An evaluation of the Statement of Fitness for Work: Qualitative Research with General Practitioners

By Beth Fylan, Fiona Fylan and Lauren Caveney

Background

This report presents the findings from qualitative research with General Practitioners (GPs) to evaluate the new Statement of Fitness for Work (fit note). The fit note was implemented on 6 April 2010 across England, Wales and Scotland to replace the ‘sick note’ with the aim of improving individuals’ and employers’ access to timely information about when and how sick individuals might return to work, supporting people with health conditions to stay in work or return to work more quickly, and so reduce sickness absence. The policy change is also intended to contribute to creating new perspectives on the link between work and health and improve awareness and understanding of the importance of work for good health.

As GPs play a significant role in managing sickness absence, the Department for Work and Pensions (DWP) commissioned this study to understand GPs’ views on the fit note, their experiences of using it, and how the fit note has influenced their perceived role in giving back-to-work advice to patients. It is part of a wider programme of evaluation on the fit note including research with employers, individuals and statistical analysis of fit note data.

Method

This study explores the extent to which the fit note meets its policy objectives to improve assessments of sickness and how this is achieved in practice. It answers the following broad questions: what are GPs’ experiences of using the fit note?; what role do GPs feel they play in giving return-to-work advice?; and how has the fit note influenced their role perceptions? We conducted 45 in-depth, semi-structured interviews with a purposive sample of GPs in England, Scotland and Wales. Sampling variables included GP and practice characteristics. We conducted fieldwork between February and May 2011 and analysed the data thematically.

Key research findings

The Statement of Fitness for Work has become a consultation tool that GPs use to initiate and guide negotiations with patients about returning to or commencing work. GPs can use the fit note to justify the need to discuss work and to prompt them through the process of questioning patients about their work-related capabilities.

GPs who welcomed the introduction of the fit note did so because they believe work is beneficial and because they believed the previous certification system to be ineffective. GPs who held negative views of the policy did so because they were sceptical that the fit note could change outcomes for patients and because it does not force GPs to change how they certify sickness absence.

GPs perceive that the fit note is most effective for patients with conditions such as ME, mild-to-moderate mental health conditions and musculoskeletal conditions.

GPs are less confident in using particular options on the fit note, such as the amended duties and workplace adaptations tick boxes. Some reported difficulty in understanding and distinguishing between the four return-to-work tick boxes and confusion over date fields. Not all GPs understand the level of detail they should include on the fit note.

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Prior to the introduction of the fit note, most GPs spent little time preparing for its use because they perceived the change to be straightforward. As a result, many GPs at first overlooked the fit note’s potential to change patient outcomes. Some GPs acknowledged that over time they understood the fit note can be used in a richer way.

Barriers to the successful use of the fit note include GPs’ self-efficacy in dealing with conflict, their unwillingness to damage their relationship with their patients, the patient’s age, and the local economic and labour market conditions. They are also less likely to drive for a return to work if they perceive the patient’s job to contribute to their health condition.

GPs’ self-efficacy in using the fit note is reduced because they receive little feedback about the usefulness of their advice.

Many GPs believe that motivating their patients to return to work is an integral part of their role and that the fit note has helped them to do this. It has also helped some GPs to adopt a stricter role with their patients.

GPs who prioritise medical rehabilitation begin using the fit note later in the patient’s recovery.

**GP preparation**

Most GPs interviewed spent very little time preparing to use the fit note prior to its introduction because they thought the change was straightforward. There was much complacency about the extent of change and many GPs initially overlooked the fit note’s potential. Many GPs believed the change to be a minor administrative one. Some GPs reported changing their view of the fit note over time, acknowledging its potential to be used differently to the sick note. Some GPs thought that additional guidance about recommending workplace adaptations would help them use the fit note more effectively. Training in communicating and negotiating skills was considered key to effective use of the fit note.

**Using the fit note in practice**

The fit note is used by GPs as a consultation tool to bring up the issue of returning to work with their patients, to guide the conversation about work, and as a buffer to justify initiating discussion about returning to work. For many GPs the fit note is now integral to the way they conduct consultations that involve work. The likelihood that they will use the fit note to introduce the issue of returning to work is influenced by their perceived ability to deal with conflict, their unwillingness to damage their relationship with their patients, the prospects of their patients ever working given their condition, the patient’s age, and the local economic and labour market conditions. GPs perceive that patients with conditions such as ME, mild-to-moderate mental health conditions, and those with musculoskeletal conditions have experienced the most benefit from the fit note. GPs opinion about whether consultation lengths had changed was mixed.

GPs are less confident in using particular options on the fit note, such as workplace adaptations and amended duties tick boxes, and they have difficulty in understanding and differentiating between the return-to-work options.

**Receptiveness**

GPs regard the patient’s agenda for returning to work as a key determinant of the success of the fit note process. In turn, the patient’s agenda is influenced by a range of factors including financial factors, their illness perceptions, and attitudes to work. Recommendations for keeping patients in work or returning them to work may be hampered by patients who expect a negative response from their employers. GP self-efficacy in using the fit note is affected by a lack of feedback from employers about the value and feasibility of the advice they give on the fit note.
 GP approaches to patient management

GPs generally feel that their role now involves changing patient perceptions of their ability to work and in some cases GPs have been able to adopt a stricter role with their patients. GPs generally make decisions about returning to work in isolation from other clinicians. Co-location of other services, such as physiotherapy and counselling services, aids communication about the patient’s ability to work, which may otherwise be communicated via the patient.

As patients face non-medical barriers to returning to work or moving off sickness-related benefits, GPs believe that referral to agencies to address non-medical barriers would be beneficial.

Understanding the extent of their role

GPs without occupational health training believe that some aspects of the fit note, such as recommending amended duties and workplace adaptations, fall outside their area of expertise. They believe that giving advice to employers is an occupational health role, rather than the role of the GP. Whilst some GPs can see a benefit to having contact with employers, most GPs are wary of doing so because of the time commitment it would involve and because they believe their role is to be the patient’s advocate.

GPs hold varying views on the purpose of their advice on the fit note: some believe it is guidance for the patient to discuss with their employer; some believe it is advice for the employer to consider and take action upon; and others believe it is an instruction to the employer. They still perceive a conflict in their role in sickness certification: they act in a statutory role whilst also acting as the patient’s advocate and they worry that this may erode patients’ trust in their GP.

Conclusions, recommendations and implications for policy

Our findings suggest that the fit note is a useful consultation tool that GPs can use to keep their patients in work and to return them to work. We did, however, identify a range of barriers that GPs experience to returning patients to work using the fit note. These include: low GP self-efficacy to use the fit note; the patient’s age; the local economic and labour market conditions; GPs’ reluctance to damage their relationship with patients; and the patient’s own agenda, for example their motivation to return to work, and their illness perceptions.

The fit note has helped many GPs to motivate patients to return to work and has helped some GPs adopt a stricter role with patients. However, GPs believe that there is a role for other agencies in helping remove non-medical barriers to their patients working, such as lack of skills or problems with their employers. They do not see giving specific occupational health advice to employers as part of their role.

The findings indicate that many factors influence how GPs use the fit note including their self-efficacy to do so, the patient’s own agenda and the perceived value of using the fit note at all given the patient’s condition. These and other factors may be at play and may influence employer and individual experiences of the fit note process.

Further training in communication and negotiation skills in the context of patient management would help GPs feel more confident about bringing up the issue of return to work with their patients. GPs also need further guidance about what to write on the fit note to make it useful to patients and employers. Policy makers may consider ways to help GPs and employers share information without damaging the GP-patient relationship or adding to GPs workload.

Greater public awareness of the health implications of long-term work incapacity would help to improve people’s understanding of the importance of work and help GPs motivate people to return to work earlier.