

## Fitness to Work Certificates (Med3) guidance for hospital clinicians in South Yorkshire

v0.9 May 2024

*AKA fit notes, sick notes, med3's*

**Required for when someone is not able to work for more than 7 days**

**...or might be able to work if certain short term changes are made to help them...**

**usually due to an acute illness, procedure or an ongoing physical or mental health issue**

### **Key principles:**

1. Patients should not be asked to contact their GP for an initial Med3 if it's likely from the nature of their problem that they will need to be off work for **more than 7 days** or their employer could make changes to help them to keep working or return to work
  - a. If the patient is physically in a clinic, on a ward etc then they should be given a paper version if there is no electronic option that can be emailed or texted to them
  - b. If the patient has had a telephone consultation or review then they should be posted a paper version if there is no electronic option that can be emailed or texted to them
2. The same applies for **any extension** to a Med3 already in place, even if the extension is less than 7 days from the discharge, review or consultation.
3. The length of any Med3 should be tailored to the **expected duration** of the problem and/or recovery period; it is not fair to the patient or their GP to e.g. only do it for 2 weeks if they are likely to be off for 6 weeks
4. Keep in mind the timing of any further appointments when doing Med3s and reassure the patient that you will provide further med3s at that appointment if needed

### **What you need to know:**

- All patients should **self-certify for the first 7 days** that they are off, if they aren't expected to be off for more than 7 days. Many employers will accept this verbally or by text/email/their own system. If the employer requests something formal the patient can be signposted to the SC2 form on <https://www.gov.uk/guidance/ask-your-employer-for-statutory-sick-pay>
- **Med3s can be for any length of time**, however many weeks or months is appropriate; there is no standard duration and you shouldn't default to just doing 2 weeks at a time. It's rare to do one for longer than 3 months but in a small number of cases this may be indicated
- If someone hasn't self-certified yet but is likely to be off for more than 7 days then you should issue them the med3 at that contact to cover the likely period they will be unable to work for
- **Med3s can be easily 'backdated'** if a previous one has ran out or you are only seeing the patient after they've been off work for a couple of weeks already; you just put the appropriate start and end dates rather than just a length of time
- It's fine for Med3s to overlap if you're doing a new one for a patient before their previous one has reached its end
- If the patient feels ready to return before their Med3 runs out then no additional paperwork is needed, the patient can take the decision themselves or in conjunction with their employer. For example, if someone is likely to be back at work at 6 to 8 weeks post-op then you can do the note for 8 weeks if they need it but they can return at 6 weeks if feel ready
- Med3s are also needed for people who don't currently work but would normally be fit to do so, they will send this to the job centre so they don't get unfairly sanctioned for that period

**Specific Procedures – these are approximations only and should be tailored for individuals or fed back to clinical leads if not accurate. Times may be significantly shorter for people who already or could work from home**

**NB. It was discussed at the primary Secondary care interface meeting that specific times may not be helpful so we would welcome feedback on this/and suggestions about ways to encourage appropriate length Med3s being issued to all patients.**

- Primary total prosthetic replacement of knee joint using cement: 6-12 weeks depending on occupation
- Removal of internal fixation from bone: 3 weeks upper limb, 6 weeks lower
- Primary open reduction of fracture of long bone and extramedullary fixation using plate: 6-12 weeks depending on site and occupation
- Primary total prosthetic replacement of hip joint using cement: 6-12 weeks depending on occupation
- Primary simple repair of tendon: 6-12 weeks depending on tendon number and site e.g. flexors longer
- Primary prosthetic replacement of head of femur using cement: 6-12 weeks
- Primary total prosthetic replacement of hip joint not using cement: 6-12 weeks
- Closed reduction of fracture of long bone and rigid internal fixation: 6-12 weeks
- Carpal tunnel release: 3-6 weeks
- Total cholecystectomy: 2 weeks
- Primary repair of inguinal hernia using insert of prosthetic material: 2- 6 weeks depending on occupation
- Emergency excision of abnormal appendix laparoscopy: 2 weeks
- Bilateral dissection tonsillectomy: 2 weeks
- Extracorporeal shock wave lithotripsy of calculus of kidney: 2 weeks
- Bowel surgery: 4 weeks
- Bowel surgery with stoma: 6 weeks
- Skin sparing mastectomy: 6 weeks
- Lumpectomy – breast: 2 weeks
- Total abdominal hysterectomy: 6 weeks
- Vaginal Hysterectomy: 6 weeks
- Caesarean Section: 6 weeks
- Varicose vein sclerotherapy: 2 weeks
- Peripheral limb angioplasty: 2 weeks
- CABG: 3 months

## Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:  you are not fit for work.  
 you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- a phased return to work-  amended duties-  
 altered hours-  workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from  to

I ~~will~~ will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Issuer's name

Issuer's profession

Date of statement

Issuer's address  

## What your advice means

### 'You are not fit for work'

Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

### 'You may be fit for work'

You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at [www.gov.uk/dwp/fit-note-data](http://www.gov.uk/dwp/fit-note-data)

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

### Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

**Postcode**

Date of birth  **Mobile**

NI number

### What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.

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 workplace adaptations

### Comments, including functional effects of your condition(s):

to work from home for next 6 weeks  
initially 2 hours per day for first 2 weeks then 4 hours per day for next 2 weeks and then return to normal hours  
should be able to return to normal duties at 6 weeks

This will be the case for

or from  to

I will/will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Issuer's name

Issuer's profession

Date of statement

Issuer's address 

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