



Summary of Guidance for Schools and GPs for Managing Sickness Absence in Schools

The aim of this summary guidance is to improve cooperation between local GPs and schools to promote health and well-being and to manage sickness absence, in order to maximize school attendance and reduce unnecessary attendances at GP surgeries and inappropriate requests for medical information. The guidance has been produced following consultation with The Local Medical Committee (LMC) and the Children's Trust Board.

It is important for schools and GPs to have a clear and consistent approach to certification. In the spirit of co-operation, schools may wish to 'sign up' to this policy with GP practices in their catchment areas.

1. Sickness where there is recognised Infectious Disease

The Health Protection Agency (HPA) has issued clear advice on the required school exclusion for infectious diseases such as chicken pox. The fact sheet entitled 'Guidance on infection control in schools and other childcare settings' (April 2010) has been circulated by Public Health to all schools and to all GPs, and is [available from the HPA website](#).

These fact sheets should be clearly displayed in the school office and GP surgery to enable staff to provide correct advice to parents and careers. Self-certification is appropriate in this situation and a medical certificate is not required.

2. Sickness certification

GPs are not contractually obliged to provide a sick note for children who are off sick from school (ref GPC website Jan 2010). In normal circumstances when a child has been absent from school, the parent should give the child a note to take into school when he/she returns explaining the reason for absence.

Most minor illnesses are self-limiting and do not require contact with a general practitioner or a medical certificate. The GP's role is to provide advice and treatment for childhood illnesses, when needed, to facilitate an early return to school.

In cases of prolonged illness (five days or earlier if there are parental concerns), parents should telephone their GP for medical advice and will be offered telephone advice and/or an appointment if clinically necessary. Medical certification for short term illness is not appropriate and should not be requested as standard school policy.

On the rare occasion medical evidence is deemed necessary by the school, due to recurrent absences related to illness, a request may be made in writing by a senior member of staff, with the parent's informed and written consent, and a fee will be payable.

GPs can only give a private medical certificate when they have documentary evidence to confirm actual illness; i.e. from the date that the child has sought medical advice. This is a 'private' certificate and the GP is entitled to charge a fee for this service. Retrospective certificates are not valid and should not be issued. Doctors should exercise caution when asked to provide medical certificates based on hearsay. (Ref bma.org.uk - Professional fees FAQs).

3. Examinations and Illness

When a child misses an exam due to sickness, the examination boards do not require the GP to provide a certificate - self certification is acceptable.

If a child performs badly in an exam because s/he is 'feeling unwell', a GP letter is not appropriate unless medical advice has been sought at the time. Parents should be advised to seek early medical advice from the school nurse (where available) or GP for treatable medical conditions such as recurrent dysmenorrhoea (painful periods) or severe hay fever, which may interfere with school attendance and exam performance.

4. Long-term Conditions

For children with chronic health conditions who are absent from school for longer than three months, their consultant hospital or community paediatrician may be asked for information, or their school nurse if involved, with the family's informed consent.

If the reason for poor attendance is linked to a mental health issue then advice is available to schools, GPs and/or parents from the triage service at the Child and Adolescent Mental Health Service (CAMHS).

5. Persistent Absence

In cases where there is a concern sufficient for the Education Welfare Officers to be involved, and medical reasons have been given for the absences, the parents may be asked to sign a consent form giving the EWO permission to liaise with their GP. The EWT has a statutory duty to fulfil, and parents are subject to being prosecuted for failing to secure regular attendance of their child(ren). Parents are liable to pay a maximum fine of £2,500 or receive a custodial sentence of up to three months.

Cases of persistent absences (less than 85% attendance) or with a pattern of unauthorised absence often involve complex medical, psychological and social factors. In these cases it is essential that the GP retains the full confidence and trust of the child and the parents. It is not the GP's role to 'police' absenteeism as this may undermine the doctor-patient relationship and have a negative impact on outcome. However, persistent absenteeism without a clear justification may raise safeguarding concerns and a referral to social services should be considered by the school or by the GP.

When a formal request is made, GPs can provide factual information to schools, with the parents' informed consent. A proforma has been designed to standardise the information contained on medical certificates and help the EWT determine whether non-attendance cases have valid medical reasons to explain persistent absence. This has been discussed with the LMC, and a suggested fee for completion of £20 has been agreed.

Conclusion

This document provides a suggested model of good practice for GPs and Schools, in managing sickness absence and promoting good school attendance. GPs should work to educate parents to allow an early return to school within the HPA guidance of Infection Control. Similarly school policy should reflect the understanding that GPs do not provide sickness certificates for children with self-limiting illnesses.

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