

Assessment of Fitness for Work

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Faculty/Presenter Disclosure

- **Faculty:** Anil Adishes, MB ChB, MSc, MD, FRCP, FFOM, FFCI, FRCPC, Hon. FFOM, (Ireland), CIME
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- Potential for conflict(s) of interest:
 - None



Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Learning Objectives

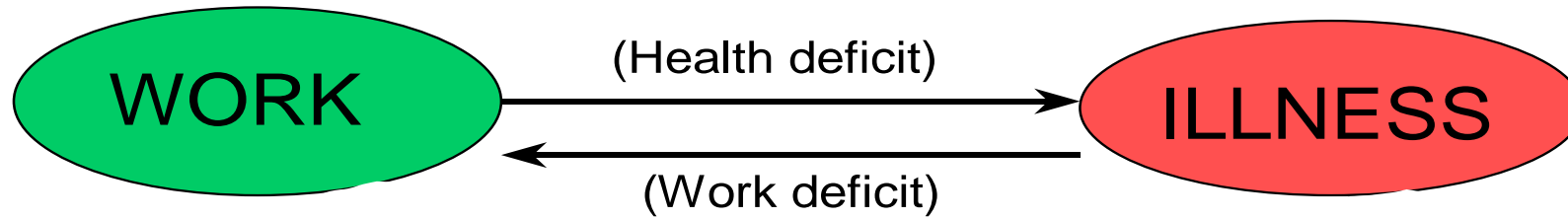


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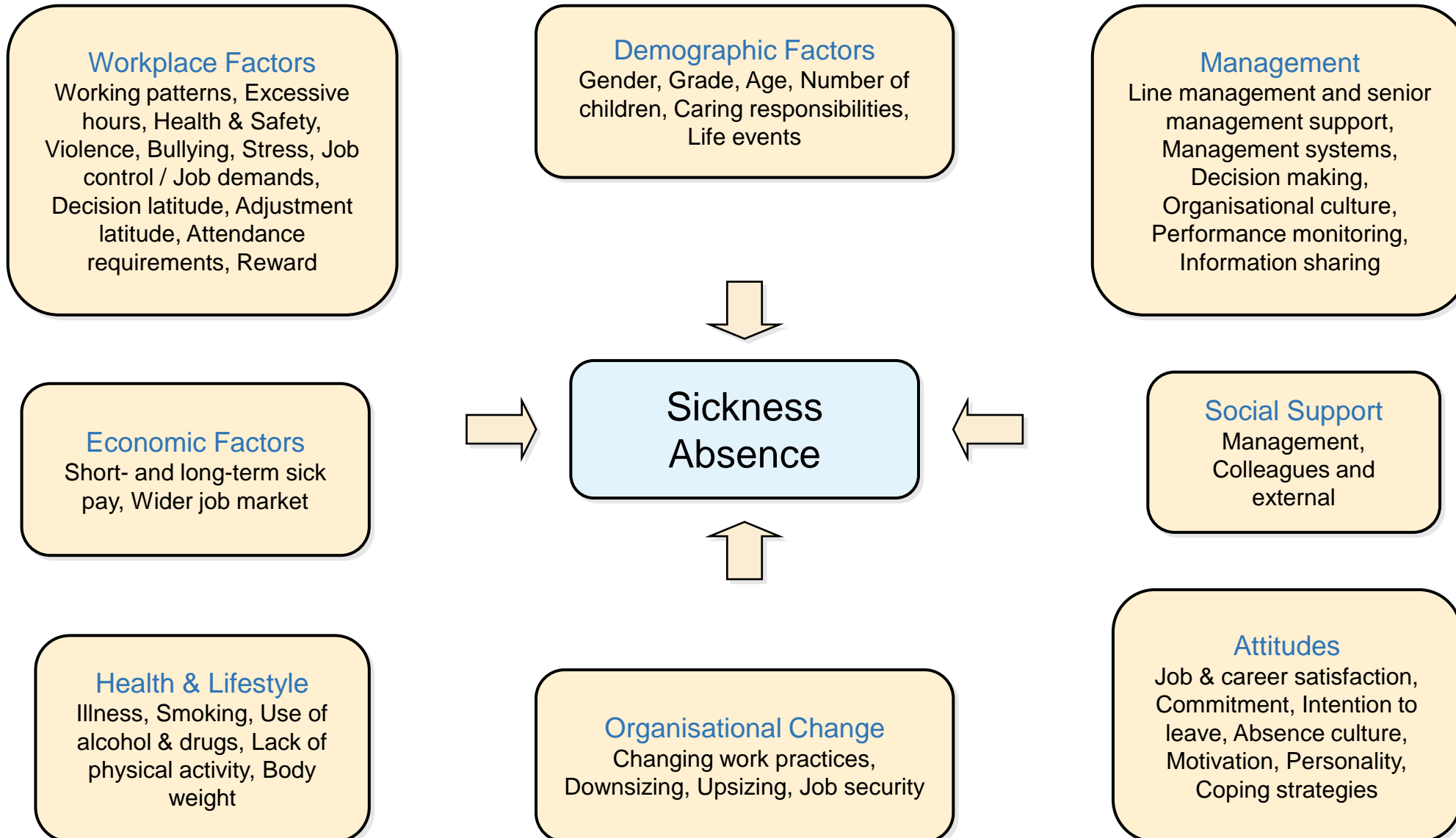
At the end of this session, participants should be able to:

1. Understand and explain the concept of “workability”
2. Apply functional principles to facilitate “workability”
3. Outline the types of barriers to return to work and the role of the physician in overcoming them

Occupational Health Paradigm



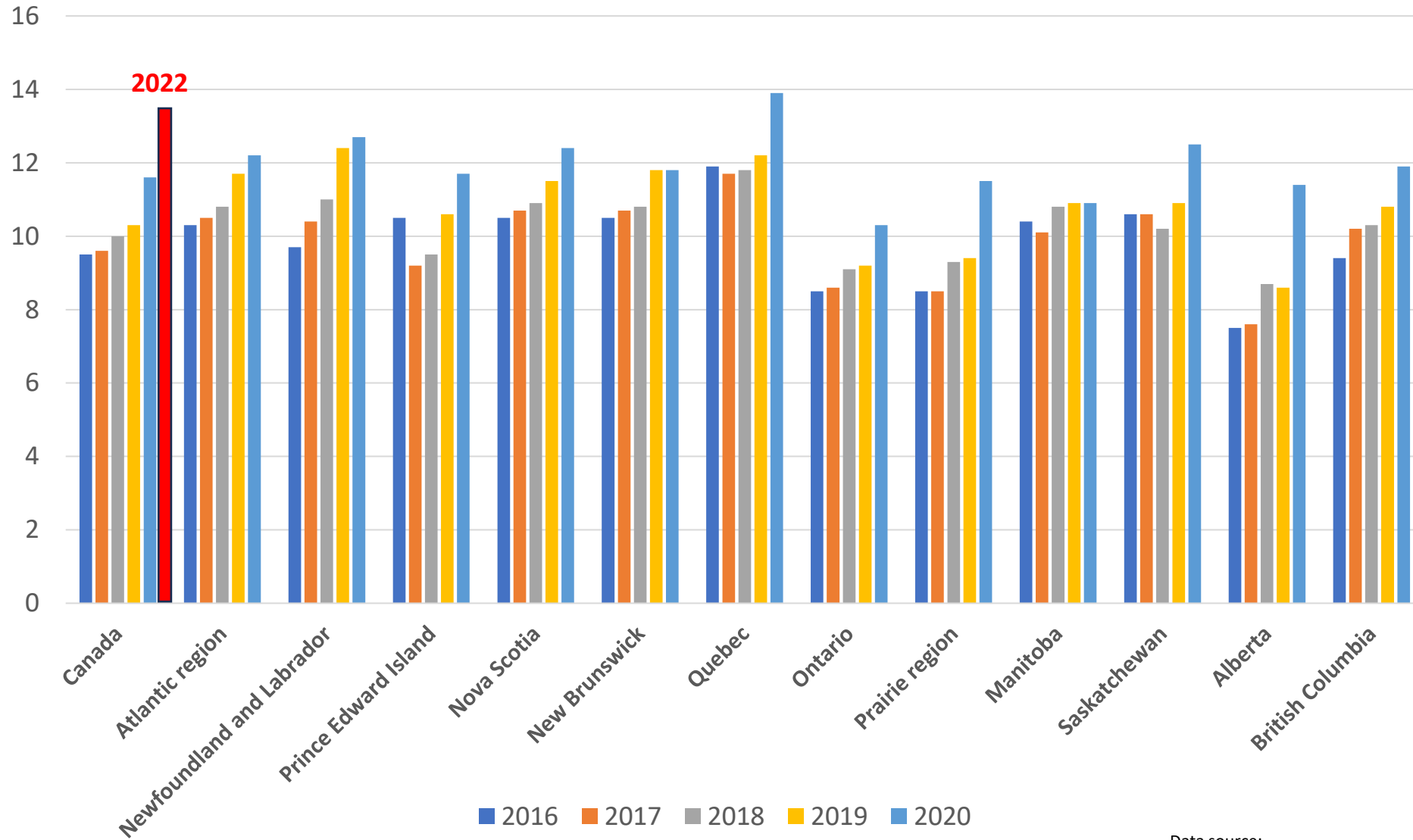
Sickness Absence Contributors



Total Days Lost Per Worker in a Year 2016-2020



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Data source:

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410019001>

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410019601>

Statement of fitness for work
For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:
 you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- | | |
|--|--|
| <input type="checkbox"/> a phased return to work | <input type="checkbox"/> amended duties |
| <input type="checkbox"/> altered hours | <input type="checkbox"/> workplace adaptations |

Comments, including functional effects of your condition(s):

Sample

This will be the case for

or from to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Sick Note to Fit Note



Why is it Difficult?

Physician themes:

- Reluctance to return to work
- Feelings about reluctance to return to work
- Resources available
- Communication with employers
- Workers' compensation process

Patient themes:

- Feelings about being off work
- Ready to return
- Satisfaction with physician interaction
- Accommodations and employer pressure
- Workers' compensation

Assessing Work Capacity

Knowledge base and understanding

Understanding the condition and its effects

Understanding the patient and her context

Understanding the patient's workplace

Skills and resources

Medical competence - essential but not enough

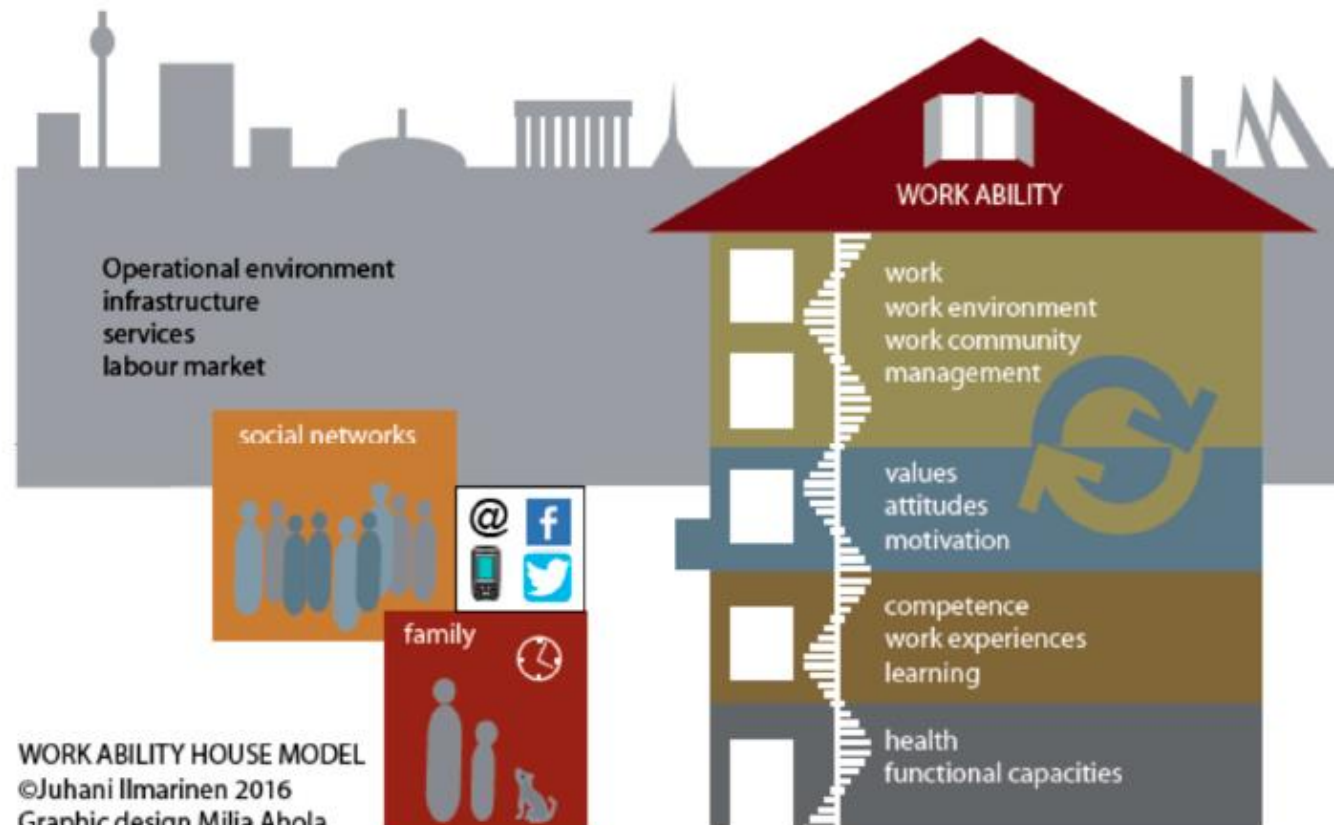
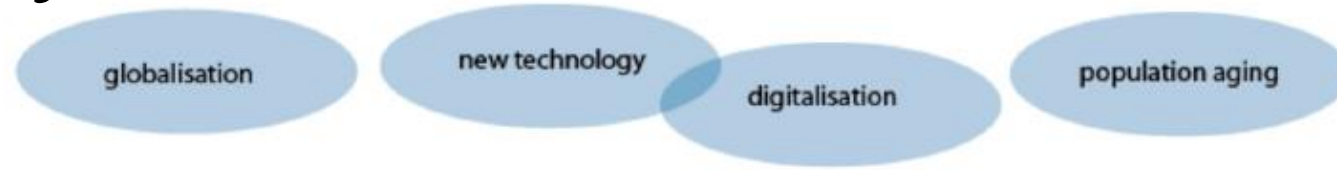
Time - length of observations

Tacit knowledge - beyond the obvious

Trust - uncertainty and dual roles

Reasoning - putting the pieces together

Workability

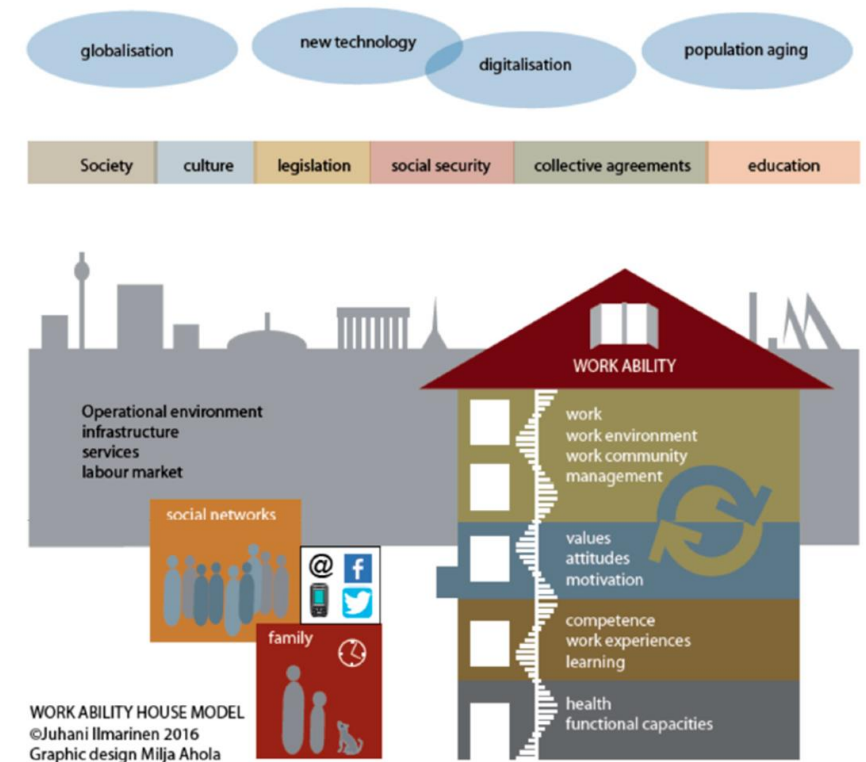


WORK ABILITY HOUSE MODEL
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Graphic design Milja Ahola

Work Ability Index (WAI)

Items of the Work Ability Index

Items	Range
1 Current work ability compared with the lifetime best	0–10
2 Work ability in relation to the demands of the job	2–10
3 Number of current diseases diagnosed by a physician	1–7
4 Estimated work impairment due to diseases	1–6
5 Sick leave during the past year (12 months)	1–5
6 Own prognosis of work ability 2 years from now	1–7
7 Mental resources	1–4



Work Ability Index (WAI)

- Incorporated in the ECHO OEM Occupational History Recording Tool

12. Current work ability (*how well you can do your job*) compared to highest work ability ever:
Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability?

(0 means that you currently cannot work at all)

(10 work ability at its best)

0	1	2	3	4	5	6	7	8	9	10
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Fitness for Work – When?

- Preplacement
- Statutory periodic certification
 - Marine, Commercial divers, Pilots,
 - Commercial drivers
 - Class A, B, C, D, E and F commercial license, you need to submit a medical report:
 - every five years, under age 46
 - every three years, age 46-64
 - every year, age 65 and over
- Statutory Medical Surveillance
 - Designated Substances under Occupational Health and Safety Act
- Change in medical status may be an obligation to report
- Medical absence from work
- Pension scheme for ill health retirement
- Independent Medical Examination (IME)

Fitness for Work – What?

- Occupation – job title is a basic requirement
- Job description is useful and should be provided by any employer requesting evaluation
- Job Demands Analysis – tasks, activities and work circumstances
- Ask the worker what they actually do!



Continuum of Disability

Departures from normal variation that produce:

- Impairments: problems in body function or structure such as significant deviation or loss.
- Activity limitations: difficulties an individual may have in executing activities.
- Participation restrictions: problems an individual may experience in involvement in life situations.

N.B. *Medical restrictions* are those imposed by a clinician i.e. medical advice that certain activities are inadvisable.

Cancer Case Study

- Beryl, a Registered Nurse on a medical unit
- Beryl's role involved working 12.5-hour shifts, including rotational night shifts. Her job included a significant amount of manual handling due to the specialty of the ward area.
- Her physically demanding job role, involving manual handling and microbiological hazard exposure.

Disease

- She had recently undergone an excision of a breast lump, with axillary lymph node clearance. Histology confirmed a large carcinoma. Further treatment over the next seven months included chemotherapy and radiotherapy.
- 18 weeks of chemotherapy and two hospital admissions. She reported severe side effects associated with chemotherapy, including sensory disturbances, affecting her hands, feet and head, and neutropenia that required isolation treatment in hospital.

Capacity

- She was still suffering from several side effects related to her treatments. She had been signed off work for a further two months. Beryl was keen to RTW after this time but had concerns about **manual handling** of heavier patients. She also reported **pain in her left arm**. As surgery involved axillary lymph node excision, she was at increased risk of developing lymphoedema
- Beryl was suffering from **neuropathy affecting her hands, feet** and head following chemotherapy. **Sensory disturbances in her fingers** affected her ability to perform tasks such as buttoning clothes and picking up small objects. Symptoms are expected to reduce once the treatment ceases
- She experienced **severe fatigue** – a common side effect of radiotherapy. Fatigue usually peaks within two weeks of treatment completion but may continue for several months

Resources

- Return to work and disability resources WSIB
<https://www.wsib.ca/en/businesses/return-work/return-work-and-disability-resources>
- Guidelines for Accommodating Disabilities <https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/corporate-policies/people-equity-policies/accommodation/guidelines-for-accommodating-disabilities/>
- Canadian Career Handbook
<https://noc.esdc.gc.ca/CareerHandbook/ChWelcome>
- Medical surveillance program requirements for individual designated substances <https://www.ontario.ca/document/code-medical-surveillance-designated-substances/part-ii-medical-surveillance-program-requirements-individual-designated-substances#section-4>



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Questions/Discussion

Thank you!

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