Desk Aid 4

EVIDENCE-BASED RECOVERY TIMES

Certifying medical practitioners will wish to consider this evidence when advising their patients of working age.

	Postoperative time to full activity including work (weeks)		
Operation	Laparoscopic		Open
Abdominal/groin hernia	1-2		2-3
Appendectomy	1-2		2-3
Cholecystectomy	2-3		3-5
Hysterectomy	Laparoscopic assisted vaginal		Abdominal
	3		7
Cardiac illness from 'Return to work	Angioplasty	Infarction	CABG
after cardiac illness', British Heart Foundation Factfile 09/98	0-4	4-6	4-8

Notes

- 1. The information in the table above provides indicative recovery periods in relation to 4 common operative procedures as well as cardiac illness. It is based on up-to-date evidence from a large number of clinical trials (for further details of methodology and full reference list visit www.dwp.gov.uk/medical). The information applies to general fitness to work for people below 60 years of age without other significant disability and working in all occupations other than heavy manual work. This information is only a guide to doctors, who will need to consider the individual clinical circumstances when advising patients.
- 2. It is worth noting that the presence of other diseases (e.g. diabetes mellitus) rarely prolongs the period of recovery following these procedures. In some occupations safety-related medical standards have to be met after a cardiac illness. An example is the DVLA requirements for Group 2 licence holders set out in 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' (visit the DVLA website at www.dvla.gov.uk). Specific medical safety standards also exist for certain jobs in the transport industries including railways, shipping, airlines and in relation to diving.
- 3. Details on recovery times will be updated from time to time and further conditions will be added. For the latest information consult the DWP medical website at: www.dwp.gov.uk/medical

Good practice points

3. Incapacity Benefit - providing factual medical evidence

Under NHS terms of service GPs provide a factual report for a DWP Medical Officer on a patient to whom the GP has issued, or refused to issue, a medical statement of incapacity, e.g. Med 3.

A factual report (on form IB113) is requested by a DWP medical officer for state Incapacity Benefit purposes:

where it appears that the patient (benefit claimant) may have a severe medical condition such as one which would exempt them from further medical assessment;

on reassessment for conditions where the prognosis is uncertain.

The factual information you provide in these reports is very important. Appropriate and timely information for the medical officer can:

- allow the Department to make prompt decisions on benefit entitlement, particularly where the patient has a severe condition;
- remove the need for the patient to undergo a benefit-related examination where this would not be required on medical grounds; and
- reduce the number of requests for further medical information in the event of a dispute or an appeal against disallowance of benefit.

Desk Aid 1 ADVISING PATIENTS OF WORKING AGE

KEY POINTS FROM A GUIDE FOR REGISTERED MEDICAL PRACTITIONERS, IB204 (APRIL 2000)

Doctors' obligations

Doctors are required to provide:

- certain medical statements to their patients free of charge and
- on request, factual information related to such statements, to a Medical Officer working on behalf of the Department for Work and Pensions.

Payment for these responsibilities is made to all NHS GPs through their fees and allowances.

Certification

A doctor is required to record on a medical statement the advice given to the patient regarding their ability to perform their own or usual type of occupation. Medical statements are official documents and may be used by a patient as evidence to support a claim to Statutory Sick Pay or a state incapacity benefit. It is very important that statements are completed in accordance with official guidance, which is based on the relevant law.

Advising patients to refrain from work

Doctors should always consider carefully whether advising a patient to refrain from work is the most appropriate clinical management. You will often best help a patient of working age by taking action which will encourage and support work retention and rehabilitation.

Form Med 3 may be used to record advice that a patient need not refrain from work. Use the 'Doctor's remarks' section to record, for example, that certain workplace adjustments may be appropriate.

When advising a patient about fitness for work you may wish to consider the following:

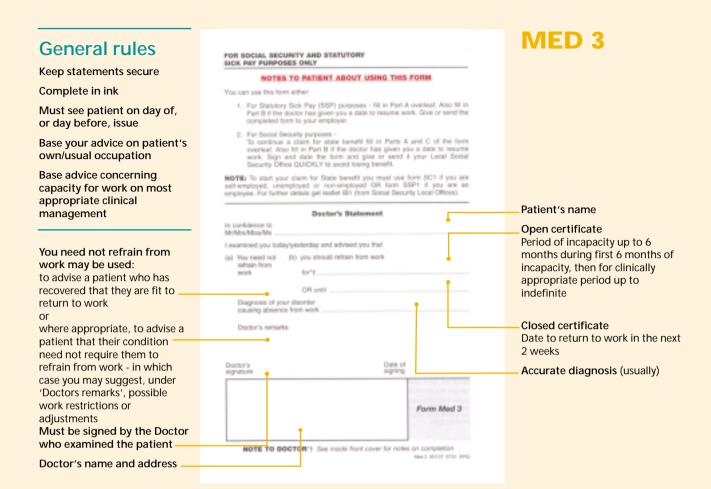
- nature of the patient's medical condition and how long it is expected to last;
- functional limitations which result from the patient's condition, particularly in relation to the type of tasks they perform at work;
- any reasonable adjustments which might enable the patient to continue working. Note: under the Disability Discrimination Act 1995 an employer may be required to make reasonable adjustments to the workplace for an employee with a long-term disability;
- any appropriate clinical guidelines, for example the Royal College of General Practitioners has produced clinical guidelines on the management of acute low back pain (see www.dwp.gov.uk/medical)
- **clinical management** of the condition which is in the patient's best interest regarding work fitness, including managing the patient's expectations in relation to their ability to continue working.

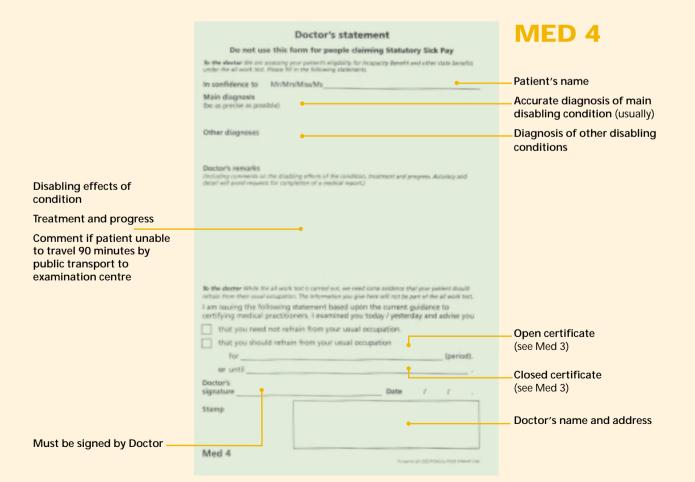
Note: This Desk Aid is not intended to be a comprehensive guide. All certifying medical practitioners should make themselves familiar with the full version of the official guidance IB204 - issued April 2000 and available at www.dwp.gov.uk/medical.



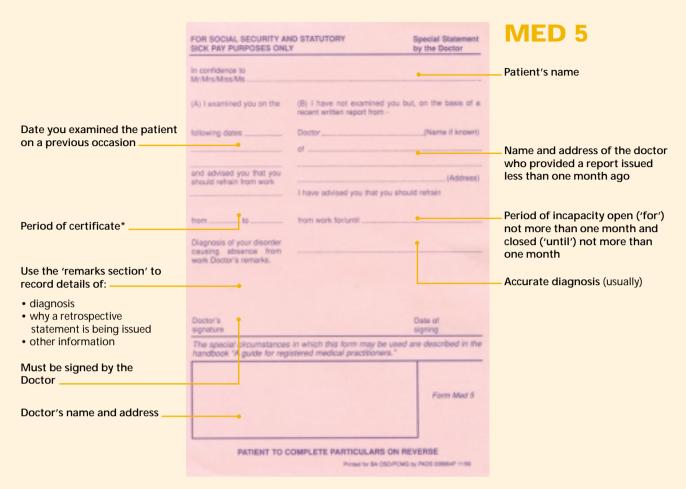
Desk Aid 2

COMPLETION GUIDES FOR MED 3 AND MED 4





Desk Aid 3 COMPLETION GUIDE FOR MED 5



^{*} ensure that you would have advised the patient to refrain from work from the date of the examination for the entire period specified. The period of incapacity advised should be fully in keeping with the clinical findings.

Good practice points

1. Clinical records

Certifying doctors are advised to:

record the 1st day of incapacity for work (IFW) and the certified cause of incapacity in the casenotes;

and for more prolonged spells

record a running total of elapsed weeks of certified incapacity.

This practice will help to prompt discussion about review and rehabilitation measures at the appropriate time, support clinical audit and facilitate continuity of clinical care.

2. Review of incapacity for work

Where a patient is being advised to refrain from work, the certifying doctor is advised to review clinical management options and consider whether a final (return to work) certificate can be issued at every consultation with the patient.

The evidence-based recovery times on side 4 of this desk aid may help doctors in determining what is a reasonable period for patients to refrain from work.