MONASH University

Insurance Work and Health Group
Faculty of Medicine, Nursing and Health Sciences

EVALUATION OF ALLIED HEALTH CERTIFICATION IN NSW

SUMMARY OF PRACTITIONER SURVEY AND INSURER INTERVIEWS

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In the interest of transparency, it should be noted that the lead author of this report is a registered physiotherapist and has conducted online training, including aspects of certification of capacity, for physiotherapists in the management of workers' compensation and CTP patients in Victoria and South Australia.

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EXECUTIVE SUMMARY

A certificate of capacity is an official document that describes an injured person's capacity for work and other activities. On 17 April 2020, in response to the COVID-19 outbreak, SIRA broadened the range of health practitioners who were permitted to complete this certificate. The Insurance Work and Health Group at Monash was engaged to evaluate the impact of the change to certification.

The evaluation has three components:

1. A survey of Allied Health practitioners to capture practitioners' perspectives on certification.
2. Brief interviews with case managers to capture the insurer perspective on the perceived impact of certification by Allied Health practitioners.
3. Analysis of a dataset to compare outcomes when a certificate is written by an Allied Health practitioner compared to the treating doctor only.

This report contains the preliminary findings of components 1 (survey of practitioners) and 2 (interviews with insurance case managers). These findings will be synthesised with component 3 (data analysis) once these findings become available.

SURVEY FINDINGS

A direct email from SIRA invited Allied Health practitioners (physiotherapists and psychologists) to complete an online survey between December 1, 2020, and January 15, 2021. A total of 480 surveys were completed, 210 by physiotherapists and 270 by psychologists. A total of 81 respondents reported completing a certificate of capacity, 48 of whom were physiotherapists and 33 psychologists. The majority who had certified reported writing 2-5 certificates (56.8%) with the minority reporting writing more than 10 certificates (12.3%). It was most common that the certificate written was early in the course of injury, with 82.7% reporting certifying within the first five certificates.

The two most common factors behind certifying was that it was difficult for the patient to access the doctor (34.6%), and that the practitioner felt the patient would benefit from return to work (34.6%). Whilst on average the majority reported no change in the level of engagement with other stakeholders, between one fifth and one third reported an increased level of engagement with other health professionals (23.5%), employers (23.5%) and insurers (33.3%) as a result of certifying capacity. For 65.4% certification required more time on patient management than usual. Over 90% of respondents agreed certification was a good match to skills and knowledge, patients were comfortable with the Allied Health practitioner writing the certificate and that certification allowed progress of return to activity in line with capacity. Just 45.7% agreed that doctors were willing to allow other professionals to certify capacity. Feedback on the form itself was positive, with 90.1% agreeing the certificate was appropriate and 85.2% agreeing it was functional. Respondents provided a wide variety of comments regarding the certificate, with difficulty describing psychological capacity in the current certificate a common theme for psychologists.

Around half of practitioners who reported having not completed a certificate of capacity were aware of the ability to certify. Less than half of this group were familiar with the

certificate, but for those familiar there was a high level of agreement that the form was appropriate and functional. The most commonly reported reason for not completing a certificate of capacity was related to the doctor's usual certification role or patient expectation that the doctor would certify. Just over one third reported not being aware they could certify (35.6%), and the minority reported not knowing how to certify (12.5%) or that that they didn't usually see compensable patients (10.0%). Amongst the group who had not written a certificate, there was a high level of agreement (up to 88.2%) that certification was a good match to Allied Health practitioners' skills and knowledge.

Throughout the survey participants were able to leave comments related to specific questions and the survey in general. The most common theme appearing in the comments was that the current certificate is better suited to physical injuries than psychological injuries. It was frequently noted that the certificate needed to allow for more information to be provided regarding psychological capacity. Another common theme related to the time taken to complete the certificate and conduct a thorough assessment, and that current remuneration is considered inadequate. Regardless of whether they had written a certificate or not, several respondents identified that allied health practitioners are in a strong position to certify. However it was frequently commented that doing so may cause conflict with the NTD as it was considered part of the NTD's usual role. Finally, respondents who had not certified frequently commented that they were unaware that they could certify, and had not received communication from SIRA (or elsewhere) regarding changes to certification.

INTERVIEW FINDINGS

Contact details of insurance case managers were provided by SIRA. Telephone interviews were conducted with 16 participants (6 case managers, 4 team leaders and 6 injury specialists), all within the workers' compensation system. Semi structured interviews lasted around 15 minutes, with notes taken during and immediately after the interviews to identify common themes raised in the brief discussion.

Half of those interviewed had seen 1-5 certificates written by Allied Health practitioners. One quarter reported no real differences between certificates written by an Allied Health practitioner compared to treating doctors, but 43.8% reported that certificates were more detailed regarding modified duties. None of the interviewees noted negative consequences of Allied Health certification and 43.8% noted no difference in their role. Positive impacts identified included more detailed descriptions of capacity, upgrades in capacity being more likely, improved access and reduced waiting times for the injured person.

Interviewees identified a potential conflict of interest related to Allied Health practitioners recommending treatments they would then provide. Those interviewed also raised the possibility of Allied Health certification narrowing the view of treatment options available and potentially reducing opportunities for medical review.

IMPLICATIONS

A comparison of survey respondents with the practitioner profile of the physiotherapy and psychology professions in NSW is required, as it appears that less experienced therapists are under-represented in this sample, and extrapolating the results to all practitioners must be done with caution. The low number of respondents reporting having completed a certificate of capacity indicates that there has been a slow uptake up since changes were

introduced. Being unaware of the ability to certify and the expectation that the treating doctor will certify seem to be key contributors to low rates of certification. Survey responses suggest that the increased time required to certify is likely to be a barrier to Allied Health practitioner certification under current remuneration structures. Several respondents acknowledged payment was available for the first certificate, but that the amount was not adequate for the extra assessment, paperwork and time required to engage with other parties.

Workers' compensation case managers, team leaders and injury specialists identified that, at best, Allied Health certification provided for easier communication, clearer certificates and more detailed work modifications. At worst, it represented little change to their current role.

The findings of this report will be synthesised with future analysis of a dataset provided by SIRA in order to complete the evaluation of the change to legislation to allow Allied Health practitioners to certify capacity in workers' compensation and CTP schemes in NSW.

BACKGROUND

A certificate of capacity is an official document that describes an injured person's capacity for work and other activities. In NSW, legislation has previously mandated only a treating medical practitioner has the authority to complete and issue the certificate of capacity.

On 17 April 2020, in response to the COVID-19 outbreak, SIRA broadened the range of health practitioners who were permitted to complete this certificate. Injured people could obtain the second and subsequent certificates via a treating doctor, physiotherapist and psychologist. A medical practitioner must still continue to issue the initial certificate. The amendments will be in place for 12 months, unless repealed earlier.

The Insurance Work and Health Group at Monash was engaged to evaluate the impact of the change to certification. More specifically, the evaluation aimed to:

- Demonstrate the impacts produced by the above changes
- Seek a nuanced view of the change, identifying who the change had an impact on, to what extent, in what ways and under what circumstances
- Produce findings on 'what works' with the above change and provide information about the key success factors
- Guide the decision as to whether to seek legislative amendment to support ongoing certification by Allied Health (physiotherapy and psychology) practitioners

The evaluation consists of three key components:

1. A survey of Allied Health practitioners who have and have not completed a certificate of capacity to gather information on factors such as level of confidence in certifying work status, the time taken to certify and preferences for the ability to certify in the future.
2. Brief interviews with case managers to capture the insurer perspective on the perceived impact of certification by Allied Health practitioners on the outcome of the claim, ease of communication with Allied Health practitioners compared to general practitioners and the ability to match work capacity with suitable duties within the workplace.
3. Analysis of a dataset to conduct a comparison of the time to certification of modified duties (outcome 1) and time to certification of full duties (outcome 2) of injured people when a certificate is written by an Allied Health practitioner compared to when no certificate is written by an Allied Health practitioner.

The final evaluation will draw together each of the three components to describe the impact of the temporary change to legislation.

This report describes the findings of components 2 (survey of Allied Health practitioners) and 3 (interviews with insurance case managers). The recommendations contained in this report will be synthesised with the findings of component 1, and should be considered as draft findings only.

METHODS

SURVEY

SURVEY DEVELOPMENT

The survey was designed to capture the following information:

- Basic demographic information, including sex, age, qualification, type of practice, number of practice locations, and years of qualification
- Number of injured people Allied Health practitioners have written certificates for
- Level of confidence in certifying work status
- How certificate status was communicated to other parties (such as GPs, insurers)
- Time taken to certify (beyond a normal consultation or treatment session)
- Perception of whether being able to certify enabled a faster or safer return to work
- Preference for ability to certify to continue in the future
- Feedback on the certificate form

A draft survey was devised and feedback was invited from SIRA and the Australian Physiotherapy Association. It was decided that the survey should be designed to capture relevant information from both Allied Health practitioners who had and hadn't completed a certificate of capacity. The final survey appears in Appendix 1.

RECRUITMENT

SIRA compiled a list of registered and SIRA approved Allied Health practitioners who were likely to be eligible to complete the survey (over 9,000 practitioners). A direct email from SIRA invited practitioners to complete the survey online via the Qualtrics platform. The survey was also promoted on the Australian Physiotherapy Association website and was promoted via various social media channels. The survey was open between December 1, 2020, and January 15, 2021.

ANALYSIS

Survey data were downloaded from the Qualtrics platform. A series of descriptive analyses were performed, with survey respondents grouped according to profession (physiotherapy vs psychology) and certification status (had completed a certificate of capacity vs had not completed a certificate of capacity).

INTERVIEWS

PARTICIPANTS

Participant contact details were provided by SIRA, who had communicated with each insurer and their injury management representatives. Participants were contacted by Monash to arrange a convenient time to be interviewed via telephone. Interviews took approximately 15 minutes per participant. Participants were emailed the study explanatory

information prior to the interview, and informed consent which was confirmed at the commencement of the interview. All interviewees worked within workers' compensation as no CTP representatives were available for interview.

DATA COLLECTED

Interviews were conducted using semi-structured interview format which included free form responses to ensure that participants could provide their perspective on topics including certificate completion, any differences in certification between Allied Health practitioners and medical practitioners and communication with certifying providers. Notes were recorded by the researcher during and immediately after each interview.

ANALYSIS

Data were tabulated to count the number responses for each question option, in order to examine the proportion of participants who responded to each question category. Key organising themes and sub themes were identified and noted during the interview process. Organising themes were broadly derived from question categories. Sub-themes were noted where they appeared across multiple interviews, or when unique and interesting information emerged. All themes were reviewed at the conclusion of data collection, with reference to the researcher's notes and question responses (such as the proportion of participants who noted a positive difference, no difference or a negative difference in certification).

RESEARCH FINDINGS

SURVEY

PARTICIPANT DEMOGRAPHICS

A total of 480 surveys were eligible for analysis, of these 210 were completed by physiotherapists and 270 were completed by psychologists. A total of 81 respondents reported completing a certificate of capacity, 48 of whom were physiotherapists and 33 were psychologists. The demographic and practice characteristics of survey respondents are summarised in Table 1.

Survey respondents were an experienced cohort, with 61.0% of respondents aged 45 or older and 68.8% reporting being in practice for more than 10 years (Table 1). Psychologists completing the survey tended to be older on average, however the distribution of years of practice in each profession was similar. It was most common for respondents to work in multiple locations (52.5%) and just over one third (21.3%) worked in a multidisciplinary setting. Psychologists were more likely to be sole practitioners, with 66.3% reporting being a sole practitioner compared to 24.7% of physiotherapists. The qualifications and years of clinical experience reported indicated a highly qualified and experienced cohort of respondents. For example, more than half of physiotherapist respondents reported advanced postgraduate training.

Treating patients from the workers' compensation and CTP insurance systems made up only a minority of respondents' caseloads, with 86.9% and 39.8% reporting CTP and workers compensation made up less than 10% of their patients respectively (Table 2). Private patients made up more than half of the caseload for 41.1% of those who

completed the survey (Table 3). It was more common for physiotherapists than psychologists to have between 0 and 10% CTP patients (68.6% compared to 46.7%) but the reported distribution of workers' compensation patients was similar for both professions.

TABLE 1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

	All n=480	Physio n=210	Psych n=270	Has certified n=81	Has not certified n=399
Gender					
Male	173 (36.0)	102 (48.6)	71 (26.3)	53 (65.4)	120 (30.1)
Female	293 (61.0)	104 (49.5)	189 (70.0)	25 (30.9)	268 (67.1)
Other	14 (2.9)	4 (1.9)	10 (3.7)	3 (3.7)	11 (2.6)
Age					
15-24	4 (0.8)	3 (1.4)	1 (0.3)	0 (0.0)	4 (1.0)
25-34	95 (19.8)	73 (34.8)	22 (8.1)	19 (23.5)	76 (19.0)
35-44	88 (18.3)	47 (22.4)	41 (15.2)	17 (21.0)	71 (17.8)
45-54	117 (24.4)	40 (19.0)	77 (28.5)	20 (24.7)	97 (24.3)
55-64	123 (25.6)	39 (18.6)	84 (31.1)	20 (24.7)	103 (25.8)
65+	53 (11.0)	8 (3.8)	45 (16.7)	5 (6.2)	48 (12.0)
Practice Description					
Individual practice/sole operator in single location	82 (17.1)	33 (15.7)	116 (43.0)	20 (24.7)	129 (32.3)
Individual practice/sole operator across multiple locations	149 (31.0)	19 (9.0)	63 (23.3)	15 (18.5)	67 (16.8)
Multiple therapists from multiple disciplines across multiple locations	55 (11.5)	37 (17.6)	18 (6.7)	12 (14.8)	43 (10.8)
Multiple therapists from multiple disciplines in single location	47 (9.8)	30 (14.3)	17 (6.3)	14 (17.3)	33 (8.3)
Multiple therapists within same discipline across multiple locations	48 (10.0)	33 (15.7)	15 (5.6)	6 (7.4)	42 (10.5)
Multiple therapists within same discipline in single location	86 (17.9)	53 (25.2)	33 (12.2)	12 (14.8)	74 (18.5)
Other	12 (2.5)	5 (2.4)	7 (2.6)	2 (2.5)	10 (2.5)
Number therapists at main location					
1-2	223 (46.5)	66 (31.4)	157 (58.1)	38 (46.9)	185 (46.4)
3-5	144 (30.0)	84 (40.0)	60 (22.2)	20 (24.7)	124 (31.1)
6-10	77 (16.0)	40 (19.0)	37 (13.7)	14 (17.3)	63 (15.8)
11+	36 (7.5)	20 (9.5)	16 (5.9)	9 (11.1)	27 (6.8)
Number of locations					
1	269 (56.0)	109 (51.9)	160 (59.3)	41 (50.6)	228 (57.1)
2	131 (27.3)	63 (30.0)	68 (25.2)	26 (32.1)	105 (26.3)
3	42 (8.8)	15 (7.1)	27 (10.0)	7 (8.6)	35 (8.8)
4+	38 (7.9)	23 (11.0)	15 (5.6)	7 (8.6)	31 (7.8)
Disciplines at main location*					
Physiotherapy	241 (50.2)		27 (10.0)	49 (60.4)	188 (47.1)
Psychology	279 (58.1)	19 (9.0)		40 (49.4)	239 (59.9)
General Practice	44 (9.2)	18 (8.6)	26 (9.6)	9 (11.1)	34 (8.5)
Exercise Physiology	65 (13.5)	48 (22.9)	17 (6.3)	17 (21.0)	48 (12.0)
Occupational Therapy	37 (7.7)	21 (10.0)	15 (5.6)	4 (4.9)	33 (8.3)
Podiatry	34 (7.1)	21 (10.0)	13 (4.8)	8 (9.9)	25 (6.3)
Osteopathy	4 (0.8)	4 (1.9)	2 (0.7)	1 (1.2)	5 (1.3)
Chiropractic	5 (1.0)	1 (0.5)	4 (1.5)	1 (1.2)	4 (1.0)
Massage Therapy	26 (5.4)	19 (9.0)	8 (3.0)	3 (3.7)	24 (6.0)
Surgeon	15 (3.1)	8 (3.8)	6 (2.2)	5 (6.1)	10 (2.5)
Other	38 (7.9)	18 (8.6)	23 (8.5)	8 (9.9)	32 (8.0)
Years of practice					
< 1 year	5 (1.0)	4 (1.9)	1 (0.4)	0 (0.0)	5 (1.3)
1-3 years	26 (5.4)	18 (8.6)	26 (5.4)	3 (3.7)	23 (5.8)
3-5 years	45 (9.4)	26 (12.4)	45 (9.4)	10 (12.3)	35 (8.8)
5-10 years	74 (15.4)	39 (18.6)	74 (15.4)	15 (18.5)	59 (14.8)
10-20 years	130 (27.1)	38 (18.1)	130 (27.1)	15 (18.5)	115 (28.8)
20+ years	200 (41.7)	85 (40.5)	200 (41.7)	38 (46.9)	162 (40.6)

* Respondents could select multiple

TABLE 2 QUALIFICATIONS OF RESPONDENTS

Qualifications*	Physiotherapists		Psychologists	
	Bachelor	128	Prof Masters	122
	Clinical Postgraduate	67	Undergrad plus Hons/Dip	102
	APA Titled Pathway	37	Prof Doctorate	17
	Research Postgraduate	19	PsyBA registrar	17
			MPsych/PhD	19

* Respondents could select multiple

TABLE 3 PATIENT LOAD OF SURVEY RESPONDENTS

Patient load	All n=480	Physio n=210	Psych n=270	Has certified n=81	Has not certified n=399
Workers compensation					
0%	17 (3.5)	9 (4.3)	8 (3.0)	2 (2.5)	15 (3.8)
<10%	174 (36.3)	69 (32.9)	105 (38.9)	22 (27.2)	152 (38.1)
10-25%	162 (33.8)	70 (33.3)	92 (34.1)	26 (32.1)	136 (34.1)
25-50%	70 (14.6)	39 (18.6)	31 (11.5)	15 (18.5)	55 (13.8)
>50%	55 (11.5)	21 (10.0)	34 (12.6)	16 (19.9)	39 (9.8)
CTP					
0%	147 (30.6)	41 (19.5)	106 (39.3)	17 (21.0)	130 (32.6)
<10%	270 (56.3)	144 (68.6)	126 (46.7)	54 (66.7)	216 (54.1)
10-25%	37 (7.7)	16 (7.6)	21 (7.8)	6 (7.4)	31 (7.8)
25-50%	10 (2.1)	5 (2.4)	5 (1.9)	2 (2.5)	8 (2.0)
>50%	5 (1.0)	2 (1.0)	3 (1.1)	2 (2.4)	3 (0.8)
Medicare					
0%	39 (8.1)	22 (10.5)	17 (6.3)	7 (8.6)	32 (8.0)
<10%	105 (21.9)	73 (34.8)	32 (11.9)	22 (27.2)	83 (20.8)
10-25%	93 (19.4)	65 (31.0)	28 (10.4)	20 (24.7)	73 (18.3)
25-50%	83 (17.3)	25 (11.9)	58 (21.5)	16 (19.8)	67 (16.8)
>50%	155 (32.3)	23 (11.0)	132 (48.9)	16 (19.8)	139 (34.8)
DVA					
0%	209 (43.5)	48 (22.9)	161 (59.6)	31 (38.3)	178 (44.6)
<10%	217 (45.2)	137 (65.2)	80 (29.6)	45 (55.6)	172 (43.1)
10-25%	33 (6.9)	19 (9.0)	14 (5.2)	4 (4.9)	29 (7.3)
25-50%	8 (1.7)	1 (0.5)	7 (2.6)	1 (1.2)	7 (1.8)
>50%	4 (0.8)	2 (1.0)	2 (0.8)	0 (0.0)	4 (1.0)
Private patients					
0%	55 (11.5)	11 (5.2)	44 (16.3)	4 (4.9)	51 (12.8)
<10%	140 (29.2)	15 (7.1)	125 (46.3)	19 (23.5)	121 (30.3)
10-25%	69 (14.4)	25 (11.9)	44 (16.3)	12 (14.8)	57 (14.3)
25-50%	79 (16.5)	55 (26.2)	24 (8.9)	17 (21.0)	62 (15.5)
>50%	131 (41.1)	103 (49.0)	28 (10.4)	29 (35.8)	102 (25.5)
Public					
0%	413 (86.0)	182 (86.7)	231 (85.6)	67 (82.7)	346 (86.7)
<10%	27 (5.6)	11 (5.2)	16 (5.9)	7 (8.6)	20 (5.0)
10-25%	5 (1.0)	2 (1.0)	3 (1.1)	3 (3.7)	2 (0.5)
25-50%	8 (1.7)	3 (1.4)	5 (1.9)	0 (0.0)	8 (2.0)
>50%	17 (3.6)	9 (4.3)	8 (3.0)	3 (3.7)	14 (3.5)

Information related to practitioners reporting writing at least one certificate of capacity is presented in Table 4. Physiotherapists would more commonly certify in workers' compensation (64.6%), whereas psychologists were more likely to certify in both workers' compensation and CTP (33.3%).

TABLE 4 PRACTITIONERS WHO HAVE WRITTEN AT LEAST ONE CERTIFICATE OF CAPACITY

	All (n=81)	Physiotherapists (n=48)	Psychologists (n=33)
System certified in			
Workers' compensation	53 (65.4)	31 (64.6)	11 (33.3)
CTP	1 (1.2)	1 (2.1)	0 (0.0)
Both	27 (33.3)	16 (33.3)	22 (66.7)
Number of certificates			
1	19 (23.5)	11 (22.9)	8 (24.2)
2-5	46 (56.8)	26 (54.2)	20 (60.6)
6-10	6 (7.4)	3 (6.3)	3 (9.1)
10+	10 (12.3)	8 (16.7)	2 (6.1)
When certificates written			
Second certificate	38 (46.9)	22 (45.8)	16 (48.5)
Within the first 5	29 (35.8)	19 (40.0)	10 (30.3)
After multiple	14 (17.3)	7 (14.6)	7 (21.2)
Have you continued to certify?			
Yes, in all cases	19 (23.5)	11 (22.9)	8 (24.2)
Yes, for more than half of cases	18 (22.2)	10 (20.8)	8 (24.2)
Yes, but for less than half of cases	18 (22.2)	13 (27.1)	5 (15.2)
No	26 (13.1)	14 (29.2)	12 (36.4)
Most important factor behind certifying			
Difficult for patient to access doctor	28 (34.6)	13 (27.1)	15 (45.5)
Felt person would benefit from RTW	28 (34.6)	20 (41.7)	8 (24.2)
Requested by insurer	11 (13.6)	8 (16.7)	3 (9.1)
Requested by doctor	4 (4.9)	0 (0.0)	4 (12.1)
Parties communicated with*			
Injured person	75 (92.6)	46 (95.8)	29 (87.9)
Treating doctor	55 (67.9)	32 (66.7)	23 (69.7)
Workplace rehabilitation provider	37 (45.7)	28 (58.3)	9 (27.3)
Employer	25 (30.9)	20 (41.7)	5 (15.2)
Insurance company/case manager	44 (54.3)	24 (50.0)	19 (57.6)
Someone else	2 (2.5)	1 (2.1)	1 (3.0)
How communicated*			
Sent electronic copy of certificate	57 (70.4)	40 (83.3)	17 (51.5)
Sent a hard copy of certificate	11 (13.6)	4 (8.3)	7 (21.2)
Spoke on the phone	33 (40.7)	17 (35.4)	16 (48.5)
Spoke in person	12 (14.8)	7 (14.6)	5 (15.2)
Written letter (electronically or post)	27 (33.3)	19 (39.6)	8 (24.2)
Other	1 (1.2)	1 (2.1)	0 (0.0)
Didn't communicate	4 (4.9)	2 (4.2)	2 (6.1)
Engagement			
Other professionals			
More than usual	19 (23.5)	13 (27.1)	6 (18.2)
No change	58 (71.6)	32 (66.7)	26 (78.8)
Less than usual	4 (4.9)	3 (6.3)	1 (3.0)
Employer			
More than usual	19 (23.5)	14 (29.2)	5 (15.2)
No change	53 (65.4)	32 (66.7)	21 (63.6)
Less than usual	2 (2.5)	1 (2.1)	1 (3.0)
Insurance company			
More than usual	27 (33.3)	16 (33.3)	11 (33.3)
No change	53 (65.4)	32 (66.7)	21 (63.6)
Less than usual	1 (1.2)	0 (0.0)	1 (1.2)
Time spent compared to usual			
A lot more than usual	20 (24.7)	13 (27.1)	7 (21.2)
A little more than usual	33 (40.7)	21 (43.8)	12 (36.4)
About the same	27 (33.3)	14 (29.2)	13 (39.4)
Less than usual	1 (1.2)	0 (0.0)	1 (3.0)

* Respondents could select multiple

The majority who had certified reported writing 2-5 certificates (56.8%) with the minority reporting writing more than 10 certificates (12.3%). It was most common that the certificate written was early in the course of injury, with 82.7% reporting certifying within the first five certificates, with little difference in timing of certification between physiotherapists and psychologists.

The most commonly reported factor behind certifying was that it was difficult for the patient to access the doctor (34.6%), and that the practitioner felt the patient would benefit from return to work (34.6%). Aside from the injured party, it was most common for certifiers to communicate with the treating doctor, although on average this occurred in less than 70% of cases (67.9%). It was more common for certifiers to communicate with the insurer (54.3%) than with the employer (30.9%) or workplace rehabilitation provider (45.7%). The most common form of communication was sending an electronic copy of the certificate (70.4%) which was more common for physiotherapists (83.3%) compared to psychologists (51.5%), who were more likely to communicate via the phone (48.5%). Whilst on average the majority reported no change in the level of engagement with other professionals (71.6%), employers (65.4%) and insurers (65.4%), between one fifth and one third reported an increased level of engagement with other professionals (23.5%), employers (23.5%) and insurers (33.3%). For around two thirds of respondents certification required more time on patient management than usual (65.4%), but one third reported the time spent being about the same as usual (33.3%).

Over 90% of respondents either agreed or strongly agreed that certification was a good match to skills and knowledge (96.3%), patient were comfortable with the Allied Health practitioner wring the certificate (97.6%) and that certification allowed progress of return to activity in line with capacity (90.2%) (Table 5). The lowest levels of agreement were related to not liking the responsibility of certifying (8.6%), communicating with other parties is difficult (29.7%) and doctors are willing to allow others to certify (45.7%). Just over half (55.6%) agreed or strongly agreed that certifying represented an administrative burden.

TABLE 5 CERTIFIERS' AGREEMENT WITH STATEMENTS

Level of agreement with statements	All (n=81)	Physiotherapists (n=48)	Psychologists (n=33)
Good match to skills and knowledge			
Strongly agree or agree	78 (96.3)	46 (95.8)	32 (97.0)
Doctors willing to allow others to certify			
Strongly agree or agree	37 (45.7)	17 (35.4)	20 (60.6)
Patients are comfortable with me writing certificate			
Strongly agree or agree	79 (97.6)	46 (95.8)	33 (100.0)
Employers able to identify suitable duties from certification			
Strongly agree or agree	58 (71.6)	35 (72.9)	23 (69.7)
I can progress return to activity in line with capacity			
Strongly agree or agree	73 (90.2)	45 (93.8)	28 (84.8)
I am able to provide more productive recommendations than the treating doctor			
Strongly agree or agree	63 (77.8)	40 (83.4)	23 (69.7)
I have had sufficient training to be able to certify			
Strongly agree or somewhat agree	68 (84.0)	43 (89.6)	25 (75.8)
Completing the certificate is straightforward			
Strongly agree or somewhat agree	68 (84.0)	41 (85.5)	27 (81.8)
Completing certificates is an administrative burden			
Strongly agree or somewhat agree	45 (55.6)	28 (58.3)	17 (51.5)
The certificate contains appropriate fields to indicate capacity and guide suitable duties			
Strongly agree or somewhat agree	59 (72.8)	37 (77.1)	22 (66.7)
I do not like responsibility of certifying			
Strongly agree or somewhat agree	7 (8.6)	3 (6.3)	4 (12.1)
Communicating with other parties regarding capacity is difficult			
Strongly agree or somewhat agree	24 (29.7)	14 (29.2)	10 (30.3)
I would like to certify in the future			
Strongly agree or somewhat agree	68 (83.9)	42 (87.5)	26 (78.8)

Certifying practitioners reported routinely completing optional and mandatory components of the form (88.9%) (Table 6). Feedback on the form itself was positive, with over 90% agreeing the certificate was appropriate for common injuries (90.1%), the fields are appropriate (90.1%) and on the whole design of the form is functional (85.2%). Overall, for three quarters of respondents the certificate meets the needs of the role in full (76.5%) and partially for 17.3%.

Specific respondent feedback regarding the form and how it could be improved is provided in the verbatim responses in Appendix 2. The most frequently noted comment regarding the certificate was that it is better suited to physical than psychological conditions and that it needed to provide for more detail regarding psychological capacity. Other comments regarding the certificate related to the form and appearance of sections allowing enough space to provide sufficient detail. The most common reason for not completing the optional portion of the certificate was unfamiliarity with the process and that it was considered the NTD's role.

TABLE 6 FEEDBACK ON THE CERTIFICATE FROM CERTIFIERS

	All (n=81)	Physiotherapists (n=48)	Psychologists (n=33)
Routinely complete optional and mandatory components			
Yes	72 (88.9)	44 (91.7)	28 (84.8)
Certificate appropriate for management of injuries you commonly treat?			
Yes	73 (90.1)	45 (93.8)	28 (84.8)
Fields in the certificate are appropriate			
Yes	73 (90.1)	44 (91.7)	29 (87.9)
Design of the form is functional			
Yes	69 (85.2)	41 (85.4)	28 (84.8)
Certificate of capacity meets overall needs to perform role			
Yes	62 (76.5)	38 (79.2)	24 (72.7)
Partially	14 (17.3)	8 (16.7)	6 (18.2)
No	4 (4.9)	2 (4.2)	2 (6.1)

The majority reported that communication about the changes to certification came from emails from SIRA and a peak body (98.7%). This route of communication appears effective for those who have certified, and was also the most common route to learn about this survey and are communication channels regularly used to keep up to date with changes in practice.

Around half of practitioners who reported having not completed a certificate of capacity were aware of the ability to certify in workers' compensation (60.4%) and CTP insurance (50.1%) (Table 8). Just under half (49.1%) recalled seeing information about the changes, with the majority recalling an email (78.6%) or information from a peak body (23.0%). While less than half were familiar with the certificate of capacity (44.1%). There was high agreement that that the certificate was appropriate for the injuries commonly treated (89.8%), the fields are appropriate (88.6%) and the form is functional (83.5%). The most commonly reported reason for not completing a certificate of capacity was related to the doctor's usual certification role (57.9%) or patient expectation that the doctor would certify (30.1%). Just over one third reported not being aware they could certify (35.6%). It was a minority reporting not knowing how to certify (12.5%), that they didn't usually see compensable patients (10.0%) or that they did not want the administrative burden of certifying capacity (15.8%).

Specific reasons related to not certifying are provided in the verbatim responses in Appendix 2. It was commonly mentioned that practitioners were unaware of the ability to certify or that they had missed any communications about changes to certification. The perceived role conflict with the NTD was commonly mentioned, despite several comments noting that experienced physiotherapists and psychologists were often in a better position to certify compared to the NTD. Financial implications of certification were a frequent source of comments, usually referencing that the remuneration offered was insufficient. Some comments seemed unclear whether remuneration was on offer at all, however others referenced being paid for a single certificate only. Many comments noted the extra paperwork and assessment time required with the client to certify. Comments also described the challenge of being able to certify in relation to psychological capacity, but required another professional to address the physical aspects.

TABLE 7 COMMUNICATION ABOUT CHANGES – CERTIFIERS

	All (n=81)	Physiotherapists (n=48)	Psychologists (n=33)
How did you find out about the changes*			
Email from SIRA	59 (72.8)	30 (62.5)	29 (7.9)
Email from peak body	21 (25.9)	18 (37.5)	3 (9.1)
Colleague	11 (13.6)	7 (14.6)	4 (12.1)
Peak body website	8 (9.9)	7 (14.6)	1 (3.0)
Other	7 (8.6)	5 (10.4)	2 (6.1)
Communication channels usually used to keep up to date with issues relevant to practice*			
Peak body website	51 (63.0)	28 (58.3)	23 (69.7)
Peak body e-news	42 (51.9)	30 (62.5)	12 (36.4)
Other peak body	2 (2.5)	2 (4.2)	0 (0.0)
Professional body/group	20 (24.7)	15 (31.3)	5 (15.2)
SIRA bulletin	25 (30.9)	12 (25.0)	13 (39.4)
SIRA website	26 (32.1)	10 (20.8)	16 (48.5)
Social media	12 (14.8)	10 (20.8)	2 (3.1)
Other	3 (3.7)	1 (2.1)	2 (6.1)
How did you find out about this survey			
Email from SIRA	73 (90.1)	41 (85.4)	32 (97.0)
Email from peak body	10 (12.3)	9 (18.8)	1 (3.0)
Colleague	2 (2.5)	1 (2.1)	1 (3.0)
Peak body website	1 (1.2)	0 (0.0)	1 (3.0)

* Respondents could select multiple

TABLE 8 NON-CERTIFIERS' KNOWLEDGE

	All (n=399)	Physiotherapists (n=162)	Psychologists (n=237)
Did you know Allied Health are currently able to certify for workers' compensation			
Yes	241 (60.4)	107 (66.0)	134 (56.5)
Did you know Allied Health are currently able to certify for CTP			
Yes	200 (50.1)	98 (60.5)	102 (43.0)
Do you recall seeing any information about the changes since they came into effect in April 2020?			
Yes	196 (49.1)	89 (54.9)	107 (45.1)
How did you receive that information?* *(Percentage of those recalling seeing information)*			
Email	154 (78.6)	67 (75.3)	87 (81.3)
Social media	16 (8.2)	12 (13.5)	4 (3.7)
SIRA website	39 (19.9)	19 (21.3)	20 (18.7)
Peak body	45 (23.0)	28 (31.5)	17 (15.9)
Other	13 (6.6)	9 (10.1)	4 (3.7)
Are you familiar with the information required in the certificate of capacity?			
Yes	176 (44.1)	84 (51.9)	92 (38.8)
Is the certificate appropriate for the management of injuries you commonly treat? *(Percentage of those familiar)*			
Yes	158 (89.8)	82 (97.6)	76 (82.6)
Are the fields included in the certificate appropriate? *(Percentage of those familiar)*			
Yes	156 (88.6)	79 (94.0)	77 (83.7)
Is the design of the form functional? *(Percentage of those familiar)*			
Yes	147 (83.5)	71 (84.5)	76 (82.6)
Reasons haven't certified*			
Wasn't aware I could	142 (35.6)	47 (29.0)	95 (40.1)
Treating doctor does it	231 (57.9)	93 (57.4)	138 (58.2)
Don't usually treat this type of patient	40 (10.0)	27 (16.7)	13 (5.5)
I don't know how	50 (12.5)	17 (10.5)	33 (13.9)
The patient expects doctor to do it	120 (30.1)	38 (23.5)	82 (34.6)
Don't want administrative burden	63 (15.8)	28 (17.3)	35 (14.8)
Other	73 (18.3)	41 (25.3)	32 (13.5)

* Respondents could select multiple

More physiotherapists than psychologists agreed or strongly agreed that certification was a good match to skills and knowledge (88.2% vs 69.6%) (Table 9). The highest levels of agreement for non-certifiers was related to Allied Health practitioners being in a good position to certify capacity (84.2%) and being able to progress return to activity in line with capacity (81.4%). Less than one quarter (24.8%) agreed or strongly agreed that doctors are willing to allow others to certify.

TABLE 9 NON-CERTIFIERS AGREEMENT WITH STATEMENTS

Level of agreement with statements	All (n=399)	Physiotherapists (n=162)	Psychologists (n=237)
Good match to skills and knowledge			
Strongly agree or agree	308 (77.2)	143 (88.2)	165 (69.6)
Doctors willing to allow others to certify			
Strongly agree or agree	99 (24.8)	49 (30.2)	50 (21.1)
Completing certificates is an administrative burden			
Strongly agree or somewhat agree	204 (51.1)	89 (54.9)	115 (48.5)
Allied Health Practitioners are in a good position to be able to certify capacity/fitness			
Strongly agree or somewhat agree	336 (84.2)	150 (92.6)	186 (78.5)
Being able to certify means I could progress the person's return to activity in line with their capacity			
Strongly agree or somewhat agree	325 (81.4)	143 (88.3)	182 (76.8)

The majority of non-certifiers learned about the survey via direct email from either SIRA or a peak body. Peak body websites (41.9%) and e-news services (42.9) were the most commonly reported communication channels for keeping up with issues relevant to practice.

TABLE 10 COMMUNICATION ABOUT CHANGES – NON CERTIFIERS

	All (n=399)	Physiotherapists (n=162)	Psychologists (n=237)
Communication channels usually used to keep up to date with issues relevant to practice*			
Peak body website	167 (41.9)	62 (38.3)	105 (44.3)
Peak body e-news	171 (42.9)	77 (47.5)	94 (39.7)
Other peak body	14 (3.5)	4 (2.5)	10 (4.2)
Professional body/group	145 (36.3)	59 (36.4)	86 (36.3)
SIRA bulletin	95 (23.8)	25 (15.4)	70 (29.5)
SIRA website	75 (18.8)	27 (16.7)	48 (20.3)
Social media	53 (13.3)	30 (18.5)	23 (9.7)
Other	36 (9.0)	8 (4.9)	28 (11.8)
How did you find out about this survey			
Email from SIRA	73 (90.1)	41 (85.4)	32 (97.0)
Email from peak body	10 (12.3)	9 (18.8)	1 (3.0)
Colleague	2 (2.5)	1 (2.1)	1 (3.0)
Peak body website	1 (1.2)	0 (0.0)	1 (3.0)

* Respondents could select multiple

INTERVIEWS

DATA SUMMARY

Telephone interviews were conducted with 16 participants (n = 16) who were employed in the roles of Case Manager (6), Team leader (4) or Injury management/ rehabilitation specialist (6). All participants were aware that Allied Health practitioners could complete certifications, with most recalling communication materials via email from either SIRA or business bulletins.

Most participants (50.0%) had seen 1-5 certificates written by Allied Health practitioners, with 43.8% reporting that certificates were more detailed regarding modified duties (Table 11). However, 25% reported no real differences between certificates written by an Allied Health practitioner compared to treating doctors. Half (50.0%) of the participants found it easier to contact the Allied Health practitioner regarding certification, compared to 37% who found no difference in communication. Sixty three percent of participants reported benefits to the injured person in terms of access to treatment. Forty four percent found no difference to their role, whilst 37.5% reported easier communication. None of the interviewees noted negative consequences of Allied Health practitioner certification.

TABLE 11 INTERVIEW DATA

	Total Count (n=16)	%
System		
Workers compensation	16	100.0
Role		
Case Manager	6	37.5
Team Leader	4	25.0
Rehab Specialist /Injury management	6	37.5
Aware Allied Health could certify (Yes)		
Yes	16	100.0
Number of certificates seen that had been completed by Allied Health		
None	3	18.8
1-5	8	50.0
5-10	3	18.8
10+	2	12.5
Differences in certificates written by AH		
None	4	25.0
More duties	2	12.5
More modified hours	2	12.5
Upgrade in capacity	4	25.0
More detailed modification	7	43.8
Communication with Allied Health regarding certificates		
No difference	6	37.5
Easier to contact	8	50.0
Benefits to injured person		
None	1	6.3
Better reflection of capacity	8	50.0
Easier access to treatment *	10	62.5
Reduced appointments with GP	4	25.0
Difference to own role		
None	7	43.8
Clearer certificates	3	18.8
Easier communication	6	37.5

A summary of the themes identified in the interviews is provided in Table 12. Themes centred on the benefits of certification by Allied Health practitioners, including more detailed descriptions of capacity and upgrades in capacity being more likely. Access appeared to be a real advantage, with interviewees reporting more frequent appointments, greater options for certification and reduced waiting times for the injured person. This in turn reduced waiting time and reassurance that the injured person was getting regular support from a health professional.

Interviewees did identify some potential barriers related to Allied Health practitioners writing certificates. A potential conflict of interest was identified related to recommending treatment programs that the Allied Health practitioner would then provide. Those interviewed were not certain about Allied Health practitioners' level of education in terms of responsibility and accountability in the workers' compensation scheme. Lastly, those interviewed flagged that Allied Health practitioners certifying capacity could reduce opportunities for medical review and could represent a narrow view of the best management of a case if fewer professions are involved.

TABLE 12 THEMES IDENTIFIED IN INTERVIEWS

Organising theme	Sub theme
Awareness of certification and communications	Information on changes communicated to insurers, who had good understanding of certification rules.
Differences observed in Allied Health certification	More detail on functional capacity (noted especially for physiotherapy). Upgraded capacity more likely, with upgrading occurring in a timelier manner.
Communication with providers	Either the same, or easier to communicate with Allied Health practitioners.
Benefits to workers	Increased accessibility due to greater options for certifications. Particularly relevant for regional and rural. Allied Health appointments occur more frequently and treatment combined with certification appointments. More accurate representation of functional capacity. Workers can make connection between treatment and upgraded capacity.
Difference to case manager or team leader role	Time and efficiency with direct communications coming from the provider most involved in delivery treatment, therefore able to accurate represent functional capacity. Reduced time in waiting for that info to flow via the treating medical provider. Reassurance that worker being frequently seen and supported.
Barriers or issues with Allied Health certifications	Potential conflict of interest with Allied Health providers recommending extra treatment that they themselves will conduct. Education and awareness - do providers know about changes, and how are Allied Health providers educated about their responsibilities, accountability (conflict) for certifications. Reducing opportunities for medical review. Some concern re GPs being excluded from medical holistic management, if claim moves to Allied Health certification it has potential for very narrow management .

IMPLICATIONS

The survey was completed by 480 Allied Health practitioners; predominantly older, more experienced clinicians. A comparison of survey respondents with the practitioner profile of the physiotherapy and psychology professions in NSW is required in order to determine how representative the survey sample is. It would appear that less experienced therapists are under-represented in this sample, and extrapolating the results to all practitioners must be done with caution. Factors such as doctors being unwilling to allow others to certify, as described in specific questions and free text responses, may have a disproportionate effect on less experienced therapists (who may be less likely to press their expertise in the face of professional resistance). It is also not clear whether the high levels of agreement that Allied Health practitioners have the suitable knowledge and skills to certify would be maintained among more junior therapists. However, in the sample examined in this survey there was a high level of confidence from Allied Health practitioners that they were able to certify capacity and that it would benefit patients, employers and insurers.

Of the 480 practitioners surveyed, just 81 (16.9%) reported having completed a certificate of capacity. The survey was conducted more than seven months after the change to legislation was introduced, and this survey indicates that there has been a slow take up of the change. A large proportion of respondents were unaware of the ability to certify (up to 49.9% for CTP) and relatively low caseloads of compensable patients, alongside an expectation that the treating doctor will certify would seem to contribute to low rates of certification by Allied Health practitioners. Those who did certify did so early on in the life of a claim, and tended to continue to certify beyond a single certificate. While the majority of those certifying reported no change to their engagement with other professionals, employers and the insurer, approximately a quarter (range 23.5% to 33.3%) reported an increased level of engagement with these important stakeholder groups. Practitioners did report an increased amount of time required compared to usual management, and free text responses suggest that this is likely to be a barrier to Allied Health practitioner certification under current remuneration structures.

Practitioners were generally in agreement that the certificate of capacity contains appropriate fields, is functional and readily applicable to the injuries typically seen. However, free text comments frequently referred to the form being less suited to psychological injuries compared to physical injuries. This is in line with research into return to work and stay at work for psychological injuries (previously commissioned by SIRA), where industry experts noted a lack of guidance in relation to psychological demands of work and how these can be accounted for in current insurance practices. If psychologists find it difficult to represent psychological capacity on a certificate that has a focus on physical aspects of injury, it is likely to be a barrier to psychologists taking on certification responsibilities. Incorporating psychological injuries and corresponding indicators of psychological capacity into the certificate may remove one barrier to psychologists certifying capacity.

Interviews with insurance case managers suggested that Allied Health certification is beneficial in terms of patient access to care, timely updating of certificates and a more accurate indication of functional capacity that can be used to guide efforts to return to work. Workers' compensation case managers, team leaders and injury specialists identified that, at best, Allied Health certification provided for easier communication, clearer certificates and more detailed work modifications. At worst, it represented little

change to their current role. One key conflict was identified in the recommendation of services the practitioner would be providing themselves, which could be a conflict of interest, and the possibility that the opportunity for multi-disciplinary care might be compromised.

NEXT STEPS

The findings of this report will be synthesised with the analysis of the data to be provided by SIRA in order to complete the evaluation of the change to legislation to allow Allied Health practitioners to certify capacity in workers' compensation and CTP insurance.

APPENDIX 1

Please see companion file “Allied_Health_certification_in_NSW_survey.pdf” to view contents of the survey.

APPENDIX 2

REASONS DO NOT ROUTINELY COMPLETE OPTIONAL SECTION OF CERTIFICATE (CERTIFIERS)

Have certified
don't do a lot
I don't have to routinely fill them in - only applicable for the small number I have done in the past
I only fill what is relevant to the patient
I view the certificate as part of the NTD's job, and send people back to their NTD for that. I just adjust certificate as required if the GP is unavailable and there is GROSS need to intervene at that level.
It's routinely performed by the GP
not enough time
not use to it and paid poorly
Requires more time to fill out- especially if not needed
Was not aware of process.

IS CERTIFICATE APPROPRIATE FOR THE MANAGEMENT OF INJURIES YOU USUALLY TREAT? HOW COULD THIS BE IMPROVED?

Have certified
Functional status needs more varied activities that are tailored to each specific person. The other section is not enough space to consider all aspects of the functional status of the injured worker.
I feel that it is better suited to physical capacity than psychological
More specific to psychological injuries
no certificate at all needed and just a algorithm should suffice
Often too long and repeats itself with the AHRR. The certificate of capacity to return to work is OK.
workers comp is designed for physical injuries not psychological injuries

Have not certified
Because most w comp clients see a physio, OT or psychiatrist - therefore "overall capacity" view by GP needed
Didn't know there was a template certificate
Facilitate recovery not restrictions e.g. time contingent goals
I only deal with their psychological aspect, not sure about their physical part of recovery. Most of my clients come with CTP or WorkCover injury and they have pain problems.
I see several clients who have primary physical injuries and secondary psych injuries. I feel it would be inappropriate to issue a certificate on these cases.
I'd welcome discussion with SIRA on how the document might be more effective in gathering information on mental health and wellbeing
It could be more specific for Psychological injuries.
more detailed info on psychological variables
More of a focus on mental health conditions and common symptoms. Two separate certs for physical and psych injuries.
More space diagnostics
Psychological injury restrictions should be included
Specific place for psychological restrictions and for noting varying upgrades over a month
The certificates are very strongly focussed on physical injuries
the form is more based on physical than psychological injuries
The questions are mostly directed at medical/physical health not Psychological capacity or injury
There is no space for psychological diagnosis or details of psychological injury

ARE THE FIELDS APPROPRIATE? IF NO, WHAT FIELDS SHOULD BE REMOVED OR ADDED:

Have certified
Excessive amount of areas for signature. i.e Physiotherapist details then having to sign again under Medical Practitioner details.
Just an algorithm should do it better
More fields need to be made relevant for psychological restrictions
Repeats itself
Simplify the Capacity for Activities section by removing the separate fields for lifting/carrying etc.
specific job tasks as opposed to movements - option for either/or perhaps - requires understanding of workplace which we try to arrange
the whole form needs to be be redesigned to be appropriate for psycholoigcal injuries

Have not certified
"Work Capacity" should be changed to "Capacity" as a lot of clients may be actively participating in activities but state that they are not fit for work. There is also nothing for a psychological injury in the capacity section. This should include psychological demands at work, such as concentration, attention to detail, stress tolerance etc
Field for detailed psychological information
For psych injuries - specific symptoms and impacts on cognitive functioning e.g. memory, concentration.
For psychologist perspective we need to amend for cognitive functioning social daily living activities motivation and confidence to take part in vocational activities
I'd be interested to see how Jasmine's story could be expanded in the video. Again, an approach that has mental health and wellbeing central to ALL assessments would be supportive
Management plan section needs to be larger; capacity section could allow more space for "other" to tailor to the individual's work role
more detailed info on psychological variables
Need additional/ separate fields for psychological injuries (i.e. a different COC)
Need more room for restrictions to be written
The certificate should include the accepted claim health conditions including psychological or physical.
The physical capacities should be removed to include options specific to psychological injures
There should be more detail regarding psychological capacities and these should have seperate tolerances (e.g. concentration, attention, memory etc.). Push/pull should be in kg of force,
Too generic, eg someone has an ankle injury and it asked for a lifting or sitting restriction. Also i think it suggest that most workers need reduced hours and days initially. This is not the case, they just need lower physically demanding duties.

PLEASE SUGGEST HOW THE FORM COULD BE MORE FUNCTIONAL:

Have certified
I feel like larger text fields are needed
It is currently quite repetitive in the questions asked regarding functional capacity
Not enough for Psychological Functioning
PDF fill in needs working as cannot enter a new email when working on website. Consider the need to only need to identify the case number and workers details once. Perhaps only using SIRA number to identify a Physiotherapist could also be considered.
Repeats itself too much
Whilst it acts as a nice guide other jurisdictions have a more detailed certificate to support early return of capacity noting greater function

Have not certified
Areas for commenting regarding potential diagnoses/diagnostic considerations
As above - include specific areas of functioning that are actually affected by psych injuries - motivation, people facing. functional components would need to be refined.
As above comment re specific space for psych restrictions
As mentioned above, there should be more detail regarding psychological tolerances. There should also be more detail aboit strategy to progress capacity. It should also not say 'pre-injury duties' as this is misleading for clients who return to a different job. It should instead state 'unrestricted capacity' or similar

better spaces for writing - form is too cluttered
condense to two pages.
Condensed layout.
Difficult to easily recognise individual fields/categories. Less lines/boxes/wording would be clearer
For psychological conditions should be separated from other injuries and medical conditions
I haven't used the form
It could be much clearer and simpler so easier to read
It's a bit clunky. Not an easy viewing form.
Layout of order in regards to order of items on it.
More detail regarding repetitive work actions
more questions about psychological reasons
More space provided for details of psychological restrictions. The capability to include more than one upgrade in capacity in a review period. Make a section where restrictions can be outlined that are both psychological and physical in nature
More space to include restrictions and limitations
not being bogged down by specific numbers i.e., 10kg lifting restrictions when it is not a functional goal
Shorter and easier to understand
simple connection between capacity deficit and minimum required upgrade for increased capacity certification
Smaller additional employment section. Driving ability directly below sitting tolerances. Have an initial form and then a progress CoC to help reduce the length of them. Duplicate information with patient information in part A and Workers declaration.
The certificate of capacity is very long and overly complex.
Too complex and is difficult to quickly find dates, duration of certificate and capacity hours and doctors name

DOES THE CERTIFICATE OF CAPACITY MEET YOUR OVERALL NEEDS TO PERFORM YOUR ROLE? PLEASE EXPLAIN ANY GAPS YOU CONSIDER NEED ADDRESSING:

Have certified
could be streamlined
Have addressed these already. But functional status needs to be almost the sole focus of this with identification of work hours and days being the next portion.
Haven't got a copy of official certificate
I have not usually completed a certificate. I have usually written a report or a letter. A certificate would be easier but less complete/ less custom made probably.
Its not for me... the capacity is for the worker/injured party
My main complaint is with the AHRR. The fitness capacity to RTW is better.
Needs more parts for Psychological Functions
Needs to be quicker
Probably doesn't highlight when other health professionals are needed clearly enough - especially workplace rehabilitation when there are any recovery barriers.
Psychological barriers treatment options
Several important lifestyle considerations are missing.
undue paperwork while I could concentrate on important issues but justifying insurances nonsense

IN YOUR OPINION, ARE THERE ANY WAYS IN WHICH THE CERTIFICATE ITSELF CAN BE IMPROVED?

Have certified
Adding a field to estimate time to full recovery / return to pre injury duties
Adding Suicidal Ideation, PTSD, and other important Psychological Disorders which cause on Capacities.
As per previous, make them relevant to psychological injury not just physical
Automated options and require standardised assessments, so all professionals completing it are standardising assessments/outcomes
Certain insurance companies/ case manager have expressed their dissatisfaction that physios are completing the Certificate of Capacity form. They prefer the GP to complete it.

Certificate is fine. AHRR needs number of sections reduced.
Condense the 3-4 pages to only include relevant information to the person completing the certificate
Could have a continuity of care plan
Functional assessment should be performed by a physiotherapist initially rather than a doctor
Have described previously
Highlight the workplace rehab provider referral when there are flags for recovery barriers.
I do not see the need for Allied Health to take on the job of certifying capacity, the NTD's already do a good job in collaboration with Allied Health.
I dont know as I have not usually completed certificates.
I feel it would be much better to provide more comprehensive information when it comes to psychological capacity re strengths/capacity and barriers. However, given that this is already unpaid work, I am not sure how fair it would be to put that onus onto practitioners.
I think it would be ideal if attached with an AHRR when required
I usually make them up according to the clients occupation
I wasn't aware there was a specific certificate for AH practitioners to use - I have been using the standard one.
I would try to amalgamate Section 1 and 3 so that if the person does have capacity it is documented within the 1 section rather than feeling like you must provide information about capaacity within both sections
Include a section titled 'Lifestyle considerations'.
Make it less wordy, it is a long document / time consuming to read / understand.
more capacity to personalise
more clarity
more functional and easier for an employer to understand to put into practice.
More psych specific details and options would be helpful
More relevant areas of capacity on form
More streamlined, drop down options to speed up filling in would be useful.
Please make this a permanent change.
Quicker
Simple is best
Simpler
take the process out of the insurance companies hands and bureaucrats

Have not certified
A box indicating psych restrict
A/A with clearer headings/sections
add section to describe job specific recommendations/restrictions
adding a couple of fields for psychological diagnosis and details of psychological injury
Addition of quantifiable prompts in functional tolerance sections eg: times tolerated and weights. If client is unable to be complete one task in a section a prompt should be there to comment on specific task, to encourage patients to continue to be active and not see "no bending" on the report and stop all bending. Maximal medical improvement box back to prevent health professionals over capitalising on medical certificates. I am concerned that some physios may hold onto clients longer until they are medically fit and not base it off their treatment ability or not want to refer onto additional services such as Exercise Physiology as its the PT doing the treatment. I am concerned that some physios and Psychologists have not done the SIRA training and hence don't understand the full implications of their comments.
As a f/b to GP with complex (ie 1+ phhysio/psych) + as is for s/t psych w comp issues eg panic attacks
As above. I don't think that Allied Health Practitioners should be writing medical certificates for injured workers. GP's have an overall understanding of the case, particularly when multiple treating parties are involved. Psychologists have more limited availability than GP's at the moment. Allowing Allied Health Practitioners to write a medical certificate opens up so much more variance in the overall progression of a claim. What if the NTD disagrees with the diagnosis or capacity?
Being more specific about psychological injury
Cleaner structure/outline - looks very busy so difficult to quickly scan for relevant information
Clearer option to select workplace rehab provider

Clearer outlines for restrictions and hours of work
condensed into 2 pages max
Could be shortened like previous certificate
for psych injuries anticipated date of return is difficult and should be stressed that it is subject to change - also there should be more detail allowed for flexible return
Frequency of consults,
HAVE ONE FOR AN ahp
Haven't done one yet so no time to really think this through
I am happy with the current form
I currently support GP certificates by writing Reports emphasising the psychological damage/treatment requirements...
In capacity for activities include common psychological functioning questions
It is appropriate for my clients and their condition.
It should be digital available to specific displicine allied health professional
It would be good and consumes less time if the GPs take an extra time to fill in all the relevant sections mainly the 1st page
Larger box to described current function
Less directive
Make it shorter. easier to read. Two separate certs for physical and psych injuries.
More detail in functional tasks
more detailed info on psychological variables - both workers job and workers ability
More detailed information about the psychological injury
More succint if possible.
more user friendly
Needs to be more direction for GPs regarding psychological capacity/restrictions/limitations
Needs to remain simple. perhaps being driven by the DSM-5 Diagnostic criteria may help if Psychologists are to continue to write Psychological levels of capacity
perhaps incorporate a comment/assessment of mental health status on every client. Changes in physical conditions and injuries can impact on someone's mental health capacity, and equally there could be factors that manifest and limit recovery
please keep reviewing these forms
Pre-populated.
Psych testing requirement
reduce to 1 page
separate certificate for psychological injuries
Some additional space to accrue some relevant information
Symptoms, how it affects someone
The certificate could be far more brief with a clearer indication of fitness for work and restrictions.
The certificate is geared towards physical injuries at the moment. You could make the section that is available for physical restrictions optional by making it a click open feature.
The certificate of capacity should be amended for psychological injuries. It could provide options to include psychological barriers / improvements that would benefit all involved in the claim.
to include a timeframe for full recovery
treating practitioner details should include email
would need to have more experience using the form before i would offer advice
Yes - more space for specific instructions
Yes make the most important information easy to find as per above, preferably on the first page.
Yes, make the hrs/ days per week item an optional restriction rather than a compulsory stipulation. It is very subjective and at the discretion of the GP. Rather than being objective and based on objective measures.

REASONS YOU HAVEN'T CERTIFIED (OTHER, PLEASE DESCRIBE)

Non-certifiers

As the capacity is both physical and psychological I don't want the ultimate responsibility.
Busy with private and Medicare clients
Chain of command, just from past experience the GP is always the one who is expected to do it.
Concern over legal implications if something goes wrong.
Despite being certified I have not had any clients as yet :-(
Did not have the need
didn't want to step on GP's toes and compromise the relationship
do for Vic Workcover but didnt know we could for NSW WC
During Covid I actually forgot that I could do this as I have been so busy and as it wasn't a usual part of what I do, it slipped my mind
For people with a impaired capacity due to a combination of physical and psychological problems the GP is in the best position to consider all of the factors
Forgot I could and not one patient expected GP to do it
Hasn't come up yet
have not been asked
Have not been requested to complete one
Have not had a client or GP ask me to yet.
Haven't had the need
Haven't needed to with my current client as the doctor has been
haven't had any appropriate patients as yet
I am working in occupational rehab for the majority of my role with only some part time clinical work. As a rebate consultant we obviously can't complete them, however it is useful when physios / psychs do complete them as they have a better idea of a person's function than a GP generally does (as GPs rarely ever do any form of actual functional testing). Exercise Physiologists should also be able to complete certificates of capacity as they are also best placed to assess function
I am working well with the doctors and we are in good communication so the doctor does it.
I believe the GP (primary carer) should remain responsible and feel that patient care would be optimised with the one practitioner feeling out the form
I can't exactly remember why I decided not to do Certificate of Capacities but I think the amount I would be paid was a barrier - similar to the paltry amount paid for completing an AHRR
I don't know their progress in the physical part
I don't want to 'step on toes' of NTD
I feel the referring doctors will stop referring patients to me once they find out I am writing certificates as I am taking patients away from them.
I have no clients that requre it
I have not had a client where that would be indicated
I have not had to address a fitness/capacity referral question since the changes
I have not yet had the opportunity
I haven't needed to as yet
I haven't been asked
i havent been asked to
I haven't been asked to do it
I only work with catastrophic injuries ie Brain Injury and Spinal cord injury and they tend not to return to work
I prefer Team management in rural where possible
I was not in a position to do so within this period
I wasn't sure if there was an easy to download form
I work with paediatric populations
I would have lots of discusssions were I see partial capacity but the client does not want to go back to work
Impacts the therapeutic relationship
Is it billable?
It just creates confusion within the treating team

It puts the physio in an awkward position with the client if the client is claiming one thing when their behavior and what the treating Dr say. It's also an administrative cost that we can't recover from insurers.
It will create animosity between referring doctors and myself, as the patient and doctor both expect that the doctor will perform this role. It is also not financially compensated well enough for physios to do the certification
it will put the referring Dr offside due to loss of income. Additionally, I don't get paid to complete the doc
Keeping the NTD included in the treatment team has been important
My clinical judgement is that it requires a medical practitioner to assess their medical and functional capacity and be paid adequately for their time and provide independent medical advice
My impression we would only be able to bill once. It is like AHRR forms - what incentive is there to do a legitmite one when to do properly take time but not fee schedule.
My job as a psychologist is to enable clients to engage with strategies that offer them increased functional opportunities. I don't write certificates because it causes me to feel I am enabling them to stay stuck.
My staff have done them - not currently treating but supervising
Never really needed to as the NTDs have often agreed with my professional opinion and written certificates of capacity in line with my professional opinion
No need as yet
No one asked me
No requirement so far
no time this year to do the extra training required
Not qualified to provide clinical diagnosis
Not sure where to get the certificate template from
Not within my role at my place of work
Not worth the few additional fees generated
NTD has been rung - they keen to do it
often Treating Dr is reluctant to allow other professionals to do it
Out of respect to current practitioner relationship
Over the last year ive been working aged care. Arediculu
physical reasons
Physios don't get paid adequately by SIRA as it is, so NTD can do that as they get paid better.
pressure from Insurer to sign off too early
stepping on toes
The clients I see have catastrophic injuries. There is no question about their capacity to return to work. Their rehabilitation specialists complete their certificates.
The doctor and therpaist may differ in opinion and not liaise regularly
the insurer shows preference for doctor doing it
the insurers prefer patients to have capacity certificates filled by the NTD
the need did not arise
The relationship with the treating GP is critical and I am unsure if treating GPs are ok with allied health signing these things
The workers and doctors aren't allowing allied health providers to take that task and the price we can fill it in for vs what a doctor gets is massively different so why would I take that responsibility for far less pay
un written professional boundaries and responsibilities; Why would I do it and not get paid for it (after the 1st)?
Was not requested to
We should be able to bill adequately for it's completion
will i receive adequate recompense including cover for risk/professional indemnityinsurance, not sure how to , am i covered by my insurance
With complex when overall capacity needs to be assessed

PLEASE DESCRIBE WHY [CERTIFICATION] TOOK MORE TIME THAN USUAL

Certifiers
added paperwork to consultation. not used to filling in time
Comments required on capacity

Comminication process especially by phone very time consuming.Also takes time to fully assess the patient, discuss options, and complete the relevant paperwork.
communication with other parties and coordinating suitable duties
Completing the form was an additional activity (to the patient's 30 minute appointment time)
Complex cases which involved discussion with treating professionals and patient
complicated factors needing explanation
demand by the insurer and the HR people
discussing physical demands of occupation, paperwork
Extra communication needs to make it work
Extra contact with multiple people
Extra paper work and screening required to complete which is in addition to the AHRA
Extra paperwork
Extra paperwork to locate, print, fill out, send
Extracting notes and writting
Filling in a Certificate of capacity and performing an assessment capacity were additional to providing physiotherapy in a therapeutic sense.
Getting used to the form and making sure it was completed correctly and then following up on all the parties who needed the form sent to them
had to spoeak to various stakeholders and get them on board
Had to write letter and communicate with employer and doctor none of which was funded.
Having to discuss this with other parties involved.
I had to review the training on completion of the certificate and call WIRO
I needed to ask questions in areas that aren't my treatment focus, and learn how to fill the paperwork in
I spent more time with the patient because rather than guessing a lifting capacity to set. The patient was assessed in the gym to complete a number of manual handling tasks relevant to the potential new tasks that will be assignable in their role with the increase in capacity. This ensures they are a lower risk of injury and are able to complete said tasks. From here completing the certificates took a little longer than usual as they were relatively new to myself.
I was keen to ensure that I completed the certificate properly and still felt compelled to provide adequate treatment in the consultation
I was the primary and initial treating professional
I wouldn't normal write the certificate. The certificate is fiddly and lengthy
It is an additional administration burden that would otherwise take clinical time
It was completed in the same appointment as treatment session
Just setting up the initial form
Just to complete the certificate - to obtain capacity and restrictions
Liaising with all parties to ensure understanding of goals and limitations
More detailed questioning of capacities and writing certificate, especially the first
more indepth discussion of return to work activities including activities not directly releated to injury but affected Return to work consideration, eg workplace set up, travel distance/time
more information needs to be gathered
more thorough assessment
Needed to deal with treatment issues first
Perhaps due to my unfamiliarity
Report writing
The assessment of the individual's capacity for work was more extensive than a typical therapy session
The insurer asked me to complete the certificate as a matter of priority, so it could not wait until my next appointment with the inured worker and I phoned him specifically for the purposes of completing the certificate together.
The paperwork was additional to a full treatment
Time taken to complete the certificate

Time to explain the certificate, discuss the capacity as written and the implications, writing of the certificate and subsequent communications with all key stakeholders
Time to fill out the certificate
Time was added to appointment to complete the paperwork
to do a history and then fill out certificate
Treatment + certificate
Was completed following usual length of treatment session not as part of
working out duties , testing limits and writing up certificate
Writing letters and reports takes a lot of time
Writing the certificate

MOST IMPORTANT FACTOR BEHIND WRITING THE CERTIFICATE:

Certifiers
Asked by the patient
Generally requested by patient as their doctor usually just asks them what the Physio has said or goes off our report
I was the main treating professional
It was inconvenient for the patient to see the doctor just for a certificate
Often I was more experienced at writing these and treating was appeciative of my help and requested my help.sometimes even for the first certificate.
Patient not wanting to visit the GP clinic during Covid if not needed
Primary Treating Professional
Unnecessary to see the dr
Urgently required to protect worker from further psychological injury and workplace hazards.

OTHER PEAK BODIES USED TO KEEP UP TO DATE

Certifiers
Australian Hand Therapy Asdiciation
icare, RTW Matters

Non certifiers
AAPI (*mentioned in 4 separate comments)*
AHPRA
APS
Australian Diabetes Educators Association ADEA
Australian Psychological Society
Emails
ESSA
MHPN, Black Dog,
various websites & emails that relate to mental health and wellbeing
Via email weekly info
WIRO, APHRA

OTHER PROFESSIONAL ASSOCIATIONS USED TO KEEP UP TO DATE:

Certifiers
APA *(mentioned in 10 separate comments)*
APS *(mentioned in 2 separate comments)*

APS, IASP, IFOMPT
Newsletter
Physio business groups
SMA

Non-certifiers
AAPi *(mentioned in 13 separate comments)*
ACPA *(mentioned in 2 separate comments)*
ACPA and APS
AHPRA *(mentioned in 7 separate comments)*
AHPRA or APS
AHRR
APA *(mentioned in 38 separate comments)*
APA and ESSA
APA, SARRAH, Murrumbidgee PHN
APAM
APS *(mentioned in 35 separate comments)*
APS, AAPI *(mentioned in 4 separate comments)*
Australian Clinical Psychology Associations
College of Clin Psych APS
eg Mental Health Commission, BlackDog,, Beyond Blue and email notices from various projects in thethe Local Health Districts
Emails
emails/updates
MAAPi
MAPS
Mental Health Practitioners
multiple
Musculoskeletal Physiotherapy
Physiotherapy association
physiotherapy profession leadership group
SPA, ARPA
special interest group.

SOCIAL MEDIA PLATFORMS USED TO KEEP UP TO DATE

Certifiers
Facebook
Facebook groups
Facebook networking group
facebook, instagram, twitter
Facebook, LinkedIn
FB
Instagram
Physio practice owners groups
Twitter
twitter, facebook

Non certifiers
APA Facebook
APA Facebook Groups
Aps, aapi
Australian Psychologists
Email
Facebook *(mentioned in 18 separate comments)*
Facebook & Instagram *(mentioned in 5 separate comments)*
Facebook, Linkedin
FB
Instagram
Linkedin
linkedin
local psychologists Facebook group
Podcasts
Psycholgidt groups
Psychologist groups on Face Book
Psychology Australia Facebook Group
Psychology groups
twitter
Twitter
Twitter, Facebook, Instagram

OTHER WAYS KEEP UP TO DATE

Certifiers
Colleagues
Colleagues peer supervision

Non certifiers
APS *(mentioned in 4 separate comments)*
clinic updates from Practice manager
Colleagues *(mentioned in 2 separate comments)*
DHHS
Email *(mentioned in 13 separate comments)*
email direct from source eg SIRA
email from SIRA etc
Group supervision
i dont seem to get many sira bulletins
Internal communications
Letters in mail because majority of electronic is now spam
Listserves for ACPA and IARPP
local health district
Medicare
Occasionally call SIRA for information or to help navigate website for specific information

Peer supervision
Psychologist and all that Facebook group
rely on manager to be up to date and inform staff
workplace communication

HOW RECEIVED INFORMATION REGARDING CHANGES – OTHER

APA
APA
Can't remember
Colleague
Colleague
Committee role
Don't remember, but have a vague idea that I may have heard something about it
possible APA
Private practice email
Staff

ANY OTHER COMMENTS ABOUT THIS SURVEY

Certifiers
I actually feel that an experienced physio or psychologist is more capable of completing certificates than most GPs. I really care about my patients returning to work safely. Possibly need to be remunerated adequately to assist with compliance.
I found often other parties working with the injured patients do not care about AHRR Capacity provided by Psychologists.
I have only had to issue one certificate to date for one injured worker only so my responses are limited by this. I am not sure if it is a role that I will take on for other injured workers and I am not certain how treating doctors would feel about this either. I understand why we were given the opportunity to issue certificates in current COVID circumstances; however, I am not sure if it will be helpful in the longer-term as I usually communicate well with treating doctors and they typically follow my recommendations regarding capacity anyway.
It's useful to be able to write a certificate of capacity if/when required and NTD is not available. But I would not like to take on the additional responsibility as a matter of routine. I'm happy to collaborate with NTD, and for them to hold the onus. :)
NSW has a distinct advantage over Vic in the way it manages Physiotherapy treatment (Notification of commencement form and prescriptive administration of yellow flag assessments). Continuning Physiotherapist certification fo capacity will help achieve better RTW outcomes in NSW , provided the COC's are completed by Physiotherapists with sufficient expereince in WC...suggest minimum 3-5 years. Otyherwise, the system will be compromised in the same way it is now, by having GP's with little or no WC experience or RTW, certifying capacity.
Physios are in a pivotal position to turn around the declining RTW rate within NSW WC over recent years, it would be nonsensical to not allow Physios to continue certifying beyond 17/4/2021
Remuneration not commensurate with time taken to complete and distribute certificate to stakeholders. No payment for certificates beyond the 2nd is a disincentive to agree to completing them
SIRA needs to ensure schedule fees are consistent with our peak bodies recommended schedule of fees. We also need to ensure a fee for service for all aspects of service delivery. The legislated fees do not reflect the complexity of the work or time required to comply with requirements. All government bodies should be implementing consistent fee schedules to simplify the current complexity involved in billing and reporting.
The extra administrative paperwork, along with having to complete AHRR forms is now becoming excessive from my point of view as a Physiotherapists
you are doing a marvolous job attending this serious issue and letting us to call shots

Non certifiers
A framework for training and funding needs to be in place for GPs not to put the responsibility onto another profession
APS does not provide information to psychologists who are not members of their association so we can be left out of up to date information.
ASs I work closely with local doctors I actually believe the certificates should be signed off on together ie the doctor for physical capacity and the psychologist for mental health capacity. Especially where the main injury is for example PTSD.

At the time this was rolled out I'm assuming I missed the information given all the other advice/changes that were necessary around COVID. Also given I treat very few workers comp or CTP patients I personally would not like to have the administrative burden of being responsible for completing this form
Clients have preferred to work with GP
Comprehensive, informative
Deputising an AHP to do a certificate is not the same as recognising professional capacity to do a certificate. There will still need to be an NTD to create referrals for services and investigations at this stage.
Do we need training to fill out the certificate?
Due to the, participants I work with, ie Spinal cord injury and Traumatic Brain Injury, they would require meidcal clearance to return to work and very few of the participants i work with return to their prior work place.
educational
effecient
emphasis appears to be on RTW rather than health of patient
Good
Good survey design
having the psychologist sign these things is possible a good idea, but I feel it may be seen as an incursion into the role of the GP - hence I am hesitant
I am not sure I am still a WC, CTP provider
I am unsure whether work-capacity relates solely to my expertise in psychology or if I have to take into account other physical injuries which I am not competent about.
I appreciate the opportunity to provide feedback.
I believe it is a useful and effective addition to injured workers management for Physiotherapists to be able to complete certificates. it may take some time to educate all aprties to the system about this.
I believe that psychologists being able to certify fitness would be helpful in the injury management process, but this needs to be publicised and negotiated with the gp peak bodies to make it effective/commonplace as part of the system. The gp's that know me well would probably be supportive, but others may be reluctant to cede control as they typically have longer standing relationships with patients.Also any difference on diagnosis or capacity opinion between a gp and psychologist is typically pounced on by insurer representatives to hurry patients back to work, and in cases of psychological injury this can be very harmful. The system currently allows this to happen, which discourages psychologists from becoming providers, and harms patients. Insurer representatives are minimally trained in mental health and are pushed to meet kpi's constantly, and have a very high turnover rate, meaning that injured workers have an ever changing case manager, which is counter therapeutic.
I believe there is much room for improvement when working with psychological injuries.
I do not receive any emails from SIRA about anything
I had no idea I could provide C'soC. I see mental injuries including pain, depression, anxiety, PTSD caused by physical injury and psychological assault. Moral injury is now accepted as a cause of PTSD. It would therefore be appropriate for the psychologist in tandem with any psychiatrist prescribing medication to determine if a client is capable of rtw with same employer or different employer, in tandem with any GP monitoring any physical injury.
I have had clients approved by gp for return to work when I considered them psychologically unfit on multiple occasions. This is a major issue. This causes a rupture in the therapeutic relationship and distress to the client.
I learned that I'm completely unaware about psychologists being able to provide these capacity certificates
I learnt that I can certify someones capacity for work
I look forward to the report, and recommendations that support and promote Allied Health involvement in assessment and treatment of clients. Your reply with contact details in SIRA that are involved in considering how best to identify and support mental health would be most welcome
I read about the ability to provide the certificate once. The next time I was reminded was when I was sent this survey. Better follow-up would have helped. A brief online tutorial would have helped.
I think being able to provide Certs when 1 treatment provider involved does improve RTW progress & help GP but liaison with GP imperative
I think expanding certificates of incapacity beyond one discipline (IE doctor) just creates another layer of confusion and more admin for everyone.
I think it's a step forward to permit an allied health to provide a medical certificate of capacity as they are actively engaged in the persons treatment plan.
I think that Psychologists are better positioned to provide feedback about WC and MVA clients with primary mental health conditions. However, if I was asked to do one, I would ive my responses a lot of thought, and I would expect payment and processes for the cerificate to be commensurate with that currently used by Treating Medical Practitioners

I think this is a good initiative as loing as there are no 'turf wars' with the GP's as if they push back I am more than happy for the patients to continue to see their doctors.
I would be pleased to gain the administrative skills to participate. It would make some parts of my workload less onerous, for example, writing a letter to the doctor and then waiting until the doctor's appointment and review to continue with treatment.
I would love for physios to do more capacity certificates. We were never provided with a form template though that could be completed - this was a massive barrier. The financial cost another massive barrier. But the more we can get physios leading capacity changes will help promote more realistic loading and work progressions
I would only feel competent to report on the mental health of the client, but would be happy to provide a fitness certificate in that capacity
If SIRA could e-mail me this survey, then why did I not receive an e-mail regarding changes re work capacity certificates
If this change was communicated in April it was probably lost in amongst the daily barrage of communications about Covid-19. Time for a new information campaign?
Important and hopefully leads to less red tape
In my area, 2480, issuing the CoC by GPs is well established, therefore, I haven't needed or been required to issue one of my own, although I specifically communicate to the GP, my work restriction suggestions.
Interesting
Interesting survey
Is there a guide as to how to complete work capacity certificate? Email is good means of communication from SIRA
It could be helpful for allied health professionals to be able to provide certificates of capacity given the ongoing COVID-19 pandemic (client has to see less professionals and this makes the process more efficient).
It wasn't worth doing the fitness capacity financially.
Low fees for all services from SIRA . These far less than our private fees. Matching practice fees charged at each location would reduce the burden on practitioners. eg practices can only bill what they charge private clients hence market forces govern fees
My hospital has just asked us to provide our SIRA numbers so that we can be more involved in the process
Often people have more than one injury including a psychological injury where it would be beneficial for allied health to sign off as sometimes GPs require clients to attend twice for the two certificates and GPs are nto always aware of the progress with psychological injuries
ok
patients expect treatment done on same day in addition to completing forms
Physiotherapist with extra qualifications (such as titled members sports or musculoskeletal titled) or experience (greater than 5 years) are certainly the best placed professionals to be completed capacity return to work assessments for physical injuries. It is however best that the same physiotherapist that's treating is not the same physio that's completing the assessment to reduce conflict of interest.
practical survey, no unnecessary data
Providing psychological services for Workcover is hard. Lots of admin. Lots. I'm thinking of terminating the service from my practice. This seems like more admin.
Psychologists aren't paid enough to deal with it
Receiving e mails from SIRA re changes and updates to legislation or practice would be extremely helpful in keeping up to date with requirements/ necessary info
Signing off on a capacity certificate surely is determined by whether the primary "injury" is directly related to the allied health provider's area of expertise. If the allied health practioner is providing assistance for "secondary injury" caused by or related to the primary medical/injury eg. impact on mental state as a result of physical injury, then the Capacity Certificate should be signed off by the treating medical Doctor/Psychiatrist.
Since SIRA emailed this survey, why didn't they email the April changes ?
SIRA absolutely needs to make it clear to GP's, surgeons and physios that physios can certify. I did the SIRA training module in July, and an very attentive to Physiotherapy profession updates and this is the first I have heard of it (I'm on the APA state committee). I can assure you that if I haven't heard this news, 99% of physios and 100% of medical professionals don't know this.
SIRA already requires a great deal of unpaid paperwork time (reports) that eat into my evenings/weekends. I didnt need more.
SIRA could provide an information/training session regarding the Certificate of Capacity.
Sira pays less than APS rates. I prefer not to see Sira patients
SIRA Should be looking at the validity of the ACFI pain management program. I can not believe that our government is paying unbelievable amounts big companies to employ sponsored physiotherapists and occupational from other countries to massage knees at aged care facilities. This is unethical and a waste of time and money.
SIRA should have more items related to our admin work eg. phone calls to others involved with the claim
so far so good

Text boxes are much too small on phone screen.
Thank you for this positive development. This will be particularly helpful in rural areas when it is difficult to access a GP, or when the patient is having patient/doctor mismatch issues when there is only one doctor available.
The fee is not adequate unless you are just endorsing the NTDs certificate.
The red tape and pressure regarding emergency services can be quite strong. Sharing the decision making process with a Psychiatrist is helpful.
The to copy a file as requested by lawyers is too light - below the minimum wages - as $38 for a couple of hours work is too low
The treating physiotherapist is in a far more appropriate position to judge capacity than the Doctor is - by way of our training, competence in capacity evaluation and therapeutic relationship. We spend many more visits and time with the client than the doctor, and are constantly reassessing response to activities and rehab, biopsychosocial measures etc that is relevant to assessing and certifying capacity. I do however think that the Physiotherapists should have achieved a certain level of experience and qualification to complete certifications.
There have been so many changes to practice this year I haven't had the time to keep up with this one, given the small number of WC cases I see.
There needs to be an online tutorial outlining how best to fill it out
There should be a distinction through SIRA of Clinical Psychologist and Psychologists. SIRA should provide monthly newsletters that is emailed to health professionals to keep them abreast of changes/news etc...
This is a good idea
This is a good thing to do to present to SIRA
Very useful in raising swareness
We are underpaid for the administrative burdens of AHRRs and chasing case managers as it is without any further burdens. Payments need to alter or more practitioners will refuse to take insurance claims
we have better understanding of the patients capacity than any other stakeholders
Where may I access the training? I see many clients requiring such certification.
Would be very beneficial for more recognition of allied health professionals being able to complete certificate of capacity
Would like to add that GP's should be advised of the info and allied health therapist should be able to bill per certificate
You only asked about certificates for road injury
You talk about CTP clients but my clients are funded by LTCS many without CTP insurance.
Your question re. funding for sessions -- Although 75% of my clients are "Medicare" some are Bulk Billed while others pay a gap fee. I frequently write letters/reports for SIRA and GPs to support the return to work program for clients...however, I was not aware that I could prepare the Certificates (busy year? poor communication? no media coverage? didn't bother to read the email amongst the hundreds that come in?) I also work closely with the GP , as we are both supporting the individual to recover and return to work - this also includes others involved in the "return to work".)