



**MONASH**  
University

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

# EVALUATION OF ALLIED HEALTH CERTIFICATION IN NSW

## SUMMARY OF CERTIFICATE DATA

CAMERON GOSLING

ROSS ILES

DELIVERABLE NO 1

JUNE 2021

This research report was prepared by Dr Cameron Gosling and Dr Ross Iles from the Insurance Work and Health Group in the School of Public Health and Preventive Medicine and the Department of Paramedicine at Monash University.

For further information relating to this report please contact the research team via the email address: [Cameron.Gosling@monash.edu](mailto:Cameron.Gosling@monash.edu)

This report may be cited as:

Gosling C & Iles R. Evaluation of Allied Health certification in NSW: Summary of certificate data. June 2021. Insurance Work and Health Group, Monash University: Melbourne, Australia.

In the interest of transparency, it should be noted that the lead author of this report has conducted online training, including aspects of certification of capacity/fitness, for physiotherapists in the management of workers compensation and CTP patients in Victoria, while the second author of this report is a registered physiotherapist and has conducted online training, including aspects of certification of capacity/fitness, 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/fitness is an official document utilised by compensation schemes 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 practices.

The evaluation has three components:

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

This report contains the preliminary findings of component 1 (Dataset analysis). These findings will be synthesised with components 2 and 3 in the proposed final report.

## CERTIFICATE OF CAPACITY DATA FINDINGS

Claims and certificate data where an injured claimants' capacity/fitness was determined for a compensable injury between January 2019 and December 2020 were compiled by SIRA and provided to the researchers. Analysis aimed to compare certificates of capacity/fitness written by Allied Health practitioners and Medical practitioners. A total of 439 claims with 3,528 certificates were provided for analysis. After data cleaning 3,244 viable certificates were analysed. This sample comprised of 3,127 certificates submitted by Medical practitioners and 117 by Allied Health practitioners. All certificates submitted by Allied Health practitioners were completed by physiotherapists.

The claimants were predominantly male (68%), 30-39 years of age (30%), and worked as labourers (30.5%) or technicians and trade (21%). Most claimants sought medical services for traumatic injuries to the joint/ligament and muscle/tendon (42%) or musculoskeletal system (27.5%), with most injuries occurring to the upper limb (46%).

A total of 3,187 certificates with a capacity/fitness designation showed a median (IQR) certificate duration of 21 (13-29) days. Allied Health practitioners completed 117 (3.7%) valid certificates for these claims, comprising of 12 no capacity, 78 partial capacity and 27 full capacity certificates. There was a significant difference in the proportion of certification type by practitioner ( $\chi^2_{(2)} = 32.1, p < 0.001$ ), with Allied Health practitioners certifying claimants with proportionally greater partial or full capacity when compared to no capacity than their Medical practitioner counterparts. Allied Health practitioners also provided a greater proportion of complete certificates than Medical practitioners (90% versus 47%, respectively).

## IMPLICATIONS

The analysis of the claims and certification datasets provided an insight into the certification practices of Allied Health practitioners, in this analysis physiotherapists, under the COVID-19 temporary certification measures introduced through New South Wales government legislation. The limited number of confirmed certificates (n=117) completed by Allied Health practitioners impact the interpretation of these results. However, in the data sample analysed there are indicators that Allied Health practitioners were capable of certifying capacity/fitness to at least the same level as Medical practitioners, and in some aspects may provide more detailed information that would benefit patients, employers and insurers.

The Allied Health practitioners certified a greater proportion of injured workers with partial capacity or full capacity rather than no capacity for any work related activities. With less than 4% of the total number of certificates written by Allied Health practitioners in this sample, there is evidence that Medical Practitioners do have the predominant influence over RTW certification, reflecting the length of time they have been certifying RTW compared to Allied Health. Allied Health practitioners completed information about restricted activities in 90% of certificates analysed. This could reflect physiotherapists' and other Allied Health practitioners' approach of using return to work as an important component of rehabilitation.

This preliminary review of the certification practice comparisons between Medical and Allied Health practitioners indicate that the temporary directive in response to the COVID-19 outbreak to broaden certification permissions has resulted in no worse outcomes for patients, employers or insurers. At best, this initiative has the potential for a reduction in the burden of certification placed on Medical practitioners by spreading the responsibilities across a range of well trained and capable Allied Health practitioners. However, the size of the sample of certificates completed by Allied Health practitioners suggests a significant reduction in burden for Medical practitioners has not yet occurred.

The findings of this report will be synthesised with analysis of the survey and interview data of Allied Health practitioners in order to complete the evaluation of the change to legislation to allow Allied Health practitioners to certify capacity/fitness in workers compensation and CTP insurance.

## BACKGROUND

A certificate of capacity/fitness is an official document, utilised by compensation schemes, that describes an injured person's capacity/fitness 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/fitness.

On 17 April 2020, in response to the COVID-19 outbreak, the New South Wales government introduced legislation to broaden 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 or an Allied Health practitioner (physiotherapist or psychologist). A Medical practitioner must still continue to issue the initial certificate. The changes were initially put in place for a period of 12 months. However, this arrangement has been extended for a further 12 months until 17 April 2022 (currently for workers compensation with the expectation that extension to the same date will occur for CTP insurance).

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. 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.
2. A survey of Allied Health practitioners who have and have not completed a certificate of capacity/fitness 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.
3. 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 Medical practitioners and the ability to match work capacity/fitness with suitable duties within the workplace.

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

This report contains the preliminary findings of component 1 (Dataset analysis). These findings will be synthesised with components 2 and 3 to complete the evaluation.

## METHODS

### CERTIFICATE OF CAPACITY/FITNESS DATA ANALYSIS

#### DATA EXTRACTION

Data were compiled by SIRA and provided to the researchers in two spreadsheets (Claims data and Certificate data) for analysis to compare certificates of capacity/fitness written by Allied Health practitioners and Medical practitioners. Allied Health practitioners comprised of physiotherapists and psychologists, who were eligible to complete ongoing certification. Certificates of capacity/fitness completed between January, 2019 and December, 2020 were included in the sample. To complete the comparison between the experimental group (certificate written by an Allied Health practitioner) to a matched control group (where no certificate was written by an Allied Health practitioner). The aim was to match claims for sex, age group, injury type, injury site, industry, occupation and socioeconomic status (where possible). An ideal comparison in this situation is to have three control claims for each experimental claim.

The information extracted from the certificates included:

- Date certificate written
- Certificate status: no capacity, partial capacity, full capacity (or variants of this)
- Certification dates
- Profession of person writing certificate
- Suitable duties/work identified (if any)
- Restrictions identified (if any): could be modification of activity, hours worked or working schedule (days on/off); equipment required, etc

#### DATA CLEANING APPROACH

SIRA compiled all the data in two separate files, one containing claims information and another with the certificate data. Data were reviewed for completeness by one of the authors (CG). The following processes were undertaken to delete or impute data as appropriate, using a line by line screening approach.

1. All claims were sorted using a unique identifier (Monash\_ID) and then by date of the certificate of capacity/fitness.
2. Claims were deleted if the unique identifier was not available. Missing identifiers limited the ability to link datasets. Claims and certificate data were also deleted if no

data were contained in either of the spreadsheets for that claim or certifier designation was missing.

3. Duplicate certificates for claims were then deleted. Duplicates had to match on all data fields to be eligible for deletion.
4. Claims with the date of certificate completion missing, had dates imputed from the start of the certificate duration. If no valid start and end date was available for the claim, they remained as missing data points.
5. Certificate dates were formatted to one standard style for analysis. Dates that were unable to be verified were excluded from the analysis. This included negative time durations and certification periods greater than 200 days.
6. For certificates of capacity/fitness that were missing the designation of capacity, a capacity was determined and imputed from the activity restriction categories, if they were available.

Once data cleaning was complete, all Allied Health certificates included for analysis were completed by physiotherapists.

## ANALYSIS

Summary statistics were used to describe the profile of claims (Table 1) and certificate data. The relationship between injury/illness (Table 2) and certificate type (no capacity, partial capacity, full capacity) was assessed using Chi square ( $\chi^2$ ) test. Kruskal-Wallis or Mann-Whitney U tests were used to determine differences in certificate of capacity/fitness durations. Differences in demographic profiles between practitioner types were determined using t-test or  $\chi^2$  tests. Data completeness was assessed as a proportion of certificates identified with complete restriction data fields, certification designation and certificate start and end dates available. For full capacity certificates, only a start date was required as a designator of certificate start and end dates. Survival estimates were calculated using the Kaplan-Meier method and comparisons of groups using a Cox proportional hazards model. Data were excluded from the survival estimate analysis if the claimant injury date occurred prior to January 2019. Time to event was based on the comparison of injury date to the certificate date. Partial capacity as defined as the time to first partial capacity certificate. Full capacity was defined as the time to the first full capacity certificate. Due to the limited numbers of Allied Health completed certificates, all valid certificates were compiled in this analysis. All analysis was performed using Stata 15.0 (Stata Corp). The alpha level for concluding significance was 0.05.

## RESEARCH FINDINGS

### CERTIFICATE OF CAPACITY/FITNESS DATA ANALYSIS

#### CLAIMANT DEMOGRAPHICS

A total of 439 claims with 3,528 certificates were provided for analysis. After data cleaning 3,266 certificates for 436 claims, were available for further analysis. During the clean for the final dataset, cases excluded due to erroneous certifier information included 29 that had no certifier details, 1 certification by a nurse, 1 by an occupational therapist and 1 where the



certification page was missing. None of the certificates written by Allied Health practitioners extracted in this sample were completed by psychologists. After removal of date outliers that could not be verified, the dataset comprised of 3,244 viable certificates. These comprised of 3,127 certificates completed by Medical practitioners and 117 completed by Allied Health practitioners. The mean (SD) number of certificates per claim was 7.4 (5.4), ranging from 1 to 34 certificates. A total of 54 claimants had at least one certificate completed by Allied Health practitioners. The demographic profile of claimants with valid certificates is presented in Table 1. The claimants were predominantly male (68%), within the 30-39yrs age group (30%), working as labourers (30.5%) or technicians and trade (21%). Most claimants sought medical services for traumatic injuries to the joint/ligament and muscle/tendon (42%) or musculoskeletal system (27.5%). Most injuries occurred to the upper limb (46%). Mental health conditions comprised only 4% of the claims in this sample. There were no significant demographic differences between claimants certified by Medical compared to Allied Health practitioners for gender ( $p=0.055$ ), age ( $p=0.226$ ), occupation ( $p=0.272$ ), or nature of injury ( $p=0.074$ ). There were significant differences for industry ( $p<0.001$ ), and site of injury ( $p=0.045$ ). This indicates that our aim to obtain a matched cohort sample was somewhat successful, matching on 4 of 6 criteria.

## CERTIFICATE OUTCOMES

A total of 3,187 certificates with a capacity/fitness designation that could be linked to practitioners in this dataset, reported a median (IQR) certificate duration of 21 (13-29) days. Allied Health practitioners completed 117 (3.7%) of the valid certificates for these claims, comprising 12 no capacity, 78 partial capacity and 27 full capacity certificates. All other certificates were provided by Medical practitioners or hospitals. There were 57 certificates without any certification designation, all submitted by Medical practitioners. Table 2 presents information about the certificate types (no capacity, partial capacity, full capacity) issued by Medical and Allied Health practitioners stratified by injury/illness group.

**TABLE 1 DEMOGRAPHIC CHARACTERISTICS OF CLAIMS**

All data are presented as n (%)	<b>All n=436</b>
<b>Gender</b>	
Male	296 (67.9)
Female	140 (32.1)
<b>Age Group</b>	
15-19	10 (2.5)
20-29	66 (15.1)
30-39	130 (29.8)
40-49	85 (19.5)
50-59	106 (24.3)
60+	39 (8.9)
<b>Occupation</b>	
Managers	29 (6.7)
Professionals	34 (7.8)
Technicians and Trades workers	91 (20.9)
Community and Personal Service workers	53 (12.2)
Clerical and Administration workers	21 (4.8)
Sales workers	18 (4.1)
Machinery Operators and Drivers	57 (13.1)
Labourers	133 (30.5)
<b>Industry</b>	
Agriculture, Forestry and Fishing	12 (2.8)
Mining	1 (0.2)
Manufacturing	62 (14.2)
Electricity, Gas, Water and Waste Services	5 (1.2)
Construction	94 (21.6)
Wholesale Trade	29 (6.7)
Retail Trade	32 (7.3)
Accommodation and Food Services	10 (2.3)
Transport, Postal and Warehousing	33 (7.6)
Information Media and Telecommunications	4 (0.9)
Financial and Insurance Services	4 (0.9)
Rental, Hiring and Real Estate Services	10 (2.3)
Professional, Scientific and Technical Services	15 (3.4)
Administrative and Support Services	15 (3.4)
Public Administration and Safety	8 (1.8)
Education and Training	11 (2.5)
Health Care and Social Assistance	62 (14.2)
Arts and Recreation Services	8 (1.8)
Other Services	21 (4.8)
<b>Nature of Injury</b>	
Intracranial Injury	5 (1.1)
Fracture	66 (15.1)
Wounds, Lacerations, Amputations and Internal Organ Damage	38 (8.7)
Burns	1 (0.2)
Traumatic Injury to Joint/Ligament and Muscle/Tendon	183 (42.0)
Musculoskeletal and connective tissue	120 (27.5)
Mental Disease	18 (4.1)
Digestive System	5 (1.2)
<b>Site of Injury</b>	
Head	11 (2.5)
Neck	14 (3.2)
Trunk	106 (24.3)
Upper Limbs	201 (46.1)
Lower Limbs	81 (18.6)
Multiple Locations	5 (1.2)
Non-Physical Locations	18 (4.1)

**TABLE 2 NUMBERS AND DURATIONS OF CERTIFICATES OF CAPACITY/FITNESS ISSUED BY ALL PRACTITIONERS BY INJURY TYPE**

Injury and illness category	Total number of certificates n (%)~	No Capacity		Partial Capacity		Full Capacity*
		n (% within injury category)	Median (IQR) duration	n (% within injury category)	Median (IQR) duration	n (% within injury category)
Intracranial	50 (1.6)	15 (30.0)	28 (14-28)	35 (70.0)	14 (10-14)	0 (0)
Fracture	446 (14.0)	146 (32.7)	28 (13-31)	257 (57.6)	28 (14-29)	43 (9.6)
Wounds	171 (5.4)	88 (51.5)	13 (7-28)	61 (35.7)	14 (11-28)	22 (12.9)
Burns	4 (0.1)	0 (0)	0	1 (25.0)	31 (31-31)	3 (75.00)
JLMT	1,405 (44.1)	361 (25.7)	22 (9-30)	882 (62.8)	25 (14-29)	162 (11.5)
MSK	969 (30.4)	246 (25.4)	18 (7-30)	629 (64.9)	20 (13-29)	94 (9.7)
Mental disease	100 (3.1)	45 (45.0)	28 (21-31)	42 (42.0)	28.5 (27-31)	13 (13.0)
Digestive system	42 (1.3)	10 (23.8)	29 (14.5-49)	22 (52.4)	30 (28-31)	10 (23.8)
Total	3,187 (100)	911 (28.6)	21 (8-30)	1,929 (60.5)	24 (14-29)	347 (10.9)

JLMT – Traumatic Injury to Joint/Ligament and Muscle/Tendon; MSK – Musculoskeletal and connective tissue; ~ data missing for 57 certificates

\* Duration data excluded from Table 2 as only 53 certificates had complete full capacity/fitness certification provided. See Table 3 for further information on full capacity durations.

Table 3 presents information about the certificate types (no capacity, partial capacity, full capacity) stratified by practitioner type. There was a significant difference in the proportion of certification type by practitioner ( $\chi^2_{(2)} = 32.1, p < 0.001$ ), with Allied Health practitioners certifying claimants with proportionally greater full capacity and less no capacity certificates when compared to their Medical practitioner counterparts. However, there was a significant difference ( $p = 0.008$ ) in the median certification duration between practitioners across all certification types, with the median certificate duration by Medical of 21 (13-30) days compared to 28 (19-29) days for Allied Health practitioners. Variation in certificate duration between the Medical and Allied Health practitioners can mainly be explained by certification practices for full capacity certificates. Completed certificate durations were identified in 37 (11.6%) of Medical and 16 (59.3%) of Allied Health practitioner full capacity certificates. Most Medical practitioners only designate a from date for full capacity certificates.

**TABLE 3 NUMBERS AND DURATIONS OF CERTIFICATES OF CAPACITY/FITNESS BY PRACTITIONER TYPE**

Certificate type	All	Medical Practitioner		Allied Health	
		Certificate number n (%)	Duration Median (IQR)	Certificate number n (%)	Duration Median (IQR)
<i>No Capacity</i>	911 (28.6)	899 (29.3)	21 (8-30)*	12 (10.3)	28 (7-28)#
<i>Partial Capacity</i>	1,929 (60.5)	1,851 (60.3)	22 (14-29)*	78 (66.7)	28 (15-29)#
<i>Full Capacity</i>	347 (10.9)	320 (10.4)	15 (8-31)*	27 (23.1)	28.5 (27-31)#
<i>Total +</i>	3,187 (100)	3,070 (100)	21 (13-30)	117 (100)	28 (19-29)

\* Duration data missing for 38 no capacity, 92 partial capacity and 298 full capacity certificates by Medical practitioners

# Duration data missing for 1 no capacity, 4 partial capacity and 11 full capacity certificates by 5 Allied Health practitioners.

+ No capacity designation recorded for 57 certificates

A review of certificate completeness based on activity restriction capacities, capacity/fitness designation and certificate duration was conducted and presented in Table 4. Allied Health practitioners appear, based on this small sample, to provide more complete information about claimant capacities compared to Medical practitioners. Allied Health practitioner completeness ranged between 75% and 92.6% compared to 19.4% and 62.8% for Medical practitioners. Most importantly, when detailed information about the partial capacities of claimants was required, Allied Health practitioners provided complete data in 90% of cases.

**TABLE 4 DATA COMPLETENESS BY PRACTITIONER TYPE**

Certificate type	All	Medical Practitioner		Allied Health	
		Certificate number n (%)	Complete data (%)	Certificate number n (%)	Complete data (%)
<i>No Capacity</i>	911 (28.6)	899 (29.3)	206 (22.9)	12 (10.3)	9 (75.0)
<i>Partial Capacity</i>	1,929 (60.5)	1,851 (60.3)	1,162 (62.8)	78 (66.7)	71 (91.0)
<i>Full Capacity</i>	347 (10.9)	320 (10.4)	62 (19.4)	27 (23.1)	25 (92.6)
<i>Total</i>	3,187 (100)	3,070 (100)	1,430 (46.6)	117 (100)	105 (89.7)

The survival estimate curves for time to partial capacity and full capacity events are presented in Figures 1 and 2 respectively. Time to partial capacity was significantly shorter for the claims certified by Medical practitioners compared to Allied Health practitioners (Hazard Ratio: 0.77, 95% CI: 0.61, 0.99,  $p=0.04$ ). However, it is important to note that the divergence in data appears to occur after the 25<sup>th</sup> percentile. At this point there are very few Allied Health certificates, and the results observed are likely to be impacted by the small sample available for analysis. The time to full certification appears to be reversed with the time to full certification by Medical Practitioners significantly longer than the Allied Health practitioner certification (Hazard Ratio: 1.79, 95% CI: 1.21, 2.65,  $p=0.004$ ). Again, this data must be viewed with some caution given the limited number of full capacity certifications provided by both Medical and Allied Health practitioners. What we can infer from this data is that duration to certification time trends appear to be similar between both certifying groups.

FIGURE 1 SURVIVAL ESTIMATE CURVE FOR TIME TO PARTIAL CAPACITY BY PRACTITIONER TYPE

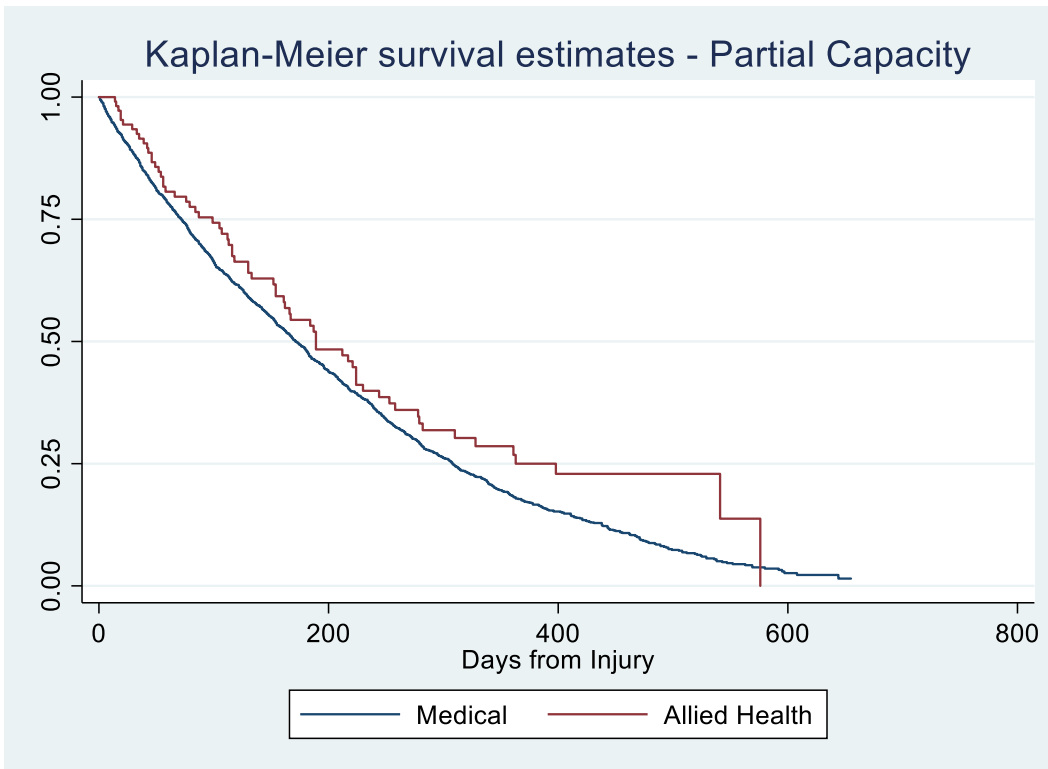
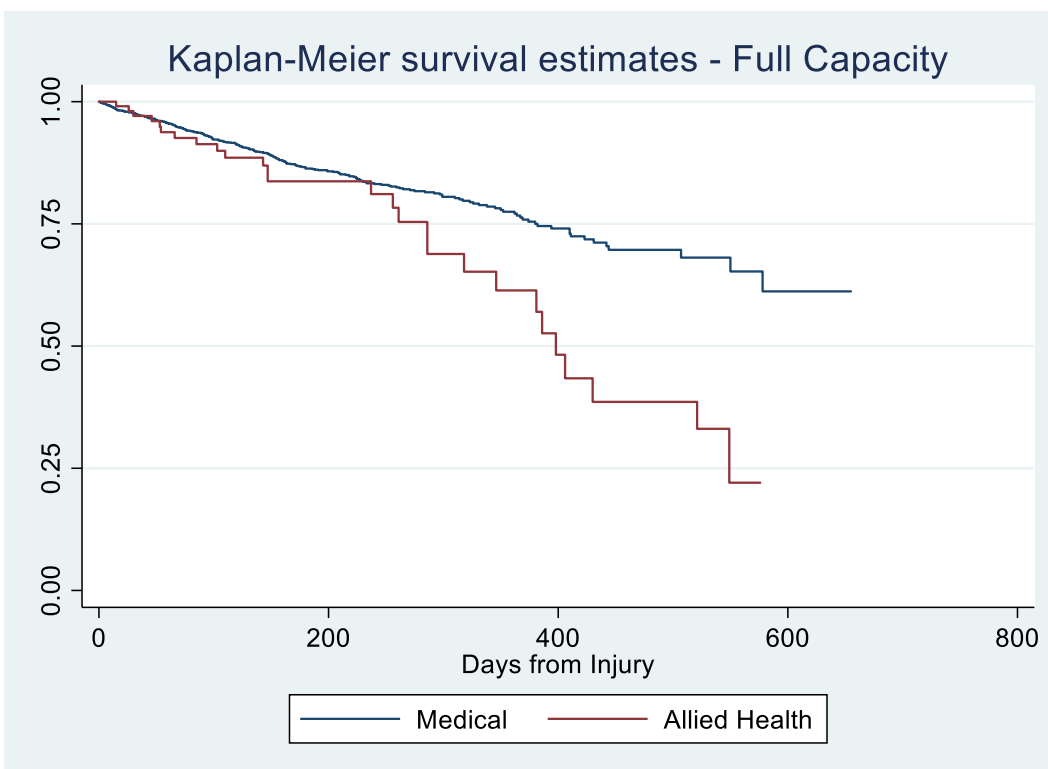


FIGURE 2 SURVIVAL ESTIMATE CURVE FOR TIME TO FULL CAPACITY BY PRACTITIONER TYPE



## IMPLICATIONS

The analysis of the claims and certification datasets were completed for 436 claims comprising 3,244 certificates, with an average of 7.4 certificates per claim. The sample comprised of 3,127 certificates submitted by Medical practitioners and 117 by Allied Health practitioners. All Allied Health certificates included in this analysis were completed by physiotherapists. The limitations in the sample have made it difficult to assess the key outcomes of this analysis component of the project. The primary outcomes were proposed to be 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 a certificate is written by a Medical practitioner. The limited number of confirmed certificates (n=117) completed by Allied Health professionals impact the interpretation of these results. However, in the data sample analysed, there appears to be some indicators that Allied Health practitioners were capable of certifying capacity/fitness to at least the same level as Medical practitioners and in some aspects may provide more detailed information that would benefit patients, employers and insurers. While the small numbers do not yet indicate a reduction in burden of certification for Medical practitioners, the completion quality of certificates written by Allied Health suggest there is the potential for that to be the case, should a greater proportion of certificates be completed by Allied Health practitioners.

The Allied Health practitioners certified a greater proportion of injured workers with partial capacity or full capacity rather than no capacity for any work related activities. With less than 4% of the total number of certificates written by Allied Health practitioners in this sample, there is the potential for return to work pathways to be predominantly influenced by medical practitioners. Keating et al. (2015), Collie et al. (2013) and Mazza et al. (2013), using Victorian CRD claims data, reported that most initial and subsequent certifications by medical practitioners are 'unfit' for work. In contrast physiotherapists appear more ready to recommend a return to modified or alternative duties. This analysis suggests a similar phenomenon in this sample, with most certificates completed by Allied Health practitioners for partial or full capacity. This could be related to physiotherapists' and other Allied Health practitioners' approach of using return to work as an important component of rehabilitation, or it could reflect the nature and stage of conditions at the time when claimants seek physiotherapy or other Allied Health services. For example, it may be that workers have significantly recovered from the acute stage of injury by the time they see an Allied Health practitioner, especially for subsequent certificates of capacity/fitness.

The key limitation to the dataset analysis was the limited number of certificates completed by Allied Health practitioners when compared to the Medical practitioners. Due to these numbers the generation of the survival curves identifying time to partial capacity and time to full capacity need to be viewed with some caution. There were not enough Allied Health completed certificates to identify, with any certainty, common claimant characteristics that may contribute to certification completeness. While this may have limited our ability to identify factors contributing to the type of certificate provided by the practitioner, we have

addressed the primary aim of this investigation. The data has provided an insight into how Allied Health practitioners are certifying, and their alignment with the practices of the Medical practitioners. Allied Health practitioners rarely certify a claimant has no capacity (10.3% of certificates), with most of the certificates certifying claimants with partial or full capacity. Further to this, about 90% of certificates completed by Allied Health practitioners provided complete information about restricted activities compared to 47% for the Medical practitioners.

This preliminary review of the certification practice comparisons between Medical and Allied Health practitioners indicate that the temporary directive in response to the COVID-19 outbreak to broaden certification permissions has resulted in no worse outcomes for patients, employers or insurers. At best, this initiative has the potential for a reduction in the certification burden placed upon Medical practitioners by spreading the responsibilities across a range of well trained and capable Allied Health practitioners. Although the outcomes are limited by the amount of available data for Allied Health practitioners for appropriate comparisons, emergent trends are evident. It is recommended that the analysis be re-visited when more Allied Health certificates are available.

## NEXT STEPS

The findings of this report will be synthesised with the previous analysis of the survey and interview 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/fitness in workers' compensation and CTP insurance. The extended certification arrangement has been extended for a further 12 months until 17 April 2022 (currently for workers compensation with CTP expected to be extended to the same date). A final review of data will occur after a two year period of certificate data collection.