

General Background and Practical Implementation of Fitness for Work Statement in the UK

Yoshihisa Fujino¹⁾, Tatsuhiko Kubo¹⁾, Keiji Muramatsu¹⁾,
Mariko Watase²⁾, Shinya Matsuda¹⁾

¹⁾Department of Preventive Medicine and Community Health, School of Medicine, University of Occupational and Environmental Health, Japan. Yahatanishi-ku Kitakyushu 807-8555, Japan

²⁾Occupational Health Training Center, University of Occupational and Environmental Health, Japan. Yahatanishi-ku Kitakyushu 807-8555, Japan

Abstract

The Statement of Fitness for Work, so called Fit Note, was introduced in the UK in 2010. Physicians issue Fit Note to workers when requested. The Fit Note provides the physician's advice about the worker's fitness for work when he or she has health problems, writing their advice of either "may be fit for work" or "not fit for work" on the form. The Fit Note also records details of the functional effects of workers' condition. Then the Fit Note is used to consider and arrange support from employers in order for workers to return to work. This paper reports the general background and practical implementation of Fit Note based on a literature review and interviews from general practitioners, occupational physicians, and physiotherapists in the UK.

Key words: Fit Note, Sick Note, Fitness for Work, Statutory Sick Pay

❖ Introduction

The UK has adopted in 2010 a system to support employment of workers with health problem, in which physicians issue a document called Statement of Fitness for Work (Fit Note)(1). Fit Note is a modification from the previous document that was referred to as Sick Note or Medical Statement. A Fit Note informs whether a worker with health problem including disease or injury is fit for work or requires work-related considerations. A Fit Note is usually submitted from a worker to his/her employer to require work-related considerations. When a worker is not fit for work, the Fit Note is used as an application document for statutory sick pay.

Received: November 25, 2013

Accepted: December 11, 2013

Correspondence: Y. Fujino; Department of Preventive Medicine and Community Health, School of Medicine, University of Occupational and Environmental Health, Japan; 1-1 Iseigaoka, Yahatanishi-ku, Kitakyushu-city, 807-8555, Japan
e-mail: zenq@med.uoeh-u.ac.jp

Here we report the results of the literature survey and the interviews with persons involved we conducted to know the current operational status of Fit Note in the UK. This paper is based on the interviews²⁻⁶⁾ and the articles cited in this document.

❖ Subjects and Methods

A literature survey and interviews with persons involved were conducted to know the operational status and the background of the Fit Note system. In the literature survey, articles related to Fit Note were collected on the Internet. Interviews were conducted in London, UK with general practitioners (GPs), occupational physicians, and physiotherapists involved in the operations of Fit Note in February 2013. Interviews were conducted with the interviewees who had been selected with the support by The Work Foundation (<http://www.theworkfoundation.com/>), a think tank established at Lancaster University in the UK. The Table 1 shows the list of the interviewees.

❖ Results

System related to Fit Note

The UK has adopted in 2010 a system to support employment of workers with health problem, in which physicians issue a document called Statement of Fitness for Work (Fit Note)¹. Fit Note is a modification from the previous document that was referred to as Sick Note or Medical Statement. A Fit Note informs whether a worker with a health problem such as disease or injury is fit for work or requires work-related considerations. A Fit Note is usually submitted from a worker to his/her employer to require work-related considerations. When a worker is not able to work, the Fit Note is used as an application document for statutory sick pay.

Fit Note is for workers who need one week or longer of absence from work. It is considered a general recommendation from a physician to a worker, and the employer of the worker is not obliged to follow the recommendation. Fit Notes can be issued only by physicians, and they are usually issued by GPs or hospital physicians. Issuing Fit Notes is included in practices of GPs, and workers can have their Fit Note issued free of charge.

Fit Note is legally based on a secondary legislation. The UK has Acts of Parliament (primary legislation), which are laws to be passed by Parliament, and Statutory Instruments (secondary legislation), which are rules to be enacted at administrative level⁷.

Operations of Fit Note

When workers need to be absent from work for 1 wk or longer due to health problem (including occupational accidents), they usually visit a GP and ask for a Fit Note⁸. They can also have a Fit Note from the physician of another hospital who has treated them other than from their GP, or ask a physician to issue a Fit Note based on the information obtained through previous records, telephone conversation, and other medical institutions other than the information from a direct examination.

The issuing physician checks either “not fit for work” or “may be fit for work” box⁸, and describes necessary work-related considerations in the comment section, as appropriate.

The worker submits the Fit Note received from the physician to his/her employer, and discuss considerations and conditions at work⁹. If the employer and

the worker agree on conditions, the worker is able to work under those conditions. Various work-related conditions are discussed between the employer and the worker including a change in working time or job, a reduction in workload, provision of a device to support return to work. These are generally similar to the working conditions applied in terms of occupational health in Japan. Interestingly, however, benefits such as wages may also be modified according to the work-related considerations in the UK^{4,5}. This practice may result from different backgrounds including employment contract or office regulations between Japan and the UK.

Arrangements of support for a worker and job adjustment are usually discussed between the worker and his/her line manager, and the involvement of experts including occupational physicians is relatively rare^{4,6}. Transport for London, one of the interviewees in this study, has its own occupational physician, but these arrangements are firstly made by line managers or the personal affairs department also in this company. When the descriptions on a Fit Note are unclear, or a decision cannot be made about necessary support, the occupational physician is consulted.

If an agreement is not reached between a worker and an employer, the Fit Note itself is used as an attached document to the application for statutory sick pay. In this case, even when the Fit Note describes “may be fit for work,” application for statutory sick pay is possible⁹.

Fit Note is considered a general recommendation from a GP to a worker, and neither workers nor employers are obliged to follow a Fit Note⁹. Thus, even when a Fit Note describes “not fit for work,” the worker can return to work only if the worker and the employer agree.

Background of Fit Note introduction

Some interviewees noted that the reviews by Carol Black^{10,11} *et al.* provided the major evidence for the introduction of Fit Note^{3,5}. These reviews emphasized that “among workers with health problem who have been obliged to take a leave of absence, there are many of those who can return to work with some support,” and “work exerts therapeutic effects, and promotes recovery from health problem”^{10,11}.

The reviews pointed out that while work is basically good for health, work-related support for indi-

viduals with disease is hampered by the concept that “sickness and work are incompatible” in the conventional system^{10, 11}). When issuing a conventional Sick Note, a physician could write either “fit for work” or “not fit for work” only. As a result, employers in many cases could not employ individuals who could have worked with certain support.

Prolonged sickness absence resulting from these situations causes disadvantages not only for workers trying to return to work or recover health, but also for employers in terms of prolonged absence of workers due to sickness. Prolonged sickness absence also causes more people to receive social security benefits, leading to increased burden to the social security system. Given these situations, the decision was made to replace the conventional Sick Note with Fit Note in order to encourage workers with health problem to return to work.

Purposes of Fit Note introduction

Fit Note system is aimed at increasing opportunities for workers, employers, and physicians to discuss about workers’ returning to work, and preparing the environment in which workers can return to work in a flexible way.

1. Employers and workers

Conventionally, employers did not have chances to support workers on a leave of absence until they returned to work after obtaining diagnosis from physicians that they were fit for work. The introduction of Fit Note provided opportunities for employees and employers to discuss about working conditions that will allow the employees to work.

2. Physicians and workers

Physicians have often been considered advocates for patients^{3, 5, 6}). They used to recommend rest to recover health according to their habitual, widely-believed viewpoint that “sickness and work are incompatible.” To quote one of the interviewees, the introduction of Fit Note “has laid the basis for opportunities for GPs who had been alienated from occupational health to discuss about work with patients”⁵). The interviewee said that GPs also welcomed the situation in general¹²).

The reviews by Carol Black et al. were also indicated as the rationale based on which GPs accept and use Fit Note in a flexible way. GPs in the UK, having widely adopted a culture that supports Evidence Based Medicine, were influenced to a great extent by

the reviews of Carol Black et al. that describe “work positively influences health and recovery from disease.”

Such a change in attitude of GPs was referred to as “cultural shift” by one of the interviewees⁵). The “cultural shift” means the change in roles of GPs from those of treating patients sometimes acting as their advocates and listing their diseases on Sick Notes, to those of treating patients and at the same time making recommendations on how they can continue or return to work based on the conversation with the patients about their work¹²).

Fit Note and use of GPs’ resources

One of the purposes to introduce Fit Note has been to make effective use of GPs’ resources⁵). Facilitating workers with health problem to work is one of the national strategies aiming at stable social security system, and the use of GPs’ resources is indispensable for the strategy. The reason lies in the occupational health system in the UK.

1. Occupational health system in the UK

Different from the situation in Japan, companies in the UK have no obligation to appoint an occupational physician, and even large-scale companies rarely have an occupational physician. Thus, employment of an occupational physician is up to individual companies. Furthermore, only a small number of physicians are specialized in occupational health, which seems to be an unpopular area among physicians⁴⁻⁶). Occupational health professionals are available. Their number, however, is limited, and their use is also up to individual employers.

Under these circumstances, GPs are essential for facilitating workers’ returning to work. A few factors, however, hampered the use of GPs: 1) busy practice of GPs, 2) GPs’ lack of knowledge about occupational health, and 3) traditional role of GPs as advocates for patients. Fit Note has, therefore, been introduced as a tool to use the GPs’ resources. GPs implement their practices including the issuance of Fit Notes according to the comprehensive contract with the National Health Service (NHS)⁵).

2. Flexible consultation

Physicians alone can issue Fit Notes, and they can issue them based on the information obtained through telephone conversation with a patient, medical charts, and other medical institutions or experts (physiotherapists, occupational physicians, etc.) other than the

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: 3 you are not fit for work.
 4 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

SAMPLE

This will be the case for
or from to

9 I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Med 3 04/10

Figure 1 Form of Statement of Fitness for Work

(Cited from: Department for Work and Pensions Statement of Fitness for Work: A guide for General Practitioners and other doctors. In. London: Department for Work and Pensions; 2010)

information from a direct examination^{2, 5}).

3. Education of general practitioners

Lectures were given to GPs on how to use Fit Notes⁵) by organizations designated by the government. Since a clinic is often run by more than one GPs, learnings from lectures were expected to be disseminated to other GPs. These lectures were implemented with the cooperation of the Faculty of Occupational Medicine, Royal College of Physicians.

4. Form of Fit Note

The form of Fit Note is simple and standardized (Fig. 1)⁸). Typical working options are printed together with check boxes on the form.

5. Roles of specialists in occupational health

A physician may make a referral to a specialist in occupational health as appropriate when issuing a Fit Note. Workers or employers can also ask for an advice about descriptions on a Fit Note to a specialist in occupational health when necessary^{9, 13}).

The cost of consultation with a specialist in occu-

pational health is not borne by the NHS, but paid according to the contract between a worker or an employer and a specialist in occupational health. Moreover, an employer should not necessarily follow the recommendation on a Fit Note that he/she should consult with a specialist in occupational health; it is up to the employer to decide^{9, 13}).

A specialist in occupational health may be consulted when the disease of a worker is possibly due to his/her job, when an advice on employment support is required, or when a worker and his/her employer have not reached an agreement on employment support or working options. Some interviewees, however, pointed out that the actual number of specialists in occupational health is small, and employers rarely consult with such a specialist^{3, 4, 6}).

Assessment of Fit Note system

A detailed assessment survey is scheduled to be conducted about the effectiveness of Fit Note system. An assessment survey is planned because assessment will be easier now that electronic Fit Note started to be increasingly used⁵).

Wainwright et al. conducted a qualitative survey to evaluate the effectiveness of Fit Note¹²). They had believed that GPs had been favorable for Fit Note system introduced to provide work-related support, and Fit Note had been useful as its tool. They found, however, that the operations of Fit Note were hampered by a several factors: 1) the need to preserve doctor-patient relationships, 2) inconsistent engagement from employers, 3) GPs' lack of specialist occupational health knowledge, 4) issues with fit note training, and 5) whether a new form can achieve cultural shift.

Future direction

The UK is making various changes in social security and employment support systems. A new system called Independent Assessment will be introduced in 2014¹⁴). In this system, an assessment committee will be established in each region, and it will make an objective assessment of individuals working with health problem longer than a certain period (four weeks), and determine if they are "fit for work" or "need some support." Those judged to require some support will receive treatment or vocational training as appropriate.

Under the current system, individuals unable to

return to work due to health problem will have to apply for a social security benefit called Employment and Support Allowance (ESA) when their statutory sick pay period ends¹⁵). Applicants for ESA benefit will undergo a review Work Capability Assessment, during which their condition is classified into “fit for work,” “not fit for work,” or “need some work-related support.” Those classified into “fit for work” or “need some work-related support” will receive vocational training or necessary treatment. According to the interviewees, however, about 30% of applicants file a complaint against the decision, and about 40% succeed in obtaining a change of the decision.

The introduction of Independent Assessment system is faced with issues to be addressed including how to maintain therapeutic relationships between patients and GPs while ensuring independency and accuracy of reviews, and how employers should be involved.

❖ Summary

Fit Note introduced in the UK is a system to facilitate workers with health problem to return to work, which has been established under the evidence-based social agreement that “work is beneficial for health.” It is also a tool to make the best use of GPs’ resources for achieving the goal. The key point in the introduction of this system appeared to be the emphasis placed on the roles of GPs in employment support, which are considered so important that the introduction of the new system is referred to as cultural shift.

❖ References

- 1) Department for Work and Pensions: Statement of fitness for work. Guide to the new ‘fit note’. Department for Work and Pensions. London, 2010: 4.
- 2) Beswetherick N: Roles of physiotherapists in fitness for work. Face-to-face interviews. Fujino Y et al. London, 14 February, 2013.
- 3) Bevan S: Current status of fitness for work. Face-to-face interviews. Fujino Y et al. London, 12 February, 2013.
- 4) Carlton O: Roles of occupational physicians in fitness for work. Face-to-face interviews. Fujino Y et al. London, 14 February, 2013.
- 5) Chisholm J: Roles of GPs in fitness for work. Face-to-face interviews. Fujino Y et al. London, 13 February, 2013.
- 6) Mackie J: Roles of occupational physicians in fitness for work. Face-to-face interviews. Fujino Y et al. London, 14 February, 2013.
- 7) UK Parliament: Secondary legislation. <http://www.parliament.uk/business/bills-and-legislation/secondary-legislation/>(access 20 May 2013).
- 8) Department for Work and Pensions: Statement of fitness for work: A guide for general practitioners and other doctors. Department for Work and Pensions. London 2010: 18.
- 9) Department for Work and Pensions: Statement of fitness for work: A guide for employers. Department for Work and Pensions. London, 2010: 4.
- 10) Black CM: Working for a healthier tomorrow. Stationery Office. London, 2008: 125.
- 11) Department for Work and Pensions: Improving health and work: changing lives: the Government’s response to Dame Carol Black’s review of the health of Britain’s working age population. Stationery Office. Norwich 2008: 118.
- 12) Wainwright E, Wainwright D, Keogh E et al: Fit for purpose? Using the fit note with patients with chronic pain: a qualitative study. *Br J Gen Pract* 61: e794-e800 (2011).
- 13) Department for Work and Pensions: Statement of fitness for work: A guide for occupational health professionals. Department for Work and Pensions. London, 2010: 7.
- 14) Department for Work and Pensions: Fitness for work: the Government response to ‘Health at work - an independent review of sickness absence’. Stationery Office. London, 2013: 74.
- 15) Department for Work and Pensions : Employment and Support Allowance. <http://www.dwp.gov.uk/employment-and-support/> (access 20 May 2013).