

Introduction

Just like other medical specialists, Occupational Health (OH) practitioners can use jargon, long words and technical terms during their interaction with others.

Not only can this terminology be confusing, but it also often carries special or specific meaning which can be subtly different from common use.

The Concept of “Fitness”

The use of the term “Fit” probably causes most confusion to our customers. What appears to be a simple concept is prone to misinterpretation. An employee might interpret an outcome of “Fit” as meaning they have attained a certain level or stamina or sporting ability. An employer’s understanding might be that they will rarely go off sick.

Where it is used in an OH setting, the best way to interpret it is to replace it with the word “Safe”.

Therefore, when we describe an employee as “Fit”, we are really describing them as being “*Safe to undertake specific duties*”. This “Safety” could either apply to their own health or the health and safety of other employees that work around them. Usually, it will apply to both.

Fitness or decision “Deferred”

This outcome is easily the second most confusing term used by OH practitioners. In almost every case, where a decision about an employee’s fitness is deferred, it is because the practitioner does not have enough information at the point of assessment to make a fitness decision. It is used mostly where an employee needs additional measurement for some reason or when they have been referred to another practitioner for investigation or diagnosis.

An employee’s deferral period should be kept as short as possible, but it often depends on other services’ input, such as the NHS. OH practitioners have little control over the length of time that might be required.

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“Deferred” cont.

If an employee’s fitness is deferred, it does not automatically mean that they are unfit to continue with their usual duties unless a practitioner states specifically that they are temporarily unfit for their normal role, and this is quite rare.

In some cases, a practitioner might advise certain temporary adjustments until such time as any investigations are completed. These adjustments might include avoiding certain parts of their normal job, a temporary re-deployment to another area, or the use of additional equipment such as PPE. These examples are not exhaustive.

Regardless of advice, an employer may choose to err on the side of caution and redeploy an employee during a period of deferral.

“Unfit”

This is one of the easiest concepts to get to grips with – it is not safe for the employee to continue in their original role. This decision may be temporary or permanent and may relate to a complete role or only part of it, such as exposure to vibration. If this component can be avoided, they may be perfectly fit to continue with other aspects of their normal work.

“Referral”

An employee might need to be sent to another practitioner for investigation or diagnosis. This referral might relate directly to an exposure or work component or may be for other, personal reasons which could impact indirectly on their abilities. The employer does not have an automatic right to know why an employee has been referred. In some cases, when it relates to a specific test then it is obvious. In other cases, it might not be. An employee is free to share this information with their employer if they choose. In some cases, they might not wish to, and they should not be pressured. In almost every case, it makes little difference to the employer where and why they have been referred.

“Fit with Adjustments”

This outcome is usually decided when certain aspects of an employee’s role might have a negative impact on their or other’s health. It will usually relate to a specific medical condition.

This outcome suggests that the employee can carry out most tasks or aspects of their role but should avoid certain components or that these components require some modification. It can sometimes relate to working hours etc.

It should be accompanied by instructions from the practitioner, on how their role should be “adjusted” to keep them or others safe and it might be either temporary or permanent.

Time Frames

A “Fit” or “Unfit” status usually applies until a review period has expired (typically one to three years). Other outcomes will usually be time limited. An employer is entitled to know approximately how long a deferral or temporary status may last so that they can plan cover. The employer is not entitled to know why, and this information should not be divulged without the employee’s written permission.

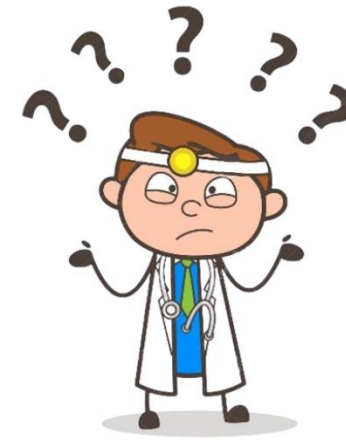
It is useful to note that deferral times can be reduced considerably by employers encouraging their workers to chase up appointments and allowing an environment that is conducive to this (putting time aside for them to contact their surgery (usually at 08.00 am), giving paid leave to attend OH related appointments and giving special dispensation to use their phones on the shop floor for GP “callbacks” etc).

A copy of this leaflet may be downloaded from:

<https://mohs.co.uk/resources/>

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Common Occupational Health Terminology – A guide for workers & employers



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