

Completion of fit notes by GPs: a mixed methods study

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Abstract:	<p>Aims The aim of this study was to investigate the completion of fit notes by UK GPs. A series of actual fit notes issued to employed patients were examined, and their GPs' reflections and experiences of fit note completion explored.</p> <p>Methods A mixed methods design was used. Data were collected from copies of 94 fit notes issued to employed patients by eleven GPs, and from 86 questionnaires completed by these GPs reflecting on the fit notes they had issued. Face-to-face interviews were then conducted with each GP.</p> <p>Results Fit note completion is not meeting expectations for a number of reasons. These include: limited knowledge and awareness of the guidance in fit note completion; problems with the fit note format; lack of mandatory training in completing fit notes; lack of incentive to change practice; incomplete implementation of the electronic fit note; GPs' lack of confidence in, and doubts about the appropriateness of performing this role.</p> <p>Conclusions If UK GPs are to continue their contractual responsibility for completing fit notes, further consideration of their education and training needs is urgently required. Weaknesses in the design and format of the fit note and the availability of the electronic version also need to be addressed.</p>

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Abstract

Aims

The aim of this study was to investigate the completion of fit notes by UK GPs. A series of actual fit notes issued to employed patients were examined, and their GPs' reflections and experiences of fit note completion explored.

Methods

A mixed methods design was used. Data were collected from copies of 94 fit notes issued to employed patients by eleven GPs, and from 86 questionnaires completed by these GPs reflecting on the fit notes they had issued. Face-to-face interviews were then conducted with each GP.

Results

Fit note completion is not meeting expectations for a number of reasons. These include: limited knowledge and awareness of the guidance in fit note completion; problems with the fit note format; lack of mandatory training in completing fit notes; lack of incentive to change practice; incomplete implementation of the electronic fit note; GPs' lack of confidence in, and doubts about the appropriateness of performing this role.

Conclusions

If UK GPs are to continue their contractual responsibility for completing fit notes, further consideration of their education and training needs is urgently required. Weaknesses in the design and format of the fit note and the availability of the electronic version also need to be addressed.

Introduction

Sickness certification is a common activity in general practice in the UK, as, apart from the first seven days of absence the GP is responsible for certification, until 28 weeks of absence has been reached.¹ Certification practice is under increasing scrutiny due to the personal, social and economic costs of sickness absence and work disability and a growing working-age population.^{2,3} In 2010, with these issues in mind, the UK government introduced the 'fit note'.⁴ The purpose of the fit note is to reduce avoidable sickness absence and facilitate return-to-work of those with health problems.⁴ Whereas previously GPs were required to state that a patient was either able to work or not, GPs now have the option of advising that a patient is 'not fit' or that they 'may be fit' for work if appropriate work adjustments can be made. If the 'may be fit' option is selected, GPs are ~~then~~ required to advise on one or more of the following modifications: a phased return to work, altered hours, amended duties, workplace adaptations. GPs should then enter a free-text comment, including the functional effects of the condition, and are advised it may also be useful to enter free-text comments when the patient is 'not fit' for work. There is no longer a 'fit' for work option; instead the GP is mandated to state whether or not they need to assess the patient again on expiry of the fit note. An electronic version of the fit note was to be rolled out by early 2013.⁵

Although the fit note has been generally welcomed by employers and clinicians, studies have indicated that ~~they are not being completed as intended~~completion of fit notes is not meeting expectations. A quantitative study of fit note comments⁶ revealed a wide variation in use and that few described the functional effects of the condition. A survey of completed fit notes conducted by the Department for Work and Pensions (DWP)⁷ demonstrated that fewer than 7% had the 'may be fit' option selected, and that modification options, free-text comments and reassessment information were often missing. A survey of employers⁸ ~~has~~ reported that few

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11 electronic versions are received and that free-text advice is often absent or vague; however, this
12 information was based on general recall rather than specific cases. No studies have examined
13 why GPs are not completing fit notes as intended.
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16 The aim of this study therefore was to examine a series of actual fit notes completed by GPs for
17 employed patients, and their reflections and experiences of fit note completion.
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20 Method

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22 Ethical approvals were obtained from Northampton Research Ethics Committee. The study
23 formed part of a larger investigation of the fit note, described elsewhere.⁹
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26 A mixed methods design was used. Data were collected via fit note copies and individual
27 interviews. The aim was to recruit ten GPs representing a range of socio-economic settings. A
28 variety of sampling methods were employed. Written consent was obtained.
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34 GPs were asked to record the first ten 'new' fit notes issued to employed patients (i.e. not
35 continuations of previously issued fit notes), including a minimum of five 'may be fit' notes.
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37 Participants sent a copy of each fit note to the research team, having deleted all
38 patient/practice/GP details. Six weeks after issuing the fit note, participants were ~~send~~ sent a
39 postal questionnaire to rate, and comment on, their completion of each fit note. At the end of the
40 data collection period, each GP took part in a face-to-face interview to explore their experiences
41 and perceptions of the fit note. Interviews were digitally recorded. The topics for the interview
42 guide were initially selected by the research team and study steering group which included two
43 GPs, a patient representative and employer representative. The guide allowed for new topics to
44 be added as the interviews progressed.▲

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11 Quantitative data were analysed descriptively. Questionnaire comments were analysed using
12 thematic content analysis.¹⁰ Interview data were analysed thematically.¹¹ Interviews were
13 transcribed verbatim, checked and corrected by the interviewer then uploaded onto Nvivo 10.
14 The interviewers independently coded a sample of interviews line-by-line, then compared and
15 revised these initial codes. Each interview was then coded and themes identified through
16 constant comparison of the scripts. Themes were discussed, revised where needed and finally
17 agreed.

23 Results

26 Participants

28 A total of 272 GP practices were invited to participate in the study, each employing at least one
29 GP. Twelve GPs expressed an interest in the study; one withdrew prior to data collection. ~~The~~
30 remaining, therefore eleven GPs participated. Four worked in locations representing areas of
31 highest deprivation, five in those representing areas of least deprivation. Six were male, five
32 female. The mean number of years' experience as a GP was 15 (range 1.5 – 26 years).

37 Fit note data

39 Ninety-eight copies of fit notes were submitted. The most frequently specified conditions were
40 mild-to-moderate mental health disorder (17), post-operative recovery (15), stress (6),
41 circulatory problem (6), back problem (6), other musculoskeletal problem (6). Of the fit notes
42 submitted, four related to unemployed patients and were excluded from the study, leaving a
43 total of 94 fit notes. Fit note data were sent to the research team in different formats depending
44 on how they had been completed by the GP. Five GPs sent photocopies of handwritten fit
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11 notes, four sent copies of electronic fit notes, and two sent the fit note details in an Excel format
12 as they were unable to print a copy from their computers.
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15 The results are shown in Table 1. The majority (n=62, 66.0%) were 'not fit' and 25 (26.6%) were
16 'may be fit'. Six notes (6.4%) had neither option selected and one (1.1%) had both options
17 selected.
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21 The section indicating whether or not the GP needed to assess the patient again ~~at the on~~ expiry
22 of the fit note ~~duration~~ was completed in 40 (42.5%) cases. In 37 (39.4%) cases the review
23 section was left uncompleted, and in 17 (18.1%) cases the review section was missing
24 altogether due to the GP using a non-standardised fit note template.
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28 The most common single work modification selected by GPs was 'amended duties', ~~which was~~
29 selected in 8 cases (50% of single work modifications). The second most common single work
30 modification selected was 'phased return', found in 5 cases (20% of single work modifications).
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32 'Altered hours' was selected in two cases, and 'work adaptations' ~~was selected~~ in one case.
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35 The comment section was completed in 27 (28.7%) of the fit notes, of which 21 (77.8%) were
36 'may be fit' notes and four (14.8%) were 'not fit' notes. One (3.7%) of the fit notes with a
37 comment had neither of the options selected and one (3.7%) had both options selected.
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40 41 **Fit Note Comments**

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43 Five distinct categories were identified from analysis of the fit note comments. Some comments
44 covered more than one category. The frequency of categories identified and an example of
45 each are shown in Table 2. The most frequently identified category was 'work-related advice'
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11 (23 fit notes) followed by 'functional effects of a patient's condition' (11 fit notes), and 'additional
12 information on health condition' (8 fit notes).
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15 16 17 18 **Questionnaire data**

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20 A total of 93 questionnaires relating to fit notes were received. Sixty-two (89.9%) of these
21 related to 'not fit' notes and 24 (34.8%) related to 'may be fit' notes. Six (8.7%) related to fit
22 notes where neither option had been selected, and 1 (1.4%) related to a fit notes in which both
23 options had been selected.
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26 27 **Completion of 'not fit' notes**

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29 Questionnaire responses (n=62) made in regard to completion of the 'not fit' notes are
30 illustrated in Figure 1.
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33 In 56 (90.3%) cases the GP either agreed or strongly agreed that they had completed the fit
34 note satisfactorily.
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37 In the majority of cases (n=45, 72.6%) the GP disagreed or strongly disagreed that the patient
38 could have returned to work with modifications. In eight (12.9%) cases the GP agreed that this
39 could have been the case, and in 7 cases (11.3%) the GP neither agreed nor disagreed.
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43 In 24 (38.7%) cases the GPs were neutral as to whether the fit note was useful in planning the
44 patient's return to work. An equal number 'agreed or strongly agreed' as 'disagreed or strongly
45 disagreed' (n=19, 30.6% in each case).
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11 In almost three quarters of cases (n=46, 74.2%) the GP disagreed or strongly disagreed that
12 factors other than the patient's presenting health condition influenced their completion of the fit
13 note. Eleven (17.7%) agreed or strongly agreed.

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17 The greater proportion (n=38, 61.2%) agreed or strongly agreed that the fit note explained to the
18 employer how the patient's health condition affected their ability to work. Eleven (17.7%)
19 disagreed.

20 21 22 23 24 25 **Completion of 'may be fit' notes**

26 Questionnaire responses (n=24) made ~~in-regard~~~~ing to~~ the usefulness of the 'may be fit' notes
27 are illustrated in Figure 2.

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31 In all cases the GP either agreed or strongly agreed that they had completed the fit note
32 satisfactorily.

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36 The majority of GPs (20; 83.3%) agreed or strongly agreed that the fit note was useful in
37 planning the patient's return to work. Two (8.3%) were neutral, and two (8.3%) disagreed with
38 this statement.

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42 In more than half of cases (n=15, 62.5%) the GP disagreed or strongly disagreed that factors
43 other than the patient's presenting health condition influenced ~~their~~~~my~~ completion of ~~theis~~ fit
44 note , seven (29.2%) were neutral, and two (8.3%) agreed with this statement.

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11 The majority (20; 83.4%) agreed or strongly agreed that the fit note provided the employer with
12 information intended to help the employer modify the patient's job, and one (4.2%) strongly
13 disagreed with this statement.
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18 The majority of respondents (23; 95.8%) agreed or strongly agreed that the fit note had
19 explained how the patient's health condition affected their ability to work. None disagreed with
20 this statement.
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23 24 25 **Questionnaire comments**

26 A total of 96 comments were made. Categories including five or more comments, and examples
27 of the content of these categories, are shown in Table 3. Each comment could cover more than
28 one category.
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32 The greater proportion of comments referred to how the GP could have provided further
33 information on their fit note.
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36 Fourteen comments referred to the GPs opinion that there was no further information that could
37 have helped the patient return to work, or that this information was 'not applicable' (these were
38 all related to 'not fit' notes).
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42 Twelve comments referred to GPs' reasons ~~associated with~~for issuing a 'not fit' note, and a
43 further twelve to GPs' uncertainty as to whether they had completed the fit note satisfactorily.
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46 Six comments referred to GPs views about their role in fit note completion.
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Five comments referred to reasons for not providing more detail on fit notes and a further five to where GPs had not anticipated the return to work outcome of their patient.

Interview findings

Interviews took place at the GPs' surgeries between November 2013 and May 2014. Seven interviews were conducted by one researcher, and four by a second researcher. The duration ranged from 25 to 46 minutes (mean 34 minutes). Three main themes related to fit note completion were identified.

1. Overall perceptions of the fit note consultation

Not all GPs considered issuing fit notes to be their role and several would have preferred not to have responsibility for them. Many felt considered themselves ill-equipped to make effective use of the fit note and that they had 'more important things' to deal with. Some felt that they had to accept what the patient said at face value, emphasising their role as patient advocate.

However they were also reluctant to anger or upset patients if they held a conflicting view, particularly with long-term sickness absence.

I think that it's probably something that is probably in the wrong place with GPs. I think it fundamentally misunderstands what GPs do. I don't think we have either the time or the skills - so the capacity to do the sorts of in depth discussions that we need to do about someone's occupation in the context. (GP_4)

In some cases fit notes were perceived thought to be unnecessary for example in 'cut and dried' cases such as elective surgery where there was perceived to be an expected set period of absence.

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11 Participants described how GPs varied in their understanding, completion and management of
12 the fit note, even within the same practice:
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15 *I think I'm a little less easy going than other members of the practice maybe - I don't*
16 *have any audit for this but I could imagine one or two of the others being a little bit*
17 *more happy than even I am to give sick notes, fit notes. (GP_3)*
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21 This variation could also be due to individual preference, time and the location of the practice.
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23 GPs in areas where the majority of patients were unemployed might issue more 'not fit' notes,
24 and have a lower 'threshold'.
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27 There were difficulties in providing a consistent approach to fit note completion as '*many people*
28 *come back for repeat notes to different doctors*'. Tracking the fit note on the medical records
29 system relied on accurate coding by each GP. If the initial fit note had been issued in hospital it
30 may not have been recorded on the same system.
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34 Some GPs referred to the fact that many patients had already been absent from work through
35 self-certification by the time they consulted their GP which may have affected their mind-set
36 about their work capacity. GPs might not be fully aware of the extent of a patient's sickness
37 absence history as there was no system of documenting self-certification.
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41 It was perceived that the ease of completing a computerised form led to a more detailed, higher
42 quality fit note and facilitated continuity of care between GPs. Templates could potentially be
43 useful in prompting the GP to complete each section however in some cases, certain sections
44 were missing. Some GPs appeared to be creating their own templates, others continued to
45 complete the paper copy and were seemingly unaware of an electronic version or whether they
46 could print off a copy for the patient:
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11 *No - it's not on my template - I've missed that little bit off in my template. So maybe*
12 *if I were to change my template, it would prompt me to do it more often. (GP_3)*
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15 Computerised versions were not available to all GPs. Some were issuing paper fit notes then
16 entering the details onto a template within the computerised medical record. However,
17 completion and accuracy was not necessarily guaranteed:
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21 *The problem is you do it by hand and you forget to record it. That happens all the*
22 *time. (GP_10)*
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25 **2. Completing the fit note fields**

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27 GPs varied in the amount of detail they provided on the patient's condition. Some gave very
28 little, thinking that the less they said the fewer implications it might have, both for the patient and
29 themselves:
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33 *My principal is as little as possible. The more you offer, the more it can get the*
34 *patient into deep water and me into deep water because you end up having to*
35 *justify these things. (GP_3)*
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38 For others it might depend on how they felt 'that day', and who would read the fit note, as to
39 how much detail they would include. Some considered that employers would not understand or
40 might misinterpret medical information. Others recognised that the employer might benefit from
41 more detail, and recognised the need to avoiding medical 'jargon'.
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45 Patients might challenge what was entered, for example if they felt that they needed further
46 justification for sick leave. Some GPs acceded to the patient's wishes, in order to not only
47 maintain a relationship with that patient, but due to fear of the consequences. GPs might be
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11 deliberately vague about the condition if they felt that more detail might impact on relationships
12 at the workplace, if patients did not want their employers to know about their health condition, or
13 were unsure who might have access to the information. For example the following comment
14 was made regarding a patient with obsessive-compulsive disorder:
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18 *She gets very worried about what – if she does take any time off sick, what's put in*
19 *there – but that's partly related to when she rings in for her own time off before she*
20 *needs a sick note that they have to leave it on an answer machine which is in an*
21 *office, which other people can hear. (GP_6)*
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26 GPs recognised that their own beliefs and attitudes about disclosure could influence how they
27 completed this section of the fit note. They also admitted issuing fit notes for non-medical
28 reasons such as bereavement, but were uncertain whether this was appropriate.
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32 GPs frequently used the term 'fit note' to refer to 'may be fit' notes, and the term 'sick note' to
33 refer to 'not fit' notes. Some were unclear what to do ~~now that~~ there ~~is~~ no longer a 'fit for
34 work' note. Others were unsure ~~as to~~ whether the fit note could be used as a 'not fit' and 'maybe
35 fit' note at the same time. In their view a 'may be fit' note might not be appropriate at the time of
36 the consultation, but might be in the near future, so combining both options was seen as a
37 sensible use of the note.
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42 The choices of modifications were generally seen as adequate, although some GPs were
43 reluctant to recommend amended duties as they felt they did not know enough about what
44 these might entail and that 'workplace adaptations' required more specialist knowledge. There
45 was uncertainty about the meaning of the options and the opportunities they offered:
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11 *Sometimes I have trouble distinguishing between them, so “work adaptations”,*
12 *that’s easy isn’t it? Altered hours – “altered hours and a phased return to work” –*
13 *oh no, altered hours are permanent altered hours isn’t it, under duties? Yes, so I*
14 *suppose that’s a bit obvious really isn’t it, it’s just me being a bit stupid. Yeah, the*
15 *phased return to work would be a gradual thing – altered hours would be*
16 *permanent altered hours, permanent amended duties wouldn’t it? (GP_10)*
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21 Some GPs appreciated the free text comments box to provide more detail, however others
22 hadn’t noticed it was there, or thought it unnecessary and too large:
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26 *I tend not to use it. I think it’s wasted space, because it is quite a big box but it*
27 *doesn’t get used. (GP_5)*
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30 Even if this section was perceived as useful, GPs reported that they did not necessarily use it or
31 provide much detail, or realise that it was a requirement to comment on ‘may be fit’ notes. They
32 were uncertain as to what they were expected to write and varied in their **understanding**
33 **interpretation** of the phrase ‘functional effects of your condition’. Some were unaware of the
34 **wordingphrase**. Others did not feel sufficiently confident to comment, feeling that they needed to
35 have an in-depth knowledge of the patient’s job.
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41 *Functional could be on so many different levels. I think that’s a very nebulous term,*
42 *anyway, and I’ve actually never put a comment in there because I don’t really feel it’s*
43 *my role. (GP_3)*
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46 Few GPs used the comment box to provide more information on ‘not fit’ notes. They thought this
47 might be due to the layout of the note (the comment section is enclosed in the same box as the
48 work modification options) or because they did not feel it to be relevant. Some did consider that
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11 it might be helpful to the employer to know why the condition was preventing the patient from
12 working.
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15 GPs were uncertain whether employers took much notice of recommendations made on the fit
16 note. Many thought that employers wanted very little information other than to confirm the
17 legitimacy of their employee's absence, and when the employee would be returning to work or
18 to 'cover' themselves if the employee wanted to return to work.
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22 Some GPs thought that the reassessment section was frequently missed because of the fit note
23 design, and suggested improvements such as a tick box or a default question. Others had not
24 noticed this section at all. However, several did not complete it because they didn't think it
25 necessary:
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30 *I find this unhelpful, this section here "I will or will not need to assess the patient" I*
31 *have always found that quite irrelevant, really to be honest..... They just go back*
32 *automatically, that is why I always find that a bit of useless bit really to be honest.*
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34 *(GP_9)*
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38 Some thought that completion could lead to unnecessary appointments, and deliberately left it
39 to the patient to decide. Some-Others had not realised that patients could return to work before
40 the expiry date without being re-assessed, or referred to 'open' and 'closed' certificates, a
41 feature of the previous 'sick note'.
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45 The majority of GPs felt confident in completing the dates section, however others were less
46 sesure, in particular aboutexactly which date the absence started and the return to work date:
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11 *You know what? I think I have a mental blockage on , so 'From' and 'To', I'd -*
12 *sometimes I get – I'm not a hundred percent clear on the return dates. Whether*
13 *that would that be their last date of sickness - or is that their first date that they're fit*
14 *to go back to work? (GP_11)*
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21 **3. Changing GP behaviour in fit note completion**

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23 Some GPs reported that reflecting on their fit notes in the study had changed their
24 understanding and completion of fit notes. In hindsight they had observed that the content was
25 inaccurate, unclear or not sufficiently detailed. Some realised that they weren't aware of, or
26 hadn't read, some of the sections properly. Some Others had started to include more comments
27 for employers, which were more constructive and detailed on the condition and how it affected
28 patients' ability to work:
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33 *I am tending to put more comments. I put more information for employers in the*
34 *comments sections. That's the key question - how the condition actually affects the*
35 *ability to work. So that was quite difficult. That's something that I've changed,*
36 *obviously.(GP_1)*
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41 However this change in practice might not necessarily be sustained, partly because *old habits*
42 *die hard'* and also because GPs had no evidence of how effective their fit notes were. They
43 received very little feedback from employers on the usefulness or outcome of their fit notes -
44 unless there was a problem.
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11 Some GPs thought that improving their completion of fit notes was a gradual process. It was still
12 'early days' and that it would take time, and frequent reminders for GPs to change their habits. It
13 was easy for the GP to avoid the perceived complexities of the 'may be fit' option:
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17 *There is a way round this without affecting directly a patient's clinical care. Without*
18 *getting yourself into trouble. To be frank, you can always put they're not fit for work.*
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20 (GP_4)
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23 None of the GPs had any occupational health experience or qualification. Few reported having
24 made use of any online resources. Two had attended the National Education Programme in
25 work and health. Their experiences were positive, although it was unclear how much of the
26 programme was directed towards the fit note as the se GPs were still uncertain how to complete
27 it. Two GPs had attended a Protected Learning Time event led by one of the Fit for Work Pilot
28 Services which were perceived as useful, but insufficient.
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33 Some thought that fit note training was important, others not. Many considered it unlikely that
34 they would access training that involved their own time and money, or simply weren't interested:
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37 *It's not the sort of thing I would go on. I've got a million and one other things I'd*
38 *prefer to learn, spend an afternoon learning than that, I'm afraid. Sorry. (GP_7)*
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41 One of the GPs who had attended the RCGP training valued the opportunity to discuss practice
42 with other stakeholders, or other GPs, which rarely happened:
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45 *If you don't know what the people on the other side of the wall are doing, then you*
46 *can't address the issues perhaps, or you know, you may be sending messages that*
47 *they don't understand or aren't helpful...often as an experienced GP, some of the*
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11 *best learning episodes are when you sit round with other GPs and discuss how you*
12 *do it. So many things in general practice, you're in your room on your own.(GP_6)*
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15 The majority of the GPs were either unaware of the DWP fit note guidance in fit note completion
16 or had not reviewed it since the fit note was introduced. Some questioned the need for
17 guidance:
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20 *No, I wasn't aware of it. Do we need guidance? (GP_5)*
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23 However, others felt that standards and guidelines could support their consultations and lead to
24 greater consistency in patient management:
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27 *some GPs just issue that (not fit note) because they felt under threat but if there are*
28 *guidelines and standards you can give that to the patient, "This is not me, this is the*
29 *guidelines. This is the set of standards that stop me." (GP_2)*
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35 Discussion

36 Summary

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38 This study sought to examine GP completion of fit notes through the analysis of three
39 associated data sets. The findings have identified a number of reasons why fit note completion
40 is not meeting expectations.
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44 Lack of motivation to change

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46 Our findings suggest that GPs would prefer not to be completing fit notes. Many feel unskilled in
47 this area, **and they** do not consider it to be their role, a priority, or necessarily interesting. They
48 also feel they do not have sufficient time in the consultation. They doubt whether what they write
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11 is useful and do not receive any feedback about their performance, either from employers or
12 from their colleagues. These findings are supported by other studies. For example, studies by
13 Wainwright et al¹² and Fylan et al¹³ found that GPs are reluctant to risk jeopardising their
14 relationship with their patient, and that the lack of feedback as to the usefulness of the fit note
15 resulted in a 'consequence vacuum'.¹³ Lack of continuity of care and adequate consultation
16 time have been identified by patients as of key importance in the sickness certification
17 consultation in a study by O'Brien et al.¹⁴ Hussey et al¹⁵ have also argued the need for policy-
18 makers to address the conflicting demands of other stakeholders experienced by GPs in this
19 area. In practice it makes no difference to the GP how well they complete fit notes. There are no
20 obvious incentives or sanctions to change their methods and approaches, and as Welsh et al
21 found,¹⁶ GPs report that it is difficult to change embedded practice. Previous research has
22 been equivocal about the role of other healthcare professions in issuing sickness certificates¹⁷
23 and the effectiveness of a recently introduced Allied Health Professions (AHP) Advisory
24 Fitness for Work Report²⁰⁺⁸ has yet to be evaluated. A national government-funded 'Fit for
25 Work' service is currently being introduced in the UK.²¹ As well as offering free health and work
26 advice through a website and telephone line to all stakeholders, it will also offer referral to a free
27 occupational health assessment for employees who have reached, or whose GP expects them
28 to reach, four weeks of sickness absence. If a 'Return to Work Plan' is issued by the service,
29 this can be used in place of the fit note. The findings of this study would seem to lend support to
30 the role of the Fit for Work service, however it is too early to judge the impact it may have on fit
31 note completion. There is a risk that GPs may be less inclined to consider the 'may be fit' option
32 in the knowledge that they can refer the patient to this service after four weeks of issuing 'not fit'
33 notes.

Lack of knowledge and awareness

Our findings demonstrate that GPs have not necessarily paid close attention to the changed format of the fit note. Some were unaware that certain sections existed, perhaps due to the design or format of the note. Others were deliberately choosing not to complete them. There was still uncertainty about the lack of a 'fit to work' option and completion of the date fields. GPs were unclear as to how much detail they should include, and of particular concern – whether modifications were temporary or permanent. It is of note that GPs are less likely to recommend 'altered hours', whereas employers consider these easier to apply.^{8,2249} GPs are not clear what the phrase 'functional effect of your condition' refers to, despite this being of key interest to employers.²³⁰ Other studies have reported on the problems experienced by GPs in communicating about patients' function on sickness certificates.^{244,252} The study by Fylan et al¹³ also reported on GPs uncertainty in completing the advice fields on the fit note, and 'section blindness'. Despite some sections not being completed in our study, most participants reported that they were completing the notes satisfactorily. This reflects the results of a Swedish survey of physicians²⁶³ where, despite evidence demonstrating the poor quality of sickness certification, few reported that they needed more skills in completion.

In this study there was also uncertainty about, and lack of standardisation, of computer-generated fit notes. These have the potential to facilitate the compulsory completion of fields as suggested by Skaner et al,²⁷⁴ and of ensuring an accurate record of the fit note is held by the GP, even though it may not guarantee better quality.²⁸⁵ Non-standardisation of computer-generated fit notes and apparent lack of comprehensive roll-out of the eMed should be urgently addressed.

Lack of education and training

In this study none of the GPs had received training specific to fit note completion, nor were they using the interactive tool²⁹⁶ or on-line fit note guidance provided by the DWP.³⁰²⁷ A minority had attended educational sessions related to work and health, but the fit note was not covered in depth. When the fit note was introduced, the government supported the development of a National Education Programme in work and health³¹²⁸ to be made available to all GPs.³²²⁹ Although well-received,²⁸ uptake was reportedly limited⁸ and no objective evaluation has been published. Our findings support those of Welsh et al¹⁶⁴ and Cohen et al³³⁰ that fit notes are perceived to be a low priority by many GPs, and suggest that only those with a particular interest are likely to attend training of their own volition. [Previous studies of GPs who have chosen to undertake further training in occupational health have indicated its potential benefit in the completion of sickness certificates.](#)³⁴ Although our findings indicate that reflecting on one's own fit notes might encourage GPs to change their completion habits, these might not be sustained. Audit and service evaluations are indicated, and mandatory training considered, with a particular focus on fit note completion. A proposed trial of an education programme for Dutch GPs in this field looks promising³⁵⁴ although it is not clear if the effect of training on the completion of sickness certificates will be measured.

Limitations and strengths

The main limitation of this study was the small sample of GPs, however the completion of the fit notes in this sample is reflective of other research^{6,7} and the study is strengthened by the use of different data collection methods. Not all GPs submitted the ten fit notes required. We were also unable to achieve the intended sample of 'may be fit' notes despite extending the data collection period, but this low proportion is reflective of the national picture.⁷

Conclusions

Weaknesses in the design and format of the fit note, and the availability of the electronic version, need to be addressed in order to facilitate completion. Consideration of GPs' education and training requirements in fit note completion is urgently required. However as many GPs would prefer not to be completing fit notes, this role should be reviewed.

Conflict of interest statement

There are no conflicts of interest.

Ethics committee statement

Ethical approval was obtained from the East Midlands (Northampton) National Research Ethics Committee on 30th May 2013 Reference: 13/EM/0186.

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For Peer Review

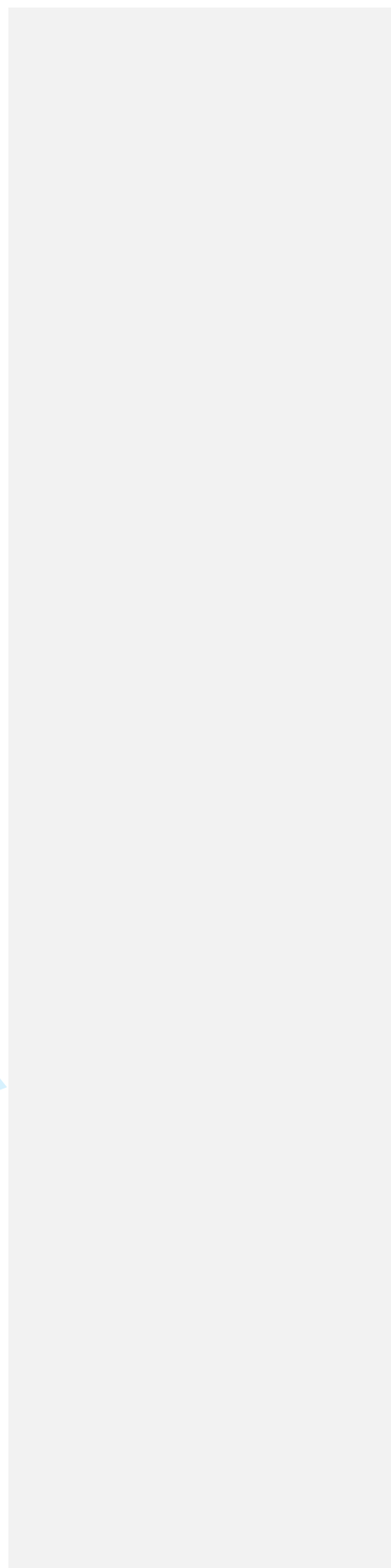


Table 1. Descriptive statistics for the fit notes received from all GPs

Fit notes		N	%
Number in sample (n=94):	Not fit	62	66.0
	May be fit	25	26.6
	Neither option selected/blank	6	6.4
	Both options selected	1	1.1
Number of fit notes with a single modification (n=16):	Amended Duties	8	50
	Phased return	5	31
	Altered Hours	2	8
	Workplace Adaptations	1	0.1
Number of fit notes with more than one modification (n=9):	<i>Any combination of the above four modifications</i>	9	36
Number of fit notes with comments (n=27):	'May be fit' notes	21	77.8
	'Not fit' notes	4	14.8
	Neither option selected/blank	1	3.7
	Both options selected	1	3.7
Completion of the reassessment section (n=94):	Not completed	37	39.4
	Will not need to assess patient	27	28.7
	Will need to assess patient	13	13.8
	No review section on form	17	18.1

Table 2. Frequency of fit note comment categories with examples of comments per category

Category	Examples of GP comments <u>(condition as stated on fit note)</u>	Number of fit notes
Work-related advice/recommendation/instruction	'If this is possible patient benefits from a set regular shift which starts preferably later during the day, for example 11am onwards' <u>(depression)</u>	23
Functional effects of a patient's condition	'Ongoing stress, needs to focus on one phone line at a time to build up confidence, also needs to see occ health' <u>(anxiety and low mood)</u>	11
Additional information on health condition	'After elbow surgery has recovered will need to consider phased return' <u>(elbow surgery, Asperger's)</u>	8
Clinical management/intervention	'Advised to rest' <u>(bleeding in early pregnancy)</u>	3
Date for RTW suggested/indicated	'Plan rtw 14/11/13 with some working from home' <u>(low mood)</u>	1

Table 3. Categories identified by analysis of the GP questionnaire comments

Category	Examples	Number of comments per category
The GP commented that he/she could have provided more information	These GPs commented that they could have provided more information on for example: the patient's diagnosis (including lay terminology); prognosis; cause duration and severity of the condition; treatment, including duration; advice on modifications; the functional effects of the condition; the patient's occupation.	29
The GP commented that he/she though no further information was required	These GPs commented that there was no further information that could have helped the patient return to work, or was 'not applicable'.	14
The GP commented on their reasons for issuing a 'not fit' note	These GPs commented that this was because it was a 'first' note; the patient was 'avoiding' work; the patient was very anxious; there was family ill-health; the patient had already self-certified.	12
The GP was uncertain as to whether he/she had completed the fit note satisfactorily	These GPs were uncertain as to: what information could have helped the patient return to work; how to refer to work-related stress; whether a 'fit' note was still required; whether both 'may be fit' and 'not fit' note options could be used together; judgements about amended duties.	12
The GP commented on their role in completing fit notes	These GPs commented on: the fitness for work decision not being seen as the GPs' role; the challenge of long-term/continuation fit notes; questioning other GPs awareness of the 'may be fit' option; the use of national guidance for sickness absence following surgery to avoid the need for fit notes.	6
The GP commented on their reasons for not providing more detail on the fit note	These GPs did not provide more detail on the fit note because: they were unsure about time frames; patients not wanting their employers to know about their condition; the diagnosis was unclear; detail wasn't required on a 'not fit' note.	5
The GP commented that the patient's return to work outcome following the fit note was not as anticipated	In two cases the patient had not returned to work as expected (one was receiving further 'not fit' notes from other GPs in the practice); another was a patient with acute back pain that the GP had thought would be 'self-limiting' but who remained off sick; one had returned to work but had not received the expected support from her employer; another had returned to work despite the GPs expectations.	5

Figure 1. GP questionnaire responses regarding completion of 'not fit' notes (n=62)

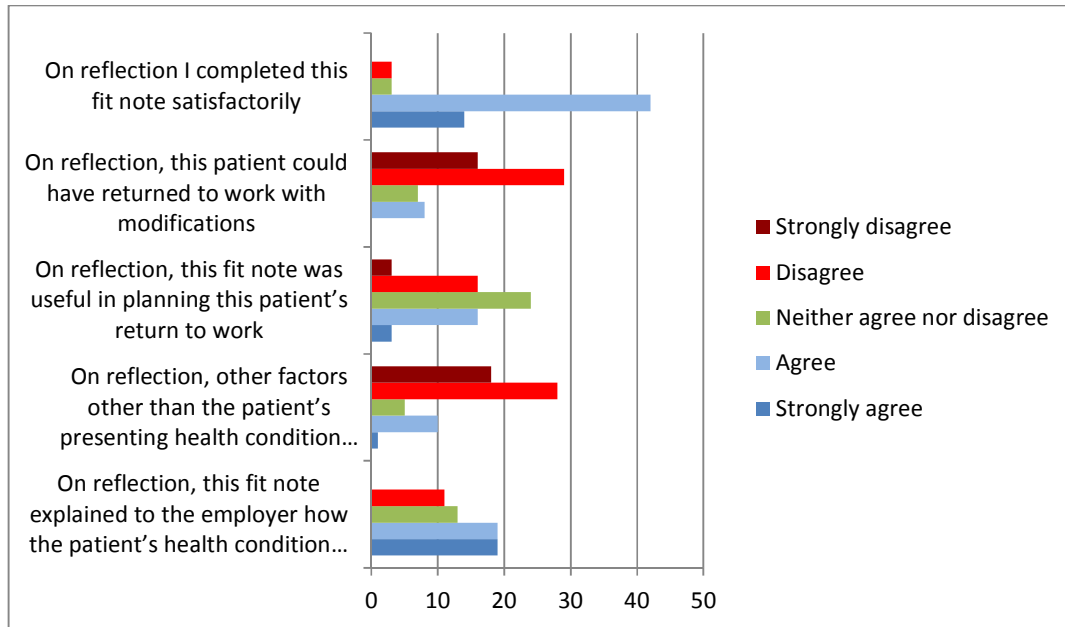
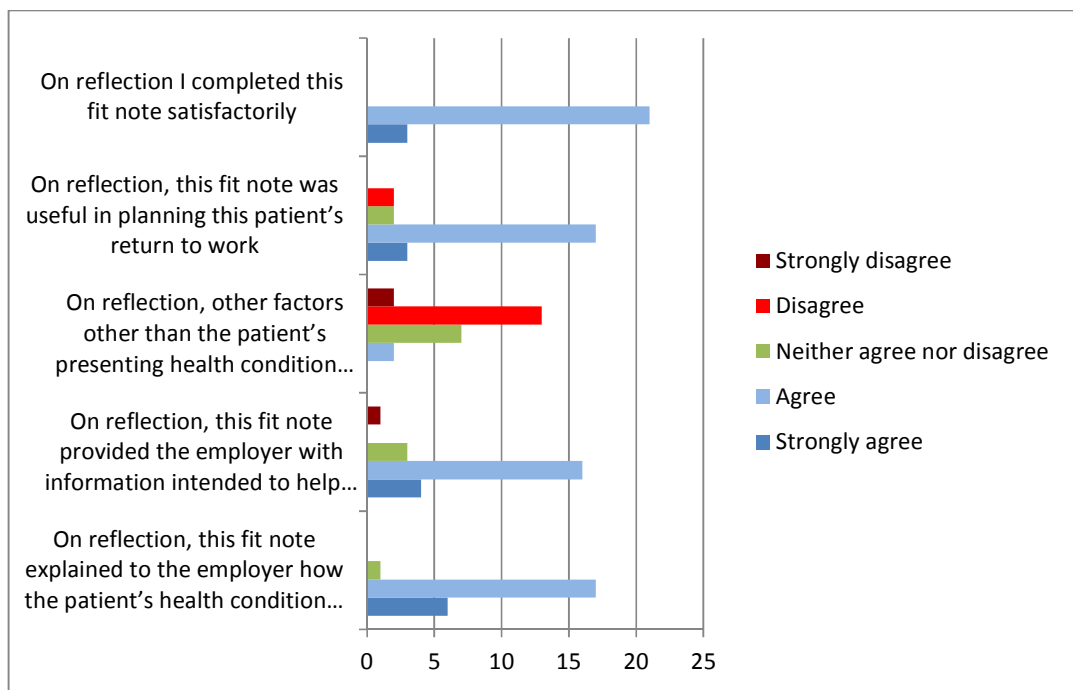


Figure 2. GP questionnaire responses regarding completion of 'may be fit' notes (n=24)



Peer Review