Sickness certification and the GP: what really happens in practice?

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Background. GPs typically sanction absence from work by issuing sickness certificates. There has been some debate recently about changing the way sickness certificates are issued and by whom. However, without understanding GPs’ certification practices, their requirements in terms of training and education and how they feel the certification process should or should not be changed, measures aimed at improving the system are unlikely to succeed.

Objective. To investigate and describe British GPs’ sickness certification practices.

Methods. A cross-sectional nationwide postal survey of 2154 UK GPs was conducted. GPs were asked about perceived certification practices, training in sickness certification, their opinions about the certification process and potential to improve the system.

Results. Adjusted response was 42% (n = 878). GPs do ask about a patient’s work situation but lack training in sickness certification. GPs would like to maintain their role in sickness certification but felt there was scope for other health professionals to issue some sickness certificates. GPs report more frequent sickness certification for mental health and musculoskeletal conditions compared to any other condition.

Conclusions. This study has highlighted the main issues that GPs face during a consultation where sickness certification is a possible outcome. Lack of training in certification was a recurrent theme. However, GPs felt there was scope to improve training and recommendations were made as to how this might be achieved. The survey has highlighted that GPs feel there are opportunities to improve the system and that other health professionals may play a role in the certification process.

Keywords. Epidemiology, general practice, primary care, sickness certification, work absence.

Introduction

GPs typically sanction absence from work and issue sickness certificates stating whether a patient requires time off work and for how long absence is advised, but there has been much debate about whether or not it is appropriate for GPs to maintain this ‘gatekeeper’ role and whether changes might be made to improve certification procedures. There are guidelines available for GPs, patients and employers, addressing some of the misconceptions around working with health problems, but it does not appear that these guidelines are being implemented. Patients often have expectations that they will receive a sickness certificate when they consult their GP and since the GP has the role of gatekeeper to social security benefits, there is potential for conflict between the GP and the patient.

GPs report that managing sickness certification is problematic, but there is little reported data on GPs perceived certification practices. Without understanding how GPs are currently using the system, the problems that GPs are reporting cannot be appropriately addressed. Lack of training in sickness certification and occupational health is also of concern to GPs, but again there is a paucity of information as to what training GPs are receiving, whether this impacts on their certification behaviour, and what training needs the GPs themselves are identifying in relation to sickness certification. Without an understanding of GPs’ certification practices, their requirements in terms of training and education and how they feel certification should or should not be changed, measures to improve the system are unlikely to succeed. The broad aim of this study is to investigate GPs’ sickness certification practices.

Methods

A cross-sectional nationwide postal survey of UK GPs was conducted between June 2008 and August 2008.
Sample size
It was estimated that 2000 GPs would need to be targeted in order to generate 400 responses, assuming a conservative estimate of a 20% response rate. This would enable a proportion such as 0.5 (e.g. 50% answering a question positively) to be estimated with a maximum acceptable difference of 0.05 (e.g. between 45% and 55%) with 95% confidence interval; proportions higher or lower than this could be estimated with greater precision from this sample.

Participants
A random sample of 2000 GPs was generated from a national database (Binley’s database for GPs, n = 46 000 GPs listed); all GPs working with the National Health Service in the UK are listed. Additionally, all GPs working in the local Primary Care Trust of Stoke-on-Trent were invited to participate, n = 154. GPs were mailed a questionnaire and reply paid envelope; non-responders were sent a second questionnaire 2 weeks later. Non-response after the second questionnaire was considered a refusal and no further contact was made.

Questionnaire
In addition to demographic data, the questionnaire survey addressed three broad topics.

Perceived certification practices. Specific questions included the average number of certificates issued in 1 week, the most common conditions for which certificates are issued, who initiates the discussion about certification and whether this influences the GPs decision to issue a certificate, whether GPs ask about a patient’s work situation, whether the 7-day self-certification process is utilized and the period for which GPs most often issue sickness certificates.

Training. GPs were asked if they had received any training in certification, if so what training was provided and whether this training influenced their practice, whether they would like any additional training and if so what type. GPs were also asked if the sickness certification system was easy to use and if they could find information about the system if they needed it.

Opinions about certification. GPs were asked if they felt there were opportunities to improve the certification system, and if so how it could be improved, and whether other health professionals should issue certificates.

Closed and open-ended questions were used to elicit GP responses. Open-ended questions were used when GPs were specifically asked about their opinions on certification. A thematic analysis was undertaken to code the open-ended questions. One of the authors involved in developing the questionnaire was a practicing GP (CDM). Prior to conducting the survey, the questionnaire was piloted on a number of local GPs, who were not included in the sampling frame, to ensure clarity and relevance of the questions. It was found to have good face validity.

Statistical analysis
Descriptive analysis was undertaken to identify differences and/or similarities in certification practices, differences in categorical variables were then assessed using the chi-square test. All analysis was carried out using SPSS version 14.0.

Results
Response rates
A total of 2154 GPs were mailed questionnaires, 45 questionnaires were returned to sender or returned blank as the GP was no longer at that address or had refused participation and 878 questionnaires were returned completed (815 of the 2000 national sample and 63 of the 154 local sample) giving an adjusted response rate of 41.6%. Of those who returned a completed questionnaire, 68.0% were received after the first mailing and 32.0% were received after the second mailing.

Demographic characteristics
Just over half of the respondents were male (54.4%). Three-quarters worked exclusively in general practice (76.5%). Responders undertook a mean of 7.2 sessions per week (Table 1). The mean number of certificates issued per week was 10.3 (range 1–120 certificates per week), over half of the responders reported that they most often issued certificates for a 2-week period of work absence (Table 1).

Frequency of certification by condition
Table 2 presents the frequency of sickness certification by specific conditions. Mental health conditions were the most frequent reason for issuing a certificate, with 86% of GPs reporting that they issued certificates for depression often or very often and 79.9% of GPs issued certificates for anxiety often or very often. GPs also issued sickness certificates frequently for musculoskeletal conditions, including low back pain and osteoarthritis.

Initiation of certification discussion
The majority of GPs (71.2%; n = 611) reported that the patient always or more often initiated the discussion about sickness certification. Very few GPs reported that it was always the GP who brought up certification (2.8%; n = 16). However, a quarter of GPs (26.6%; n = 227) reported that the discussion about certification was brought up equally between the GP and the patient. Almost two-thirds (58.8%;
n = 503) of GPs reported that the patient initiating the discussion about certification did not influence their decision to issue one.

Patients’ work status and certification
The majority of GPs reported that they always (61.5%; n = 536) or often (32.5%; n = 283) asked their patients about their work status to inform their decision on sickness certification. Workplaces requesting sickness certificates before the seventh day of absence was common, with 94.2% (n = 823) of GPs reporting that some workplaces request early certification. (In the UK, GPs are not legally required to issue a sickness certificate prior to the seventh day of sickness absence; before this time, individuals may self-certify or GPs may issue a private certificate for which a charge may be made.) Private sickness certificates were issued by just over two-thirds of the GPs 64.8% (n = 563), although self-certification was always encouraged by 80.0% (n = 698) of the GPs.

Training in sickness certification
Almost three-quarters of GPs reported that they had not received any training in sickness certification (71.0%; n = 618). Of those who had received training, this was typically informal and included as part of standard GP vocational training, although there were some individuals who had taken more intensive training such as an occupational health course.

Of those who had received training in sickness certification, the vast majority (95.2%; n = 236) reported that the training increased their knowledge about certification. Training improved confidence in certification in more than three-quarters of the GPs 87.3% (n = 213); 90.2% (n = 221) of GPs reported that training did not encourage them to issue more sickness certificates. Training generally encouraged GPs to issue more appropriate certificates, with 79.4% (n = 197) reporting their certification was more appropriate following training.

The majority of GPs responding to the questionnaire reported that they would like additional training (55.3%; n = 466). Of those who said that they would like additional training, 66.9% wanted more on the use of specific certificates, 76.3% would like training in dealing with patients demanding certificates and 74.1% wanted training in providing assistance to patients about work.

Ease of use of the certification system
The sickness certification process was considered easy or very easy to use by only 29.7% (n = 259) of the GPs, with 55.7% reporting that the system was neither easy nor difficult.

Opportunities to improve the system
In all, 71.4% of GPs surveyed (n = 616) thought there were opportunities to improve the current sickness certification system. They suggested a wide range of improvements. The common themes were around patient and employer education in the use of self-certification, encouraging hospital doctors to issue more sickness certificates post-operatively and also removing the responsibility of sickness certification from GPs altogether (free text data not shown).

Who should issue sickness certificates?
When asked whether GPs should issue sickness certificates, 77.5% (n = 669) felt that GPs should issue some...
Sickness certification and the GP

Table 2  Frequency of certification by condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Very often, e.g. daily, n (%)</th>
<th>Often, e.g. twice monthly, n (%)</th>
<th>Sometimes, e.g. monthly, n (%)</th>
<th>Occasionally e.g. every few months, n (%)</th>
<th>Rarely, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal general</td>
<td>193 (23.5)</td>
<td>321 (39.1)</td>
<td>169 (20.6)</td>
<td>86 (10.5)</td>
<td>52 (6.3)</td>
</tr>
<tr>
<td>Low back pain</td>
<td>211 (25.2)</td>
<td>406 (48.5)</td>
<td>165 (19.7)</td>
<td>42 (5.0)</td>
<td>13 (1.6)</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>55 (6.8)</td>
<td>177 (22.0)</td>
<td>236 (29.4)</td>
<td>200 (24.9)</td>
<td>136 (16.9)</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>3 (0.4)</td>
<td>42 (5.2)</td>
<td>165 (20.5)</td>
<td>308 (38.2)</td>
<td>288 (35.7)</td>
</tr>
<tr>
<td>Upper respiratory infections</td>
<td>75 (9.1)</td>
<td>174 (21.2)</td>
<td>180 (21.9)</td>
<td>151 (18.4)</td>
<td>242 (29.4)</td>
</tr>
<tr>
<td>Lower respiratory infections</td>
<td>55 (6.7)</td>
<td>202 (24.6)</td>
<td>255 (31.1)</td>
<td>233 (28.4)</td>
<td>76 (9.3)</td>
</tr>
<tr>
<td>Other infections</td>
<td>22 (2.8)</td>
<td>110 (14.0)</td>
<td>255 (32.5)</td>
<td>248 (31.6)</td>
<td>149 (19.0)</td>
</tr>
<tr>
<td>Injuries</td>
<td>48 (5.9)</td>
<td>331 (40.4)</td>
<td>294 (35.9)</td>
<td>121 (14.8)</td>
<td>26 (3.2)</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>20 (2.5)</td>
<td>141 (17.3)</td>
<td>270 (33.1)</td>
<td>267 (32.7)</td>
<td>118 (14.5)</td>
</tr>
<tr>
<td>Depression</td>
<td>232 (27.7)</td>
<td>438 (52.2)</td>
<td>134 (16.0)</td>
<td>32 (3.8)</td>
<td>3 (0.4)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>152 (18.4)</td>
<td>388 (47.1)</td>
<td>174 (21.1)</td>
<td>89 (10.8)</td>
<td>21 (2.5)</td>
</tr>
<tr>
<td>Other mental health conditions</td>
<td>52 (6.5)</td>
<td>212 (26.7)</td>
<td>244 (30.7)</td>
<td>199 (25.0)</td>
<td>99 (11.1)</td>
</tr>
<tr>
<td>Pregnancy-related conditions</td>
<td>15 (2.0)</td>
<td>95 (12.5)</td>
<td>196 (25.8)</td>
<td>276 (34.6)</td>
<td>177 (23.3)</td>
</tr>
<tr>
<td>Stress</td>
<td>147 (21.0)</td>
<td>329 (46.9)</td>
<td>144 (20.5)</td>
<td>58 (8.3)</td>
<td>23 (3.3)</td>
</tr>
</tbody>
</table>

Table 3  Should other health professionals issue sickness certificates?

<table>
<thead>
<tr>
<th>Health professional</th>
<th>Should issue sickness certificates, n (%)</th>
<th>Should not issue sickness certificates, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Health Nurse</td>
<td>489 (75.2)</td>
<td>161 (24.8)</td>
</tr>
<tr>
<td>Department for Work and Pensions</td>
<td>374 (57.5)</td>
<td>276 (42.5)</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>386 (59.5)</td>
<td>263 (40.5)</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>257 (39.8)</td>
<td>389 (60.2)</td>
</tr>
<tr>
<td>Practice nurses</td>
<td>567 (65.1)</td>
<td>304 (34.9)</td>
</tr>
<tr>
<td>Other health professional</td>
<td>176 (27.1)</td>
<td>473 (72.9)</td>
</tr>
</tbody>
</table>

Certificates, with 13.8% (n = 119) reporting that GPs should not issue any certificates, only 8.7% (n = 75) reported that all sickness certificates should be issued by the GP.

Opinion around the issuing of sickness certificates in some circumstances by practice nurses was divided; 57.3% (n = 499) of GPs supported it, but 34.9% (n = 304) stated that practice nurses should not issue certificates. The circumstances in which GPs felt practice nurses could issue certificates were very varied. In general, it was felt that practice nurses could issue certificates for limiting short-term illnesses, chronic diseases and post-operatively (free text data not shown).

When asked whether other health professionals should issue sickness certificates, three-quarters (74.2%; n = 639) thought that they should (Table 3). Of those other health professionals, the most commonly suggested were occupational health nurses, Department for Work and Pensions (governmental) representatives and physiotherapists (Table 3). Only 27.1% of GPs felt that there were health professionals other than those who should issue sickness certificates; hospital doctors were the most frequently suggested, with occupational health doctors and workplace managers also mentioned.

Is there a relationship between GP demographic characteristics and the number of certificates issued?

Male GPs reported issuing a higher average number of certificates than female GPs; this difference was statistically significant (P ≤ 0.001) even after adjusting for the number of sessions worked per week, year of qualification and average duration of certification (Table 4). The average number of certificates issued per week was significantly higher among GPs working exclusively in general practice, compared to GPs working in additional areas (P = 0.030). Working in a single-handed practice had no effect on the number of certificates issued per week. GPs reporting no additional qualifications (either general or occupational-specific qualifications) issued significantly fewer certificates than those GPs who reported one or more additional qualifications (P = 0.024). GPs who qualified after 1991 issued significantly fewer certificates than GPs who qualified prior to 1991 (P = 0.001) (Table 4). There was no statistical difference in the duration of certification reported by GPs who issued more certificates when compared to those who issued fewer certificates (P = 0.587).

The GPs’ year of qualification was associated with certification for specific conditions; GPs qualifying before 1991 were significantly more likely to issue sickness certificates for osteoarthritis (P = 0.001) and cardiovascular disease (P ≤ 0.001) than GPs qualifying from 1991 onwards. However, GPs who had...
Table 4  The relationship between demographic characteristics and number of certificates issued

<table>
<thead>
<tr>
<th></th>
<th>Average (\leq 10) certificates per week, (n (%))</th>
<th>Average (&gt;11) certificates per week, (n (%))</th>
<th>Chi-square ((P))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>284 (63.1)</td>
<td>166 (36.9)</td>
<td>(&lt;0.001^{\text{a,b,c}})</td>
</tr>
<tr>
<td>Female</td>
<td>295 (81.7)</td>
<td>66 (18.3)</td>
<td>0.030</td>
</tr>
<tr>
<td>Exclusively working in general practice</td>
<td>430 (69.5)</td>
<td>189 (30.5)</td>
<td>0.490</td>
</tr>
<tr>
<td>Not exclusively working in general practice</td>
<td>146 (77.7)</td>
<td>42 (22.3)</td>
<td>(0.001^{\text{a}})</td>
</tr>
<tr>
<td>Single-handed practice</td>
<td>29 (76.3)</td>
<td>9 (23.7)</td>
<td>0.224</td>
</tr>
<tr>
<td>Group practice</td>
<td>547 (71.1)</td>
<td>222 (28.9)</td>
<td>(0.024)</td>
</tr>
<tr>
<td>No additional qualifications</td>
<td>156 (77.6)</td>
<td>45 (22.4)</td>
<td>(0.001)</td>
</tr>
<tr>
<td>One or more additional qualifications</td>
<td>403 (69.2)</td>
<td>179 (30.8)</td>
<td>0.164</td>
</tr>
<tr>
<td>Ask about work always or often</td>
<td>521 (70.9)</td>
<td>214 (29.1)</td>
<td>(0.001^{\text{b}})</td>
</tr>
<tr>
<td>Ask about work sometimes or never</td>
<td>37 (80.4)</td>
<td>9 (19.6)</td>
<td>0.001</td>
</tr>
<tr>
<td>Qualified 1954–90</td>
<td>242 (65.6)</td>
<td>127 (34.4)</td>
<td>(0.001)</td>
</tr>
<tr>
<td>Qualified 1991–2008</td>
<td>301 (77.0)</td>
<td>90 (23.0)</td>
<td>(0.001)</td>
</tr>
</tbody>
</table>

\(a\) Adjusted for number of sessions worked, \(P \leq 0.001\).
\(b\) Adjusted for number of sessions worked and year of qualification, \(P \leq 0.001\).
\(c\) Adjusted for number of sessions worked, year of qualification and duration of certification, \(P \leq 0.001\).

Qualified from 1991 onwards were significantly more likely to issue sickness certificates for depression \(P \leq 0.001\), anxiety \(P \leq 0.034\) and stress \(P = 0.001\) than GPs who had qualified before 1991.

Discussion

Summary of main findings

This study has demonstrated that GPs report more frequent sickness certification for mental health and musculoskeletal conditions when compared to other conditions. There are differences in the frequency of sickness certification for specific conditions by gender and year of qualification. The majority of GPs do ask about a patient’s work situation, but they believe that they lack training in the sickness certification process as a whole and in particular in addressing work issues with patients during the consultation. GPs would like to maintain their role in issuing sickness certificates, but they did feel that there was scope for other health professionals to be involved. There was no difference between the national and Stoke-On-Trent GPs with regards to response to individual variables.

GPs report that they often learn to issue certificates based on trial and error\(^{11,14}\) and the findings of this study do little to refute this suggestion. Training in some capacity did increase GPs’ confidence to issue certificates and encouraged the majority to issue certificates they considered to be more appropriate, but it did not alter the number of certificates issued. Training should ensure that certification is carried out appropriately, giving GPs confidence to issue certificates to the correct patients for the most suitable amount of time. This may or may not influence the overall number of certificates issued or the duration of work absence specified. A recent evaluation of an online learning module on certification found that GPs were more detailed in their comments on certification forms after training\(^{14}\) which may indicate improved confidence in their decisions.

The current study goes some way in identifying topics to include in any certification training programme, and more importantly the topics that GPs feel would benefit their practice. One of the key training issues identified was having the knowledge to appropriately discuss working with health conditions with patients. This could be facilitated by focusing on the nature of communication about work and the language used. Over half of surveyed GPs stated that whether or not a patient asked for a certificate did not influence their decision to issue one. This finding mirrors that of Campbell and Ogden\(^{15}\) who also reported that patients’ demands for sickness certificates had no effect on the GPs’ decision to issue one. However, there remained a large proportion of GPs who reported that if a patient initiated the discussion around certification, they were much more likely to issue one; this was also reported in a German study where 99% of requests for certificates by patients resulted in a certificate being issued\(^{16}\). Whether or not the patients raising the issue of certification are those who genuinely require a period of work absence is not clear from the current study, but it has been suggested that denying a request for a sickness certificate is not possible in practice.\(^{17}\) Avoiding conflict in the relationship with patients accounts for much of the problem of implementing evidence relating to the management of health and work.\(^{18}\) Methods need to be developed to ensure that up-to-date evidence-based advice, which is already available, reaches the key stakeholders—GPs, patients and employers.

The GPs surveyed here felt that there were opportunities to improve the certification process, specifically that other members of the health care team and staff from other agencies could take on some of the
certification role, although few GPs were willing to relinquish their role entirely. Sharing the sickness certification responsibility is a part of the proposed Fit for Work initiative,\textsuperscript{19} which aims to develop the roles of key members of the primary health care team. Recent guidelines have identified pathways to help those with long-term sickness absence return to work, and these guidelines provide opportunities for nursing and allied health professionals to assist in early return to work.\textsuperscript{20} The interventions recommended such as cognitive behavioural therapy and physiotherapy further extend the possibility of physiotherapists and mental health professionals sharing in the decision to issue sickness certificates.\textsuperscript{20} Although GPs suggested other health professionals who may be able to take on a certification role, this option has been debated in the literature, with some GPs willing to relinquish the role entirely and others preferring to maintain it and seeing it as an important part of their role.\textsuperscript{11}

Bias and generalizability
Recall bias is a potential problem when asking GPs to report their sickness certification practices. Therefore, it is important to compare the data from the current study with other literature. The GPs in this study reported that they issued sickness certificates most frequently for mental health and musculoskeletal conditions. This finding is supported by consultation data that also demonstrate mental health and musculoskeletal conditions as being those most frequently certified,\textsuperscript{21} in addition to other research.\textsuperscript{22} The generalizability of the sample should be examined, a response rate of 41.6\% was achieved that although relatively high when compared to other studies of GPs\textsuperscript{23} could lead to bias. A total of 46\% of the GPs responding to the study were female, comparing to 39\% of UK GPs nationally.\textsuperscript{24} Female GPs were less likely to issue sickness certificates than male GPs. It may be that female GPs are more likely to work part-time that could account for the lower number of certificates issued; however, adjusting for number of sessions worked did not affect the relationship. The literature in the area of GP gender and certification is limited and the findings reported differ considerably with one study finding no difference\textsuperscript{25} while another study reported that female GPs were more likely to issue certificates than male GPs.\textsuperscript{26} Shiels and Gabby\textsuperscript{27} found that male GPs issued similar proportions of certificates to male and female patients, while female GPs issued more sickness certificates to female patients than to male patients. The authors note that their results could be due to female patients choosing to visit a female GP more often or that GPs are seeing different numbers of male and female patients. The lack of consistency in the findings around gender and certification mean conclusions cannot be drawn regarding the generalizability of these findings; however, the role of gender in certification should be explored further to examine its impact on the outcome of consultations where certification may be an option.

The finding that GPs qualifying pre-1991 were issuing more certificates than those qualifying later is supported by two studies.\textsuperscript{25,28} Additionally, GPs qualifying pre-1991 certified more often for more biomedical conditions and those qualifying post-1991 certified for more mental health conditions. Watson \textit{et al.}\textsuperscript{28} reported that GPs who had been in practice for longer were more likely to report a biomedically view, which may be associated with the finding that GPs who are qualifying pre-1991 issue more certificates for more biomedical conditions. Watson \textit{et al.}\textsuperscript{28} found that year of qualification was initially associated with issuing sickness certificates more frequently, although adjusting for length of practice attenuated this finding. It could be that the advice provided to patients regarding work differs between GPs qualifying pre-1991 and those qualifying later; Bishop \textit{et al.}\textsuperscript{12} reported that health professionals with a biomedically orientated attitude were more likely to issue advice about work that was not in line with guideline recommendations. If this is the case, then there are further implications for the training and education of GPs around certification, particularly in continuing professional development. Further exploration of the reasons behind the issuing of sickness certificates could be considered, with the complex nature of the consultation and the communication between the patient and the GP clarified, particularly in respect of both the GPs and the patients’ attitudes and beliefs towards certification.

Conclusions
In conclusion, this study has highlighted some of the main issues that GPs face during a consultation where sickness certification is a possible outcome. Lack of training in certification was a recurrent theme, as was lack of education of patients and employers in using the system. However, there was scope to improve training and recommendations were made by the GPs as to how this might be achieved. There were differences in certification practice by both gender and year of qualification, the literature in both these areas is inconsistent and they provide a further direction for research when examining the complex relationship between the patient and the GP during a consultation involving sickness certification.

Declarations
Funding: North Staffordshire Medical Institute and Stoke-On-Trent Primary Care Trust.
Ethical approval: North Staffordshire Local Research Ethics Committee (LREC number 08/H1204/68).

Conflicts of interest: None.

References