

## **POLICY FOR SIGNING OF STATEMENT OF FITNESS FOR WORK (MODIFIED MED 3)**

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<b>Trust Lead:</b>	Dan Barnes – Deputy Medical Director
<b>Board Director Lead:</b>	Medical Director
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#### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

**December 2022-** Updated to align with new legislation permitting non medical staff to complete sick notes where relevant to role, and with appropriate training

**June 2020** – addition of details of isolation notes related to Covid-19 in section 5.9.

**June 2017:** Minor alterations only – new organizational structure titles added; links refreshed to ensure still current; section 5.2 e) added.

#### June 2013:

- This Policy replaces the original agreed Policy reached between UHL, LPT, the PEC Chairs and LMC in 2002 titled Policy for Signing of Sickness Certificates (MED3) that was last reviewed in 2008.
- This version takes into account the changes in regulations introduced by the Government on 6<sup>th</sup> April 2010, Published 30<sup>th</sup> March 2010. (<https://www.gov.uk/government/publications/fit-note-guidance-for-hospital-doctors> ) and now applies to UHL only.
- Introduction and background paragraphs have changed
- Paragraph 8 – Patients attending for Psychotherapy excluded
- **Sept 2022:**
- **1.1** changed to include the newly permitted professions
- “doctor” changed to HCP throughout to include the newly permitted professions
- Section 5.7 removed- referred to who could not sign forms- now redundant

#### KEY WORDS

Fit Note, Med 3, Statement of Fitness for Work

## 1 INTRODUCTION

### 1.1 Doctors across Great Britain will issue their patients with a revised Form Med

3 (Statement of Fitness for Work or Fit Note) which enables them to give their patients better advice about their fitness for work. From 1<sup>st</sup> July 2022 this has been extended to include Nurses, Occupational Therapists, Pharmacists and Physiotherapists where appropriate to role (Department of work and Pensions 2022). For the rest of this policy, these professional groups will be referred to collectively as Health Care Professionals (HCP).

- 1.2 HCPs may need to provide all certification for social security and Statutory Sick Pay purposes for patients who are either incapable of work or who may be fit for work with support from their employer. The duty to provide a Med 3 rests with the HCP who at the time has clinical responsibility for the patient
- 1.3 However, while patients are often issued with Med 10s, (Form Med 10 should continue to be issued to cover any period that a patient is in hospital) many HCPs are still unaware that they should also, if appropriate, issue Med 3s. Not issuing Med 3s denies patients the best care and leads to unnecessary duplication and extra work for GPs. In many cases it is the HCP who is best placed to give advice on a patient's fitness for work.
- 1.4 This brief policy sets out when HCPs should use the Statement of Fitness for Work and explains the key changes to the Statement itself.

## **2 POLICY AIMS**

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- 2.1 The aim of this policy is to minimise the occasions when any patient discharged from hospital should find it necessary to visit any doctor purely for the purposes of Fit Note certification.

## **3 POLICY SCOPE**

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- 3.1 This policy applies to all NHS patients wherever they are treated whilst they are under the care of UHL Clinicians.
- 3.2 This Policy applies to all Medically Qualified staff and Nurses, Occupational Therapists, Pharmacists and Physiotherapists where appropriate to role employed by UHL, including those on temporary, locum, agency contracts.
- 3.3 This Policy applies to all Healthcare Professionals employed by UHL, including those on temporary, bank and agency contracts who care for patients within UHL who may require a Fit Note.
- 3.4 The terms Med 3 and Med 10 are used in this document. Med 3 refers to the "Statement for Fitness to work" commonly known as a fit note. Med 10 is the form that covers the patient's stay as an in-patient in hospital.

## **4 ROLES AND RESPONSIBILITIES**

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- 4.1 **The Medical Director** - has overall executive lead for the Policy.
- 4.2 **Clinical Management Group teams – Clinical Directors, Heads of Ops, Heads**

**of Nursing** - have responsibility for ensuring staff are aware of roles and responsibilities and monitoring compliance.

4.3 **Line Managers** – have a duty to ensure that their clinicians are aware of their obligations.

4.4 **All staff** - need to be aware of the policy.

4.5 **Medical staff** – need to issue the Fit Notes.

4.6 **Nurses, Occupational Therapists, Pharmacists and Physiotherapists where appropriate to role** –need to issue the Fit Notes

## **5 POLICY STATEMENTS, STANDARDS AND PROCESSES**

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### 5.1 General Principles

- a) Wherever possible, Fit Note certification must be included as part of scheduled medical reviews.
- b) Advice about fitness to work and certificates must not be given outside the HCP's area of expertise.
- c) The duty to provide a Med 3 rests with the HCP who at the time has clinical responsibility for the patient.

### 5.2 Discharge from hospital in-patient care without anticipated out-patient follow up

- a) Form Med 10 must continue to be issued to cover any period that a patient is in hospital.
- b) Fitness to work must always be considered as part of the discharge planning process. A certificate (Modified Med 3) must be provided to the patient as part of the discharge which must cover the whole of the anticipated period of absence from work.
- c) Suitable advice about fitness for work must be included in the discharge letter to the GP. If the patient seeks further certification of absence from work, a medical review should be undertaken by the GP and appropriate action should be taken.
- d) Examples where HCPs should consider issuing a Med 3:
  - when a patient has received treatment in the Emergency Department and the treating HCP believes that the patient will be unable to work for over 7 calendar days, it would be appropriate to issue a Med 3 for a period consistent with the anticipated incapacity;
  - when a patient is receiving treatment at a fracture clinic and so does not need to see their GP for any clinical reason;
  - when discharging a patient from hospital, as well as issuing a Form Med 10 to cover the in-patient period, HCPs should consider if the health condition will affect the patient's fitness for work for a forward period; and

- patients who have mental health conditions and are under regular review could also have their Fit Note certification integrated into this review in cases where the hospital HCP maintains clinical responsibility
- e) Hospital HCPs should also consider the following when issuing a Med 3:
- If the patient is “Unfit for work” – ie. unfit to return to work in any capacity for a given timeframe. In this instance the fit note should advise that the patient refrain from work for this period of time.
  - The patient “May be fit for work”. This would be appropriate if the patient could return to work but may not be able to complete all of their normal duties, or they would benefit from amended working hours on a temporary basis. The hospital HCP should discuss with the patient if the following options may allow them to return to work:
    - a phased return to work;
    - altered hours;
    - amended duties; and/or
    - workplace adaptations
 The hospital HCP should record this on the form.

### 5.3 Discharge from hospital in-patient care with anticipated out-patient followup

- a) As above, fitness to work must always be considered as part of the discharge planning process.
- b) A certificate must be provided to the patient as part of the discharge which must cover the whole of the anticipated period of absence from work, if the patient is likely to return to work before the first out-patient appointment.
- c) If return to work is not anticipated before the first appointment, the certificate must cover the whole period until the first appointment.
- d) Suitable advice about fitness for work must be included in the discharge letter to the GP. Fitness to work must be considered at each out-patient review and certificates provided and confirmation given in the letter to the GP.
- e) Depending on the level of care provided in the out-patient service or in primary care, a decision about sick certification may need to be made in consultation between the GP and the hospital HCP.

### 5.4 Patients referred to secondary care for advice rather than transfer of clinical responsibility

If the GP wishes to refer for advice or consultation only, clinical responsibility remains with the GP who should therefore issue appropriate Fit Note certificates. In this situation, the GP should make it clear in the referral letter that this is the purpose of the referral.

### 5.5 Patients under long-term follow up in secondary care

Fitness to work must be considered at appropriate out-patient reviews and certificates provided and confirmation given in the letter to the GP. If return to work is anticipated in between out-patient reviews, this should be indicated in the letter to the GP. If a long-term absence from work is likely, the certificates must reflect this.

## 5.6 Patients who are fit for work earlier or later than expected

If recovery takes place earlier or later than anticipated, it would be reasonable to expect the GP to review the patient in the light of advice received from the hospital and issue the appropriate certificate.

## 5.7 Patients attending more than one specialty clinic

Where patients have more than one medical condition or attend more than one department, discussion should take place between the GP and the relevant departments and a sensible decision made regarding fitness to work and certification. For example, if one condition does affect fitness to work and the other does not, then this decision would be straightforward. In complex cases, the GP may agree to issue the certificates, but this should be by agreement and should not be assumed.

## 5.8 Patients affected by Covid-19:

If patients need to self-isolate due to Covid-19 infection or potential exposure to Covid-19, then the correct procedure is for them to source an "isolation note" through NHS 111. Fit notes should not be used for this purpose.

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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6.1 For Nurses, Occupational Therapists, Pharmacists and Physiotherapist who are new to considering and completing these forms, the following process should be followed:

6.2 New additional responsibility to be discussed and agreed with manager, and Head of Service.

6.3 HCP to access and complete e-learning via E-lfh:

Elfh Work and health (PHW)

Elfh Fit note training

6.4 HCP to undertake minimum 5 observed Fit note discussions with Health Care Professional already competent in skill, with documented feedback (LCAT/feedback form) (see appendix one)

Confirmation of competence, certificate for HCP, inform line manager of successful completion.

The Policy is available on INsite.

## 7 PROCESS FOR MONITORING COMPLIANCE

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- 7.1 The implementation of this policy will be monitored through the Medical Directors Team.
- 7.2 Compliance will be monitored through the Discharge Audit as detailed in Monitoring Compliance Table below

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Issuance of Fit Notes- including whether or not the time interval is appropriate	CMG Medical Leads	Compliance will be measured as part of the Discharge Letter Audit	Annual	CMG boards

## 8 EQUALITY IMPACT ASSESSMENT

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

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fitnote-hospital-guide.pdf

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349915/fit-note-hospital-guide.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349915/fit-note-hospital-guide.pdf)

fitnote-gps-guidance.pdf <https://www.gov.uk/government/publications/fit-note-guidance-for-gps>

## 10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

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- 10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 10.2 The Policy will be reviewed every 3 years. The responsibility for this will lie with the Medical Director's Team.

# Appendix One: Fit Note Feedback Form

Number of forms completed:

Candidate Name:

NMC/HCPC:

Assessor name:

NMC/HCPC:

Date:

Candidate demonstrated:	Appropriate to stage of training	Cause for Concern	Unacceptable
	☐☐	comment	☐☐ comment
Confirm patient's job title and pattern of work is correctly recorded at each consultation. If not, obtain and record new job title and consequent change in duties.			
Use realistic, positive language when discussing a diagnosis, avoiding catastrophic and alarming words which may make the patients think they should not continue to work			
Identifies when Fit note not appropriate, for example can self certify			
Does the patient need a fit note? If yes, proceed further, else no further actions on this checklist needed.			
Are there any red flags (serious medical issues which may result in injury or harm if patient returns to work) likely to affect their ability to perform their job duties? If yes, sign them off with scheduled follow up, to reconsider when the condition may have changed.			
If no red flags, ask the patient how they see their symptoms, and consider how this may impact the patient's ability to work.			
If there are certain activities which the patient considers to be safe to conduct, consider adjustments to work role to allow for this.			
If the patient has some limitations but may still be able to continue work provide a recommendation for a workplace meeting to discuss adjustments and modified duties using 'may be fit' selection with relevant comments in the fit note.			
For more complex adjustments, referral to Access to Work may be indicated and it may be appropriate to suggest occupational health referral (if the employer has access).			
Encourage communication between patient, employer and other relevant stakeholders.			
If a patient meets the definition of 'disabled person' under the Equality Act 2010, their employer needs to consider reasonable adjustments to allow them to work.			



Fit note completed accurately and safely.				
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**If the answer to any of the above is cause for concern/unacceptable you must provide comments:**

Assessor Signature:                      Assessor Name:

For final competence assessment only: Sufficient evidence of competence for autonomous practice now achieved.

Assessor Signature:                      Assessor Name:

Copy to professional, and line manager.

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