



MINISTRY OF
SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

To	Working New Zealand – SDD committee	Date	27 March 2006
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MEMO

ROLE OF DESIGNATED DOCTORS

Purpose

This paper proposes changes to the role and engagement of designated doctors.

Summary

- Currently designated doctors undertake reviews on most clients applying for Invalid's Benefit. This assessment often adds an unnecessary burden to the application process without providing additional information.
- With the engagement of internal health and disability advice, changes to the medical certificate and training of case managers, the designated doctor role will change to one of providing a medical opinion where the information on the medical certificate is insufficient to establish entitlement
- Some GP designated doctors may form part of the pool of specialised assessors who are asked to comment on complex and contentious issues of entitlement and service delivery
- Designated doctors should be engaged through a robust selection process and be involved in regular training and education.

Recommendations

It is recommended that the committee:

- **Agree** that designated doctors will primarily be engaged to provide case managers with second opinion medical advice when the information provided on the medical certificate is inadequate to establish entitlement
- **Note** that the services purchasing approach will include the ability to access specialised assessment services from a range of medical and other expert practitioners, including General Practitioners. Specialised Assessors will be asked to provide expert advice on entitlement and service provision for clients with complex health needs or contentious issues where a face to face assessment and opinion is required

Insufficient information would arise in the following circumstances:

GP not best placed to provide information

The new medical certificate allows GP to indicate that they are not the best person to complete the medical certificate. This may often arise when the doctor feels under duress or has a conflict of interest.

Incomplete Certificate

GPs may choose to provide insufficient information on the medical certificate on which to establish entitlement. The diagnosis fields may be left blank or the client's incapacity may not be recorded.

Conditions unlikely to give rise to incapacity

The diagnosis or condition listed on the certificate may not indicate incapacity to work. The diagnosis may be of short duration (flu) or mild (skin infection) and clarification is needed to establish why the person should be on Sickness Benefit rather than Unemployment Benefit.

Under this condition, referral to designated doctors would normally be undertaken after discussion with the Regional Health Advisor (or following protocols as they are developed)

Designated Doctors as Specialised Assessors

Planning for Complex Clients

Where a client has multiple conditions or a complex combination of illnesses, the development of an appropriate plan may be complicated. Determining the priority of service delivery may require special consideration. Typical complex clients may be obese, depressed, have substance abuse issues and diabetes.

These clients do not usually warrant assessment by a medical specialist (with a focus in a single discipline), but may require a general practitioner perspective on bio-psycho-social aspects of rehabilitation. Designated doctors are likely to be the appropriate group to undertake this task for MSD, although opinion may also be warranted from psychologists, disability providers or other advisors.

Issues

Psychiatrists

Psychiatrists currently form a unique group of designated doctors. There are 115 (of a total workforce of 490) psychiatrists who were paid to complete designated doctor reports last year. This group of doctors completed 1,021 reports with an average of 9 reports per doctor (maximum by one psychiatrist was 167). It is likely that these psychiatrists completed Invalid's Benefit reports for clients with severe mental health conditions.

Many clients with chronic mental health conditions seldom see their GP, and so the GP is not in a position to complete the medical certificate. The psychiatrist is the best qualified medical practitioners to comment on work capacity for this group of clients, however as the client's principal doctor, they will be completing the standard medical certificate for which they would not receive payment from MSD.

Requiring psychiatrists to complete standard medical certificate, without the need for the client to submit for a designated doctor review, will likely deny them a revenue stream which they have come to appreciate (we do not pay for doctors to complete

the medical certificate). Some psychiatrists may refuse to complete the medical certificate.

Allowing all psychiatrists to bill as designated doctors to complete the standard medical certificate will set a precedent that will quickly be noted by GPs and other medical practitioners.

Likely Demand

Designated Doctors

It is impossible to determine the number of medical certificates that will be warrant review. A rough guess is that 1 - 2% of medical certificates may meet the criteria - 2,500 - 5,000 per year (compared with the current volume of 24,000 IB assessments) at a cost of around \$300,000. A pool of around 50 designated doctors nationally, undertaking 1 - 2 reviews a week would be able to manage this volume of work (currently there are 1,090).

Specialised Assessors

There could be a substantial, short term demand for specialised assessors if MSD chooses to review the status of the large pool of IB clients who may not meet the new Community Support criteria. Many of these clients have been on IB for many years and some are likely to be uncomfortable with any revision of their entitlement or resist the offer of services to enhance their employment potential. This task could involve the re-assessment of 20,000 - 30,000 individuals over 2 - 3 years. This would increase the demand for designated doctors to around 100 doctors each performing 3 assessments per week.

Competencies Required

General Practitioner Designated Doctors

In order to provide a considered opinion, the designated doctor needs to have appropriate qualifications and the respect of their colleagues. As a minimum, the designated doctor should:

- Be vocationally registered in general practice
- Have experience in rehabilitation, musculo-skeletal medicine or occupational medicine. This would normally be accompanied by a post graduate diploma in occupational medicine, rehabilitation medicine, musculo-skeletal medicine or similar qualifications
- Have a good understanding of the New Zealand health and welfare system which would require them to have at least five years experience in general practice in New Zealand
- Have the support of their IPA or PHO.