

Evaluation of the Statement of Fitness for Work: qualitative research with employers and employees

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The fit note

The Statement of Fitness for Work (fit note) was introduced on 6 April 2010, replacing the previous Medical Statement (more commonly referred to as the sick note). The aim of the change was to enable people who were off sick to return to work as quickly as possible. Like the sick note, the fit note allows the doctor to state that the person is not fit for work. However, it adds a second possibility, 'may be fit for work', and for the doctor to record details about the functional effects of their patient's condition. The fit note also provides space for the General Practitioner (GP) to suggest simple changes to the work environment or job role or other steps to help the employee return to work earlier. The expectation was that the changes would assist employers to reduce sickness absence and to retain staff and would help to change attitudes about how work can help recovery from sickness.

Methods

This study explores the experiences and outcomes of the fit note from the multiple perspectives of employers and employees to understand how these differ across businesses or organisations.

The study was based on qualitative research with a purposive sample of 54 employing organisations (selected to provide a spread across sectors, organisational size, industries and countries) all of which had some experience of using the fit note. In each organisation, the person with an overview of sickness absence management was interviewed. Where possible, employees who had had a fit note and line managers were also interviewed. A total of

185 people were interviewed: 60 human resource specialists, five occupational health specialists, 18 line managers, 15 other managers and 87 employees. Fieldwork was conducted between March and July 2011.

Key findings

Employees' discussions with GPs about fitness for work

Employees reported that discussions about returning to work in a reduced capacity usually took place towards the end of the individual's sickness absence period. The topic of returning to work was raised by individuals, GPs and, in some cases, by both. Some individuals also received advice from other healthcare professionals, including occupational health practitioners, which prompted them to raise the issue of return to work with their GP.

The content of discussions varied: some GPs asked their patients about their job and what it entailed; others did not. Similarly, discussions about changes to an individual's job to assist return varied considerably in detail. Some GPs simply suggested a single course of action while others had a detailed discussion about the types of changes that would be most appropriate to the patient's job.

In some cases, discussions with GPs were led by the changes suggested by other healthcare professionals. In these cases, GPs simply facilitated the changes that had already been discussed between the individual and their employer.

The amount of detail provided by GPs on fit notes varied considerably. Some GPs simply ticked the relevant adjustments while others provided detail in the space for comments. Employers also felt that a few GPs did not complete the fit note correctly.

Discussions about returning to work in a reduced capacity had various effects on employees. In some cases, it enabled them to return to work earlier than they otherwise would have done or helped them to raise the issue of returning to work in a reduced capacity with their employers. In a few cases, individuals believed that the adjustments suggested had delayed their recovery process.

Fit note content

Employers received few fit notes stating that an employee ‘may be fit for work’ and some said they had expected more.

Employers believed the GP/patient relationship inclined GPs to follow employees’ wishes. They also believed GPs lacked information about job roles, work organisation and occupational health more generally, making it difficult for them to assess fitness for work or suggest adjustments to assist return to work.

Employers felt that the information provided on the fit note was often inadequate, consisting only of ticked boxes and with no guidance on adjustments such as activities to avoid. Yet, despite perceived problems with the operation of the fit note, many employers saw it as a positive step in encouraging discussions about work and possible adjustments to take place between GPs and patients, which could lead to an earlier return to work.

Discussions between employers and employees around fitness for work and adjustments

Discussions with employees around the fit note typically, but not always, involved line managers, sometimes human resources managers and, in larger organisations, occupational health advisers.

For some employers, discussions about adjustments were reported to take place independently of the fit note and many employers were of the view that the fit note made little difference to these.

Some employees believed that the fit note had empowered them in their negotiations over returning to work and that it had been instrumental in ensuring that changes were put in place rather than just agreed in principle.

Adjustments to enable return to work

Employees generally welcomed all types of adjustments. For employers, adjustments to hours were the easiest to make and were the most common adjustment in the organisations in the study. Other adjustments were to work equipment and alternative duties.

While employers said that making adjustments was usually worthwhile, they were not always possible and employees could be disappointed. Particular problems were reported with finding amended duties.

Reduced hours, on a temporary basis, were seen as simple and effective and as helping to prevent early relapse which might lead to further sickness absence.

Most adjustments made by employers to enable employees to return to work had cost implications. However, for employers these were highly variable and not often calculated. The main cost to employees of adjustments was the potential loss of pay resulting from altered hours, phased return, or other arrangements involving reduced hours. Employers varied in whether they made such reductions.

The fit note and an early return to work

For employers, benefits of an earlier return to work were reduced costs of absence, while for employees, an earlier return to work meant avoiding loss of pay or disciplinary action.

Sick leave was seen by employees as bad for their job security and career prospects, especially with the economic downturn at the time of the study.

Employees commonly referred to having been bored at home and missing being at work but in some cases employees felt they had returned to work too soon and that this had negative consequences for their health.

Employers' views about the impact of the fit note

Prior to the introduction of the fit note, some employers were positive about the change. Some employers retained or developed this positive view and believed the fit note had had a positive impact. Others felt it had had little or no impact, but often remained positive about the idea, if not the practice.

Some employers believed that the fit note had influenced sickness absence rates and durations, leading to greater consideration of adjustments, increased flexibility over adjustments, more adjustments being made, employees thinking more about returning and relapse being less common.

Employers who thought that the fit note had not influenced sickness absence gave a number of reasons for this: they had previously made adjustments; employees had always been keen to return to work quickly; the fit note either did not suggest adjustments or useful information; or it was treated as a sick note by employees or line managers. Despite expressing these views, some of these employers had used the fit note to make adjustments.

Some employers believed the fit note had improved how they managed sickness absence and that managers or employees were better informed on appropriate action. Others felt it had made managing sickness absence more difficult, because it proposed inappropriate adjustments or raised employees' expectations about adjustments.

The fit note was believed by some employers to have altered employers' and employees' attitudes to sickness absence.

Conclusions

The evidence suggests that the fit note is likely to have reduced sickness absence by improving employers' management of sickness absence and facilitating earlier returns to work.

The research findings indicate that the fit note is likely to have had more effect in smaller organisations; organisations where adjustments were not previously made; organisations without previous formal employer/employee discussion procedures on sickness absence; and organisations without occupational health or other specialist health resources.

The fit note appeared to have led to adjustments, improved sickness absence processes and empowered employees to seek adjustments. However, the research identified a need for improvements in some employers' approaches.

Implications for policy

The research findings have a number of implications for policy, both in relation to the fit note and to wider policy and practice in relation to sickness absence.

The findings indicate that it would be beneficial to review the design of the fit note, along with guidance to GPs about its completion to improve completion of the fit note and reduce confusion over the different fields on the fit note.

Employers identified reluctance among GPs to use the 'may be fit for work' option which, in some cases, prolonged sickness absence despite the possibility of adjustments to enable a return to work. For the fit note to be effective in reducing sickness absence, employers are dependent on greater use of this option by GPs.

Employees reported that adjustments advised by their GP were sometimes not made. This indicates a need for education and support for employers to enable them to use the fit note more effectively. Some employers would welcome more specific guidance on how to make adjustments for different types of health conditions and occupations. Because

the fit note is used in the context of wider sickness absence approaches, broader guidance to employers on good practice in managing sickness absence would be beneficial.

Employers said they would welcome more dialogue with GPs to guide them in the use of adjustments for employees with a fit note. Consideration should be given to the potential for this and how it might be achieved.

The finding that some employees return to work too early and delay their recovery suggests a need to consider better protection and support for employees to avoid returns to work that are unsuitably early, too rapid or not supported with appropriate adjustments.

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