Research report

General Practitioners' attitudes towards patients' health and work

by Dr Mark Hann and Professor Bonnie Sibbald

DWP Department for Work and Pensions

Department for Work and Pensions

Research Report No 733

General Practitioners' attitudes towards patients' health and work

Dr Mark Hann and Professor Bonnie Sibbald

A report of research carried out by the National Primary Care Research and Development Centre on behalf of the Department for Work and Pensions

This document/publication is also available on our website at:
http://research.dwp.gov.uk/asd/asd5/rrs-index.asp

Any enquiries regarding this document/publication should be sent to us at:
Department for Work and Pensions, Commercial Support and Knowledge Management Team,
Upper Ground Floor, Steel City House, West Street, Sheffield S1 2GQ

First published 2011.

ISBN 978 1 84712 958 1

Contents

List of tables

Acknowledgements

The sixth National General Practitioner (GP) Worklife Survey was funded by the National Primary Care Research and Development Centre from the core grant it receives from the Department of Health. The Cross-Government Health, Work and Well-being Strategy Unit funded additional questions in the survey relating to GPs attitudes to work and health.

We are grateful to Sylvia Wright for assistance with data collection and project management, and to the many GPs who participated in the research.

The Authors

Dr Mark Hann is a Research Fellow in Statistics at the National Primary Care Research and Development Centre of the University of Manchester. Mark participated in the design and administration of the 2010 National GP Worklife survey, and had lead responsibility for the analysis and interpretation of the survey data on GP attitudes to work and health.

Bonnie Sibbald is a Professor of Health Services Research at the University of Manchester with a longstanding interest in workforce issues in general practice. She is Director of the National Primary Care Research and Development Centre which developed and administers the National GP Worklife surveys. Bonnie had overall responsibility for the design, administration and analysis of the section of the 2010 Worklife survey which addressed GPs attitudes to work and health.

Summary

Evidence shows that being in work is generally good for health, and worklessness often leads to poorer health. The Government has therefore embarked on initiatives to promote the health benefits of work that include roll-out of: the fit note in April 2010; education to improve General Practitioners' (GPs') knowledge, skills and confidence in dealing with health and work issues; and piloting services to which patients can be referred for help to remain in or return to work.

Aim

Our aim was to establish baseline measures of GPs' knowledge, attitudes and behaviour towards health and work in Great Britain in 2010 against which future improvements could be benchmarked.

Method

Questions relating to GP attitudes towards health and work were included in the sixth National General Practitioner Worklife Survey conducted by the National Primary Care Research and Development Centre. The survey was administered by post to a randomly selected sample of 4,185 GPs from England, Wales and Scotland between September 2010 and November 2010. Questions were developed through: review of policy documents and published research; discussion with policy customers in the Cross-Government Health, Work and Well-being Strategy Unit (HWWB) and officials from the Department for Work and Pensions; GP focus groups; and cognitive testing of candidate items in GP interviews. The final questionnaire contained 19 items relating to GPs' views on: work and health; their role, training and confidence in promoting the health benefits of work; early experience of fit notes; and the availability of services to support patients to return to work.

Sample

1,405 GPs completed the survey (a response rate of 34 per cent). The respondent sample was representative of the wider population of GPs in terms of doctors' gender and contract status, but very young and very old doctors were under-represented.

Results

The findings showed that:

- The overwhelming majority of GPs thought that work was beneficial for health, and that helping patients to stay in or return to work was an important part of a GPs' role.
- Self-reported knowledge of sickness certification was good but knowledge of the benefit system was poor.
- The majority reported positive impacts of the fit note on the quality of consultations and outcomes for patients, although 38 per cent reported it had made no change to their practice. English GPs were more likely than Welsh GPs to report a positive impact on consultation quality.
- GPs were evenly split on whether fit notes had lengthened consultation times or not.
- The great majority reported an absence of good services locally to which they could refer patients for support or advice about return to work. Scottish GPs reported better levels of service provision than GPs in other countries.

- A minority of GPs had received training in work and health within the past 12 months. Welsh GPs were twice as likely as English GPs to have received training.

We investigated how GPs' responses varied in relation to their personal characteristics (age, gender), overall level of job satisfaction, and levels of job-related stress. We found that GPs who reported positive views and behaviours with regard to work and health were more likely to be satisfied with their jobs and experience lower job-related stress. There was little variation with regard to GP age and gender.

We investigated whether GPs who reported a positive impact of fit notes on the quality of their consultations and outcomes for patients were more likely to report: (a) higher levels of confidence in dealing with patient issues around a return to work, (b) longer consultations, or (c) training in health and work within the past 12 months. We found that positive impacts were more likely to be reported by GPs who reported higher levels of confidence in dealing with patient issues around a return to work and by those who said the fit note had increased consultation length. Those who had received training tended to report higher levels of confidence in dealing with patient issues around a return to work, but there was no significant association between training and reported impacts of the new fit note.

Conclusions

This survey serves as a baseline of GPs' early experiences of the fit note against which to compare future views of the GPs' role in patient health, work and wellbeing. The findings suggest that GPs see themselves as having an important role in promoting the health benefits of work and that fit notes have helped them to fulfil this role. We hope to repeat the survey to determine if GPs can improve their use of the fit note as an aide to patient recovery and whether increased training provision may help to facilitate these improvements. Increasing GPs' awareness of, and access to, local services to which they can refer patients for advice and support about a return to work is another area in which there is scope for improvement.

1 Introduction

In her review of the health of Britain's working-age population, Dame Carol Black showed that the economic costs of sickness absence are high, not only in terms of lost productivity to the economy, but in terms of social inequality.[1] The evidence suggested that being in work is generally good for people's health, promoting physical, psychological and economic wellbeing; while worklessness may have the opposite effect.[2, 3, 4]

Although work can be good for health, reversing the harmful effects of long-term unemployment and prolonged sickness absence, Dame Carol observed that *'much of the current approach to the treatment of people of working age, including the sickness certification process, reflects an assumption that illness is incompatible with being in work'*. She went on to say that *'GPs often feel ill-equipped to offer advice to their patients on remaining in or returning to work. Their training has to date not prepared them for this and, therefore, the work-related advice they do give, can be naturally cautious'*. In addition, *'the current sickness certification process focuses on what people cannot do, thereby institutionalising the belief that it is inappropriate to be at work unless 100 per cent fit and that being at work normally impedes recovery'*.[5]

Among the key recommendations arising from the review[6] were that:

- General Practitioners (GPs) and other healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work;
- the paper-based sick note should be replaced with an electronic fit note, switching the focus to what people can do and improving communication between employers, employees and GPs; and
- Fit for Work services should be developed and introduced, offering multidisciplinary support for patients in the early stages of sickness absence and those on incapacity benefits.

The Government subsequently endorsed these recommendations, setting out its plans to improve the health of working-age people.[7] This included a commitment to:

- improving health professionals knowledge and perceptions about the importance of work to health and health to work, so increasing the proportion of health professionals who regard helping people to return to work as a measure of success;
- roll-out of a revised electronic medical certificate – the new fit note;

1 Black, C. (2008). *Working for a healthier tomorrow*. London: TSO (The Stationery Office). p9.

2 Waddell, G. and Burton, A.K. (2006). *Is work good for your health and well-being?* London: TSO (The Stationery Office).

3 Ridge, M., Bell, M., Kossykh, Y. and Woolley, N. (2008). *An empirical analysis of the effect of health on aggregate income and individual labour market outcomes in the UK*. Health and Safety Executive, Research Report No. 639.

4 Gabbay, M.B. (2010). *Electronic fit notes: sickness certification in the new decade*. British Journal of General Practice 60, 235-6.

5 Black, C. (2008). *Working for a healthier tomorrow*. London: TSO (The Stationery Office). p16.

6 Black, C. (2008). *Working for a healthier tomorrow*. London: TSO (The Stationery Office). p17.

7 Department for Work and Pensions and the Department of Health. (2008) *Improving health and work: changing lives*. London: TSO (The Stationery Office) pp 70-80.

- advice and training for health professionals to improve their confidence in supporting patients to work; and
- Piloting options to refer patients to early intervention services and employment support.

Implementation oversight is provided by the Health, Work and Wellbeing Executive which is jointly chaired by the Department of Health and the Department for Work and Pensions, with representation from The Scottish Government and The Welsh Assembly Government and the Health and Safety Executive. The Executive is supported by the Cross-Government Health, Work and Well-being Strategy Unit (HWWB). One of HWWB's key functions is to develop and apply metrics that will enable government to chart progress against stated objectives.

As part of this process, the HWWB commissioned the National Primary Care Research and Development Centre (NPCRDC) of the University of Manchester to develop and administer a postal questionnaire survey that would establish baseline measures of GPs' knowledge, attitudes and behaviour towards health and work in Great Britain in 2010, against which improvements over subsequent years could be benchmarked. Questionnaire items were to comprise one page of the eight-page GP Worklife Survey which is a national survey undertaken by NPCRDC to assess longitudinal changes in GP job satisfaction, intentions to quit, reactions to health reforms, hours of work and pay.

2 Methods

2.1 Aim

Our aim was to establish baseline measures of General Practitioners' (GP) knowledge, attitudes and behaviour towards health and work in Great Britain in 2010, against which improvements in subsequent years could be benchmarked.

2.2 Overview

Questions relating to GP attitudes towards health and work were included in the sixth National General Practitioner Worklife Survey conducted by the National Primary Care Research and Development Centre. The survey was administered by post to a randomly selected sample of 4,185 GPs from England, Wales and Scotland between September 2010 and November 2010. Questions were developed through: strategic review of policy documents and published research; discussion with policy customers in the Health Work and Well-being Strategy Unit (HWWB) and officials from the Department for Work and Pensions (DWP); GP focus groups; and cognitive testing of candidate items in GP interviews. The final questionnaire contained 19 items relating to GPs' views on: work and health; their role, training and confidence in promoting the health benefits of work; early experience of fit notes; and the availability of services to support patients to return to work.

2.3 Questionnaire development

To develop the questionnaire items on GPs' attitudes to work and health we:

- Reviewed previous research in the field, including two reports commissioned by DWP and survey questionnaires used previously to canvass GPs' views on work and health;
- Conducted a focus group of four GPs and interviewed a fifth GP;
- Tested candidate items in cognitive interviews with five GPs. A sixth GP completed the questionnaire, but declined interview due to pressure of other work.

2.3.1 Previous research

Qualitative research into GPs' attitudes towards work and health, commissioned by DWP, suggested that GP behaviour may be grouped into three archetypes:[8]

1 Firm negotiator: will normally raise the issue of a return to work early in a patient's illness and return to it regularly thereafter. They are prepared to challenge the patient where needed and may be direct, even tough, in their approach. They think patients should help themselves and are prepared to refuse certification, or give ultimatums that they will do so, if necessary.

[8] Hiscock, J. and Ritchie, J. (2001). *The role of GPs in sickness certification*. DWP Research Report No. 148.

2 Soft negotiator: will normally raise the issue of a return to work only after a period of time has elapsed, awaiting the results of tests or recovery. The approach they take will depend not only on the patient's fitness for work but a range of other factors relating to patient's circumstances. They see their role as one of giving support and encouragement.

3 Non-interventionist: does not see the management of a return to work as a key responsibility or priority in their work. They are unlikely to intervene in their patient's return to work and will wait for other agencies to take over.

This was echoed by a subsequent qualitative research study which described doctors as lying along a continuum according to the importance they attached to the health benefits of work. At one end of the spectrum were doctors who took a holistic viewpoint, seeing work as an important element of health, and intervening early and proactively to encourage a return to work. At the other end of the spectrum were doctors who felt that their role was to focus on medical rehabilitation, and whose treatment decisions were rarely influenced by work issues. This, and the previous qualitative study, identified a number of underpinning constraints on GP behaviour which included: (a) managing the tension between obligations to patients and those to society as represented by the benefits system; (b) shortages of time in the consultation; (c) limited occupational health expertise; and (d) the quality of their relationship with individual patients.[9, 10]

Quantitative research in the UK has tended to focus on the epidemiology of sickness certification by GPs. This work shows that mental ill health and musculoskeletal problems are the most commonly reported causes of work-related ill health, as well as the most commonly reported reasons for sickness certification.[11] There has been a dearth of quantitative research into GPs' attitudes to work and health which our survey aimed to address.

A new fit note was introduced to replace the old system of sickness certification from April 2010. Instead of declaring a person to be fit or unfit for work, the new fit note allows GPs to indicate that a person may be fit for some kinds of work, and to suggest approaches to facilitate a return to work that might include graded return, altered work hours, amended duties and workplace adaptations among other possibilities. The fit note was developed by the DWP following extensive public consultation and evaluated prior to introduction.[12] Findings from the evaluation showed that GPs using the new fit note were less likely to advise people to refrain from work and more likely to provide written advice on ways to facilitate a resumption of work. GPs also reported that the new fit note would lengthen consultation times.

2.3.2 Focus group

The focus group confirmed previous research that GP behaviour is a complex product of their attitudes to work and health, patient characteristics (physical, psychological, social, economic), and situational factors (e.g. how busy/fatigued the GP was at the time of the consultation). GPs

9 Mowlam, A. and Lewis, J. (2005). *Exploring how General Practitioners work with patients on sick leave: a study commissioned as part of the Job Retention and Rehabilitation Pilot Evaluation*. DWP Research Report 257.

10 Money, A., Hussey, L., Thorley, K., Turner, S., Agius, R. (2010). *Work-related sickness absence negotiations: GPs' qualitative perspectives*. British Journal of General Practice 60, 721-28.

11 Hussey L, Turner S, Thorley K, McNamee R, Agius R. (2008). *Work-related ill health in general practice, as reported to a UK-wide surveillance scheme*. British Journal of General Practice 58, 637-40.

12 Sallis A, Birkin R, Munir F. (2010) *Working towards a fit note: an experimental vignette survey of GPs*. British Journal of General Practice 60, 245-250.

see themselves as taking a 'holistic' view of patient's health that includes, but does not necessarily prioritise, the issue of work. Return to work/staying in work is rarely a goal of treatment, but often a valued measure of its success. Work becomes a focus for GP concern largely when they perceive it to be a key factor causing ill health or impeding recovery. The futility of promoting the health benefits of work to patients who have no realistic prospects of a job (e.g. due to prevailing economic circumstances) was often mentioned.

GPs expressed mixed feelings about their role in sickness certification and links to benefits payments. GPs felt their knowledge of the patient meant they had an important contribution to make in assessing a person's fitness for work. Hence they valued a role in sickness certification. On the other hand, they often lacked information/knowledge which was needed to make a well informed decision (e.g. employers' willingness/ability to make workplace adaptations). Hence they were uncomfortable bearing sole responsibility for certification.

GPs sometimes felt obliged to sign sickness certificates for non-medical reasons – aligning themselves with patients as 'victims' of a benefits system which made this necessary. GPs said also that they used sickness certification to give healthy patients protected time in which to deal with other pressing difficulties in their lives (e.g. looking after an acutely ill relative); this was seen as a useful way to help a patient deal with stresses that would otherwise impair their health.

The focus group was most useful in expanding knowledge about GP reactions to the new fit note and wider initiatives to support people into work. The fit note was welcomed as an advance over the old sick note. Experienced GPs said it had not changed their behaviour, but allowed them to express their opinions more fully. The single, newly qualified GP said it had raised his awareness of and attention to the work-related aspects of ill health, and prompted him to think more often about phased return to work. GPs thought it was too early to comment on outcomes for patients. GP knowledge of services to which they might refer people for advice and support was generally poor. Although a number were aware of changes to benefit support systems, their information was 'hazy' and mostly gleaned from patients. Some who had contacted job centres and benefits agencies to get better information were unable to obtain it.

2.3.3 Questionnaire item generation

A list of 30 potential questionnaire items was generated using knowledge gained from the focus groups, review of the literature, and scrutiny of previous questionnaires. In line with HWWB objectives, the list of items aimed to encompass the following:

- GP knowledge of the health benefits of work, and sources of advice and support for patients.
- GP attitudes towards promoting the health benefits of work, attaching positive value to the GP's role in sickness certification.
- GP behaviour proactive in promoting work as a benefit to health, using the new fit note as an opportunity to do this.

Cognitive interviews with five GPs were then conducted to ascertain whether: the meaning of questions was unambiguous; the wording was clear and acceptable; response scales were satisfactory; and the question was likely to elicit different responses from different GPs. The findings from cognitive interviews are summarised in Appendix A. While most items performed reasonably well, a number were found to be ambiguous or poorly worded, and some had inadequate response scales. These were revised or discarded as appropriate in making the final selection of items.

At interview, and after completing the questionnaire, GPs were invited to categorise themselves as one of the three archetypes listed above (firm negotiator, soft negotiator, non-interventionist). Most GPs were happy to do so, with some saying they were on the boundary between two types. However, GPs' questionnaire responses were frequently inconsistent with their chosen archetype – even when the questionnaire item used exactly the same wording as was used to profile the archetype which the GP had selected. In part, this was explained by GPs saying they adopted different behaviours according to differences in patient characteristics and situational contexts. In addition, at least one GP said that 'social desirability' may play a part in shaping responses (i.e. the non-interventionist archetype was clearly undesirable).

The findings from the focus group and interviews were then discussed with policy officials in the HWWB to develop a final set of 19 questionnaire items (Appendix B). The aim was to select a set of questions that best reflected the objectives of HWWB initiatives, performed well in cognitive tests, and would fit on one A4 page. The items selected related to GPs' views on: the relationship of work to health; GPs' role, training and confidence in supporting patients with health problems into work; their views on the fit note; and the availability of services to support patients into work. The attempt to use questionnaire responses to categorise GPs into one of three archetypes was not pursued further.

2.4 Survey sample and power

A random sample of GPs (GP providers and salaried GPs) was independently selected from each country: 3,000 from England, 750 from Wales and 435 from Scotland. The samples for England and Wales included principals and salaried GPs (Personal Medical Service Practitioners (PMS) and other salaried), drawn from the General Medical Services (GMS) statistics database[13] maintained by the Department of Health (DH). This is derived from an annual census (1 October each year) and contains the General Medical Council (GMC) number, age, gender and contract status of all GPs in contract with the National Health Service (NHS) in England and Wales at the census date. The database is updated annually and made available some six to nine months after collection. The equivalent sampling frame for Scottish GPs was downloaded from the Information Services Division (ISD) Scotland website.

We anticipated a response rate of 44 per cent, equivalent to that achieved in the 2005 and 2008 cross-sectional element of the worklife surveys, yielding a final sample of 1,840.

The survey was intended to establish a baseline on GP attitudes to improving health and work, and will be repeated in future years to measure changes from this baseline. Assuming that the attitudinal statements are measured on a seven-point ordinal scale (as per the job satisfaction items) and that successive initial wave samples can be treated as independent (i.e. 'overlap' is sufficiently small), an evaluation of study power can be based on the mean overall satisfaction score from the 2008 survey (mean satisfaction = 4.68; standard deviation = 1.36). Assuming further that the GP population of England, Wales and Scotland is finite – numbering 42,000 – a single wave sample of 1,432 GPs (replicated in the next wave) will provide 80 per cent power, at the five per cent level of significance, to detect a change in mean attitudinal scores as small as three per cent (e.g. 4.68 to 4.82; assuming an equivalent standard deviation). The expected sample size of 1,840 is clearly adequate for this purpose. Furthermore, to undertake inter-country comparisons, assuming, for England, a mean score of 4.68 ($\sigma = 1.36$) and based on 1,320 respondents (44 per cent), 330 respondents would be required from Wales in order to detect a five per cent change in scores with 80 per cent power (at the five per cent level of significance).

[13]

This would necessitate a sample of 750 GPs from Wales (based on a 44 per cent response rate).

2.5 Survey administration

The survey was administered by post to the randomly selected sample of 4,185 GPs from England, Wales and Scotland between September 2010 and November 2010. Non-responders were mailed up to twice more at intervals of three weeks. Each mailing included a covering letter, the survey questionnaire and a reply-paid envelope. Confidentiality was maintained by identifying GPs on the questionnaire with a unique serial number known only to the research team. The responses to completed questionnaires were entered into STATA for analysis.

3 Results

3.1 Survey sample

Excluding undelivered questionnaires and questionnaires returned because the General Practitioner (GP) had either left general practice, retired, was currently on maternity leave or had died, the following completed returns were received: England – 1,040 of 2,980 (34.9 per cent); Wales – 231 of 743 (31.1 per cent); Scotland – 134 of 425 (31.5 per cent). The overall response rate was 33.9 per cent. A small number (n=25) of duplicate returns (two questionnaires with the same survey identifier) were also received, but these were excluded from the analyses.

The response rate of 34 per cent was lower than expected. Previous GP Worklife Surveys were conducted in 1998, 2001, 2004, 2005 and 2008, and achieved response rates of between 40 per cent and 50 per cent. There has been a clear inverse relationship between average job satisfaction and response rates, with dissatisfied doctors more likely to respond. The findings of the current survey accord with this trend in that overall job satisfaction increased from 2008 to 2010 while response rates declined.[14] Analysis has shown that this relationship does not lead to bias in the estimated changes in mean satisfaction or in the estimated effects of determinants of satisfaction.[15]

Initially, we explored the data to identify response biases by comparing the country-specific demographic characteristics – age, gender and contract-type – of responders with those of their respective GP populations. Tables 3.1 to 3.3 illustrate these characteristics. In England, there was an under-representation of the youngest (<35) and oldest GPs (60+), as well as GPs holding non-provider contracts. GPs aged 45 to 59 were over-represented. In Wales, response 'biases' were broadly similar to England, although less accentuated. Respondents practicing in Scotland appeared to be broadly representative of the wider GP population, although there was a slight under-representation of GPs aged under 40.

14 Hann, M. et al. *Sixth National GP Worklife Survey*. National Primary Care Research and Development Centre. University of Manchester, March 2011.

15 Gravelle, H. Hole, A. Hussein, I. *Response bias in job satisfaction surveys: the case of English GPs*. Department of Economics Discussion Paper 24. University of York, July 2008.

Table 3.1 Representativeness of the cross-sectional element of the survey: England

	All GPs (2009 – excluding retainers and registrars)	2010 Worklife Survey respondents
Age (years)		
<35	4,356 (12.4%)	75 (7.3%)
35-39	5,129 (14.7%)	143 (14.0%)
40-44	5,475 (15.6%)	133 (13.0%)
45-49	6,563 (18.8%)	228 (22.3%)
50-54	5,765 (16.5%)	221 (21.6%)
55-59	4,209 (12.0%)	158 (15.5%)
60+	3,494 (10.0%)	63 (6.2%)
Missing age		19
Gender		
Male	19,665 (56.2%)	564 (55.2%)
Female	15,326 (43.8%)	458 (44.8%)
Missing gender		18
GP 'Type'		
Provider	28,061 (80.2%)	889 (85.9%)
Other (salaried) + locum	6,930 (19.8%)	146 (14.1%)
Missing type		5
N	34,991	1,040

Table 3.2 Representativeness of the cross-sectional element of the survey: Wales

	All GPs (2009 – excluding retainers and registrars)	2010 Worklife Survey respondents
Age (years)		
<35	213 (11.0%)	16 (7.0%)
35-39	273 (14.0%)	29 (12.8%)
40-44	295 (15.2%)	35 (15.4%)
45-49	371 (19.1%)	44 (19.4%)
50-54	373 (19.2%)	51 (22.5%)
55-59	233 (12.0%)	34 (15.0%)
60+	187 (9.6%)	18 (7.9%)
Missing age		4
Gender		
Male	1,164 (59.8%)	138 (60.8%)
Female	781 (40.2%)	89 (39.2%)
Missing gender		4
GP 'type'		
Provider	1,772 (91.1%)	216 (93.5%)
Other (salaried) + locum	173 (8.9%)	15 (6.5%)
Missing type		0
N	1,945	231

Table 3.3 Representativeness of the cross-sectional element of the survey: Scotland

	All GPs (2009 – excluding retainers and registrars)	2010 Worklife Survey respondents
Age (years)		
<35	532 (12.3%)	14 (10.4%)
35 – 39	623 (14.5%)	16 (11.9%)
40 – 44	740 (17.2%)	23 (17.2%)
45 – 49	856 (19.9%)	29 (21.6%)
50 – 54	798 (18.5%)	25 (18.7%)
55 – 59	562 (13.0%)	21 (15.7%)
60+	199 (4.6%)	6 (4.5%)
Missing age		0
Gender		
Male	2,263 (52.5%)	69 (51.5%)
Female	2,047 (47.5%)	65 (48.5%)
Missing gender		18
GP 'type'		
Provider	3,800 (88.2%)	115 (86.5%)
Other (salaried) + locum	510 (11.8%)	18 (13.5%)
Missing type		5
N	4,310	134

Given the observed biases and to ensure that the respondent sample more closely reflected the population it was designed to represent, we derived country-specific 'probability' weights (the inverse of the probability of being sampled – by age-group, gender and contract-type - in each country adjusted for non-response).

Next, we report and comment on the 'weighted' frequency distributions (response frequencies) for each of the 19 items on the questionnaire, by country. The number of observations reported in the tables varies due to question-specific missing data. The distribution of responses for England and Wales was compared using a 'design-corrected' chi-squared test.

3.2 Summary of responses

Table 3.4 summarises the weighted percentage of GPs across all countries endorsing each item.

There was almost universal agreement among GPs that work was generally beneficial for people's health: only one per cent did not agree to some extent. In addition, 96 per cent of GPs agreed that worklessness was generally detrimental to people's health while over three-quarters (77 per cent) agreed that staying in or returning to work was an important indicator of success in the clinical management of people of working age. GPs generally felt that they had a proactive role to play: 88 per cent agreed that helping patients to stay in or return to work was an important part of their role, while nearly two-thirds (66 per cent) agreed that GPs had a responsibility to society to facilitate a return to work (with 81 per cent disagreeing that the patient had to be fully recovered before they would recommend a return to work). Eighty per cent of GPs agreed that their knowledge of guidelines regarding sickness certification was up-to-date; however, less than a quarter (23 per

cent) agreed that their knowledge of the benefits system was up-to-date. Fifty-nine per cent agreed that they felt confident in dealing with patient issues around a return to work: however, a large proportion (77 per cent) agreed that they felt obliged to give sickness certificates for reasons that were not strictly medical.

Sixty-one per cent of GPs agreed that the fit note had improved the quality of their discussions with patients about return to work, while just over half (53 per cent) agreed that it had helped improve the advice given to patients about their fitness for work. Just under half (48 per cent) agreed that it had increased the frequency with which they recommended a return to work as an aid to patient recovery and 62 per cent felt the fit note had made a change to their practice. Seventy per cent of GPs agreed that the fit note had helped their patients make a phased return to work. GPs were evenly split on whether the fit note had increased consultation length or not.

Twenty per cent of GPs agreed that there were good services locally to which they could refer their patients for advice about a return to work while 19 per cent reported that there were good services locally to which they could refer their patients to obtain support in returning to work. In both instances, around one in six GPs (17 per cent) did not know if services were available locally. The majority (89 per cent) of GPs reported that they had not received training in health and work within the past 12 months.

3.2.1 Inter-country comparisons

Appendix C provides details of the differences in response by country for each questionnaire item. The key findings are summarised below.

There were very few striking differences between the distribution of responses to individual questions of GPs practicing in England and Wales: only two were significant. A significantly greater percentage of GPs in Wales (19 per cent) had received health and work training within the past 12 months compared to GPs in England (10 per cent) whereas GPs in England reported greater agreement with the statement 'The fit note has improved the quality of my discussions with patients about return to work' than GPs in Wales. There was also evidence that GPs in England were more in agreement that 'Staying in or returning to work is an important indicator of success in the clinical management of people of working age' than GPs in Wales.

Non-significant associations (between the distribution of GP responses and country) of note included confidence in dealing with patient issues around a return to work and up-to-date knowledge of the benefits system (for which GPs in Wales were more positive) and GPs responsibility to society to facilitate a return to work (for which GPs in England were more positive).

In the main, the views of GPs in Scotland were very alike to those of GPs in England and Wales. However, there were a number of exceptions. Most notably, GPs in Scotland were considerably more likely to agree that good local services existed to which patients could be referred for advice (38 per cent versus 18 per cent/18 per cent) or support (36 per cent versus 17 per cent/17 per cent), but were considerably less likely to agree that the fit note had increased consultation length (40 per cent versus 50 per cent/54 per cent). A similar percentage of GPs in Scotland (20 per cent) had received health and work training within the past 12 months to Wales: views on the fit note in relation to the quality of discussions with patients were also similar to GPs in Wales.

Table 3.4 Weighted percentage of GPs across all countries endorsing each item

Lines may not total 100 per cent due to rounding errors.

		Completely disagree %	Somewhat disagree %	Somewhat agree %	Completely agree %	
1.	Work is generally beneficial for people's health	0	1	27	72	
2.	Worklessness is generally detrimental to people's health	2	2	26	70	
3.	Helping patients to stay in or return to work is an important part of a GP's role	2	10	57	31	
4.	Staying in or returning to work is an important indicator of success in the clinical management of people of working age	4	19	57	20	
5.	GPs have a responsibility to society to facilitate a return to work	9	25	52	14	
6.	A patient has to have recovered fully from their condition before I recommend a return to work	21	60	16	3	
7.	I feel obliged to give sickness certificates for reasons that are not strictly medical	5	18	55	22	
8.	I feel confident in dealing with patient issues around a return to work	5	35	49	10	
9.	My knowledge of guidelines on sickness certification is up-to-date	2	18	57	23	
10.	My knowledge of the benefits system is up-to-date	27	50	21	2	
The Fit Note has:						
11.	Improved the quality of my discussions with patients about a return to work	14	25	54	7	
12.	Improved the advice I give to patients about their fitness for work	14	33	48	5	
13.	Increased the frequency with which I recommend a return to work as an aid to patient recovery	14	38	42	6	
14.	Helped my patients make a phased return to work	9	21	60	10	
15.	Increased the length of my consultations	8	43	36	13	
16.	Made no change to my practice	20	42	26	12	
Local resources		**Completely disagree**	**Somewhat disagree**	**Somewhat agree**	**Completely agree**	**Don't know**
17.	There are good services locally to which I can refer patients for advice about a return to work	34	29	17	3	17
18.	There are good services locally to which I can refer patients who need support in returning to work	32	32	17	2	17
Training		**Yes**	**No**			
19.	Have you received training in health and work within the past 12 months?	11	89			

3.3 Relationship of responses to GP characteristics

We investigated how GPs' responses varied in relation to their personal characteristics (age, gender), overall level of job satisfaction, and levels of job-related stress. Responses to health, work and wellbeing questionnaire items were first dichotomised as 'desired' or 'undesired' (see Appendix D). For most items this meant the GP somewhat or completely agreed with the item, although for some items the opposite was true. Overall job satisfaction was measured on a seven point scale with higher scores representing higher levels of satisfaction (Appendix G). Stress was measured by 14 items which asked GPs to rate the level of stress they experienced in relation to each item on a five point scale (Appendix G). Mean stress was calculated as the average score across all items with higher scores representing higher levels of stress.

We found that:

- GPs aged 45 or over were more likely to agree that helping patients to stay in or return to work is an important part of a GP's role, they had a responsibility to society to facilitate a return to work, they felt confident in dealing with patient issues around a return to work and they had good local services to which patients could be referred for support about returning to work (Appendix D, Tables G3, G5, G8, G18): differences between age categories for the latter three items were significantly different at the five per cent level of significance.
- GPs aged 60 or over were more likely to agree that the fit note had improved the advice they gave to their patients about their fitness for work, but were also more likely to agree that a patient had to have fully recovered before they recommended a return to work (Appendix D, Tables G12, G6), while GPs aged 55 or over were more likely to agree that they had good local services to which patients could be referred for advice about returning to work (Appendix D, Table G17 – differences between age categories were not statistically significant at the five per cent level).
- Despite differences between the age categories not being statistically significant at the 10 per cent level, GPs aged under 35 were more likely to agree that the fit note had improved the quality of discussions with patients about a return to work, increased the frequency of recommended return to work as an aid to patient recovery and helped patients make a phased return to work (Appendix D; Tables G11, G13, G14): GPs aged 60 or over were also more likely to agree with the former of these three items.
- There was some evidence of a difference between age categories on two other items: 'staying in or returning to work is an important indicator of success in the clinical management of people of working age' (Appendix D, Table G4 – GPs aged 35-44 were less likely to agree) and 'my knowledge of the benefits system is up-to-date' (Appendix D, Table G10 – GPs aged 35-39 and 50-54 were less likely to agree).
- Male GPs were more likely to agree that they felt confident in dealing with patient issues around a return to work, but also that the fit note had increased the length of their consultations (Appendix D, Tables G8, G15): differences between male and female GPs were significant at the five per cent level of significance.
- Although differences between the genders were not statistically significant at the 5 per cent level, female GPs were more likely to agree that the fit note had improved the quality of discussions with patients about a return to work, increased the frequency of recommended return to work as an aid to patient recovery and helped patients make a phased return to work (Appendix D; Tables G11, G13, G14).

- For 18 of the 19 questionnaire items, overall job satisfaction was, on average, higher among GPs who gave the desired response (Appendix E): the exception being the item on degree of patient recovery before the GP recommended a return to work (G6). This suggests that GPs with the most positive views on work and health had higher levels of job satisfaction. The reason for this association is unknown and does not necessarily mean that high job satisfaction caused GPs to have more positive views on work and health (or vice versa).
- For 17 of the 19 questionnaire items, job-related stress tended to be lower among GPs who gave the desired response (Appendix E): the two exceptions being the items on worklessness being generally detrimental to people's health (G2) and the fit note making no change to a GPs' practice (G16). This suggests that GPs with the most positive views on work and health experienced lower levels of job-related stress. The reason for this association is unknown and does not necessarily mean that low job stress caused GPs to have more positive views on work and health (or vice versa).

3.4 Factors associated with a positive impact of fit notes

We investigated whether GPs who reported a positive impact of fit notes on the quality of their consultations and outcomes for patients were more likely to report: (a) higher levels of confidence in dealing with patient issues around a return to work, (b) longer consultations, or (c) training in health and work within the past 12 months. The detailed findings are reported in Appendix F and summarised here.

We found that GPs who reported higher levels of confidence in dealing with patient issues around a return to work were more likely to say the fit note had:

- improved the quality of their consultations (Appendix F, 'Confidence' Table G11);
- improved the advice they gave to patients (Appendix F, 'Confidence' Table G12);
- increased the frequency with which they recommended a return to work as an aid to patient recovery (Appendix F, 'Confidence' Table G13);
- helped patients make a phased return to work (Appendix F, 'Confidence' Table G14);
- increased consultation length (Appendix F, 'Confidence' Table G15).

Longer consultations were more likely to be reported by GPs who reported higher levels of confidence in dealing with patient issues around a return work (see above) and by those who said the fit note had:

- improved the quality of their consultations (Appendix F, 'Consultation length' Table G11);
- improved the advice they gave to patients (Appendix F, 'Consultation length' Table G12);
- increased the frequency with which they recommended a return to work as an aid to patient recovery (Appendix F, 'Consultation length' Table G13);
- helped patients make a phased return to work (Appendix F, 'Consultation length' Table G14).

No significant associations were found between training in work and health in the past 12 months and reported impacts of the fit note (Appendix F, 'Training' tables). However, GPs who reported higher levels of confidence in dealing with patient issues around a return to work were more likely to have received training (Appendix F, 'Training' Table G8).

4 Conclusions

The findings of the survey need to be treated with caution given that the low response rate (34 per cent) may have led to response bias. The respondent sample was representative of the wider population of GPs in terms of doctors' gender and contract status, but very young and very old doctors were under-represented. We adjusted for this bias in reporting doctors' responses to the survey and in making comparisons across countries. In previous GP worklife surveys, doctors with low levels of job satisfaction were more likely to respond and, in the current survey, we found that low levels of job satisfaction were associated with more negative views on work and health. Hence it is possible that the survey findings have underestimated the true percentage of doctors in the population with positive views on work and health.

GPs across Great Britain are in almost universal agreement that work is generally beneficial for people's health and that worklessness is generally detrimental. Most GPs felt that they had a proactive role to play in helping patients return to work and that this would not only benefit the patient, but society as well. A majority of GPs agreed that the fit note had had a positive impact on the quality of their consultations and outcomes for patients. Positive impacts were more likely to be reported by GPs who reported higher levels of confidence in dealing with patient issues around a return to work and by those who said the fit note had increased consultation length.

The vast majority of GPs said either that there was a lack of good local services to which they could refer patients for advice and/or support about a return to work, or that they didn't know if such services were available; the issue was more pronounced in England and Wales than Scotland.

Only one in ten GPs in England reported that they had received training in health and work within the past year; the corresponding figures for Wales and Scotland were nearly double. Those who had received training tended to report higher levels of confidence in dealing with patient issues around a return to work, but there was no significant association between training and reported impacts of the new fit note.

Overall, GPs who reported positive views and behaviours with regard to work and health were more likely to be satisfied with their jobs and experience lower job-related stress. There was little variation in responses with regard to GP age and gender.

This survey serves as a baseline against which to compare GPs' views of their role in patient health, work and wellbeing in the future. We hope to repeat the survey to determine if GPs can improve their use of the fit note as an aid to patient recovery and whether increased training provision may help to facilitate these improvements. Increasing GPs' awareness of, and access to, local services to which they can refer patients for advice and support about return to work is another area in which there is scope for improvement.

Appendix A Findings from cognitive interviews

Please indicate the extent to which you agree with the following statements.

		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
Work and health					
1.	Work is generally beneficial for people's health. Rationale: Assess attitude to work and health. Performance: Preferred over item 2 by all interviewees; may fail to distinguish among GPs as majority likely to agree.	☐1	☐2	☐3 n=1	☐4 n=4
2.	Evidence suggests that work is generally good for people's mental and physical health. Rationale: Assess knowledge of work and health. Performance: Used in previous surveys but ambiguous – GPs must first be familiar with evidence and then with the content of that evidence; most were unfamiliar with evidence.	☐1	☐2	☐3 n=2	☐4 n=3
3.	Helping patients to stay in or return to work is an important part of GPs' role. Rationale: Assess attitude to GP role in promoting work. Performance: Adapted from previous surveys; preferred to item 4 by all interviewees; may fail to distinguish among GPs as majority likely to agree.	☐1	☐2	☐3 n=2	☐4 n=3
4.	Work rehabilitation is an integral part of GP care. Rationale: Assess attitudes to GPs' role in promoting work. Performance: Meaning of rehabilitation unclear in the context of GP role; item 3 was preferred.	☐1	☐2 n=2	☐3 n=3	☐4
5.	Return to work is an important indicator of success in the clinical management of people of working age. Rationale: Assess attitudes to GP role in promoting work. Performance: Adapted from previous surveys; no problems identified; appears to discriminate among GPs.	☐1	☐2 n=2	☐3 n=1	☐4 n=2

		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
GPs' role in sickness certification					
6.	GPs should not be responsible for sickness certification. Rationale: Assess attitudes to certification. Performance: Need to highlight or drop 'not'; may fail to distinguish among GPs	☐1 n=2	☐2 n=3	☐3	☐4
7.	GPs have a responsibility to society to facilitate a return to work. Rational: Assess attitudes to certification Performance: Adapted from previous survey; no problems identified; appears to discriminate among GPs.	☐1	☐2 n=1	☐3 n=3	☐4 n=1
8.	GPs' role in sickness certification is an aid to patient management. Rationale: Assess attitudes to certification Performance: May not discriminate among GPs; no other problems identified.	☐1	☐2	☐3 n=2	☐4 n=3
9.	GPs' primary role in the benefits system is one of patient advocacy. Rationale: Assess attitudes to certification Performance: Adapted from previous surveys; ambiguous(?) in that one GP who disagreed did so because they believed GPs should have no role in the benefits system; appears to discriminate among GPs; item 18 may perform better at capturing GP role.	☐1	☐2 n=2	☐3 n=2	☐4 n=1
10.	GPs' role in sickness certification creates tensions in the doctor-patient relationship. Rationale: Threat to doctor-patient relationship a key issue in previous research. Performance: May fail to distinguish among GPs; all acknowledged potential threat but believed this was manageable.	☐1	☐2 n=1	☐3 n=4	☐4
11.	GPs' role in sickness certification creates tensions with their role as patient advocates Rationale: Threat to doctor's role as patient advocate a key issue in previous research. Performance: May fail to distinguish among GPs; all acknowledged potential threat but believed this was manageable.	☐1	☐2 n=1	☐3 n=4	☐4
Managing sickness certification					
12.	I generally discuss the issue of a return to work early in the patient's illness and return to it regularly. Rationale: One of 3 GP types identified in previous research (items 13 &14 identify other 2 types). Performance: May fail to distinguish among types. Interviewees held widely divergent views not captured by items.	☐1	☐2	☐3 n=3	☐4 n=2

		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
13.	I generally discuss the issue of a return to work only after a period of time has elapsed, awaiting tests or recovery. Rationale: One of 3 GP types identified in previous research (items 12 &14 identify other 2 types). Performance: May fail to distinguish among types; Interviewees held widely divergent views not captured by items.	☐1	☐2 n=4	☐3	☐4
14.	I generally discuss the issue of a return to work only when it is raised by the patient, employer or another professional. Rationale: One of 3 GP types identified in previous research (items 12 &14 identify other 2 types). Performance: May fail to distinguish among types; Interviewees held widely divergent views not captured by items.	☐1 n=3	☐2 n=2	☐3	☐4
15.	My views on whether a patient should return to work are influenced as much by patients' social/economic circumstances as by their physical/mental fitness for work. Rationale: intended to distinguish among 3 GP types identified in previous research. Performance: Failed to distinguish among 'types' but did distinguish among GPs.	☐1 n=1	☐2 n=1	☐3 n=3	☐4
16.	I am prepared to challenge patients' views about a return to work even if this jeopardises the doctor-patient relationship. Rationale: Threat to doctor-patient relationship a key issue in previous research. Performance: May fail to distinguish among GPs; all acknowledged potential threat but believed this was manageable.	☐1	☐2	☐3 n=4	☐4
17.	I am reluctant to challenge patients' views about return to work if this jeopardises the doctor-patient relationship. Rationale: Threat to doctor-patient relationship a key issue in previous research. Performance: May fail to distinguish among GPs; all acknowledged potential threat but believed this was manageable.	☐1	☐2 n=4	☐3	☐4
18.	I feel obliged to give sickness certificates to impoverished patients who would otherwise lose benefits. Rationale: Previous research shows link to benefits alters GPs behaviour. Performance: no identified problems; no clear preference over item 19. Recommendation: Retain and reword 'I feel obliged to give sickness certificates for reasons that are not strictly medical'.	☐1 n=1	☐2 n=1	☐3 n=3	☐4

		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
19.	I feel manipulated by the benefits system into giving sickness certificates for reasons that are not strictly medical. Rationale: Previous research shows link to benefits alters GPs clinical judgement. Performance: No identified problems; no clear preference over item 18.	☐1 n=1	☐2	☐3 n=3	☐4
20.	I feel confident in dealing with patient issues around a return to work Rationale: Research suggests lack of confidence associated with non-interventionist behaviour. Performance: Responses seem to reflect actual level of confidence but were not clearly linked to GP type. Recommendation: Retain.	☐1	☐2 n=1	☐3 n=3	☐4 n=1
21.	I feel adequately informed about the link between GP sickness certification and benefit payments. Rationale: Research suggests lack of knowledge may influence GP behaviour. Performance: Responses do not reflect GPs espoused uncertainty at interview and were not clearly linked to behaviour (e.g. items 18 and 19).	☐1 n=2	☐2 n=2	☐3	☐4
The new fit note has:					
22.	Led me to give more consideration to phased/ partial return to work for patients. Rationale: Reported impact in focus group/ interview. Performance: Strong preference for 'neutral' point on response scale as many claimed no difference.	☐1	☐2 n=1	☐3 n=3	☐4 n=1
23.	Made it easier for me to negotiate a return to work with patients. Rationale: Reported impact in focus group/ interview. Performance: Strong preference for 'neutral' point on response scale as many claimed no difference.	☐1	☐2	☐3 n=4	☐4 n=1
24.	Made it easier for me to advise employers about phased/partial return to work. Rationale: reported impact in focus group/ interview. Performance: All GPs welcomed new section allowing them to express views on phased return; questionnaire fails to capture this fully because GPs appended notes to old sick note.	☐1	☐2 n=3	☐3 n=1	☐4 n=1

		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
25.	Increased the frequency with which I recommend phased/partial return to work. Rationale: Reported impact in focus group/ interview. Performance: Strong preference for 'neutral' point on response scale as many claimed no difference.	☐1	☐2	☐3 n=3	☐4 n=1
26.	Helped my patients to make an earlier return to work. Rationale: reported impact in focus group/ interview. Performance: Strong preference for 'neutral' point on response scale as many claimed it was 'too early' to be certain.	☐1 n=1	☐2 n=2	☐3 n=3	☐4 n=1
27.	Increased the length of my consultations. Rationale: Reported impact in focus group/ interview. Performance: Strong preference for 'neutral' point on response scale as many claimed no difference.	☐1 n=2	☐2 n=2	☐3 n=1	☐4
Local resources					
28.	I am well informed about the availability of local services for people who need work rehabilitation. Rationale: Lack of information reported to be a key issue in focus group/interviews. Performance: Responses appear to reflect reported awareness.	☐1 n=2	☐2 n=2	☐3	☐4
29.	There are good services locally to which I can refer patients for advice about return to work. Rationale: Assess quality of local support. Performance: Strong preference for 'don't know' option given lack of awareness of services.	☐1 n=3	☐2 n=1	☐3	☐4 n=1
30.	There are good services locally to which I can refer patients who need support in returning to work. Rationale: assess quality of local support Performance: Strong preference for 'don't know' option given lack of awareness of services.	☐1 n=2	☐2 n=2	☐3	☐4 n=1

Appendix B
Final questionnaire

Please indicate the extent to which you agree with the following statements.

Work and health		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
1.	Work is generally beneficial for people's health.	☐1	☐2	☐3	☐4
2.	Worklessness is generally detrimental to people's health.	☐1	☐2	☐3	☐4
3.	Helping patients to stay in or return to work is an important part of a GP's role.	☐1	☐2	☐3	☐4
4.	Staying in or returning to work is an important indicator of success in the clinical management of people of working age.	☐1	☐2	☐3	☐4
5.	GPs have a responsibility to society to facilitate return to work.	☐1	☐2	☐3	☐4
6.	A patient has to have recovered fully from their condition before I recommend a return to work.	☐1	☐2	☐3	☐4
7.	I feel obliged to give sickness certificates for reasons that are not strictly medical.	☐1	☐2	☐3	☐4
8.	I feel confident in dealing with patient issues around return to work.	☐1	☐2	☐3	☐4
9.	My knowledge of guidelines on sickness certification is up-to-date.	☐1	☐2	☐3	☐4
10.	My knowledge of the benefits system is up-to-date	☐1	☐2	☐3	☐4
The Fit Note has:					
11.	Improved the quality of my discussions with patients about a return to work.	☐1	☐2	☐3	☐4
12.	Improved the advice I give to patients about their fitness for work.	☐1	☐2	☐3	☐4
13.	Increased the frequency with which I recommend a return to work as an aid to patient recovery.	☐1	☐2	☐3	☐4
14.	Helped my patients make a phased return to work.	☐1	☐2	☐3	☐4
15.	Increased the length of my consultations.	☐1	☐2	☐3	☐4
16.	Made no change to my practice.	☐1	☐2	☐3	☐4

Local resources		Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Don't know
17.	There are good services locally to which I can refer patients for advice about a return to work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
18.	There are good services locally to which I can refer patients who need support in returning to work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Training		**Yes**	**No**			
19.	Have you received training in health and work within the past 12 months?	☐ 1	☐ 2			

Appendix C
Tables of inter-country differences

G1 Work is generally beneficial for people's health

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	0.22	0.00	0.40	0.21
Somewhat disagree	0.97	0.82	0.00	0.91
Somewhat agree	26.37	28.46	27.35	26.66
Completely agree	72.43	70.46	72.24	72.22

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 0.445; P = 0.653
Number of observations = 1,364

G2 Worklessness is generally detrimental to people's health

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	2.49	1.27	1.05	2.30
Somewhat disagree	2.40	2.59	2.88	2.44
Somewhat agree	25.15	31.52	21.92	25.65
Completely agree	69.96	64.62	74.15	69.61

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.180; P = 0.316
Number of observations = 1,361

G3 Helping patients to stay in or return to work is an important part of a GP's role

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	1.63	0.66	3.50	1.62
Somewhat disagree	9.53	11.40	11.44	9.81
Somewhat agree	56.72	62.83	58.53	57.43
Completely agree	32.12	25.10	26.54	31.15

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.993; P = 0.114
Number of observations = 1,360

G4 Staying in or returning to work is an important indicator of success in the clinical management of people of working age

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	4.29	6.41	3.49	4.47
Somewhat disagree	18.56	18.58	26.02	18.92
Somewhat agree	56.90	60.40	53.55	57.10
Completely agree	20.24	14.60	16.94	19.50

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 2.353; P = 0.070
Number of observations = 1,357

There was some evidence of an association between responses to this statement and country: 77.14 per cent of GPs practicing in England agreed with the statement to some degree, compared to 70.49 per cent in Wales.

G5 GPs have a responsibility to society to facilitate a return to work

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	8.55	11.07	11.49	8.94
Somewhat disagree	24.52	31.85	28.03	25.43
Somewhat agree	52.53	49.82	49.76	52.12
Completely agree	14.41	7.26	10.73	13.50

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.557: P = 0.198
Number of observations = 1,360

G6 A patient has to have recovered fully from their condition before I recommend a return to work

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	21.33	18.23	17.31	20.83
Somewhat disagree	59.89	60.60	61.60	60.05
Somewhat agree	15.64	17.84	18.89	16.02
Completely agree	3.13	3.33	2.10	3.11

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.167; P = 0.321
Number of observations = 1,361

G7 I feel obliged to give sickness certificates for reasons that are not strictly medical

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	4.86	5.37	1.84	4.77
Somewhat disagree	18.71	18.08	17.64	18.08
Somewhat agree	54.78	59.58	57.07	55.38
Completely agree	21.65	21.98	23.45	21.77

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.432; P = 0.232
Number of observations = 1,359

G8 I feel confident in dealing with patient issues around a return to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	5.57	3.40	5.98	5.36
Somewhat disagree	35.86	34.72	28.08	35.38
Somewhat agree	48.58	51.83	55.24	49.23
Completely agree	9.99	10.04	10.70	10.03

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.663; P = 0.173
Number of observations = 1,360

G9 My knowledge of guidelines on sickness certification is up-to-date

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	1.83	2.32	2.20	1.90
Somewhat disagree	17.41	17.47	21.06	17.59
Somewhat agree	57.16	58.48	56.22	57.25
Completely agree	23.61	21.72	20.53	23.27

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 0.775; P = 0.508
Number of observations = 1,360

G10 My knowledge of the benefits system is up-to-date

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	27.48	29.73	24.13	27.55
Somewhat disagree	50.03	46.87	46.04	49.52
Somewhat agree	20.42	22.42	27.66	20.96
Completely agree	2.07	0.98	2.17	1.96

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 2.016; P = 0.110
Number of observations = 1,362

G11 The fit note has 'improved the quality of my discussions with patients about return to work'

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	13.83	17.62	14.63	14.25
Somewhat disagree	24.21	28.82	31.01	25.00
Somewhat agree	54.85	49.20	51.05	54.10
Completely agree	7.11	4.36	3.31	6.65

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 2.836; P = 0.037
Number of observations = 1,358

There was a significant association between responses to this statement and country of practice. A higher percentage of GPs practicing in England (61.96 per cent versus 54.36 per cent in Wales) agreed to some degree that the fit note has improved the quality of their discussions with their patients about a return to work.

G12 The fit note has 'improved the advice I give to patients about their fitness for work'

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Completely disagree	13.54	18.70	12.38	14.02
Somewhat disagree	32.67	31.80	35.24	32.70
Somewhat agree	48.68	45.15	49.71	48.37
Completely agree	5.11	4.36	2.66	4.91

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.047; P = 0.370
Number of observations = 1,358

G13 The fit note has 'increased the frequency with which I recommend return to work as an aid to patient recovery'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	13.80	17.21	14.32	14.18
Somewhat disagree	37.44	38.29	40.61	37.68
Somewhat agree	42.89	40.64	41.28	42.58
Completely agree	5.87	3.87	3.80	5.57

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 0.724; P = 0.537
Number of observations = 1,356

G14 The fit note has 'helped my patients make a phased return to work'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	8.59	10.91	10.01	8.89
Somewhat disagree	20.17	26.00	22.82	20.89
Somewhat agree	60.63	56.28	59.87	60.15
Completely agree	10.61	6.82	7.30	10.07

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.055; P = 0.367
Number of observations = 1,357

G15 The fit note has 'increased the length of my consultations'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	7.81	7.47	5.69	7.68
Somewhat disagree	42.23	52.94	40.22	43.23
Somewhat agree	36.60	29.01	43.94	36.17
Completely agree	13.36	10.58	10.15	12.93

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.783; P = 0.148
Number of observations = 1,354

G16 The fit note has 'made no change to my practice'

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	19.96	25.66	19.76	20.53
Somewhat disagree	42.37	33.84	44.01	41.58
Somewhat agree	25.54	28.09	28.89	25.96
Completely agree	12.13	12.41	7.35	11.93

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 1.535; P = 0.204
Number of observations = 1,351

G17 There are good services locally to which I can refer patients for advice about return to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	35.02	25.76	34.06	34.01
Somewhat disagree	29.60	27.28	31.04	29.43
Somewhat agree	14.73	33.28	15.63	16.67
Completely agree	3.07	4.27	2.39	3.16
Don't know	17.57	9.40	16.87	16.70

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 0.157; P = 0.960
Number of observations = 1,362

G18 There are good services locally to which I can refer patients who need support about returning to work

	Percentage of GPs			
	England	Scotland	Wales	Total
Completely disagree	33.22	23.15	35.14	32.29
Somewhat disagree	32.14	28.08	29.80	31.62
Somewhat agree	15.19	32.66	13.77	16.88
Completely agree	1.96	3.21	3.16	2.14
Don't know	17.50	12.91	18.13	17.06

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 0.535; P = 0.710
Number of observations = 1,360

G19 Have you received training in health and work within the past 12 months?

	Percentage of GPs			
	England	**Scotland**	**Wales**	**Total**
Yes	9.79	20.15	19.43	11.31
No	90.21	79.85	80.57	88.69

Inter-country comparison of England and Wales: Design-Corrected Chi-Square = 15.543; P < 0.001
Number of observations = 1,351

There was a highly significant association between responses to this statement and country of practice. A higher percentage of GPs practicing in England (90.21 per cent versus 80.57 per cent in Wales) reported that they had not received training in health and work within the past 12 months.

Appendix D
Tables of GPs' responses by age and gender

Note: Tables show the percentage of respondents who give the 'desired' response (combined across England, Wales and Scotland).

G1 Work is generally beneficial for people's health

Age group	Male	Female	Total
<35	100.00	100.00	100.00
35-39	96.50	100.00	98.44
40-44	98.77	100.00	99.40
45-49	97.11	98.49	97.73
50-54	97.49	100.00	98.42
55-59	100.00	97.21	99.16
60+	100.00	100.00	100.00
Total	98.41	99.47	98.88

Desired response = Somewhat agree/Completely agree

No significance tests were performed to test for differences by age-group or gender due to insufficient variation in the data on this item.

Number of observations = 1,364

G2 Worklessness is generally detrimental to people's health

Age group	Male	Female	Total
<35	91.35	94.79	93.44
35-39	96.44	96.37	96.40
40-44	96.11	99.76	97.98
45-49	97.71	93.77	95.93
50-54	94.23	89.94	92.65
55-59	97.42	94.97	96.68
60+	93.73	89.04	92.82
Total	95.55	94.88	95.26

Desired response = Somewhat agree/Completely agree

Adjusted Wald test for significant differences by:

age-group F = 1.62; P = 0.139

gender F = 0.11; P = 0.737

Number of observations = 1,361

G3 Helping patients to stay in or return to work is an important part of a GP's role

Age group	Male	Female	Total
<35	85.69	83.67	84.46
35-39	83.44	85.11	84.37
40-44	84.63	89.16	86.95
45-49	91.45	89.31	90.48
50-54	86.36	89.59	87.55
55-59	92.84	93.03	92.90
60+	96.91	89.68	95.51
Total	89.08	87.92	88.57

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 2.02; P = 0.061
gender F = 0.14; P = 0.713
Number of observations = 1,360

G4 Staying in or returning to work is an important indicator of success in the clinical management of people of working age

Age group	Male	Female	Total
<35	77.94	79.45	78.85
35-39	68.77	70.47	69.71
40-44	69.44	74.31	71.92
45-49	77.13	75.06	76.19
50-54	76.61	81.72	78.49
55-59	80.86	80.08	80.62
60+	82.88	89.68	84.19
Total	76.44	76.82	76.61

Desired response = Somewhat agree/ Completely agree
Adjusted Wald test for significant differences by:
age-group F = 2.07; P = 0.054
gender F = 0.39; P = 0.534
Number of observations = 1,357

G5 GPs have a responsibility to society to facilitate a return to work

Age group	Male	Female	Total
<35	67.15	63.66	65.03
35-39	52.04	68.64	61.19
40-44	59.51	53.38	56.39
45-49	68.28	65.81	67.16
50-54	71.82	70.64	71.38
55-59	68.98	69.45	69.12
60+	65.91	89.68	70.51
Total	65.59	65.67	65.63

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 2.56; P = 0.018
gender F = 0.22; P = 0.636
Number of observations = 1,360

The findings suggest that older GPs (45+ years) are more likely than younger GPs (under 45 years) to give the desired response.

G6 A patient has to have recovered fully from their condition before I recommend a return to work

Age group	Male	Female	Total
<35	92.43	79.85	84.77
35-39	88.52	89.69	89.17
40-44	78.91	66.75	72.72
45-49	87.81	85.99	86.98
50-54	80.32	88.35	83.25
55-59	80.98	71.33	78.08
60+	65.09	58.09	63.74
Total	81.52	80.04	80.87

Desired response = Somewhat disagree/ Completely disagree
Adjusted Wald test for significant differences by:
age-group F = 6.96; P < 0.001
gender F = 0.78; P = 0.377
Number of observations = 1,361

The findings suggest that younger GPs (under 60 years) are more likely than older GPs (aged 60+ years) to give the desired response.

G7 I feel obliged to give sickness certificates for reasons that are not strictly medical

Age group	Male	Female	Total
<35	16.34	15.48	15.82
35-39	20.81	23.55	22.33
40-44	14.38	20.54	17.51
45-49	25.19	25.85	25.49
50-54	22.48	23.47	22.84
55-59	24.51	30.41	26.29
60+	32.45	30.37	32.05
Total	22.81	22.91	22.85

Desired response = Somewhat disagree/Completely disagree
Adjusted Wald test for significant differences by:
age-group F = 1.88; P = 0.081
gender F = 0.58; P = 0.447
Number of observations = 1,359

G8 I feel confident in dealing with patient issues around return to work

Age group	Male	Female	Total
<35	60.13	50.64	54.36
35-39	58.15	42.17	49.31
40-44	60.10	41.90	50.83
45-49	65.28	62.13	63.84
50-54	60.99	65.80	62.75
55-59	69.31	60.58	66.68
60+	68.84	73.56	69.75
Total	63.58	53.70	59.25

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 3.10; P = 0.005
gender F = 5.74; P = 0.017
Number of observations = 1,360

The findings suggest that older GPs (aged 45+ years) are more likely than younger GPs (under 45 years) to give the desired response; and that males are more likely than females to give the desired response.

G9 My knowledge of guidelines on sickness certification is up-to-date

Age group	Male	Female	Total
<35	77.01	81.35	79.65
35-39	78.85	72.84	75.52
40-44	84.24	80.71	82.44
45-49	80.71	84.56	82.45
50-54	76.75	84.31	79.52
55-59	78.98	85.45	80.93
60+	80.72	94.84	83.45
Total	79.65	81.64	80.52

Desired response = Somewhat agree/ Completely agree
Adjusted Wald test for significant differences by:
age-group F = 0.74; P = 0.615
gender F = 1.45; P = 0.229
Number of observations = 1,360

G10 My knowledge of the benefits system is up-to-date

Age group	Male	Female	Total
<35	26.37	24.36	25.15
35-39	16.76	13.79	15.11
40-44	27.00	20.46	23.67
45-49	22.79	29.07	25.64
50-54	20.10	17.01	18.96
55-59	25.69	27.69	26.29
60+	27.11	32.24	28.10
Total	23.49	22.20	22.93

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 2.08; P = 0.053
gender F = 0.20; P = 0.655
Number of observations = 1,362

G11 The fit note has 'improved the quality of my discussions with patients about return to work'

Age group	Male	Female	Total
<35	70.81	67.31	68.68
35-39	55.11	57.59	56.48
40-44	55.13	58.58	56.89
45-49	54.07	66.71	59.77
50-54	54.15	68.63	59.45
55-59	59.13	55.67	58.09
60+	69.14	78.72	70.99
Total	58.59	63.53	60.75

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 1.39; P = 0.217
gender F = 3.66; P = 0.056
Number of observations = 1,358

G12 The fit note has 'improved the advice I give to patients about their fitness for work'

Age group	Male	Female	Total
<35	62.70	54.42	57.61
35-39	45.64	48.44	47.19
40-44	51.53	51.57	51.55
45-49	46.42	52.33	49.08
50-54	49.09	61.98	53.80
55-59	51.71	50.05	51.21
60+	66.61	83.88	69.95
Total	52.45	54.36	53.28

Desired response = Somewhat agree/ Completely agree
Adjusted Wald test for significant differences by:
age-group F = 2.29; P = 0.033
gender F = 1.66; P = 0.197
Number of observations = 1,358

The findings suggest that older GPs (aged 60+ years) are more likely than younger GPs (under 60 years) to give the desired response.

G13 The fit note has 'increased the frequency with which I recommend return to work as an aid to patient recovery'

Age group	Male	Female	Total
<35	65.85	62.42	63.74
35-39	45.96	41.94	43.74
40-44	40.55	46.71	43.68
45-49	45.74	53.45	49.20
50-54	40.72	56.84	46.62
55-59	46.87	39.80	44.77
60+	44.42	58.09	47.06
Total	45.76	51.22	48.14

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 1.45; P = 0.194
gender F = 1.12; P = 0.291
Number of observations = 1,356

G14 The fit note has 'Helped my patients make a phased return to work'

Age group	Male	Female	Total
<35	75.31	87.36	82.65
35-39	66.46	64.17	65.20
40-44	65.28	69.60	67.48
45-49	70.22	67.29	68.90
50-54	65.84	77.08	69.95
55-59	68.53	64.68	67.37
60+	68.14	94.84	73.30
Total	68.15	72.88	70.22

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 1.50; P = 0.175
gender F = 2.26; P = 0.133
Number of observations = 1,357

G15 The fit note has 'increased the length of my consultations'

Age group	Male	Female	Total
<35	50.87	59.29	56.05
35-39	46.52	55.79	51.63
40-44	50.20	51.27	50.74
45-49	43.05	51.02	46.63
50-54	50.56	55.57	52.38
55-59	53.41	60.55	55.53
60+	42.76	46.48	43.48
Total	48.05	54.60	50.91

Desired response = Somewhat disagree/Completely disagree
Adjusted Wald test for significant differences by:
age-group F = 1.02; P = 0.407
gender F = 3.91; P = 0.048
Number of observations = 1,354

The findings suggest that females are more likely than males to give the desired response.

G16 The fit note has 'made no change to my practice'

Age group	Male	Female	Total
<35	67.29	73.10	70.83
35-39	55.92	52.90	54.25
40-44	56.66	66.11	61.44
45-49	60.32	64.77	62.32
50-54	59.13	68.68	62.63
55-59	61.52	54.62	59.50
60+	64.97	69.05	65.76
Total	60.49	64.20	62.11

Desired response = Somewhat disagree/Completely disagree
Adjusted Wald test for significant differences by:
age-group F = 1.37; P = 0.222
gender F = 2.13; P = 0.144
Number of observations = 1,351

G17 There are good services locally to which I can refer patients for advice about return to work

Age group	Male	Female	Total
<35	15.69	15.25	15.42
35-39	14.00	19.39	16.99
40-44	17.69	19.70	18.71
45-49	20.67	17.61	19.28
50-54	14.06	26.96	18.78
55-59	25.29	30.22	26.79
60+	26.77	21.92	25.83
Total	19.33	20.49	19.83

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 1.95; P = 0.069
gender F = 1.04; P = 0.308
Number of observations = 1,362

G18 There are good services locally to which I can refer patients who need support about returning to work

Age group	Male	Female	Total
<35	18.25	13.10	15.12
35-39	13.69	17.61	15.86
40-44	14.63	13.07	13.84
45-49	19.41	21.40	20.32
50-54	12.32	32.48	19.72
55-59	28.94	22.85	27.09
60+	22.46	27.08	23.36
Total	18.50	19.71	19.03

Desired response = Somewhat agree/Completely agree
Adjusted Wald test for significant differences by:
age-group F = 2.33; P = 0.030
gender F = 1.57; P = 0.210
Number of observations = 1,360

The findings suggest that older GPs (aged 45+ years) are more likely than younger GPs (under 45 years) to give the desired response.

G19 Have you received training in health and work within the past 12 months?

Age group	Male	Female	Total
<35	12.17	12.32	12.26
35-39	10.24	6.35	8.09
40-44	12.70	12.33	12.51
45-49	8.38	10.55	9.36
50-54	11.09	10.94	11.03
55-59	15.64	17.25	16.13
60+	11.12	11.60	11.22
Total	11.50	11.07	11.31

Desired response = Yes

Adjusted Wald test for significant differences by:

age-group F = 1.28; P = 0.265

gender F = 0.18; P = 0.667

Number of observations = 1,351

Appendix E
The association of GPs' responses with job satisfaction and stress

Note: Table shows mean overall job satisfaction score or mean level of job-related stress (calculated over 14 stressors). Job satisfaction is scored on a seven point scale where higher scores represent higher satisfaction. Job-related stressors are each scored on a five point scale where higher scores represent higher levels of stress.

	Overall job satisfaction		Mean 'pressure at work'	
	Desired response	Non-desired	Desired response	Non-desired
G1	4.90	3.81	3.33	3.72
G2	4.91	4.59	3.34	3.19
G3	4.95	4.43	3.31	3.52
G4	4.94	4.75	3.32	3.37
G5	5.02	4.65	3.27	3.45
G6	4.88	4.98	3.33	3.35
G7	5.09	4.84	3.22	3.37
G8	5.02	4.71	3.27	3.43
G9	4.94	4.72	3.33	3.36
G10	4.96	4.88	3.27	3.35
G11	4.98	4.77	3.31	3.37
G12	5.01	4.77	3.31	3.36
G13	4.91	4.87	3.29	3.37
G14	4.99	4.67	3.28	3.45
G15	5.05	4.72	3.17	3.51
G16	4.91	4.87	3.35	3.30
G17	5.21	4.82	3.21	3.36
G18	5.17	4.83	3.23	3.36
G19	4.91	4.89	3.25	3.34

For 18 of the 19 questionnaire items, overall job satisfaction was, on average, higher among GPs who gave the desired response: the exception being the item on degree of patient recovery before the GP recommended a return to work (G6).

For 17 of the 19 questionnaire items, job-related stress tended to be lower among GPs who gave the desired response: the two exceptions being the items on worklessness being generally detrimental to people's health (G2) and the fit note making no change to a GPs' practice (G16).

Appendix F
Tables of GPs' inter-item responses

Note: Tables show percentage of GPs, with each row totalling 100 per cent.

E.g. Of the GPs who completely disagreed with the statement that the fit note has 'improved the quality of my discussions with patients about return to work', 13.96 per cent also completely disagreed with the statement 'I feel confident in dealing with patient issues around return to work'.

NB: Statistical significance must be interpreted cautiously as some percentages may be based on small numbers.

Tables of 'Impact of the fit note' compared to 'Confidence in dealing with patient issues around a return to work'

G11: The fit note has 'improved the quality of my discussions with patients about return to work' by G8: 'I feel confident in dealing with patient issues around return to work'

G11 by G8			G8		
G11	**Completely disagree**	**Somewhat disagree**	**Somewhat agree**	**Completely agree**	**Total**
Completely disagree	13.96	40.32	35.10	10.62	100.00
Somewhat disagree	2.78	39.15	50.89	7.19	100.00
Somewhat agree	4.57	34.37	51.75	9.32	100.00
Completely agree	3.28	17.87	54.34	24.51	100.00
Total	5.38	35.31	49.33	9.98	100.00

Design-Corrected Chi-Square = 6.865; $P < 0.001$

The findings show that GPs who were more likely to say that the fit note had improved discussions with patients were also more confident. For example, the percentage of GPs who completely agreed they were confident rose from 10.62 per cent among those who completely disagreed that the quality of discussions had improved to 24.51 per cent among those who completely agreed that quality of discussions had improved.

G12: The fit note has 'improved the advice I give to patients about their fitness for work' by G8: 'I feel confident in dealing with patient issues around return to work'

G12 by G8			G8		
G12	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	13.13	39.24	36.46	11.17	100.00
Somewhat disagree	5.21	40.46	48.09	6.24	100.00
Somewhat agree	3.51	33.12	52.76	10.62	100.00
Completely agree	2.90	12.39	59.13	25.58	100.00
Total	5.38	35.35	49.26	10.01	100.00

Design-Corrected Chi-Square = 6.990; P < 0.001

The findings show that GPs who were more likely to say that the fit note had improved the advice given to patients were also more confident. For example, the percentage of GPs who completely agreed they were confident rose from 11.17 per cent among those who completely disagreed that advice to patients had improved to 25.58 per cent among those who completely agreed that advice to patients had improved.

G13: The fit note has 'increased the frequency with which I recommend a return to work as an aid to patient recovery' by G8: 'I feel confident in dealing with patient issues around return to work'

G13 by G8			G8		
G13	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	10.18	37.65	37.09	15.09	100.00
Somewhat disagree	4.73	36.55	52.66	6.07	100.00
Somewhat agree	4.75	36.20	49.47	9.57	100.00
Completely agree	2.57	15.68	54.57	27.18	100.00
Total	5.39	35.39	49.20	10.02	100.00

Design-Corrected Chi-Square = 5.628; P < 0.001

The findings show that GPs who were more likely to say the fit note increased the frequency with which they recommended a return to work were also more confident. For example, the percentage of GPs who completely agreed they were confident rose from 15.09 per cent among those who completely disagreed that the frequency of recommendations had increased to 27.18 per cent among those who completely agreed that the frequency of recommendation had increased.

G14: The fit note has 'helped my patients make a phased return to work' by G8: 'I feel confident in dealing with patient issues around return to work'

G14 by G8			G8		
G14	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	20.83	34.15	35.20	9.82	100.00
Somewhat disagree	5.38	41.01	48.13	5.47	100.00
Somewhat agree	3.19	36.30	50.67	9.85	100.00
Completely agree	4.89	19.64	54.81	20.66	100.00
Total	5.39	35.41	49.18	10.02	100.00

Design-Corrected Chi-Square = 9.438; P < 0.001

The findings show that GPs who were more likely to say that the fit note had helped patients make a phased return to work were also more confident. For example, the percentage of GPs who completely agreed they were confident rose from 9.82 per cent among those who completely disagreed the fit note had helped patients to 20.66 per cent among those who completely agreed the fit had helped patients.

G15: The fit note has 'increased the length of my consultations' by G8: 'I feel confident in dealing with patient issues around return to work'

G15 by G8			G8		
G15	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	3.63	30.01	37.76	28.60	100.00
Somewhat disagree	3.76	33.04	54.54	8.65	100.00
Somewhat agree	5.50	38.39	48.40	7.71	100.00
Completely agree	11.60	38.30	40.03	10.07	100.00
Total	5.39	35.43	49.15	10.03	100.00

Design-Corrected Chi-Square = 5.885; P < 0.001

The findings show that GPs who were less likely to say the fit note had increased consultation length were more confident. For example, the percentage of GPs who completely agreed they were confident declined from 28.60 per cent among those who completely disagreed that the fit note had increased consultation length to 10.07 per cent among those who completely agreed the fit note had increased consultation length.

G16: The fit note has 'made no change to my practice' by G8: 'I feel confident in dealing with patient issues around return to work'

G16 by G8			G8		
G16	**Completely disagree**	**Somewhat disagree**	**Somewhat agree**	**Completely agree**	**Total**
Completely disagree	4.35	32.09	51.08	12.48	100.00
Somewhat disagree	5.14	38.34	47.63	8.89	100.00
Somewhat agree	4.02	36.42	52.16	7.39	100.00
Completely agree	10.05	28.68	45.68	15.59	100.00
Total	5.27	35.41	49.28	10.04	100.00

Design-Corrected Chi-Square = 2.194; P = 0.020

The findings show that GPs who were more likely to say the fit note had not changed their practice were also more confident. For example, the percentage of GPs who completely agreed they were confident rose from 12.48 per cent among those who completely disagreed their practice was unchanged to 15.59 per cent among those who completely agreed their practice was unchanged.

Tables of 'Impact of the Fit Note' versus 'Increase in consultation length'

G11: The fit note has 'improved the quality of my discussions with patients about return to work' by G15: The fit note has 'increased the length of my consultations'

G11 by G15			G15		
G11	**Completely disagree**	**Somewhat disagree**	**Somewhat agree**	**Completely agree**	**Total**
Completely disagree	28.23	26.59	29.60	15.58	100.00
Somewhat disagree	3.59	55.58	30.75	10.08	100.00
Somewhat agree	3.54	43.25	41.14	12.07	100.00
Completely agree	12.59	32.26	30.18	24.97	100.00
Total	7.68	43.23	36.16	12.93	100.00

Design-Corrected Chi-Square = 15.813; P < 0.001

The findings show that increased consultation length was associated with improved quality of discussions. For example, the percentage of GPs who completely agreed consultation length was increased rose from 15.58 per cent among those who completely disagreed that quality had improved to 24.97 per cent among those who completely agreed that quality had improved.

G12: The fit note has 'improved the advice I give to patients about their fitness for work' by G15: The fit note has 'increased the length of my consultations'

G12 by G15			G15		
G12	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	27.10	30.04	29.45	13.40	100.00
Somewhat disagree	3.83	50.32	33.83	12.02	100.00
Somewhat agree	3.84	43.59	40.09	12.48	100.00
Completely agree	15.61	30.03	32.28	22.08	100.00
Total	7.68	43.23	36.17	12.93	100.00

Design-Corrected Chi-Square = 12.888; P < 0.001

The findings show that increased consultation length was associated with improved advice to patients. For example, the percentage of GPs who completely agreed that consultation length increased rose from 13.40 per cent among those who completely disagreed that advice had improved to 22.08 per cent among those who completely agreed that advice had improved.

G13: The Fit Note has 'Increased the frequency with which I recommend return to work as an aid to patient recovery' by G15: The Fit Note has 'Increased the length of my consultations'

G13 by G15			G15		
G13	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	31.53	26.69	31.30	10.48	100.00
Somewhat disagree	2.82	51.52	34.80	10.86	100.00
Somewhat agree	3.55	42.93	39.35	14.17	100.00
Completely agree	11.47	30.67	33.93	23.93	100.00
Total	7.68	43.19	36.19	12.93	100.00

Design-Corrected Chi-Square = 18.517; P < 0.001

The findings show that increased consultation length was associated with increased frequency in recommending a return to work. For example, the percentage of GPs who completely agreed consultation length increased rose from 10.48 per cent among those who completely disagreed that frequency of recommendations increased to 23.93 per cent among those who completely agreed that frequency of recommendations increased.

G14: The fit note has 'helped my patients make a phased return to work' by G15: The fit note has 'increased the length of my consultations'

G14 by G15	G15				
G14	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree	Total
Completely disagree	25.85	31.02	27.22	15.91	100.00
Somewhat disagree	4.94	51.57	33.42	10.07	100.00
Somewhat agree	5.10	44.49	38.99	11.41	100.00
Completely agree	11.25	29.70	33.46	25.59	100.00
Total	7.53	43.30	36.22	12.95	100.00

Design-Corrected Chi-Square = 9.308; P < 0.001

The findings show that increased consultation length was associated with more patients being helped to make a phased return to work. For example, the percentage of GPs who completely agreed consultation length increased rose from 15.91 per cent among those who completely disagreed that patients had been helped to 25.59 per cent among those who completely agreed that patients had been helped.

Tables of 'Impact of the Fit Note' versus 'Training in health and work within the past 12 months'

G8: 'I feel confident in dealing with patient issues around return to work' by G19: Have you received training in health and work within the past 12 months?

G8 by G19	G19		
G8	Yes	No	Total
Completely disagree	9.14	90.86	100.00
Somewhat disagree	4.89	95.11	100.00
Somewhat agree	14.23	85.77	100.00
Completely agree	21.14	78.86	100.00
Total	11.33	88.67	100.00

Design-Corrected Chi-Square = 10.458; P < 0.001

The findings suggest that training was associated with improved confidence in dealing with patient issues. For example, the percentage of GPs who had received training rose from 9.14 per cent among those who completely disagreed they were confident to 21.14 per cent among those who completely agreed they were confident.

G11: The fit note has 'improved the quality of my discussions with patients about return to work' by G19: Have you received training in health and work within the past 12 months?

G11 by G19		G19	
G11	Yes	No	Total
Completely disagree	12.26	87.74	100.00
Somewhat disagree	11.16	88.84	100.00
Somewhat agree	10.68	89.32	100.00
Completely agree	15.49	84.51	100.00
Total	11.34	88.66	100.00

Design-Corrected Chi-Square = 0.466; P = 0.705

G12: The fit note has 'improved the advice I give to patients about their fitness for work' by G19: Have you received training in health and work within the past 12 months?

G12 by G19		G19	
G12	Yes	No	Total
Completely disagree	12.71	87.29	100.00
Somewhat disagree	10.29	89.71	100.00
Somewhat agree	11.32	88.68	100.00
Completely agree	14.91	85.09	100.00
Total	11.35	88.65	100.00

Design-Corrected Chi-Square = 0.401; P = 0.751

G13: The fit note has 'increased the frequency with which I recommend return to work as an aid to patient recovery' by G19: Have you received training in health and work within the past 12 months?

G13 by G19		G19	
G13	Yes	No	Total
Completely disagree	13.53	86.47	100.00
Somewhat disagree	9.42	90.58	100.00
Somewhat agree	11.54	88.46	100.00
Completely agree	17.75	82.25	100.00
Total	11.37	88.63	100.00

Design-Corrected Chi-Square = 1.488; P = 0.216

G14: The fit note has 'helped my patients make a phased return to work' by G19: Have you received training in health and work within the past 12 months?

G14 by G19		G19	
G14	Yes	No	Total
Completely disagree	10.63	89.37	100.00
Somewhat disagree	10.73	89.27	100.00
Somewhat agree	11.02	88.98	100.00
Completely agree	15.49	84.51	100.00
Total	11.37	88.63	100.00

Design-Corrected Chi-Square = 0.634; P = 0.590

G15: The fit note has 'increased the length of my consultations' by G19: Have you received training in health and work within the past 12 months?

G15 by G19		G19	
G15	Yes	No	Total
Completely disagree	9.21	90.79	100.00
Somewhat disagree	11.02	88.98	100.00
Somewhat agree	11.39	88.61	100.00
Completely agree	13.24	86.76	100.00
Total	11.30	88.70	100.00

Design-Corrected Chi-Square = 0.293; P = 0.829

G16: The fit note has 'made no change to my practice' by G19: Have you received training in health and work within the past 12 months?

G16 by G19		G19	
G16	Yes	No	Total
Completely disagree	12.75	87.25	100.00
Somewhat disagree	12.07	87.93	100.00
Somewhat agree	9.83	90.17	100.00
Completely agree	9.16	90.84	100.00
Total	11.28	88.72	100.00

Design-Corrected Chi-Square = 0.595; P = 0.616

Appendix G
Job satisfaction and job stressor questions

About your job satisfaction...

Please indicate how **satisfied** you are with each of the following aspects of your job by ticking the appropriate box

		1=Extremely dissatisfied 7=Extremely satisfied						
10.	Taking everything into consideration, how do you feel about your job?	☐1	☐2	☐3	☐4	☐5	☐6	☐7

About pressures at work...

Please rate the following factors according to how much **pressure you experience** from each in your job.

		No pressure	Slight pressure	Moderate pressure	Considerable pressure	High pressure
1.	Increased demands from patients	☐1	☐2	☐3	☐4	☐5
2.	Dealing with problem patients	☐1	☐2	☐3	☐4	☐5
3.	Dealing with earlier discharges from hospital	☐1	☐2	☐3	☐4	☐5
4.	Worrying about patient complaints/litigation	☐1	☐2	☐3	☐4	☐5
5.	Having insufficient time to do justice to the job	☐1	☐2	☐3	☐4	☐5
6.	Interruptions by emergency calls during surgery	☐1	☐2	☐3	☐4	☐5
7.	Unrealistically high expectation of role by others	☐1	☐2	☐3	☐4	☐5
8.	Insufficient resources within the practice	☐1	☐2	☐3	☐4	☐5
9.	Long working hours	☐1	☐2	☐3	☐4	☐5
10.	Paperwork	☐1	☐2	☐3	☐4	☐5
11.	Changes imposed by your Primary Care Organisation	☐1	☐2	☐3	☐4	☐5
12.	Finding a locum	☐1	☐2	☐3	☐4	☐5
13.	Adverse publicity by the media	☐1	☐2	☐3	☐4	☐5
14.	Increasing workloads	☐1	☐2	☐3	☐4	☐5

Questions relating to General Practitioners' (GPs) attitudes towards health and work were included in the sixth *National General Practitioner Worklife* Survey conducted by the National Primary Care Research and Development Centre. The survey was administered by post to a randomly selected sample of 4,185 GPs from England, Wales and Scotland between September 2010 and November 2010.

The survey explored GPs':

- knowledge of the health benefits of work and sources of advice and support for patients;
- attitudes towards promoting the health benefits of work; and
- behaviour in promoting work as a benefit to health, using the new fit note as an opportunity to do so.

If you would like to know more about DWP research, please contact:
Kate Callow, Commercial Support and Knowledge Management Team,
Upper Ground Floor, Steel City House, West Street, Sheffield, S1 2GQ.
http://research.dwp.gov.uk/asd/asd5/rrs-index.asp

DWP Department for Work and Pensions

Published by the
Department for Work and Pensions
July 2011
www.dwp.gov.uk
Research report no. 733
ISBN 978-1-84712-958-1