

Desk Aid 4 EVIDENCE-BASED RECOVERY TIMES

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

Operation	Postoperative time to full activity including work (weeks)		
	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 after cardiac illness', British Heart Foundation Factfile 09/98	Angioplasty	Infarction	CABG
	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;
- or
- 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

General rules

Keep statements secure

Complete in ink

Must see patient on day of, or day before, issue

Base your advice on patient's own/usual occupation

Base advice concerning capacity for work on most appropriate clinical management

You need not refrain from work may be used:

to advise a patient who has recovered that they are fit to return to work

or

where appropriate, to advise a patient that their condition need not require them to refrain from work - in which case you may suggest, under 'Doctors remarks', possible work restrictions or adjustments

Must be signed by the Doctor who examined the patient

Doctor's name and address

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 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 IS11 (from Social Security Local Offices).

Doctor's Statement

In confidence to Mr/Ms/Miss/Ms

I examined you today/yesterday and advised you that

(a) You need not refrain from work for ()

(b) you should refrain from work for ()

OR until ()

Diagnosis of your disorder causing absence from work ()

Doctor's remarks ()

Doctor's signature () Date of signing ()

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

MED 3

Patient's name

Open certificate

Period of incapacity up to 6 months during first 6 months of incapacity, then for clinically appropriate period up to indefinite

Closed certificate

Date to return to work in the next 2 weeks

Accurate diagnosis (usually)

Doctor's statement

Do not use this form for people claiming Statutory Sick Pay

To the doctor We are assessing your patient's eligibility for Incapacity Benefit and other state benefits under the all work test. Please fill in the following statements.

In confidence to Mr/Ms/Miss/Ms ()

Main diagnosis (be as precise as possible) ()

Other diagnoses ()

Doctor's remarks ()

To the doctor While the all work test is carried out, we need some evidence that your patient should refrain from their usual occupation. The information you give here will not be part of the all work test. I am issuing the following statement based upon the current guidance to certifying medical practitioners. I examined you today / yesterday and advise you

that you need not refrain from your usual occupation.

that you should refrain from your usual occupation for () (period) or until ()

Doctor's signature () Date (/ /)

Stamp ()

Med 4

MED 4

Patient's name

Accurate diagnosis of main disabling condition (usually)

Diagnosis of other disabling conditions

Open certificate (see Med 3)

Closed certificate (see Med 3)

Doctor's name and address

Disabling effects of condition

Treatment and progress

Comment if patient unable to travel 90 minutes by public transport to examination centre

Must be signed by Doctor

Desk Aid 3 COMPLETION GUIDE FOR MED 5

FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY

Special Statement by the Doctor

In confidence to Mr/Ms/Miss/Ms ()

(A) I examined you on the following dates ()

(B) I have not examined you but, on the basis of a recent written report from - Doctor (Name if known) ()

and advised you that you should refrain from work ()

I have advised you that you should refrain from work for/until ()

Diagnosis of your disorder causing absence from work Doctor's remarks ()

Doctor's signature () Date of signing ()

The special circumstances in which this form may be used are described in the handbook "A guide for registered medical practitioners."

Form Med 5

PATIENT TO COMPLETE PARTICULARS ON REVERSE

MED 5

Patient's name

Date you examined the patient on a previous occasion

Name and address of the doctor who provided a report issued less than one month ago

Period of certificate*

Period of incapacity open ('for') not more than one month and closed ('until') not more than one month

Use the 'remarks section' to record details of:

Accurate diagnosis (usually)

- diagnosis
- why a retrospective statement is being issued
- other information

Must be signed by the Doctor

Doctor's name and address

* 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.