

# Using the Certificate of Capacity in Best Practice clinical software

## A guide for General Practitioners

August 2014

### Purpose

This step by step user guide will support GPs to access and complete the Transport Accident Commission (TAC) and Victorian WorkCover Authority (VWA) Certificate of Capacity in Best Practice Software.

### Background

From 1 July 2014, a new TAC and VWA Certificate of Capacity replaced all previous certificates.

The new certificate has been designed to support evidence that in general, work is good for a person's health and wellbeing.

One of the key changes was making the certificate more accessible for health professionals, and is now available online as a supplied template in most clinical software packages used by GPs.

### Further information

To access the new certificate and read more about the changes, visit [tac.vic.gov.au/certificate](http://tac.vic.gov.au/certificate) or [vwa.vic.gov.au/certificate](http://vwa.vic.gov.au/certificate).

A range of education and tools are available to assist GPs to support patients to return to safe work.

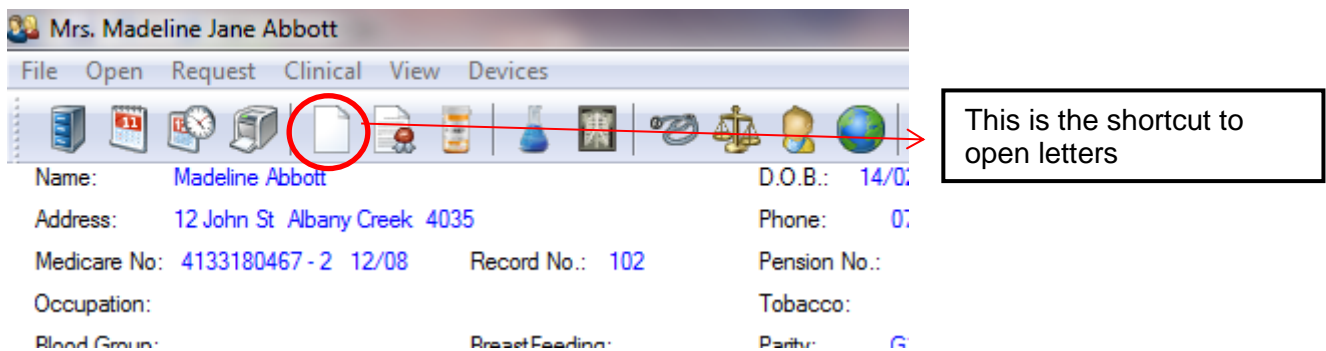
An online learning module uses cases studies to translate the evidence into the clinical setting, and demonstrates how to use the new TAC and VWA Certificate of Capacity.

Visit [tac.vic.gov.au/gp](http://tac.vic.gov.au/gp) or [vwa.vic.gov.au/gp](http://vwa.vic.gov.au/gp) for more information.

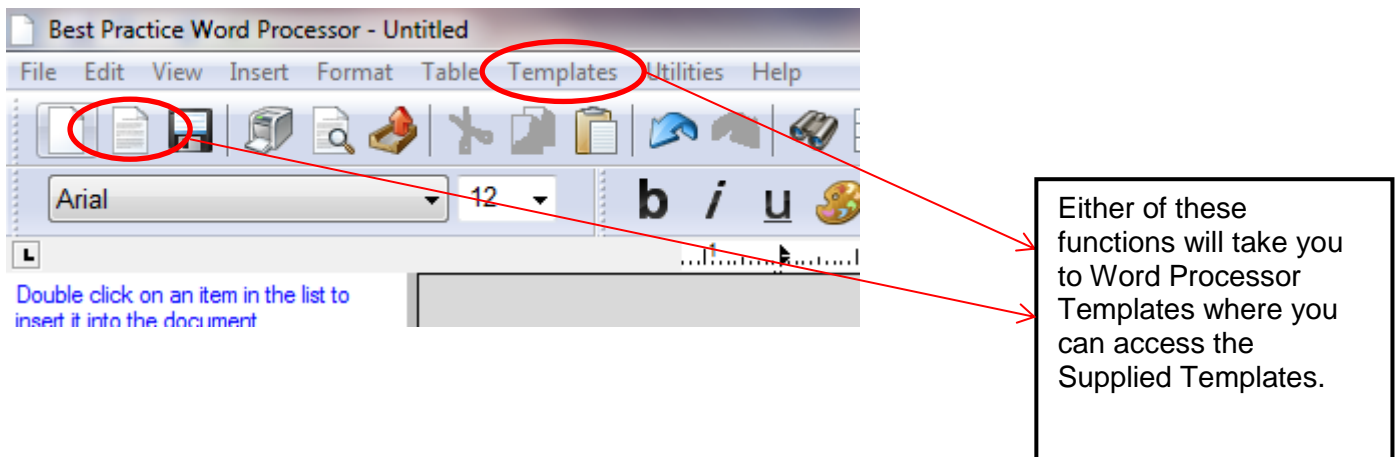
## ACCESSING THE CERTIFICATE IN BEST PRACTICE SOFTWARE

The TAC and VWA Certificate of Capacity became available as a supplied template in the August 2014 release.

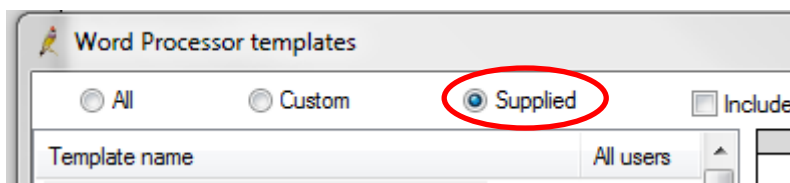
1. Open your Best Practice clinical software.
2. Open the relevant patient record, please refer to how to manage records consistent with the RACGP Standards for general practice (4<sup>th</sup> edition). *Standard 1.7 Content of patient health records.*
3. Go to **File > New Letter**, or simply click the letter icon as demonstrated below.



4. In Best Practice Word Processor > **Select Templates > Use Templates**



5. A Word Processor templates box will appear > **Select Supplied**



6. Scroll Down to Locate **TAC & VWA Certificate of Capacity** > Select **Open**

Word Processor templates

All  Custom  Supplied  Include all states

Template name	All users
DMMR - Form2	Yes
EPC Dental care	Yes
EPC Follow-up Referral, ATSI	Yes
EPC Referral	Yes
GP Mental Health Care Plan	Yes
GPMP/TCA	Yes
Healthy kids 709	Yes
HeartSTART Referral	Yes
Medical certificate	Yes
MedicAlert	Yes
Mental Health Assessment	Yes
Mental Health Plan	Yes
Parvax consent form	Yes
Qld WorkCover	Yes
Reminder letter	Yes
Sleep Apnea Healthy Sleep Referral	Yes
Specialist referral	Yes
Symbicort Action Plan	Yes
<b>VWA &amp; TAC Certificate of Capacity</b>	Yes

Rename template Delete template

Open

7. An initial prompt screen will appear, you can select from drop down options and include text as appropriate. Once screen completed **Select > Next**

The screenshot shows a web-based form for claim entry. The form is titled 'CoC\_290714' and is divided into several sections:

- TAC Claim:** A dropdown menu.
- VWA Claim:** A dropdown menu with 'X' selected.
- Certificate for Attendance Only:** A dropdown menu.
- 1. Worker details:**
  - Claim Number (if known): Text input field.
  - Date of Injury (if claim number not known): Calendar icon and dropdown menu showing '11/08/2014'.
- 2. Diagnosis:**
  - Examination date: Checkmark icon and dropdown menu showing '11/08/2014'.
  - My Clinical Diagnosis/es based on my examination is: Text area containing 'Fractured L wrist (Radius), Bruising/soft tissue injury to L) shoulder, Medial collateral ligament strain of L)knee'.
- 3. Capacity Assessment:**
  - Sitting: 'Can sit' dropdown.
  - Stand/Walk: 'Can stand/walk with modifications' dropdown.
  - Bending: 'Can bend' dropdown.
  - Squatting: 'Cannot squat' dropdown.
  - Kneeling: Empty dropdown.
  - Reaching: 'Can reach above shoulder with modifications' dropdown.
  - Injured arm / hand: 'Cannot use injured hand/arm' dropdown.
  - Lifting: 'Can lift with modifications' dropdown.
  - Neck movement: 'Can move neck' dropdown.
  - Physical Function - Additional comments: Text area containing 'Walking limited to flat surfaces - avoid ladders', 'Ability to sit, stand and move around while working', 'Can reach above shoulder with R) arm only', and 'Lifting to 2kg maximum'.
- Mental Health Function:**
  - Attention/Concentration: 'Affected' dropdown.
  - Memory: 'Not affected' dropdown.
  - Judgement: 'Not affected' dropdown.
  - Mental Health Function - Additional comments: Text area containing 'Concentration currently affected due to sleep disturbance and medication effect - expected to resolve within 3 days'.

At the bottom right, there are three buttons: '< Back', 'Next >', and 'Cancel'. The 'Next >' button is circled in red. Three red arrows point from callout boxes to specific parts of the form: one to the VWA Claim dropdown, one to the Clinical Diagnosis text area, and one to the Attention/Concentration dropdown.

**Callout 1:** Select either transport accident (TAC claim) related injury or work related injury/condition (VWA claim)

**Callout 2:** Your diagnosis should identify, the nature of injury or disease, & a bodily location.

**Callout 3:** If capacity is affected, further details must be provided, outline what your patients can do, can do with modifications and cannot do. Use the drop down options to select appropriate function. Consider both mental and physical functions

8. A second prompt screen will appear, continue to work through the template. Once completed **Select > Insert**. There is an option to go back to the previous prompt page, the data will not be lost.

CoC\_290714

Other Functional Considerations - not listed above

Other Functional Considerations - additional comments

Work Environment Considerations

4. Certification

Have a capacity for pre-injury employment

- Have a capacity for pre-injury employment from

Have a capacity for suitable employment

- Have a capacity for suitable employment from:

- Have a capacity for suitable employment to:

Have no capacity for employment

- Have no capacity for employment from:

- Have no capacity for employment to:

Est. timeframe to return to work - days

Est. timeframe to return to work - weeks

5. Treatment Plan

Your treatment plan

Date issued

Unable to drive due to injuries

Limit shifts to 4 hours/day, to commence after 10am

11/08/2014

X

14/08/2014

19/08/2014

X

11/08/2014

14/08/2014

3

0

Non-oid analgesia prescribed (cease opioids), keep as active as possible within limitations of capacity, referred to physio  
Medical review in one week to evaluate progress, assess cast  
Review wrist fracture in one month with specialist

11/08/2014

< Back Insert Cancel


Your role is to assess and certify your patient's capacity. The information provided will assist to identify suitable options.

This is the best opportunity for you to communicate your current and proposed treatment plan.


9. Once **Insert** is selected, (provided the patient details and provider details are already entered into Best Practice) the template will autopopulate with patient details, provider details and the data that has been entered into the prompt screens to complete the Certificate of Capacity. You are able to free text edit the Certificate once the data has been inserted if there are any missing fields.

10. Review details on the Certificate of Capacity and ensure they are an accurate reflection of your clinical examination.

**CERTIFICATE OF CAPACITY**



**TRANSPORT  
ACCIDENT  
COMMISSION**



**Victorian  
WorkCover  
Authority**

• A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.  
 • The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or Victorian WorkCover Authority (VWA) website for who can certify). Note: The first medical certificate for a work-related injury/condition VWA claim must be issued by a medical practitioner.  
 • Certifiers - Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

<input type="checkbox"/> Transport accident related injury (TAC Claim)	<input checked="" type="checkbox"/> Work related injury/condition (VWA claim)
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This certificate has been issued to confirm attendance only *Complete sections 1,2,5 & 6 only*

**1. Worker Details -**

Worker First Name <b>Madeline</b>	Claim Number (if known)
Worker Last Name <b>Abbott</b>	Date of Injury (if Claim number not know)
Worker Address <b>12 John St Albany Creek</b>	Date of Birth <b>14/02/1978</b>
	Postcode <b>4035</b>

**2. Diagnosis -**

I examined you on **11/08/2014** If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

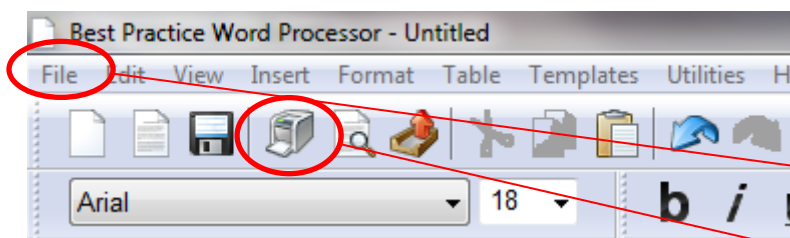
**My Clinical Diagnosis/es based on my examination of you and other available information is:**  
**Fractured L wrist (Radius), Bruising/soft tissue injury to L) shoulder, Medial collateral ligament strain of L) knee**

**3. Capacity Assessment -** Note: If capacity is affected further details MUST be provided in this section - If fields are blank this indicates limitations are not applicable - continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function -	WITH CAN MODIFICATIONS	CAN NOT	Physical Function - Additional Comments e.g. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces:
Sit	Can sit		Walking limited to flat surfaces - avoid ladders Ability to sit, stand and move around while working Can reach above shoulder with R) arm only Lifting to 2kg maximum
Stand/Walk	Can stand/walk with modifications		
Bend	Can bend		
Squat	Cannot squat		
Kneel			
Reach above shoulder	Can reach above shoulder with modifications		
Use injured arm/hand	Cannot use injured hand/arm		
Lift	Can lift with modifications		

11. **Select File > Print** or click the printer icon as demonstrated below. Please provide a copy of the completed Certificate of Capacity to your patient.



Both of these functions will take you to print. The print icon is a click quicker.

12. It is the patient's responsibility to sign the worker declaration and provide it to their employer (VWA) or claims manager (TAC). Please note you are not required to be a witness to the patient's signature.

7. Worker Declaration	
<b>MANDATORY unless this is the first certificate or an attendance certificate only</b>	
At any time since the last Certificate of Capacity was provided, have you engaged in:	
- voluntary work, or	
- any form of employment or self-employment for which you have received or been entitled to receive payment in money or otherwise?	
<input checked="" type="checkbox"/>	No, I have not
<input checked="" type="checkbox"/>	Yes, I have
Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):	
I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.	
Signature of Worker	Date
<b>Further Information</b>	
<b>Returning to work</b> If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.	<b>Privacy</b> The TAC and VWA (VWA Agents and Self-insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and VWA websites.

13. Select >Save to save the Certificate of Capacity in the patient file with the Certificate of Capacity subject (you may choose to include whether it was a TAC or VWA Certificate).

Document details

From: Dr. F. Findacure

To:  Search

Subject: Certificate of Capacity

Comment:

Save as draft

Add follow up note to actions 11/08/2014

Save Cancel