On receipt of further information issue further report to manager**

Ensures employee’s consent to referral. Referral form and employee info available at www.tophs.co.uk

**NB Signed acceptance of TOPHS Ltd’s terms and conditions including invoicing details must be in place before any appointments will be confirmed. This only needs to be done once. This form is available on-line and should be faxed to 0845 8624111 OR Emailed to enquiries@tophs.co.uk.**