

20th October 2016

Ms Julianne Flower
ReturnToWorkSA
GPO Box 2668
ADELAIDE SA 5001

Dear Julianne,

Re: RTWSA Certificate of Capacity

Thank you for the opportunity to provide feedback on the early experience of our members with the Certificate of Capacity form.

Having canvassed our members for comments, the information received has been collated on the following pages, separated into two categories; overall comments and comments on specific parts of the form.

There were many responses received and while the range of matters raised is very broad, the predominant themes are related to the length and complexity of the form itself. Of particular concern as I see it is comments around doctors incorrectly completing fields (as distinct from not completing them at all). The risk of unsustainable determinations and potentially adverse outcomes from RTW activity based on incorrect information is obvious and should receive immediate attention. This is not to mention the need for case managers to follow-up on incomplete or internally contradictory certificates.

The Corporation will recall that when the content of this form was first being discussed at consultation meetings, SISA took the view that the proposed content was too long, time-consuming and complicated. We reminded the Corporation that the form represented the culmination of a drastic shift in the perceived purpose of the certificate.

Initially, the function of a medical certificate was to provide a diagnosis and to certify incapacity for work and nothing more. Its purpose was limited to observing the consistency of the diagnosis and authorising weekly payments.

Across the years, as the scheme's focus rightly turned from compensation to rehabilitation and on to return to work, the certificate evolved to seek information on capacity limitations and the like, but did not expand greatly in size.

The current form, however, involves a quantum leap in the amount of information sought. It has, as we have previously pointed out, been transformed from a certificate to a medical report while attempting to retain its original purpose of authorising weekly payments. We have further pointed out that it might not be realistic to expect a Dr to be able to fully complete such a complex document within the time constraints of even a long consultation. We suggest that judging from the feedback below, the rate of non-completion or incorrect

completion of the new form and the obvious preference by many Drs for the older and much shorter forms bears this advice out.

We do not argue that the information sought by the Certificate of Capacity is not important. Quite the contrary, it is information that is vital to the RTW process. But the information has to be complete and accurate to be of value. Our feedback indicates that that is not universally the case.

During the initial consultations mentioned above, SISA, having foreseen these problems, orally recommended the following options:

1. Have an accreditation system whereby Drs are approved by the Corporation to complete the certificate under a fee system that properly compensates them for the significant time involved. Non-accredited GPs and specialists could refer their patients to the accredited Drs with the requisite treatment and prognostic information to allow the informed completion of the certificate.

We see this as cumbersome and imposing significant administrative burdens on the Corporation, doctors and workers for the sake of perpetuating the use of a certificate form that is the root cause because it is not really fit for purpose within the constraints of doctors' consulting availability. It is also likely to lead to opposition on 'choice of provider' grounds.

2. Shorten the form such that it provides a diagnosis and *basic* capacity information and is realistic in terms of the time available for its completion by the doctor. This will serve the immediate purpose of authorising (or ceasing) weekly payments and the initiation of discussion of suitable duties with the employer. The remaining, more detailed information can then be promptly sought in the form of a pro-forma request for a follow-up report (with an appropriate fee) that the doctor can complete outside of a consultation if necessary.
3. Shorten the form as in (2) and revert to the original practice of seeking *ad hoc* additional reports when they are needed and/or only require the longer form for claims at 6 months.

We see no reason to alter our recommendations. In summary, we do not believe that this effort to obtain all that detail in one fell swoop within a GP consultation, no matter how well-intentioned by way of early intervention, is going to prove to be universally sustainable.

Yours sincerely,



Robin Shaw
Manager



1. Summary feedback

Feedback	# responses	Comment
Form is too long/too complex	10	As SISA clearly warned when certificate was first consulted. Can be difficult even for case managers to find information. Some out of date information carried over without change. Suggest change to the Qld format
Not being used by Drs/still getting WCCs	5	Seems to be an issue with regional Drs
Not being fully completed	11	Does not improve identification of capacity nor the need to get medical reports. Sometimes only 1 page completed, functional ability section not completed, some sections being deleted by Drs, often no certification dates, provider # omitted. More fields should be mandatory.
Only allow electronic submission for subsequent certificates	1	
Seems to confuse time-poor Drs	5	Leads to fields being incorrectly completed – eg unfit for work vs fit for modified duties
Insert time limits – 14 days for initial and 28 days for subsequent	1	As per Victorian practice
Examination date not correctly completed	1	
Some Drs using them fully	1	'But not many' is usual addendum
Form has not added value	1	But might change of this form was only valid one
Form is fit for purpose and working well	1	Could remove section F

2. Comment on form content

Feedback	# responses	Comment
Insert field for date of birth	1	
Insert field for worker's address	1	To assist matching with address on claim form
Insert field for phone number	1	Feedback not clear on worker or Dr phone #
Insert field for time of consult	1	
Sections C, D & E are disjointed	1	Place sections C and E together
Front page - add to the Certification section another box which certifies someone to be cleared to alternate suitable employment if their return to work goal has changed	1	
<i>Section A</i>		
Include tick boxes for 'initial', 'progress' and 'final'	1	
<i>Section B</i>		
Include option for 'provisional' diagnosis	1	
Still get vague diagnoses - 'back pain' etc	1	
<i>Section C</i>		
Wording should mirror the Act: 'ceased to be incapacitated'	1	
Cramped and difficult to read	1	
Modify to require that a review date be specified	1	
Shift info on graduated RTW from section E to the section	1	
Should be renamed 'Fitness for Work' with more space for restrictions	1	
<i>Section D</i>		
Move medication detail from section E to this section	1	
Should require timeframes for treatment	1	
Section is too forensic – simplify to referral details only	1	

Feedback	# responses	Comment
<i>Section E</i>		
Tick boxes for physical and psych function don't work – GPs tick 'can with modifications but provide no detail	1	Same as the experience in Victoria. Needs modification to ensure restrictions are specified
Move info re RTW and RTWP to section F	1	
Difficult to interpret work restrictions.	1	
Delete section altogether	1	
Comments box should be titled Restrictions	1	
<i>Section F</i>		
Remove reference to need for signed medical authority	1	Case manager and employer should be able to seek clarification from Dr without needing authority. Include provision for worker to sign to authorise Dr to discuss accordingly
Consider removing fax option to facilitate electronic submission	1	
Preferred contact method rarely completed	1	
Employer contact box should be removed and replaced with a RTW Consultant contact box.	1	By allowing this option tends to add another layer of complexity to the RTW process and can keep the Claims and/or RTW Consultant out of the loop.
Delete the section altogether	2	