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Dear Colleague

## **THE ROLE OF HOSPITAL DOCTORS IN ISSUING THE STATEMENT OF FITNESS FOR WORK**

From 6 April 2010, doctors across Great Britain have been issuing their patients with a revised Form Med 3 (Statement of Fitness for work or “fit note”), which enables them to give their patients better advice about their fitness for work.

The fit note was launched in April 2010 to replace the old sick note. It allows doctors to give more information to patients about the functional effects of their health condition on their fitness for work, to help people return to work where appropriate.

Further to my letter to you on the 6 April 2010, (link attached) [www.sehd.scot.nhs.uk/cmo/CMO\(2010\)08.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)08.pdf), I am writing to you to bring to your attention further guidance which has been provided from DWP to doctors.

As you are aware, doctors are required to issue the Form Med 3, where appropriate, to patients for whom they provide clinical care. Guidance from DWP<sup>1</sup> makes it clear that this applies to **all doctors**. This includes all medical staff who come into contact with patients e.g. in secondary care, tertiary/national centres, community hospitals, out patient departments, emergency departments.

### **The evidence to support work**

Employment is a core constituent of independent living and for many people work is a key part of their identity.

There is strong evidence that long periods out of work are associated with poor mental and physical health, increased use of health services and poverty. The longer a patient is off work, the lower their chances of getting back to work.

**From the Chief Medical Officer  
Sir Harry Burns MPH  
FRCS(Glas) FRCP(Ed) FFPH**

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#### **Addresses**

For Action  
Hospital Doctors  
NHS Board Medical Directors

For Information  
NHS Board Chief Executives  
NHS Board Directors of Public Health  
NHS Board Chairs  
General Practitioners  
NHS Board Primary Care Leads

#### **Further Enquiries**

<http://www.dwp.gov.uk/>

<sup>1</sup> Hospital Doctors – A Supplementary Guide to the Statement of Fitness for Work, Department of Work and Pensions (March 2010)

People with health conditions generally report that they would like to work and work is often an important part of a recovery plan. As a person does not have to be 100% fit to continue in or to return to work this should now be a routine consideration by all professional staff.

### **Evaluation of the fit note initiative**

Since its introduction, the Department for Work and Pensions' ongoing evaluation programme has helped to understand how doctors, patients and employers can be supported to get the most out of the fit note.

- **Patients** said that the fit note had helped them challenge assumptions from some employers that people with a health condition cannot work, and had empowered them to agree changes with their employer and return to work.
- **Employers** wanted more use of the may be fit for work option, so that they could explore whether employees could be supported to return to work. In particular they wanted clearer and fuller information in the comments section about the employee's functional capabilities.
- **GPs** said that the fit note had helped patients make a phased return to work. It had helped to guide discussions with patients about fitness for work, including challenging some patients' perceptions of their fitness for work.

Findings from the Chartered Institute for Personnel Development also show that the majority of employers believe fit notes are a useful tool for helping to understand the reasons behind long term sickness absence and can help to open up a dialogue with employees.

### **The role of the hospital doctor in issuing fit notes**

While in-patients are often issued with Med 10s, many hospital doctors are unaware that they should, when required, also issue Med 3s (example in **Annex A**). Med 3s may be appropriate for social security and Statutory Sick Pay purposes for patients who are either incapable of work or who may be fit for work with support from their employer.

Not issuing Med 3s denies patients the best care and leads to unnecessary duplication and stress for those, who have to make an extra appointment with their GP to get one. GPs, may not be the most appropriate clinician to provide advice regarding fitness for work related to certain conditions. ***The duty to provide a Med 3 rests with the doctor who at the time has clinical responsibility for the patient.***

When issuing a fit note, the advice should be about any functional limitations of the patient's condition on their fitness to work e.g. stamina, mobility, and effects of treatment. Doctors are not expected to have specialist knowledge of workplaces or occupational health. A checklist is attached in **Annex B**.

### ***Hospital in-patients***

Form Med 10 should continue to be issued to cover any period that a patient is in hospital. On discharge from hospital, the doctor who has clinical responsibility for the patient should provide them, if appropriate, with a Med 3 to cover a forward period. This is to avoid unnecessary referrals to GPs solely for the purpose of sickness certification.

### ***Hospital out-patients***

Where the out-patient care follows an episode of in-patient/day patient care, the hospital doctor should issue the Med 3 on discharge and a subsequent Med 3 if required when a patient attends for out-patient review.

Where a patient has been referred to a hospital for an opinion or advice on their health condition, responsibility for issuing a Med 3 should remain with the GP.

Patients with complex chronic diseases who are attending hospital as out-patients are, in most cases, also likely to be attending their GP. In these cases, the GP should issue the Med 3.

Examples where hospital doctors should consider issuing a Med 3 are described in **Annex C**.

The guidance on “How to complete the fit note” is available in **Annex A**.

### **Action**

I should be grateful if you would now ensure the attached information and guidance is widely circulated amongst medical staff within your NHS Board area; and that all necessary steps are taken at local level to ensure its implementation. Thank you for your support in this important area.

Yours sincerely

*Harry Burns*

**HARRY BURNS**

**Getting the most out of the fit note**

Filling in the fit note: instructions for completion

If you assess that your patient is not fit for work, or may be fit for work (see advice on making this assessment), you will need to issue them with a fit note.

You can issue a fit note on the day that you assess your patient; or on any day afterwards.

The fit note should be completed as follows:

1. The date on which you assessed your patient.

This can be via:

- a face-to-face or telephone consultation;

or

- consideration of a written report from another doctor or healthcare professional (for example, nurses, occupational therapists, physiotherapists).

2. Describe the condition(s) that affect your patient's fitness for work. Give as accurate a diagnosis as possible, unless you think a precise diagnosis will damage your patient's wellbeing or position with their employer.

3. Tick not fit for work OR may be fit for work taking account of the following advice - advice on making this assessment.
4. The comments box must be completed when you tick may be fit for work, and may be useful to complete when you have ticked not fit for work. See giving advice in the fit note for more information.
5. Indicate the period that your advice applies for. This may be the date that you expect your patient to have recovered by, or your judgement about an appropriate time to review their fitness for work even if they are unlikely to have fully recovered.

You can either:

- specify a period from the date of the assessment (as entered in box 1) e.g. this will be the case for 2 weeks; or
- specify a particular start and end date e.g. this will be the case from 5 May to 19 May.

In the first 6 months of a patient's condition, a fit note can cover a maximum of 3 months. If a condition has lasted longer than 6 months, a fit note can be for any clinically appropriate period up to 'an indefinite period'.

The dates are inclusive, (so a fit note dated from 2 April to 10 April will no longer apply from 11 April onwards).

6. This section is mandatory – it gives your patient an indication about whether they can expect to be fit for work when the fit note expires, which helps them and their employer plan for the future. If you expect that your patient will be fit for work at the end of their fit note, indicate that you will not need to assess them again. If you don't expect them to be fit for work (or you aren't sure), indicate that you will need to assess them again.
7. Sign the fit note using ink. If you are using the computer-generated fit note, the statement date and address of your practice will be completed automatically by your IT software. If not, ensure that these sections are filled in.
8. Complete the date of statement. This is the date that you issue the fit note – which may not necessarily be the same as the assessment date in box 1.

**IMPORTANT:** Your patient can go back to work at any point they feel able to, even if this is before their fit note expires. They do not need to come back to see you in order to do so, or get a new fit note. This is the case even if you have indicated that you need to assess them again.

## ANNEX B

### **Discussing patient beliefs about health and work**

Patient beliefs about health and work vary widely and normally become apparent during a consultation. As with other health advice, you should emphasise the advantages to the patient's health of being at work. This information will not always be embraced enthusiastically.

Sometimes, reluctance to consider work stems from a belief that work will exacerbate the health problem or delay recovery, or that patients always need to be fully fit before they return to work. You may be able to ease any apprehension in these cases.

At other times, people may have issues at work, low expectations of gaining enjoyable work, concern about the effects on benefit receipt or other personal problems. In these circumstances it may be in your patient's best interest if you refer them to other available support.

Where appropriate, the following approaches may help in discussing work with your patients:

- Discussing the health benefits of work, and the health risks of not working.
- Explaining that people do not need to be 100% fit to do some work.
- Issuing fit notes for shorter periods of time.
- Using the fit note to actively engage patients in goal setting.
- Telling your patient about other support services if they have non-medical issues that are affecting their attitude towards work.
- Specialist occupational health services can help address complex issues at work, including if your patient's work may be affecting their health.

### Assessing your patient's fitness for work

Your assessment about whether your patient is fit for work is about their fitness for work in general and is not job-specific. The following factors may be useful when making this assessment:

- any **functional limitations** of your patient's health condition. For example:
  - Stamina e.g. better in the morning or the afternoon
  - Mobility e.g. walking, bending, stooping
  - Agility e.g. dexterity, posture, co-ordination
  - Insight / Stability e.g. mental state, mood
  - Treatment e.g. side-effects, duration of
  - Intellectual e.g. cognitive abilities
  - Sensory e.g. hearing, vision, touch.
- **duration** of their health condition and any likely **fluctuation**.
- the impact of any ongoing **clinical management**.
- whether doing any work (not necessarily their current job) will **make their health condition worse**.

## Deciding between ticking may be fit for work or not fit for work

### **May be fit for work taking account of the following advice**

Your patient may be fit for work, taking account of your advice about the functional effects of their condition.

You should tick this box if your patient could do some form of work (not specifically their current job). This gives maximum flexibility to your patient and their employer to discuss ways to accommodate your patient's condition (which may include changing their duties for a while or reducing their hours). For example, a delivery driver who cannot drive but may still be able to do other tasks and so may be fit for work.

### **Your patient is not fit for work of any kind**

You should use the free text section to give advice about the functional effects of your patient's health condition, and tick boxes to provide an overview of the factors your advice covers.

#### The free text section

**The important information to include in this box is advice about the functional effects of your patient's condition on their fitness for work. Your patient and their employer should then discuss possible adaptations and changes to accommodate your advice.**

Your advice should focus on what your patient can do at work rather than their diagnosis and symptoms. It is helpful to give advice that is as practical as possible. See some examples in the checklist below.

You do not need to be an occupational health expert to provide this advice, and you do not need to refer to their current job. If you do have occupational health knowledge or information about your patient's job, you can describe possible adaptations if you think this would help. But remember not to be too prescriptive and inadvertently close off potential options for your patient and their employer to consider.

Otherwise, the only reference to your patient's current job should be if you feel that it may be affecting their health. In these cases, you should explain why this is the case, so that your patient's employer can try to address the issue. An occupational health assessment is often helpful in these cases.

#### **The checklist below may be useful when considering what to include in the comments box**

- Are there things your patient cannot do in terms of mobility, strength and fitness? e.g. 'avoid kneeling and squatting / cannot lift heavy objects'
- Are there types of activities that should be avoided or altered? e.g. 'removal of tasks which cause emotional distress / avoid driving'
- How long is this likely to be the case, or will it be permanent? e.g. 'condition expected to improve within 2 months'

- Will medical appointments be needed during working hours? e.g. 'will need to attend physiotherapy for one hour twice a week'
- Are there features of the workplace which may impact the patient's condition? e.g. 'their chair may be aggravating their back condition'
- Could they benefit from an occupational health assessment?
- Is there return-to-work guidance available from Royal Colleges or other groups on your patient's specific condition or operation?

Your liability for the advice you provide goes no further than your responsibility to carry out a suitable clinical assessment of your patient's health condition. Your patient's employer is responsible for undertaking a suitable risk assessment to accommodate your clinical judgment.

### The tick boxes

You should use the tick boxes to indicate the kind of general adaptations that might help your patient return to work. Tick whichever boxes relate to the functional effects of your patient's condition. These are not binding on your patient and their employer, but help to give them a broad idea about changes to discuss.

- **A phased return to work:** a gradual increase in work duties or hours
- **Altered hours:** changes to the times or duration of work
- **Amended duties:** changing duties to take account of a condition
- **Workplace adaptations:** changing aspects of the workplace

For example, if your advice is that somebody cannot use their right arm, this may impact on the tasks they can perform and they may need physical changes in the workplace, so you should tick 'amended duties' and 'workplace adaptations'.

If your advice is that somebody tires easily and so should not work for longer than 3 hours a day, this may affect their duties and also the times they can work, so you should tick 'amended duties' and 'altered hours'.



## ANNEX C

### Examples where hospital doctors should consider issuing a Med 3

- when a patient has received treatment in Accident & Emergency and the treating doctor believes that the patient will be unable to work for over 7 calendar days, it would be appropriate to issue a Med 3 for a period consistent with the anticipated incapacity;
- when a patient is receiving treatment at a fracture clinic and so does not need to see their GP for any clinical reason;
- when discharging a patient from hospital, as well as issuing a Form Med 10 to cover the in-patient period, doctors should consider if the health condition will affect the patient's fitness for work for a forward period; and
- patients who have mental health conditions and are under regular review could also have their sickness certification integrated into this review in cases where the hospital doctor maintains clinical responsibility.

Some Medical Colleges have also produced additional general and condition specific guidance documents and these can be sourced through their websites. In particular there is comprehensive advice in the following:

Royal College of Physicians<sup>2</sup> – outline doctors' use of the fit note and provide a range of condition specific recommended advice for issuing of fit notes.

British Society of Rehabilitation Medicine<sup>3</sup> – provides guidance for neurological conditions. Chapter 5 also offers some general non condition specific guidance.

The Royal College of Surgeons in England<sup>4</sup> – Get Well Soon pages have guidance by body part and condition for a large number of different diagnoses including cataract surgery, orthopaedics, dental procedures, cancer surgeries and obstetrics and gynaecology.

Royal College of Obstetrics and Gynaecology<sup>5</sup> – has a section on Recovering Well which includes condition specific advice for a number of conditions and procedures, this includes some detail about return to work.

The Royal College of Psychiatrists<sup>6</sup> – has general advice, including a recommendation to incorporate a person's work into their recovery plan and provides links to recommended websites for further advice.

The DWP guide for hospital doctors can be accessed through the links below.

[The role of hospital doctors in issuing the Statement of Fitness for Work](http://www.workingfit.com/Surgery/FitnessSurgery.html)

<http://www.workingfit.com/Surgery/FitnessSurgery.html>

[Royal College of Obstetricians and Gynaecologists](http://www.rcog.org.uk/recovering-well)

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<sup>2</sup>[www.rcplondon.ac.uk/sites/.../completion-statement-fitness-for-work.pdf](http://www.rcplondon.ac.uk/sites/.../completion-statement-fitness-for-work.pdf)

<sup>3</sup><http://www.bsrm.co.uk/Publications/Publications.htm>

<sup>4</sup>[www.rcplondon.ac.uk/sites/.../completion-statement-fitness-for-work.pdf](http://www.rcplondon.ac.uk/sites/.../completion-statement-fitness-for-work.pdf)

<sup>5</sup><http://www.rcog.org.uk/recovering-well>

<sup>6</sup><http://www.rcpsych.ac.uk/mentalhealthinfo/workandmentalhealth/clinician/2workingtogethertosupport/fromsicknotetofitnote.aspx>