

# Requesting Notes to Validate Absences from Work from Physicians or Other Treating Health Care Professionals: A Practice Guideline

## Background

Requesting notes from a physician or other treating health care professional to validate absences from work is a widespread practice. Recently, the practice has come under some scrutiny, however. Physicians especially have complained that the request for documentation have increased significantly over the last few years. As well, it has been debated whether the practice is effective. The present practice guideline provides guidance to Human Resources professionals on the practice of requesting notes from a physician or other treating health care professional to validate absences from work.

At the core of the concern of Human Resources professionals is the potential abuse of sick days and other disability benefits. There are two main contexts of particular relevance here: (1) the abuse of 'sick days,' and (2) the abuse of disability insurance benefits. Abuse of sick days refers to situations when employees call in sick when they are not. Abuse of disability insurance benefits refers to situations when employees claim a benefit related to disability or illness when such a claim is unwarranted. An important difference between the two contexts is the involvement of other parties such as insurance companies and the WSIB.

In the context of timely-return-to-work or accommodation or for eligibility for short-term or long-term disability benefits, or for

Workplace Safety & Insurance Board (WSIB) claims, the need for reports from a physician or other treating health care professional is clearer. Here the medical issues are likely more complex and the financial implications more significant.

At issue, however, are policies that require physician notes for shorter or occasional absences from work. The context here could be described as 'absenteeism management.' Being sick or disabled is a legitimate reason for not being at work. All recognize that employees will, from time to time, get sick and be unable to work for brief periods of time. Some employers provide for a given number paid 'sick days' to deal with these contingencies.

Unfortunately, the reality is that such illness-related benefits are open to abuse. For the most part, the use of sick days is based on the honour system—employees simply 'call in sick' by letting their manager or supervisor know that they will not be coming into work because they are sick. For most employees, this use of sick days is occasional and legitimate. However, there are some employees that abuse the benefit—they will call in sick to extend week-ends into long week-ends, or to extend vacations. This abuse is costly to employers in direct and indirect ways. There is a direct impact on employers when 'sick days' are paid to employees who are not really sick. There is also an indirect impact of sick days in the disruption of work processes, scheduling issues,

and lowered workgroup productivity. Even when the abuse relates to insured benefits, the employer is impacted by higher premiums based on experience.

One objective for Human Resources professionals is to keep the abuse of sick days and disability benefits to a minimum. It is in this context that notes from a physician or other treating health care professional are requested. HR professionals are not qualified to determine whether an employee's claim that they are or were sick is legitimate or not. HR professionals expect physicians or other treating health care professionals to provide an expert and objective opinion as to whether an employee's claim is reasonable or valid. Also, the requirement for a note from a physician or other treating health care professional is seen to have deterrent value to those who would abuse 'sick day' benefits.

It is recognized, however, that requests for notes from physicians or other treating health care professionals have a cost, and that such costs may outweigh the benefits. These notes must be written, filed, kept, and tracked. Requiring all absences due to sickness or disability to be supported by a note from a physician or other treating health care professional is understood to be a drain on scarce resources. The question then becomes when to request a note from a physician or other treating health care professional and when not to.

### **Practice Guideline**

In developing policies relating to the requirement to support absences from work with physician's notes, HR professionals should consider the likely efficacy of the proposed policy.

- HR professionals need to consider the impact of such policies on the health care system.
- HR professionals should also aim to restrict the requirement for physician's notes to those situations where such requirement is likely to be useful and effective.
- HR professional should consider replacing 'blanket' policies that require physician's notes in all circumstances with policies that require physician's notes only when there is a legitimate need for such notes.

It is proposed as a guideline that members who are in a position to set or influence policy in such matters consider asking for notes to validate absences only when the circumstances and/or pattern of absences warrant rather than a blanket requirement. Members should advise their employers or clients to tolerate single absences that are infrequent or not part of a pattern.

This means that Human Resources professionals will need to define the circumstances or patterns of absences that would require validation of absences from a physician or other treating health care professional. This may require providing to supervisors and managers guidelines as to what such circumstances or patterns of absences may be.

