



eMed 3 Fit Notes in Secondary Care

Technical Specification

Published 10 November 2022

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Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Technical Specification

An Information Standards Notice (DAPB4011 Amd 34/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 10 November 2022



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Glossary of Terms

See Requirements Specification

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1. Overview

1.1 Purpose

The purpose of this document is to define the technical specification to allow a Statement of Fitness for Work (the MED3 form, also referred to as 'fit note') to be issued electronically (eMED3) in secondary care.

1.2 Background and context

The [Statement of Fitness for Work](#) was introduced in April 2010 across England, Wales and Scotland. In 2012 Department for Work and Pensions (DWP) enabled GPs to produce computer-generated fit notes. Healthcare professionals issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the effects of their patient's condition so the patient and their employer can consider ways to help them return to work where relevant.

The standard seeks to remove the current inefficient, manually signed paper pad-dependent process, saving clinical time, and leading to an improved patient experience. Replacing the clerical process will result in electronic fit notes that can, by default, be sent digitally to patients, or if required printed and handed to the patient. All associated data is recorded on the patient record allowing the fit note to be easily duplicated if necessary.

From April 2022, DWP amended regulations to improve the process for completing and receiving a fit note by removing the obstacles to digital completion and issuing of fit notes by removing the requirement for fit notes to be completed and signed in ink. A further change in legislation from July 2022 means that fit notes can be certified and issued by nurses, occupational therapists, pharmacists and physiotherapists in addition to doctors. While the legislation enables all those registered as one of these professions to technically certify and issue a fit note, additional [guidance](#) and [training](#) was issued alongside the legislation to clarify that healthcare professionals must be operating within their scope of practice and in relevant settings in order to issue fit notes.

This will also provide the ability to analyse and publish data derived from the issuing of fit notes in hospitals, adding to the existing data analysis undertaken on those issued in primary care. Data flow will be facilitated from version 6.3 of the Commissioning Data Sets (CDS), due to commence submission from April 2022. In line with [national strategy](#) this proposal utilises [SNOMED CT](#) for recording various data elements relating to return to work advice and the reason for issuing the fit note. If this is not available, ICD-10 may be submitted to represent the diagnosis prior to the transition to local utilisation of SNOMED CT.

Development and implementation of this standard to start in November 2022.

2. Supporting documents

See Requirements Specification, and implementation guide.

3. Summary

This technical specification supports the eMED3 Fit Notes in Secondary Care standard approved by the Data Alliance Partnership Board, DAPB4011.

Standard	
Standard Number	DAPB4011
Standard Title	eMED3 Fit Notes in Secondary Care
Description	<p>The Statement of Fitness for Work (fit note) was introduced in April 2010 across England, Wales and Scotland¹. In 2012 Department for Work and Pensions (DWP) enabled GPs to produce computer-generated fit notes (eMED3). Healthcare professionals issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the effects of their patient's condition so the patient and their employer can consider ways to help them return to work where relevant.</p> <p>The duty to provide a fit note rests with the Healthcare Professional who at the time has clinical responsibility. The need for a fit note following delivery of a secondary care service should be issued by the secondary care provider (NHS Standard Contract 22/23, section 11.12) not by referring the patient back to primary care. Currently this is done via paper pads of fit notes ordered directly from DWP.</p> <p>From April 2022, DWP amended regulations to improve the process for completing and receiving a fit note by removing the obstacles to digital issuing of fit notes by removing the requirement for fit notes to be completed and signed in ink. A further change in legislation from July 2022 means that fit notes can be certified and issued by nurses, occupational therapists, pharmacists and physiotherapists in addition to doctors. While the legislation enables all those registered as one of these professions to technically certify and issue a fit note, additional guidance and training was issued alongside the legislation to clarify that healthcare professionals must be operating within their scope of practice and in relevant settings in order to issue fit notes.</p> <p>Fit notes are only required if a period of sickness absence lasts longer than 7 days. The first 7 days is known as the self-certification period. If the period of sickness absence is expected to last 8 days or more a fit note may be issued if the patient's condition impacts on their ability to work. During the first six months (26 weeks) of a condition a fit note may only be issued for a maximum of 13 weeks with a very small number of exceptions.</p> <p>After six months it can be issued for any clinically appropriate period, up to, and including indefinite.</p> <p>This Information Standard requires in scope NHS funded secondary healthcare providers to enable functionality within IT systems allowing the completion and issue of eMED3 fit notes. This requires auto population of a defined digital template, supplemented by</p>

	<p>clinical input to ensure correct content. The fit note must then be issued, by default, digitally to the patient, or if requested printed and issued to the patient. Access to the functionality to complete a fit note must be limited to the professions in scope, as set out in the legislation. Other users, such as other professions and administrative staff, must be able to view and issue duplicates of completed fit notes without having the ability to amend or complete the template. All associated data must be stored electronically. eMED3 fit notes can be issued:</p> <ol style="list-style-type: none"> 1. immediately following completion 2. as a duplicate of a fit note already issued, utilising data already recorded and stored electronically clearly marked DUPLICATE. <p>A requirement also exists for in scope providers to submit data for central analysis utilising the Commissioning Data Sets (CDS) version 6.3 submissions (DAPB0092)</p>
Scope	<p>This Information Standard is mandatory (MUST implement the requirements described in this document) for secondary care NHS funded healthcare providers in England.</p> <p>Issuing of a fit note is required in situations as described by Department for Work and Pension (DWP) guidance Fit note - GOV.UK (www.gov.uk).</p> <p>Data extraction to support national analysis of secondary care provider use of fit notes will be facilitated by the Commissioning Data Sets (CDS), from version 6.3. This will be merged for publication with the existing extraction of fit note data from GP practices in England Fit Notes Issued by GP Practices - NHS Digital.</p> <p>DWP will work with NHS Digital on the next version of the Mental Health Services, and Maternity Services datasets standard to include the appropriate fit note data collection.</p> <p>The transfer of information relating to the issuing of a fit note between secondary care and primary care using the Transfer of Care standard is not in scope at present. However, if local solutions exist that facilitate this exchange, then they can be used.</p>
Release	
Release Number	Amd 34/2021
Release Title	Initial release
Description	<p>This initial release establishes the eMED3 template electronically to allow its completion and issuing to the patient in secondary care. Fit notes are completed by the issuing Registered Medical Practitioner, Nurse, Pharmacist, Physiotherapist, or Occupational therapists.</p> <p>Data submission for central analysis is facilitated by the CDS, from version 6.3.</p>

Implementation Date	<p><u>System Conformance</u></p> <p>Development and implementation of this standard should start in November 2022.</p> <p><u>Health and Care Organisations</u></p> <p>From November 2023, providers of NHS-funded secondary care activity, as defined in this Information Standard, MUST be fully conformant.</p>
Full Conformance Date	30 November 2023, which caters for establishing processes to issue eMED3, SNOMED CT conformance and alignment with CDS version 6.3 submission timetable.

4. Technical requirements

4.1 Digital certification

A change to the [Social Security \(Medical Evidence\) and Statutory Sick Pay \(Medical Evidence\) \(Amendment\) regulations 2010](#) means that registered medical practitioners, nurses, pharmacists, physiotherapists, and occupational therapists, will no longer be required to sign the eMED3 form in ink. Instead, the form should automatically capture the name and profession of the issuing health or care professional; these details combined with the Solution's integrated audit trail must enable identification of who issued the form.

4.2 Implementation requirements

The implementation requirements for eMED3 implementation in secondary care are described below.

eMED3 Data Recording and Printing		
Requirement ID	Requirement	Mandate
eMED3SC-01	<p><u>Create defined eMED3 template</u></p> <p>Implement eMED3 template (as per eMED3 Template (04/22), see section 6) in an unalterable format. Template will be completed through a combination of pre-population from local patient information system and clinician data entry (see requirement eMED3SC-03).</p>	MUST
eMED3SC-02	<p><u>Control access to eMED3 template</u></p> <p>Control access to eMED3 template utilising Role Based Access Control (RBAC), which is only for use by Registered medical practitioners, nurses, pharmacists, physiotherapists, or occupational therapists. Access is also required by administration staff to enable duplicates to be issued but not to create a new document or amend details held (see eMED3SC-10).</p>	MUST
eMED3SC-03	<p><u>Complete eMED3 template</u></p> <p>Prepopulate the eMED3 template with locally held data as defined by eMED3 Data Entry: Fields, Data Definition and Usage document (see section 5) and in compliance with required mappings (section 7). Allow input of any data not able to be prepopulated and allow editing of all presented data to allow any required amendments to be made. eMED3 forms only to be completed and issued when all mandatory data items are completed.</p> <p>Condition (diagnosis) should be populated, utilising SNOMED CT (or ICD-10 if SNOMED CT implementation is not yet complete). If multiple diagnoses exist the ability must exist to allow the one relevant to the circumstances of the fit note to be</p>	MUST

Requirement ID	Requirement	Mandate
	<p>selected, or a new entry created. If diagnosis is not prepopulated, as no diagnosis is recorded, a pick list should be presented and the option available for free text entry.</p> <p>If free text diagnosis needs to be added the reason for this must be recorded, selecting from either:</p> <ul style="list-style-type: none"> • Appropriate SNOMED CT (default) or ICD-10 (where SNOMED CT implementation is not yet complete) code not available • Comorbidity of conditions prevents selection of a single diagnosis <p>Sensitivity of condition is such that amendment is required.</p>	
eMED3SC-04	<p><u>Ability to cancel transaction</u></p> <p>The eMED3 creation transaction can be cancelled at any time during the completion process.</p> <p>Upon initiating a cancellation, the user to be informed that by cancelling no record of the eMED3 transaction will be kept and the form deleted. User is to be asked if they wish to continue with cancelling. If 'NO', the user to be returned to the data entry form.</p>	MUST
eMED3SC-05	<p><u>Preview the completed eMED3 to confirm content before issuing to the patient.</u></p> <p>The completed, but not yet shared with the patient, eMED3 form is previewed to the user to confirm accuracy.</p>	MUST
eMED3SC-06	<p><u>Ability to save, amend eMED3 and retain history of changes</u></p> <p>The content of the eMED3 to be saved, before it is issued to the patient (electronically or on paper), to the patient record as per eMED3 Data Entry: Fields, Data Definition and Usage document (see section 5). The eMED3 is able to be amended as required, until required accuracy is achieved. History of all changes to the form to be saved to the patient record. If a SNOMED CT or ICD-10 diagnosis is overwritten then the added free text is saved (and so is able to be presented on the eMED3 if a duplicate is issued, eMED3SC-10).</p>	MUST
eMED3SC-07	<p><u>Share completed eMED3 with patient</u></p> <p>eMED3 to be by default issued electronically to the patient, utilising a locally decided secure solution (such as email). If requested by the patient the eMED3 should be printed.</p> <p>The fit note form to be electronically shared or printed in the format specified by eMED3 Template (04/22) with data populating the appropriate fields as described eMED3 Data</p>	MUST

Requirement ID	Requirement	Mandate
	<p>Entry: Fields, Data Definition and Usage document (see section 5).</p> <p>eMED3 forms only to be electronically shared or printed when all mandatory data items as defined in eMED3 Data Entry: Fields and Data Definition (section 5) have been recorded. A 2D bar code, requirement eMEDSC3-08, to be included. Before printing a Unique ID (see barcode content below) is generated and recorded.</p> <p>If electronic sharing or printing fails this is recorded and user has ability to share again in original form, not as a duplicate.</p>	
eMEDSC3-08	<p><u>Inclusion of 2D Barcode on eMED3 to uniquely identify the fit note</u></p> <p><u>Barcode includes the information contained in the fit note enabling direct upload to systems by employers or DWP – they also provide an additional layer of authentication</u></p> <ul style="list-style-type: none"> • Issued eMED3 statement to contain a 2D Barcode positioned on the form as shown on eMED3 Template (04/22), section 6. • Barcode to be a four segmented two-Dimensional Data Matrix (ISO/IEC 16022) Barcode of 1.7cm square in size. • Each field to be delimited by a ‘ ’ character (‘pipe symbol’) • To avoid delimiter collision, escape characters to be used (i.e. ‘\ ’). • Only data which is printed on the form will be encoded as per the 2D Barcode Data elements in the table below. • Data to be included in the order listed as per the 2D Barcode Data elements table below. • Information to be stored on the barcode to be truncated if required in order to fit within the maximum characters the barcode can allow. <p>Unique ID is used to identify the form and is not linked to the person receiving the fit note.</p> <ul style="list-style-type: none"> • Each eMED3 printed is required to be uniquely identifiable to support future audit and authentication of machine-generated statements. For this purpose, a Unique ID, must be assigned to every printed eMED3 form, printed on the statement, and saved with the transaction’s record. There is no requirement for the unique ID to hold any linking or identifiable information and therefore a standard GUID (DCE UUID, provided in dash-separated print format) is acceptable for this requirement. 	MUST

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	<p data-bbox="376 271 756 304"><u>2D barcode data elements</u></p> <table border="1" data-bbox="376 320 1257 1973"> <thead> <tr> <th data-bbox="376 320 491 409">Order</th> <th data-bbox="491 320 1070 409">Field</th> <th data-bbox="1070 320 1257 409">Max Size (Characters)</th> </tr> </thead> <tbody> <tr> <td data-bbox="376 409 491 465">1</td> <td data-bbox="491 409 1070 465"><AssessmentDate></td> <td data-bbox="1070 409 1257 465">8</td> </tr> <tr> <td data-bbox="376 465 491 521">2</td> <td data-bbox="491 465 1070 521"><StatementDate><StatementTime></td> <td data-bbox="1070 465 1257 521">8</td> </tr> <tr> <td data-bbox="376 521 491 577">3</td> <td data-bbox="491 521 1070 577"><Patient.title></td> <td data-bbox="1070 521 1257 577">3</td> </tr> <tr> <td data-bbox="376 577 491 633">4</td> <td data-bbox="491 577 1070 633"><Patient.first.name></td> <td data-bbox="1070 577 1257 633">20</td> </tr> <tr> <td data-bbox="376 633 491 689">5</td> <td data-bbox="491 633 1070 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eMED3SC-09	<p><u>Ability to review already issued eMED3</u></p> <p>Those with appropriate access rights (eMEDSC-02) can view all saved eMED3 forms and associated data they have previously issued.</p>	MUST
eMED3SC-10	<p><u>Able to reprint a duplicate of an already issued eMED3</u></p> <p>If requested by the patient ability to electronically share or print a duplicate of a previously printed eMED3 form with the word “DUPLICATE” overlaid in grey scale format and in the background on the form. This requires the eMED3 to be constructed using data saved at the time the original eMED3 was issued. Administration staff are also able to issue clinician digitally certified duplicates but cannot amend or create a new document</p>	MUST
eMED3SC-11	<p><u>Record that a duplicate has been issued</u></p> <p>For SNOMED CT compliant providers for all Duplicate eMED3 created, update the Patient record as described below:</p> <ul style="list-style-type: none"> • Depending on whether the original statement was Not Fit for Work (NFW) or May Be Fit for work (MFW), record the applicable <AdminCode> and its <AdminText> for Duplicate: <ul style="list-style-type: none"> ○ eMED3 duplicate issued, may be fit for work (finding) ○ eMED3 duplicate issued, not fit for work (finding) • Record <DuplicateShared> flag and ensure the <SharedFlag> is NOT recorded. • Save all other structured data associated with the original statement (using all the original dates) 	MUST
eMED3SC-12	<p><u>Create patient linking ID for linking fit notes in the same period of illness and across different periods of illness</u></p> <p>Create a non-patient identifiable identifier (<Linking.ID>) to allow data relating to the same patient to be linked, both within the same period of illness and when across different periods of illness. The <Linking.ID> to be in the form of a DCE UUID and stored with each eMED3 transaction in the Patient’s record. The linking ID to be automatically generated and stored with the eMED3 transaction in the patient’s record (and in the future may be included in the eMED3 transaction data transferred to NHS Digital).</p>	MUST
eMED3SC-13	<p>Ensure the issue of a fit note is recorded on the patient record which allows the fit note to be linked to the patient’s NHS number.</p> <p>This will allow the fit note to be shared through various systems using the NHS number as the identifier.</p>	MUST

Requirement ID	Requirement	Mandate
eMED3SC-14	Maintain eMED3 records in line with NHS retention period guidance	MUST

5. eMED3 fields, data definition and usage

The separate eMED3 Fields - Data Definitions and Usage document defines the mapping between data items and the eMED3 form, the minimum data to be captured, the rules to be applied to this data and the preconditions for enabling and disabling the ability to record data on the form.

The following definitions apply to the table:

- CDS field - data will be submitted to NHS Digital utilising the Commissioning Data Sets (CDS), from version 6.3 (DAPB0092).
- Display - the data item is displayed for the user whilst completing the eMED3.
- Saved - the data item is saved to the Electronic Patient Record following completion of eMED3.
- Include on eMED3 - the data item is included on the completed eMED3, which shared electronically by default or printed if requested by the patient.

The 'Source' column represents the likely origin of the data:

- Electronic Patient Record (EPR) - data expected to be already held in the local patient record
- User - new data entered by the user when completing the eMED3
- System generated - generated by the local IT system when completing of the form (either newly generated or using existing reference data)

6. eMED3 template (2022)

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

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:

you are not fit for work.

you may be fit for work taking account of the following advice:

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

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

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

This will be the case for or from to

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

Issuer's name

Issuer's profession

Date of statement

Issuer's address

Unique ID: Med 3 04/22

What your advice means

'You are not fit for work'

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

'You may be fit for work'

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

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employees is also available.

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

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

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode

Date of birth Mobile

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

7. eMED3 template (2022) with mappings

This template defines the mappings between the printed form and the eMED3 data items. This is to be used with the eMED3 Data Entry: Fields and Data Definition document to establish where data recorded is to be printed on the form.

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

Patient's name (1)

I assessed your case on: / /

and, because of the following condition(s):

I advise you that:

5 you are not fit for work.

6 you may be fit for work taking account of the following advice:

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

9 a phased return to work 11 amended duties

10 altered hours 12 workplace adaptations

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

This will be the case for

or from / / to / /

I will/will not need to assess your fitness for work again at the end of this period. ¹⁹
(Please delete as applicable)

Issuer's name

Issuer's profession

Date of statement / /

Issuer's address

Unique ID: Med 3 04/22

What your advice means

'You are not fit for work'

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

'You may be fit for work'

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

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.

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8. Summary road map

Roadmap Item	Mechanism	Status	Implementation Date	Description
eMED3 Data Extraction and Submission to NHS Digital	Commissioning Data Sets (CDS) version 6.3 (DAPB0092)	Standard published	November 2022	Extract of fit notes and submission to take place using methods currently employed for submission of commissioning datasets from secondary care providers. Specification and ISN to form part of future CDS release.
Informing GP that eMED3 has been issued	TBC	Discovery work to be undertaken to understand required solution.	TBC	The direction of travel will be for the completion of an electronic fit note to trigger a copy to the patient's registered GP using FHIR or other nationally defined standards as they become available. This will be defined in phase 2 of this standard.

9. Support

To support the implementation of this information standard supporting documentation, including the implementation guidance and technical specification are available. Any persistent issues should be fed back to the standard's developers. Feedback will be used by the developers for future development and to improve implementation of the standard. Send feedback to fitnote.team@dwp.gov.uk (please include 'eMED3' in subject line).

DWP are commissioning NHS Digital to provide communication and change management materials alongside baseline benefits to assist organisations with local adoption of this ISN. Supporting material can be found on the following [FutureNHS](#) site (registration required).