
Policy for Certification and Issue of Med3 Certificates (2017 and 2022 template)

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Purpose of Agreement	A policy to provide information about the certification and issue of med3 certificates within Solent NHS Trust. To provide a governance framework to support implementation and practice of task.
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Review and amendment log

Version Number	Review date	Amendment section no.	Page	Amendment made / summary	Changes approved by
V.1	September 2022			New Policy	Policy Steering Group, Clinical Executive Group

SUMMARY OF POLICY

From 01st July 2022, the Department of Work and Pensions (DWP) introduced changes to the certification and issue of med3 certificates (interchangeably called fit notes). This replaces the term 'sick notes'. [Fit note - GOV.UK \(www.gov.uk\)](https://www.gov.uk). A med3 certificate is a statement of fitness for work provided to a patient to enable them to access health related benefits or statutory sick pay. A med3 certificate contains options to assess the patient as not fit to work as well as to make recommendations on how they may be able to remain in or return to work.

Specific registered clinicians (doctors, nurses, occupational therapists, pharmacists and physiotherapists) can certify and issue a med3 certificate to national health (NHS) patients. This is not compulsory and Clinicians will only certify and issue if this is relevant for their role and they work within an appropriate clinical area. Previously, only Doctors were able to complete this task. Registered Nurses, Occupational Therapists, Pharmacists and Physiotherapists would only certify and issue med3 certificates for conditions within their scope of practice. The new med3 certificate (2022 template) has a space for a signature by the 'issuer' and the profession of the 'issuer'. The DWP has said that there will be a period whereby the old med3 certificates (2017 template) can still be used and will be valid.

It is advised that relevant staff are competent and are able to work at the level needed to incorporate this task into their role. There is no defined Agenda for Change (AFC) banding requirement to complete this task. Registered Nurses, Occupational Therapists, Pharmacists and Physiotherapists would only certify and issue med3 certificates for conditions within their scope of practice. Non-statutory training is available for relevant health professionals using the Solent LMS (learning management system) [HEE elfh Hub \(e-lfh.org.uk\)](https://e-lfh.org.uk). The relevant health professionals must work within an area that certifying and issuing med3 certificate is appropriate. This means the area must have access to medical support (i.e. Doctor) and a framework of support for staff involved with this process.

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Policy for Certification and Issue of Med3 Certificates (2017 and 2022 template)

1.0 INTRODUCTION & PURPOSE

- 1.1 From 01st July 2022, the Department of Work and Pensions (DWP) introduced changes to the certification and issue of med3 certificates. These are interchangeably called fit notes. They were previously called sick notes. [Fit note - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- 1.2 A med3 certificate is a statement of fitness for work provided to a patient to enable them to access health related benefits or statutory sick pay. A med3 certificate can be used by patients who are employed, self-employed or unemployed to:
receive statutory sick pay (SSP), received Occupational sick pay from their employer,
apply for other benefits including Universal Credit (UC) or Employment and Support Allowance (ESA)
- 1.3 A med3 certificate contains options to assess the patient as not fit to work as well as to make recommendations on how they may be able to remain in or return to work. The aim, where possible, is to allow patients to continue working as research has highlighted many health and wellbeing benefits.

Registered Doctors

Registered Nurses,

Registered Occupational Therapists,

Registered Pharmacists

Registered Physiotherapists

can certify and issue a med3 certificate to members of the public. Previously, only Doctors were able to complete this task.

- 1.4 This change will support doctor colleagues with certification and issue of med3 certificates, as this can be a significant part of their workload. This will also decrease duplication of patient appointments. Patient experience may improve as they can also obtain specific guidance from the new professional groups. For example, recommendations for adaptations and how to remain at work. The change provides another opportunity for relevant professional groups to demonstrate their autonomy. This document provides a governance framework. Services may need individual standard operational procedures (SOP) to implement this process.

2.0 SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including post-graduate students), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 2.3 Each relevant health professional group is aware of the boundaries of their scope of practice because of their regulatory body and professional organisation. Each service may choose to discuss and senior managers compile an appropriate list to guide staff members. During practise, if a query arose, then relevant health professionals would take advice from their Line Manager, or Doctor within their clinical area. Patients would be referred to a relevant Doctor, if necessary, for further assessment or certification of a med3 certificate.

2.4 Registered Nurses

Registered Nurses would only certify and issue med3 certificates for conditions within their scope of practice. It is not possible to list each appropriate condition.

2.5 Registered Occupational Therapists

Registered Occupational Therapists would only certify and issue med3 certificates for conditions within their scope of practice. It is not possible to list each appropriate condition.

2.6 Registered Pharmacists

Fit notes can only be issued following an assessment of a patient's fitness for work; therefore, it is appropriate that they are provided by a clinician with a holistic oversight of the individual's condition. Pharmacists working in multidisciplinary teams within general practices or hospital settings who are able to assess patients in this way, will be able to provide fit notes, but certain conditions must be in place.

Pharmacists should be working in a suitable environment and have the necessary skills and training to have work and health conversations with people. Pharmacists who provide fit notes need to work within their professional 'scope of practice'. Pharmacists should follow guidance and training, developed locally, which will help identify if this task is relevant for them.

2.7 Registered Physiotherapists

Registered Physiotherapists would only certify and issue med3 certificates for conditions within their scope of practice. It is not possible to list each appropriate condition.

3.0 PROCESS

- 3.1 The new med3 certificate (2022 template) has a space for a signature by the 'issuer' and the profession of the 'issuer'. This contrasts with the previous med3 certificate (2017 template) that only has a space for the signature of a Doctor. The requirement for the healthcare professional to sign the form in ink has been removed. The DWP has said that there will be a period whereby the old med3 certificates (2017 template) can still be used and will be valid. See figure 1, the new med3 certificate (2022 template) and figure 2, the older med3 certificate (2017 template).

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name

1 I assessed your case on:

2 and, because of the following condition(s):

3 I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

4 If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

5 This will be the case for or from to

6 I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

7 Issuer's name

8 Issuer's profession

9 Date of statement

Issuer's address

Unique ID: Med 3 04/22

Figure 1 (above): med3 (2022 template) *without* signature in ink

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

1 I assessed your case on:

2 and, because of the following condition(s):

3 I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

4 If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

5 This will be the case for or from to

6 I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

7 Doctor's signature

8 Date of statement
Doctor's address

Unique ID: Med 3 01/17

Figure 2 (above): med3 (2017 template) *with* signature in ink

3.2 Paper Med3 Certificates

- 3.2.1 The new med3 certificates (2022 template) are now available to order in paper format. Paper copies can be ordered online in pads of 50 or individual sheets. Orders are limited to 100 pads or 5000 sheets. Details of how to order them can be found here: DWP leaflets and how to order them - GOV.UK (www.gov.uk)
- 3.2.2 As a legal document, all paper copies of Med3 certificate, either blank or completed (if not issued to patient immediately) must be kept in a secure placed locked away in the same way as paper notes, or paper copies of prescriptions are handled.
- 3.2.3 A copy of all completed forms should be scanned onto patients electronic record systems for future reference and where record sharing is not available, e.g. between SystmOne and EMIS, a copy emailed to the patients GP for their record if the patient returns to them for an extension.

3.3 Primary Care EMIS

- 3.3.1 EMIS within primary care is currently set up, so that relevant health professionals can access a med3 certificate (2017 and 2022 template). Each person would access via their own login (and smart card). EMIS is a digital clinical system only used within primary care.
- 3.3.2 EMIS is only available within Primary Care. Solent MSK does not routinely use EMIS patient record systems for patient care. Should individual clinicians or teams use this system within a GP surgery, they should liaise with the individual practices regarding how to create, and complete a med3 certificate for a patient including how to issue a copy to the patient.

3.4 Primary Care SystemOne

- 3.4.1 SystemOne within primary care is already set up, so that relevant health professionals can access a med3 certificate (2017 and 2022 template). Again, each member of staff would access via their own login (smart card).
- 3.4.2 Those clinicians working within Primary Care (e.g. Solent Surgery Clinicians) or those working with other Primary Care networks will be able to issue med3 certificates from within the GP surgeries own SystemOne unit. Clinicians in these roles will require access to the individual GP surgery SystemOne unit via smartcard access, and their SystemOne profile enabled to allow them to issue a med3. For Solent surgery this access can be arranged via the Information Systems team. For non-Solent GP surgeries, individuals should contact GP surgery Practice managers to arrange this.
- 3.4.3 Once access to the appropriate SystemOne unit has been granted, the profile will need to be updated (by the person who provided access) to include the ability to complete and issue med3 fit notes. The process by which Med3 certificates are completed and issues either paper copy or electronic will differ between individual GP surgeries. Solent clinicians wishing to issue med3 certificates should liaise with individual practices regarding how to create and complete a med3 certificate or review the individual surgery SOP regarding med3 certificates.

3.5 SystemOne Outside of Primary Care (Community and Hospital Units)

- 3.5.1 At present, Med3 certificates (2017 template) or med3 certificate (2022 template) are not currently available on SystemOne outside of Primary Care. Services aiming to use Med3 certificates who do not have access to EMIS or SystemOne Primary Care units are encouraged to use paper copies initially (see above)
- 3.5.2 This is a national issue for all who use SystemOne and not just Solent NHS Trust. TPP (SystemOne owner) are working with DWP to make this available to all types of SystemOne unit. Solent Information Systems team are monitoring SystemOne for updates. Until this is made available, we are unable to comment on the process by which Med3 certificates can be completed and issued to patients.

- 3.5.3 Due to the number of SystmOne units and clinicians who will be requiring an ability to complete Med3 certificates, once made available by TPP the ability to complete med3 fit notes via Solent SystmOne units will require approval from the Digital Priorities Group. This policy will be amended when a change to the clinical digital system, SystmOne, is made.

4.0 ROLES & RESPONSIBILITIES

- 4.1 **Each clinician** has clinical and professional autonomy. This is in line with the guidance issued by their own professional body/regulatory organisation. This policy provides a governance framework. Each service line would be expected to develop a local standard operating procedure (SOP) document to support the implementation and undertaking of this task.
- 4.2 **Each service line** should audit patient satisfaction, training compliance, professional competency and capability and clinical time demands.

5.0 TRAINING

- 5.1 Non-statutory training is available for relevant health professionals using the Solent LMS (learning management system) [HEE elfh Hub \(e-elfh.org.uk\)](http://HEE_elfh_Hub_(e-elfh.org.uk)). The E-learning training is recommended as the minimum training needed for the relevant professional groups, as part of this new competence.
- 5.2 The E-learning is also available externally on the wider internet. However, by completing on the LMS means this learning is recorded and evidence. An audit may be undertaken of the quantity of training completed. Other training packages are available and have been developed by specific professional groups. Services may also choose to use these as extra training.

6.0 SCOPE OF CONDITIONS

- 6.1 Registered Nurses, Occupational Therapists, Pharmacists and Physiotherapists would only certify and issue med3 certificates for conditions within their scope of practice. It is not possible to list each appropriate condition. Each relevant health professional group is aware of the boundaries of their scope of practice because of their regulatory body and professional organisation.
- 6.2 Each service may discuss what conditions are relevant for each professional group and senior managers compile an appropriate list to guide staff members.
- 6.3 During practise, if a query arose, then relevant health professionals would take advice from an appropriate senior colleague, or Doctor within their clinical area. Patients would be referred to a relevant Doctor, if necessary, for further assessment or certification of a med3 certificate.

7.0 COMPETENCY AND ONGOING CAPABILITY

- 7.1 It is advised that relevant staff are competent and are able to work at the level needed to incorporate this task into their role. There is no defined Agenda for Change (AFC) banding requirement to complete this task. Service lines may want to indicate a specific AFC banding for their staff, or other requirements. Registered Nurses, Occupational Therapists, Pharmacists and Physiotherapists would only certify and issue med3 certificates for conditions within their scope of practice. The relevant health professionals must work within an area that certifying and issuing med3 certificate is appropriate. This means the area must have access to medical support (i.e. Doctor) and a framework of support for staff involved with this process.
- 7.2 The relevant health professionals must work within an area that certifying and issuing med3 certificate is appropriate. This means the area must have access to medical support (i.e. Doctor) and a framework of support for staff involved with this process. Any service that previously hadn't issued med3 certificates, would need to complete a Quality Impact Assessment (QIA).

8.0 REGULATIONS AND PROFESSIONAL BODIES

- 8.1 All professional organisations for each of the relevant professions have advice and guidance on their websites.
- 8.1.1 **Registered Nurses**
Nursing and Midwifery Council [Nurses among health and care professionals who can now certify fit notes - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
Royal College of Nursing [RCN - Home | Royal College of Nursing](#)
- 8.1.2 **Registered Occupational Therapists**
The Health and Care Professions Council (HCPC) [New legislation expands the number of professions able to issue fit notes | \(hcpc-uk.org\)](#)
Royal College of Occupational Therapists [Royal College of Occupational Therapists - Championing occupational therapy \(rcot.co.uk\)](#)
- 8.1.3 **Registered Pharmacists**
General Pharmaceutical Council [GPhC responds to government legislation allowing more health professionals to issue fit notes | General Pharmaceutical Council \(pharmacyregulation.org\)](#)
National Pharmacy Association [The National Pharmacy Association \(NPA\) » NPA](#)
- 8.1.4 **Registered Physiotherapists**
The Health and Care Professions Council (HCPC) [New legislation expands the number of professions able to issue fit notes | \(hcpc-uk.org\)](#)

Chartered Society of Physiotherapy [The Chartered Society of Physiotherapy | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)

9.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 9.1 Implementation and undertaking of the changes to certification and issue will be reviewed in six months from publication of policy. This will be done by the First Contact Practitioner Clinical Lead for the Primary Care service line. This will be a pilot site.
- 9.2 An audit tool will be used to review /audit:
patient satisfaction,
amount of med 3 certificates certified,
amount from specific professional groups,
AFC banding for staff,
Amount issued for certain types of conditions,
training compliance of relevant clinicians,
- 9.3 Results will be submitted to Quality Improvement and Risk (QIR) Group in a report and presented by First Contact Practitioner Clinical Lead and Head of Allied Health Professionals. Relevant learning will be disseminated using relevant channels of communication (e.g. minutes, team meetings, etc). Any subsequent issues/findings resulting from the review will also be incorporated in an amended version of this document. Subsequent new services or professions will complete an audit for their areas/staff, using the same method.
- 9.4 Staff and managers within each area are responsible for reporting/recording non-compliance with this document. This will be managed within the relevant governance framework in place for each service. Mis-use of certification and issue of med 3 certificates, for fraud, or personal benefit, will be managed in accordance with the Solent NHS Trust disciplinary procedure, NHS Fraud Prevention and professional standards from regulatory bodies.

10.0 REVIEW

- 10.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

11.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

- 11.1.1 Fit note - GOV.UK (www.gov.uk)
- 11.1.2 Managing Attendance and Wellbeing Policy HR51 - Managing Absence and Wellbeing Policy v5.pdf [HR51 - Managing Absence and Wellbeing Policy v5.pdf \(solent.nhs.uk\)](https://www.solent.nhs.uk/HR51-ManagingAbsenceandWellbeingPolicyv5.pdf)

12.0 GLOSSARY

CSP	Chartered Society of Physiotherapy
DWP	Department of Work and Pensions
ESA	Employment and Support Allowance
EMIS	Egton Medical Information Systems

GPhC General Pharmaceuticals Council
HCPC Health and Care Professions Council
LMS Solents Learning Management System
Med3 Med3 Fit note
NHS National Health Service
NMC Nursing and Midwifery Council
QIA Quality Impact Assessment
SSP Statutory Sick Pay
UC Universal Credit

Appendix A

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the Solent e-learning module:

<https://mylearning.solent.nhs.uk/course/view.php?id=170>

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Trust-Wide	
Title of Change:	Certification and Issue of Med3 Certificates	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To improve the patient experience and to benefit patients clinically. To support medical professionals by other professional groups certifying and issuing med3 certificates.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			N/A	
Gender reassignment			N/A	
Disability			N/A	
Age			N/A	
Sexual Orientation			N/A	
Pregnancy and maternity			N/A	
Marriage and civil partnership			N/A	
Religion or belief			N/A	
Race			N/A	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Please select	N/A
Have you taken into consideration any regulations, professional standards?	Please select	N/A

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	Implementation of the policy allowing other health care professionals to certify and issue Med3 certificates		
Who will be responsible for monitoring and regular review of the document / policy?	Head of Allied Health Professionals and individual service leads.		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	J.E. Brisland	Date:	27.09.2022
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Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3 Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4 Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5 Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6 Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7 Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8 Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9 Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team