Medical certification and ‘fitness for work’

John McDermott offers some advice for assessing patients’ fitness for work or certifying them unfit for work

The whole area of sickness certification for GPs has been long recognised as ‘challenging’. Irish GPs have a long tradition of close, trusting professional relationships with their patients. The purpose of any period of sick leave is to allow the afflicted individual the opportunity to access appropriate medical care together with time to convalesce from a ‘bout’ of illness or injury.

Rehabilitation to work is an important therapeutic ‘end goal’ as it is usually an indication of recovery and return to ‘normal’ functioning. Well-validated tools or procedures to support doctors with sickness certification are lacking. In Ireland, we currently have two parallel systems of medical sickness certification; a regulated State system (ie. MC1 & MC2 forms) used for claiming benefits (subject to independent medical review) and an unregulated non-state certificate (ie. the ‘sick cert’) issued by GPs/specialists to ‘inform/notify’ employers of their employees’ fitness/unfitness for work.

It has been estimated that there are 11 million working days ‘lost’ through sickness absence to the Irish workforce each year at an annual approximated cost to the exchequer of €1.5 billion. The Department of Social Protection reports an exponential rise in illness/disability related payments over the past decade. There are variations in sickness absence rates across gender, age, working sectors and organisations (and even working departments within the same organisations). Sickness absence incidence in the private sector is reported as up to 50% lower than in the public sector (with levels among the self-employed lower again). These variations cannot be explained in medical terms alone and the consensus opinion is that absence from work is a multifactorial issue.

Work is ‘good for you’ and the net benefit of working (for almost all occupations) exceeds any observable negative health consequences. In contrast, the negative health effects of unemployment have been well observed over the years and are now universally accepted. It has been shown that employed people have better health outcomes than unemployed people, with a decreased rate of long-term illness, mental illness, cardiovascular disease, hospital admissions and mortality. Employment also brings many psychological benefits, such as social identity and status, a sense of collective purpose, regular activity, time structure and social contact.

There is a compelling body of evidence that a significant proportion of long-term work absence and ‘incapacity’ are now related to ‘common health problems’ (ie. mild to moderate musculoskeletal and mental health conditions that consist mainly of symptoms rather than objective disease). Research has shown that by the time an employee is six months absent from work their chances of ever returning to work is only 50%. This falls to 25% after one year’s absence and only 10% at two years. Absence from work may of itself pose a health hazard, with evidence that there is a high incidence of clinical depression in long-term absentees, independent of their initial presenting issue.

More importantly, there is evidence that returning to work can reverse some of these adverse health effects and lead to an improvement in overall health. The National Institute for Health and Clinical Excellence (NICE) guidelines on managing long-term sickness absence and incapacity for work state that GPs should balance the immediate health benefits of prescribing time away from work with the potential long-term disadvantages for the patient. The GP is usually the first health professional to see a patient who is absent from work due to ill-health, and issues around 20 sickness certificates per week. The advice received from the GP can have an impact on whether a person is absent from work, for how long, and whether they take steps to return to work.

Irish GPs have reported that their role as certifier is problematic and can be a source of conflict in their consultations with patients. GPs were concerned with breaching patient confidentiality and in particular disclosing details of patient illnesses to employers. Some Irish GPs have admitted issuing medical certificates for reasons other than medical illness on occasion (eg. anxiety-associated situations or fatigue-related issues for example caring for sick relatives or work problems that may contribute to an...
employee feeling unfit for work, etc). The statement of fitness for work (‘fit’ note replacing the ‘sick’ note) was introduced by the UK government in April 2010. A survey of 1,405 GPs in autumn 2010 reported that 61% felt that the fit note had improved the quality of their discussions with patients about return to work, and 70% believed that the fit note had helped their patients make a phased return to work.

Proposed guidelines for sickness certification

The Medical Council states that: “In issuing certificates, reports, prescriptions and other formal documents, you must be accurate and make sure the document is legible. You must also include your Medical Council registration number. Normally you should only sign a certificate or other such prescription, report or document for a patient following review of the patient’s condition”.

What minimum and additional information might a sickness certificate contain?

A sickness certificate should at a minimum contain the:

- Name, address and MCRN number of prescribing doctor
- Name of the patient
- Date on which the examination took place
- Date on which the certificate was issued
- Date(s) on which the patient is or was unfit for attendance at work
- The certificate should be issued based on a face-to-face consultation (when feasible)
- The certificate should be issued for the shortest duration reasonable in the circumstances (the duration of the first certificate has been shown to be an important predictor of overall absence duration!)
- The duration of absence is clearly defined with (if possible) an expected return to work date.
- There is a rehabilitative component (which includes advice regarding various actions/interventions that might support return to work).

Does the medical diagnosis need to be clearly outlined on a sickness certificate?

In general, there is no obligation on a patient or their GP to reveal confidential medical information on a sickness certificate. However, patients (as employees) have responsibilities under the Health, Safety and Welfare at Work Act 2005 to comply with workplace health and safety and not jeopardise themselves, their work colleagues and/or the general public by failure to disclose a relevant medical condition (eg. epilepsy, diabetes, previous back injury, etc.). The Department of Work and Pensions advises UK GPs to ‘give as accurate a diagnosis as possible’ unless the GP feels a precise diagnosis will damage their patient’s wellbeing or position with their employer’. Disclosure of a diagnosis to a third party (eg. employer or line manager) should always be clarified with your patient in the first instance, and further advice should be sought where disclosure against the wishes of a patient may be necessary for protection of safety of the patient or others.

Revealing an ‘exact’ medical diagnosis to a company-appointed occupational health physician is often a reasonable and acceptable way to circumnavigate the difficult issue of disclosure. The role of an occupational health department is to interpret medical information in the context of an individual employee’s working role and issue appropriate recommendations (with appropriate preservation of medical confidentiality).

Supporting work retention and rehabilitation – a proposed template for sickness certification

In January 2014 the Department of Work and Pensions UK issued very practical guidance for GPs in the UK on the application of the ‘fit’ note. Some of the salient points are:

- All GPs are able to provide simple fitness for work advice to aid their patient’s recovery and help them return to work
- A patient does not need to be ‘100% fit’ before returning to work and GPs should consider if their patient can do ‘work of some kind’ (eg. amended duties)
- GPs are not expected to have specialist knowledge of workplaces or occupational health and do not need to suggest possible changes to their patient’s workplace or job
- GPs should consider the long-term health risks of worklessness
- When assessing fitness for work, GPs should consider the following aspects of their patient’s health condition:
  - Functional limitations (mobility, stamina, sensory/intellectual issues etc.)
  - Duration and any likely fluctuation in symptoms
  - The impact of any ongoing treatment
  - Risk of work worsening their patient’s health condition.
- Assessing fitness for work is a ‘dynamic’ process, insofar as an employee may be deemed fit for certain duties if allowed particular accommodations (eg. reduced hours, restricted duties, working from home). A more constructive discussion between patients and their GP might ideally focus on ability (what a patient can do!) rather than disability (what a patient cannot do!).

Furthermore, a more productive discussion between a worker and their employer might focus on what ‘measures’ (work accommodations/aids/adaptations) might aid their rehabilitation to work following illness/injury and/or their retention in work (eg. if suffering from a longer term symptom or condition).

Introducing a ‘rehabilitative component’ might include trying to discuss/agree a ‘target expected return to work date’ along with some discussion around what ‘issues’ might need resolution prior/during a return to work.

If engagement of an occupational health specialist (and/or physiotherapy/occupational therapy/counselling/mediation) might be beneficial then this could be useful information to indicate to HR/line management. The aim is to support and influence ‘thoughts and behaviours’ toward encouraging a re-engagement with the workplace at some level and/or to encourage positive action(s) in support of rehabilitation to work.

If you would like to comment on this article or any of the other articles in the series on quality improvement please email nationalstandards@icgp.ie

John McDermott is a GP and an occupational physician, and is a member of the Irish Fit For Work Coalition (www.fitforwork.ie). He presented an interactive workshop at this year’s ICGP summer school in Kilkenny. See www.icgp.ie

References on request