

# Using the Certificate of Capacity in Medical Director

## 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 Medical Director.

### 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 and 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.

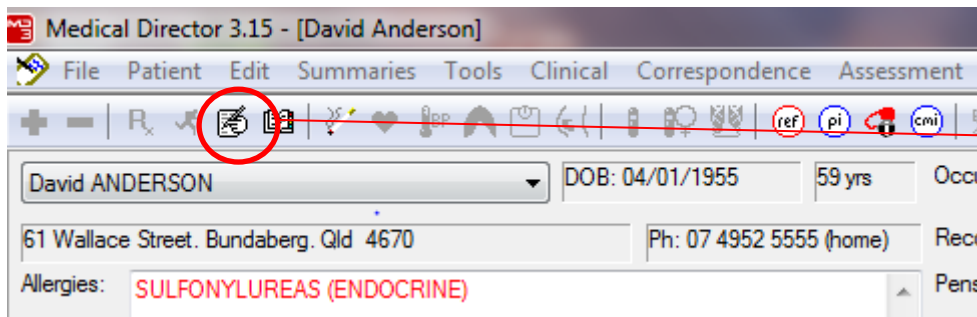
An online learning module uses case studies to translate the evidence into the clinical setting, and demonstrates how to use the new TAC and VWA Certificate of Capacity.

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 MEDICAL DIRECTOR SOFTWARE

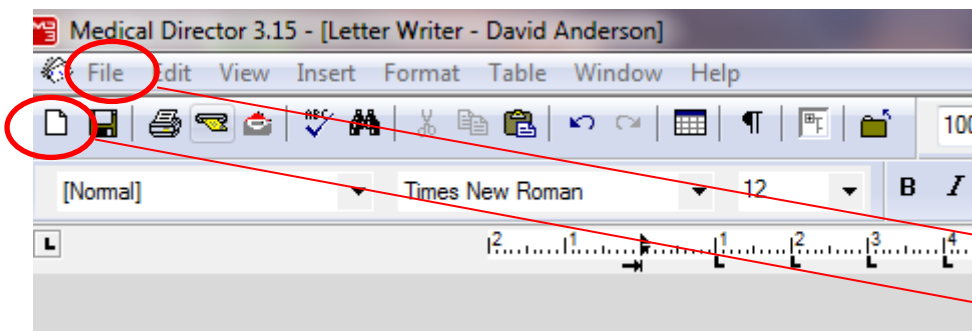
The TAC and VWA Certificate of Capacity became available as a supplied template in the August 2014 release.

1. Open your Medical Director 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 **Tools > Letter Writer**, or simply click the letter icon as demonstrated below (F8 shortcut key).



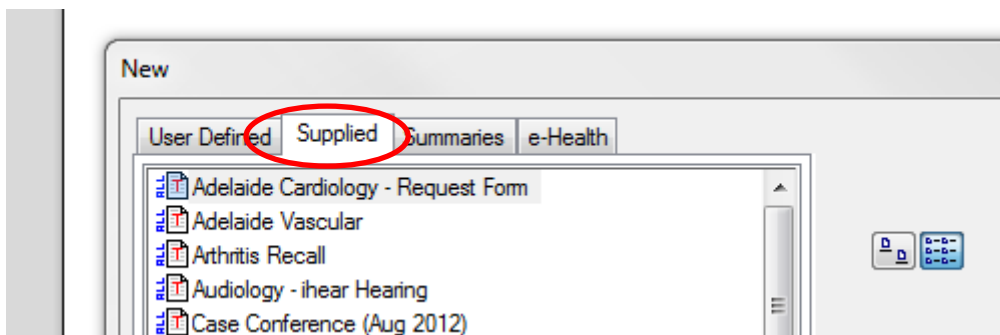
This is the shortcut to letter writer

4. In Letter Writer > **Select > File > New**

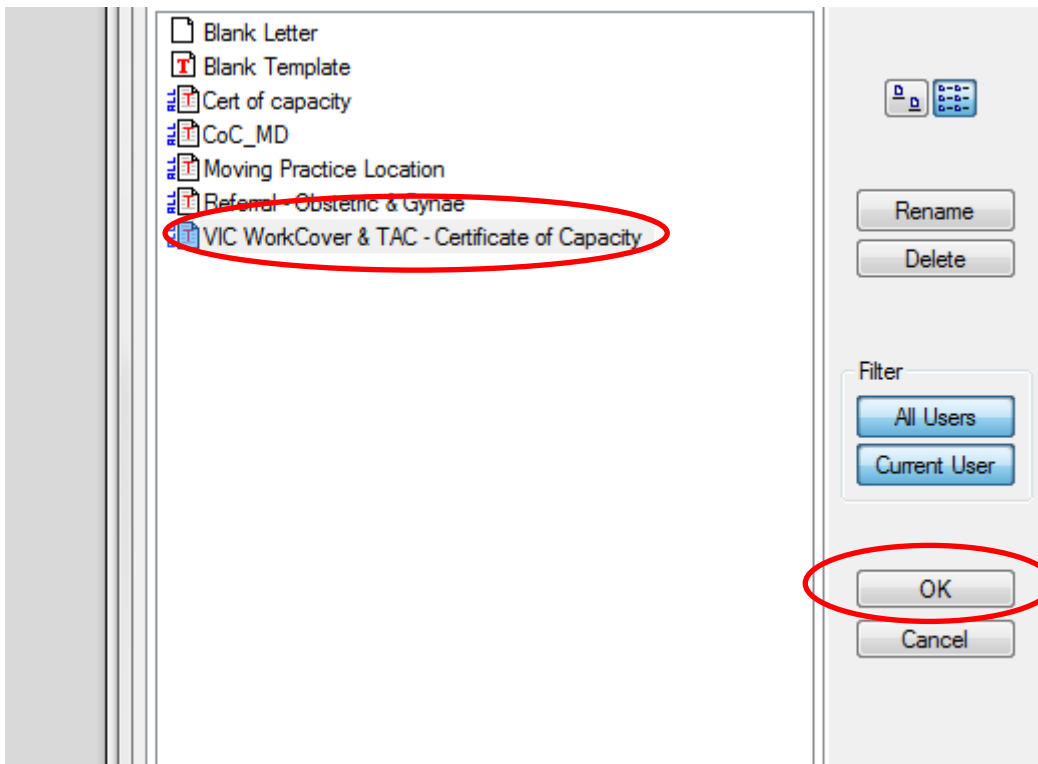


Either of these functions will take you to where you can access Supplied Templates

5. In Letter Writer a templates box will appear > **Select Supplied**



6. Scroll Down to Locate **VIC WorkCover & TAC - Certificate of Capacity** > Select OK



7. The Certificate of Capacity will auto-populate with administrative patient and provider information, if it is included as part of the existing patient record. Examples of the auto-population sections of the Certificate are shown below:

**1. Worker Details**

WorkerFirst Name:  Claim Number (if known):

WorkerLast Name:  Date of Injury (if Claim number not known):

Date of Birth:

WorkerAddress:

Postcode:

**6. Certifier Declaration**

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. (or practice stamp):

Signature of Certifier:

Provider number or hospital name:

Postcode:  Date issued:

Telephone:

8. Continue to work through the remainder of the template entering text as appropriate within the Certificate.

# CERTIFICATE OF CAPACITY



- 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.

Select either transport accident (TAC claim) related injury or work related injury/condition (VWA claim)

This certificate has been issued in relation to a:

Transport accident related injury (TAC Claim)     Work related injury/condition (VWA claim)

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only

## 1. Worker Details

Worker First Name:       Claim Number (if known):

Worker Last Name:       Date of Injury (or Claim number not known):

Date of Birth:

Worker Address:       Postcode:

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

## 2. Diagnosis

I examined you on       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:

## 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                                  | CAN                      | WITH MODIFICATIONS       | CANNOT                   | Physical Function - Additional Comments eg. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces: |
|--|--------------------------|--------------------------|--------------------------|---|
| Sit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Stand/Walk   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Bend   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Squat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Kneel  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Reach above shoulder                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Use injured arm/hand                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Lift   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Neck movement                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Mental Health Function                             |                          |                          |                          |   |
| NOT AFFECTED      AFFECTED                         |                          |                          |                          |   |
| Attention/Concentration                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Memory (short and/or long term)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Judgement (ability to make decisions)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Other Functional Considerations - not listed above |                          |                          |                          | Other Functional Considerations - Additional Comments eg. effects of medication:  |

If capacity is affected, further details must be provided, outline what your patients can do, can do with modifications and cannot do. Select appropriate physical functions in the tick box. Consider both mental and physical functions

#### 4. Certification

Note: Certificate durations for a work-related injury/condition (VWA claim), unless special reasons apply are up to:  
• 14 days for the first certificate (must be issued by a medical practitioner), • 28 days for a subsequent certificate.

Taking into account the effects of your injury/condition, as outlined in section 3, you:

- Have a capacity for pre-injury employment from [ ]
- Have a capacity for suitable employment from [ ] to [ ]
- Have no capacity for employment from [ ] to [ ]

Estimated timeframe to return to work [ ] days or [ ] weeks

An estimated timeframe will assist with planning for a return to safe work

#### 5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

#### 6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. (or practice stamp)

Dr. A. Practitioner  
13 Best St.  
PERTH, WA

Postcode [ 6000 ]

Telephone [ 02 9908 4888 ]

Signature of Certifier

Provider number or hospital name

[ 2426621B ]

Date issued

[ 22/07/2014 ]


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.

- Review details on the Certificate of Capacity and ensure they are an accurate reflection of your clinical examination.
- To save Certificate of Capacity **Select File > Save** to save in the patient file with the Certificate of Capacity subject (you may wish to choose to include whether it was a TAC or VWA Certificate).

Letter Details

Date: [ 26/08/2014 ]

To: [ ] 

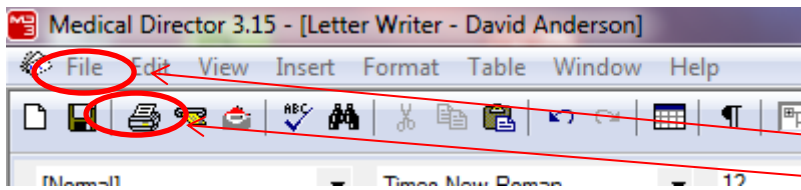
From: [ Dr A Practitioner ] 

Subject: [ VIC WorkCover & TAC - Certificate of Capacity ]

Description: [ ]

[ Save ] [ Cancel ]

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 type="checkbox"/>  | No, I have not  |
| <input 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><br>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><br>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. |