

June 20, 2025

Mr. Michael Tanner
Executive Director, Labour Policy and Legislation
Ministry of Labour, British Columbia

By email: labour.policy@gov.bc.ca

Re: Engagement with Health Care Professionals: Prohibiting Sick Notes for Short-term Work Absences

Dear Mr. Tanner,

Thank you for inviting us to participate in the Ministry of Labour's engagement with health care professionals on prohibiting sick notes for short-term work absences.

Doctors of BC has advocated for the elimination of routine sick note requests for over a decade. Our position is that requirements for employees to provide sick notes to satisfy an employer's medical absenteeism policy is an inefficient use of physicians' time, places an avoidable burden on health sector resources, and unnecessarily exposes the population to communicable diseases by forcing ill patients to leave their homes. We have advocated for the provincial government to restrict public and private sector employers' ability to require sick notes to circumstances where a patient has taken extended leave and where a physician can provide meaningful clinical insight.

We commend the government for taking action to support this important policy change and appreciate the opportunity to help shape the development of these regulations. The feedback below is informed by Doctors of BC's policies and based on a limited timeframe to engage physicians on the proposed policy change, guided by the information sent to us in the engagement paper for health professionals. This submission has been endorsed by BC Family Doctors (see Appendix A).

1. Should the restriction apply to sick notes from other healthcare professionals besides physicians, nurse practitioners, and registered nurses? Which other healthcare professions should be considered?

Physicians who participated in our engagement support the restriction being applied to all regulated health professionals. If limited to select professionals, employers may continue to require that employees provide a sick note from a non-exempt health care professional. This shifts the administrative burden, rather than reduces it.

2. What is the threshold for a “short-term” absence to which the restriction should apply?

a. How long, or how frequently, should an employee be absent due to illness or injury before an employer can require a sick note?

The majority of physicians who participated in our engagement indicated that five consecutive working days is an appropriate threshold to support a short-term absence from work, noting that most minor illnesses and injuries resolve themselves within a week. They also felt that BC’s approach should be based on a number of consecutive days, not frequency. While there may be instances of employees taking advantage of the policy, doctors feel a policy based on frequency of absences could be perceived as “policing absenteeism” and tarnish the physician-patient relationship.

If government were to consider applying a longer threshold beyond what’s outlined above, we recommend further engagement with physicians to understand the potential implications.

b. Is there any relevant science-based evidence, data, or statistics that you think would be helpful in determining the appropriate threshold for BC?

Most physicians in our engagement referenced the average length of minor health conditions and believed that could be used to help inform an appropriate threshold. For example, the incubation period for the common cold is between one to three days and can persist for up to 7 to 10 days, once symptoms have developed. However, illness and injury can be variable based on the patient and the nature of their employment. This can be due to a myriad of factors, including age, genetics, and comorbid conditions, especially as it relates to illness and infectious disease.

3. Are there any instances when sick notes required by an employer to support an employee’s short-term absence from work are appropriate and may be helpful for patients?

Many of our members believe that sick notes to verify a short-term absence are generally not necessary in any instance. However, there are circumstances where a patient’s repeated or prolonged absence may be an indication of a serious or deteriorating condition requiring medical attention and they should be encouraged to seek care.

4. Should the sick note restriction be limited such that it only applies when the employee is absent from work for reasons related to their own health? Or should employers also be restricted from requiring a sick note in relation to another person, when the employee is absent due to the health of that other person? If so, what other individuals should be captured (e.g., the employee's child, immediate family members, or others)?

Many people with children or aging parents perform unpaid labour in the form of family caregiving, reducing a persons' reliance on hospital-based or institutionalized care. Given BC's aging population, there will be a growing dependence on family caregivers, who are predominantly women.

Doctors of BC has long advocated for family caregivers to be recognized as key partners in health care delivery. To lessen the strain on the health care system and support employees in caregiving roles, the proposed sick note restriction should prohibit employers from requiring a sick note when an employee is caring for an immediate family member during a short-term absence, such as a parent, child, sibling, spouse, or grandparent. This reflects the perspectives of most physicians who participated in our engagement and data on caregiving that indicates that most unpaid caregivers care for their own children, followed by a parent.

Additional considerations

There are additional considerations that fall outside the questions outlined in the Ministry of Labour's engagement paper that we feel are important to highlight.

- The current definition of "health-related leave" is broader than what has generally been communicated in news releases. Further clarity on what is intended by this definition may be useful to communicate as this policy change is implemented. As discussed during our meeting, we interpreted "health" to include a mental health-related leave, rather than a leave to attend medical appointments.
- Apart from employers, many businesses, such as recreational clubs, require a sick note to verify an individual's absence to support making up a class or session. Though this relationship falls outside of the scope of the *Employment Standards Act*, requests for sick notes to verify absences by businesses will continue to add an unnecessary burden to the health care system.

- Restricting sick notes should not prohibit employers from requesting medical information to accommodate disabilities, mental health conditions, or other situations (including medical leaves). Employers should continue to comply with health and safety obligations and human rights matters to support a safe and productive return to work.
- Lastly, it will be important to communicate that this change is intended to address concerns related to requirements for sick notes to verify short-term work absences. Patients should be encouraged to seek care, when appropriate.

Again, we applaud government for taking this positive step to improve overall health system capacity and value the opportunity to help inform the development of regulations related to sick note restrictions. We look forward to ongoing collaboration with the provincial government to implement this policy change.

Sincerely,



Dr Charlene Lui, CCPE, CCFP, MD, BSc
President, Doctors of BC – 2025