



# MINISTRY OF SOCIAL DEVELOPMENT

*Te Manatū Whakahiato Ora*

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██████ MAR 2011

Thank you for your email of ██████ 2010 requesting, under the Official Information Act 1982, job descriptions of specific Ministry staff, functions of these staff, information about and Medical Appeal Boards and their interaction with the Ministry, information about ██████ Medical Appeal Board hearing, and the number of clients who have been referred to a Designated Doctor.

This letter also includes a response to the Official Information Act request that you sent to ██████ Community Link on ██████ January 2011. This request was for further details of Sickness and Invalid's Benefit referrals to a designated doctor and the Medical Appeal Board and the total number of Sickness and Invalid's beneficiaries.

Finally, this letter will outline the professional and/or medical qualifications of various staff at the ██████ Service Centre, further to your complaint to the Office of the Ombudsman.

For the sake of clarity, I will address each question in turn.

Request dated ██████ 2010

### Questions 1 to 5

Please find attached the five position descriptions for the roles of Regional Health Advisor, Regional Disability Advisor, Health and Disability Co-ordinators, Principal Health Advisor and Principal Disability Advisor.

### Question 6

The relevant internal documents are attached in the appendix entitled *Regional Health Advisors and Regional Disabilities Advisors*.

### Question 7

Please see below the descriptions of the functions of the Principal Health Advisor, the Principal Disability Advisor, the Regional Health Advisor, the Regional Disability Advisors and the Health and Disability Co-ordinators in regards to their advisory and liaison roles when working with medical practitioners. These roles are interlinked and all staff work closely together to ensure consistency is maintained throughout the regions.

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### *Principal Health Advisor and Principal Disability Advisor*

These two national advisors provide strategic leadership and advice to Ministry staff, specifically the Work and Income Regional Health and Disability Teams. Through their medical knowledge and experience they assist staff to engage effectively with other health and disability sector agencies such as the Ministry of Health, ACC, District Health Boards, Primary Health Organisations and Non Government Organisations.

### *Health and Disability Co-ordinators*

Health and Disability Co-ordinators are located in each of the 11 Work and Income regions. The Co-ordinators liaise with general practitioners, and the Work and Income Regional Health and Disability Teams to provide support and information about the processes and guidelines of health-related benefits which include the Invalids, Sickness and Domestic Purposes Caring for Sick or Infirm benefits, the Disability Allowance and the Child Disability Allowance. This ensures that case managers are fully informed and supported when making decisions about a person's medical incapacity when determining benefit entitlements.

### *Regional Health Advisors and Regional Disability Advisors*

Regional Health and Regional Disability Advisors are part of the wider Health and Disability Team within each Work and Income region. When a case manager requires advice about determining medical eligibility, the Regional Health or Regional Disability Advisor are available to discuss a client's ill health or disability further.

The Health and Disability Teams are accountable to the Ministry's Regional Operations Managers.

### *Questions 8, 9 and 10*

You have requested a description of the specific criteria of a Designated Doctor's ability to work constructively with Ministry staff. The Ministry does not hold any documentation specifying this, therefore this part of your request is declined under section 18(e) of the Official Information Act.

The role of the Designated Doctor is to provide an independent medical opinion to Work and Income. Section 44(1) of the Social Security Act 1964 allows for the chief executive to require an applicant to be examined by a medical practitioner or a psychologist.

The medical practitioner or psychologist must certify whether, in his or her opinion, the applicant or beneficiary is or is not permanently and severely restricted in his or her capacity for work or totally blind. The medical practitioner or psychologist must be agreed for the purpose between the applicant and the Chief Executive, or failing agreement, must be nominated by the Chief Executive.

The Designated Doctor appointment process enables Work and Income to be confident in the information received.

Some examples of doctors demonstrating an ability to work constructively with the Ministry are:

- a history of medical certificates for financial assistance being completed appropriately
- a willingness to engage with Work and Income case managers if there are queries, inconsistencies, or difficulty in understanding the medical information that has been provided
- a willingness to make time to see the Health and Disability Team advisors to hear about changes to Work and Income assistance or processes.

Ministry staff are aware that Work and Income clients are only one portion of a medical practitioner's workload. Work and Income works closely with Designated Doctors to ensure they are able to provide information back to the Ministry in a timely manner. This assists case managers in determining entitlement for an applicant in a timely manner also, based on all the information available to them.

In addition, Designated Doctors need to be prepared to discuss their medical reports with Work and Income staff when required and ensure that they provide the medical reports about the applicants back to the Ministry on time.

#### Question 11

The Regional Health and Disability Team complete internal web-based training (this is the same for all frontline staff) as part of their orientation and this includes benefit specific training. The Ministry also facilitates workshops providing specific internal information that all frontline staff attend. Ongoing training, mentoring and coaching takes place through regional visits by the Principal Health Advisor and Principal Disability Advisor and through monthly teleconferences and daily discussions around individual cases. In addition, Regional Health Advisors have access to resources such as Work and Income's Manuals and Procedures, which are publicly available on the Work and Income website, accessible at the following link:  
[www.workandincome.govt.nz/manuals-and-procedures](http://www.workandincome.govt.nz/manuals-and-procedures)

#### Question 12

The Chief Executive has the authority under the State Sector Act 1988 to delegate functions to appropriate staff and has the duty to act independently in relation to staffing matters.

The roles of Ministry staff members listed in question 12 are therefore are not specified in the Social Security Act 1964. Therefore this part of your request is declined under section 18(e) of the Act as the information requested does not exist.

#### Question 13

Please find enclosed a copy of the Guide for Designated Doctors booklet which outlines the expectations that the Ministry has for Designated Doctors.

# no psychologists!

## Question 14

As at 22 March 2011, Work and Income had a total 332 Designated Doctors of which 313 are general practitioners, ten are psychiatrists, two specialise in Accident and Medical, two specialise in Internal Medicine, three specialise in Rehabilitation Medicine and two are Surgeons. All Designated Doctors are currently practising.

## Questions 15 and 16

Each Regional Health and Disability Team identifies potential Designated Doctors in their area. The Regional Health and Disability Advisor will meet to discuss the requirements with the potential doctor, and if in agreement, the doctor will complete an application form to apply to be a designated doctor for the Ministry. The endorsed forms are provided to the Principal Health and Principal Disability Advisors at Work and Income National Office, who have the final decision.

## Question 17

It is the role of the Regional Health and Disability Co-ordinators in each region to contact medical practitioners who may wish to become a Medical Appeal Board member and to follow up on enquiries from Medical Practitioners who express an interest in becoming a member. It is the Health and Disability Co-ordinator who has the final decision on the appointment of the members of a Medical Appeal Board.

When a client is referred for a Designated Doctor assessment the case manager provides the client with the full list of Designated Doctors in their area to establish the most appropriate practitioner. If they are unable to agree, the case manager can select the most appropriate designated doctor.

\* Some clients were offered NO choice - but told, who to see!!!

??  
not always done!!

To manage conflict of interests a board member may not:

- currently be the appellant's medical practitioner or have been for a significant period in the past
- currently be the appellant's designated doctor
- have had any prior involvement in the case
- have some personal connection with the appellant
- have a personal prejudice for or against a person(s) involved in the case; or
- have pre-decided the case and come to it with a closed mind.

## Question 18

There are ten Medical Practitioners who sit on the Medical Appeal Board in the Auckland Region. Six of these practitioners are also Designated Doctors.

The Medical Practitioners themselves determine their availability to sit on a Medical Appeal Board. The Medical Appeal coordinator selects from the available pool and a monthly schedule of hearing dates is electronically sent to each Medical Practitioner.

From the information received back from the medical practitioners, the Medical Appeal Co-ordinators confirms the monthly hearing schedule.

I can advise that it is normal practice for more than one Designated Doctor to sit on the Medical Appeal Board.

Question 19

The Medical Appeal Board reviews all the information available to them about a client's medical condition and/or disability and his or her capacity to work when a client seeks a right of appeal on medical grounds under section 53A of the Social Security Act 1964.

The Medical Appeal Board must decide whether the appellant meets the medical criteria or work capacity criteria for the relevant benefit and considers whether the right decision was made to decline or cancel the benefit.

It is not the role of the Medical Appeal Board to diagnose, treat or manage a client's health condition and/or disability. Rather, it is an independent body established to ensure that correct and fair decisions are made within the legislation.

Question 20

The Medical Appeal Board members for your hearing were selected in accordance with the process set out in answer to question 18.

Question 21

On [REDACTED] 2010, a letter was sent [REDACTED] advising that it was time for a review of [REDACTED] medical eligibility for Invalid's Benefit. On [REDACTED] 2010, [REDACTED] a medical certificate which had been completed by [REDACTED]. The case manager sought the advice and recommendation of the Regional Health Advisor and a second opinion was deemed necessary to determine [REDACTED] medical eligibility to an Invalid's Benefit.

The medical certificate presented to [REDACTED] did not identify the permanency and severity of your illness and this was the reason that a second opinion to a designated doctor was required.

Questions 22 – 25

You asked for information about the number of existing Sickness and Invalid's Benefit clients who were referred to designated doctors by Work and Income case managers. This information is held on individual client files, and I am refusing this request under section 18(f) of the Official Information Act. This section allows me to refuse a request where substantial collation and research is required to find the information requested. In this case the Ministry would need to manually access and collate information from thousands of individual client files. I do not consider this to be in the public interest as it would remove staff from their core duties and impact on the effective functioning of the Ministry.

*Questions 26 - 27*

The Ministry is reviewing the way in which Medical Appeal Board data is centrally reported and monitored. Currently this information is held on individual files and substantial manual collation of information held would be required in order to provide you with robust data in response to your request. Therefore this part of your request is refused under section 18(f) of the Act. Compiling this data would remove staff in each region from their core duties to produce this information. I do not consider this to be in the public interest as it impacts on the effective functioning of the Ministry.

You also asked how the Ministry of Social Development "can guarantee truly independent findings and decisions made upon assessments and hearings by Designated Doctors and/or Medical Appeal Boards, when it is a practice that the appointments of Designated Doctors and Medical Appeal Board members are made by the Chief Executive – or rather by staff of his Ministry and agencies acting under delegated authority."

Medical practitioners are bound by the standards of doctor's conduct and competence by the Medical Council of New Zealand and their practising certificate. Although Designated Doctors and Medical Appeal Board appointments are made by the Ministry, the information that they provide is bound by the standards discussed above.

I can advise that all information received from medical practitioners is independent from the opinions of the Ministry and all conflicts of interest are actively managed to ensure all clients get the fairest hearings possible. The decisions made by Work and Income are made using all information available to the case manager including information from medical practitioners.

**Request dated [REDACTED] January 2011**

*Questions 1, 2, and 5*

I refer you to the response above to questions 22 – 25, which state that this information is not recorded centrally, and a search of thousands of individual files would be required in order to answer your question. Therefore I am unable to provide information in response to this part of your request under section 18(f) of the Official Information Act.

*Questions 3, 4, 6 and 7*

I refer you to response above to questions 25 – 27, which state that the Ministry is reviewing the way in which Medical Appeal Board data is reported and monitored. Substantial manual collation of information held would be required in order to provide you with robust data in response to your request. Therefore this part of your request is also refused under section 18(f) of the Act.

*Question 8*

I have enclosed two tables that provide the information requested for the number of Invalid's and Sickness-related benefits granted at the [REDACTED] Service Centre each month, between 1 July 2008 to 31 December 2010, and the number of clients receiving

an Invalid's or Sickness-related benefit at [REDACTED] Service Centre, from July 2008 to December 2010.

### Complaint to the Chief Ombudsman

I will now address your complaint to the Chief Ombudsman concerning Work and Income's response to your Official Information Act request of [REDACTED] 2010. I have reconsidered the response and will now release further information to you.

I can advise that both Ms Abel and Mr Alshaikh have medical qualifications that meet the criteria outlined in the attached job descriptions. Ms Abel has a nursing qualification from the National Women's Hospital and extensive Work and Income experience. Mr Alshaikh has a MBChB from the University of Baghdad, Iraq, a qualification which has been assessed by the NZQA as equivalent to the same degree in New Zealand. In addition, Mr Alshaikh has worked as a doctor in hospitals overseas, including Australia, before his employment at Work and Income. Mr Alshaikh has since accepted a job elsewhere and no longer works for the Ministry.

As advised to you in [REDACTED] response of [REDACTED] 2010, these qualifications are ideally what a Regional Health Advisor should have.

Case managers are not expected to have medical qualifications or experience. They are expected to have knowledge and experience in identifying, processing and maintaining benefits and Work and Income products and services, as well as other skills such as communication and negotiation.

Any further personal information about [REDACTED] and [REDACTED] continues to be withheld under section (9)(2)(a) of the Official Information Act 1892, on the basis that withholding the information is necessary to protect their privacy.

In response to your requests for information about rules, guidelines, priorities and standards for Designated Doctors, please find enclosed the following:


- Guide for Designated Doctors (colour brochure, July 2008)
- Guide for Designated Doctors (black and white printed copy, September 2010)
- Second opinions and Designated Doctors
- Designated Doctor application form (September 2010)
- READ Codes for SB and IB Medical Certificates.

While [REDACTED] designated doctor [REDACTED] and report occurred prior to September 2010, I thought it might also be useful for you to have the most recent information available. Further up to date information, including the documents above, is available on the Work and Income website, [www.workandincome.govt.nz](http://www.workandincome.govt.nz), and will be updated as further Future Focus legislative changes come into force this year.

I hope you find this information about designated doctors and the Medical Appeal Board process helpful. You have the right to seek an investigation and review of my response by the Ombudsman, whose address for contact purposes is:

The Ombudsman  
Office of the Ombudsmen  
PO Box 10-152  
WELLINGTON 6143

Yours sincerely



*P. Hughes*

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Chief Executive