HOW TO GUIDE

Completing the Workers Compensation Certificate of Capacity

CONTENTS

Introduction

In accordance with the *Workers Rehabilitation and Compensation Act 1988* (Act), to make a valid claim for workers compensation in Tasmania, an injured worker needs to obtain a Workers Compensation Certificate of Capacity (medical certificate) from a medical practitioner. This establishes the worker's capacity for work and communicates information needed for return to work plans. The injured worker's health outcomes are improved if they can remain at work during their recovery or, if time off is required, they can return to work as soon as possible.

The Workers Compensation Certificate of Capacity (medical certificate) must be completed and signed by a medical practitioner, that is:

- someone registered under the Health Practitioner Regulation National Law in the medical profession, or
- someone authorised under another country's laws to carry out the functions that, if carried out in Australia, would be required to be registered under the Health Practitioner Regulation National Law.

For more information about the role of medical practitioners in the workers compensation and return to work process refer to 'Managing workplace injuries in Tasmania: A handbook for primary treating medical practitioners' (available at www.worksafe.tas.gov.au).

How to access the Workers Compensation Certificate of Capacity

1. Most GP practices in Tasmania use Medical Director or Best Practice software. The certificate can be accessed from the supplied templates section of both these systems. It is named 'Workers Compensation Certificate of Capacity – TAS'.
2. The Workers Compensation Certificate of Capacity is also available from the WorkSafe Tasmania website. Go to www.worksafe.tas.gov.au (Compensation > Workers Compensation > Medical Practitioners).

The importance of effective completion

Effective completion of the Workers Compensation Certificate of Capacity is vital. It provides the information needed to help an injured worker return to work quickly, safely and durably. If certificates are not completed fully, accurately or legibly, this can result in:

- a worker's claim being rejected or deferred, which may cause considerable financial hardship to the worker due to delays in payment of benefits
- an increased risk of re-injury or delayed recovery to the worker because suitable duties may not be provided
- the employer or insurer contacting the medical practitioner to seek further information or clarification on the certificate of capacity.

General guidance

Single certificate

The Workers Compensation Certificate of Capacity is a single certificate. It was released in February 2024 and replaces both the previous 'initial' and 'continuing/ final' medical certificates.

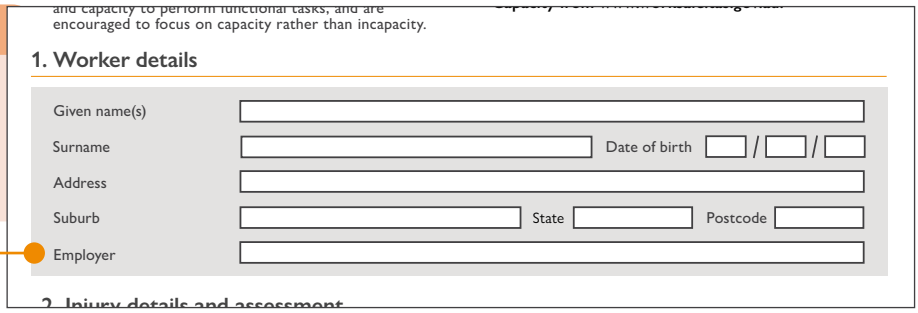
Use of the term 'injury'

The certificate refers to 'injury' throughout. The Act uses the term injury to refer to injuries that are diseases and injuries that are not diseases. The Act defines a disease as any ailment, disorder, defect or morbid condition, whether or sudden or gradual development. An injury is the result of a sudden traumatic external event causing sudden and ascertainable physiological change. Therefore, when the term 'injury' is used in the certificate, it refers to both disease and injury.

SECTION 1 – WORKER DETAILS

Employer

Enter the name of the worker's employer that relates to the injury (some workers have more than one employer).


and capacity to perform functional tasks, and are encouraged to focus on capacity rather than incapacity.

1. Worker details

Given name(s)

Surname Date of birth / /

Address

Suburb State Postcode

Employer

2. Injury details and assessment

SECTION 2 – INJURY DETAILS AND ASSESSMENT

What type of Workers Compensation Certificate of Capacity is this?

If your examination of the worker for the injury is your first examination, then choose 'initial'. For all examinations after the initial examination, choose 'subsequent.'

Date of injury, or when the worker became totally or partially incapacitated; that is, unable to do their job.

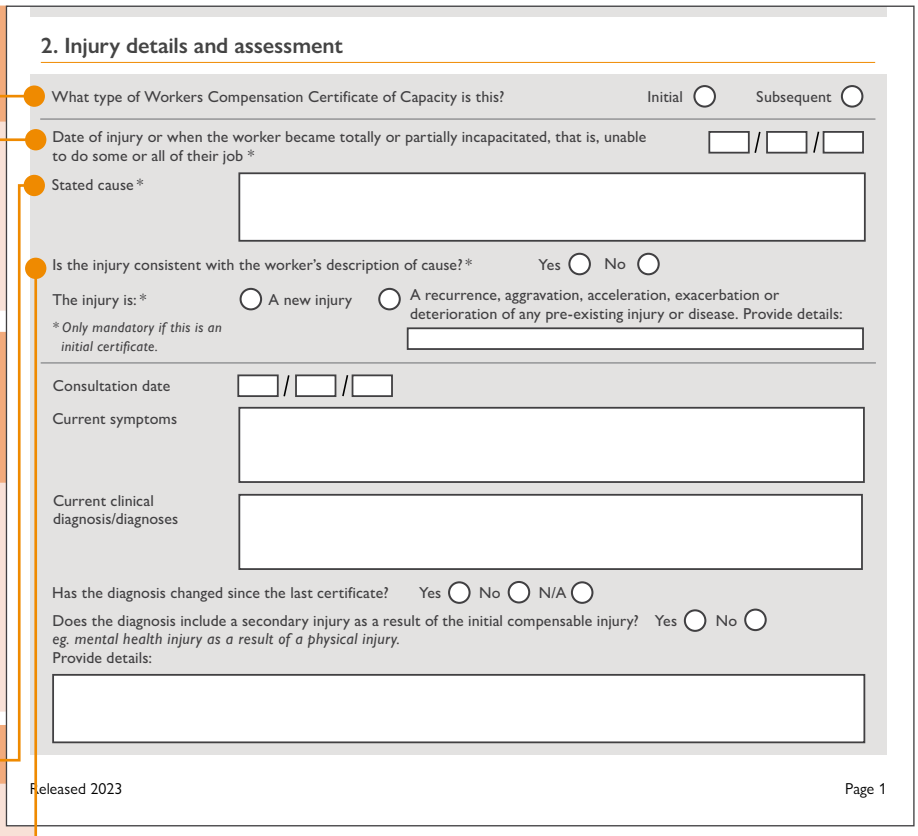
Specify when the injury happened. If you consider the worker's injury is a disease, specify the date on which the worker became totally or partially incapacitated for their job because of the disease.

Stated cause

Indicate the circumstances surrounding the injury or disease **as stated by the injured worker.**

Is the injury consistent with the worker's description of the cause?

Indicate **your opinion** on the relationship between the worker's stated cause and the presenting injury.


2. Injury details and assessment

What type of Workers Compensation Certificate of Capacity is this? Initial ◯ Subsequent ◯

Date of injury or when the worker became totally or partially incapacitated, that is, unable to do some or all of their job * / /

Stated cause *

Is the injury consistent with the worker's description of cause? * Yes ◯ No ◯

The injury is: * ◯ A new injury ◯ A recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease. Provide details:

** Only mandatory if this is an initial certificate.*

Consultation date / /

Current symptoms

Current clinical diagnosis/diagnoses

Has the diagnosis changed since the last certificate? Yes ◯ No ◯ N/A ◯

Does the diagnosis include a secondary injury as a result of the initial compensable injury? Yes ◯ No ◯

eg. mental health injury as a result of a physical injury.

Provide details:

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The injury is: a new injury, a recurrence of an existing injury, or an aggravation of an existing injury.

Choose 'A new injury' if this is a new injury for the worker.

Choose 'A recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease' if you consider the injury is one or more of those options. To assist with your opinion, consider the following information:

- **Recurrence** is a re-happening/re-occurrence of a previous injury; that is, the injury is one that the worker has suffered before, and you consider an event or situation (such as a new event/incident/exposure) has occurred at work that contributed to a recurrence of that injury.
- **Aggravation** occurs when there is a pre-existing injury that has been made worse or more severe by an event or situation (such as a new event/incident/exposure) at work.
- **Acceleration** occurs when there has been an increase to the incapacitating effect of the pre-existing injury or disease.
- **Exacerbation** refers to the effects of the injury or disease on the worker rather than an advancement or identifiable change in the injury or disease itself.
- **Deterioration** is when the symptoms of an injury or disease became worse after an event or situation at work.

Current symptoms

Describe symptoms that relate to the injury including physical (eg. pain, numbness, restricted movement) and psychosocial (eg. exhaustion/fatigue, difficulty sleeping, intrusive thoughts).

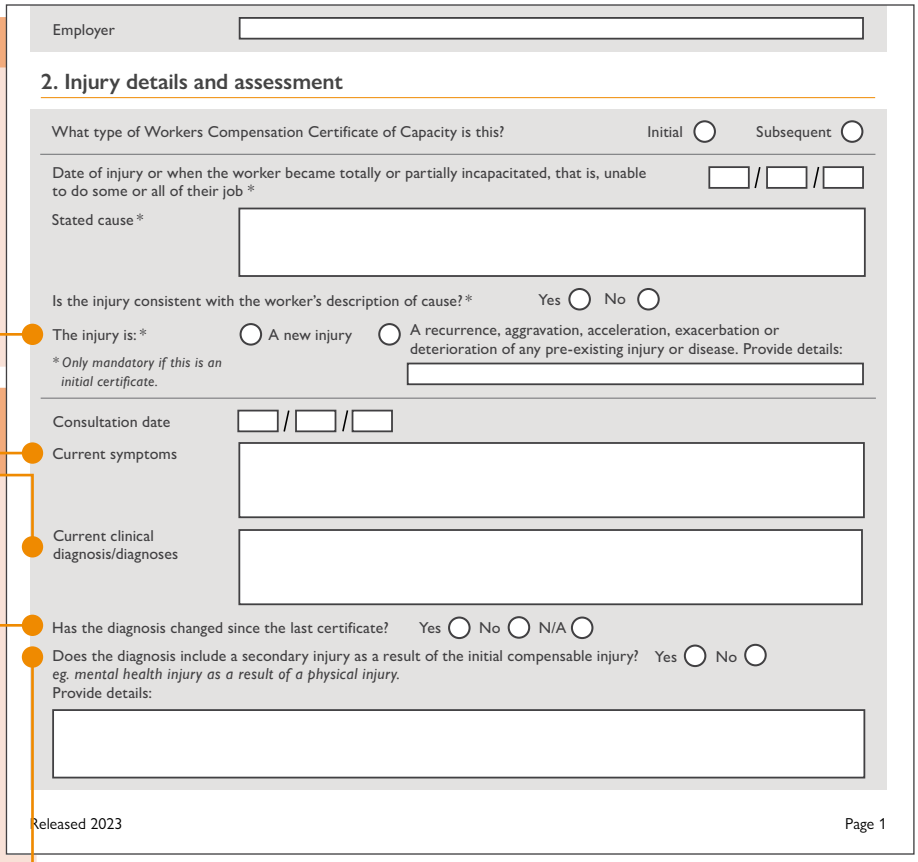
This section is not for indicating a diagnosis.

Current clinical diagnosis/diagnoses

The diagnosis can be provisional and can be changed in subsequent certificates once the nature of the injury is further established or investigated.

Be as specific as possible (eg. 'L5 radiculopathy' rather than 'pinched nerve', 'anxiety disorder' rather than 'stress').

This section is not for listing symptoms.



Employer

2. Injury details and assessment

What type of Workers Compensation Certificate of Capacity is this? Initial ◯ Subsequent ◯

Date of injury or when the worker became totally or partially incapacitated, that is, unable to do some or all of their job * ☐☐/☐☐/☐☐

Stated cause *

Is the injury consistent with the worker's description of cause? * Yes ◯ No ◯

The injury is: * ◯ A new injury ◯ A recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease. Provide details:

** Only mandatory if this is an initial certificate.*

Consultation date ☐☐/☐☐/☐☐

Current symptoms

Current clinical diagnosis/diagnoses

Has the diagnosis changed since the last certificate? Yes ◯ No ◯ N/A ◯

Does the diagnosis include a secondary injury as a result of the initial compensable injury? Yes ◯ No ◯

eg. mental health injury as a result of a physical injury.

Provide details:

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Has the diagnosis changed since the last certificate?

Choose yes if you have further information since your last review that supports a different diagnosis, or if you consider the worker is now also suffering from a secondary injury as a result of the initial compensable injury.

Does the diagnosis include a secondary injury as a result of the initial compensable injury?

This section allows you to provide further information if you consider the worker is suffering from another injury or disease as a consequence of their initial (primary) compensable injury. For example, due to an initial physical injury and the impact of that injury, the worker has now developed depression for which they require treatment. Or, the worker suffered a right wrist injury and as a result of overusing their left wrist to compensate for their injury, they have now suffered a left wrist injury.

SECTION 3 – INJURY MANAGEMENT/TREATMENT

Treatment and services

Describe symptoms that relate to the injury including physical (eg. pain, numbness, restricted movement) and psychosocial (eg. exhaustion/fatigue, difficulty sleeping, intrusive thoughts).

This section is not for indicating a diagnosis.

List any medications prescribed for the injury related to this claim.

Only list medications that are directly related to the claim.

Referral

Include the name and type of the provider, and the service to be provided (eg. ABC Physiotherapy Group - Physiotherapy - Exercise program for shoulder injury).

3. Injury management/treatment

Treatment and services
Include injury management strategies to increase capacity for work and/or address return to work barriers.

List any medications prescribed for the injury related to this claim.

Referral
Indicate any referrals you have made for the worker relevant to this review.

Name: Speciality/Service
I have referred the worker for the following:

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I have referred the worker for the following:

Name: Speciality/Service
I have referred the worker for the following:

SECTION 4 - CAPACITY ASSESSMENT

Physical function and Psychosocial function

Assess capacity based on your professional opinion of what the injured worker can, can with modifications, and cannot do. Your assessment is about their physical and psychosocial capacity only, it is not based on what tasks may or may not be available in the workplace.

Provide further detail in the comments section to explain your assessment of the worker's capacity for the functions listed. These comments assist employers and case managers to provide suitable work. For further guidance, refer to 'Managing workplace injuries in Tasmania: A handbook for primary treating medical practitioners' (available at www.worksafe.tas.gov.au).

4. Capacity assessment

Physical function (if applicable)
Select the applicable option for every function listed.

	can	with modifications	cannot		can	with modifications	cannot
Sit	○	○	○	Stairs/climbing	○	○	○
Stand/walk	○	○	○	Neck movement	○	○	○
Bend	○	○	○	Reach above shoulder	○	○	○
Squat	○	○	○	Use affected body part	○	○	○
Kneel	○	○	○	Drive regular vehicles	○	○	○
Lift	○	○	○	Drive/operate heavy machinery	○	○	○

Physical function comments: referring to the selections above, detail what the worker can and cannot do at work that will assist in identifying suitable duties. *eg. Lift: Cannot lift greater than 5kg above shoulder height, Bend: Can't bend below waist height.*

Psychosocial function (if applicable)
Select the applicable option for every function listed.

	can	with modifications	cannot		can	with modifications	cannot
Interact and communicate with people	○	○	○	Initiate and complete tasks/ maintain energy levels	○	○	○
Maintain attention/concentration	○	○	○	Recall information (short/long term memory)	○	○	○
Adapt and respond to stressful, unpredictable, or changing circumstances	○	○	○	Make decisions	○	○	○
				Other	○	○	○

Psychosocial function comments: Referring to the selections above, detail what the worker can and cannot do at work that will assist in identifying suitable duties. *eg. Interact with people: Can't serve customers but can interact with team members, Energy levels: Requires self-paced work.*

Other factors affecting capacity *eg. effects of medication.*

SECTION 5 – CERTIFICATION OF CAPACITY

An injured worker's health and wellbeing is improved if they can stay at work during recovery or can return to work as soon as possible.

You may select more than one option from this section of the certificate if this applies to the worker's situation. For example, you would do this if you consider the worker can upgrade their capacity for work within the certification period and before your next review. This will assist in the development of return to work plans.

When you complete this section, make sure dates are correct and don't overlap with previous certificates.

- **Is fit for pre-injury work** – the worker can return to work at the start date you indicate. When they return to work, they do not need any restrictions or modifications to their pre-injury work, and they do not require alternative work.
- **Has capacity for pre-injury work with restrictions/modifications** – the worker can return to work at the start date you indicate. When they return, restrictions/modifications to their pre-injury work are needed until the end date you indicate.
- **Has capacity for suitable alternative work** – the worker can return to work at the start date that you indicate. When they return, they will require alternative duties instead of their pre-injury work until the end date you indicate. If these alternative duties are permanent, complete the final question in part of the certificate.
- **Has no current capacity for any work** – the worker cannot return to work in any capacity between the dates you indicate. If this is for more than 28 days, you must enter a clinical reason (eg. patient will be hospitalised for a period of at least 2 weeks), and a review date.

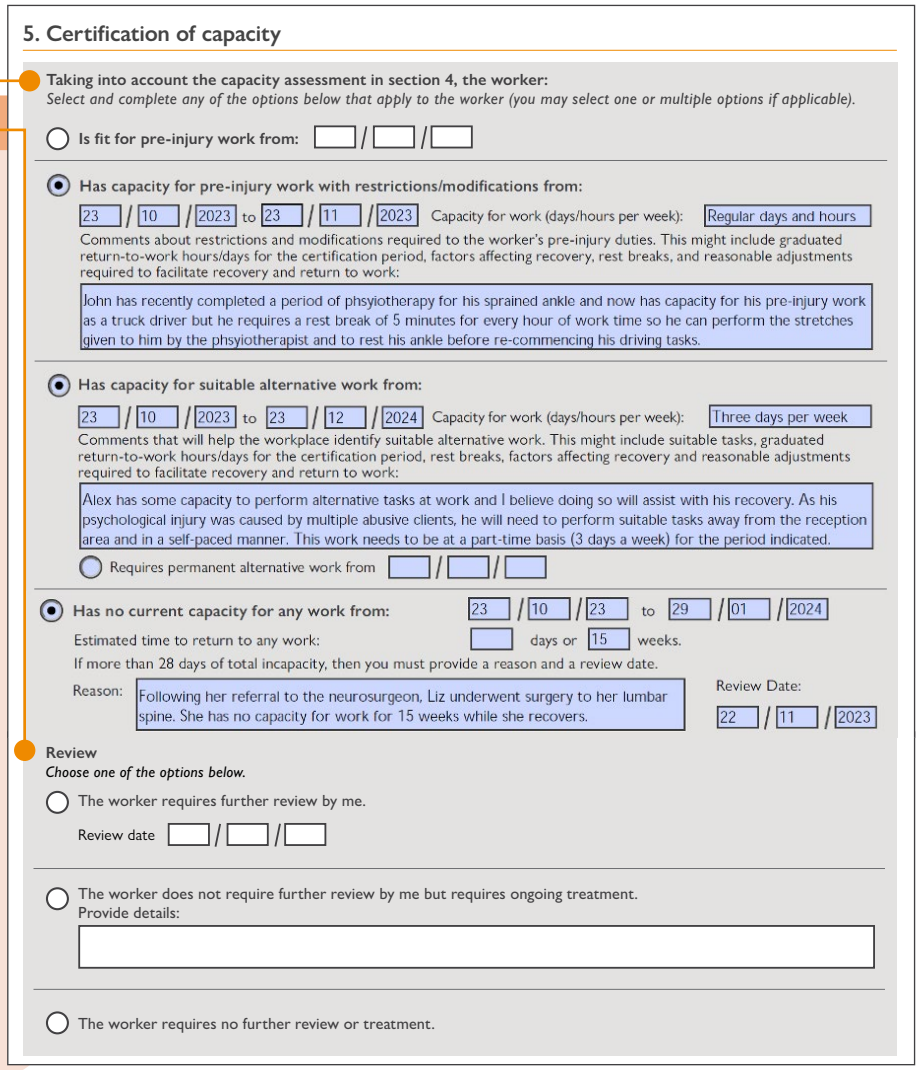
A worker does not need to be fully recovered or to have finished medical treatment before they can go back to work.

Review

'The worker requires further review by me' means that you require another review of the worker. Make sure the date you indicate aligns with the capacity certification – that is, your review should be on or before the end date you indicated in Section 5.

'The worker does not require further review by me but requires ongoing treatment' means you do not need to see the worker again for the injury, they can return to their pre-injury work; however they do require some further treatment. Provide details of this treatment including its frequency and duration.

If you chose 'The worker requires no further review or treatment' this means you do not need to see the worker again for the injury, they can return to their pre-injury work, and they do not require any further treatment. This will typically allow for the closure of the worker's claim and finalisation of the payment of compensation to the worker.



5. Certification of capacity

Taking into account the capacity assessment in section 4, the worker:
Select and complete any of the options below that apply to the worker (you may select one or multiple options if applicable).

○ Is fit for pre-injury work from: / /

◉ Has capacity for pre-injury work with restrictions/modifications from:
23 / 10 / 2023 to 23 / 11 / 2023 Capacity for work (days/hours per week): Regular days and hours
Comments about restrictions and modifications required to the worker's pre-injury duties. This might include graduated return-to-work hours/days for the certification period, factors affecting recovery, rest breaks, and reasonable adjustments required to facilitate recovery and return to work:
John has recently completed a period of phsyiotherapy for his sprained ankle and now has capacity for his pre-injury work as a truck driver but he requires a rest break of 5 minutes for every hour of work time so he can perform the stretches given to him by the phsyiotherapist and to rest his ankle before re-commencing his driving tasks.

◉ Has capacity for suitable alternative work from:
23 / 10 / 2023 to 23 / 12 / 2024 Capacity for work (days/hours per week): Three days per week
Comments that will help the workplace identify suitable alternative work. This might include suitable tasks, graduated return-to-work hours/days for the certification period, rest breaks, factors affecting recovery and reasonable adjustments required to facilitate recovery and return to work:
Alex has some capacity to perform alternative tasks at work and I believe doing so will assist with his recovery. As his psychological injury was caused by multiple abusive clients, he will need to perform suitable tasks away from the reception area and in a self-paced manner. This work needs to be at a part-time basis (3 days a week) for the period indicated.
○ Requires permanent alternative work from / /

◉ Has no current capacity for any work from: 23 / 10 / 23 to 29 / 01 / 2024
Estimated time to return to any work: days or 15 weeks.
If more than 28 days of total incapacity, then you must provide a reason and a review date.
Reason: Following her referral to the neurosurgeon, Liz underwent surgery to her lumbar spine. She has no capacity for work for 15 weeks while she recovers.
Review Date: 22 / 11 / 2023

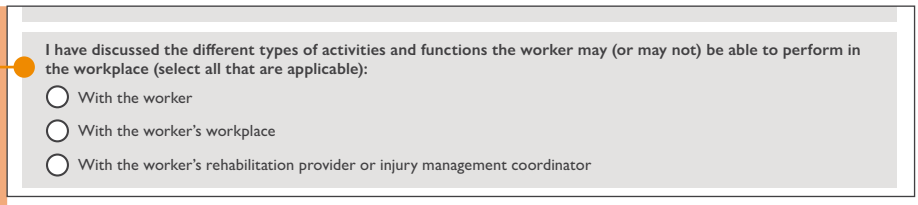
Review
Choose one of the options below.
○ The worker requires further review by me.
Review date / /

○ The worker does not require further review by me but requires ongoing treatment.
Provide details:

○ The worker requires no further review or treatment.

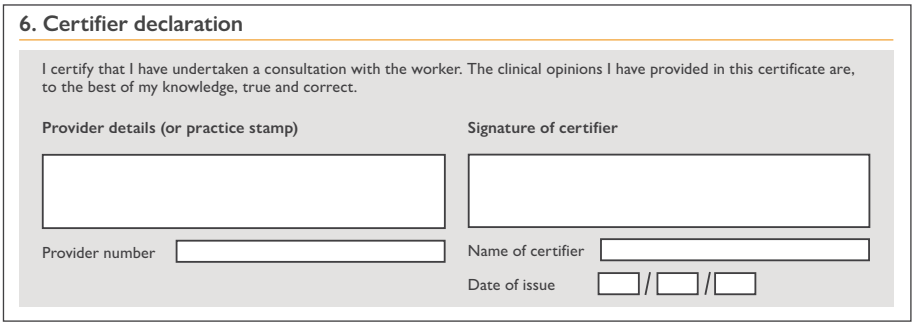
I have discussed the different types of activities and functions the worker may (or may not) be able to perform in the workplace with the worker, the worker's workplace, the worker's rehabilitation provider or injury management co-ordinator.

Where possible, make sure the worker, their employer and others involved in their return to work process understand the worker's capacity.



SECTION 6 – CERTIFIER DECLARATION

Give the worker a copy of the completed certificate signed by you. The worker doesn't need to sign the certificate. To make a claim the worker needs to complete and sign a Workers Claim for Compensation Form which can be accessed from www.worksafe.tas.gov.au. They submit the certificate (you complete) and the claim form (they complete) to their employer. The claim form includes the option for the worker to sign an authority to release their medical information.



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