SHORT REPORT

How do GPs complete fit note comments?

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Background

The ‘fit note’ was introduced in the UK in April 2010, to facilitate return to work (RTW). However, no research to date has reported on how general practitioners (GPs) complete the comments section of the fit note.

Aims

To investigate the content of GPs’ comments in a sample of actual fit notes.

Methods

Data were collected in a service evaluation of fit notes issued by a regular general practice and those issued by a fit for work service (FFWS), where the fit notes for patients using the service are signed by GPs who have completed or are studying for a Diploma in Occupational Medicine. Content analysis was conducted on the fit note comments.

Results

There were 1212 fit notes available for analysis. Seven hundred and twelve were issued by the general practice and 500 by the FFWS. The FFWS made comments in 98% of those who may be fit and 90% of those not fit against 72% and 12%, respectively, for comments by the general practice. Fourteen different categories were identified in the comments. Most comments made some reference to RTW but few described the functional effects of the patient’s condition. Comments frequently covered more than one category and appeared to be serving a number of different purposes.

Conclusions

There was a wide variety in how the comments section was completed, and GPs were not completing the fit note as intended. The information provided may require improvement if it is to be useful to employers.

Key words

Fit note; general practitioner; occupational medicine; sickness certification; work.

Introduction

In 2010, the general practitioner (GP) statement of fitness for work or ‘fit note’ [1,2] replaced the UK sickness certificate in order to facilitate return to work (RTW). GPs can advise that patients are ‘not fit’, or ‘may be fit’ for work. Where a patient is considered as ‘may be fit’, GPs are required to comment on the functional effect of the patient’s condition [1]. Alongside the fit note, the UK government launched 11 ‘Fit for Work (FFW)’ pilot schemes offering early intervention for those at risk of long-term sickness absence.

A recent study has evaluated the content of actual fit notes [3], but not described how all comments were categorized, or whether they addressed patients’ function. The aim of this study was to investigate all comments in a sample of fit notes from a regular general practice and those of GPs working in a FFW pilot scheme to which the practice could refer.

Methods

Data were obtained from a service evaluation of all fit notes issued between 1st July and 31st December 2011. Ethical approval was not required. Data were anonymized prior to collection. The sources comprised one general practice and one fit for work service (FFWS), where fit notes are signed by GPs who have completed or are studying for a Diploma in Occupational Medicine. Patients are referred to the FFWS by their GP but remain with their own GP for medical treatment.

Fit note comments were analysed using content analysis [4]. Comments were independently categorized by two of the researchers (C.C. and P.J.W.) then compared, redefined and tested with a random sample of 30 ‘may be fit’ and 30 ‘not fit’ comments before a final list of categories were agreed.
Results

The dataset consisted of 1212 fit notes. Of these, 712 were issued by the GP practice and 500 by the FFWS. Comments were made in 72% (53) of the general practice ‘may be fit’ notes and in 98% (157) of those issued by the FFWS. Comments were made in 12% (76) of the general practice ‘not fit’ notes and in 90% (307) of those issued by the FFWS. Fourteen categories were identified from the content analysis, four of which concerned RTW. The categories and examples of comments representing each category are shown in Table 1.

Comments frequently covered more than one category. It was not necessarily obvious who the comment was for. Comments appeared to be used for different purposes, e.g. to question, inform, state, advise, summarize. The numbers of categories identified in the fit note comments are shown in Table 2.

In fit notes issued by the general practice, 93% (49) of the ‘may be fit’ note comments made some reference to RTW. The greatest proportion concerned work-related advice/recommendations (66%). Eleven ‘may be fit’ note comments referred to the functional effects of a patient’s condition (21%) and 12 (23%) referred to clinical management or intervention. Nineteen (25%) of the ‘not fit’ notes referred to RTW. The greatest proportion of comments in ‘not fit’ notes (40%) referred to clinical management/intervention. Over 30% of all comments encompassed more than one category.

In fit notes issued by the FFWS, 68% (107) of the ‘may be fit’ note comments made some reference to RTW. The greater proportion concerned with a ‘statement regarding RTW plan/progress’ (36%) or ‘awaiting employer action’ (31%). Almost half (46%) of the comments in the ‘not fit’ notes included a reference to RTW. Only one fit note referred to the functional effects of a patient’s condition. References to clinical management/intervention were made in 19% of ‘may be fit’ notes, and 25% of ‘not fit’ notes. Again, over 30% of comments encompassed more than one category.

Discussion

This study found that a substantial proportion of fit note comments referred to RTW; however, few referred to the functional effects of patients’ conditions. Comments covered a wide range of categories, often more than one category per comment, and did not appear to be directed towards a particular recipient. In fit notes from the regular general practice, the greater proportion of comments included work-related advice/recommendation. In those issued by the FFWS, the greater proportion of comments referred to either a RTW plan, or that RTW was dependent on the employer.

This is the first study to report on the full content analysis of a sample of fit note comments. It identifies areas for future research and questions the ability of GPs to use the fit note as intended. The limitations are that the two sources encompass different population sizes and have different functions, so it is possible only to make observations. The context surrounding each fit note and any additional communication that may have taken place with employers is unknown, as is the outcome or effectiveness of the comments.

The lack of information provided by GPs on patients’ functional ability has been reported elsewhere. Norwegian GPs have reported on their difficulty in assessing and communicating on patients’ function [5] and in a study of Swedish sickness certificates, only one-third reported on patients’ activity limitations despite the introduction of new guidelines and implementation strategies [6]. Our study suggests that GPs are not completing the fit note as intended. Further training is indicated and its impact on fit note completion should be evaluated.

Table 1. Categories of comments resulting from content analysis of the fit notes

<table>
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<tr>
<th>Comments with reference to RTW plan</th>
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<tbody>
<tr>
<td>1. Statement regarding RTW plan/progress, e.g. ‘No adverse response to amended duties—these should be considered long term till new role in March’</td>
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<tr>
<td>2. Work-related advice/recommendation, e.g. ‘Advise desk-based/admin duties’</td>
</tr>
<tr>
<td>3. Date for RTW suggested/indicated, e.g. ‘Patient wrote seeking phased return from 29/7/11’</td>
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<tr>
<td>4. Awaiting employer action, e.g. ‘To be agreed with employer’</td>
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</tbody>
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<table>
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<tr>
<th>Comments with no reference to RTW plan</th>
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<tr>
<td>5. Decision deferred, e.g. ‘Pending further surgical intervention for hernia when will need further review’</td>
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<tr>
<td>6. Clinical management/intervention, e.g. ‘Significant symptoms—Therapy underway’</td>
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<tr>
<td>7. Reference to GP practice responsible, e.g. ‘Under Fit For Work Service’</td>
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<tr>
<td>8. Functional effects of a patient’s condition, e.g. ‘Can’t drive, swells with use’</td>
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<tr>
<td>9. Repeat/continuation of a previous fit note, e.g. ‘currently has note until 19/9/11’</td>
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<tr>
<td>10. Duplication of a previous fit note/cover gap in certification, e.g. ‘Replacement’</td>
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<tr>
<td>11. Dates: duration of fit note/review date, e.g. ‘13/12/2011–09/01/2012’</td>
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<tr>
<td>12. Reference to employment support allowance/work capability assessment, e.g. ‘Appealing ESA WCA Work focus interview on 27/11’</td>
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<tr>
<td>13. Retirement advised, e.g. ‘Retirement on the grounds of ill health should be considered’</td>
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<tr>
<td>14. Other, e.g. ‘Any need for further notes?’</td>
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</table>
The reason why more general practice fit notes referred to functional effects than those of the FFWS and the focus of the RTW categories differed between the two sources is unknown, but it is likely to reflect the fact that dialogue is already taking place between the FFWS and patients’ employers. The finding that it was unclear who the intended recipient of the comment was, and that comments were provided in a substantial number of ‘not fit’ notes, suggests that comments are serving different purposes. Further research is needed to investigate how the comments section on both ‘not fit’ and ‘may be fit’ notes might be best used from the perspective of patients, employers, occupational health practitioners and GPs.

**Key points**
- In this study, most fit note comments made some reference to return to work.
- Few fit notes referred to the functional ability of patients.
- Fit note comments covered a wide variety of categories.
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Conflicts of interest

R.H. is the Clinical Director of the Fit for Work Service.

References