



Getting the best from the fit note

Investigating the use of the statement of
fitness for work

Summary report 2015

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In this document, you'll find a summary of the independent study we commissioned from the University of Nottingham, 'Getting the best from the fit note. Investigating the use of the statement of fitness for work'



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What's the problem?

Sickness absence has huge financial consequences for the state, employers and the individual. Unnecessary absence is also known to be harmful to an individual's health and well-being. Yet people with health problems can often stay at work, or return to work sooner, if they and their employer can make some changes to their hours of work or their job tasks. For these reasons, in the UK, the old sickness certificate was replaced in 2010 by the 'fit note', to encourage General Practitioners (GPs) to help patients to stay at work, or return to work as soon as they are able. GPs can use the fit note to advise that a patient is 'not fit' for work. They can also advise that the employee 'may be fit' if the employer can make necessary modifications – including a phased return to work, altered hours, amended duties and/or workplace adaptations.

However, although the fit note has been broadly welcomed by GPs and employers, difficulties and uncertainties have resulted in wide variations in their use. For example, GPs report that employers seldom act on the advice given; employers complain that GPs fail to use the fit note to provide sufficient advice.

Despite this major policy change, necessitating huge investment, there has been no systematic approach to evaluate the fit note from the point of view of all those involved – patients, GPs and employers (including line managers, human resources staff and occupational health practitioners). The reality is that we do not know what an 'ideal' fit note is, how it can best be applied, or what further training might be needed for the people who use it.

We commissioned Professor Avril Drummond and Dr Carol Coole at the University of Nottingham to carry out research on how fit notes can best be used by employers, employees and GPs to aid return to work and work retention.

The study had four key goals:

1. To reach a consensus on the content of the ideal fit note from the perspective of employers, employees and GPs in order to facilitate return-to-work and work retention.
2. To produce recommendations for good practice in the completion, timing, transmission and application of fit notes.
3. To identify acceptable methods of facilitating dialogue between the stakeholders.
4. To develop specific training for employers and GPs in the effective use of fit notes.

What did our researchers do?

The team carried out the work in two stages.

In the first stage (the study of fit notes), the team aimed to recruit 10 employers, 20 patients and 10 GPs, from one region of England.

Employers: Thirteen organisations were recruited to the study, from which 827 anonymised copies of current fit notes were collected. Representatives from each organisation responsible for managing the fit notes were asked to complete a questionnaire about the outcome and usefulness of a proportion (n=516) of these fit notes. A total of 498 questionnaires were completed. The team then interviewed 21 of these representatives to find out more about their views and experiences of fit notes.

Patients: Eleven employed patients, independent of the participating organisations, who had been issued with a fit note by their GP were recruited to the study. Each completed a questionnaire about the outcome and usefulness of their fit note. Ten participants were interviewed to find out more about their views and experiences of fit notes.

GPs: Eleven GPs were recruited independently from the participating organisations and patients, from whom 94 anonymised copies of fit notes were collected. The GPs were asked to complete a questionnaire about the outcome and usefulness of each fit note. A total of 93 questionnaires were completed. The team then interviewed each GP to find out more about their views and experiences of fit notes.

In the second stage (the consensus study) the team used the information they had gathered from these interviews and from the literature to develop a series of statements about the fit note. These statements covered the following areas:

- general format and application of the fit note
- completion of the fit note
- management of the fit note
- communication about the fit note
- training in fit note use.

A panel of experts was recruited to take part in an online exercise to try and reach a consensus on each of the statements. Participants were invited from the following groups: patient organisations, general practice, government departments, occupational health, trades unions, employers, academics and allied health professionals. A total of 17 individuals took part. They were not identified to each other. Participants were asked whether they agreed or disagreed with each statement and were invited to add comments. Consensus was reached when 75 per cent or more of the participants agreed. If consensus was not reached, the statements were re-presented and panellists could see how others had 'voted' and could reconsider their opinion. On some occasions statements were re-worded, taking into account previous comments and responses.

A list of the recommendations where consensus had been reached was sent to a further panel (the reference panel) of 12 individuals who again represented the main stakeholder groups, eg patients, employers, GPs and occupational health professionals. The team asked these individuals to comment on whether they thought it would be possible to carry out the recommendations in practice, and what might help or hinder this.

What did our researchers find out?

The researchers found it was possible for individuals representing the range of main stakeholder groups to agree on a total of 67 recommendations on best practice fit note use. These are listed in Appendix 1, and presented under the research team's five headings.

Consensus was not achieved for six of the recommendations. These are listed in Appendix 2.

Although most of the recommendations were considered to be achievable in practice, a number of obstacles to implementation were identified by the reference panel.

Some of these included:

- legislation governing the fit note and GP contracts
- the costs and complexity of IT systems and software
- the limitations of the GP consultation
- the lack of dissemination and uptake of guidance
- insufficient clarity of terms
- issues regarding patient/employee consent and confidentiality
- unclear roles and responsibilities for the funding and delivery of education and training and the further evaluation of practice.

More information about these recommendations is contained in the full report: Coole C, Drummond A, Watson P, Nouri F and Potgieter I (IOSH, 2015), Getting the best from the fit note. Investigating the use of the statement of fitness for work.

What does the research mean?

This research shows that, at present, the fit note is not reaching its full potential. It is unlikely that this will happen without increased investment of time, money and commitment, and may require further legislation to overcome these obstacles. The issues raised need to be addressed urgently by those involved in commissioning, completing, receiving, managing, implementing, promoting and evaluating the fit note if we are to improve the management of sickness absence and aid return to work and work retention for those with health problems.

Don't forget

As with most research studies, this study had several limitations. Although our researchers were able to recruit the majority of participants needed, they were unable to recruit as many patients as they had anticipated. We do not know the actual reason for these recruitment difficulties but their experiences suggest that GPs may not be best placed as gatekeepers for recruitment in fit note research. Future studies in this field will need to take these experiences into consideration.

The research team was also unable to collect as many 'may be fit' notes as they originally intended. It is unlikely that a longer collection period would have made a substantial difference due to the small proportion of 'may be fit' notes collected overall. Also, data in the first stage were collected in one region of England, and we therefore cannot be certain of the generalisability of the results nationally.

The expert panel was relatively small. However, no one group was over-represented. It is also important to note that representatives of stakeholder groups are not necessarily 'experts' in all aspects of the fit note – even if panel members are experts in the theory, they may lack experience in practical application of the fit note. It is important to underline that the existence of a consensus does not mean that the opinions expressed are correct. On the other hand, these potential biases were addressed by having a panel that included practitioners as well as academics, and by conducting the achievability exercise with another group of participants.

Our summary gives you all the major findings of the independent project report by the University of Nottingham. If you want to read about the study in more depth, you can download the full report at [iosh.com/research](https://www.iosh.com/research).

Appendix 1

In the study, consensus was reached on good practice in the use of the fit note in the following areas to aid return to work and work retention.

General format and application

1. Electronic/computer-generated fit notes should be standardised.
2. Electronic/computer-generated fit notes must exactly match the hard copy fit notes.
3. Fit notes should include a section stating whether or not the patient is employed.
4. The electronic/computer-generated fit note should have drop-down prompts for the GP, giving examples of the information they are expected to provide.
5. The comments section should be separate from the work modification tick boxes to encourage GPs to comment on 'not fit' notes as well as 'may be fit' notes.
6. GPs should be able to access a second (independent) opinion of a patient's fitness to work.
7. The DWP should actively promote the use of electronic/ computer-generated fit notes.
8. The DWP should actively monitor the use of fit notes.
9. Completion of all fields of the electronic/computergenerated fit note should be mandatory.
10. Electronic/computer-generated notes must require the GP to select either the 'may be fit' or 'not fit' option.
11. GPs should have the option of selecting both fitness-to-work options ('not fit' and 'may be fit') if they qualify these choices with clear dates, duration and advice.
12. It is for the employer in conjunction with the employee to consider and act on – or reject – the advice that they receive.
13. Other healthcare professionals with relevant training and competency should be able to complete fit notes.
14. If a patient has another job with different demands, the GP should complete the fit note to cover each job.
15. GPs need to understand the details of their patient's work tasks in order to comment on the 'functional effects' of the patient's condition.
16. Fit notes should include a section stating whether or not the patient is employed/self-employed/unemployed.

17. The review section should be amended to a default statement 'I will not need to assess your fitness for work again at the end of this period' with the option to amend this if required.
18. There should be local audits of fit notes to ensure that fit notes are completed according to most up-to-date DWP guidelines.
19. Other healthcare professionals with relevant training and competency who complete fit notes should be any qualified providers who have clinical data sharing setup locally with GP systems.
20. GPs should provide as much information about the health condition on the fit note, relevant to their return to work, as the patient will consent to. Completion of the fit note

Completion of the fit note

21. Fit notes should be completed electronically.
22. Each section of the fit note must be completed.
23. The content of each section of the fit note must be discussed and completed with the patient's knowledge and agreement.
24. If a patient has more than one condition affecting their ability to work, information and advice on the fit note should clearly distinguish to which condition this refers.
25. If medical terminology is used on a fit note, then a lay person's version should also be provided e.g. CVA (stroke).
26. If a patient's health condition is work-related (partially or fully) the GP should specify this on the fit note, with the patient's consent.
27. If a patient has had, or is undergoing, surgery, the GP should – with the patient's consent – use the fit note to advise on expected post-operative complications and restrictions.
28. GPs should clarify the duration of recommended modifications on a fit note where possible.
29. GPs must complete the comments section on both 'not fit' and 'may be fit' notes.
30. GPs must ensure there is no ambiguity as to the return-to-work date on the fit note.
31. If a patient's symptoms are aggravated by work, then the GP should specify this on the fit note, with the patient's consent.
32. With the patient's consent, information on planned tests and treatment interventions affecting the patient's ability to work should be included on the fit note, with timescales where known.

- 33. Where possible, and with the patient's consent, GPs should include information on the fit note as to the likely duration of reduced work capacity.
- 34. GPs should avoid using non-specific advice on work adjustments on a fit note e.g. "light duties".
- 35. GPs should have the most up-to-date DWP fit note guidance available on their website and/or at their surgery.
- 36. When completing a fit note, the option of 'may be fit' should always be considered initially. Management of the fit note

Management of the fit note

- 37. GPs must ask all employed patients whether there is anything about their health condition that makes it difficult to work and, if so, what this is.
- 38. GPs should state how the patient's condition affects their ability to work (i.e. the functional effects of the condition) on both 'not fit' and 'may be fit' notes.
- 39. GPs must conform to the most recent fit note guidance published by the DWP.
- 40. It should be possible for patients to access the same GP for ongoing fit note consultations.
- 41. GPs should ask the patient the extent of their employer's occupational health provision and involvement when completing the fit note.
- 42. The option should be available, with patient consent, for fit notes to be emailed to the employer.
- 43. Employers must conform to the most recent DWP fit note guidance.
- 44. Organisations must have a timely mechanism for dealing with 'may be fit' notes.
- 45. Employers should ensure that sickness absence monitoring schemes do not discourage employees from returning to work before the expiry of their fit note, if they feel able.
- 46. There should be a defined period within which GPs complete reports requested by an employer or the employer's occupational health provider.
- 47. Patients should not be discouraged from consulting their GP about a health problem that affects their ability to work during self-certificated sickness absence.
- 48. GPs should be able to write a fit note during the self-certification period, free of charge.
- 49. The use of email to send fit notes to patients' employers should be piloted before a final decision is made.
- 50. The DWP should provide more detailed guidance to employers on best practice in the management of the fit note through their organisation.

- 51. Employers should have the most up-to-date DWP guidance available for employees on their website and/ or at the workplace.
- 52. Reports requested from the GP by an employer or the employer's occupational health provider should be completed within two weeks of the request being made.
- 53. Where reports are requested from the GP by an employer or the employer's occupational health provider, there should be a standard fee.
- 54. Patients who seek consultation with their GP about a health problem affecting their ability to work should be able to request a face-to-face consultation.
- 55. Employees should contact their employer to discuss a 'may be fit' note within two working days of being issued with one.

Communication about the fit note

- 56. Fit notes should include GP contact details (phone, email) to facilitate discussion of the patient's return to work should the employer wish to do so, and with the employee's consent.
- 57. Employers should contact the GP by phone or email, with employee consent, if they have questions about the employee's fit note.
- 58. Employers must ensure strict confidentiality in their management of fit note information.
- 59. Where necessary, and with patient consent, GPs should communicate with their patient's employer to seek more information on the employee's job and possible modifications.
- 60. Patients should be the primary channel of information between their GP and employer concerning the fit note.
- 61. Records of any contacts made between the employer and the employee's GP should be sent to the employee (with the employee's consent).
- 62. Employees should be consulted as to which members of staff within their organisation will see the content of their fit note.

Training

- 63. GP fit note training should be incorporated into official GP training events (eg Practice Learning Time).
- 64. GP fit note training should be mandatory.
- 65. Employers must inform their workforce about how their organisation manages the fit note.
- 66. Employers must inform individuals as to any impact that work modifications advised on a fit note might have on their pay.
- 67. Training in the use of the fit note should include GPs, employers and patient/employee representatives so that each can hear the others' viewpoint.

Appendix 2

The following presents the recommendations on use of the fit note where consensus was not reached.

General format and application

1. The term 'fit note' should be used to refer to both 'not fit' and 'may be fit' notes.
2. There is a case to rename the fit note.

Completion of the fit note

3. Dates and durations entered on fit notes should be adhered to but may be subject to change.
4. If a patient does not wish to disclose their health condition, the GP should enter a statement to this effect on the fit note in the section referring to the patient's condition, with the patient's consent.
5. Fit notes should only be issued for a medical condition.

Communication about the fit note

6. Where possible, and with the agreement of the employee, information should flow directly between their GP and the employer.

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IOSH
The Grange
Highfield Drive
Wigston
Leicestershire
LE18 1NN
UK
+44 (0)116 350 0700
www.iosh.com

 twitter.com/IOSH_tweets
 facebook.com/IOSHofficial
 linkedin.com/company/iosh
 youtube.com/IOSHchannel
 instagram.com/ioshofficial
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