



sick note

Statement of Fitness for Work

A guide for General
Practitioners and
other doctors



to



fit note

This guide has been
developed in
partnership with the
Royal College of
General Practitioners
and the British
Medical Association.

The Statement of Fitness for Work

On 6 April 2010, the current Forms Med 3 and Med 5 will be replaced with a single revised Statement of Fitness for Work. The new form was developed in consultation with practising doctors and members of professional bodies including the Royal College of General Practitioners and the British Medical Association. As a result, a number of changes have been made which are designed to assist you.

What is changing?

- including telephone consultations as an acceptable form of assessment;
- removing the option to say a patient is fit for work;
- introducing a new option: 'May be fit for work taking account of the following advice';
- increasing space for comments on the functional effects of your patient's condition, with tick boxes to indicate simple things such as altered hours or avoiding certain activities that could help their return to work;
- changing the rules for issuing the Statement so that during the first 6 months of sickness, the new Statement can be issued for no longer than 3 months; and
- simplifying the current system by combining the Forms Med 3 and Med 5 into one form.

What stays the same?

- the Statement can only be completed by a doctor;
- you can still advise your patients that they are not fit for work;
- the Statement remains advice from you to your patient;
- your patient can use the Statement as evidence of fitness for work for sick pay and benefit purposes; and
- the advice on the Statement is not binding on employers.

Statement of Fitness for Work: the basics

The new Statement of Fitness for Work allows you to advise one of two options:

Not fit for work: where your assessment of your patient is that they should refrain from work for a stated period of time.

May be fit for work taking account of the following advice: where your assessment is that your patient's health condition does not necessarily mean they cannot return to work; however they may not be able to complete all of their normal duties or hours, or they may need some support to help them undertake their normal duties.

If it is not possible for the employer to provide the support for your patient to return to work, your patient and their employer can use the Statement as if you had advised 'not fit for work'.

Your patient does not need to return to you for a new Statement to confirm this.

Why change? Improving your patients' health through work

Evidence shows that work has therapeutic value and is generally good for physical and mental health.¹ The longer a patient is off work, the lower their chances of getting back to work. 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. In most cases an individual does not need to be 100% fit to return to work. Evidence also suggests that people with common health conditions could be helped to return to work, as part of their recovery, following a few basic principles of healthcare and workplace management.²

The new Statement of Fitness for Work has been designed to help you to provide more information on the functional effects of your patient's condition and to allow you to suggest options that would facilitate a return to work. You do not need specialist occupational health expertise or a detailed understanding of your patient's job to complete the form. The advice you give is on the functional effects of the condition within the limits of your knowledge and expertise. This advice will help your patient's employer to make a more active contribution to your patient's recovery.

The employer has detailed knowledge of your patient's work and their workplace. Based on the advice you have offered they can consider, in discussion with your patient, whether or not they can make any necessary changes to support your patient's return to work, based on the advice you have offered.

¹ Waddell, G. and Burton, A.K. (2006), *Is work good for your health and well-being?* TSO

² Waddell, G., Burton, A.K. and Kendall, N.A.S. (2008), *Vocational Rehabilitation, what works, for whom and when?* TSO

What are the benefits for you of the new format?

- Fewer forms to deal with. With the introduction of the new Statement the Forms Med 3 and Med 5 have been streamlined into one form. Also, because of the recent introduction of Employment and Support Allowance (ESA), you no longer have to fill in Form Med 4;
- A wider definition of 'assessment' to reflect modern practice. You can now base your assessment on a face-to-face consultation, a telephone consultation or a report from another doctor or healthcare professional;
- More flexibility to manage consultations. You can now indicate to your patient that you do not need to see them at the end of the Statement period; and
- It provides you with the opportunity to give more useful advice to patients that will help ensure the best overall outcomes for them.

Why is the Statement of Fitness for Work important?

Evidence shows that work is therapeutic and helps promote recovery and rehabilitation. Equally unemployment is generally harmful to health and can lead to increased morbidity and poorer physical and mental health, as well as poverty and social exclusion.

Much sickness absence is due to mild or moderate mental ill health or musculoskeletal or cardio-respiratory conditions. The effects of these conditions can often be accommodated at work, with appropriate adjustments, adaptations or support if necessary. Employers have a crucial role in achieving this; however they need advice on the functional effects of the condition to do so.

As a certifying doctor, you have a central role in providing advice about fitness for work to patients who request, or who you consider should be provided with one. You should be able to offer simple fitness for work advice and support to aid your patient's recovery and to help them stay in or return to work.

Addressing work issues during consultations

Addressing work issues can be challenging as patients may have a pre-conceived idea that they need to refrain from work to get better. Often this is not the case and you may want to discuss:

- the health benefits of work, including that work:
 - is therapeutic and can help promote recovery and rehabilitation;
 - improves quality of life and wellbeing; and
 - is central to the individual's identity and social status.
- the adverse effects of worklessness on health, which include;
 - higher mortality and poorer physical and mental health;
 - greater chances of the individual and their family being in poverty; and
 - increased risk of social exclusion.
- the obstacles to returning to work and what could be done to overcome them, such as:
 - a phased return to work;
 - altered hours;
 - amended duties; and/or
 - workplace adaptations.

Where in discussion with your patient you feel work itself may be a contributor to your patient's condition or you feel the issues are complex, you may wish to include in your comments a recommendation that an occupational health assessment be considered. Where work is a contributor to the health

condition, resolution of work issues may be necessary before a return to work is appropriate.

Information for patients on the new Statement is available on the back of the Statement and online at www.direct.gov.uk.

Completing a Statement of Fitness for Work

Overview

- NHS General Practitioners are required to issue, free of charge, a Statement of Fitness for Work to patients for whom they provide clinical care.
- Other doctors are also required to issue Statements where appropriate to patients for whom they provide clinical care.
- You do not need to issue a Statement to a patient until they have been off work for more than 7 calendar days
- The Statement may be issued:
 - on the day that you assessed your patient;
 - on a date after you assessed your patient if you consider that it would have been reasonable to issue a Statement on the day of the assessment; or
 - after consideration of a written report from another doctor or registered health care professional.

Detailed guidance on how to complete the form is set out overleaf

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

Patient's name

Mr, Mrs, Miss, Ms

I assessed your case on:

1 / /

and, because of the following condition(s):

2

I advise you that:

3 ☐ you are not fit for work.

4 ☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work

☐ amended duties

☐ altered hours

☐ workplace adaptations

5

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

6

SAMPLE

This will be the case for

7

or from

8

/ /

to

/ /

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

Doctor's signature

Date of statement

/ /

Doctor's address

Med 3 04/10

Detailed guidance

- 1 The date on which you assessed your patient. That is the date on which you either undertake or undertook:
 - a face-to-face consultation;
 - a telephone consultation; or
 - the consideration of a written report from another doctor or registered healthcare professional.
- 2 The condition or conditions that affect your patient's fitness for work. This should be as accurate a diagnosis as possible, unless you consider that providing a precise diagnosis would be harmful to your patient's wellbeing or compromise your patient's position with their employer.
- 3 Tick this box if your assessment of your patient is that they have or had a health condition that prevents or prevented them from working for a stated period of time.
- 4 Tick this box if your assessment is that your patient's condition does not necessarily stop them from returning to work. However, they may, for example, not be able to complete all of their normal duties or could benefit from amended working hours.
- 5 The four tick boxes represent common approaches to aid a return to work. Where the 'may be fit for work' box has been ticked, you can tick one or more of these optional tick boxes if you feel it could help your patient return to work. This list is not exhaustive and other approaches can be suggested in the comments box.
- 6 Where the 'may be fit for work' box has been ticked, you must complete this section with information on the functional effects of your patient's condition. The information you provide here will be key for your patient and for their employer when they are considering if and how they can facilitate a return to work. In circumstances where you feel the issues are complex or where you feel work itself may be a contributor to your patient's condition,

you may wish to include in your comments a recommendation that an occupational health assessment be considered.

- 7 Specify here how long the advice is for. This will be from the date of assessment. During the first 6 months of sickness this can be up to a maximum of 3 months. After the first 6 months of incapacity, a Statement can be issued for any clinically appropriate period up to 'an indefinite period'.
- 8 Use this section to indicate the period the advice covers when you need to state a specific start and end date on the Statement. You will need to use this section when;
 - the Statement covers a period based on a previous assessment for which no Statement has been issued; or
 - the Statement is for less than 14 days and you do not need to see your patient again; or
 - you believe it will be helpful to state a specific date for your patient to return to work as a motivating factor in their recovery.
- 9 State here if you need to assess your patient's fitness for work again at the end of the Statement period. If you request to see your patient again and in the subsequent consultation you feel they are able to return to work without any functional limitations, you do not need to issue to them with a new Statement.

Frequently asked questions

What type of advice should I include on the Statement?

When advising patients that they 'may be fit for work', the advice in the comments box should describe the limitation(s) that the person may have and should not be too prescriptive about the solution(s). For example, you might advise that a person with lower back pain "cannot sit for long periods of time" rather than "should be provided with a better chair" or that a person with travel-related anxiety might benefit from "avoiding travel in peak hours" rather than "should work between 10am and 4pm".

Similarly, if your patient will need a specialist referral that may need time off work to attend, it will be helpful to your patient and their employer to note this in the comments box. For example, you might advise that your patient "has been referred for physiotherapy which *may* require time off to attend".

How does the new Statement affect my role as patient advocate?

By considering work outcomes, you are continuing to act in the best interest of your patient and their family. 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.

Does the employer have to follow the advice on the Statement?

What you complete on the Statement is advice to your patient and is not binding on their employer. The purpose of the advice you provide is to help your patient and their employer explore ways of facilitating a return to work. In some cases this may not be possible and your patient will be treated as if you had advised that they were not fit for work. In such a situation, patients are not required to return to you for a new Statement.

The Statement you have already issued will be considered to be the same as if you had advised your patient they were not fit for work.

Employers' duties under the Disability Discrimination Act however, remain unaffected and will continue to apply. See www.dwp.gov.uk/employer/disability-discrimination-act/ for more information.

What should I do if a patient requests a 'fit for work' Statement?

As of 6 April 2010 the Statement will no longer include the facility to state that your patient 'need not refrain from work'. It is a common myth that employees are required to be 'signed back to work'; this is not the case in most situations. Where it is required there is an existing procedure – for example with the DVLA Form D4 for LGV/PCV drivers.

If an employer feels they require such advice they can seek this from a General Practitioner or occupational health specialist via a private arrangement.

Can I still complete a Form RM7 to request an independent assessment of my patient?

Form RM7 has been withdrawn from use. This form allowed certifying doctors to request an independent medical assessment of their patient if the patient was making a claim to benefit. This process is no longer necessary because the majority of patients making a new claim to Employment and Support Allowance undergo a medical assessment within a short period of time after making the claim to benefit.

What has happened to the Form Med 6 and what should I do if I believe that providing an accurate diagnosis will be harmful to my patient?

Form Med 6 has been withdrawn from use. This form allowed certifying doctors to inform the Department for Work and

Pensions that a less precise diagnosis had been completed on a Statement. This process is no longer necessary because the majority of patients making a new claim to Employment and Support Allowance undergo a medical assessment within a short period of time after making the claim to benefit. If your patient is employed then the Department for Work and Pensions does not require this information.

If you feel making an accurate diagnosis would be harmful to your patient's wellbeing or compromise their position with their employer, for example because it would cause significant discrimination to them in the workplace, then it is acceptable to agree with your patient to enter a less precise diagnosis.

Has the process for maternity certification changed?

No. Form MatB1 and the associated processes and rules remain the same.

Other forms for certification

The Forms Med 4, Med 6 and RM 7 have been withdrawn from use. The changes to the benefit system whereby 'Employment and Support Allowance' (ESA) has replaced Incapacity Benefit (IB) means these forms are no longer needed.

The Form Med 10 used as evidence of a period as an in-patient is still in use and the rules and processes for this remain unaltered.

The form MatB1, used for Statutory Maternity Pay (SMP) and Maternity Allowance, is still in use and the rules and processes for this remain unaltered.

Case studies

Alison is a 35 year old contact centre worker. Her job requires taking customer calls. She has been off work for 6 weeks with mechanical back pain and this is her third episode in the past 12 months.

She goes to her GP for a new Statement and during the consultation they discuss her condition and the circumstances relating to returning to work. Her GP advises that she 'may be fit for work taking account of the following advice':

- Comments, including functional effects of your condition(s):
 - referred for physiotherapy – may need time off to attend;
 - need to avoid static postures by taking more frequent breaks and be able to sit/stand when needs to;
 - review workstation; and
 - consider a referral for occupational health advice.
- Ticked 'a phased return to work', 'amended duties' and 'workplace adaptations'.
- This will be the case for 8 weeks.
- I will need to assess your fitness for work at the end of this period.

Alison takes the latest Statement to her manager and they discuss the advice on the Statement and how her health condition affects her ability to do her usual job. They agree a phased return to work with more frequent breaks during her shifts. Alison returns to work immediately and after 4 weeks is back to her normal hours. Her manager has also organised for an occupational health assessment to identify any action that may help prevent future episodes.

Kareena is 52 and works in a department store. She has chronic anxiety and has been off work for 3 weeks. Her job involves working on the customer complaints desk as well as general shop floor duties such as stocking shelves and working on the till.

She visits her GP for a new Statement and they discuss whether she can return to work. She would like to return but has concerns about coping with customer complaints that accounts for about a quarter of her duties. Her GP advises she 'may be fit for work taking account of the following advice':

- Comments, including functional effects of your condition(s):
 - phased return to work;
 - avoid customer-facing duties; and
 - consider creating a support network at work.
- Ticked 'a phased return to work' and 'amended duties'.
- This will be the case for 3 weeks.
- I will not need to assess your fitness for work at the end of this period.

Kareena takes the Statement to her employer and they discuss the advice. They agree that Kareena should return to work on a phased return to non-complaints, non-customer facing duties before gradually returning to the complaints desk for shorter then longer periods. An experienced member of the team is nominated as a 'buddy' to support her and advise on techniques to deal with handling difficult customer issues. Kareena returns to work immediately and after 3 weeks returns to her normal duties.

Dave is 30 years old and works in a warehouse of a small building merchant. His job requires lifting. He hurt his dominant (right) shoulder through sport two weeks ago and has been off work since.

He goes to see his GP, is referred for specialist opinion and is given a new Statement. His GP advises that he 'may be fit for work taking account of the following advice':

- Comments, including functional effects of your condition(s):
 - avoid lifting or working above shoulder height.
- Ticked 'amended duties'.
- This will be the case for 6 weeks.
- I will need to assess your fitness for work at the end of this period.

Dave takes the Statement to his manager and they discuss which parts of his job are affected by his injury. Dave's normal duties involve the activities that the GP advised to avoid on the Statement. The manager investigates if there are any other suitable duties that Dave could do whilst he recovers, however there are currently none. As Dave's employer cannot offer any appropriate work Dave remains off work. Dave and his employer use the Statement as if the GP had advised 'not fit for work', Dave does not return to his GP for a new Statement. While Dave is off work, he and his manager keep in regular contact to identify the point at which a (phased) return to work could begin. Dave returns to his GP at the end of the Statement period.

Where to go for more information

Telephone advice to clinicians on medical matters relating to certification, report completion and disability benefits is also available. The telephone number for your local service can be found at: <http://www.dwp.gov.uk/docs/atos-contact.pdf>. This service is for doctors only and the contact details should not be provided to patients or employers.

Guidance for patients that you can print out and give to your patients is available at www.direct.gov.uk. If your patient is having problems with their Statement and their employer they may want to contact their trade union or the help line provided by Acas (on **08457 47 47 47**).

How to order Statements of Fitness for Work

GP practices will be supplied with copies of the new form shortly before 6 April 2010. After the initial central distribution of the new form, practices should continue to order additional forms via the channels that they normally use.

If you have not ordered Statements previously, please visit www.dwp.gov.uk/publications/catalogue-of-information/how-to-order-products/ for further details on the ordering process.

Important information about this leaflet

This leaflet is only a guide and does not cover every circumstance. We have done our best to make sure that the information in this leaflet is correct as of February 2010. It is possible that some of the information is oversimplified, or may become inaccurate over time, for example because of changes to the law.

This report can be accessed online at:

www.dwp.gov.uk/fitnote

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