

Reference No: E109/237/74; **Date:** 18/11/76

Circular 34/1976:- Clearance of candidates for promotion or establishment: sick absences and health considerations

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I am directed by the Minister for the Public Service to say that he has accepted an agreed recommendation by the General Council, under the scheme of conciliation and arbitration for the civil service, regarding the arrangements for the clearance, by reference to sick absences and health considerations, of candidates for promotion or establishment. Arising out of acceptance of the agreed recommendation and consideration of the question generally, I am to convey the following comprehensive instructions in the matter.

The need for new instructions

2.1 Having regard to section 17(1) of the Civil Service Commissioners Act 1956, the Commissioners cannot accept as qualified for appointment any serving officer who has taken part in any of their competitions (and is otherwise suitable for the new appointment) if, because of his pattern of sick absences or present health, he cannot be relied on to give effective service in the future without interruptions by abnormal sick absences. Likewise, where the promotion of an officer without reference to the Commissioners arises, the Minister cannot accept him as suitable for promotion if there is the same doubt as to future effective service.

2.2 To ensure that there is uniformity in the application of the foregoing principles by all the agents concerned with competitions or promotions, i.e. Heads of Departments, the Civil Service Commissioners, the Chief Medical Officer and the Department of the Public Service, the Minister and the Commissioners (in so far as they are concerned) have agreed on the following procedures.

Procedures to apply in future

3.1 These procedures will apply in future in relation to

- (1) open competitions held by the Civil Service Commissioners at which officers already serving are being considered for appointment to other positions.
- (2) the selection of staff for departmental promotion under delegated authority.
- (3) the certification of staff as suitable for admission to confined competitions, whether held by the Commissioners or otherwise, for establishment or promotion.
- (4) the recommending of staff for departmental promotion where the Minister's specific sanction is necessary for the promotion.

Departments should pay special attention to (3) above for, if a candidate is wrongly certified by his Department at the application stage of a confined competition held by the Commissioners, serious embarrassment both for the officer and the Department could arise if the officer is otherwise successful and is then not acceptable to the Commissioners as qualified for the new appointment because of his sick absences or present health.

3.2 In considering an officer's suitability for establishment or promotion under (2), (3) or (4) of paragraph 3.1, Departments should examine his sick absence record over the previous four years from

two angles firstly, to see whether there is any indication that the officer is suffering from something affecting or likely to affect his health secondly, to determine whether his sick absence record is such that it can be regarded as compatible with the requirements of regular and effective service. If the Department is not satisfied under either of these headings, the case should be referred to the Chief Medical Officer for his advice.

3.3 The Chief Medical Officer will advise whether or not the officer is suitable from the health point of view. However, even if the Chief Medical Officer advises that the officer is suitable from the point of view of health, the question could still remain whether the officer is suitable having regard to the extent and pattern of his sick absences. This latter question has to be decided on by the Department in the light of the provisions of 3.4 following and of any advice given by the Chief Medical Officer. It entails a decision on the compatibility of the sick absence record with the requirements of regular and effective service.

3.4 In assessing sick absence records under 3.2 and 3.3 the limits to be applied are not more than 56 days' sick leave and (having regard to the pattern of absence) not more than 25 sick absences, in 4 years, or pro rata where the service of the officer is less than 4 years. In applying this limit the following factors should be borne in mind:

- (a) Absences for minor curative or "repair" operations need not be counted.
- (b) Non recurring illnesses may be ignored,
- (c) Regard should be had to the pattern of absence e.g. if most of the absences have been in the earlier part of the four year period and there has been a very significant improvement in the last two years the candidate may be given the benefit of the doubt.
- (d) If most of the absences were due to a health problem which the Chief Medical Officer accepts has been rectified and if, on ignoring such absences, the sick leave record is within the limit, the candidate may be accepted as suitable.

3.5 Where an officer

- (a) is considered by the Chief Medical Officer to be unsuitable from the health point of view or
- (b) is considered by his Department to have a sick absence record which, by reference to the criteria in 3.4, cannot, because of its extent and/or the pattern of absences, be accepted as compatible with the requirements of regular and efficient service.

He should not be cleared for promotion, establishment, or admission to a competition. Occasionally, however, the Chief Medical Officer may advise that an officer in category (a) might be promoted departmentally in an acting capacity or might be allowed take part in a confined competition subject to special arrangements for a review of the case before a substantive appointment or the initial appointment from the competition is made, as the case may be. Any such special conditions should be rigorously applied.

Appeals

4.1 If an officer who is not accepted as suitable submits a certificate as to his state of health from his own doctor, the certificate and the relevant papers should be referred to the Chief Medical Officer. The Chief Medical Officer will take such a certificate into account in his assessment of the officer if it throws some light on his precise state of health or his sick absence record. A certificate which merely states that

the officer is in good health is unlikely to be of value in this context: indeed, the Chief Medical Officer had advised that, where the issue in a particular case is one of a bad sick absence record, such a certificate only makes the record less acceptable.

5.1 Where a candidate disputes rejection on health grounds, e.g. where the candidate maintains that his sick absences have been due to a health problem which has been rectified, and insists on an appeal to further medical opinion, arrangements will be made to refer the appeal to a board of three specialists. The officer will have to meet the specialists' fees but if his appeal is successful he will be recouped the cost.

5.2 Where, on the other hand, the problem is also, or solely, one of a bad sick absence record (e.g. one involving frequent resort to uncertified sick leave or to short spells of certified sick leave) an appeal to further medical opinion is not allowed. An appeal in those circumstances would serve no useful purpose as what is at issue is not a medical question but the compatibility of a particular record of absences with the requirements of satisfactory service.

Preventive measures

6.1 The problems which are encountered in practice in this general area relate more to poor sick absence records than to questions of ill-health. Unsatisfactory sick absence records can be attributable to a number of factors such as failure to detect the gradual development of a pattern of absences by particular officers, the officer's attitude to his work and the attitude of his colleagues towards him. By watchfulness and concern in relation to factors such as these it should be possible to reduce the number of cases which eventually reach problem proportions.

6.2 During the initial period of their service staff should have the sick leave arrangements explained to them and should be told of the standards expected of them both in general and in relation to promotion or establishment as appropriate. They should be made fully aware of the consequences of not attaining these standards.

6.3 It should be impressed on supervisory officers that they should, as part of their day-to-day responsibilities take a special interest in the attendance pattern of members of their staff and give whatever help and advice they can when difficulties emerge or seem likely to emerge. They should also be made fully aware that their general attitude to the work of those whom they supervise can have an effect on attendance patterns. An attitude of helpfulness, concern and encouragement on their part can lead to a greater degree of satisfaction with the working situation on the part of their staff and be reflected in satisfactory attendance patterns.

6.4 Personnel Branches should monitor the sick absences of staff, particularly those in the early years of service, with a view to identifying tendencies towards unacceptable patterns. Any such tendencies detected should be tackled immediately. The problem should, as appropriate, be discussed with the officer's superiors, with the officer himself, with available welfare staff or the Chief Medical Officer. The purpose of this approach should be to ensure that the officer is aware of the problem and the possible consequences, to try to find whether there is a particular reason for the poor attendance pattern, stemming from the officer's personal attitudes or otherwise, and to see whether advice and help is possible.

Previous Instructions

7.1 All previous instructions on the subject of clearance of candidates for promotion or establishment by reference to sick leave or health considerations are superseded accordingly.

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