

Physiotherapy Clinical Policy for Sickness Certification of Patients with Musculoskeletal Problems

Aim

To ensure that patients who are having their simple musculoskeletal problems managed by the Physiotherapy service are:

- Signed off work in a timely manner by their Physiotherapist.
- Not having to return to their GP just to obtain a sickness certificate.
- Signed back to work at earliest possible opportunity.

Policy

1. The GP ultimately retains medical responsibility for the patient. A discussion with the GP and possible re-referral back to the GP must be made if the physiotherapist has concerns over the presenting condition.
2. A sickness certificate may only be issued by a qualified, HPC registered member of physiotherapy staff, who accepts this responsibility and has received appropriate training.
3. A sickness certificate should only be issued to sign patients off work if the physiotherapist deems the patient unable to work because of their physical disorder or it would be detrimental to their health to undertake work.
4. Physiotherapists must use a Med 3 certificate (see Appendix I) to sign patients off and on work, as agreed with the Devon Local Medical Committee in 2006.
5. It is the responsibility of the staff member issuing the sickness certificate to inform the patient's GP of the absence from work (Appendix 2), or return to work. (Appendix 3).
6. The sickness certificate must contain the following information in black ink:
 - 6.1. The patient's name.
 - 6.2. The date of examination.
 - 6.3. The diagnosis.
 - 6.4. The date the certificate is issued.
 - 6.5. The printed name and signature of the staff member issuing the certificate.
 - 6.6. The printed address of the hospital/surgery, using the stamp provided.
7. The physiotherapy records should have the following documented:
 - 7.1. The total period of absence from work covered by the sickness certificate.
 - 7.2. The period of absence from work before a certificate was issued (where appropriate).
 - 7.3. The intended date of return to work.
 - 7.4. The injury and why this is preventing work.
 - 7.5. Clinical reasoning supporting the sickness certification.
8. **Closed Certificate:**
This is when the 'until' section is completed with a date of return to work specified, which may be up to 14 days after the certificate is issued
Open Certificate:
This is when the 'for' section is completed and a period of expected incapacity can be given e.g. for post surgery patients.

NB. It is preferable to issue a closed certificate where possible.

9. A sickness certificate must only be issued for short term musculoskeletal conditions and only from the patient's usual occupation.
10. A patient should self certificate for the first 7 days of an injury preventing attendance at their usual occupation. A sickness certificate may be issued by the physiotherapist if the condition necessitates an absence from work greater than this period.
11. If the patient has an unclear prognosis that may require an absence from work for longer than 14 days, the physiotherapist must enter discussion with the patient's GP. A repeat certificate of a further 14 days may be issued following discussion and agreement with the patient's GP.
12. The physiotherapist may issue a repeat certificate if it is expected that the patient will return to work after a further 14 days of recovery e.g. soft tissue sprain or post surgery.
13. A certificate may only be issued once. If the certificate is misplaced a replacement certificate should be clearly marked "duplicate" by the original issuing member of staff. The replacement certificate must be dated with the same date as the original certificate. It is the responsibility of the physiotherapist to establish with the patient whether a sick certificate has already been issued.
14. A certificate may only be issued from the date on which the patient attends the physiotherapy appointment requesting a sickness certificate. Certificates may not be back dated. Patients should be reminded that they are able to self certificate for the first 7 days of an absence from work.
15. Supplies of Med 3 certificates must be stored in a secure environment. Med 3 certificates are obtained following the local secure procedure. To place an order for Med 3 certificates the member of staff must state their name, location and the number of pads required.
16. The hospital/surgery stamp must be kept separate from the supply of certificates to reduce the risk of fraudulent claims if the certificates were accessed improperly.
17. An equality and diversity assessment has been completed on this policy and no further action is required.

Bibliography:

- A Guide for Registered Medical Practitioners (2004). Executive Agency, London: (No IB204 DSS).
- Hiscock & Ritchie (2001), The role of GPs in sickness certification, Department for Work and Pensions, London (Research report No 148).
- Hussey et al (2004) Sickness Certification system in the UK: qualitative study of views of general practitioners in Scotland, *British Medical Journal* 328 (7431); pp 88-93
- Limb & Wilde 2005 *Survey backs physios' role on sick notes* Frontline 3rd August 2005
- Niven K The potential for certification of incapacity for work by non medical health care professionals. Department for Work and Pensions research report series no 225
- Paton Nic (2005), Sick note pilots put to the test, *Occupational Health*; 57(1),16-18:

Acknowledgement:

Thanks to Gloucestershire Hospitals NHS Foundation Trust Physiotherapy service for sharing their knowledge and experience of running this scheme. Also thanks to the lead physiotherapists from all the participating organizations who prepared this document and to the Head of Profession for East Devon, Exeter & Mid Devon PCTs for co-ordinating the work.

Appendix 1: Med 3 Certificate

Doctors' Statements (Med 3)

and

Doctors' Special Statements (Med 5)

TO BE ISSUED FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY

For guidance on the completion of the enclosed forms see Notes on the inside cover of this pad.

Please take care of this pad. Do not leave it lying about. Losses should be reported urgently to the Health Authority or Health Board.

Form Med 3/5 (over)

NOTES ON COMPLETION OF FORMS MED 3 DOCTORS' STATEMENTS FOR SOCIAL SECURITY PURPOSES

On the doctor's statement:-

(1) after the words "you must refrain from work for", the period entered must not exceed 6 months from the date of examination, unless the patient has, on the advice of a doctor, already refrained from work for a continuous period of 6 months.

(2) after the words "you should refrain from work until"

i. if the patient is being given a date when he can return to work, that date should not be more than 2 weeks after the date of examination;

ii. if the patient had already been incapable of work for at least 6 months and recovery of capacity for work in the foreseeable future is not expected "further notice" may be entered.

ADDITIONAL INFORMATION

"Open" statements
The section after the words "you should refrain from work for" is usually the relevant section to complete when an "open" statement is issued; the exception is when the period is "until further notice" (see Note 2)(i) above).

"Closed" statements
The section after the words "OR until" is the section to complete when a "closed" statement is issued.

The circumstances in which the Form Med 3 (and the other certificates Med 4, Med 5, Med 6 and RM7) may be used are described in the handbook "A guide for registered medical practitioners".

NOTES ON COMPLETION OF FORMS MED 5 DOCTORS' SPECIAL STATEMENTS FOR SOCIAL SECURITY PURPOSES

- The forms in this pad are for use if a patient requires a doctor's statement for Social Security or Statutory Sick Pay purposes and, for any reason, Form Med 3 is not appropriate for example, if a patient requires a statement for a past period during which he saw his doctor but for which no doctor's statement was issued. Form Med 5 may also be used where a doctor wishes to advise a patient, whom he has not examined, to refrain from work, if the doctor has received an adequate written report, not more than a month old, from a doctor at eg a hospital or place of employment.
- The diagnosis of the disorder should be stated as precisely as possible, but if the doctor considers that for the patient's well being it would be inadvisable to disclose the true nature of the disorder to the patient he may give the diagnosis less precisely. He should at the same time inform the Senior Medical Officer of the Department for Work and Pensions formerly the Department of Social Security of the facts on Form Med 6 (one Form Med 6 is provided at the back of each pad of Doctor's Statements - Forms Med 3). Further supplies of Forms Med 5 can be obtained from the appropriate Health Authority or Health Board.
- In completing section (B) of Form Med 5, the period or date to be entered after "or/until" must not be more than one month after the date on which the form is issued.
- The doctor's name and address should be stamped in the space provided.
*In Scotland the appropriate Regional Medical Officer

If you cannot fill this in yourself ask someone else to do so and sign it for you.

A. TO BE COMPLETED IN ALL CASES - PLEASE USE BLOCK LETTERS

Surname Mr/Mrs/Miss/Ms

First names

Present address

Postcode

Date of Birth

Date	Month	Year
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

National Insurance Number

Works or Clock Number or Department

B. If the doctor has given you a date to resume work

Date you intend to start (or seek) work for any employer or as a self-employed person

Date	Month	Year
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

For night shift workers only Shift will begin at

Time	am/pm
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

 and end next day at

Time	am/pm
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

C. FOR STATE BENEFIT CLAIMANTS ONLY

Full name and address of employer (if employed)

DECLARATION

I understand that if I give incorrect or incomplete information action may be taken against me.

I declare that because of incapacity I have not worked since the date of my last claim.

I also declare that my circumstances and those of my dependants are and have been as last stated. (if there has been a change cross out this declaration and attach a signed and dated statement of the new facts.)

I declare that the information I have given on this form is correct and complete.

I agree that the Department for Work and Pensions or a doctor acting on their behalf may get in touch with my doctor so that they may give the Department for Work and Pensions any information which is needed to deal with this claim and any request to look at the claim again.

Signature Date

If you have signed this form for someone else, please tick here.

FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

- For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
- For Social Security purposes - To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your local Jobcentre Plus or social security office QUICKLY to avoid losing benefit.

NOTE: To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB1 (from Jobcentre Plus or social security office).

Doctor's Statement

In confidence to Mr/Mrs/Miss/Ms

I examined you today/yesterday and advised you that

(a) You need not(b) you should refrain from work refrain from work for†

OR until

Diagnosis of your disorder causing absence from work

Doctor's remarks

Doctor's signature Date of signing

Form Med 3

NOTE TO DOCTOR† See inside front cover for notes on completion

Appendix 2: To be used to sign patients off work

Physiotherapy Department

Sickness Certification

Dear Dr.....

This patient attended a physiotherapy assessment on/...../..... and has been issued with a sickness certificate.

Name.....

Address

.....

.....

.....

Diagnosis.....

.....

- It is anticipated that this patient will return to work on/...../.....
- This patient has a further appointment in physiotherapy on/...../..... and their progress will continue to be monitored.

If you have any queries, please do not hesitate to contact the physiotherapy department.

Yours sincerely,

Signature and printed name
Physiotherapist

Date.....

Appendix 3: To be used to sign patients back to work ahead of expected return, or if date different to the one on a previous letter sent to the GP

Physiotherapy Department

Sickness Certification

Dear Dr.....

This patient attended a physiotherapy assessment on/...../..... and was issued with a sickness certificate.

This patient is now fit to work and has been signed back to work, to start on/...../.....

Name.....

Address

.....

.....

.....

Diagnosis.....

.....

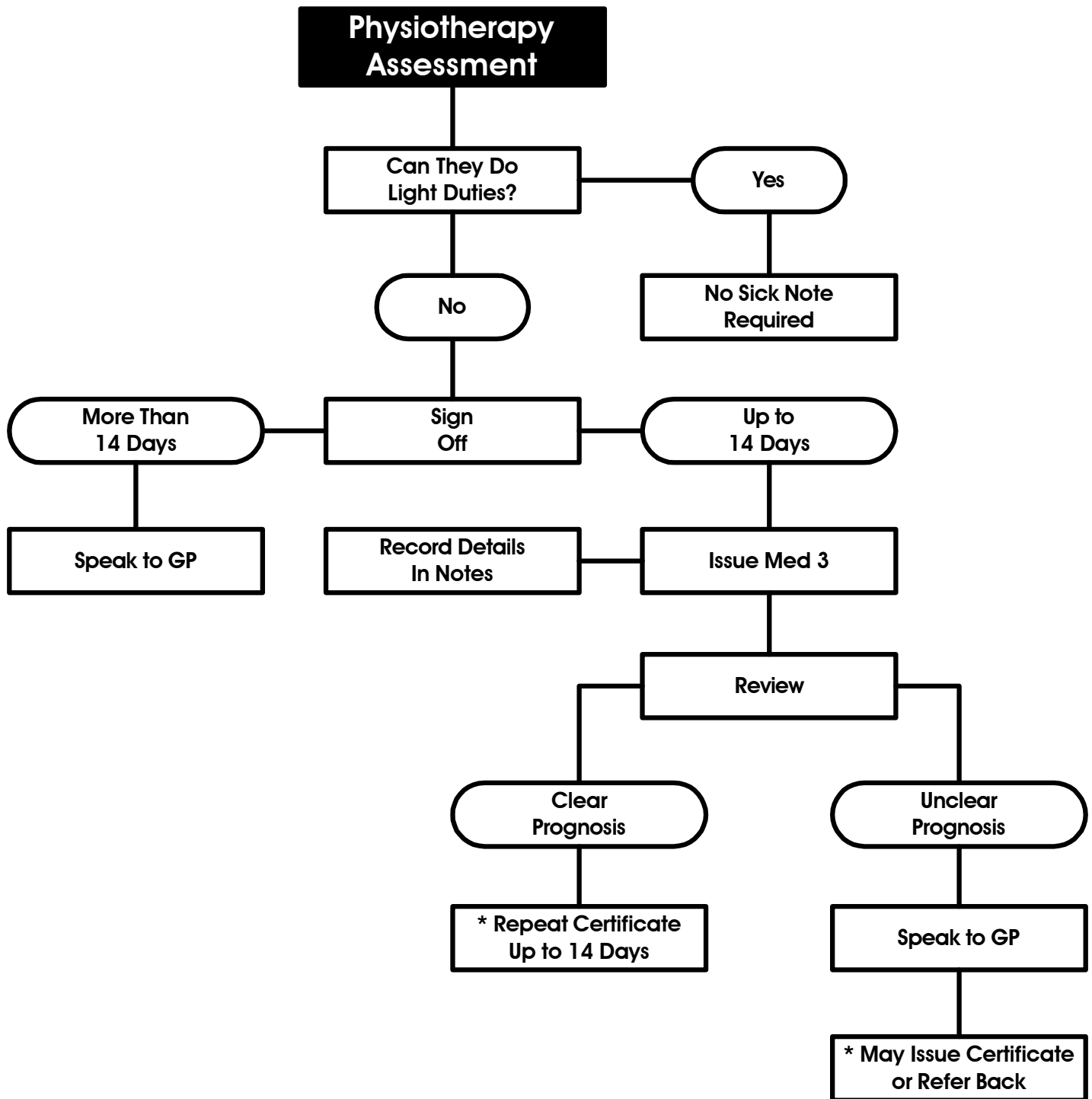
If you have any queries please do not hesitate to contact the physiotherapy department.

Yours sincerely,

Signature and printed name
Physiotherapist

Date.....

Appendix 4: Procedure for signing patients off work:



*A physiotherapist can only sign a patient off work for a maximum of 2 periods of 14 days in one episode of care.