



POLICY

Completion of Third Party Forms and Certification of Work Absence/ Accommodation due to Illness or Injury

STATUS:	APPROVED
Approved by Council:	June 24, 2016
Amended:	September 2016 November 2022
To be reviewed:	November 2025

1. Purpose and scope of this Policy

Practising medicine involves much more than preventing, diagnosing and treating illness. Caring about the patients' well-being is an attribute of a physician. In the course of providing patient care, physicians are often called upon to complete third party forms and to certify a patient's absence from work or their need for accommodation at work due to illness or injury.

Completing third party forms and certifying work absences/accommodations are very important matters. Stakeholders rely on a physician's expertise in making decisions concerning financial and other entitlements. The same parties work under the assumption that a treating physician has had specific training in determining disability and work accommodation. This assumption is, in most circumstances, inaccurate. Therefore, it becomes incumbent on the physician to ensure the contents of the notes or forms are objective and formulated within the physician's current skill and knowledge, based on their accurate assessment of patient-reported complaints and a careful physical examination.

Completion of third party forms is not considered the provision of a medical-legal opinion.

This policy is intended to clarify physicians' professional and ethical obligations when performing this important role. It applies to all physicians who are/remain involved in direct patient care and who receive a request to complete third party forms or certify work absences/accommodations due to illness or injury.

2. Definitions

For the purposes of this Policy, the following definitions apply:

Third party forms – These are any documents the physician is requested to complete by any person or organization other than the physician and patient, such as a government department or agency [e.g., the Workers' Compensation Board (WCB) or extra-provincial equivalent, private

non-governmental sectors such as lawyers, Saskatchewan Government Insurance (SGI) or private insurance companies, employer, educational institution, etc.]

Certificates of absence - Sometimes referred to as 'sick notes', these are notes documenting a patient's absence from work due to illness.

Accommodation – This references modifications that can be made at a patient's workplace to permit the patient to return to work (on a full or limited basis) despite functional limitations.

For the purposes of this Policy, a "**physician**" is any individual licensed by the CPSS, including individuals licensed on the educational register. While in general it will be the most responsible physicians who are ultimately responsible for the completion of third party forms, it is important that learners are aware of their ethical and professional obligations in this context and strive to meet those obligations.

3. Expectations

Physicians are ethically and legally required to provide reports on patients they have attended. This obligation extends to providing details of their findings, assessment, advice and treatment given to a patient when requested by the patient, an authorized third party or required to do so by law. When a patient has not been seen for some time, the forms should be completed based on historical findings with an indication on the report that it is based on the clinical findings at that time. If current information is required, an assessment should be arranged.

In completing third party forms and/or certifications of work absence/accommodation, physicians **must**:

- a. ensure the patient has provided valid and documented consent specific to the request to disclose information to any third party, including the patient's employer or insurer.
- b. respond to the authorized request as soon as possible, generally within thirty (30) days of receiving the request (or in compliance with legislated expectations, such as in relation to WCB or SGI requests), in one of the following ways:
 - providing the requested information; or
 - explaining why all or part of the information will not be provided in the expected timeframe or at all.
- c. provide a logical and truthful report based as much as possible on objective clinical information.
- d. specify if the forms (or portions thereof) cannot be completed due to a lack of skill or knowledge.
- e. communicate the expected fees in advance to the party from whom payment will be expected, as well as any terms of payment. The fees must be fair and reasonable reflecting the work required. Physicians should refer to the CPSS policy "[Uninsured Services](#)" and the [Saskatchewan Medical Association Fee Guide for Uninsured Services](#),

as well as the [Medical Services Branch Physician Payment Schedule](#) to confirm whether completion of particular forms constitutes insured services.

- f. not withhold non-discretionary¹ forms or reports if the patient is reasonably assessed as being unable to pay. As required by paragraph 26 of The Code of Ethics contained in Bylaw 7.1, physicians are expected to:

26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.

¹ A non-discretionary form or report would be considered any form required to obtain or maintain primary disability benefits critical to the financial viability of the ill or injured patient. This contrasts with a discretionary form or report which would be required by an agency other than the source of primary disability benefits (for example, educational institutions, recreational organizations, employers seeking clarity on restrictions and/or accommodations).

OTHER RESOURCES

CPSS Regulatory Bylaw 7.1 – [The Code of Ethics](#)

CPSS Regulatory Bylaw 7.2 – [Code of Conduct](#)

CPSS Regulatory Bylaw 8.1- [Bylaws Defining Unbecoming, Improper, Unprofessional or Discreditable Conduct, see 8.1\(b\)\(xii\)](#)

CPSS Regulatory Bylaw 9.1 – [Conflict of Interest](#)

CPSS Policy “[Uninsured Services](#)”

CPSS Policy “[Informed Consent and Determining Capacity to Consent](#)”

CPSS Guideline “[Confidentiality of Patient Information](#)”

CPSS Guideline “[Conflict of Interest](#)”

Canadian Medical Protective Association (CMPA) publications:

[“Treating physician reports, IME reports, and expert opinions: The way forward”](#), June 2019

[“Medical letters, forms, and reports”](#), May 2022

[“Writing with care”](#), March 2020

[“Did you know? You need authorization to provide medical records to lawyers”](#), January 2018

[Medico-legal handbook for physicians in Canada, Version 9.0 – May 2021, “Medical certificates”](#)

Canadian Medical Association (CMA) publications:

CMA Policy “[Third-Party Forms](#)”, 2017

CMA Policy "[The Treating Physician’s Role in Helping Patients Return to Work after an Illness or Injury](#)",
2013

ACKNOWLEDGEMENTS

In developing amendments to this policy, the College of Physicians and Surgeons of Saskatchewan referenced the following documents:

- The College of Physicians and Surgeons of Alberta Standard of Practice “Responding to Third Party Requests”
- The College of Physicians and Surgeons of British Columbia Practice Standard “Medical Certificates and Other Third-party Reports”

The College recognizes, with thanks, the contributions of those organizations to the development of this amended policy.