Evaluation of online learning module about sickness certification for general practitioners

Trine Larsen and Linda Jenkins

A report of research carried out by the Centre for Health Services Studies, University of Kent on behalf of the Department for Work and Pensions
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### Abbreviations

<table>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Attendance Allowance</td>
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<tr>
<td>BMJ</td>
<td>British Medical Journal</td>
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<td>CMG</td>
<td>Corporate Medical Group</td>
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<td>DLA</td>
<td>Disability Living Allowance</td>
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<td>DWP</td>
<td>Department for Work and Pensions</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HSE</td>
<td>Health and Safety Executive</td>
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<td>IB</td>
<td>Incapacity Benefit</td>
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<tr>
<td>MED3, MED4, MED5</td>
<td>Medical certificates (also known as medical statements or sick notes) issued by doctors relating to fitness for work</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>PCA</td>
<td>Personal Capability Assessment</td>
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<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
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<td>UK</td>
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Summary

Introduction

The Government’s Green Paper ‘Pathways to Work’ (DWP 2002) was part of the Welfare to Work strategy. It outlined plans to provide better support and incentives to return to work for people with health problems or disabilities. It identified the vital role that general practitioners (GPs) play in providing advice to patients on fitness for work and providing medical certificates. Further, it pledged to provide a website for GPs on sickness certification and fitness for work issues, to improve the quality of advice provided by GPs.

This report describes an evaluation of the first online learning module on the Department for Work and Pensions Corporate Medical Group (CMG) website, namely ‘Sickness Certification Made Easy’ covering medical certification. The specific aims of the evaluation were to assess attitudes to, and experience of, using the module and supporting materials to identify areas for improvement, and to gather opinions on effective ways of promoting the tools and encouraging GPs to use them.

Methods

The evaluation was based on 20 face-to-face interviews with users of the online learning module. Names were taken from the database of registered users of the website who were willing to be contacted. The group of respondents consisted of 14 GPs, four occupational physicians, one geriatrician and one medical manager.

Findings from the interviews are described in four main themes: knowledge and usage of the module; teaching content; style of teaching and module layout; and the impact it had on the way medical certificates were issued.
Key findings

The majority of users were GPs. However, quite a few other doctors also used the online learning module including occupational physicians. Given the acknowledged gap in medical training about medical certification, it was not surprising that the material met a wide range of needs, with some finding it a valuable learning aid, and others using it to reinforce their knowledge and keep up-to-date. It was quite widely used by the more experienced GPs in their teaching.

Doctors had usually spent short periods of time totalling one to two hours on the module, which was in keeping with the fact that most GPs saw medical certification as a low profile issue. Many had completed the module, had done some of the quizzes and were interested in further modules. Although GPs with less than five years’ experience made up a large proportion of those interviewed in the evaluation, the time spent on the module and the assessments completed did not seem to vary with users’ years of experience in general practice.

The content of the module was seen as highly relevant, appropriate and reliable. In real-life, patients posed difficult or complex issues, and doctors asked for scenarios that better reflected the more complicated cases they faced. Doctors also asked for the material to be extended to cover other medical certificates, allowances and benefits.

Users thought that the module had not been effectively marketed and they had generally found it by chance. They would have preferred to be directed to it or officially informed about it, and their ability to get started on the module would have been helped if there had been more working links to and from the module. The login process was also a major source of frustration that easily led to loss of interest in the module.

Participants in the research liked online learning and were complimentary about the module’s style. Apart from the odd criticism about formal language or a particular navigational issue, they found it simple and easy to use. They particularly liked the use of scenarios to demonstrate how the rules of medical certification worked in practice. The desk aids were useful, but few had taken the time to look at the DVDs. It was also suggested that doctors would like using training material if it was made available as a software programme on a CD.

After spending time on the module, doctors felt more knowledgeable and confident about medical certification, and by using the information and desk aids they approached the task in a more systematic way. Younger GPs reported some changes, both to the way they completed certificates, and the volume issued.

GPs often find it difficult to follow the different rules and procedures when issuing medical certificates due to the pressures of general practice. Doctors are often short of time to discuss the nature of patients’ work and they find it important to maintain
a good relationship with their patients. When providing medical certificates, some GPs perceive their role to be gatekeepers to benefits and allowances, and this can conflict with their actions in the interests of their patients.

A number of recommendations have emerged from the evaluation.

**Recommendations**

Ways of increasing awareness and use (Section 4):

- Simplify the login process and repair broken links and sites.
- Better advertising in terms of liaising with British Medical Journal (BMJ) learning and Doctors.net, promoting the module continuously in magazines, pamphlets and journals as well as sending emails through Primary Care Trusts (PCTs), adding the Department for Work and Pensions (DWP’s) website on medical certificates and handing out free gifts.

Ways of improving the teaching content (Section 5):

- Add more difficult and complex quiz questions and scenarios.
- Increase the level of difficulty gradually throughout the module to keep the interest of all users.
- Simplify the desk aids by adding more graphs and flow charts.
- Change the content of the DVD ‘Personal Capability Assessment (PCA)’ so it is more in accordance with GPs’ role in the sickness certification process.
- Clarify the content of the sections on PCA and MED4 so it is easier to understand.
- Add new online learning modules, for example on Maternity Allowance, Incapacity Benefit.
- Add a section on how to deal with complicated patients.
- Add a section on forgeries, RM7 and the MED6.

Ways of improving the module style and layout (Section 6):

- Simplify the login process.
- Repair broken links and unworkable sites.
- Fully test modules before their launch.
- Consider greater linkage to and comparability with other online learning sites used by general practitioners.
- Simplify the language by making it less bureaucratic.
- Create a service where users can save their certificate of completion online.
- Make more downloads possible for reference, presentations or teaching.
• Improve DVDs or consider discontinuing them.

• Provide a training package of the module on CD to be used in different teaching settings.

Ways of increasing the impact (Section 7):

• Include information that acknowledges the dilemmas GPs face, and help to deal with the conflict of interests in relation to medical certification.

• Make greater use of GPs who have used the module to promote it through discussion and recommendation.

• Consider strengthening mechanisms to check that GPs issue medical certificates appropriately.

• Make the module compulsory for GPs or integrate it into the registrar training curriculum.

• Instigate a large-scale survey to assess the impact of the module.
1 Introduction

The Government’s Green Paper ‘Pathways to Work’ (DWP 2002) was part of the Welfare to Work strategy and outlined plans to provide better support and incentives for people with health problems or disabilities to return to work. It identified the vital role that general practitioners (GPs) play in providing advice to patients on fitness for work and providing medical certificates that record this advice. Further, it pledged to provide a website for GPs on sickness certification and fitness for work issues, to improve the quality of advice provided by GPs.

The Department for Work and Pensions (DWP) provides advice on matters relating to benefits and services for DWP customers and a range of professionals including medical practitioners. The Department’s Corporate Medical Group (CMG) has an established website, which includes, among others, an online learning service that will provide training and advice for all GPs, consisting of the following four modules:

Module 1 – Medical certification, issuing medical statements (sick notes) appropriately in both a medical and legal sense.

Module 2 – Health and work, developed in conjunction with the Health and Safety Executive (HSE) and focusing on occupational medicine.

Module 3 – Common health conditions and the benefits of work.

Module 4 – Communication, and relating to some the legal aspects of communicating with employers, other doctors in the workplace, etc.

This report describes an evaluation of the first online learning module ‘Sickness Certification Made Easy’ covering medical certification. The specific aims of the evaluation were to:

- Assess attitudes to, and experience of, navigating and using module one, including ease of access and user friendliness.
- Explore the usefulness of the teaching method, content, level of information, and knowledge on completion.
- Identify areas for improvement in the teaching method, any gaps in information.
• Gather opinions on individual sections of module one.
• Evaluate the usage and effectiveness of the support materials.
• Identify effective ways of promoting the tools and encouraging general practitioners to use them.

The evaluation was carried out by the Centre for Health Services Studies at the University of Kent. This report provides background details, followed by a description of the methods used and findings from interviews with 20 users of the learning module. The results are discussed in relation to other research, and the report concludes with some recommendations that emerged from the evaluation.
2 Background

Employee absence is estimated at four per cent, or 9.1 working days, per employee per year (CIPD 2004). It is mainly due to minor illness, although stress is increasingly being identified as a significant cause. Most employers believe that medical certificates are issued too easily and nearly a third thinks that more than 20 per cent of sickness absence is not genuine (CIPD 2004). Over 2.7 million people in the UK currently receive Incapacity Benefit (IB), a number which has significantly increased over the last 20 years, and nearly half of these have been receiving it for at least five years (DWP 2002). The Government’s Green Paper ‘Pathways to Work’ (DWP 2002) notes that three-quarters of people on IB would like to work, and that this is a realistic aspiration for most of the 700,000 people who move onto the benefit each year.

General medical practitioners are the major entry point to the National Health Service (NHS) for people of working age and around a quarter of general practice consultations are work related in some way. General practitioners (GPs) provide care and advice to such patients, including a statutory duty to provide advice on fitness for work. GPs thus have a vital role in ensuring that ill-health, injury or disability do not exclude their patients from work for longer than necessary.

Employees can ‘self-certify’ themselves for up to seven days of absence from work attributed to sickness or injury. After this period a range of healthcare professionals currently provides advice, either formally or informally, to patients regarding their capacity for work and medical aspects of their rehabilitation needs. At present the law allows only registered medical practitioners to record their advice to patients on official statements such as Form MED3 (‘sick note’). These medical certificates may be used by a patient as evidence to support a claim to a financial benefit such as Statutory Sick Pay, employers’ sick pay or a state incapacity benefit. A fundamental principle of the statutory certification arrangements is that professional advice on fitness for work is provided as an integral part of the clinical management of the patient’s condition. The vast majority of MED3 statements are issued by general medical practitioners as part of their NHS obligations. For periods of up to 28 weeks’ sickness, most employees receive statutory sick pay on production of a sickness certificate from a GP. A medical certificate from a GP is also required for IB to be paid,
and after 28 weeks on IB, a Personal Capability Assessment (PCA) is needed from approved doctors working for or on behalf of the Department for Work and Pensions (DWP).

There is evidence that lack of work can have a significant negative effect on health and wellbeing, not just for the individual but also for the wider community. There is some way to go before all patients of working age receive NHS treatment and advice which encompasses the goal of job retention or rehabilitation. The Pathways to Work Green Paper (DWP 2002) pointed out that GPs are not occupational health specialists and currently have poor ‘generalist’ knowledge of the basic issues around fitness for work, certification and occupational health. Therefore when providing advice on fitness for work GPs may not always encourage and support rehabilitation where this is appropriate. This omission may have significant long-term consequences for the patient. In addition, even where GPs have looked to ensure appropriate help is available they have been held back by either the absence of suitable NHS provision or lengthy delays before it becomes available (Sawney 2004).

As the Government has made a reduction in work related ill-health and employee absence a priority, GPs have increasingly become involved in the debate over their responsibilities and role. The administrative burden and the discomfort GPs have with issuing sick certificates, particularly when there appears to be a conflict of interests between acting on behalf of both the patient and those paying sickness benefit, have become more apparent (Hiscock 2001, Hussey 2004, Henderson 2005).

This report uses the term medical certificate to cover all medical statements, sick notes or sick lines. DWP regulations and guidance for GPs usually refer to these as medical statements, whereas they are colloquially known as sick notes.

Online learning modules are being developed on the Corporate Medical Group (CMG) website to address the need to improve the quality and accessibility of information for GPs as identified by ‘Pathways to Work’ (DWP 2002). The first (Module 1, ‘Sickness Certification Made Easy’) has approval for four hours to contribute towards a doctor’s individual professional development plan for continuing medical education. Depending on experience, GPs can complete the module in a shorter time. Further modules are planned or in development.

‘Sickness Certification Made Easy’ provides general rules for completing medical certificates and goes on to provide guidance on the main certificates used by general practitioners (MED3, MED4, MED5). It covers the PCA, and contains quizzes, an overall module assessment test and an evaluation questionnaire. A list of frequently asked questions, a library with links to additional material and a contact service are also part of the module.

Module 1 is accompanied by guidance and two desk aids:

- ‘A Guide to issuing MED3 or MED5’ originally distributed with the IB204 in April 2000.
‘Advising patients of working age’ a guide to the completion of MED3, MED4 and MED5 statements with ‘evidence based’ recovery times for some surgical procedures. Originally distributed as the 2002 CMA Bulletin.

‘Patients, their employment and their health’ includes a time line for patient management, advice on reasonable adjustments and writing medical reports.

The first module is also supported by two DVDs:

- ‘Personal Capability Assessment’ which followed a patient through the different processes for benefit assessments.
- ‘Patients, their Employment and Health’ which outlined the different rules and procedures in relation to sickness certification.

Both types of supporting material can be ordered via the CMG web site.

Apart from access via the website, the DWP has promoted the online modules and materials in other ways. The DVDs and desk aid have been mailed to GPs in the ‘Pathways to Work’ pilot areas. In total, around 6,500 desk aids and DVDs have been mailed out. The online learning service has been promoted via a single advertisement placed in ‘Pulse’, a weekly magazine for GPs. It has also been promoted at meetings, and posters have been placed in some postgraduate medical centres. Overall there are about 40,000 GP principals (ie not locums or registrars) in the United Kingdom.
3 Methods

The evaluation was based on 20 interviews with users of the online learning module ‘Sickness Certification Made Easy’. Names were taken from the database of general practitioners (GPs) who were registered users of the website and willing to be contacted.

Although over 200 doctors were registered as users, only 83 were willing to be contacted. Contact with the users of the module was initially by email from the Department for Work and Pensions (DWP) Corporate Medical Group (CMG) inviting them to take part in the research. An honorarium was offered to encourage participation. Two further emails were sent at two weekly intervals to those who had not replied. Forty-two module users replied with 32 of these willing to participate. Twenty users were selected on the basis of getting a geographical spread and availability of the interviewees. Given that there are 40,000 GPs in the United Kingdom (UK), our data only reflected the views and experiences of a small proportion of GPs. It excluded users unwilling to participate in the study and GPs who had not registered with the DWP’s online learning module. Our findings gave therefore only an indication of the experiences of those who were currently using, or had used, the online module at the time the evaluation was carried out. However, useful data came from the face-to-face interviews with the 20 interviewees.

The group of respondents consisted of 14 GPs, four occupational physicians, one geriatrician and one medical manager. The interviewees came from across the UK, mainly situated in towns and cities where they served a range of populations in terms of affluence and deprivation. Their practice size ranged from two to six partners and varied from 2,300 to 20,000 patients. Less than a third of the 83 users who were willing to be contacted were women, and only two women participated in our study. Apart from this gender bias, evaluation respondents were also slightly biased towards younger doctors, when compared to GPs as a whole, as 14 doctors were 45 years old or under, and eight of these had less than five years’ experience.

Ethical approval for the study was sought and granted by a local research ethics committee. To carry out the study it was also necessary to notify and meet research governance requirements for each National Health Service (NHS) trust in which the respondents worked.
Face-to-face interviews were held in April/May 2005 and asked about experiences and views on the online learning module, using a common schedule of questions. Each interview lasted between 30-45 minutes and was recorded and then fully transcribed. The interviews were conducted at a time and place convenient for the respondent, and usually where the website could be accessed during the interview. Desk aids and DVDs were taken to the interview so that interviewees would be clear about these when asked about the module’s supporting materials.

The interview schedule was quite detailed to ensure that users’ views were sought on all the main aspects of the module (see Appendix A). The interviews covered information about doctors’ knowledge and usage of the module, its teaching material, their assessment of the online learning module’s content, layout and teaching style, along with its impact on interviewees’ knowledge of medical certificates available and their rules as well as on the effects of the module on GPs’ ways of issuing medical certificates. Additional demographic information was gathered during the interview on the interviewees’ occupation, years of practising, gender, location of their general practice, number of practice partners and type of population served as well as the number of medical certificates issued per week.

The interviews and demographic sheets were analysed using a common coding system, referred to as a policy map (see Appendix B). The policy map consisted of subheadings such as interviewee details, general practice details, information about the CMG website, knowledge and usage of the module and its teaching material, assessment and suggested changes of content, teaching style and layout, impact of the module on doctors’ knowledge and their daily activities and ongoing debates. These subheadings were used to code the transcripts from each interview. The coded segments were then pasted onto the policy map for each interview. This enabled us to analyse across all interviews for each theme appearing on the map and describe what the evaluation found about GPs’ usage, views and experiences of the online learning module ‘Sickness Certification Made Easy’ in their daily practice.

It should be noted that this evaluation draws on data from a very specific subset of GPs – those who found the module and completed it, who agreed to be contacted, and who participated in the interview. Results therefore do not reflect the views of GPs as a whole, and the evaluation provides no information about the module’s possible effectiveness for those GPs who do not use the Internet or participate in online training. In addition, it is not known whether doctors who did not participate would have done if they had known about it, or if they simply did not want to know about certification.

The results are described for the main themes covered in the interviews. Section 4 covers knowledge and use of the online learning module, comments on the teaching content are in Section 5, GPs’ views on the style of teaching and module’s layout in Section 6, and the impact it had on the way GPs issued medical certificates in Section 7.
4 Knowledge and use of module

Summary points:

- The Department for Work and Pensions (DWP) had promoted its module through a range of channels including an advertisement in a magazine for general practitioners (GPs), and through other online learning modules. Pamphlets had also been sent to general practices in Pathways to Work areas, and DVDs had been distributed.

- Across the United Kingdom (UK), advertising and promotion had been quite limited, and there was a lack of awareness among GPs regarding the module. Most interviewees in the evaluation had found the module by chance or heard about it through colleagues.

- Users suggested a variety of ways to strengthen the DWP’s advertising campaign, such as links with other more established online learning resources, a mail shot, free pens and post pads, as well as incorporating the module in different training courses for young registrars, and printing the website on the back of the range of medical certificates.

- Many interviewees had used the module from home, and typical usage was to log on a few times for short periods of time of around one hour. The login and registration process had been a barrier to greater use, and users had also encountered problems with links to other sites.

This section briefly examines the impact of the DWP’s advertising campaign on the basis of the interviews, and lists the suggestions put forward by the interviewees on how to raise awareness and promote interest in the module. This is followed by an analysis of the interviewees’ use of the module on medical certification and supporting materials.
4.1 The DWP’s advertising campaigns and new ways to promote the module

The DWP had promoted its online learning module ‘Sickness Certification Made Easy’ through a range of channels, such as an advertisement in a magazine for GPs, medical journals, and other online learning modules. They had also sent pamphlets to general practices in ‘Pathways to Work’ areas and distributed material at conferences. However, at the time of the evaluation, only a small proportion of GPs in the UK had used the DWP’s online learning module. About 240 medical professionals were registered as users and by no means all were GPs. The low uptake of the learning module may have been due to the DWP’s low-key advertising campaign, as most interviewees were unaware of any promotion. Most users had found the module and its teaching material by chance, or heard about it through colleagues. Figure 4.1 shows the different ways the interviewees came across the module.

**Figure 4.1 How the 20 doctors interviewed found the DWP’s online learning module**

A few interviewees had gone to the DWP’s website after seeing an advertisement for the online learning module ‘Sickness Certification Made Easy’, but none of the users interviewed felt they had been officially informed about the module. It was more often that when searching for other types of information they came across the module. A typical remark was:

‘This [hearing about the module] was fairly accidental. I was looking at the DWP medical link and I clicked on education resources. I think I was looking for something else and then it mentioned this module.’

(GP20 experienced occupational physician)
The DWP had been more successful in getting its message across once people had found the module. When they started using it, most interviewees had quickly become aware of the module’s purpose, content and the certificate of completion (see Figure 4.2). However, only half knew that the module was accredited, and slightly more had heard of the supporting materials (DVDs and desk aids).

**Figure 4.2  Interviewees’ awareness of the module’s purpose and contents**

![Bar chart showing interviewees' awareness of the module's purpose and contents](chart.png)

Interviewees in the evaluation suggested a range of ways to promote the module to improve take-up of this free learning opportunity. Better promotion would also increase awareness of the module’s accreditation status, and the other formats of material available in the DVDs and the desk aids. The most common recommendation was to improve the advertising campaign so it would reach a broader range of GPs, mainly because, as a GP expressed:

‘Unless you are a trainer you are not going to actively look out for that [information on sickness certification].’

(GP15 older and experienced general practitioner)
Among suggestions for different ways to promote the DWP’s website given below, the first two were most frequently made:

- Link the module ‘Sickness Certification Made Easy’ on sickness certification with other more established online learning resources such as BMJ Learning¹ and Doctors.net².
- Give the module a mail shot by advertising it continuously in various journals, pamphlets and magazines, as well as emailing all GPs through the Primary Care Trusts (PCTs).
- Incorporate the module in different vocational training courses for young registrars.
- Carry out presentations for GPs.
- Add the website to the back of the different medical certificates.
- Hand out free pens and post pads to raise the profile of the website.
- Raise awareness of the module’s accreditation status, particularly around the time when GPs have their annual appraisals.

In sum, the evaluation found low levels of awareness that suggest there is an urgent need to raise the profile of the module ‘Sickness Certification Made Easy’ to increase the number of users. Many GPs struggle with the sickness certification process but find it difficult to find information on this topic due to the gap in medical training. The following section describes the interviewees’ use of the module and its teaching material.

4.2 Use of the online module

It was quite common for interviewees to use the module at home and a typical pattern was to have spent one to two hours on the module, over two or three sessions. This implied that the DWP’s four hours’ accreditation for the module is adequate, as only two interviewees had spent four or more hours on the module. In addition, most interviewees both read and browsed parts of the material, but only some of them had completed or used the additional teaching material such as DVDs and desk aids (see Figure 4.3).

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¹ BMJ Learning is an online learning site which ‘provides learning for professionals in primary care and hospital medicine and offers a range of services to support doctors everyday learning needs’ (BMJ, 2005).

² Doctors.net is another online learning site which offers a wide range of educational and professional services for doctors within the medical profession (Doctors.net, 2005).
Interviewees had worked through the scenarios and quizzes and showed interest in the three other modules advertised on the DWP’s website. However, only 14 respondents had completed the module and similar numbers had used the desk aids, although only a few had looked at the DVDs. Problems with logging onto the module were cited as the main reason for people not completing it. In fact, half of the interviewees in our group experienced login problems when they revisited the module, and some of the 79 users who allowed their details to be used for research purposes declined to participate in our evaluation study because they had been unable to gain access to the website. Indeed, the complex login process had caused frustration among the interviewees and prevented many users from making more use of the module. Some very common views were:

‘The frustration of trying to put in all my passwords, at times I have given up because I have forgotten what they were. So I have not bothered.’

(GP16 young general practitioner)

‘The registration process or logging on process that was a real pain in the neck. It was satisfactorily resolved but it would put off a lot of doctors, who are not about to be asked a whole load of questions about it. I think they just would not bother.’

(GP02 older and experienced general practitioner)

‘The password to get in, that was the only difficulty I had.’

(GP14 medical manager and former general practitioner)
Broken links and unworkable web pages also meant that some interviewees lost interest in the module, particularly as things had not improved when they made a return visit to the website:

‘Some of it is obviously in development and I have got the page up there and you click on it and it is just nonsense. If you turn...you get to...question 123, question why why why why why why why [showing on the screen]. I get this thing up and it is complete garbage you see.’

(GP20 experienced occupational physician)

Compared to any other problem, the experience of different broken links, unworkable sites and login problems was widespread among our group of respondents. Only four interviewees had not experienced technical problems while using the module. Of the nine who had contacted the DWP’s contact service for help, five were unhappy with the service they had received. An interviewee reported in this respect:

‘The practical problem is that I cannot access it any more. I had written to them and they said they cannot do anything about it. Someone with my GMC number has used it, so I am in there and they cannot find my details. So I am stuck now, I cannot do module two for example unless I start all over again.’

(GP05 older and experienced general practitioner)

The different comments imply that the DWP needs to improve its service level, simplify the login process and repair broken links to keep its users. At the time of the evaluation the DWP had already started to address some of the technical problems, which were mainly due to the fact that the site was still in development. However, the IT problems had already given the DWP a bad image, as the module had come across as unprofessional and ‘civil service’ like. An interviewee said in relation to this:

‘It gives an overall impression of neglect. Someone has had a go at it because they have been given a project and have abandoned it. I am sure it is not true, but it has the feeling...especially as it had not improved when I did it at the end of last year and now. Nobody seems to have worked on it.’

(GP20 experienced occupational physician)

4.3 Use of supporting materials

The additional teaching material includes two DVDs and two desk aids. Not all interviewees had used the desk aids and the DVDs in conjunction with the module (see Figure 4.3). Unawareness of particularly the DVDs and lack of time were the most common reasons, although two interviewees mentioned that they had been unable to acquire the desk aids and DVDs from the website. In addition, several interviewees highlighted that they had used the desk aids partly because they were available online with the module. The limited use of the DVDs may be due to the fact that first the users had to request the DVDs, and then have DVD players on their desktop (unlikely for most GPs).
‘I have not had a chance to look at it. In our job we have so much information bombarded to us. So often there is not enough time to go through it and the general rule is if you have not used it at the time you came across it, you are never going to use it. […] You need something which someone has to use at the time. You want to make it that easy or attractive for someone to use it straight away.’

(GP04 older and experienced general practitioner)

To increase the usage of particularly the DVDs one interviewee recommended that the DVDs were put online like the desk aids. Another interviewee reported that the description of the DVDs on the website could be more detailed, as he had found it difficult to understand their content and had therefore not requested the DVDs. Again it was commented that the login process and broken links prevented greater use being made of supporting materials. However, several interviewees reported that once they had completed the module, they would only return to the module if new information was added or legislation in relation to sickness certification was changed. A very common remark was:

‘I would not see myself going back to that one. I have done it and there is only so much that you can learn from it.’

(GP07 young general practitioner)

Although they did not intend to revisit the module ‘Sickness Certification Made Easy’, many users in our group of respondents reported that they would go back to the module if they needed specific information or documents about sickness certification and if new modules were launched. This implied that the main task for the DWP is to keep current users up to date with new changes on sickness certification and broaden their advertising campaign. A common suggestion was that the DWP should circulate an email to users once new information was added to the website.

4.4 Knowledge and use of module – conclusion and recommendations

The evaluation found that only a few GPs had registered with the DWP’s online learning module ‘Sickness Certification Made Easy’. An important reason was the DWP’s low key advertising campaign. Most users interviewed had found the module by chance or heard about it through colleagues and they all called for and recommended new ways to improve the module’s take-up rate. The suggested changes ranged from linking the module with more established online learning resources, giving the module a mail shot, providing free pens and post pads to incorporate the module in different training courses for young registrars and add the website on the back of the different medical certificates. Many respondents in our study group had used the module at home, and it was encouraging to find that many had completed the module. The main problems interviewees had experienced
with the module were the broken links, unworkable sites and login problems, which caused some to lose interest in the module. The desk aids were found more useful, compared to the DVDs. This was due partly to the interviewees’ unawareness of their existence, but, particularly in the case of the DVDs, due to lack of time and the fact that the DVDs were not so easy to access. On the basis of this, the following recommendations are made:

- Simplify the login process and repair broken links and sites
- Better advertising in terms of liaising with British Medical Journal (BMJ) learning and Doctors.net, promoting the module continuously in magazines, pamphlets and journals as well as sending emails through PCTs, adding the DWP’s website on medical certificates and handing out free gifts.
5 Teaching content

Summary points:

- Two groups of users were identified among the interviewees. The first group’s initial interest in the module was to address their individual learning needs. The second group used the module as a teaching aid and for keeping themselves up to date with current government policies.

- The interviewees’ response towards the teaching content was overall very positive. They found the teaching content highly relevant and appropriate. The module was seen as particularly suitable for new registrars in general practice and seemed to meet a teaching gap within medical practice.

- Users asked for more complex and difficult scenarios and quizzes. Other suggestions were for greater clarity in the sub-sections MED4, Personal Capability Assessment (PCA), to simplify the content of the desk aids, and to make the DVDs more relevant for general practitioners.

- Although not all questions regarding medical certification had been answered, the teaching content of the module met the interviewees’ learning needs to a large extent.

Different views and comments were put forward by the interviewees with respect to the module’s teaching content. Their response was overall positive, with some specific remarks regarding the teaching content of the individual sections. In this section, the interviewees’ initial interest is reviewed in the module ‘Sickness Certification Made Easy’ before moving on to assess the teaching content on the basis of the interviewees’ views and comments. Different ways to improve the module’s teaching content are also discussed in this section.

5.1 Interest in the module – a teaching versus a learning need

Most interviewees’ initial interest in the module was a wish to improve their skills, although quite often for different reasons.
‘There are a lot of practical issues which MED3, MED5s do not address in real terms. So I wanted to learn and it was interesting so see what the module will teach.’

(GP04 older and experienced general practitioner)

‘I am a general practitioner trainer, and teaching people about sick notes is always a bit of an issue, and so I was looking for a training resource that I could use for registrars, and at the same time I thought, well you know, it is always a good idea to get up to date.’

(GP05 older and experienced general practitioner)

‘I was a registrar for training at the time so I just wanted to have a general understanding. There wasn’t really anywhere that explained how to fill in the various forms properly. So I thought that this might do.’

(GP07 young general practitioner)

Keeping up to date with current government policies, addressing individual learning needs and using the module as a teaching aid to train new registrars were the main reasons behind the interviewees’ interest in the module. Although some interviewees saw the module as performing both a teaching and a learning role, they can be divided into two groups according to the main reason they used the module:

- The larger group consisted mainly of general practitioners (GPs) who had been practicing for less than five years, and who saw the module primarily as an aid to meeting their individual **learning** needs. This group also contained all but one of the occupational physicians and other doctors.

- A second smaller group predominantly used the module as a **teaching** aid and to keep up to date with government policy. This group contained the more experienced GPs.

Young doctors in particular felt unsure about the medical certification process and found it difficult to access information on the topic.

‘It is not that easy to find information on sick notes. There is not much apart from that one I have found. I have never seen anything so detailed before.’

(GP07 young general practitioner)

Indeed, many interviewees reported that there was a teaching gap within medical schools regarding medical certificates. Hardly any interviewees had received formal training on issuing medical certificates, and they often felt that they had been left on their own. A very common remark was:

‘I have never had any formal training on it, you just sort of had your trainer briefly say “this is what you do”, and yet you get lots of different requests and it is often quite confusing as to whether or not that is acceptable, and what you should be doing.’

(GP10 young general practitioner)
The DWP’s module ‘Sickness Certification Made Easy’ seemed to fill a teaching gap within medical practice. This was reflected in interviewees’ views and comments on the module’s teaching content.

5.2 Views and comments on the teaching content

This section examines the interviewees’ general comments and suggested changes to the teaching content, before analysing views on specific sections of the module, on the desk aids and the DVDs.

5.2.1 General comments and suggested changes on teaching content

All interviewees were very positive about the module’s teaching content. They found it highly relevant and appropriate, as the module addressed some very specific and common daily activities of GPs. A common view was:

‘I found it very good and practical and useful... they gave scenarios and good examples you know, at least you have like a kind of everyday use that I found very good.’

(GP12 older and experienced general practitioner)

Although the module was seen as highly relevant, half of the interviewees found the module rather basic and called for more complicated scenarios and quizzes. This request was seen across the age range of the interviewees and does not therefore reflect a specific age pattern and type of user in terms of more experienced versus less experienced doctors. However, half of the interviewees who used the module as a learning tool thought that the level of difficulty was adequate while most doctors using the module as a teaching aid found it rather basic for their needs, but quite useful as an introduction course for new GPs. This indicated a mix of views regarding the module’s level of difficulty, although a consensus emerged that the module was particularly suitable for new registrars in general practice:

‘If you were just starting general practice, it is incredibly useful. I would say that it is fantastic. If you are in the job for probably a year to two years you would not be telling me much more about what I already knew.’

(GP01 older general practitioner with less than five years’ experience)

To keep the interest of more experienced GPs, an interviewee suggested that the module should gradually become more difficult by including more complicated scenarios to reflect what GPs would often come across during patient consultations. Such a solution would accommodate most of the interviewees’ requests regarding the level of difficulty, as the module would continue to teach basic knowledge about medical certification in a simple and concise way and still target more knowledgeable doctors by discussing more complicated aspects of the sickness certification process.
With respect to the coverage and detail of the sickness certification process, the majority of interviewees found the level of detail and coverage adequate. However, three interviewees (mainly young GPs) found the module too detailed, while four interviewees (all more experienced doctors) explicitly called for further information on certain elements of the medical certification process. These requests were often related to the issue of a patient’s return to work and concerned particularly further information on alternatives to medical certificates. One GP also mentioned that information needed to be included regarding the conflict of interests GPs often faced when asked to sign medical certificates. In fact, all the GPs in our group of respondents mentioned the dilemma of objectivity when issuing medical certificates. A common view was:

‘Sometimes it feels quite difficult to be harsh and say to someone you got to be working or you could work, and that it is sometimes difficult in a relationship that we have with our patients.’

(GP21 under 40 years old but experienced general practitioner)

This indicated a demand for adding a new section with information on how to deal with complicated patients and the conflict of interest GPs face when issuing medical certificates. In relation to this, some GPs found the different desk aids very useful as documents they could refer to when they were under pressure during patient consultations. One interviewee summed up a common view:

‘It [desk aid] is very effective to have a wall chart, and it is very simple and you know exactly where you are and I can show the patient it as well, because patients will disagree with you to say “I want a sick note”, and you can see this is the Department of Health and it says Department of Health or whatever it is and they say “no you cannot have one and take it up with them” So they do not argue with me anymore.’

(GP01 older general practitioner with less than five years’ experience)

Several interviewees suggested additional changes. These ranged from minor issues regarding specific sections of the module, adding complex examples, scenarios and assessment questions, to more major changes, such as new sections of information and ways to expand the website with new online learning modules. The more ambitious suggestions for improvement included:

- New modules on the complex set of rules and procedures regarding Incapacity Benefits (IB), Disability Living Allowance (DLA), and Attendance Allowance (AA).
- New modules on maternity certification, the Mental Health Act, permitted work rules and the employers’ role in the medical certification process, as these rules and situations were often perceived as highly complex.
- Further information on the RM7 and the MED6, either as a separate online learning module or as new sections to the already existing module ‘Sickness Certification Made Easy’, as some users felt that the module was incomplete without them.
• Additional information on forgeries, self certification, the effects of incorrect medical certificates for the patient, the doctor and the benefit system in terms of extra time, delays and costs to society. These were seen as ways of improving how general practitioners complete the medical certificates.

The more specific improvements suggested with respect to the teaching content are examined below in an analysis of the interviewees’ comments and views on each section of the module.

5.2.2 Comments and suggested changes to the section on ‘General rules and doctors’ obligations’

The section on general rules and doctors’ obligations was generally met by positive remarks throughout the interviews, although some interviewees were unable to recall this specific section of the module. The short and concise way of presenting the material on doctors’ obligations, and doctors’ terms of reference in relation to sickness certification was highlighted as what was needed by several interviewees. An interviewee stated in this respect:

‘Keeping them [the sections] short and sharp is the right way of doing it. My memory of that section was that it was precisely short and sharp.’

(GP03 occupational physician and former general practitioner)

However, critical voices were also raised. One interviewee complained about the lack of up-to-date information on GPs’ obligations. Another user mentioned that the DWP should make GPs more aware of their statutory obligations regarding medical certification and remind them about the need to comply with the rules and procedures on medical certificates. Nearly all GPs in the evaluation felt there was a need to promote the module to hospital doctors, to increase awareness of that group’s obligations with respect to the sickness certification process.

Overall most interviewees found this section very helpful in terms of informing doctors about rules and obligations in the sickness certification process.

5.2.3 Comments and suggested changes to the sections on MED3, MED4 and MED5

Most users recalled the content of the three sections on the rules and procedures of the different medical certificates. Similar to the section on general rules and obligations, most interviewees found that the content of these sections was clear and concise, and considered it helpful to get to know the specific details of the different forms such as the ‘remark’ sections on the MED5 and the MED3 forms. A common view expressed was:

‘The individual sections, MED3, MED4, MED5, again were very clearly laid out and contained all the salient points and relevant information…I think the scenarios were good and the feedback about correct and incorrect answers was quite good.’

(GP14 medical manager and former general practitioner)
Although the overall comments were positive, some interviewees also raised critical points about specific sections, in particular the section on MED4. Some interviewees reported that the teaching content was less informative and slightly more difficult to understand than the material on the MED3 and the MED5. In relation to this, an interviewee stated:

‘I did not find it as clear. It was more detailed than it had to be…I did not read that one [section on MED4] and thought yeah that is useful…the MED4s, it did not seem as being so practical focused somehow. Nothing really in particular specific, but it was a bit more vague. I would have liked to see some more examples and some more tips to be put on it and stuff like that.’

(GP07 young general practitioner)

Adding information to the MED4 section in terms of more factual details on the consequences of filling in the MED4 incorrectly and presenting the teaching material in a much clearer way was also suggested by other interviewees. This seemed even more important, as nearly all users in the evaluation stated that the MED4 was rarely used in general practice, and as a result GPs were less familiar with its rules. This could be why there was greater difficulty in understanding this section. Another criticism put forward by a few interviewees was the length of the sections, which they thought was too long, saying that the material could have been condensed. However, most interviewees thought that the module was the right length and in fact some users suggested that the module was expanded with respect to the MED5 and MED3. They wanted new scenarios added to these sections, as MED3 and MED5 were the most frequently used forms in general practice. Except for the few critical points regarding the section on the MED4, all the interviewees were positive about the teaching content on the medical forms. However, the interviewees were less impressed with the section on the PCA.

5.2.4 Comments and suggested changes to the section on PCA

The section on the PCA was only commented on by 11 interviewees, because most interviewees were unable to recall the section or they had not completed it. The majority of those commenting had found this particular section very useful, as it dealt with issues of the sickness certification process about which GPs often had limited knowledge. An interviewee reported in this respect:

‘The bits I found different and useful were the information on the Personal Capability Assessment, I thought that was quite good. It is not something that I have read very much about before…It just crystallised the fact that they are looking at some mental illness and physical functions rather than diagnosis per se, I think that this was quite useful to see how that fitted into sort of where we were with certification and when they would call patients up for that.’

(GP21 under 40 years old but experienced general practitioner)

Not all interviewees were as positive about this section, with three interviewees saying that they had difficulties in seeing the relevance of including the PCA in the module. In relation to this, an interviewee stated:
'I wondered why and got a bit confused about why I needed to know about it in that much detail when it is really the MED3 and MED5s that we would use a lot of from day to day'.

(GP16 young general practitioner)

The lack of interest in the section on the PCA among some users may have been due to the way the teaching content was presented, or because it was not seen to be of value to interviewees:

‘The PCA, I did not understand much at all about that...It did not sit very nicely compared to the rest of the stuff. The rest of the stuff was about the nuts and bolts and certificates and stuff. The PCA seemed to be something bolted on.’

(GP05 older and experienced general practitioner)

‘All the different sections such as MED3, etc were all fine, but it came to a point where it was not particularly good, as they were just adding stuff in for the sake of it. It was probably around three quarters of the way through.’

(GP01 older general practitioner with less than five years’ experience)

Indeed, several interviewees called for greater clarity of the teaching material in this section. Some specific remarks were to include further information on what criteria actually triggers a PCA and ability to carry out activities of daily living, as well as including information on the benefit agency doctors, and spelling out the acronym ‘PCA’ in the other sections of the module, as only a few GPs were familiar with this.

5.2.5 Comments and suggested changes to scenarios, quizzes, module assessment test and evaluation questionnaire

All interviewees commented on the scenarios. Sixteen users in our study group commented on the different assessment tests. None of the respondents had any remarks regarding the evaluation questionnaire.

The type of scenarios used in each of the different sections was seen as helpful in terms of applying the theoretical material into practice, as they covered a series of situations that GPs come across during consultations with patients. However, some interviewees found that the scenarios illustrated rather simple and straightforward situations and called for additional more complex examples. One of the suggestions was to add examples of the restrictions to MED5:

‘There are lots of restrictions to this MED5 in the sense that you can only issue it to a patient you have not seen before and you can only back date it four weeks before then so perhaps you have people coming in much longer than that because they have been off sick for eight weeks and they want a medical certificates and it is allowed only to the fourth week, so you would not know how to handle the patient because you did not see the patient in the initial state.’

(GP12 older and experienced general practitioner)
Users also suggested that examples of how to handle sick self-employed patients were included in the module, as the interviewees found this particular situation difficult to handle during consultations. Otherwise, interviewees did not specify the type of scenarios that they would like to add to the module.

The assessment tests and quizzes were also perceived as being straightforward and covering the different sections of the module well. While interviewees reported that these ensured that they had understood the content of the module, around half felt that the final assessment test and the different quizzes within each section could have been more challenging in terms of asking more complex and difficult questions and adding less simplistic answers to the questions. A common view was:

‘To be fair, it is not quite as challenging. If you are going to get accreditation, CPD points…it has to be challenging. It sounds arrogant, but I found it relatively easy to get them [the questions] right…there should be some more difficult questions. I think if doctors find things too easy they tend to get turned off…it is just a little bit too easy.’

(GP14 medical manager and former general practitioner)

The level of difficulty was the main criticism of the assessment tests, but there were also some comments on specific parts of the final assessment test. One interviewee reported that the answer to one of the final assessment questions was already given in the previous final assessment question and another interviewee said that:

‘I completed my questions and I was absolutely convinced that one of the questions was right and it came up with the wrong answer. I went back again and put the same answer in and it was the correct answer. So I was a bit surprised about that actually.’

(GP14 medical manager and former general practitioner)

Different ways to improve the quizzes and assessment tests were also put forward by the interviewees. They included:

- Add more complex and difficult questions.
- Including different scenarios that were more than just true or false questions.
- Ensure that the final assessment does not give away answers.
- Include a function that displays a comparison of the pre-module tests and the final test to illustrate whether the users had improved their knowledge on sickness certification after completing the module.
- Add a function that shows how the individual doctor’s score compares with others.

5.2.6 Comments and suggested changes to the ‘Library’ and ‘Frequently Asked Questions’

Only four interviewees commented on the content of the frequently asked questions and the library section. Their comments on the library and its links were
generally positive, highlighting the usefulness of knowing where the different information was gathered for future reference. One interviewee suggested that a link was added to the module illustrating how GPs could order SC2 forms, as patients often asked for such forms and yet many GPs were unaware of where to get hold of them. With respect to the frequently asked questions, two interviewees wanted to see the link to frequently asked questions developed, as it only included answers to three questions. In addition, two interviewees suggested that a contact service and a list of frequently asked questions should be added to the module, indicating that these features (actually present!) were not sufficiently prominent on the website.

5.2.7 Comments and suggested changes to the desk aids and DVDs

Desk aids and particularly the DVDs had not been used by all taking part in the evaluation (see Figure 4.3). When the desk aids were shown to the interviewees during the interviews the vast majority of interviewees were able to comment on their content, whereas only four interviewees commented on the DVDs.

Two desk aids were launched in conjunction with the module – one concentrated on ‘Patients, their Employment and their Health’, the other focused on ‘Advising Patients of Working Age’. All interviewees that commented on the desk aids thought they gave a quick overview of the sickness certification process and were helpful tools when assessing patients as they represented a consensus view. Some interviewees particularly liked the different time lines on both desk aids such as the time line for patient management on the desk aid ‘Patients, their Employment and their Health’ and the table of evidence based recovery time on the laminated desk aid ‘Advising Patients of Working Age’. In fact two interviewees called for further information on this particular topic, one saying:

‘What I would like is more of this evidence on recovery times as to how long it would be reasonable for patients to have time off work because it should be the specialist that would be advising the patients how long they would need but often the patient come to us before we have got any discharge summary from the hospital and they have not been given a sick note from the hospital. So it is obviously down to us to do and rather than just giving them a week and then having them to come back for another one, it would be better for me to know vaguely how long it would be reasonable for them to be off rather than the few of them mentioned here [recovery times on the desk aid].’

(GP16 young general practitioner)

Another interviewee mentioned that the suggested evidence-based recovery time on the same desk aid was not accurate for all cases. This user called for more realistic time periods, as patients often needed much longer time off work to recover, for example, after a laparoscopic groin operation. Other interviewees found both desk aids too detailed. They suggested that the desk aids could be simplified by reducing the amount of text and excluding the more self-explanatory sections such as the doctor’s signature. Not all interviewees agreed with this, as they felt that the tables
with the different medical forms were useful for new GPs as they gave a quick overview of the forms in a simple and concise manner. It is hard to see how all views can be accommodated, but some of the detail in the desk aids could be presented in tables and figures, as suggested by three interviewees who found graphs and flow charts extremely useful during consultations with patients.

Mixed views were put forward by the four interviewees who had used the DVDs. Only two interviewees had seen the DVD ‘Personal Capability Assessment’ and they had different opinions about the DVD’s teaching content. One interviewee found this particular DVD well written and very useful while the other user said:

[The PCA DVD] ‘I didn’t find that useful, if I recall it is following somebody going to see somebody in a Jobcentre, and I did not get anything from it. I think for me it was, I was not that interested in the process of somebody going down there and seeing someone down the DSS, or Jobcentre, but I was more interested in how, what makes somebody eligible for Incapacity Benefit, what are you looking for, and it would’ve been useful to see how can the general practitioner take the criteria they use into their everyday practice, so we can cut out some of the people who end up getting to the incapacity benefit phase and then get it rejected because they’re not entitled and they don’t trigger the points.’

(GP13 young general practitioner)

The suggestion of changing the content of this DVD so that it related more directly to a GP’s role in the sickness certification process may encourage more users to watch the DVD, and appreciate the importance of this part of the certification process.

The second DVD ‘Patients, their Employment and Health’ was received more positively by the three interviewees who had watched it. They found it very useful in conjunction with the module and highlighted that it was very good for revision, since it covered different aspects of the certification process in a concise and clear way.

To sum up, comments on the content of the desk aids were generally positive, while mixed views were expressed about the DVDs. Changing the content of the DVDs, particularly the one on the PCA, so it deals more specifically with the general practitioner’s perspective within the process, may give it more appeal to doctors and thereby increase the take-up rate of DVDs.

5.3 The module’s ability to meet individual learning needs and answer questions on medical certification

Nearly all interviewees commented on whether the module had met their individual learning needs and answered their questions with respect to the sickness certification process. They reported that the module had met their learning needs, and that this
had been achieved in different ways. One group, mainly older and more experienced doctors, highlighted that the module had reinforced their knowledge and helped them to keep up to date with recent changes in legislation. In relation to this, an interviewee reported:

‘It allowed me to reflect on my previous knowledge and update it and it gave me direct information also in identifying phases that I would refer others to and where I could source information.’

(GP03 occupational physician and former general practitioner)

The second group, an equal mix of younger and more inexperienced doctors and older and more experienced doctors, felt that the module had been extremely useful, as it had clarified most of their questions on medical certification and had made them feel more confident during consultations and when dealing with medical certificates more generally. Typical remarks were:

‘It was all worth doing because I can now sit confidently in front of patients and be able to justify my actions.’

(GP16 young general practitioner)

‘I certainly understood it much better afterwards and at the time I was in training anyway so I had a very fixed learning need, so it was good.’

(GP07 young general practitioner)

‘It would have certainly met my learning needs because at that stage I learnt a lot.’

(GP02 older and experienced general practitioner)

Likewise, those doctors who had used the module as a teaching aid for their trainees had found it extremely useful in terms of reinforcing their knowledge and giving them ideas on how to teach this particular topic:

‘I think it just put things into perspective and again it gave some ideas of how I could teach my trainees.’

(GP15 older and experienced general practitioner)

‘My learning needs were essentially to be in a position to answer the questions of my junior doctor that I train and to provide an educational package for him and it did.’

(GP05 older and experienced general practitioner)

The module had not been completely successful in answering all the users’ questions regarding the medical certification process. Some interviewees reported that they were still unsure about certain types of patients and elements of the sickness certification process. One interviewee reported that he was still unsure
about the hospital doctor’s role in the sickness certification process, while another interviewee mentioned that she was unsure about how to deal with self-employed people. On the whole users in the evaluation did not explicitly state their concerns, but called for more practical examples on how to deal with difficult patients. As a result, the module has to some extent been successful in meeting different users learning needs, but several interviewees still feel that only some of their questions regarding sickness certification had been answered.

5.4 Teaching content – conclusion and recommendations

The teaching content of the module ‘Sickness Certification Made Easy’ received a positive response from users taking part in the evaluation. There were also some critical remarks put forward by several interviewees, which related to specific sections of the module. The sections on the MED4 and the PCA were criticised for being unclear, difficult to understand and less practical than, for instance, the sections on MED5, MED3 and doctors’ obligations. With respect to the assessment tests and the scenarios, the interviewees called for more difficult and complex examples and questions to be addressed, as they felt that the level of difficulty was too low. In relation to this, a few interviewees mentioned that the module should become gradually more difficult to keep the interest of all types of users. A decision to raise the level of difficulty would depend on the target group the DWP wishes to focus on, and whether an extended version would still be able to meet a wide range of needs. The criticism raised in relation to the desk aids concerned primarily the amount of text included on the desk aids rather than their content, while the DVDs, particularly the one on PCA, were criticised for not providing succinct and practical information relating to the activities of GPs.

This section has dealt with the module’s content and deliberately excluded views on its layout as these appear in the next section.

Regarding the teaching content of the module, the following changes are recommended:

- Add more difficult and complex questions and scenarios.
- Increase the level of difficulty gradually throughout the module to keep the interest of all users.
- Simplify the desk aids by adding more graphs and flow charts.
- Change the content of the DVD ‘Personal Capability Assessment’ so it is more in accordance with GPs’ role in the sickness certification process.
- Clarify the content of the sections on PCA and MED4 so it is easier to understand.
- Add new online learning modules such as Maternity Allowance, Incapacity Benefit.
- Add a section on how to deal with complicated patients.
- Add a section on forgeries, RM7 and the MED6.
6 Teaching style and layout

Summary points:

• Users liked online learning as it enabled them to complete different modules in their own time and at their own pace.

• Interviewees found the module ‘Sickness Certification Made Easy’ clearly laid out and simple to navigate.

• Scenarios and quizzes were considered a good way to illustrate the teaching material and ensure an individual user’s understanding of it.

• There were mixed views when comparing the module with other online learning sites used. Some felt it compared well, while others highlighted a number of style and layout criticisms. When these were added to the login difficulties, the module became less attractive for these users.

The module relies on a mix of teaching tools, with a range of scenarios, quizzes, DVDs and desk aids being used to communicate the module’s teaching material on sickness certification. Although interactive teaching tools are used, for the most part the module relies on a rather basic design, with text being the main way to communicate the teaching material. With respect to the layout, the website has a menu on the left hand side, which brings the user to the introduction, the different online modules including the module ‘Sickness Certification Made Easy’, the library and its relevant links to other sites and documents, frequently asked questions, and ways to amend details. At the top of the webpage, links are provided to the contact service and a learning summary.

This section presents interviewees’ more general comments regarding online learning as a teaching style and the teaching style used in this particular module. It then examines users’ specific views on the layout of this module based on their experience of using it.
6.1 Online learning as a teaching style

All interviewees gave their opinion regarding online learning as a teaching method. They also commented particularly on the use of scenarios, quizzes and assessment tests and desk aids in ‘Sickness Certification Made Easy’. Since only a few commented on the DVDs, their comments should not be assumed to represent more widespread opinions on DVDs.

6.1.1 General views about online learning as a teaching style

Online learning was popular among all the interviewees. They highlighted particularly the flexibility attached to online learning, as it enabled doctors to gain new knowledge in their own time and at their own pace:

‘I quite like using online materials. I think it is quite good…it is an easy way to learn because you can do it at home and you can do it just for an hour or something, so it is good in that sense.’

(GP10 young general practitioner)

The ability to use online learning in spare moments either at work or at home was mentioned by nearly all the interviewees as very positive. In fact, one interviewee stated that it was often difficult to attend accredited training, as general practitioners (GPs) found it hard to get time to attend such classes due to their heavy workload. In addition, nearly half of the interviewees emphasised that the interactive dimension of online learning, in terms of users’ ability to test their knowledge, was a constant reinforcement to understanding the topic. Indeed online learning presented one of a few opportunities to test people’s understanding of the material. In this way it was superior to what was learnt from material presented at a conference, as one interviewee put it:

‘One of the advantages of this method is that you got the opportunity to test yourself. You do not get up in a conference and say can you test me on what I have just heard. So it reinforces learning by making sure you yourself have learned something from it, because if you have not learned something from it you cannot go on to the next module or you do not get your certificate. It is a constant reinforcement and incentive. So all sorts of important pluses and very few negative ones. The negative side is always with these things that you are not getting a debate with other colleagues which you get at conferences and it gives you other ideas, but for some good core knowledge these modules are great fun and good learning practice.’

(GP20 experienced occupational physician)

Although online learning was received positively by the interviewees, several users felt that not all general practitioners would choose online learning to improve their knowledge. Each individual had their preferred way of learning and to reach all groups a mix of teaching methods should be offered. This view was further underpinned by the fact that there were limitations to online learning, as it could only be used for certain aspects of medical training. An interviewee stated:
‘You cannot teach ‘people skills’ online, you know you can learn facts and figures, but actually the skills to manage patients and counsel them and to talk about these issues and problems probably is not best done in an electronic format or a book for example...I am not sure that online is the best way of teaching it.’

(GP14 medical manager and former general practitioner)

Clearly, to reach the vast majority of GPs and to ensure that GPs actually promoted the right options for their patients to return to work, online learning was effective, but should be seen as one of a range of teaching methods, which include conferences and debate, interactive classes and group work.

6.1.2 Comments on the module’s teaching style

Nearly all interviewees commented on the module’s teaching style. Except for three interviewees, the users were generally pleased with the module and emphasised its simplicity, the use of scenarios, quizzes and links to further information. Many found it straightforward and said that the module served its purpose well. In fact one interviewee reported that the teaching style was particularly good as:

‘It is laid out in a way where you are presenting information without being done in a way I would associate with schools and colleges. There is a more adult approach in that they are expecting for example their expectation of some knowledge on the general subject...it is laid out in its prescriptive nature and it is set up so it allows for people to form opinions about what is presented...They are not necessarily saying this is what has to happen, but it is saying that this is a solution rather than the solution.’

(GP03 occupational physician and former general practitioner)

Critical remarks were also voiced by some of those interviewed. Two users, talking about the way material was presented, felt that there was too much plain text:

‘Apart from the bit where it was about scenarios, I would say it was quite like a lecture at one point. It was like you have got a presentation to prepare and it is in front of you.’

(GP06 young general practitioner)

‘I would not say it was particularly well done. I think it was quite old way of presenting information for people who already knew what a lot of it was...It was very much a typed piece of paper, placed on the Internet.’

(GP01 older general practitioner with less than five years’ experience)

To achieve a more interactive approach, some interviewees suggested that video clips were added to the module. However, not all users in our study group were in favour, arguing that online video clips would cause problems for some doctors if their computers did not cope with broadband information. To solve the problems with slow computer connections and processors two interviewees suggested users had the option of a dial-up or a broadband connection.
Users made several other suggestions for change that would improve the module’s teaching style. They included:

- The ability to download the module or specific documents to local computers.
- Add a print function for smaller chunks of text.
- A short summary of the key points after each sub-section.
- A contact service for specific queries regarding medical certification.
- Simplify the links to make it easier to find specific online documents.
- Provide the module in a format that can be used in PowerPoint presentations.
- Provide the module on CD-ROM for people with no access to the internet.

The last two suggestions about the ability to use the module in different teaching settings other than online learning, indicated a demand for alternative ways to teach sickness certification and to reach a broader audience.

6.1.3 Scenarios as a learning method

Scenarios were seen as a very useful teaching tool that gave the interviewees a good learning experience. All the users who commented on the scenarios as a teaching method found them extremely valuable in illustrating how the theoretical material could be applied in practical situations. An interviewee reported in this respect:

'It is like the old saying a picture is better than a thousand words and in a sense a scenario is easier to get to grips with the more challenging than just digesting something you have read. Any fool can read a book of laws and repeat the rules later, but being able to apply that to what appears to be a real-life situation is more challenging...if you use a real-life analogy situation is sticks to your mind better and you can make the connection between actual patients. It is kind of reinforcement whereas if you just say you read that now what did it say, is not quite such a good learning experience.'

(GP20 experienced occupational physician)

Nearly all interviewees had similar views regarding the use of scenarios. In fact most interviewees mentioned that using scenarios was one of the best ways to learn, as real-life cases with different types of patients made the module more interesting and useful. Users said that scenarios made the facts more digestible, clarified the minor differences between different medical certificates, and were helpful in their daily activities as GPs. The popularity of the scenarios was further underlined by the fact that the scenarios were often used as the basis of interviewees’ own teaching.

Although nearly all interviewees in our group of respondents regarded scenarios as a very useful teaching tool, some users called for improvements in relation to the examples used in this particular module. These included:

- Changing the layout of the scenarios, so they came before the different material was presented, as the teaching material gave the answers straight away.
• Placing the scenarios and the tests on the same web page to make it more user-friendly.

• Including more interactive mechanisms, where scenarios are illustrated by video clips, where patients speak to the user and ask for specific medical forms.

Most of these suggested changes were relatively minor and are in addition to the comments on content in the previous section. Overall it was clear that interviewees had used the scenarios in their daily work, indicating that the examples were useful tools for the DWP to get their message across to GPs.

### 6.1.4 Quizzes and assessment questions as a learning method

The quizzes and assessment questions were seen as a good way of consolidating the taught material. All the interviewees mentioned that it was useful to be tested throughout the module, as it ensured that users had understood the presented material and were able to apply it in practice:

> ‘They were worth doing. It was more for the sort of thing of consolidating understanding because I mean it is probably more useful when you get the answers wrong because then you go back and think what did I get wrong and what is the reasoning behind it. I liked the way that it sort of explained why it should be right or wrong.’

(GP21 under 40 years old but experienced general practitioner).

Another interviewee highlighted the usefulness of having the answers to the different questions explained in more detailed, as, even for the more obvious answers, providing an explanation was useful when dealing with patients. Other interviewees reported that the tests helped clarifying different parts of the material and made them return to the teaching material if they were unable to answer the questions:

> ‘I thought they were helpful. It made you just re-read in case you did not know what was going on.’

(GP15 older and experienced general practitioner)

Although the interviewees were generally happy with the use of tests in the module they suggested improvements could be made to the quizzes and assessment questions. These improvements were:

• To add more tests to the module.

• To accredit the user after each sub-section rather than in the final test.

• To highlight more explicitly when different sections contained a test.

• To add a comparison of the scores of the pre-test with the final tests and other general practitioners’ results.
6.1.5 Teaching style of desk aids and DVDs

When this evaluation was carried out, some regarded using DVDs and desk aids as a fairly new but useful method of teaching:

‘They [desk aids] are important. I suppose for somebody like me, who has already been in practice there is nothing new on those. For somebody who is coming in, I think they are extremely important. If I had something like this when I first trained it would have made life so much easier.’

(GP15 older and experienced general practitioner).

Nearly all the interviewees, who had seen or used the desk aids, expressed similar views. They found the desk aids helpful both as a teaching tool in conjunction with the module and as an information leaflet during patient consultations. The fact that the desk aids gave a quick overview of the different rules and procedures on sickness certification made them useful as a point of reference both in terms of a consensus document among GPs and as a way to legitimise doctors’ decisions to patients. Some of the interviewees that taught sickness certification said that they had used the desk aids with young registrars, and that they also made use of them in their own clinical practice. An interviewee mentioned in this respect:

‘I thought this [desk aid] is good and this was quite useful. I have to say that I am somebody that in my surgery I like to have bits of paper that is nicely filed and that I can get to quickly and even say to a patient look this is it. You can actually show them in black and white that you are doing your job right.’

(GP16 young general practitioner)

One of the few critical remarks was that it should be made easier to look at the desk aids online, as it was impossible to view the whole desk aid at the same time. Other than that the desk aids seemed popular among the interviewees.

The DVDs had been less successful in reaching its audience. Thirteen users were aware of the DVDs, but only three interviewees had actually watched and used them in their daily activities. These three found the DVDs innovative and interactive and felt that the teaching style was good, being easy to use and view. However, the low interest in the DVDs implied that DVDs were not the most attractive teaching method for GPs to learn about sickness certification. In relation to this, an interviewee who was aware of the DVDs but had not watched them reported:

‘I don’t have time to watch the DVDs...they do not really interest me...I need to know generally what is happening so if I have a patient I can say go and this would happen, but the DVDs follow a patient around a place. It is just a bit more information that I thought I needed...If it was streamed as a clip on the website, this is the only thing that you could ever sell me on a DVD, patients going for medical assessment.’

(GP07 young general practitioner)

Lack of time was put forward by a few other interviewees, while another thought that the content of the DVDs was not described in sufficient detail to indicate it was
worth watching. Most interviewees did not explain why they had not watched the DVDs, but it might be due to the fact that they were either unaware of their existence, or found them time-consuming and inconvenient to watch. The low interest in the DVDs also implied that these were not a favoured learning method among GPs.

The above comments on the module’s teaching style were closely related to the views on its content (see Section 5.2.7).

6.2 Layout of the module

In evaluating users’ views of the layout of the module, this section is divided into the interviewees’ experiences of the module’s overall user-friendliness and ease of navigation, followed by comments on specific parts of the module.

6.2.1 User friendliness and navigation

The module was generally perceived as user-friendly and simple to navigate. Users particularly emphasised that the module was easy to read, straightforward and that the information was well presented. Some interviewees also highlighted good aspects of the design, for example, one interviewee found the module’s different sub-sections made navigation around the site easy. Another interviewee mentioned that the block along the side listing the different modules on the site was useful, as it gave a clear overview of the module in terms of its different sub-sections, making it simple to navigate.

Despite this positive view, nearly all interviewees mentioned that there were broken links, unworkable web pages and login problems that made the module less attractive. They particularly questioned why the module had to be so secure. A common remark was:

‘It has got a very complicated security system, which is more complicated than most of the security systems... It had lots of passwords... it was almost five identifiable things and some of them were case sensitive... I did not really understand why it was so complicated compared to all the other online learning things that we do... I mean it was a learning thing, it was not a bank.’

(GP05 older and experienced general practitioner)

Some interviewees suggested ways to simplify the login process. One alternative was to use only the GP code as the user login. Another interviewee suggested removing the login restrictions and making the online learning module available to everyone, but then adding a login in terms of their GP code when doctors had completed the module and needed the certificate of completion and their accreditation points.

To further improve the module’s user friendliness and navigation, some doctors suggested that an icon was added at the end of each section to enable a user to go
straight to the next section rather than having to return to the main site to continue to the next sub-section. A very common view was:

‘It was user-friendly with one exception, which was when you have done the test at the end of each section you could not get straight to the next section. All you had do was to click next, next, next get to it and do the set of questions and it says congratulations you got it and then you have to go back to the menu on the side to move on to the next module…it should just say next and you could move forward.’

(GP07 young general practitioner)

This lack of flow in the module in terms of having to go back rather than going straight onto the next section had prevented at least one interviewee from completing the module as he reported:

‘If it is not flowing freely it does not work, to the extent that I will start some modules at times…but if they are not flowing well I will just give up, I will not carry on. You know when you have a borderline interest you’re like OK, I will read a little bit more, if not very good I will just open a text book and get on with it.’

(GP06 young general practitioner)

Specific layout problems were found with respect to the certificate of completion, the MED4 and the PCA.

### 6.2.2 Specific problems with the certificate of completion, MED4 and PCA

Users faced problems getting their certificate of completion. Five interviewees mentioned that they had been unable to print their certificate of completion and had had to contact the DWP to get a copy. In relation to this an interviewee stated:

‘I had problems getting the certification form…I emailed the website and said, I think it’s because my email address here has an apostrophe in it and I think it probably did like that…It is a standard sort of bug that you get with fairly new web sites.’

(GP09 experienced occupational physician)

Three interviewees also mentioned that it was quite hard to get hold of the certificate once the user had left the site, and that the layout of the certificate was rather basic and of poor quality, calling for a more sophisticated certificate. As a result, it would be useful to provide a function where the certificate of completion was stored within a folder that could be easily accessed by the user when they logged on to the site.

With respect to the sections on the MED4 and the PCA, the main comment was that the language used in these sections seemed too bureaucratic. Some users found it difficult to understand the information.
'With some sections, especially the one with the MED4s and referrals, they needed to be a little bit simplified in their language because at one point it became difficult bureaucratic language of 'ifs' and 'buts'. Yet, it is good for legalities – that kind of a language, but it is not good for simple understanding from an education point of view. If you want to get a message home you make it to the point'.

(GP06 young general practitioner)

In addition to the call for simpler language, other interviewees remarked that the sections on MED4 and the PCA were poorer compared to other sections in terms of clarity. This type of problem was also mentioned in relation to the quizzes.

6.2.3 Specific problems with the layout of quizzes

A range of the suggested changes to the quizzes was made in relation to layout. A few interviewees had problems understanding some of the tests, as the wording of the questions was often unclear. They therefore called for simply stated questions to ease understanding.

‘I did not find it particularly clear or user-friendly the questions…this is because the way they seemed to be constructed…If they were better written it would be easier to work out. Sometimes you look at them and you think. I wonder what that means, I have to redo that. Sometimes I made the mistake on the answer because I had not properly understood the question. It might just be me because I am old and slow.’

(GP20 experienced occupational physician)

More specific layout problems were also mentioned. One interviewee found it confusing that the final assessment results were indicated with both a tick for right answers and a cross for the wrong answers. Two interviewees reported other layout problems related to the quizzes:

‘One minor point is that sometimes you can clearly delineate the answers to specific questions within the module. After you have completed the scenario it says where your answers are correct or incorrect…it was not absolutely clear whether the answer referred to the question before or the actual question.’

(GP14 medical manager and former general practitioner)

‘The end quiz [says] you have not got your 70 per cent or 80 per cent…re-try again and you do it, but in fact it has not crossed off the original failed things. So you have to go back and do the whole module again, and I find that is a bit awkward and you are thinking hang on, no I don’t want to read through the module again, I may have made some mistakes let me have a re-think on these questions and do them again.’

(GP15 older and experienced general practitioner)
This supported the notion that overall the module would need to be updated and fully tested before it was re-launched. The different interviewees’ comments suggested that layout problems were detrimental to the module’s impact. This was further underpinned by the comments interviewees put forward when comparing ‘Sickness Certification Made Easy’ with other online learning sites.

6.3 Comparison with other online learning sites

All but three interviewees were able to compare the module with other online learning sites they had used for educational purposes. They had mainly used the learning sites provided by the BMJ Learning and Doctors.net and compared the Department for Work and Pension’s (DWP’s) module with these sites. Their general comment was that the DWP’s module used a similar teaching style, relying on scenarios and quizzes to illustrate the theoretical material. Mixed views were put forward regarding the standard of the DWP’s site compared to these two other websites.

One group, consisting of a mix of young and more experienced doctors, felt that the module compared well with other online material, and one interviewee even mentioned that it was better written than other sites he often used. The rest of this group felt that the module was pitched at the right level, the information was relevant on how to help GPs with patients and that the site was very useful for a government sponsored website. For example, one said:

‘Good, very good, pitched at the right level, it gives the right information for general practitioners.’…As far as medical certification goes, I do not think there was anything else I looked at in that Google search so no, specifically for medical certification it was the only site I’ve used.’

(GP02 older and experienced general practitioner)

The second group were less positive towards the DWP’s site and consisted mainly of more experienced doctors. They found the module of a reasonable and comparable standard, but emphasised that it differed slightly from other online modules and that they preferred other sites. This was partly because the DWP module’s teaching style was rather linear, making it difficult for users to be selective, and partly because other sites used questions after each section rather than at the end, (GP04). Some interviewees also mentioned that the login process was more complicated than other sites and that the language used seemed to be more ‘civil service jargon’ than language used by GPs. A common remark was:

‘It compares reasonably with say with Doctors.net and stuff like that.’

(GP17 experienced hospital doctor)

A third group, consisting mainly of older doctors, was fairly negative towards the module ‘Sickness Certification Made Easy’. They found it less attractive than sites such as Doctors.net due to the module’s layout, broken links, unworkable sites and
the complex login process and found the navigation more difficult than other sites. One interviewee also mentioned that the level of difficulty was much lower than other online learning modules, making it less attractive to use. A common remark from this group was:

‘There are other much better sites that take you through in a much simpler way...There are no fancy colours and boxes to distract you. It is simple buttons that go logical progression from one state to the other. You do not have a column at the side. It is simple and straight forward...The other one [DWP] has a bit of feel of civil service...it is like civil service instructions are written out. It is not as user-friendly as other sites are.’

(GP20 experienced occupational physician)

In sum, the module ‘Sickness Certification Made Easy’ compared quite well with other websites for over half of the users. Users who were fairly negative tended to be those most affected and exasperated by the various problems experienced during their visits to the site. This indicated that, if the different problems identified were addressed, the DWP’s website would compare well with other online learning sites. Despite their critical comments, nearly all interviewees had recommended the module to colleagues, indicating that the value that users in this evaluation had attributed to the module.

6.4 Teaching style and layout – conclusion and recommendations

User comments on the teaching style and layout of the module have been analysed in this section. The overall impression was that the users were positive about the mix of teaching methods used, although only a few had watched the DVDs. It was emphasised by the interviewees that online learning did not appeal to all GPs and as a result alternative ways to teach sickness certification were needed to reach all doctors. Some suggestions included a training package on CD that could be used in different teaching settings such as conferences and class group work. In addition it was fairly clear that the complicated login process, broken links and unworkable sites were regarded as poor design features. It is therefore necessary to simplify the login process and repair the various links and sites to keep and attract new users. The layout problems were also the main reason why many users felt the module compared less well with other online learning sites. Furthermore, bureaucratic language and problems with getting hold of the certificate of completion were seen as problematic by the users. On the basis of this we recommend:

- Simplify the login process (also see Section 4).
- Repair broken links and unworkable sites (also see Section 4).
- Fully test modules before their launch.
- Consider greater linkage to and comparability with other online learning sites used by GPs.
• Simplify the language by making it less bureaucratic.
• Create a service where users can save their certificate of completion online.
• Make more downloads possible for reference, presentations or teaching.
• Improve DVDs or consider discontinuing them (also see Section 5).
• Provide a training package of the module on CD to be used in different teaching settings.
7 Impact on general practitioners

Summary points:

• The Department for Work and Pensions (DWP) has been relatively successful in reaching its learning objectives among users of the module. Those interviewed in this evaluation had, to varying degrees, moved towards best practice approaches within their practice and reported some changes in the way they issued medical certificates. The module had stimulated discussions with colleagues regarding sickness certification, and many had recommended the module to others.

• General practitioners (GPs) had found it difficult to follow the rules and procedures of sickness certification to the letter during patient consultations, and have felt their assessments of patients’ ability to return to work can be very subjective. Online learning had helped, but doctors felt they faced a conflict of interests when providing advice on fitness for work and medical certification.

Learning objectives set by the DWP with respect to the module ‘Sickness Certification Made Easy’ were to promote a best practice approach among GPs, enhance doctors’ knowledge regarding the range of medical certificates available and their different rules and procedures, and encourage discussions on sickness certification among colleagues in the medical profession (DWP and CMPG, 2003). This section assesses the extent to which the DWP has been successful in reaching its objectives and whether the module has inspired any changes to the interviewed doctors’ daily work activities. It then analyses the different factors that might prevent the module from reaching its aim of improving sickness certification.

7.1 Reaching the learning objectives

The different comments put forward by the interviewees are used to assess the extent to which the DWP has been successful in reaching its learning objectives. These areas were well covered during the interviews, as 19 interviewees talked
about the impact of the module with respect to the knowledge gained about different medical certificates available, all interviewees commented on the extent to which the module had improved a best practice approach, and whether they had learned new information regarding the rules and procedures related to the sickness certification process. Eighteen users answered the evaluation question on whether they discussed medical certification with their colleagues, indicating that this section of the analysis reflected the full range of views within our group of respondents.

### 7.1.1 Medical certificates, rules and procedures

Most users told us that they already knew the range of medical certificates available, which could imply that there was no need to set up such a learning objective. However, five interviewees (mostly young and less experienced GPs) reported that the module had improved their knowledge regarding the different medical forms. In fact the DWP’s module had proved useful for all the GPs in the evaluation who had only recently (within two years) entered general practice. They emphasised that the module had been extremely helpful in terms of explaining the different rules and procedures as well as how and when to use the medical forms. Some remarks supporting this view were:

‘I did not really know very much but afterwards, through doing that, I felt that things had largely increased my knowledge. Nobody really tells you what to do and what a MED3 is when you start. It is one of those things that people just know how they do it and they do not really know what the rules are. So you probably get told wrong things anyway. With respect to the MED3s there were things that I did not even know about. The other two [MED4 and MED5] I did not have a clue on what was used where. It was perfect.’

(GP07 young general practitioner)

‘I was like what more about the MED3s is there going to be there [in the module] but it did surprise me in the end what I have learned about it…[before] I did not know anything about everything. I only knew about the MED3s and MED5s and not about MED4s. I knew that we could refer them to occupational health and all, but I did not know much more.’

(GP06 young general practitioner)

‘Now I have learned what the different obligations are because as a general practitioner that is the normal notion. It is just one of the things that you have to do and you know that you are not well trained to do it, but it is still a responsibility that you have…this online learning module does tell you what your obligations are and what you should or should not be doing.’

(GP08 young general practitioner)

Hardly any of the young doctors had received formal training on sickness certification when entering general practice, and they all called for further training on this topic as part of registrar training. Some even mentioned that it would be ideal to
incorporate the module into the training of new GPs to meet this demand. An interviewee reported in this respect:

‘I would like to see all general practitioners do this part of their general practitioner registrar training because I remember when I was a trainee I was given the desk aid, which is great once you know the ins and outs of it all, but none of us are ever taught really how to issue these things.’

(GP13 young general practitioner)

As the interview progressed, it emerged that it was not only the young doctors who learnt from the module. Some of the older and more experienced doctors also mentioned the importance of knowing the rules and procedures regarding sickness certification and the absence of this topic in their training. (see Section 4 on usage and knowledge). Although the module had less of an impact on the more experienced doctors, more than half of them reported that the module had reinforced, revised and updated their knowledge regarding the different rules and procedures. A common theme, within this group of users, was:

‘Going through the module…just confirmed that I was doing things in a way that was reasonable or would fit with what the actual forms were for…It just reinforced my knowledge.’

(GP21 under 40 years old but experienced general practitioner)

While the module primarily reinforced, revised and updated the knowledge of the more experienced doctors, some older GPs also reported that using it had clarified the finer details of the different certificates and made the rules and procedures more clear cut. Others mentioned that they had gained new knowledge in terms of the key aspects of the MED4 in particular, and to a lesser extent MED5 and MED3, as the latter forms were used more often in general practice. Some typical remarks were:

‘It has made no difference to my knowledge of the MED3 and MED5, but it certainly increased my knowledge of using the MED4, and that is something that we use very infrequently and again, I had not realised that it was used so extensively by the lay assessor, and that they could be making decisions based on what I was writing on that form. So that has certainly improved my knowledge of the MED4.’

(GP02 older and experienced general practitioner)

‘I think it has been consolidating and I think that there were one or two facts that I was not clear about; the duration of the MED4/ MED5 and how far you can go back, that was quite clearly laid out and I was a little bit vague about that. So I have learnt about that. I think the scenarios helped me to put it into context of real patients so it has consolidated knowledge and in some aspects it’s actually improved my knowledge.’

(GP14 medical manager and former general practitioner)
It was clear that both young and the more experienced doctors had learned from the module, indicating that the DWP to some extent has reached its targets with respect to improving doctors’ knowledge regarding the medical certificates available and their different rules and procedures. It was also evident that many GPs, both young and old within our group of users, were unaware of the rules and procedures, particularly associated with the MED4 and to a lesser extent the MED5 and MED3. Indeed, this implied that there was a teaching gap within general practice in relation to sickness certification. This was further emphasised by the fact that young doctors often found it difficult to deal with sickness certification, as they had received limited formal training on the topic when they entered general practice.

7.1.2 Discussion with colleagues

Most doctors reported that they sometimes discussed sickness certification with their colleagues. Their discussions concentrated particularly on how to deal with more difficult patients who demanded sick notes when they may not have been entitled to them, rather than discussing the specific rules and procedures related to the medical certificates:

‘Not too often [discuss with colleagues]...I will normally bring it along if there was a query over the certification or if there seemed to be a discrepancy in our belief as to whether they should be working or not. Difficult cases not just for certification anyway we did bring up at patients meetings we did discuss it there.’

(GP19 young general practitioner)

A few GPs said that they primarily discussed sickness certification with registrars or trainees, and this topic was hardly debated with other work colleagues. The latter view was also emphasised by five other GPs, who said that they had only once or twice discussed sickness certification with colleagues. An interviewee reported in this respect:

‘Sick notes are not really that exciting so when doctors talk to one another about their cases it is either something really wacky that they cannot explain and they are looking for advice or it is something that is really wacky that they have diagnosed and they wanna boast. Sick notes do not really come into it. It does not really come up that often, it’s not that glam I am afraid.’

(GP13 young general practitioner)

Sickness certification was much more widely discussed among the occupational physicians and other types of doctors. They tended to talk to work colleagues, employers and other doctors within their profession. In relation to this, an occupational physician stated:

‘It comes up all the time. I feel that the doctors that work in this company and the occupational nurses who make a lot of direct work with employers discuss this, a lot.’

(GP03 occupational physician and former general practitioner)
It is difficult to assess whether these discussions had been triggered by the module, as most interviewees did not make a direct link between the module and the type of discussions they had with their colleagues. One interviewee mentioned that it was actually a discussion at work that had triggered her interest in working through the module, while the four other interviewees mentioned that their discussions with colleagues were a result of the module. Two young GPs said:

‘We had a big debate about one thing that had come up…something I learnt from the module was that you could put ‘patient alleges that they were sick’ from whatever date and you can write that at the bottom. So we had a big discussion about that in the practice, and it was quite helpful because I had done the module, so I was able to say ‘this is what the module says’. And everyone was like ‘what thing?’ and of course no-one knew what I had done anyway, they’d never heard of this module.’

(GP10 young general practitioner)

‘They [his colleagues] knew I am doing this and they were quite interested and they say if I can update them as well about what it is. It was just five minutes before we started [the interview] they asked what this is about [the interview]…and they said if I could do a presentation to them.’

(GP08 young general practitioner)

Informing other work colleagues about the module was also mentioned by several other interviewees. Fifteen doctors had recommended the module to their work colleagues or trainees while another three interviewees mentioned that they intended to recommend it in the near future, indicating that some sort of conversation was anticipated between the doctors on sickness certification. As a result, it can be argued that the DWP has to some extent reached its objective to stimulate debate among medical professionals even though sickness certification remains a low profile issue (Hiscock and Ritchie, 2001).

7.1.3 Best practice approach

Developing a best practice approach after working on the module varied across those interviewed. Among the 14 GPs in the study, nine (an almost equal mix of young and more experienced GPs) had developed what they described as a best practice approach as a result of the module. One interviewee mentioned that in his practice they had updated the computer system, so it gave a clear overview of the issued medical certificates:

Our [the general practice’s] computer system does not allow us to actually very quickly work out what certificate the last person has issued. It can be very difficult to work out. So from that [the online learning module] I have decided that we can very quickly find out what was given the last time, so that we can make sure that we get the correct Med form, so that we do not get a lot of phone calls from social services asking us to redo them again because that is just taking more time up in a busy day. It [the new system introduced] is much more streamlined.’

(GP01 older general practitioner with less than five years’ experience)
Other interviewees stated that the module had helped them to develop some general guidelines which they tried to follow when dealing with patients. However, it was sometimes difficult for GPs to follow their set of guidelines, as one interviewee described:

‘It is always difficult, general rules are important but when it comes down to specifics it is the patient in front of you. I am not sure it has had an effect on that. I am not a heavy user of sick-notes and if I do use them then I am fairly certain why I am using the sick-note. I do not use them to send people very quickly out the room just so I can have an easy time. It is a training practice so we have to have certain standards and rules, unfortunately.’

(GP15 older and experienced general practitioner)

The feeling that they already issued medical certificates correctly was the main reason why the other half of GPs (two young and three older GPs) had not developed a best practice approach after they had completed the module. However, many of them said that it was crucial to have a best practice approach, as one young doctor stated:

‘Sick notes are sometimes if you give too many you get recognised and every patient in the practice will come to you who wants a sick note, they just will not go to anybody else. Arh…that one gives a sick note. They gravitate to you and if you let that happen you have to be intelligent, you need best practice, you have to use that.’

(GP06 young general practitioner)

The module had also helped to develop a best practice approach among some of the occupational physicians and other type of doctors interviewed, such as using the flowchart. It had helped them to set up a more systematic way of responding to the queries by employers, work colleagues and other GPs in terms of making more structured informational material available. However, one occupational physician thought that the module did not address the issue of a best practice approach.

To summarise, the DWP has been partly successful in achieving its objective of developing a best practice approach among GPs, as only half of the users in our group of respondents claimed to have developed a systematic approach after using the module. Among the doctors who had not been inspired to develop a best practice approach, many felt that they already issued the medical certificates correctly.

7.2 Impact of the module on general practitioners’ daily work activities

At the time of the evaluation, the topic of how GPs were issuing medical certificates had a high-profile in the media. Politicians and employers had claimed that too many medical certificates were being issued by GPs and often based on rather weak
evidence (DWP 2002; Hiscock and Ritchie, 2001). An interviewee reported in this respect:

‘General practitioners tend to use it [sick note] for a variety of purposes, they include social comments on the MED3. On the MED3 you are supposed to put diagnosis but you can get hazards put down and all sort of other weird and wonderful things that people are off...An example is that we had a note some couple of years ago, time off to look after children, okay...A lot of the information if you are trying to put in the international classification of disease it simply would not have a place.’

(GP20 experienced occupational physician)

To assess the extent to which medical certificates are used inappropriately and whether GPs issue too many medical certificates more generally, large-scale surveys are needed. During this evaluation, GPs gave us their estimate of the number of medical certificates they issued on a weekly basis, and it became evident that the number varied widely, ranging from as many as 20 MED3s to hardly any MED4s per week. Figure 7.1 shows the number of medical certificates issued on a weekly basis by the GPs interviewed.

Figure 7.1 Number of medical certificates issued per week by general practitioners interviewed in the evaluation

Form MED3 was by far the most frequently issued medical certificate, while many GPs issued less than one MED4 per month. The MED5 was also used much less than the MED3 although GPs tended to use the MED5 on a weekly basis. The most common pattern was to issue between nil to three MED5s per week, four to seven
MED3s per week and approximately one MED4 per month. In relation to changes in the number of medical certificates issued, one occupational physician thought:

‘I think that the ones [sick notes] that I see have improved. I think there is a better standard of completion, but I see a particular subset of the forms and I then see people who have been referred to an occupational physician, and they tend to be people coming close to leaving statutory sick pay level and going into incapacity level, but certainly there seems to be an improvement over the last couple of years when the information level has been coming up.’

(GP03 occupational physician and former general practitioner)

The extent to which the quality of medical certificates has actually changed over recent years depends heavily on whether GPs have taken on board the different information published by the DWP. In the following paragraphs we first assess the extent to which the module had influenced the way GPs issue medical certificates. We then examine why it sometimes would be difficult for GPs to deny patients their requested medical certificates.

### 7.2.1 Altered behaviour

Out of the 14 GPs interviewed, eight (five younger and three more experienced GPs) said what they had learnt from the module had been used in their daily work activities. The most common changes were that the GPs in this study had become stricter when issuing the statements, had started including more detailed comments on the forms, and were more careful when they completed them. One interviewee also mentioned he had started using more MED5s, where he would previously have issued MED3s, after becoming more conscious of the rules. Some common views were:

‘I have become more interrogative, not interrogative, but checking a bit more detail rather than just giving it to them [patients] straight away.’

(GP08 young general practitioner)

‘I think what I have probably done is to fill in the MED4s more carefully. In the past it was a question about writing the main diagnosis and not putting much more in terms of the comments about where I think that the patient are in terms of their ability to work. I have put more information in there now since using the online learning module...This is the only place that has particularly changed.’

(GP21 under 40 years old but experienced general practitioner)
I would like to think I am a bit tighter with sick notes, and also I am using more of the phrases like ‘Return to work on light duties’ or ‘Return to work, avoid VDU work’ so it’s been more instead of saying yes, all or nothing in terms of capacity to work, it’s now sort of, ‘well, let us have a look at.’ There was one chap who works for a company where they were going to put him on a fork-lift truck and he’s had shoulder surgery, so I looked at the job description and actually asked somebody what was involved in actually turning the steering wheel and we realised he couldn’t do it, whereas before I probably would’ve just not even said ‘well you can do it’, so I think I’m a bit tighter with issuing the sick notes… every time I issue a note I am thinking ‘is this appropriate? Is it the right colour form, first of all, and is it appropriate to put somebody off sick, is it appropriate.’

(GP13 young general practitioner)

Some interviewees did not feel that the module had altered their way of issuing medical certificates. The module had instead reassured them that they were following the rules. Young doctors, who had recently entered general practice, emphasised that the module had given them greater confidence in terms of asking more detailed questions rather than simply providing the sick note that a patient wanted.

It was therefore evident that most interviewees (young as well as old) had to some extent used what they had learned from the module in their daily work activities. The evaluation clearly indicated that the module had had some sort of influence on the way the interviewed doctors issued medical certificates. However, it is only possible to assess the actual impact of the module by instigating a survey that compares GPs’ past practice of issuing medical certificates with their behaviour after they completed the module. Although this would not necessarily explain why certain GPs continued to issue medical certificates inappropriately despite having completed the module. During the interviews it became evident that GPs often found it difficult to apply the different rules and procedures in practice due to their desire to maintain a good doctor/patient relationship. Many interviewees often found it difficult to be objective when it came to issuing medical certificates and they tended to support the patients’ views rather than follow official guidance in such situations.

7.2.2 Doctor/patient relationship

Over half of the doctors in the evaluation referred to the tension they experienced when patients demanded medical certificates without being entitled to them, while at the same time doctors wished to maintain a good doctor/patient relationship.

Despite having worked through the module, doctors said there were occasions when they felt obliged to take the patient’s word that they were ill, especially if it was difficult for the doctor to assess objectively whether a person was ready to return to work or whether they needed a few days more on sick leave (also found by Hiscock and Ritchie, 2001). In relation to this, many GPs emphasised that they were often biased towards the patient, as they saw their role to be to help the patient. Some common remarks were:
‘We are the advocate of the patient… a patient comes in who I have known for 15 years who is having a tough time at work, who has just had a new baby, whose wife is a bit depressed, you know, they are not ill but they have obligations to other members of their family and I am their advocate and I am there to ensure that family’s long term health, so I am in a very difficult position in acquiescing to their request for a sick note. According to the rules I should not, but I am there for the family, and myself and many general practitioners do provide sick notes in those circumstances.’

(GP02 older and experienced general practitioner)

‘I am in it [writing sick notes] for the patient. If they do not get any money and they do not feed the children and that causes more problems in a way… A lot of things in general practice are for the patients’ benefit not for the social services’ benefit. A lot of times we do not follow the rules for these certificates.’

(GP01 older general practitioner with less than five years’ experience).

While the module’s supporting materials have proved helpful in dealing with such situations (as described in Section 5.2.1), doctors continued to take the patient’s view and bring social aspects into their assessment of whether patients were ready to return to work. Some of the doctors interviewed felt that the module would have a greater impact on their day-to-day practice if it acknowledged the dilemmas they faced, and provided advice on how to resolve them.

7.3 Impact on general practitioners – conclusion and recommendations

The learning objectives sought by the DWP have to a large extent been achieved among users of the module ‘Sickness Certification Made Easy’. Most doctors within our group of respondents were aware of the range of medical certificates available and many felt that the module had taught them about the specific rules and procedures associated with the sickness certification process. For some it had helped to develop a best practice approach and instigated discussions among colleagues. Nearly all had or intended to recommend the learning module to others. In addition, many GPs had used information from the module during patient consultations. The extent to which the quality of medical certificates has improved as a result of the module would need to be examined by instigating a survey that compared GPs’ past medical certificates with those issued after they had completed the module. On the basis of the findings it is recommended:

• Include information that acknowledges the dilemmas GPs face, and advice on approaches to resolve them.

• Make greater use of GPs who have used the module to promote it through discussion and recommendation.
• Consider mechanisms to provide individual audit and feedback to GPs regarding their certification practice.
• Integrate the module into the registrar training curriculum.
• Instigate a large-scale survey to assess the impact of the module.
8 Discussion

The evaluation was based on the views of doctors who had found and used the online learning module ‘Sickness Certification Made Easy’, and when registering had indicated they were willing to be contacted. It should be noted that, at the time of the evaluation, those registered made up a very small percentage (less than one per cent) of United Kingdom (UK) general practitioners (GPs). The group of respondents was predominantly male, suggesting that this form of learning may be more effective at reaching male doctors. In other respects, such as age-range, practice sizes, populations served, and geographical spread across the UK, the doctors taking part in the evaluation appeared representative of UK GPs.

While GPs were the target group for the DWP’s online learning material, the evaluation identified that a sizeable proportion of users were occupational physicians and other types of doctors. This was probably partly due to the subject matter being of greater interest to occupational physicians, and also because the module had been promoted in their literature and at a conference for occupational physicians. It may also have been a feature of the developmental stage of the online learning module, and that more GPs could be expected to use it over time.

The evaluation gathered the views and comments of users, and given the personal nature of the online learning activity, some form of in depth interview was deemed appropriate. Face-to-face interviews were carried out in GPs’ surgeries by independent researchers using a detailed interview schedule of questions and prompts. This encouraged full and frank views to be given, which were recorded and used in the analysis. Despite the fact that different methods of sampling and analysis were used, the results were convergent with those from other other research on GPs’ views of the sickness certification process (Hussey et al 2004).

The evaluation confirmed findings from research carried out by Hussey et al (2004) and Hiscock and Ritchie (2001) and emphasised current issues around sickness certification (Sawney 2002). For example, it found that the judgements required for sickness certification presented GPs with what they felt was a conflict of interests at times. GPs also felt ill-prepared to deal with the complexity and difficulty that real-life cases often contained and would like expert help to be available. Even when GPs were familiar with the rules and completion of medical certificates (DWP 2004), these could be difficult to follow given the pressures of general practice. Added to
the above problems, sickness certification was not a high developmental priority for GPs, and as a result they were only prepared to spend small amounts of time on training.

Given the comparatively low take-up rate, it was perhaps not surprising that those doctors who used the online learning module felt it needed to be better advertised. They also wanted to be able to reach it by more (working) links, and a much simpler login process. Despite the problems encountered, many had completed the module, had done some of the quizzes and were interested in further modules.

Doctors had usually spent short periods of time totalling one to two hours on the module, which is likely to be due to a range of factors, such as the time it took to complete, the time available, the knowledge level of the doctor, and the priority they attached to medical certification. Nevertheless, the material had met a wide range of needs in an area where there is an acknowledged gap in medical training about medical certification. It was encouraging to find that some users considered the module a valuable learning aid, while others used it to reinforce their knowledge and keep up to date. It was quite widely used by the more experienced GPs in their teaching. Users were very positive about the content of the module, which was seen as highly relevant, appropriate and from a reliable source. Doctors liked the use of scenarios to demonstrate how the rules of medical certification worked in practice, but asked for scenarios that better reflected the more complicated cases they faced, and for the material to be extended to cover other medical certificates, and benefits. Users of the module liked online learning and were complimentary about the module’s style. Apart from relatively minor criticisms about formal language and style, they found it simple and easy to use. The desk aids had proved useful, but few had taken the time to look at the DVDs. Some doctors felt that training material on a CD would be easier to use than DVDs and online material.

Doctors described the impact of using the module, saying that they felt more knowledgeable and confident about medical certification, and that after using the information and desk aids they approached the task in a more systematic way. Younger GPs reported some changes in the number of certificates written and the manner in which they issued them.
9 Conclusion and recommendations

This report describes an evaluation of ‘Sickness Certification Made Easy’, the
Department for Work and Pension’s (DWP’s) online learning module and supporting
materials. It has assessed attitudes to, and experience of using the module,
identified areas for improvement, and has gathered opinions on effective ways of
promoting the tools and encouraging general practitioners (GPs) to use them.

Face-to-face interviews with twenty GPs, occupational physicians and other doctors,
who had used this particular training material on medical certification, generated a
large number of views, from which the following recommendations emerged.

9.1 Increasing awareness and use

- Simplify the login process and repair broken links and sites.
- Better advertising in terms of liaising with BMJ learning and Doctors.net,
  promoting the module continuously in magazines, pamphlets and journals as
  well as sending emails through Primary Care Trusts (PCTs), adding the DWP’s
  website on medical certificates and handing out free gifts.

9.2 Improving the teaching content

- Add more difficult and complex quiz questions and scenarios.
- Increase the level of difficulty gradually throughout the module to keep the
  interest of all users.
- Simplify the desk aids by adding more graphs and flow charts.
- Change the content of the DVD ‘Personal Capability Assessment’ so it is more in
  accordance with GPs’ role in the sickness certification process.
- Clarify the content of the sections on PCA and MED4 so it is easier to understand.
• Add new online learning modules, for example on Maternity Allowance, Incapacity Benefit.
• Add a section on how to deal with complicated patients.
• Add a section on forgeries, RM7 and the MED6.

9.3 Improving the module style and layout
• Simplify the login process (also see Section 9.1).
• Repair broken links and unworkable sites (also see Section 9.1).
• Fully test modules before their launch.
• Consider greater linkage to and comparability with other online learning sites used by GPs.
• Simplify the language by making it less bureaucratic.
• Create a service where users can save their certificate of completion online.
• Make more downloads possible for reference, presentations or teaching.
• Improve DVDs or consider discontinuing them (also under 9.2).
• Provide a training package of the module on CD to be used in different teaching settings.

9.4 Increasing the impact
• Include information that acknowledges the dilemmas GPs face, and help to deal with the perceived conflict of interests in relation to medical certification.
• Make greater use of GPs who have used the module to promote it through discussion and recommendation.
• Consider providing GPs with feedback on their certification practice.
• Integrate the module into the registrar training curriculum.
• Instigate a large-scale survey to assess the impact of the module.
Appendix A
Interview schedule

Introduction to interview

- My name’s (name) and I’m a (post). The study has been commissioned by the Department for Work and Pensions (DWP) and is being conducted by CHSS, an independent organisation. The purpose of the study is to investigate GPs views on the first on-line learning module. The information can then be used to identify areas of the module that might need improvement, and help in developing further teaching modules.

- In the interview we’ll explore your use of the module, views on the content of the module, the teaching method and what affect it has had on you.

- Confidentiality

<table>
<thead>
<tr>
<th>A. How did you get to hear about the Corporate Medical Group website modules and materials?</th>
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<tr>
<td>Check whether:</td>
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<tr>
<td>☐ Colleague/Advert in GP paper/Looking for other information on CMG website/Browsing the net?</td>
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<td>☐ What interested you in it?</td>
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<td>☐ What do you think is the purpose of the modules?</td>
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<td>☐ Are you aware of the content?</td>
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<td>☐ Are you aware of the accreditation status?</td>
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<td>☐ Are you aware of the certificate of completion?</td>
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</table>
B. Can you describe the times you used the online learning module on medical certification?

- When did you start using the module?
- How many occasions/sessions have you used it?
- How much time have you spent on it altogether?
- When do you tend to use it – in CPD sessions? at odd moments when free?
- Where do you normally use it – at work? at home?
- Did you browse or read the module material only?
- Have you worked through the scenarios and quizzes?
- Have you done the final assessment?
- Has anything prevented you from using the online learning module more? - time? computer access?
- Do you intend to go back and do more/complete the module?

C. What did you think about the content of the module?

- How appropriate and relevant was the teaching content?
- How did you find the level of detail and breadth of coverage of the subject?
- How did you find the individual sections such as:
  1. General rules (doctors’ obligations)
  2. Completion of MED3
  3. Completion of MED4
  4. Completion of MED5
  5. Personal Capability Assessment.
- Do you feel that the module has met your learning needs?

Suggested changes to content:

- What type of changes would you suggest to the module in terms of its content?
- Should any material be added to or removed from the module?
- Were all your questions about medical certification answered?
- Can you suggest any improvements to the content?
D. Online learning and the teaching style of this module

Check:

☐ How user-friendly did you find this module (if used other on-line learning useful to compare)?
☐ How easy was it to navigate?
☐ Did any design aspects make it easy or difficult to use?
☐ What do you think about the module’s teaching style?
☐ Did you find the use of scenarios helpful?
☐ How did you find the use of quiz and assessment questions - enjoyable? worth doing? Appropriate level of difficulty?
☐ Can you suggest any improvements to the module as a teaching method?
☐ How does the module compare with other online learning websites you have used?
☐ Will you go on to use the three other modules?
☐ Would you like to see other aspects of professional development taught in this way?

Questions about the supporting Desk Aid/DVDs

☐ Are you aware of the desk aids? (take along a copy to prompt)
☐ Are you aware of the DVDs?
☐ Do you know how you came to have them
☐ Have you used desk aids and/or DVDs?
☐ Have you found them useful – on their own? in conjunction with module?
☐ Anything you particularly liked or disliked about the Desk Aid/DVDs?

E. How has the online learning experience affected you?

In what way has the online learning module increased your knowledge in terms of:

☐ Knowing the range of medical statements available?
☐ Knowing the rules for completing statements/certificates?
☐ Being able to think of a ‘best practice approach’ to issuing medical statements in clinical situations?

In practice:

☐ To what extent have you been able to use what you learnt from this module?
☐ Has it altered your behaviour in making medical statements?
☐ Do you discuss anything about certification with your colleagues?
F. Final round-up section

- Would you say that sickness certification is an important topic for an on-line learning module?
- Overall what did you like/dislike about the module on medical certification?
- What would enable you to make more use of it?
- Have you recommended the online learning module to your colleagues?
- Do you know of a good way of promoting the module to get your colleagues more engaged?
- Is there anything else you would like to add?

Thank you
Appendix B  
Analysis framework

The analysis framework was completed for each interview. Under each heading the relevant information in the interview was included using a mix of direct quotes and short summaries. The completed frameworks enabled a comparison of the information received and an analysis of findings across all the interviews.

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<th>Notes from Interview</th>
<th>GP-code, Interviewer, Date of interview:</th>
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<td>Interviewee details:</td>
<td>Occupation: Age: Gender:</td>
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<td>Location and type of patients: Size of Practice: Partners Patients Number of medical certificates issued: Others in Practice using DWP website:</td>
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<td>Information about CMG Web-site:</td>
<td>Heard about CMG website: Interest in CMG website:</td>
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<td>Knowledge of Module:</td>
<td>Purpose: Content: Accreditation Status: Certificate of Completion:</td>
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<td>Time used:</td>
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<td>Ways to increase use of Module:</td>
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<td><strong>Rules for Completing Certificates:</strong></td>
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<td><strong>Best Practice Approach:</strong></td>
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<td><strong>Impact of CMG Module in Day to Day General Practice:</strong></td>
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<td><strong>Use of Module in daily work activities:</strong></td>
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<td><strong>Recommended module to colleagues:</strong></td>
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<td><strong>Ways to promote Module:</strong></td>
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<td>Other:</td>
<td>GP-code, Interviewer, Date of interview:</td>
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<td>GP versus Government views on the Medical certification:</td>
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References


