

GPs and the Fit for Work scheme

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An editorial by primary care researchers at Plymouth University Peninsula Schools of Medicine and Dentistry, and published today, Monday 29 June 2015 in the *British Journal of General Practice*, analyses the GP role in the sickness certification process and the new Fit for Work scheme and suggests that GPs are key to supporting individuals to maintain the hope and belief that they can work, "rather than adding to the numbers of individuals off work on long term sickness who may have been able to work."

The Fit for Work Scheme will be introduced in most regions in England and Wales at the end of this month. Its aim is to provide additional support for those in employment at risk of long term incapacity by using an occupational health-based assessment and a plan for helping individuals return to work.

The GP's role in the new voluntary scheme is advisory, supporting their patients to consider the benefits of extra support. This complements the recently introduced 'fit note' certificate that allows GPs to be clearer about their patients' capacity to work and extra support that may help them return to work.

GPs have played a long-standing role in sickness certification which, since fit notes replaced sick notes in 2010, has focused of the cost of sickness leave and the health benefits of keeping people in work. Recent research has shown that this role is a challenging one with tension and anxiety for GP and patient alike. For example, put simply one study suggested that it was easier to get sickness certification if a patient



presented with physical rather than psychological symptoms.

The authors of today's editorial are hopeful that the Fit for Work scheme will help to address some of these tensions and anxieties, as well as provide valuable support to individuals to return to work who might otherwise have never been able to do so.

The editorial also identified potential benefits of certification for those who are not in employment. Fit notes allow GPs to provide helpful comments and a clear diagnosis as part of the <u>certification</u> process, which in turn validates an individual's eligibility for the Employment and Support Allowance. This may also reduce the need for face-to-face assessments or work focused interviews.

Where an individual's capacity for work is limited by illness, the authors suggest that the new scheme will provide appropriate support for returning to work. The use of the 'may be fit for work' tick box may well lead to useful conversations about an individual's ability for work in the future, rather than defining someone as likely never to be able to work again. While this has huge potential for positive impact on an individual's life, the editorial's authors note caution and the need for sensitivity to avoid causing additional anxiety.

Lead author for the editorial, Professor Richard Byng from Plymouth University Peninsula Schools of Medicine and Dentistry, said: "Assessing and advising patients about the relationship between their health and their employment has always been a challenging one for GPs. Exclusion from work is not the most appropriate diagnosis for everyone, even if they do not agree with their doctor's decision, and for some patients there are positive benefits to returning to work."

He added: "If an individual is signed off for a period between four and 12 weeks, there is a greater chance they may never return to work. We



would suggest that helping a patient to weigh up the pros and cons of returning to work is a vital role for the GP and would help to avoid the negative consequences of never returning to work, being signed off as medically unfit to work or simply being made redundant.

"Fit for Work and the 2010 fit notes put the GP in this central role. Our conclusion is that the GP can help patients to achieve the mind-set where they believe they can work. An outcome of this will be to reduce the number of people on long term sick leave who may have been able to work, with all the benefits that could bring to the individual, employers and the state."

Provided by University of Plymouth

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