

Fit Notes: Frequently Asked Questions for Occupational Therapists

What training do I have to do to use the fit note?

- It is best practice to undertake this non-statutory DWP / DHSC **e-Learning module** via e-Learning for Healthcare called “The Fit Note”. It covers the law, how to complete the note, case examples etc.
- Occupational Therapists (and other HCPs now eligible) **are expected** to have relevant knowledge, skills, experience and appropriate training before certifying fit notes.
- **Many services also require** structured mentorship or supervision/support when starting to issue them, until confidence, competence and local governance are in place. Check with your current employer.

How do I access the fit note to issue it?

- In primary care / GP surgery settings, Fit Notes are typically integrated into GP IT systems and many are digital. Occupational Therapists working in GP surgeries may have direct access to these systems.
- In secondary and tertiary care, digital integration is less consistent. You may have to **order the paper form** if your IT system doesn't yet support issuing Fit Notes electronically. Local policies will determine what system you use.
- In private practice: If you are providing NHS-funded treatment and are in a setting recognised under those regulations, you may issue a Fit Note. However, if the patient is purely private (self-funded), Fit Notes are not appropriate; instead, you can use an **AHP Health and Work Report**.

If I advise that someone is fit or maybe fit to return and they go back to work and have an accident, am I liable?

- Liability in writing Fit Notes is no different than any other area of Occupational Therapy Practice. As with all clinical advice, liability depends on whether your assessment and advice were reasonable, within your professional competence, scope of practice, based on current evidence, and with consideration of risk.
- As an occupational therapist, you must work within your scope (**HCPC Standards of Proficiency**, **Scope of Practice** and **RCOT guidance**) and follow / local employer guidance and policies. If advice given is within that framework, with appropriate record keeping, you are less likely to be found negligent.

- It's important that your Fit Note and associated clinical notes are clear and include clear functional limitations/recommendations, workplace adjustments etc., so that your clinical reasoning is evident and supported.
- As in any area of practice, having malpractice / professional liability insurance (RCOT's for its members, or via your employer) is important. **RCOT's most recent briefing** explains that coverage is conditional on practising within professional standards and scope.

What happens if the person is being given conflicting advice from healthcare professionals about return to work on fit notes?

- First: try to clarify what each professional's opinion is based on: diagnosis, functional capacity, work demands, adjustments, clinical risk etc.
- **The occupational therapy role is particularly strong** in recommending workplace adjustments, altered hours etc., because of our expertise in functional/environmental fit.
- If there is a disagreement, you should document your reasoning and recommendation clearly on your Fit Note. If possible, communicate with the other HCP(s) to align or at least understand differences.
- **Remember:** A Fit Note is advisory; it provides guidance to the patient and their employer, but ultimately it is for the employer (with or without occupational health input) to decide what adjustments are reasonable and how to act on the advice.

What happens if the person disagrees with my view on their return to work on the fit note?

- You should explain your view: what functional limitations, risks, evidence etc, led you to your conclusion.
- Discuss with them what "maybe fit" means in terms of adjustments, phased return etc., and what changes might support them.
- Inform them of their rights: for example, they can seek another professional opinion.
- Document the disagreement (your view, the patient's view) in records, the note itself as needed, any advice you gave about alternatives or further assessment.

In my team, the physio/nurse/pharmacist is refusing to issue fit notes and sending everyone to me for fit notes?

- Since the legislative change in July 2022, nurses, physiotherapists, pharmacists, and occupational therapists are all eligible (if appropriately trained) to certify Fit Notes. They are not required to, but should not refuse simply because of their profession.
- Check local policy. Some organisations may not yet have local governance, IT

access, or confidence in non-GPs issuing them; they may need training / support / protocols.

- You might escalate via service leadership / clinical governance to ensure that eligible HCPs are enabled (trained, have access to the forms / IT) to do this task if it is within their scope.
- It may also be a resource or liability concern for them; offering peer support, shared training, mentorship may help.

What happens if an employer will only accept a fit note from a doctor?

- Legally, since 1 July 2022, eligible HCPs including occupational therapists can certify Fit Notes, so an employer asking only for one from a doctor is not aligned with current legislation.
- You (or the patient) can show them the **“Who can issue fit notes: guidance for healthcare professionals and their employers”** documentation.
- Issue the Fit Note if appropriate, ensuring your documentation is robust, and keep a copy.
- If the employer still refuses, the patient may need to escalate through HR, or the employer’s occupational health, or potentially seek advice from **ACAS**.