

Updated standards for doctors writing medical certificates

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The Medical Council today released its updated standards for doctors writing medical certificates.

Medical Council chairperson, Dr John Adams says that the writing of medical certificates can be a complicated part of medical practice. It is an area of practice where doctors have responsibilities to a third party, such as an employer, in addition to their primary obligation to care for their patient.

‘Doctors in writing a medical certificate certainly need to be mindful of the implications for the patient, themselves, and the agency receiving the certificate.’

‘Medical certificates may have financial implications for the patient and the recipient through benefits, employment and compensation payments and failure to complete a certificate appropriately may have a negative impact on the patient, the patient’s family or the receiving agency (for example, in the case of sick notes, the patient’s employer).’

‘In addition, a doctor who certifies a patient to undertake work when he or she is unfit may place the patient or the patient’s colleagues at risk,’ said Dr Adams.

The Council’s new standards state medical certificates should provide the necessary information required by the receiving agency and consented to by the patient. The ‘necessary information’ should usually be limited to information about the doctor’s clinical opinion on safe activities / restrictions and timeframes. The certificate should not include private or irrelevant information.

A doctor should not usually record a diagnosis in a medical certificate, unless this has direct implications for the receiving agency. Examples of where a doctor should seek a patient’s consent to include a diagnosis in a certificate includes where the diagnosis relates to a workplace injury or illness and where the employer might need to take action to prevent a recurrence, or where the illness or injury may have an impact on co-workers and the public and the medical certificate is to be received by the patient’s employer (for example, where a chef is diagnosed with a food-borne illness).

Any comments on fitness for work should refer specifically to the doctor’s clinical opinion, outlining those activities that are safe for the patient to undertake and appropriate restrictions, or unsafe activities, that the patient should not undertake. If the patient is fit for some activities, this should be recorded in the certificate. Any duties that should not be attempted should also be clearly stated.

Dr Adams said, ‘Often employers or other agencies may seek additional information from a doctor about a patient’s health status and whether they can work, together with the number of hours a patient may be able to work

’In these situations, our statement suggests employers or other agencies ask for the doctor’s clinical judgement as to what work the patient is fit for together with the number of hours a patient may be able to work.’

’However, the doctor’s ability to provide this type of information will be limited if the patient has not consented to its release.’

Dr Adams says that if employers and other receiving agencies are concerned about the content of a medical certificate then they should seek the patient’s consent and approach the doctor who issued the certificate with their concerns. If the doctor’s response does not meet their needs, then they might consider asking the patient to see another doctor to obtain a second opinion. If you are concerned that a doctor has not complied with the requirements of the Council’s statement, you can lodge a complaint with the Medical Council or the Office of the Health and Disability Commissioner.

Q and As - Statement on medical certification

Q. Will these standards make it harder for patients to get a medical certificate?

A. No. There is no intention to make it harder for patients to get a certificate. Where we have made changes to the standards it is usually to make sure that the content of a certificate is clearer and more useful.

Q. Won’t making a certificate clearer and more useful mean breaching of my right to privacy?

A. No. A certificate can only contain information required by the receiving agency and consented to by the patient. The statement tries to draw a distinction between information that is private (such as a diagnosis) and information that your employer or a government agency might need (for example, the timeframe for your recovery). Most of the time we suggest that doctors should seek your permission, and then include only information that the receiving agency needs in a certificate. In very limited circumstances, where a diagnosis relates to a workplace injury or illness, or when an illness may have an impact on co-workers or members of the public then we say that the doctor should seek your consent and also include on the certificate a diagnosis and the workplace factors which may have contributed. An example of when this might occur is where a doctor believes that a chef is suffering from a food-borne illness.

Q. Do the Council’s new guidelines on writing medical certificates for sick or impaired patients mean they will forced back to work when they are still sick or impaired?

A. Absolutely not. The decision to return to work is often like any other medical decision and involves balancing the risks and benefits of the treatment plan, and any alternatives, before agreeing on the best treatment option. Sometimes the best option might be for the patient to have time away from work, but there is a developing body of evidence that work is good for health and wellbeing and in other cases the patient might be capable of some work duties and their recovery may actually be assisted if they are at work and performing some work tasks. Because of this, it can sometimes be useful for the doctor to consider any information from an employer about the patient’s work environment, the workplace support available and possible alternate duties.

Q. The guidelines appear to favour employers and other agencies over patients, is this fair?

A. This perception is unfair. When doctors, patients and employers all have different rights, responsibilities and needs there will always be a potential for conflict and disagreement. Our aim with the new statement is not to change this balance of rights, responsibilities and needs – but to help doctors provide better information and to reduce the potential for conflict. If a patient is concerned that a doctor has acted unfairly, he or she can lodge a complaint with the Medical Council or the Office of the Health and Disability Commissioner.

Q. How can a doctor know the detail of a patient's workplace activities?

A. The Council acknowledges that it is often difficult for a doctor to gauge the type of work a patient does, especially if they do not have access to their detailed job description or workplace job task sheet. The patient and their employer are often in a better position to decide how the doctor's clinical opinion applies to their particular situation. It is therefore often important for the doctor to focus their attention on those activities the patient can and cannot safely undertake, rather than on whether or not the patient is capable of working.

For example, it may not be accurate to write a sickness certificate saying that a truck-driver with a broken leg is unable to work' if part of the patient's job involves office work and he or she remains capable of doing that work. Instead, it is likely to be more useful for the doctor to advise the employer in on certificate that the patient 'is unable to drive a truck'.

Q. What can patients do if they disagree with the medical certificate their doctor has written for them?

A. Patients, like employers and other agencies can always get a second opinion from another doctor, occupational medicine specialist or other specialist.

Q. What feedback did the Council receive when consulting on these guidelines?

A. The Council received 68 submissions from a wide variety of groups and organisations including patient advocacy groups, employers, unions and government agencies. Overall, there was wide support for the changes Council has made.

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