

interim training Fit notes from July 2022

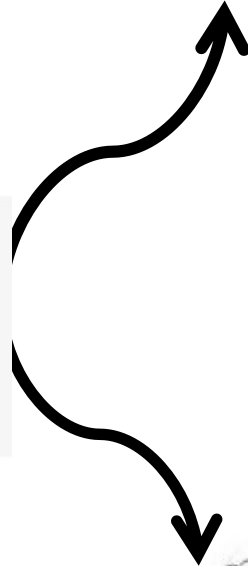
What?

Why?

When?

Who?

How?



What's changing ?

<https://www.communities-ni.gov.uk/publications/social-security-medical-evidence-and-statutory-sick-pay-medical-evidence-amendment-no2-regulations>

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Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) (No2) Regulations (Northern Ireland) 2022; laid 10/6/22; operative 1/7/22

<https://www.legislation.gov.uk/nisr/2022/182/contents/made>

These regulations

1. Extend the signatories of Fit Notes beyond registered medical practitioners (RMPs) to include Physiotherapists, Occupational Therapists, Nurses and Pharmacists
2. Facilitate the doing-away with a “wet signature” on a Med3 as long as the signatory’s name and profession can be identified elsewhere on the document ** (technical caveat & delay)

Why is it changing?

- To relieve pressure on RMPs particularly GPs
- To recognise the skillset of other HCPs

When is it changing?

Regulations in effect 1/7/22 BUT there are still some moving parts:

1. Training –eventually through eLFH; but this as an interim. Updated [The Fit Note - elearning for healthcare \(e-lfh.org.uk\) https://www.e-lfh.org.uk/programmes/the-fit-note/](https://www.e-lfh.org.uk/programmes/the-fit-note/)
2. IT implementation in development to allow practice nurses , physios and pharmacists to issue eMed3 with own name and profession
3. Interim paper supply through BSO product code WPH000684 (book of 50xMed3)

Who is affected?

Patients	May be getting their Med3 from a different healthcare professional
GPs	Possibly decreased requests
New HCP signatory groups	Will wish to have training and offer a more holistic service
BSO	Paper supply of unfranked Med3s
Trusts	Supply routes of Med3s and extension beyond RMPs
Employers	To whom are queries directed re legibility, alterations etc?

How will this change happen?

- Professional guidance on the need for training; DH letter
 - Delivery of that training - interim and longterm ; online / paper
 - On the GP side updating of the GP systems to a national specification from NHS Digital with local appropriate references to allow the new signatory groups to generate
 - In short term unfranked Med3 supply from BSO
- WPH000684

What are the essential things to know 1 ?

- Must have a diagnosis from ICD-10 – “grief reaction” OK versus “grief” (not OK)
- Can be vague diagnosis if embarrassing for patient or likely to affect employee-employer relationship (but must not be misleading)
- Require honesty of signatory

- Do not always require a F2F consultation ; can be done on basis of telephone consult or report from another HCP but be aware of the need to see that

- First 7 days of illness covered by self-cert
- In first 6 months can only be written for max 3 months for any cert but after 6 months can be indefinite duration
- Can't be future-dated
- Med10 covers in-patient stay
- Hospital “should” cover postop/post-admission recovery period

- Beware of weaponised statements such as “work-related stress reaction” – this is tiger country for employment lawyers and tribunals

- One Med3 only to be issued even if patient has 2 jobs - patient can make copies

What are the essential things to know 2?

Use of the “may be fit for work (FFW) certificate box and the circumstances where a may be FFW cert can be treated as a Unfit for Work cert

“may be fit” certs must have comments (either from the menu or freetext). The menu comments are (1) a phased return to work; (2) altered hours; (3) amended duties (4) workplace adaptations

These comments are not binding but can be influential on the employer ; “If their employer cannot make any changes to accommodate your advice, the fit note is treated as if it stated that your patient was not fit for work” . Occupational Health are the experts on disability, capability and reasonable adjustments

“Backdating “ a Med3 can only be done in specific circumstances – the circumstances require some evidence ; see Q&A in later pages

Q. SSA has found my patient fit for work – can I issue another Med3?

A. Not for same condition ; but may have a Med3 for other conditions

Going back to work

There is no such thing as a going back to work Med3; when the Med expires the patient is assumed to be FFW

A Med3 duration is a maximum; a patient can return to work sooner if they feel able and their employer is aware

Where are the pratfalls?

Requests for backdated Med3

Contact from employers about Med3 which may have been altered . These should be managed carefully without inadvertent disclosure by asking for the employer's copy and either affirming or not affirming that this is one's certificate and this is how it left the practice *

Requests for specific phraseology to be used in the Med3

If in doubt , ask!

*<https://mdujournal.themdu.com/issue-archive/issue-5/document-fraud-from-patients>

Where can I get more information about Med3s?

<https://www.gov.uk/government/publications/fit-note-guidance-for-gps/getting-the-most-out-of-the-fit-note-guidance-for-gps> - a walkthrough guide on each section of the Med3

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/issuing-fit-notes> - reminders about verifiable information

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/251504/hcp-reports-q-and-a.pdf covers appeals, backdating etc (NB this guidance is from 2013 and the references to Dr-only completing Med3 should be disregarded; other info remains valid)

<https://www.gov.uk/government/publications/the-fit-note-a-guide-for-patients-and-employees/the-fit-note-guidance-for-patients-and-employees>