

Development and policy

Fitness for work certification: the clinician's role

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Doctors, particularly General Practitioners (GPs), play a very important role in society through the care and advice they give to patients of working age.

A significant aspect of this role is the advice GPs give to patients regarding capacity for work 'which is an everyday part of the management of clinical problems'.¹ Doctors' medical statements (sick notes) not only 'record' advice about ability to work but can also be accepted as medical evidence to support a range of financial benefits. They are used by employers to support a claim to Statutory Sick Pay (SSP) or company benefits and form a key part of the claim process for state incapacity benefits. (The legislative framework is provided in the Social Security (Medical Evidence) Regulations 1976, as amended.) It is therefore important for the patient, the employer and the benefit provider that these statements are issued appropriately and completed properly in accordance with guidance.

Currently only registered medical practitioners can provide medical statements, although following a Cabinet Office report looking at reducing GP paperwork, the Department for Work and Pensions (DWP) has commissioned a feasibility study into other non-medical practitioners taking responsibility for this work.^{2,3} The DWP will use the findings from this study to inform future pilot schemes exploring the possibility for sharing this responsibility in future.

Registered medical practitioners as providers of primary care services are required by their 'terms of service' with the NHS, usually a contract with a local primary care organisation (in England a primary care trust (PCT), in Wales a local health board and in Scotland a health board), to record on a medical statement the advice they have given to their patient regarding their ability to perform their own, or usual type of, occupation. Payment for this work and for providing certain reports forms part of the 'basic practice allowance'.

We know from the few studies undertaken that there is wide variation in clinical consulting and

certification practice between individual GPs, which cannot be easily accounted for by geographical, deprivation or demographic factors.

A fundamental principle of the present certification arrangements is that advice on fitness for work is provided as an integral part of the clinical management of the patient's condition, usually by the NHS doctor with lead clinical responsibility. However, appropriate advice on fitness to work requires timely, assured access to a range of secondary services, which at present are frequently not in place.

To help GPs with this aspect of their work, the DWP Chief Medical Advisor issues guidance (traditionally by leaflets and letters, increasingly by electronic communication) to all doctors, which makes clear that they should always consider carefully whether advising a patient to refrain from work is the most appropriate clinical management and in the best interest of the patient.⁴ When advising patients about fitness for work, DWP guidance advises GPs to consider a range of factors including the nature and duration of the condition, any appropriate clinical guidelines available and any reasonable adjustments that need to be made to facilitate a return to work.

Worklessness from whatever cause (sickness, unemployment etc) and associated poverty are key determinants of health inequalities, and are associated with a range of negative consequences for the individual, their family and society.⁵ These include changing health-related behaviour, loss of an occupation and activity, loss of financial status and security, low levels of social interaction, and a poor sense of identity and purpose.

Many GPs feel that they should act as their patients' advocate and that to do otherwise would compromise their relationship with patients (and their families). The problem is that GPs, quite understandably, fail to recognise the link between providing a medical statement and supporting a patient back to optimum health.

Issuing medical statements could be compared with providing a prescription for medication; both circumstances have associated consequences and side-effects, but those related to medical statements are not generally well understood. A more suitable form of advocacy could be that the doctor acts as the patient's 'professional friend', using their knowledge and expertise to provide appropriate professional advice, setting long-term expectations about health and work, while recognising that this may not always meet their patients' current expectations.

Box 1 itemises some common myths associated with certification of sickness.

Box 1 Certification myths

- A medical statement (Med 3, Med 5 etc) is a record of the advice about fitness for work provided to a patient – it is not a report for the employer.
- A certified period of sick leave (supported by a statement from their GP) does not prevent an employee being dismissed.
- Employers do not have to accept a doctor's statement of incapacity for work if they have evidence to the contrary.
- Other healthcare providers, for example osteopaths, chiropractors or acupuncturists etc, can provide evidence of incapacity but cannot use DWP 'official statements'.

Currently, medical practitioners (and other healthcare practitioners) in Great Britain are not provided with any training in occupational medicine, 'fitness for work' advice or the appropriate provision of medical statements.^{6,7} However, undergraduate and postgraduate medical education in the UK is being revolutionised, moving away from traditional didactic methods towards lifelong self-directed learning using a wide variety of approaches.

The Department for Work and Pensions is therefore using this opportunity to try to influence medical training at both undergraduate and postgraduate level to ensure that, in spite of the wide range of competing interests, it includes elements of occupational health, fitness to work and certification. We are currently developing a series of accredited distance learning modules dealing with these important issues supported by desk aids and DVDs, available at www.dwp.gov.uk/medical. Ultimately, however, to provide really effective advice to patients of working age in future, these subjects need to form

a fundamental part of training for all doctors and healthcare professionals.

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CONFLICTS OF INTEREST

None.

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