

# Assessment of Fitness for Work

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# Faculty/Presenter Disclosure

- **Faculty:** Anil Adisesh, MB ChB, MSc, MD, FRCP, FFOM, FRCPC
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** WSIB Ontario, Canadian Cancer Society, Canadian Immunology Task Force / CIHR, WCBs New Brunswick, Nova Scotia, CanPATH
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  - **Other:** Director - OccupAI Inc. start-up in occupational health informatics

# Disclosure of Financial Support

- This program has received financial support from WSIB in the form of an educational grant.
- This program has received in-kind support from – N/A
- 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

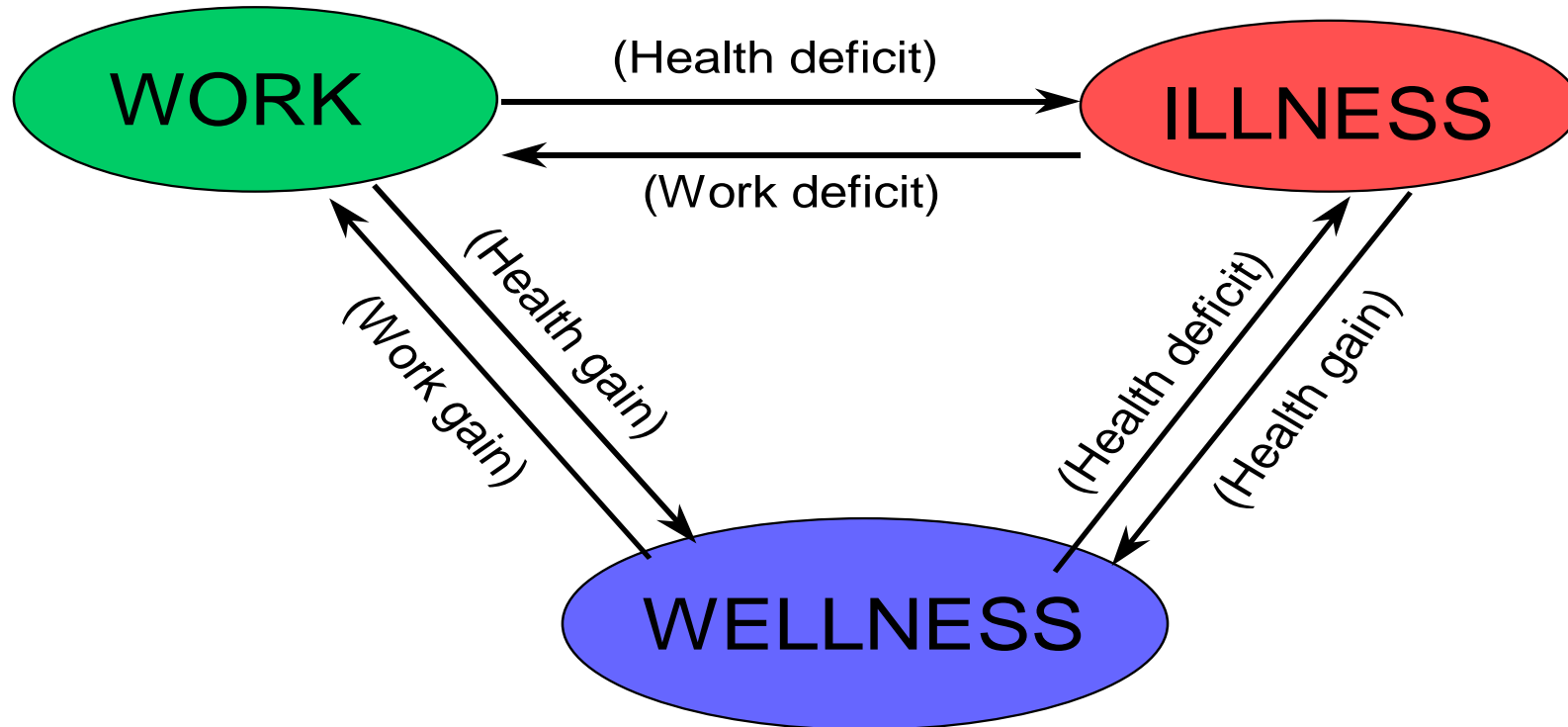
# Learning Objectives



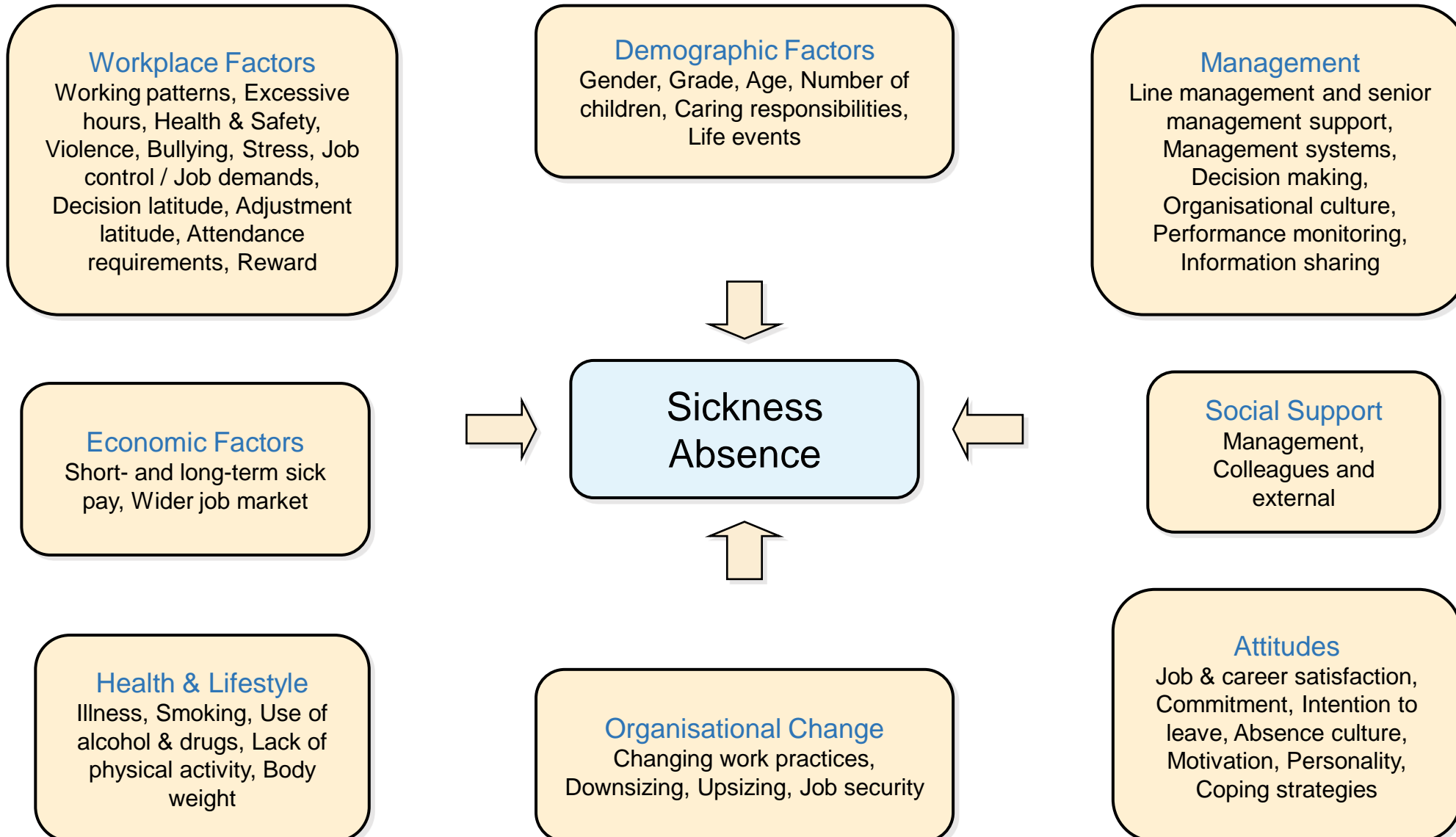
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- At the end of this session, participants should be able to:
  - Understand and explain the concept of “workability”
  - Apply functional principles to facilitate “workability”
  - Outline the types of barriers to return to work and the role of the physician in overcoming them

# Occupational Health Paradigm



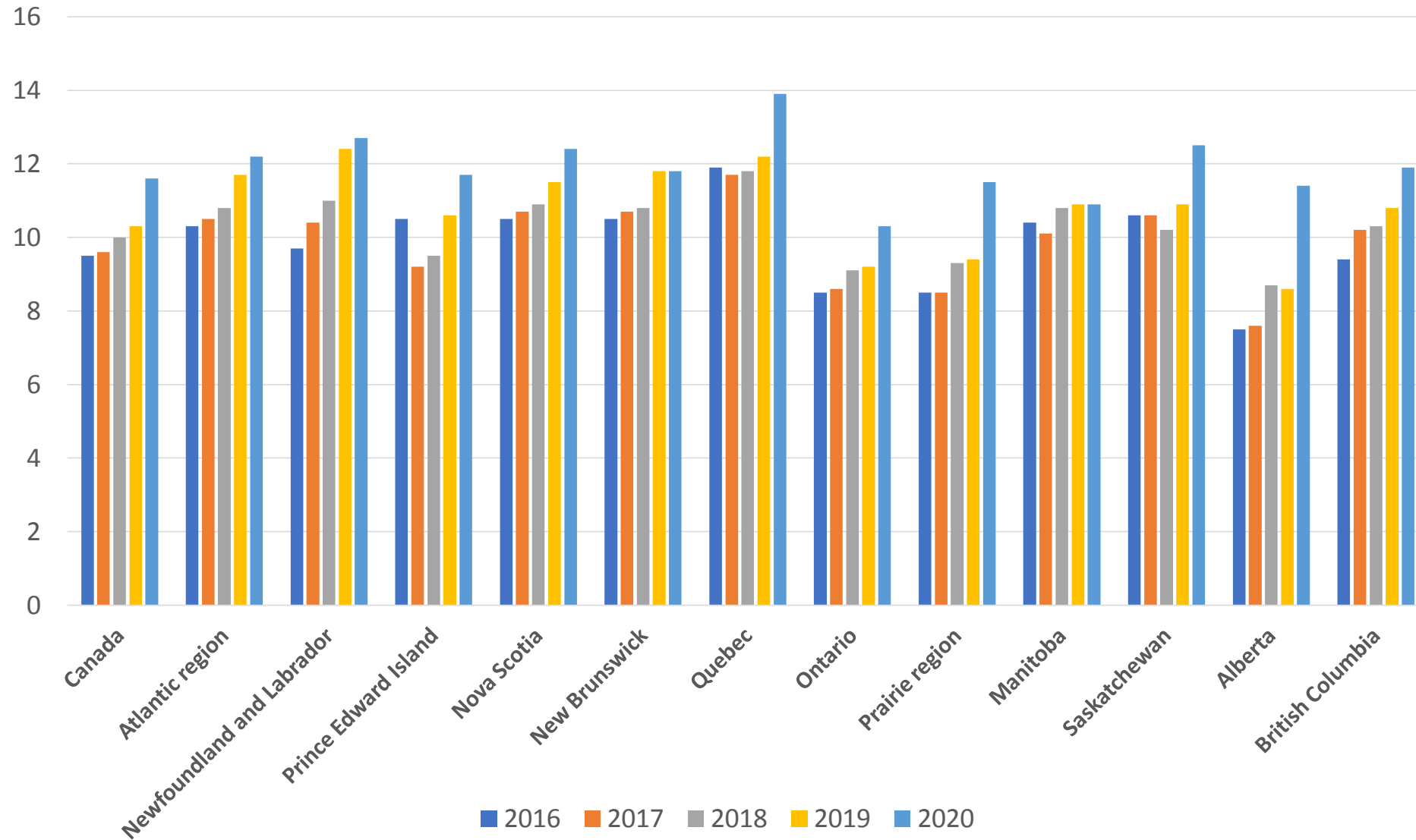
# Sickness Absence Contributors



# 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>



# Economic Cost of Absence



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The Conference Board  
of Canada Le Conference Board  
du Canada

BRIEFING SEPTEMBER 2013

Compliments of Sun Life Financial

ABSENTEEISM TRENDS IN CANADIAN ORGANIZATIONS

## Missing in Action.

### At a Glance

- The average absenteeism rate in 2011 was 9.3 days per full-time employee.
- The estimated direct cost of absenteeism to the Canadian economy was \$16.6 billion in 2012.
- Despite the enormous cost of absenteeism, less than half of Canadian organizations (46 per cent) currently track employee absences.

Absenteeism contributes to a substantial amount of lost productivity and revenue for Canadian organizations and the economy as a whole. It presents itself in many forms, ranging

from casual absences—employees off with minor illnesses lasting one or a few days—to longer-term leaves of absence.

To further examine the issue of absenteeism and lost productivity, The Conference Board of Canada has undertaken a research study to:

- analyze absenteeism rates in Canada;
- identify the key drivers or causes of absenteeism;
- quantify the cost of absenteeism for employers;
- assist employers in establishing an effective disability management program;
- explore opportunities for employers to enhance health promotion and injury prevention in the workplace;
- present effective strategies and best practices for employers in the area of disability management, accommodation, and return to work.

“The estimated direct cost of absenteeism to the Canadian economy was \$16.6 billion in 2012.”

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

Patient's name	<input type="text" value="Mr, Mrs, Miss, Ms"/>
I assessed your case on:	<input type="text" value="/ /"/>
and, because of the following condition(s):	<input type="text"/>
I advise you that:	<input type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:
<div>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):  <div>Sample</div></div>	
This will be the case for	<input type="text"/>
or from	<input type="text" value="/ /"/> to <input type="text" value="/ /"/>
I will/will not need to assess your fitness for work again at the end of this period. <i>(Please delete as applicable)</i>	
Doctor's signature	<input type="text"/>
Date of statement	<input type="text" value="/ /"/>
Doctor's address	<input type="text"/>

Med3 04/10

# Sick Note to Fit Note



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# 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

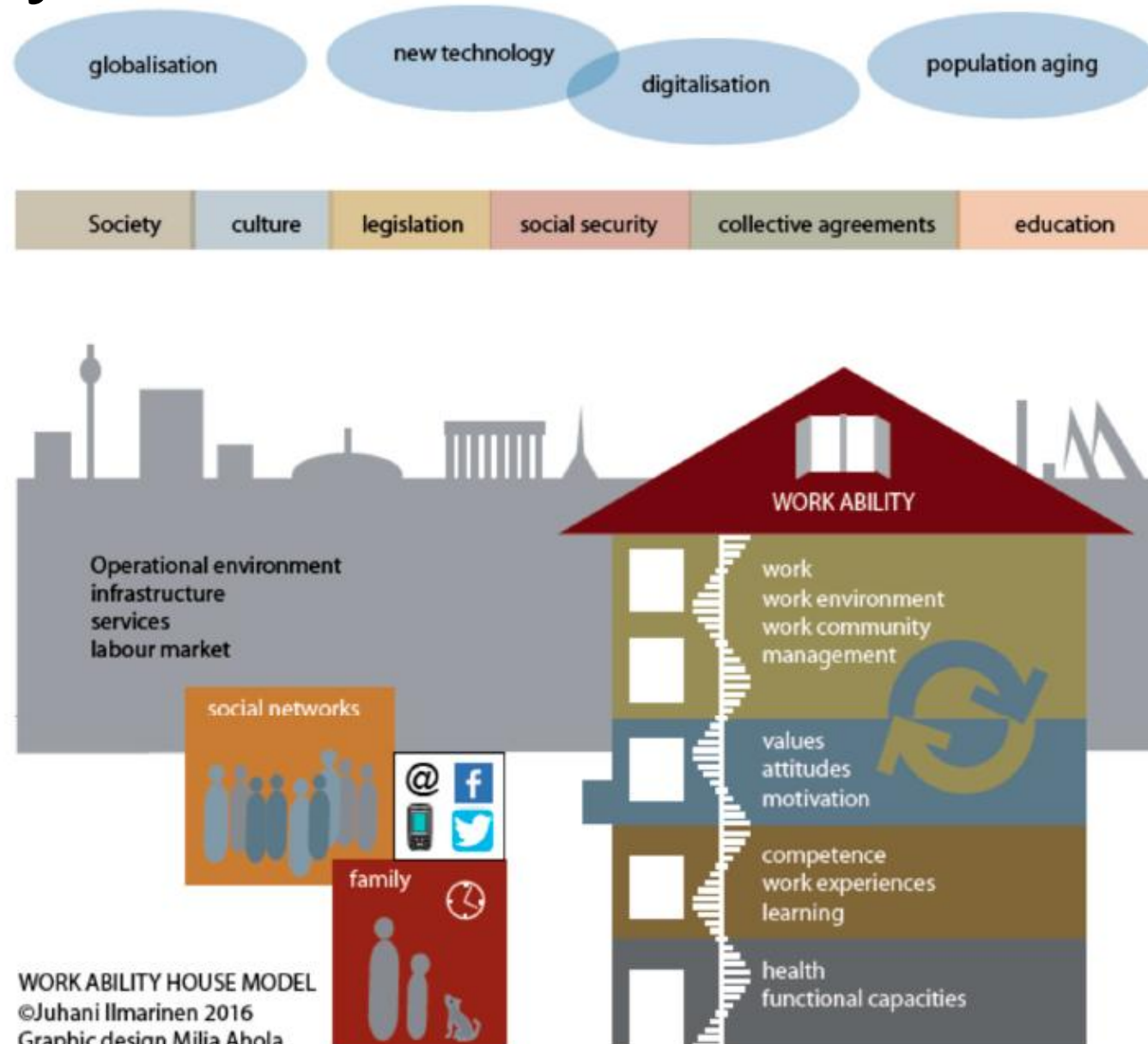
Time - length of observations

Tacit knowledge - beyond the obvious

Trust - uncertainty and dual roles

Reasoning - putting the pieces together

# Workability



# Question 1



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According to the CMA, the treating physician has a role in helping patients return to work after an illness or injury. Which one of the answers below best reflects how the physician should prepare reports for insurers or employers?

- a) Advocate for the patient's wishes within the report.
- b) Include only information that can be substantiated.
- c) Provide advice on the patient's capacity.
- d) Use routine medical terminology and abbreviations.

# 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?

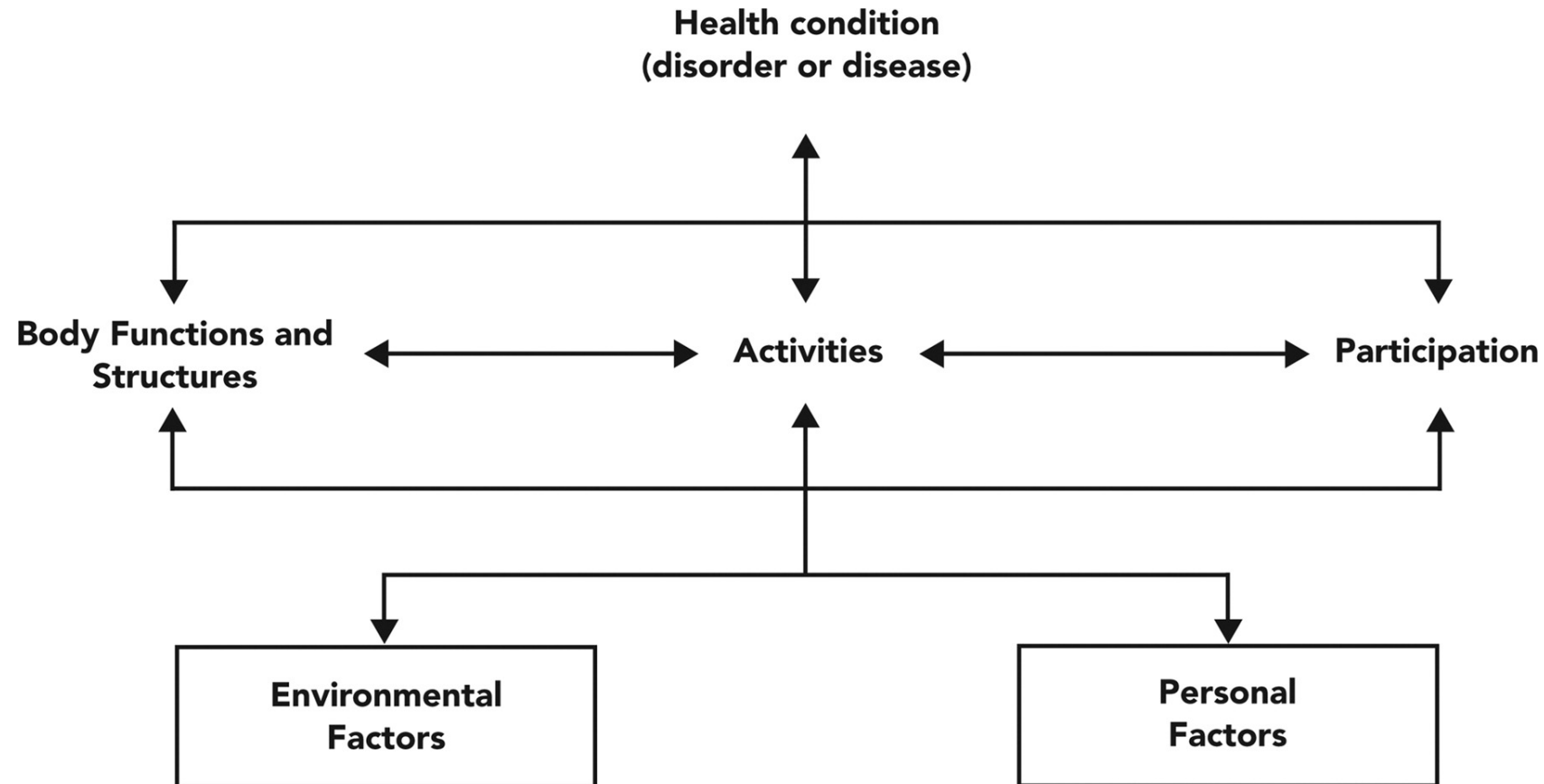
- Occupation – job title is a basic requirement
- Job description is useful and should be provided by any employer requesting evaluation
- Job Demands Analysis – tasks, activities and work circumstances
- Ask the worker what they actually do



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# Functional Assessment



# 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.

# Question 2

In helping patients return to work, physicians should:

1. Encourage patients to let pain be their guide to activity and rest
2. Provide clinical information about the patient's functional abilities
3. Make recommendations to the employer for the patient to do specific tasks
4. Discourage the patient from communicating directly with their employer

# Cancer Case Study



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- 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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Thank you!