

Designated Doctor Workshops - 2008

Introduction

The presentation today will cover the following:

- Context around the changes.
- The role of the designated doctor.
- What the changes are.
- Intended outcomes.
- The new designated doctor process
 - referral
 - billing and payment.
- Key contacts.

Context

In the past processes for Sickness Benefit and Invalid's Benefit only focused on:

- paying and administering the benefit
- full and correct entitlement.

In addition there will now be a focus on:

- clients and engaging with them
- providing clients with the right services and support to enable them, where appropriate, to prepare for a return to employment.

The role of the designated doctor

Designated doctors are engaged by Work and Income to provide an independent medical opinion that assists the case manager by:

- indicating medical entitlement to benefit
- identifying a person's capacity for work
- identifying possible services or treatment.

What are the changes?

- New referral process.
- New reporting documents.
- New supporting health and disability roles.
- Making greater use of existing information.

Intended outcome of the new process

- To support case managers, regional health advisors and regional disability advisors by providing an independent medical opinion.
- To recognise the client's abilities and identify obstacles to their participation in the workforce.
- To support consistency between designated doctor reports.

Triggers for referral

A case manager may consider referring a client to a designated doctor when:

- the client's General Practitioner has indicated on the Work and Income medical certificate that they are not best placed to provide the information
- the diagnosis is unclear
- the information provided on the medical certificate or other supporting health or disability information is ambiguous or conflicting
- a previous Work and Income medical certificate contains a substantially different diagnosis or recommendation.

Triggers for referral (continued)

Referral reasons:

- The duration recorded on the medical certificate appears to contradict the condition.
- The client is engaged in activities that appear to be at odds with recorded incapacities.

Referral reasons specific to Invalid's Benefit:

- There is inadequate information in the medical certificate or other supporting health or disability information to establish medical eligibility to Invalid's Benefit.
- The client is unable to provide existing reports and/or a medical certificate.
- The client chooses to see a designated doctor.

New designated doctor process

- Referral by case manager
 - documents that will be sent.
- Reporting
 - completing reports
 - seeking usual practitioner reports.
- Billing and payment.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

OFFICIAL RELEASED INFORMATION UNDER THE PRIVACY ACT



Medical Certificate for the Sickness and Invalid's Benefit and Independent Youth Benefit (Sickness)

Information for health practitioners

The Work and Income Medical Certificate provides case managers with information to help them determine each person's eligibility for a benefit, and to assist them to determine whether the person should engage in planning towards work.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be incapacitated.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners or dentists. It can also be completed by midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered in practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit.

If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

Sickness Benefit

Sickness Benefit is a type of income support paid to people who temporarily can't work full-time because of sickness, pregnancy, injury or disability. They may have a job now but had to reduce their hours and income or, be unemployed or working part-time and find it hard to look for and undertake full-time work.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is a type of income support paid to young people aged 16 to 19, who can't live with their parents, are independent and can't work because of sickness, pregnancy, injury or disability.

Invalid's Benefit

The Invalid's Benefit is a type of income support paid to people who have a permanent and severe sickness, injury or disability that stops them from working or makes it difficult for them to work.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- call your local Work and Income *Guide for Health Practitioners* book
 - contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
 - call us free on 0800 559 099 or visit our website www.workandincome.govt.nz.
- Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is available in our Work and Income brochures.



Work and Income
Te Hirianga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit, and will assist in helping plan their entry into work.

Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Address information is used to assist with identification. It is not used for contact purposes.

Where the person is not enrolled with your practice, you can still complete the form. The case manager may seek further advice before determining support.

We may arrange a second opinion by a designated doctor or request a report from a specialist.

First name(s) Surname (family name)

Residential address

Date of birth Day Month Year Gender: Male Female

1. Is the person enrolled with your practice? No Yes

2. Who do you consider best placed to provide this information? Yourself Second opinion

Other

Pregnancy

The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. The Sickness Benefit can be payable for up to 13 weeks after the birth of the baby.

3. Is the condition pregnancy related? No (Go to Q39) Yes

4. Has the baby been born? Yes Date of delivery Day Month Year (Go to Q39)
OR
Is the person 27 or more weeks pregnant? (Read code ZV223) Yes Due date Day Month Year (Go to Q39)
OR
Is the person less than 27 weeks pregnant with complications? Yes Please give details

READ Code	Description
1	
2	

Work and Income requires reassessment of Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

5. Unable to work from Day Month Year

6. When should the person's entitlement to benefit next be assessed? Day Month Year (Go to Q20)

Sickness, injury or disability

Please include mental health, pain or associated conditions such as obesity or stress. Please list the condition with the greatest impact on ability to work first. Provisional implies the exact nature of the diagnosis is uncertain at this stage.

People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

7. What are the main clinical conditions affecting the person's ability to work?

READ Code	Description	Is it provisional?	Covered by ACC?
1			
2			
3			
4			

8. If covered by ACC, what is the ACC Number?

Hospitalisation

The benefit may be reduced after a person has been in hospital for 13 weeks or more.

9. Is the person in hospital? No (Go to Q39) Yes

Hospital name Date of admission Day Month Year Expected length of stay (days)

Treatment and interventions

Please indicate if the person is receiving treatment which may interfere with their ability to work.

Where an intervention could assist the person into work, Work and Income may consider helping the person access this service.

Questions 10 and 11 relate to planning rather than entitlement. Their completion is therefore optional.

10. Is the person receiving active treatment for any of the conditions listed in Question 7? No Yes Please give details

11. Are there other interventions which could assist the person into work? No Yes Please give details

Impact on ability to work

Please provide a description of how these conditions contribute to the person's inability to work (eg difficulty walking, poor concentration, inability to stand for extended periods).

Work and Income would like to work with all our clients to help them plan for their future, including employment, rehabilitation and social participation.

12. How do the above conditions listed in Question 7 affect the person's ability to work?

13. When is the person likely to be capable of:

	Now	1-3 months	3-6 months	6-12 months	12 months or longer	Unknown in foreseeable future
Work planning						
Dressing						
Lift/heavy clothes						
Post haste work (up to 30 hours per week)						
Full time work (over 30 hours per week)						

14. Is the person totally blind (VA C 1/20 with correction)? No Yes (Go to Q19)

15. Does the person's sickness, injury or disability limit their capacity to seek, undertake or be available for employment for 30 hours or more per week? No (Go to Q19) Yes

16. Does the person's sickness, injury or disability prevent them from regularly being in open employment for 15 hours or more per week? No (Go to Q19) Yes

17. Is the person's condition expected to last at least 2 years? No Yes
OR
Is the person's life expectancy less than 2 years? No Yes

18. Unable to work from Day Month Year

19. When should the person's entitlement to benefit next be assessed? Day Month Year 2 years 5 years Never

Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

Work and Income requires reassessment for Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

Comments

If the person has a chronic or severe condition, please attach a copy of any recent reports, which would help determine appropriate support.

20. Would you like Work and Income to contact you about this person's diagnosis or ability to work? No Yes

21. Please provide any comments that would assist the case manager determine appropriate support for the person.

Health practitioner identity

HPI Number Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian or their legal representative) and they have agreed with the information being provided to Work and Income. No Yes

Where the person has not consented to the release of the information, Work and Income will be unable to take this information into account when considering an application for benefit.

Practitioner name

Practitioner address

Telephone number

Date person examined: Day Month Year

Date certificate completed: Day Month Year

Health Practitioner's signature:

Referral for a Designated Doctor Assessment



HD5005W - APR 2008

CLIENT NUMBER

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Information for case managers

This referral form contains information for a health or disability practitioner, where Work and Income requires an independent medical assessment. It outlines the areas where clarification is sought to determine medical eligibility.

Please complete this form and send the form to the appropriate designated doctor before their appointment with the person concerned.

Designated doctor details

Full name

Practice address

Client details

Client's name

First names (s)

Surname or family name

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender

Male

Female

Client's contact details

Address

Home phone

Mobile phone

Alternative phone

Email

Fax

Client's usual GP

Usual GP's medical centre

Client's primary language (including sign language)

Interpreter required

No

Yes

Interpreter arranged

No

Yes - Please provide contact details below.

Interpreter's contact details

Work phone

Mobile phone

Service provider

Reason for referral

Please tick the boxes that best describe the reason for the client's referral. (Tick as many as apply.)

Sickness Benefit

Application

Review

Invalid's Benefit

Application

Review

Independent Youth Benefit

Application

Review

Client requested an assessment by a designated doctor

Indicated by the GP on the medical certificate

Unable to determine entitlement from available information

Diagnosis is unclear

Conflicting information in the medical certificate

A previous medical certificate contains substantially different diagnosis or recommendations

Person engaged in activities that appear to be at odds with recorded incapacities

Duration exceeds expectations for this condition

Other - Please provide details below:

Case manager details

Case manager's name

First names (s)

Surname or family name

Case manager's contact details

Service centre name

Service centre postal address

Work phone

Fax

Email

Case manager's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Documents attached

Medical certificate

Other - Please provide details below:

Designated Doctor Billing Statement



CLIENT NUMBER

This information will be used to ensure that the correct payment will be made to the designated doctor and the client's usual GP (where a written report has been requested).

Case manager – please complete all of this section.

Client details

First name(s) Surname or family name

Residential address

Billing instructions Office use only

The preparation for this report should be billed as:

- Invalid's Benefit Application Sickness Benefit Review
 Invalid's Benefit Review Independent Youth Benefit – second opinion
 Sickness Benefit Application

www.msd.govt.nz/clientservices/2012/03/05

Payment is made on the 20th of the month following unless stated otherwise on your tax invoice.

Designated doctor – please complete all of this section.

Designated doctor details

Please print or stamp your full name, address, telephone number and MPI number. This information is required under the Social Security Act 1964.

MPI number

Full name

Practice address

Assessment completed and forwarded to the local Work and Income Service Centre.

Medical practitioner's signature

Date

Day Month Year

Report request

Has a report been requested from the client's usual GP?

- No Yes ▶ Please provide usual GP's details below.

Usual GP's contact details

Full name

Practice address

Mailing instructions

Your GST invoice must include:

- client number
- client name and address
- your name and address
- date the assessment was completed

To ensure that you receive your payment promptly, please complete this form and return with your tax invoice to:

Work and Income
National Accounting Centre
Private Bag 3050
Rotorua

Designated Doctor Report



HDS006W - APR 2008

CLIENT NUMBER

Information for case managers

This report allows designated doctors to inform specific reasons for a client's referral and to provide information additional to a medical certificate.

Please complete this page and send the form to the appropriate designated doctor before their appointment with the person concerned.

Case manager details

Case manager's name
First name(s) Surname or family name

Case manager's contact details
Service centre name

Service centre postal address

Work phone Fax

Email

Client details

Client's name
First name(s) Surname or family name

Date of birth Gender Male Female

Client's contact details
Address

Main phone Mobile phone Alternative phone

Email Fax

Client's previous occupation

Client's usual GP

Diagnosis

Q1 note: Please list the condition with the greatest impact on work ability first.

1. What are the main clinical conditions or disabilities impacting on the person's ability to work? Please include physical, mental health and intellectual conditions/disabilities.

READ Code	Description	Date of onset/duration
1.		
2.		
3.		

2. What other conditions are impacting on the person's ability to work? Please include no disabilities, pain, stress or other conditions/disabilities.

READ Code	Description	Date of onset/duration
4.		
5.		
6.		

3. Is the impact of the condition on the person's ability to work likely to fluctuate or be intermittent?

No Yes

4. Please provide any additional diagnosis details below:

Current treatment or intervention

5. Is the person under the care of a specialist(s)?

No Yes Please give details of the condition/disability below:

Type of specialist(s) Private Public

Name of specialist(s)

6. What treatment or intervention(s) is the person currently receiving?

Intervention	Provider	Expected date of completion

Impact on ability to work

7. Is the person totally blind (VA \leq 1/20 with correction)?

No Yes

8. Does the person's sickness, injury or disability limit their capacity to seek, undertake or be available for employment for 30 hours or more per week?

No Yes

9. Does the person's sickness, injury or disability prevent them from regularly being in open employment for 15 hours or more per week?

No Yes

10. Is the person's condition expected to last at least 2 years?

No Yes

11. Is the person's life expectancy less than 2 years?

No Yes

12. What date was the person unable to work from?

Day Month Year

13. When should the person's entitlement to benefit next be assessed?

OR 4 years 5 years Never

Day Month Year

Q12 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

Q13 note: Work and Income requires reassessment for the Sickness Benefit at least every 15 weeks. The first reassessment will be after a maximum of 4 weeks.

Q14 note: Please provide a description of how these conditions contribute to the person's ability to work (eg difficulty walking, poor concentration, inability to stand for extended periods).

Q15 note: Work and Income would like to work with all our clients to help them plan for their future, including employment, rehabilitation and social participation.

14. How do the conditions outlined in Questions 1-6 impact on the person's ability to work?

15. When is the person likely to be capable of the following?

	Now	1-3 months	3-6 months	6 months - 1 year	1-2 years	2-5 years	5+ years	Unlikely in the foreseeable future
Work planning								
Training								
Light/shorter duties								
Part time work								
Up to 30 hours per week								
Full time work								
Over 30 hours per week								

Factors which impact on ability to work

16. Please indicate the factors which impact on the person's ability to work by completing the table below:

Type	Description	Code	Type	Description	Code
Vocational	<input type="checkbox"/> Limited employment history	V01	Personal	<input type="checkbox"/> Motivation	P01
	<input type="checkbox"/> Extended time out of conditions	V02		<input type="checkbox"/> Work attitude	P02
	<input type="checkbox"/> Limited skills/experience	V03		<input type="checkbox"/> Confidence	P03
	<input type="checkbox"/> Workplace limitations	V04		<input type="checkbox"/> Resilience	P04
	<input type="checkbox"/> Job seeking skills	V05		<input type="checkbox"/> Energy levels	P05
	<input type="checkbox"/> Job performance history	V06		<input type="checkbox"/> Tenacity	P06
	<input type="checkbox"/> History of poor job satisfaction	V07		<input type="checkbox"/> Worried about	P07
	<input type="checkbox"/> Limited work goals	V08		<input type="checkbox"/> Fear of failure	P08
	<input type="checkbox"/> Return to work costs	V09		<input type="checkbox"/> Anger	P09
	<input type="checkbox"/> Workplace rehabilitation	V10		<input type="checkbox"/> Fear of aggression	P10
Educational	<input type="checkbox"/> Formal education	E01	<input type="checkbox"/> Personal hygiene	P11	
	<input type="checkbox"/> Literacy/numeracy	E02	<input type="checkbox"/> Environmental awareness	P12	
Health related	<input type="checkbox"/> Levels of excess of training	H01	<input type="checkbox"/> Home management skills	P13	
	<input type="checkbox"/> Physical limitations	H02	<input type="checkbox"/> Financial management	P14	
	<input type="checkbox"/> Psychological/psychiatric condition	H03	<input type="checkbox"/> Social interaction	P15	
	<input type="checkbox"/> Pain/trauma/neurological condition	H04	<input type="checkbox"/> Age discrimination	P16	
	<input type="checkbox"/> Anxiety/impairment	H05	<input type="checkbox"/> Perceived lack of available jobs	P17	
	<input type="checkbox"/> Learning disabilities	H06	<input type="checkbox"/> Appearance	P18	
	<input type="checkbox"/> Substance abuse	H07	Legal	<input type="checkbox"/> Ex-offending history	L01
	<input type="checkbox"/> Undergoing consent treatment	H08		<input type="checkbox"/> Legal action pending	L02
	<input type="checkbox"/> Treatment hospitalisation/ treatment demands	H09		<input type="checkbox"/> Family law issues	L03
	<input type="checkbox"/> Treatment technical issues	H10		Employment related	<input type="checkbox"/> Accommodation
	<input type="checkbox"/> Epileptic fluctuations	H11	<input type="checkbox"/> Transport		R02
	<input type="checkbox"/> Avoiding health services	H12	<input type="checkbox"/> Geographic isolation		R03
	<input type="checkbox"/> High levels of physical support	H13	<input type="checkbox"/> Lack of employment opportunities		R04
	<input type="checkbox"/> Insurance difficulties	H14	<input type="checkbox"/> Employer resistance to benefits		R05
<input type="checkbox"/> Cost effective limitations	H15	<input type="checkbox"/> Employer resistance to conditions or modifications	R06		
<input type="checkbox"/> Manual dexterity limitations	H16	<input type="checkbox"/> Worker duties/retirees/stand down periods	R07		
<input type="checkbox"/> Mobility restrictions	H17	<input type="checkbox"/> Leave management	R08		
<input type="checkbox"/> Physical fitness	H18	<input type="checkbox"/> Employer relationships	R09		
<input type="checkbox"/> Chronic pain	H19	<input type="checkbox"/> Conflict between agencies	R10		
Socio-cultural	<input type="checkbox"/> Reliability limitations	S01			
	<input type="checkbox"/> Cultural factors	S02			
	<input type="checkbox"/> Language/communication	S03			
	<input type="checkbox"/> Relationship/partnership	S04			
	<input type="checkbox"/> Support networks	S05			
	<input type="checkbox"/> Carrying responsibilities	S06			

If classified factors impact on this person's ability to seek or undertake work

Planning for employment

The client's consent is needed for this section.

Q19 note: Where an intervention could assist the person into work, Work and Income may consider helping the person to access this service.

17. Using the completed table from Question 16, which factors have the most significant impact on the person's ability to work?

Description	Code

18. Comment on how these factors impact on the person's ability to work below

19. How could these factors best be addressed?

Intervention	Suggested provider

20. If these treatments or interventions were made available, how likely is it that the person will be able to commence work in the next 12 months?

Very unlikely Likely Very likely

21. What residual impairment do you think the person will have in 2 years time?

Impairment Impact on the person's ability to work

Comments

Q23 note: Please respond to the specific issues raised by the case manager in the referral form (HQS065W)

22. Would you like Work and Income to contact you about this person's diagnosis or ability to work?

No Yes

23. Please provide any comments that would assist the case manager determine appropriate support for the person.

Designated doctor details

Please print or stamp your full name, address, telephone number and HPI number. This information is required under the Social Security Act 1964.

HPI number

Full name

Practice address

Date referral received / / Consultation date / /

GP contacted No Yes Report requested No Yes

Medical practitioner's signature Date / /

Scenario 1: Indicated by the General Practitioner on the medical certificate

You receive a referral from a case manager for a client aged 37 years.

The referral indicates the General Practitioner (GP) has advised that they are not best placed to complete the medical certificate. The case manager also has concerns about the person's ability to work and therefore entitlement to Sickness Benefit.

In preparation for the assessment and to request clarification, you fax a Host Doctor/Usual Practitioner Report through to the client's usual practitioner who advises a telephone conversation would be more convenient.

You phone him and he tells you the following story:

The client is an immigrant who has been in New Zealand for four years (he meets the residency criteria for income support). He trained as an engineer in his home country of Zimbabwe and now wants to gain registration in New Zealand. The industry body has indicated that he must gain experience in the New Zealand system and work practices. To this end he has obtained a volunteer position at a large engineering firm, working around 35 hours per week. He spends the rest of his time studying towards his New Zealand examinations.

With three young children, his wife is unable to work and finances have become very tight.

He applied for the Sickness Benefit to provide some additional income. He visited the local GP with whom his family is enrolled and the GP completed an initial medical certificate. The Sickness Benefit was granted on a diagnosis of stress and depression. The income provided some relief, however finances became tighter and things become rather desperate.

At this next visit, the GP advised the client that he is unable to continue certifying him as unable to work 30 hours per week, as he clearly is working for the engineering firm.

The client completes the certificate themselves and demands that the GP sign it, or they will have no option but to commit suicide. The GP signs the certificate but indicates they are not the best person to complete the certificate and recommends a second opinion.

Medical Certificate



Work and Income
Saskatchewan

Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.
Address: wherever is used to contact with the person, it is not used for contact purposes.
Where the person is not enrolled with your provider, you may still complete this form. The case manager may seek further under-employment information and will be able to provide a date of last contact or request a report from a specialist.

Pregnancy

The Sick Leave Benefit for pregnancy starts from the beginning of the 27th week of pregnancy or earlier in the case of unexpected illness or complications. The Sick Leave Benefit can be payable for up to 13 weeks after the birth of the baby.

Medical Report requires completion of Section B only if the person is unable to work for 14 days.

Sickness, injury or disability

Please include mental health, pain or associated conditions such as anxiety or stress. Please list the condition and the date of onset. If the person has more than one condition, list the most serious of the conditions in the first column.
People who have A/E (acute or episodic) or chronic conditions may still be entitled to assistance from Work and Income.

Hospitalisation

The person must be hospitalized after a period of time up to 14 days per year.

Treatment and interventions

Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

Medical Certificate

This information will be used to establish the person's entitlement to benefits, and will assist in helping plan their entry into work.

Work and Income
Saskatchewan

Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.
Address: wherever is used to contact with the person, it is not used for contact purposes.
Where the person is not enrolled with your provider, you may still complete this form. The case manager may seek further under-employment information and will be able to provide a date of last contact or request a report from a specialist.

Pregnancy

The Sick Leave Benefit for pregnancy starts from the beginning of the 27th week of pregnancy or earlier in the case of unexpected illness or complications. The Sick Leave Benefit can be payable for up to 13 weeks after the birth of the baby.

Medical Report requires completion of Section B only if the person is unable to work for 14 days.

Sickness, injury or disability

Please include mental health, pain or associated conditions such as anxiety or stress. Please list the condition and the date of onset. If the person has more than one condition, list the most serious of the conditions in the first column.
People who have A/E (acute or episodic) or chronic conditions may still be entitled to assistance from Work and Income.

Hospitalisation

The person must be hospitalized after a period of time up to 14 days per year.

Treatment and interventions

Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

Impact on ability to work

Please provide a description of how these conditions contribute to the person's inability to work, top difficulty working, poor concentration, inability to stand for extended periods.

Work and Income would like to work with all our clients to help them plan for their future, including employment, rehabilitation and social participation.

How do the above conditions listed in questions 7 affect the person's ability to work?

14. How do the above conditions listed in questions 7 affect the person's ability to work?

15. When is the person likely to be (re)able to work?

How	1-3 months	4-6 months	7-12 months	More than 12 months
Work performance				
Upper extremities				
Lower extremities				
Balance				
Other				

- 16. Is the person likely to be able to work in the next 12 months?
 - Yes No
- 17. Does the person's condition affect their ability to work in the next 12 months?
 - Yes No
- 18. Does the person's condition affect their ability to work in the next 12 months?
 - Yes No
- 19. How long is the person likely to be unable to work?
 - Less than 1 month 1-3 months 4-6 months 7-12 months More than 12 months

Comments

19. What would the person's preferred benefit be?

- None Health Disability Other

Health practitioner identity

20. Would you like Work and Income to contact you about this person's diagnosis or ability to work?

- Yes No

Health practitioner identity

21. Please provide any comments that would assist the case manager in determining appropriate support for the person.

Health practitioner name: DR. J. A. SMITH
 Health practitioner title: Physician
 Health practitioner address: 123 Main St, Regina, SK S4N 1A1
 Health practitioner phone: 306-234-5678
 Health practitioner fax: 306-234-5679
 Health practitioner email: jsmith@reginahealth.ca
 Health practitioner signature: [Signature]
 Health practitioner date: 12/15/2023

Treatment and interventions

22. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

23. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

24. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

25. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

26. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

27. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

28. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

29. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.

30. Please indicate if the person is receiving treatment and/or interventions which may help the person to return to work.



Scenario 2: Unable to determine entitlement from available information

You receive a referral from a case manager for a 23 year old male.

The medical certificate completed by the client's usual General Practitioner (GP) notes the diagnosis as "Fatigue" (there is no READ code) and the impact on ability to work simply states "lack of motivation". The GP has indicated that they do not think this person will ever be able to undertake training, light duties or full-time work. The GP has further indicated that they are unable to work 15 hours per week and that the condition is likely to last more than two years.

The case manager is not prepared to extend the Sickness Benefit or to grant an Invalid's Benefit based on the information in the medical certificate, so has referred him to you for a second opinion.

On meeting the young man, he presents with poor hygiene, long unkempt hair and tattoos on his hands, arms and neck. His extensive muscle development indicates that he may be using body building drugs. At the outset of the assessment he makes it very clear that he does not want to be there and simply wants to continue on the Sickness Benefit. He expresses rather derogatory comments about the case manager who made him attend the assessment.

On examination he has a sallow appearance, and rather fast pulse, though his other vital signs are unremarkable. He has a fine motor tremor that you assume is related to his alcohol intake. Otherwise his system examination is unremarkable.

He refuses to entertain any suggestion about his ability or suitability for work, though he does indicate that he earns money by working for cash jobs for his mates. You choose not to press him as to the nature of this work.

Scenario 3: Duration exceeds expectation for this condition

You receive a referral from a case manager for a 34 year old woman.

She has been on Sickness Benefit for the past five years. Her medical certificates are completed every 13 weeks by her usual General Practitioner (GP). Each certificate appears to be exactly the same with the diagnosis simply being coded as:

E2003 Anxiety with depression

Apart from being on long term tricyclic medication, the GP has not indicated that the client is undergoing any active treatment. There is no indication that her condition affects her ability to work.

Work capacity simply indicates that she is unable to work more than 15 hours per week and that she should be next re-assessed in 13 weeks time.

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Scenario 4: Engaged in activities that appear to be at odds with recorded incapacities

You receive a referral from a case manager for a 19 year old university student.

It is the second week of January and the student has completed two years of their degree in social sciences.

On the referral the case manager notes that the student has recently returned from eight weeks holiday on the Gold Coast and has now applied for the Sickness Benefit.

Their General Practitioner (GP) has completed a medical certificate indicating that the student is suffering from:

E28. Acute reaction to stress

The GP has indicated that the person is likely to be capable of training in one to three months. You assume that this is when they will return to university. The work incapacity also indicates that they are unlikely to be able to undertake any light or selected duties in the next one to three months.

When answering the reassessment question the GP has ticked "Never"

In answer to Question 21, the doctor has stated "Recent break-up with girlfriend and taking this hard".

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Scenario 5: A previous medical certificate contains substantially different diagnosis or recommendations

You receive a referral from a case manager for a 60 year old client.

She has now been on Sickness Benefit for several years. She was once a librarian at the local university.

Her medical certificates are usually completed by her regular General Practitioner (GP); however a young locum doctor has completed this for him while he is taking an extended family holiday.

The regular medical certificates are simply completed for back pain (N145). She was on ACC for four years before coming onto Sickness Benefit. ACC determined that her back pain no longer stopped her from working more than 35 hours per week, and so ended her compensation.

The locum has completed a new medical certificate and lists the following diagnosis:

- N143. Sciatica
- 1369 Suspect alcohol abuse - denied
- 13F3. Lives alone -no help available
- C25. Thiamine and niacin deficiency states

While the locum indicates that the patient is receiving no active treatment, she recommends that treatment of her alcoholism would help her back to work. She also recommends a nutrition assessment.

In answering question 13 the locum says the client could be ready for light duties in one to three months time.

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Scenario 6: Diagnosis is unclear

You receive a referral from a case manager for a 56 year old male.

He has applied for Sickness Benefit on the basis of a medical certificate completed by the doctor working at the local Accident and Emergency Medical Centre.

In completing the referral the case manager notes the fellow is a plumber who has no regular General Practitioner (GP) as he is usually well and moved into town about six months ago.

The medical certificate indicates that the doctor believes they are best placed to complete the certificate. The diagnosis is recorded as:

R040. [D]Headache

There is no indication that further treatment is required. The certificate indicates that the client is unable to work as the headaches stop him from concentrating and focusing on small objects.

He is deemed not to be able to work 15 hours per week, though this is not expected to last more than two years. He is unable to work from the date on the certificate and should be reassessed in 13 weeks time.

Under comments the doctor has written "Good man, but terrible nasty head pain"

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Scenario 7: Conflicting Information on the medical certificate

You receive a referral from a case manager for you to review a medical certificate from a well known General Practitioner (GP) in town.

The application for Invalid's Benefit has come from a 38 year old male who has recently been diagnosed with insulin dependent diabetes. He works as a truck driver for the local quarry and is proud that he had not had a "sickie" for over three years, apart from the last few months when he has been struggling with feeling faint and having to pee all the time.

He was an active sports person in his "younger" days, and now coaches school rugby as his kids are in high school. He keeps himself fit, though he could lose more weight. He does not smoke, but is very fond of takeaway meals and eats these most days. He denies receiving any advice about diet or weight management from any doctor.

The medical certificate indicates that he is enrolled with the practice of the GP and that the GP is the best person to complete the certificate. The diagnosis is entered as:

C10. Diabetes mellitus

The man is not in hospital and from the certificate it would appear that he is not under the care of a specialist. Question 10 simply states "Now on insulin". There is no information on how the condition affects the person's ability to work.

In response to the work planning questions, the GP has stated that he is unlikely to be ready for work planning in the foreseeable future.

Work capacity indicates that he cannot work 15 hours per week in open employment and that the condition is likely to last longer than two years.

The doctor suggests his entitlement to benefit should "Never" be reassessed.

Under comments the GP has simply written "Expect rapid decline in health status"