Investigation of sickness certification by GPs in Bailiwick of Guernsey

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ABSTRACT

Background: Guernsey has a working population of over 32,186 out of a summertime total of approximately 63,000. Guernsey has a private primary care service. As in the United Kingdom the responsibility for providing sickness absence certification lies with the General Practitioners.

Previous work has shown that General Practitioners do not all wish to continue with the sickness certification role and there is significant variability of the task amongst General Practitioners.

In 2008 the Guernsey sickness absence certificate was altered so that GPs could provide more information, particularly on aspects related to their patients work.

Aims: This study aims to assess how confident/comfortable Guernsey GPs are in acting as the provider of the sickness absence certificates.

It explores the use of the sickness certificate, particularly in relation to further advice used to help with a return to work.

Secondary aims were also to establish the demographics of the GPs working in Guernsey and the overall level of occupational medicine and formal sickness certification training.

Methods: All primary care GPs were sent a structured questionnaire. This questionnaire covered the following areas: Demographics and current working patterns, level of occupational health training, level of sickness certification training, use of current sickness certificate. There was also some investigation into the attitudes of the doctors providing the certificates.

Results: Only a minority of Guernsey GPs have received formal training in occupational medicine and in sickness certification. A minority were keen for further training in both these areas.

Despite the lack of formal training the majority of Guernsey GPs felt sufficiently well trained in sickness certification to undertake this task. The responders were comfortable discussing their patients work and duties.
The majority of GPs had, to varying degrees, used the tick boxes and provided further clinical details and given advice about returning to work. The majority were not concerned about breaking confidentiality via use of the sickness certificate.

Once the certificates were completed there was little feedback from the employer or the relevant states department.

**Conclusion:** The issuing of the sickness certificate during the GP consultation is an important but complex role. GPs must balance the role as the patient advocate with the requirement to act as gatekeeper to the benefits system. This study adds to what is already known by providing an assessment of how private GPs work within a sickness certification system. This study showed that since the alteration to the sickness certificates the GPs are using the certificate to provide further advice to the employers and relevant states departments.