Workshop of the EUPHA Section on Social Security and Health, 2003:

How to assess work ability in relation to sickness certification?

Sickness absence is an increasing public health problem in many countries and many physicians deal with sickness certification every day. Mostly this means that the physician must certify that the person has a disease or injury that has caused a loss in function leading to such a large reduction of work capacity, in relation to the demands of that persons work, that the person can not work. Many countries have rigid regulation as to which diseases are acceptable causes for absence, but little attention has been given to the process of evaluating work capacity or functional loss. Some countries (UK, Netherlands) use structured forms for the purpose of evaluating function, while others place more responsibility on the physician to give sufficient information on function for a decision as to welfare rights.

The purpose of the workshop is to give insight and impetus for further research on the issue: What do we know of the consequences of structured forms for assessing need for sickness certification as compared with a more non-structured way of gathering these information. Some evidence based on scientific studies will be presented by speakers from UK, Norway and Finland, countries using various methods to gather information on work capacity and function. With the recent introduction of ICF, a powerful, consistent and universal model, nomenclature and classification system is now available for use.

Chairperson: Associated professor Kristina Alexanderson

Presentations

1. Experiences with the Personal Capability Assessment in Great Britain. Professor Mansel Aylward CB, Chief Medical Adviser & Medical Director, The Department for Work and Pensions (DWP), Great Britain
2. Functional assessments to counteract sickness absence in Norway. Søren Brage, MD, PhD, National Insurance Administration, 0241 Oslo, Norway
3. Title, Juhani Ilmarinen, Prof, Dept of Physiology, National Institute of Occupational Health, Helsinki. (has not fully accepted yet)

First presentation

Experiences with the Personal Capability Assessment in Great Britain

Professor Mansel Aylward CB, Chief Medical Adviser & Medical Director, The Department for Work and Pensions (DWP), Great Britain

The Personal Capability Assessment (PCA) used in the process for determining eligibility for state incapacity benefits in Great Britain was developed in an extensive programme of research and evaluation during the period 1993 to 1995. It was first introduced in 1995. It is a functionally based method of medical assessment. Functions of body and mind considered essential for the ability of a person to undertake remunerative work of some kind, not limited to the person's ability to carry out their regular occupation, have been identified. Within each functional category there are grades of disability ranging from minimal or no effect on function to severe functional loss. These are called descriptors. With the assistance of an

expert panel a threshold single descriptor was selected within each functional category at or above which level of severity, incapacity benefit is granted. A formula was also developed to sum the effects of co-existing functional limitations in claimants exhibiting two or more disabilities. The PCA has been rigorously evaluated by comparison with other methods of determining medical incapacity for work, including a comprehensive reference standard. It has been in use continuously since 1995 and has stood the test of time. Practical experience in its use, together with the results of formal evaluation have confirmed its validity and reliability.

Work is now progressing on the evaluation of a "Capability Report" as an adjunct to the PCA which documents residual functional capacity and focuses on what people can do despite functional limitations or restrictions. Information provided in the Capability Report is used by DWP Personal Advisers at work-focused interviews of incapacity benefit recipients to help provided necessary support, skills, training and advice to facilitate a return to the job market and working life. This development is in keeping with the British Government's proposals to encourage retention in work, rehabilitation and return to work initiatives.

Second presentation

Functional assessments to counteract sickness absence in Norway

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Background
Increasing expenditure for social benefits and growing number of persons outside the workforce pose great challenges for many welfare states. In Norway, efforts are made to counteract this development by an increased focus on the individual's residual function rather than work incapacity due to disease.

Aim
To present recent changes and ideas in social security policy in Norway with respect to sickness absence and disability pensions.

Present situation
To receive benefits, individuals with disease or injury must see a physician within 4 days, to have the existence of a disease causing work incapacity certified. Thereby disease is pivotal.

A new agreement between the government, and the associations of employers and employees suggests a stronger focus on function rather than disease. Both the employee and the treating physician will be requested to supply information on the individual's functioning. The employer is requested to supply information on work demands. In the Norwegian social insurance system, more emphasis is now placed on claimants' active participation in the rehabilitation process.

Recently an expert conference was held to give impetus to development of functional assessment. It was strongly suggested to base the work on scientific evidence, and within the conceptual framework of the new classification on functioning from WHO - ICF. Several research institutions will be engaged in future work to develop and suggest new functional measurements.

Two Norwegian assessment instruments were presented at the conference. One was designed as a method to start a dialogue between employer and employee, and has been successfully tested locally. The other is a standardized ICF-based instrument for self-assessed function that can be used in consultations with physicians and within the National Insurance Scheme. The latter instrument has been piloted among sick-listed persons, and was valid, reliable and useful in many cases for the case workers.

Conclusion

A unique model to counteract high sickness absence and disability pension rates is being tried in Norway. For its success, the model depends on a new conceptual consensus on what should be acceptable reasons for sickness absence.