

Guidance on the use of Recuperative and Restricted Duties

These guidelines are produced to underpin recommendations in **the Strategy for a Healthy Police Service**, launched by the Home Office in November 2002

Recuperative Duties

Objective

To facilitate an early return to work following sickness absence using reduced hours or restriction of tasks to reintroduce individuals at an early stage back into the workplace.

Procedure

1. Any police officer or support staff member who has up to 28 days continuous sickness absence should be referred by their managers to the occupational health unit.
2. The FMA or OHA will assess the case and at the appropriate time advise on a suitable phased return to the workplace. This may involve external specialist assessment/information and/or liaison with his/her general practitioner.
3. Following assessment, recommendations about a suitable return to work will be made to the line manager and area/divisional personnel manager. These should include:
 - Date of return
 - Restrictions required, in terms of number of hours to be worked or duties performed as appropriate
 - Duration of restrictions
 - Date of review
4. Whenever possible these duties should be performed as part of their normal role as on occasions placing them in an unfamiliar work environment can be counterproductive. However, the duties should match the abilities of that person and the work should be meaningful. Liaison with the person's line manager and appropriate personnel officer is an essential part of this process.
5. A minimum of monthly reviews, which may involve a case conference, should be carried out by managers, supported where necessary by Occupational Health, to monitor progress. Medical and welfare confidentiality should be respected at all times.

6. Restrictions should be assessed and adjusted as appropriate by Occupational Health, in consultation with management, as improvement is achieved.
7. Physical and psychological rehabilitation such as exercise programmes or Physiotherapy should be facilitated.
8. Once a return to full duties has been achieved, managers should monitor progress and re-refer to occupational health if there are any concerns.
9. Recuperative duties should normally not last more than six months. If a return to full duties has not been achieved and there is no improvement within this time scale, restricted duties should be considered or alternatives such as redeployment.

Restricted Duties

Objective

To allow a long term restriction of duties in order to prevent the inappropriate early medical retirement of experienced police officers and to retain their expertise in line with the requirements of the Disability Discrimination Act (1995) and PNB agreement on improving the management of ill-health, 9 May 2002

The process for assessing permanent redeployment for support staff is already covered by the Disability Discrimination Act (1995)

Procedure

1. Officers who are unable, because of ill health or disablement to carry out full operational duties and do not fulfil recuperative duties criteria may be able to perform roles that do not require full operational fitness.
2. Any officer being considered for restricted duties must be assessed by the FMA who will indicate what type of medical restrictions should be applied, what the capabilities of the officer are and types of duty they may be fit to perform.
3. The officer's management and personnel department will determine whether an appropriate role is available locally for the officer to perform within their capabilities. If such a role is not available in the specific location then a wider search for a suitable role should be conducted. It will be necessary for input to be received from the force's sickness management group, health review panel or other appropriate authority
4. The FMA must agree that the officer is fit for the proposed role. Final decision however remains with senior management.
5. Managers will refer officers appointed to restricted duties annually or sooner if there is an improvement or deterioration in his/her condition to the FMA. Any changes recommended should be through consultations with management including personnel.
6. Monitoring of the numbers of staff on restricted duties as well as their location should be carried out centrally and appropriate roles identified and quantified in advance to ensure adequate force resilience and that no one area is overloaded.
7. Ill Health Retirement may still remain the only available option under the Police Pension Regulations 1987.