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Return-to-work outcomes and usefulness of actual fit notes received by employers

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Abstract

Background. GPs can use the fit note to advise that a patient 'may be fit' or is 'not fit' for work. Previous employer-based research on the fit note is largely qualitative and based on general perceptions and past experience. Knowledge of the return-to-work outcomes and usefulness of actual fit notes is needed to strengthen the evidence-base and inform practice.
Objective. To investigate the return-to-work outcomes of fit notes issued to employed patients, and their employers' opinions as to the usefulness of each note.
Methods. Participating organizations collecting fit notes were asked to rate the outcome and usefulness of each fit note via postal questionnaires. Quantitative data were analysed descriptively; qualitative data were analysed using thematic content analysis.
Results. Five hundred and sixteen questionnaires were posted, with a 97% return rate (n = 498). More than 80% of employees (n = 44) returned to work after the expiry date of a 'may be fit' note compared with 43% (n = 167) of those issued with a 'not fit' note. Fit notes were considered more useful if they provided information on the condition and its effect on the employee's ability to work, if they stated whether or not the employee needed reassessment and if clear advice regarding return-to-work had been provided.
Conclusions. 'May be fit' notes are useful in helping employees return to work. However, this option is infrequently used, and the completion and content of many fit notes does not meet employers' needs. These factors need to be urgently addressed if the fit note is to reach its full potential.

Key words. Consultation, occupational/environmental medicine, primary care, public health, rehabilitation/disabilities.

Introduction

Approximately 131 million work days are lost each year due to sickness absence in the UK (1), leaving employers with a bill of £9 billion in sick pay and associated costs (2). Sickness absence and work loss impact negatively not only on the employer but also on the employee. Evidence suggests that most work is generally good for health and well-being (3) and that individuals are likely to recover sooner and maintain their health if they return to work with appropriate modifications rather than remaining on sick leave (4).

In the UK, GPs are the main source of work support and advice, and sickness certification. In 2005, the government introduced a strategy to address the health and economic consequences of sickness absence through increased collaboration between the health and employment sectors (5). One of the main tools developed as a result was the Statement of Fitness for Work, known as the 'fit note', which replaced the sickness certificate in 2010 (6).

GPs can use the fit note to advise either that a patient is 'not fit' for work or that they 'may be fit' for work if the employer is able to make necessary modifications. Where a patient is considered 'may be fit', GPs are required to advise on one or more workplace

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modifications (phased return; altered hours; amended duties; workplace adjustments) and to provide additional comments, including the functional effect of the patient's condition. It is then the responsibility of the employer, together with the employee, to consider this advice and whether/how it can be applied. GP guidance on fit note completion published by the Department for Work and Pensions (DWP) suggests that it can also be useful to provide comments when the patient has been assessed as 'not fit' for work (7). The GP is expected to specify the duration of each fit note and whether or not the patient needs to be re-assessed by the GP before returning to work.

Since its introduction, three studies have reported on employers' experiences of the fit note (8–10). However, these have either focused on a particular condition such as chronic pain (8) and/or on reporting employers' general perceptions of the fit note (9,10). No research has reported on the actual return-to-work outcomes of specific fit notes issued to employed patients, or employers' perceptions of how useful these fit notes were in helping the employee return to work.

The aim of this study was therefore to investigate the outcomes of fit notes for individual employees and to gather their employers' feedback on the utility of these fit notes in informing return-to-work. This study was part of a larger research study investigating best practice in fit note completion and use (11).

Methods

We wished to recruit 10 organizations, representing different sectors and sizes of businesses. A combination of opportunistic and random sampling methods was employed. Organizations who expressed an interest in the study were visited by the research team, who described the study and answered any questions. Written consent to participate was obtained from the representative of each organization at, or following, the meeting.

Participating organizations were asked to collect all fit notes received for up to a 6-month period, to remove all identifiable employee and GP information and to send the anonymized copies to the research team. Two weeks after the expiry of each fit note, those who received/reviewed the fit note in each organization were asked to rate the usefulness and outcome of each fit note using a postal questionnaire developed by the research team. If organizations were unable to complete a questionnaire for every fit note, for example because of the volume of notes received, they were asked to complete a questionnaire for all 'may be fit' notes and for 20% of 'not fit' notes. The latter were selected randomly by the research team using a computerized random number generator.

Questions covered the employee's work status following the fit note and the respondent's perceived usefulness of the fit note. Separate questionnaires were designed for 'not fit' notes and 'may be fit' notes.

Quantitative data were analysed descriptively. Free-text comments were analysed by three members of the research team using thematic content analysis (12). Categories were initially ascribed to each comment by each researcher independently, then reviewed together and revised until a final set were agreed. Some comments covered more than one category.

Results

Seventeen organizations expressed an interest in participating in the study. Of these, two withdrew prior to giving consent and two withdrew prior to data collection, leaving 13 organizations participating. Ten were large sized, and the remainder were medium sized. They represented the private and public sectors, service and manufacturing, charity and not-for-profit sectors. Ten provided either an in-house or outsourced occupational health service. A total of 516 questionnaires were sent out, of which 498 were returned; a 97% response rate.

Selection of the fitness to work option

Of the questionnaires returned, 441 (89%) were those designed for 'not fit' notes'. This included four questionnaires for fit notes where neither fitness option had been selected and one questionnaire for a fit note where both options had been selected.

A total of 57 (11%) questionnaires were those designed for 'may be fit' notes. This included four questionnaires for fit notes where neither fitness option had been selected, one questionnaire for a fit note with both options selected and one questionnaire for a fit note with both options deleted.

In those cases where one specific option had not been selected, the research team made a judgement, based on the content of the whole fit note, as to the intention of the GP.

Return-to-work outcomes of the fit notes

The details of employees' return-to-work outcomes following fit notes are shown in Table 1. In 89% (n = 392) of 'not fit' cases, the respondent knew what had happened to the employee, the most common situation being that the employee had received another 'not fit' note' (51%), or had returned to normal hours and duties (29%).

In the majority of the 'may be fit' cases (n = 54; 95%), the respondent knew what had happened with the employee following the fit note. The two most common scenarios were that the employee either returned to work with modified duties and hours (n = 16; 30%) or with normal hours but with modified duties (n = 13; 24%). Seven (13%) returned to normal hours and duties, seven (13%) returned to modified hours and normal duties, four (7%) were issued with a 'not fit' note and three (6%) were issued with another 'may be' fit note.

Usefulness of the fit notes according to employers

Quantitative and qualitative findings regarding the usefulness of the fit notes have been combined where appropriate to provide more contextual information to the results. The results of the quantitative questionnaire responses are shown in Table 2. The results of the content analysis of free text comments are shown in Table 3. A total of 32 different categories were identified through the content analysis, covering 5 key themes. Those categories where more than one comment was made are listed with an example of each, followed by the total number of comments in brackets.

Explanation of how the employee's health condition affected their ability to work

Respondents agreed that the 'not fit' notes had explained how the employee's health condition affected their ability to work in 36% of cases (n = 160) compared with 58% of 'may be fit' notes (n = 33). The need for further information on the functional effect of the employee's condition was identified in 37 of the free-text comments, the third most frequently made comment.

Usefulness of the fit notes in planning the employee's return to work

Respondents agreed that the 'not fit' notes had been useful in planning the employee's return to work in 24% of cases (n = 106) compared with 70% of 'may be fit' notes (n = 39). The need for more

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Table 1. Employer responses to questions concerning return-to-work outcomes of employees issued with 'not fit' and 'may be fit' notes

Question	Response	'Not fit' notes		'May be fit' notes	
		N	%	*N*	%
Do you know what happened following this fit note?	No	49	11	3	5
	Yes	392	89	54	95
	Total	441		57	
If so, what happened?	Returned to normal hours/duties	114	29	7	13
	Returned to normal hours/modified duties	23	6	13	24
	Returned to modified hours/normal duties	12	3	7	13
	Returned to modified hours/modified duties	14	3	16	30
	Returned to work but details not known	4	1	1	1
	Issued with another 'not fit' note	199	51	n/a	n/a
	Issued with a 'may be fit' note	3	1	n/a	n/a
	Issued with another 'may be fit' note	n/a	n/a	3	6
	Issued with a 'not fit' note	n/a	n/a	4	7
	Other reason for not returning to work	23	6	3	6
	Total	392		54	

n/a, not applicable.

recommendations and guidance on return-to-work to be included in fit notes was identified in 45 free-text comments, one of the two most frequently made comments. The need for information as to the duration or prognosis of the employee's condition was identified in 31 cases. Seven comments referred to the need for greater clarity regarding the duration of workplace adaptations and four as to when those on extensive sick leave might be returning to work.

The extent to which the employer perceived the fit notes to be completed fully

Respondents agreed that the 'not fit' notes had been completed fully in 46% of cases (n = 203) compared with 74% of 'may be fit' notes (n = 42). The majority of the free-text comments referred to the completion of fit notes. Respondents referred to general brevity/incompletion of fit notes in 22 cases, and to illegibility in 12. Lack of completion of the review/reassessment section was identified on 45 occasions, one of the two most frequently made comments. Respondents also commented on their need for further information about the health condition itself including the diagnosis (25 comments); the cause (11)—and specifically the reason for 'stress' (8) and the severity of the condition (5). The need for information on whether the employee had been referred for treatment/investigations was commented on in 18 cases. In 24 cases, the employer had referred the employee for interventions/assessment themselves. A smaller number of comments questioned the ability of the GP to complete fit notes and their awareness of the business perspective.

The extent to which the employer understood the content of the fit notes

Respondents agreed that they had understood the content of the 'not fit' notes in 75% of cases (n = 332) compared with 71% of 'may be fit' notes (n = 40). The need for greater clarity of medical terminology and the duration of the fit note were each referred to in four of the free-text comments.

The extent to which the employer was able to modify the employee's job

Respondents agreed that in 68% of cases the 'may be fit' notes had given the employer the information they needed to modify the worker's job (n = 39). They also agreed that in 76% of cases they had been able to make the modifications needed to help the employee return to work. However, respondents also agreed that in 23% of cases, those employees who had been issued with a 'not fit' note could have been accommodated at work. A few free-text comments referred to the capacity of the employer to accommodate the fit note recommendations or the willingness of the employee to accept them.

Twenty-one comments highlighted cases where the fit note had been helpful, for example, where the fit note was clear, legible and well explained; gave detail on treatment and investigations and guidance on modifications; stated whether or not the GP needed to reassess the patient and stated how the condition affected the employee's ability to work. In 12 cases, respondents commented that no further information was needed.

Conclusion

This study investigated the return-to-work outcomes and usefulness of a total of 498 fit notes issued to employed patients as identified by their employer. 'May be fit' notes were rated as more useful than 'not fit' notes, and return-to-work was more likely following expiry of a 'may be fit' note. Fit notes were considered useful if they provided information about the condition and its effect on the employee's ability to work, if it was stated whether or not the employee needed to be assessed again, and if clear advice regarding return-to-work had been provided.

The high response rate together with the combination of quantitative and qualitative data has provided robust and in-depth insight into what employers find useful about the fit note as well as identifying improvements that can be made to its completion. However, no 'small-sized' organizations were recruited, although 3 had a workforce of 100 or fewer, and this is a limitation of the study. Also, we did not explore any potential differences in responses according to employer size or occupational health provision. In addition, it was not possible to identify which employees might have received more than one fit note, which may have influenced both fit note completion and the questionnaire responses. Finally, data were collected from only one region in England and may not have been representative of the UK as a whole.

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Table 2. Employer responses to questions concerning the usefulness of the employees' 'not fit' notes and 'may be fit' notes

Statement	Response	'Not fit' notes (n = 441)		'May be fit' notes (n = 57)	
		N	%	*N*	%
This fit note explained how the employee's health condition affected their ability to work	Strongly agree	22	5	7	12
	Agree	138	31	26	46
	Neither agree nor disagree	73	17	10	17
	Disagree	183	41	11	19
	Strongly disagree	24	5	2	4
	No response	1	1	1	2
In my opinion, this fit note has been useful in planning the employee's return-to-work	Strongly agree	15	3	6	10
	Agree	91	21	33	60
	Neither agree nor disagree	95	21	11	19
	Disagree	211	48	3	5
	Strongly disagree	26	6	2	3
	No response	3	1	2	3
In my opinion, this fit note has been completed fully	Strongly agree	19	4	4	7
	Agree	184	42	38	67
	Neither agree nor disagree	76	17	5	9
	Disagree	149	34	4	7
	Strongly disagree	9	2	4	7
	No response	4	1	2	3
I have understood the content of this fit note	Strongly agree	70	16	9	16
	Agree	262	59	31	55
	Neither agree nor disagree	69	16	4	7
	Disagree	33	7	2	3
	Strongly disagree	5	1	2	3
	No response	2	1	9	16
In my opinion, this employee could have been accommodated at work rather than being signed 'not fit'	Strongly agree	25	6	n/a	n/a
	Agree	76	17	n/a	n/a
	Neither agree nor disagree	186	42	n/a	n/a
	Disagree	127	29	n/a	n/a
	Strongly disagree	24	5	n/a	n/a
	No response	3	1	n/a	n/a
This fit note gave me the information needed to modify the worker's job	Strongly agree	n/a	n/a	9	16
	Agree	n/a	n/a	30	53
	Neither agree nor disagree	n/a	n/a	9	16
	Disagree	n/a	n/a	5	9
	Strongly disagree	n/a	n/a	2	3
	No response	n/a	n/a	2	3
I have been able to make the modifications needed to help the employee return-to-work	Strongly agree	n/a	n/a	4	7
	Agree	n/a	n/a	39	69
	Neither agree nor disagree	n/a	n/a	2	3
	Disagree	n/a	n/a	4	7
	Strongly disagree	n/a	n/a	6	11
	No response	n/a	n/a	2	3

n/a, not applicable.

There was a low proportion of data relating to 'may be fit' notes, reflecting the findings of other research that the majority of fit notes advise that the patient is 'not fit' for work (13).

Prior workplace-based research on fit notes has been somewhat limited. An interview study by Wainwright *et al.* (8) included a small sample of employers and was specific to patients with chronic pain. The study by Kotze (10) comprised interviews with 21 employers, but this was based on employers' general recall about fit notes. The study by Lalani *et al.* (9) included a larger sample of employers and also reported on poor completion of fit notes by GPs and lack of guidance on adjustments, however the study also was based on general recall, and half of the employers were unable to provide information on the number of fit notes they had received. Since this latter study, GP fit note guidance has been revised (7), and the electronic fit note has been introduced (14). However, our study suggests that the fit note has yet to reach its potential.

Where the outcome was known, over half of those employees with a 'not fit' note had been issued with another 'not fit' note subsequently. This could suggest that the GP had difficulty in predicting the expected period of sickness absence, in contrast to the findings of a Norwegian study (15) where doctors accurately predicted return to work in over 84% of cases. However it may be that GPs prefer not to make such a prediction. Only three employees had subsequently been issued with a 'may be fit' note. However, 12% of those signed 'not fit' had returned to work with modifications, indicating that in these cases employers were making adjustments independently of any recommendations given on the fit note. Indeed almost a quarter of respondents considered that

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Table 3. Results of the thematic content analysis of free-text comments showing the five main themes and categories identified, with numbers and examples of each category

Theme 1: the need for further information to be included on the fit note regarding
Review/reassessment by GP (45), e.g. 'Unsure if this will continue. GP has not said they will or will not assess again'
Recommendations/guidance on return-to-work (45), e.g. 'Recommendations to get employee back to work'
Functional effect of condition (37), e.g. 'How the injury is impeding them from coming back to work'
Duration/prognosis of condition (31), e.g. 'Estimated time to recover'
Diagnosis/condition (25), e.g. 'No diagnosis of the actual condition only [flu] 'like' symptoms'
Referral to specialist/treatment/investigations (18), e.g. 'Whether the employee had been referred to a specialist/counselling'
Cause of the condition (11), e.g. 'More background info as to the cause'
Reason for 'stress' (8), e.g. 'What the stress was for i.e. work related/family related'
Clarity regarding duration of work adaptations (7), e.g. 'it is stated he must do light jobs for 4 weeks, what would happen after this?'
Severity of the condition (5), e.g. 'How severe the depression is'
Details of surgery/post-operative recovery (4), e.g. 'an explanation as to the nature of surgery would be helpful'
Information on progress (long term sickness) (4), e.g. 'This person has been off for 28 weeks. Some indication of when she would be able to return would be good information'
Clarity of medical terms (4), e.g. 'I had to google costochondritis not common means chest hurts'
Clarity/completion of duration of fit note (4), e.g. 'Clear dates'
Theme 2: general comments regarding the completion of fit notes
Illegibility (12), e.g. 'Cannot read the fit note fully (reason of sickness) needs to write clearer'
Too brief/incomplete (22), e.g. 'more information on fit note to help employers'
The ability of GPs to complete fit notes (5), e.g. 'In my opinion, some GPs due to time constraints and limited knowledge of role may just tick all boxes without giving any reason as to why as it is not always clear from diagnosis'
GPs' awareness of the business perspective (2), e.g. 'GPs to be made aware of implications of absence to employers'
Theme 3: specific problem with the fit note
Disagreement with the fitness for work decision (6), e.g. 'Reference to the underlying health condition that was making them unfit for work as management had two different opinions GP + OH when trying to consider return'
Conflicting return-to-work date (4), e.g. 'fit note says does not require further assessment yet employee did not return-to-work'
Capacity of the employer to accommodate recommendations (4), e.g. 'Company policies differ and not all businesses can accommodate—the hours/duties need to be capped. There is always a risk the employee would want to continue working reduced hours but on full pay'
Employee declined suggested RTW plan (2), e.g. 'we have offered modified duties and hours but declined by employee'
Theme 4: action taken by the employer to facilitate return-to-work
Employee referred elsewhere (24), e.g. 'offered the employee physiotherapy on return-to-work'
Reports for further information requested (4), e.g. 'Requested a doctor's report January 2013'
Theme 5: no further information required
Fit note helpful (21), e.g. 'very well filled in, provided the information we needed to accommodate the employee back to work'
No further information needed or applicable at this time (12), e.g. 'was acceptable and understandable for my role'

OH, occupational Health; RTW, return to work.

the employee could have been accommodated at work, rather than being signed 'not fit', and less than a quarter of respondents reported that the 'not fit' note had been useful in planning the employee's return-to-work. Fewer than half agreed that the fit note had been completed fully.

In contrast, more than 80% of employees issued with a 'may be fit' note had returned to work, suggesting that many of these fit notes had been completed appropriately by the GP. Almost 70% of respondents reported that the 'may be fit' notes had been useful in planning the employee's return-to-work, and had provided the employer with the information needed to make modifications—which in the majority of cases the employer had been able to make. This suggests that the 'may be fit' option is often helpful and appropriate when used, supporting the findings of Wainwright *et al.* (8) who reported that the fit note was highly regarded by employers for its positive language and format and was perceived to encourage communication between stakeholders.

There is a section on the fit note in which GPs are required to state whether or not they need to assess their patient's fitness for work again on the expiry of the fit note. However, the most frequently made comment by respondents concerned their need for this information. It has been reported elsewhere that this section is not routinely completed (9,13) despite currently being a mandatory section of the fit note (7). This can create uncertainty for the employer as to whether/when they might expect the employee to return to work.

Forty-five of the comments made by respondents concerned their need for further recommendations and guidance on the employee's return to work, and some also referred to the need for more clarity regarding the required duration of work adaptations. However, the revised guidance issued to employers (16) and GPs (7) states that GPs do not need to refer to their patient's current job unless they feel that the job is affecting their patient's health. The findings of this study suggest that employers may have different expectations of the fit note.

GPs are required to report on the functional effect of a patient's condition when issuing a 'may be fit' note and DWP guidance (7) recommends that this information is also useful to include on a 'not fit' note. However, less than half of respondents agreed that the 'not fit' note had explained how the employee's health condition affected their ability to work, as did only just over half of respondents with regard to 'may be fit' notes. The third most frequent comment made by respondents referred to their need for this information. This finding reflects those of other studies (10,17) and suggests that GPs are either unaware of the guidance, are unable to report on the functional effect of their patient's condition or do not consider it to be

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necessary. This is a major concern, and further work is needed to explore and address this specific issue.

Many of the comments made by respondents referred to their need for more information about the employee's condition, including diagnosis, prognosis, cause, severity and treatment/management. This finding has not been reported in other employer studies of the fit note. The DWP guidance (7) states that GPs' advice should focus on what their patient can do at work rather than their diagnosis and symptoms. However, it does also recommend that as accurate a diagnosis as possible is provided and that it might be helpful to include information in the comment box regarding likely duration, and any medical appointments and interventions that might take place during working hours. It seems that in this respect employers have greater expectations of the fit note than are currently being met.

Several respondents commented on the poor legibility of the fit notes as well as sections not being completed. The most common criticism of fit note completion was the uncompleted review section. Other problems reported include using vague or medical terminology as well as employees being signed off work without an adequate explanation.

This study provides a detailed account of a sample of fit notes received by employers. Given the shortcomings highlighted with regard to current fit note completion (such as insufficient guidance, incomplete sections and the limited use of the 'may be fit' option), there is an urgent need to review existing guidance and completion if the fit note is to better facilitate return to work.

Declaration

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References

1. Office for National Statistics. February 2014. Full Report: Sickness Absence in the Labour Market. http://www.ons.gov.uk/ons/rel/lmac/sickness-absence-in-the-labour-market/2014/rpt---sickness-absence-in-the-labour-market.html (accessed on 15 June 2015).
2. Department for Work and Pensions. *Fitness for Work: The Government Response to 'Health at Work—An Independent Review of Sickness Absence'*. London: The Stationery Office, 2013.
3. Waddell G, Burton AK. *Is Work Good for Your Health and Well-being?* London: The Stationery Office, 2006.
4. Black C. *Working for a Healthier Tomorrow: Review of the Health of Britain's Working Age Population*. London: The Stationery Office, 2008.
5. Department for Work and Pensions, Department of Health and the Health and Safety Executive. 2005. Health, Work and Well-being: Caring for Our Future. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209570/health-and-wellbeing.pdf (accessed on 15 June 2015).
6. Health, Work and Well-being Directorate. *Reforming the Medical Statement: Government response to the consultation on draft regulations. The Social Security [Medical Evidence] and the Statutory Sick Pay [Medical Evidence] [Amendment] Regulations, 2010*. London: Department for Work and Pensions, 2010.
7. Department for Work and Pensions. *Getting the Most Out of the Fit Note: Guidance for GPs*. London: TSO, 2015.
8. Wainwright E, Wainwright D, Keogh E, Eccleston C. Return to work with chronic pain: employers' and employees' views. *Occup Med (Lond)* 2013; 63: 501–6.
9. Lalani M, Meadows P, Metcalf H, Rolfe H. *Evaluation of the Statement of Fitness for Work: Qualitative Research With Employers and Employees*. DWP Research Report 797. London: Department for Work and Pensions, 2012.
10. Kotze E. Employers' views on the fit note. *Occup Med (Lond)* 2014; 64: 577–9.
11. Coole C, Drummond A, Watson PJ, Nouri F, Potgieter I. *Getting the Best from the Fit Note: Investigating the Use of the Statement of Fitness for Work*. Wigston: IOSH (in press).
12. Cavanah S. Content analysis: concepts, methods and applications. *Nurse Res* 1997; 4: 5–16.
13. Shiels C, Hillage J, Pollard E, Gabbay M. *An Evaluation of the Statement of Fitness for Work (Fit Note): Quantitative Survey of Fit Notes*. Research Report No. 841. London: Department for Work and Pensions, 2013.
14. Department for Work and Pensions. Electronic Fit Note (eMed)—Fact Sheet for GPs. London: DWP, 2013. http://www.gpcwm.org.uk/wp-content/uploads/2011/05/Fit-Notes-Electronic-Fit-Note-Fact-Sheet-for-GPs-June-2013.pdf (accessed on 15 June 2015).
15. Reiso H, Gulbrandsen P, Brage S. Doctors' prediction of certified sickness absence. *Fam Pract* 2004; 21: 192–8.
16. Department for Work and Pensions. *Getting the Most Out of the Fit Note: Guidance for Employers and Line Managers*. London: TSO, 2015.
17. Coole C, Watson PJ, Thomson L, Hampton R. How do GPs complete fit note comments? *Occup Med (Lond)* 2013; 63: 575–8.

Downloaded from http://fampra.oxfordjournals.org/ at University of Nottingham on June 29, 2015