**Background**

Serious illness or injury, sufficient to cause more than a few weeks sickness can cause difficulties for a person on their return to work. Most jobs, even if office-based, require levels of physical and psychological stamina which can take some time to recover even after the acute illness has resolved. Commuting also add to the demands of work.

Staying off work until well enough to cope with all aspects of a job is often unnecessary. A gradual return to work once a person is well enough and feels ready to undertake some duties can actually help the person’s final stages of recovery.

Returning early can also reduce the loss of confidence that can occur during a long period off work. It also helps to conserve sick pay entitlements. When appropriately managed, an early return to work is beneficial to both the member of staff and the College.

**How to do it**

In many instances, a safe, early return to work needs only the member of staff and their manager to talk through any concerns and agree a timetable for a build-up to full-time work or full duties over the course of a few days or weeks. This is called a “phased return”.

A person’s doctor may provide recommendations on a sickness certificate (now called a fit note) on alterations to duties or hours that would enable their patient return to work before full recovery. The recommendations need to be implemented before the person returns and remain in place up to the end-date of the fit note.

In other instances, a manager may need some guidance from the College’s OH Service on whether and when the member of staff is well enough to start work, or specific advice on the types of work the person can do or need to avoid on first return. Occupational Health advice on how to pace the build-up to normal working may also be useful.

For more information on fit notes see [Sickness Absence Policy and Procedure](#).

**When might a phased return to work be needed?**

A phased return should be considered if:

- A member of staff has recovered sufficiently from illness/injury to resume some work, but has not yet regained full fitness for work or
- The person has recovered from their illness but needs some space to rebuild confidence in their abilities to cope with work or
- The health problem is long-term and a trial return to work is necessary to assess how it may affect the person’s ability to carry out some bits of their job, or whether adjustments are required.

**When should Occupational Health advice be sought?**

Occupational Health advice should be sought whenever there is doubt over what work the member of staff can safely do on their return.

The OH Service can help devise a return to work plan that meets the needs of the member of staff and their department.

In addition, OH can advise on:

- How long it may be before someone is able to return to work
- How long it may be before the person is able to cover their full job again.
- Whether or not a phased return will be necessary

**When to seek OH advice**

OH advice should usually be sought once someone has been off work for 4 weeks even if it will still be some time before the person is able to resume work.

A consultation with an OH Adviser at this time can provide an opportunity for the member of staff to talk through concerns they may have about the effects of their illness on their eventual return to work. The OH Service can also establish contact with the person’s doctor, if appropriate, in readiness for working together to rehabilitate their patient back into work, when ready.

Early OH advice can also assist a manager to plan how to cover the person’s absence.

If the manager is concerned that it is too early to expect a person to attend an assessment, they can seek advice on this from an OH Adviser before arranging a referral.

**How to refer for OH advice**

1. The member of staff should be referred using the OH [Referral Form](#). This collects the necessary information about the member of staff’s usual work to help the OH Adviser understand the person’s job sufficiently to provide appropriate and practical recommendations for adjustments, if needed.

2. The manager needs to discuss the referral with the member of staff before making a referral. They need to understand that its purpose is to help the person get back to work when ready, and not to police absence or to force someone back to work when still unwell.

Further information on the procedure is provided on the referral form.

3. Once a referral form has been received an OH Adviser will contact the member of staff to arrange to see them in clinic or, if not well enough to easily travel into South Kensington, to carry out an initial assessment by telephone or arrange to obtain a report from the person’s doctor.

4. After an assessment, the OH Adviser will provide a report giving an opinion on when the person will be fit to start work again, and recommendations on any temporary adjustments to duties or working hours needed to enable a return before full recovery. The report will also usually provide an opinion on how long adjustments will need to be in place for.

The report is sent to the manager and the member of staff. A copy is also usually sent to the HR Adviser for the department.

5. Where appropriate, an OH Adviser may see the member of staff for review to provide further advice on the build-up to normal working.
6. OH reports are advisory. The decision on whether recommendations made can be implemented remains with the manager.

**Adjustments**

Adjustments that can be used to help ease a return to work include:

- **A period of part-time working.** This is the most common adjustment and will often be all that’s needed to achieve an early return to work. It usually involves working a short day, with start & finish times arranged to avoid peak commuting hours. If person is still in the early stages of recovery alternate day working may also be recommended for the first 1-2 weeks. Where part-time working is recommended, the OH report will advise on a time schedule for the gradual build-up to normal working.

- **Working from home.** This can be useful for staff who are well enough to undertake desk work, but are not yet able to commute e.g. after an injury affecting mobility. It can also enable someone undergoing out-patient treatment or still in the very early stages of recovery of illness more flexibility over when they carry out allocated tasks.

- **Additional rest breaks.** Fatigue is common during the convalescent period or during debilitating treatments. It limits physical capability and can impair concentration. Short breaks away from work tasks can prevent fatigue building up. Where a person’s job means they have little control over their pace of work breaks may need to be formally time-tabled.

- **Changed tasks or work content.** Arranging for a person to initially concentrate on a few tasks best suited to their capabilities can help rebuild confidence and reduce normal work pressure whilst the member of staff builds up to their normal work capacity.

Temporary allocating someone returning to a customer-facing job to ‘back-office’ tasks can be a useful way of controlling their workload pressure.

- **Temporary re-location or re-deployment.** Initially commencing work in a different office or section is another means of controlling workload pressures.

  Recommendations will usually be couched in relatively general terms and may require further discussion between the line manager and member of staff to agree the specific tasks and hours of work they will commence with on their initial return.

  The HR Adviser for the person’s department can advise on contractual or pay issues relating to a phased return to work.

**How long should a phased return last?**

This will vary according to the nature of the illness, the type of work and the stage of recovery at which the person starts work again. In most instances, a period of 4 weeks or less will be sufficient. If a longer period than this may be needed, a review at 4 weeks will be useful.

Someone continuing to work whilst having cancer treatment may need adjustments to their work for the duration of treatment and the convalescent period: a total duration of 6-12 months is typical.

**Staff Disability Officer**

If a member of staff has or develops a disability that may require long-term support e.g. adaptations to office furniture, assistive IT equipment, room alterations or commuting by taxi or private transport, the Staff Disability Officer can help to assess needs and applications for funding, if required. See [Disability Advisory Service](#) for more information.

**Imperial College Occupational Health Service**

**August 2012**