A process evaluation of the new certificate of capacity for compensation claims

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Contents

Executive Summary

Aim: To undertake a process evaluation of the redesigned draft certificates of capacity to determine the appropriateness of its content and assess its usability by GPs, compensation agents, employers and injured workers.

Methods: Qualitative methods comprising face-to-face interviews and focus groups. Data collection occurred between October and December 2013 in Melbourne. Interviews with ten GPs in their clinics, six employers and five injured workers were completed alongside one focus group discussion with compensation agents. Data were thematically analysed.

Findings: All stakeholders viewed the draft certificates as an improvement on the current certificates. Compensation agents and employers, in particular, appreciated the shift from focusing on incapacity to certifying based on capacity. However, GPs were ambivalent about the new functional assessments and tended to certify based on incapacity, rather than on capacity, and provided little information about functional capacity on the certificates. All groups said that functional assessments for mental health needed more clarity and specificity on the draft certificates. GPs, employers and compensation agents also said that any new certificates must be electronically available and integrated into existing medical software.

Implications: The draft certificates were seen as a step in the right direction by study participants. Suggestions were made for improvement such as refining the sections on mental health assessment and making the certificate electronically available. Most importantly, GPs must receive training on the new certificates in order to be more aware that they are certifying based on what the injured worker can do rather than what the worker cannot do.

Next steps: This study offers important insights from key stakeholders into the usability and appropriateness of the proposed new certificates. Long term, an impact evaluation should be undertaken to see what effect the new certificate has had in shifting certification behaviour.

Background

The strategic importance of general practitioners (GPs)

In Australia GPs are the main gatekeepers to workers entitlements and see about 96 per cent of injured workers [1] and approximately two-thirds of persons injured in motor vehicle accidents [2]. GPs fulfil a number of roles, including providing a clinical opinion of injured patients physical and mental capabilities, recommending periods of time off work, giving advice on compensated medical and care treatments necessary for recovery and making decisions that impact on the liabilities of compensation agencies. They, therefore, play a critical role in recovery and return to work (RTW).

GPs and RTW

International research shows that enabling GPs to facilitate RTW improves health outcomes for injured workers [3-5]. When GPs are educated about work and health issues they report feeling more confident and more likely to address these issues during their consultations [3]. They are also more capable of identifying patients at high risk of developing chronic pain/disability and poor mental health after injury, and facilitating faster triage and appropriate referral [6]. They can broker adequate and appropriate access to health services, develop stronger patient-provider relationships and be more empathetic towards patients who experience distress as a result of injury; such practices improve treatment outcomes and help to alleviate depression and anxiety in patients [7, 8]. Conversely, where there is diagnostic uncertainty, failure to diagnose underlying mental illness, conflicting medical opinions and poor communication between professionals, RTW rates are lower and outcomes poorer for injured workers [9-11].

International evidence on GPs and sickness certification

In recent times GP certification behaviour has received considerable attention in the compensation research literature [12-15]. This is because in most jurisdictions the acceptance of a compensation claim rests on a GP's assessment of the nature of the injury and the worker's capacity to work.

International studies on GP certification, mostly from the United Kingdom (UK) and northern Europe, have consistently demonstrated that certification is a clinical and administrative task underpinned by a host of social and systemic factors, which may sometimes hinder early RTW. The key factors influencing certification are:

- The influence of GP and patient demographics on certification [16-18],
- GP perceptions of their role in sickness certification [19-24],
- The degree of concordance between GP and patient assessment [14, 19, 20, 24, 25]
- The role of guidelines in certification [26, 27]
- Compensation system barriers to good certification practice [5, 28, 29].

GPs and sickness certification in Australia

Recent Australian analyses of GP sickness certification reveal that about three-quarters (75.7%) of all GP consultations related to work are claimable through workers' compensation [30], and that only 22.7 per cent of initial certificates issued by GPs recommend 'modified or alternate duties' [31]. The vast majority of initial certificates – over 70 per cent – classify patients as 'unfit for work'. For initial certificates relating to mental health conditions as much as 94 per cent recommend patients as 'unfit for work' [31]. This trend has been consistent for more than seven years [31].

There may be clinically valid reasons for initially certifying a worker as 'unfit'. However, health providers, including GPs, need to consider the consequences of repeatedly certifying an injured worker as 'unfit', thereby prolonging their time away from work.

Moving from 'sick' notes to 'fit' notes

According to Dame Carol Black, certifying for incapacity potentially exacerbates existing physical and mental distress because it amplifies feelings of 'uselessness' in injured workers. In contrast, certificates which focus on building existing capacity have been shown to facilitate labour market retention [32].

In the UK, GPs are now encouraged to issue injured workers with 'fit notes' rather than 'sick notes.' This has been shown to reduce the number of patients with back pain and/or depression being advised to refrain from work and more written fitness for work advice being provided [33]. These 'fit notes' can enable discussion between employees, employers and GPs about earlier RTW and reduced sickness absence, which has wider benefits to injured workers, employers and the economy [33].

Evidence to best practice in Victoria

Following the UK model, the Health and Disability Strategy Group (HDSG), a joint initiative between Work Safe Victoria (WSV) and the Transport Accident Commission (TAC), is also seeking to redesign the current certificate of capacity as part of its longer GP-RTW Engagement Strategy.

The certificate redesign is also being driven by local data generated from a qualitative study – the GP RTW Study – led by CI Mazza, which examined the role of GPs in RTW. This study, along with HDSG extensive internal and external consultation with key stakeholders, revealed that there were numerous issues associated with the current certificate related to its usability and focus on incapacity. These findings have assisted WSV and TAC to inform the design of the new certificate of capacity.

In March 2013, building on the GP RTW Study and the strong collaborative relationship between HDSG, ISCRR and the Department of General Practice at Monash University, the research team were approached by HDSG for advice into a proposed evaluation of the new certificate.

Following consultation, it was determined that two types of evaluation would need to be considered:

1. In the short term, a process evaluation to determine the appropriateness of the content of the new certificate and its usability prior to the state-wide roll-out of the certificate.
2. In the long term, an impact evaluation focusing on how the new certificate was changing certification behaviour in clinical practice thereby facilitating timelier

RTW. This would occur in after the certificate had been in operation for some time.

This report is only concerned with the results of the process evaluation.

Aim

To undertake a process evaluation of the redesigned certificate of capacity to determine the appropriateness of its content and assess its usability by stakeholder groups such as GPs, compensation agents, employers and injured workers.

Methods

In-depth interviews and focus group discussions were used to gather data. These qualitative research methods are valuable for three reasons:

1. They facilitate the gathering of large amounts of information in a relatively short period of time;
2. The inclusion of multiple participants allows for different perspectives to be explored;
3. It helps to understand the potential motivators and barriers that may arise when attempting to change professional behaviour [34].

Data were collected between October and December 2013 in Melbourne, Australia.

Sample

The sample included GPs, compensation agents, injured workers and employers. Efforts were being made to purposively sample all four cohorts in order to capture the following: a diversity of work experience, injury types, duration of time off from work, locales (inner city/suburban), employer size (medium and large) and work roles.

Interviews with ten GPs in their clinics, six employers and five injured workers were completed along with one focus group discussion with compensation agents. Table 1 provides an overview of the GPs, compensation agents and employers that participated. Table 2 provides an overview of the injured workers who participated in the study. To be included in the study all participants had to be over 18 years of age and be able to speak, read and write in English.

Table 1: Sample characteristics of GPs, Compensation agents and Employers

Group (n)	Mean age (SD)	Gender (%)	Mean years experience in current job role (SD)
GPs (10)	49.60 (12.28)	Male = 8 (80%) Female = 2 (20%)	26 (9.42)
Compensation agents (8) TAC staff = 0 WSV staff and/or WSV insurers = 8	40.25 (20.06)	Male = 4 (50%) Female = 4 (50%)	12.85 (19.50)
Employers (6)	49.50 (10.05)	Male = 4 (66.7%) Female = 2 (33.3%)	18.66 (14.08)

Table 2: Sample characteristics of injured workers

Mean Age (SD)	49yrs (19.39 SD)
Gender (n)	Men = 3 (60%) Women = 2 (40%)
Injury type (n)	Musculoskeletal = 17% (12) Psychological = 18% (3) Both = 12% (2)
Culture	Anglo-Australian = 3 (60%) European = 2 (40%)
No. of dependents	None = 1 (20%) One = 1 (20%) Two = 2 (40%) Four = 1 (20%)
Nature of employment prior to injury	Full-time = 2 (40%) Part-time = 3 (1)
Injury type	Musculoskeletal = 3 (60%) Psychological = 2 (40%)
Time since injury	6-9months ago = 2 (40%) >9 months = 3 (60%)
Currently back at work (n)	Yes = 3 (60%) No = 2 (40%)
Weekly household net income (n)	<$300 = 2 (40%) $300 - $600 = 1 (20%) $600 - $900 = 1 (20%) $900 - $1500 = 1 (20%)
Weekly household expenses (n)	<$660 = 2 (40%) $660 - $1000 = 3 (60%)

Recruitment

In our GP-RTW study we established samples of >50 people per cohort (200 in total) whom had agreed to be contacted for future research. Accordingly, we invited these

individuals to participate in the process evaluation of this new certificate. Efforts were made to recruit a total of 13-15 participants per focus group to account for study drop-out and to ensure sufficient participant numbers (5-12 people) per discussion.

For the compensation agents we recruited eight participants and were able to proceed with the focus group. Difficulties were encountered with recruiting and organising GP, injured worker and employer participation for focus groups. On account of this difficulty we opted to complete in-depth interviews with these three groups.

Procedure

All participants were given copies of the new certificates (see Appendix 1) and two vignettes, derived from de-identified case studies drawn from the GP-RTW Study. The vignettes included one musculoskeletal claim for a man named Rob (pseudonym) and one psychological injury claim for a woman named Sarah (pseudonym) (see Appendix 2). These vignettes were developed in consultation with HDSG.

Focus group with Compensation agents

The focus group occurred at a time and venue convenient to participants and was moderated by researchers trained in focus group techniques. The discussion lasted 60-90 minutes.

Participants were first given copies of the new certificates to study and were then asked to tell the researchers their initial impressions of the certificates. Thereafter they were presented with two vignettes and asked to comment on how they would apply the new certificate to managing the cases in the vignettes.

Compensation agents were then asked to comment on the usability of the new certificates in practice, the potential of the certificates to change RTW outcomes and foreseeable barriers/enablers to integrating the certificates into current systems. See Appendix 3 for the interview guide.

GP interviews

GP interviews were held in their clinics and this helped us to document how GP's accessed their current systems and tools, and/or how being in a familiar environment may have promoted additional ideas about the certificate's usability. Each interview lasted 45-60minutes.

For the GP interviews, participants were first given the vignette of Rob and asked to complete the two new draft certificates. Then they were given the vignette of Sarah and asked to do the same. Their response times for completing the certificates were recorded.

This ordering was deliberate because we wanted to capture GPs instinctive reactions as they moved through the forms and their rationale for how and why they arrived at their final certification. If we had given GPs the certificates prior to the vignettes and asked them to reflect on it, their instinctive responses on the certificate would not have been captured, their response time to completing the certificate would have changed and we would have missed the 'extra talk' that influenced their certification.

After they had completed the certificates, GPs were then asked to review the certificate and comment on it, and to consider if the new certificates would prompt them to apply different treatment and management pathways to facilitate RTW for the cases in the vignettes (see the interview guide in Appendix 3).

Employers and Injured workers interviews

Employer and injured worker interviews were held at times and places convenient to these participants. For employers, interviews occurred in their workplace; injured workers were interviewed at home. Each interview lasted 45-60minutes.

Participants were first given copies of the new certificates to study and were then asked to tell the researchers their initial impressions of the certificates. Thereafter they were presented with two vignettes and asked to comment on how they would

apply the new certificate to managing the cases in the vignettes.

Participants were then asked to comment on the usability of the new certificates in practice, the potential of the certificates to change RTW outcomes and foreseeable barriers/enablers to integrating the certificates into current systems. See Appendix 3 for the interview guide.

Analysis

All interviews and the focus group were audio-taped and have been partially transcribed. They have been thematically analysed by two independent coders (BB and NS). Where disagreement between observers occurred, consensus was reached by discussion. Transcripts will be imported into N-Vivo for data management and further analysis. Additionally, the existing qualitative dataset from the GP-RTW Study has been used to compare how the old and new certificates were perceived by stakeholders. This allows us to determine not only if the new certificate has 'got it right', but also how it compares to the baseline or existing certificate of capacity.

Ethics approval for the study was obtained from Monash University Human Research Ethics Committee.

Results

The following results provide early insights into how the certificate was perceived and applied by GPs, injured workers, employers and compensation agents. The key themes include:

1. Perceptions of the current certificates (from the GP-RTW study)
2. Initial impressions of the draft certificates
3. Response to the assessment components of the draft certificates
4. The time taken by GPs to complete the draft certificates
5. The need for integration of the new certificate into current practice
6. Other feedback about the draft certificate

Each theme will be discussed in order.

1. Perceptions of the current certificates

Results for this section are derived from the GP-RTW study. They provide 'baseline' for comparison and can help determine whether the new draft certificates have 'got it right.'

GPs, employers, compensation agents and injured workers recognised the benefits of RTW and considered GPs to be the main gatekeeper for facilitating injured workers' RTW. Workers who made an early and easy RTW were seen as 'simple' cases, which alleviated stress and reduced GPs' workload. One GP described the health benefits of RTW to his caseload as "Less work for me, less sort of heart-burn and sleepless nights" (GP#5, m, 36yo, 7ye[1]).

The certificate was seen as the primary method of communication across all four groups and central to achieving timely return to safe work. However, all four groups complained about the current iteration of the certificate. GPs said that they were unclear about what precisely the form wanted from them while compensation scheme agents and employers complained that the certificate of capacity needed to

[1] m = male; f = female
yo = years old
ye = years of experience in current job.

promote a stronger RTW focus by providing an option for GPs to state what activities the injured worker could do, rather than what they could not do. The current certificate, they argued, made it easier to certify workers as 'unfit' rather than recommend alternate or modified duties, as the latter required lengthier and more detailed clinical consultations. As an agent said:

> The certificate makes it easy to certify total incapacity, to certify someone as totally incapacitated for work you only have to write two dates on the certificate – 'from' and 'to' (Compensation agent#18, m, 61yo, 4ye).

The need to provide more options on the forms, which GPs and specialists could then 'tick and flick,' was also mentioned by compensation agents. Providing prompts allowed more information to be gathered about capacity; for example, how long an injured worker could sit or stand or how much he/she could lift. Compensation agents said this information could contribute to a RTW plan:

> In terms of doctors and surgeons and treaters (sic) I find that their time is very minimal so I have so many tick and flick faxes, which I have literally jotted it out for them and all they have got to do is tick a couple of boxes and write a couple of numbers and so forth (Compensation agent #6, f, 27yo, 8ye).

GPs equally valued the prospect of having a more detailed pro forma:

> There is just a box for us when we want someone to go back with modified duties. There is just an empty box and we are supposed to give this complete answer as to what a whole person is capable of doing. Maybe if there was more of a pro forma type of thing (GP#21, f, 39yo, 7ye).

Finally, all four groups wanted certificates to be electronically completed and integrated into online and real-time systems to enable consistent and coordinated communication, which would maximise provider uptake. Illustrative of this sentiment one injured worker said:

> The new doctor I've got has got it on the computer and it's the same sort of form … I'm just wondering if … it could be sent electronically to [insurer] directly wouldn't that save time and energy, you know costs? (Injured worker#7, m, 46yo).

2. Initial impressions of the draft certificates

Results for the following sub-sections are derived from the process evaluation of the draft certificates of capacity.

GPs, compensation agents and most injured workers and employers said that the proposed new certificates were an improvement on the current iteration. One injured worker described it as, “comforting” and explained:

> This is very easy to read ... It’s comforting actually to tell you the truth. There are more options. That is good I like that (Injured worker#1, m, WSV client, 55yo).

Similarly, employers found the new certificates easier to navigate. One employer said, “It is a lot cleaner, the old form had a lot of boxes and seemed a bit messy” (Employer#3, m, 61yo, 40ye).

Compensation agents noted that the forms combined certification for WSV and the TAC. It was noted by compensation agents, employers and injured worker that the emphasis had shifted to focus on capacity rather than incapacity. This change was appreciated.

> The functionality under the capacity assessment would be useful, it would be useful in providing focus, and it would be useful in agreement between the patient, or the service user and the medical fraternity as to what can and can’t be done (Injured worker#4, m, WSV client, 63yo).

Compensation agents also said that if GPs completed a thorough functional assessment then it would give them, i.e. agents’, greater insight into the functional capacity of their injured clients thereby reducing their need to repeatedly contact GPs to obtain feedback on this topic. Eventually, they said, the communication and paperwork burden on GPs would be reduced.

> Too often when you are dealing with a claim, the certificate is the only piece of information you will get for sometimes a month or two ... It doesn’t elaborate

> on it, or it doesn't give anything to work with ... Some of these things say 'standing', 'sitting' and 'walking', it's all very common sense but sometimes giving that prompt ... it gets people thinking and gets them to be a bit more proactive in their thoughts instead of saying 'Unfit' and some comments ... At least the bare minimum information that is coming through will be increased. We won't have to also increase requests for reports or rely heavily upon independent medical examiners if we have an idea of their functional capacity straightaway from a medical perspective as well as what the worker is reporting to us (RTW specialist, m, 30yo, 4ye).

Agents also said that a more thorough assessment of capacity would give them more power to engage with employers to help create alternative or modified duties for the injured worker upon his RTW:

> Employers that are aren't as experienced ... don't know what they can give them [injured workers] ... if the GP can provide some guidance that would be really good as a head start and it's not too difficult for someone to say, 'Okay yep, you can stand, you can sit, you can do that,' and then looking at structuring and pulling something together for them (RTW specialist, m, 30yo, 4ye).

In general, most participants appreciated the section that mandated that injured workers' sign off on the GPs certification. They said this introduced more transparency into the process and protected GPs.

> I'm aware that various documents in the old form and in the proposed new form talk about being mandatory ... Even with first certificates I'm in the habit of asking patients to sign mainly to prove that they are present on the day of the consultation ... and then there's no argument (GP#3, m, 55yo, 32ye).

However, there was one injured worker who found the new certificates too invasive:

> I don't like it. I don't like it at all, I think it's really drilling in … It's almost having to give them your personal info all the time and giving them access to your private information on the certificate of capacity (Injured worker#2, f, WSV client, 35yo).

In general, when asked, most participants said that they preferred form 2. Reasons for this were because form 2 offered more space for additional comments and had a more logical flow, i.e., participants preferred that the certification of capacity followed the functional assessment of capacity rather that preceding it.

Two GPs and one employer said form 1 was better because it integrated the certification and functional assessment of capacity, and two GPs did not express a preference for either form because they felt the form itself was not comprehensive and not what really mattered in RTW. For these last two doctors, the certificate was neither seen as a facilitator of RTW nor as a way to improve treatment but rather as paperwork necessary for the employer and insurer to process the claim. This perception of the form as a 'piece of bureaucracy' was also stated by some injured workers.

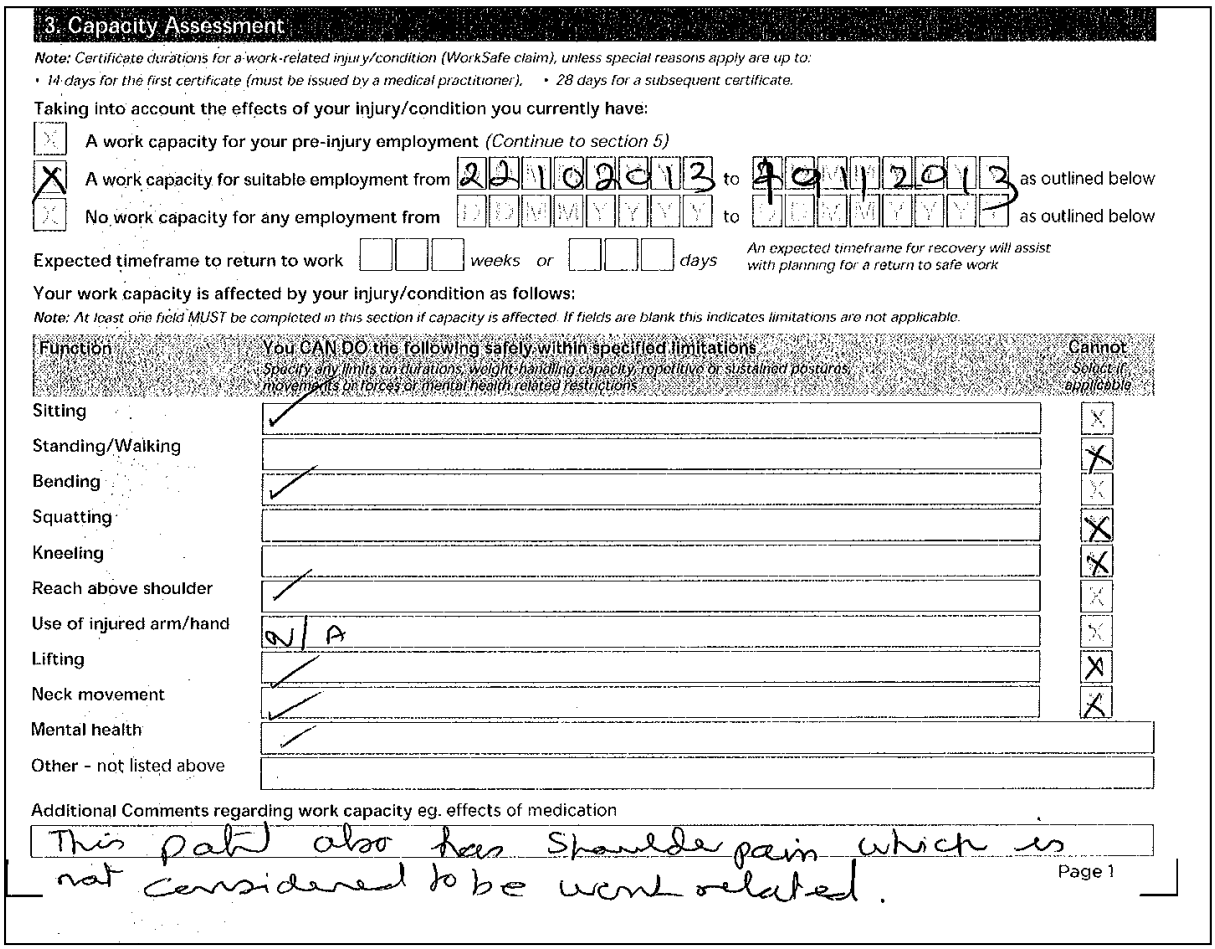
> I don't think the certificate lends itself to enhancing treatment ... Out of courtesy I will say, "Patient [Sarah] to see psychiatrist" but the form itself doesn't initiate or activate any therapy does it? The form to me is communicating to someone else, probably an employer or maybe an insurer, whether they are likely to RTW and whether they are likely to do their original duties (GP#2, m, 60yo, 30ye).

> It's not very consumer friendly. It's pretty much another bureaucratic form. I think something can be done to humanise it slightly. I am not sure how. Maybe a bit of a change in the graphics, maybe not quite so formal? It has to have formality because it has to have this information but it might be possible to have a bit of colour maybe? Some of the worker details you think, "Okay I am the worker yea okay it's kind of… some words are slightly softer than others aren't they?" (Injured worker#3, m, TAC client, 69yo).

3. Response to the functional assessment component on the draft certificates

While compensation agents, injured workers and employers appreciated the inclusion of a functional assessment of capacity in the new certificate, GPs were

more circumspect and did not perceive much value in this addition. Seven of the eight GPs interviewed left much of this section either blank or put in one-word responses such as 'yes' or 'no' to the queries (see figure 1) (Appendix 4, an attached file has all the GP responses on the certificates).



3. Capacity Assessment

Note: Certificate durations for a work-related injury/condition (WorkSafe 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 you currently have:

[X] A work capacity for your pre-injury employment *(Continue to section 5)*

[X] A work capacity for suitable employment from 22/10/2013 to 29/11/2013 as outlined below

[ ] No work capacity for any employment from D D M M Y Y Y Y to D D M M Y Y Y Y as outlined below

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

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

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

Note: At least one field MUST be completed in this section if capacity is affected. If fields are blank this indicates limitations are not applicable.

Function	You CAN DO the following safely within specified limitations *Specify any limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces or mental health related restrictions*	Cannot *Select if applicable*
Sitting	✓	X
Standing/Walking		X
Bending	✓	X
Squatting		X
Kneeling		X
Reach above shoulder	✓	X
Use of injured arm/hand	N/A	X
Lifting	✓	X
Neck movement	✓	X
Mental health	✓	
Other - not listed above		

Additional Comments regarding work capacity eg. effects of medication

This pat also has Shoulder pain which is not considered to be work related.

Page 1

Figure 1: Example of how GPs completed the functional assessment

Three reasons could explain why GPs did not complete a thorough functional assessment: (1) they had some concerns about the questions on functional assessment (especially on mental health); (2) they had not been trained on how to certify on the new form and; (3) they worked in busy clinical environment with many distractions. This resulted in GPs not always reading all of the instructions on the form, skimming over the smaller print on the forms and/or failing to apply what they had read. Instead GPs tended to apply certification patterns that the current form solicited, i.e., they assessed and certified for incapacity rather than capacity.

The assessment box asking for information about mental health capacity was seen as problematic by all stakeholders. The general consensus was that this query was vague and ill-defined, especially when contrasted with queries on physical health capacity that contained multiple options, such as walking, neck and shoulder movement, lifting, squatting and bending.

> I can imagine people going out of the box [for mental health] trying to write something or having to write something separate because it does require a bit more explanation (Case manager, f, 28yo, 1.5ye).

> This bullying thing raises the question: Function – "You can do the following safely within specified limitations: Mental Health." How do you do mental health? (Medical advisor, m, 83yo, 55ye).

> There is not a lot of space for mental health input. So one of the things we typically see here for people who have made claims for bullying and harassment is their sleep being affected, they are often anxious with transport to and from work, their concentration in the workplace, their cognitive levels are often affected because of their state of mind so they are not able to concentrate on their work and process things at a level that they might have previously. For a GP to comment on and consider all those things, some would, some GPs are excellent, but there is nothing on the form to prompt those who may be in a medical clinic where they have 7 minutes to assess this patient and get them out (Employer#4, f, 39yo, 8ye).

Many GPs also felt that assessing for mental health on the certificate was intrusive and a violation of their patient's privacy. GPs were concerned that detailing mental health information on a certificate, which could then be read by agents, employers and other parties, could compromise the patient and their claim:

> The trouble is that I've noticed that insurers, Work Cover and the TAC dig up the dirt on people's mental health. Everyone has had a grief reaction to either loss of job, loss of status, loss of parent – everyone has had a grief reaction to something. To dig this up, in my opinion, is unfair if this person happens to be injured at work (GP#3, m, 55yo, 32ye).

> I know in Work Cover claims there is technically no privacy but really I think it's a bit of a privacy issue. With symptoms you could be revealing ... I mean if you are going to be really technical you could fill a whole page on symptoms that a person has had. You could ask them all sorts of things. I don't think it has any place on a medical certificate. Where it has a place is in the medical report. Not on the certificate (GP#5, m, 54yo, 28ye).

GPs did appreciate the comments box below the assessment. Nearly all completed this section (see Figure 1) and tended to expand on what they had written in this section in the subsequent section on treatment plans. They also asked for a comment box rather than a 'tick box' about RTW assistance, because they wanted to outline the type of RTW assistance they thought the worker might need, rather than just indicating whether assistance would be required. One GP said:

> It would be better if more space were there to describe what return to work assistance might be of benefit rather than a closed statement like this … like as an example, transport to and from work (GP#4, m, 67yo, 28ye).

4. Time taken by GPs to complete the draft certificates

On average, it took GPs 7:24 minutes (SD 2:24 minutes) to complete Form 1 for Rob, 4:26 minutes (SD 1:76 minutes) to complete Form 2 for Rob; 6:37 minutes (SD 3:95 minutes) to complete Form 1 for Sarah and 3:54 minutes (SD 1:24 minutes) to complete Form 2 for Sarah. The time taken by each GP to complete each form is described in Figure 2.

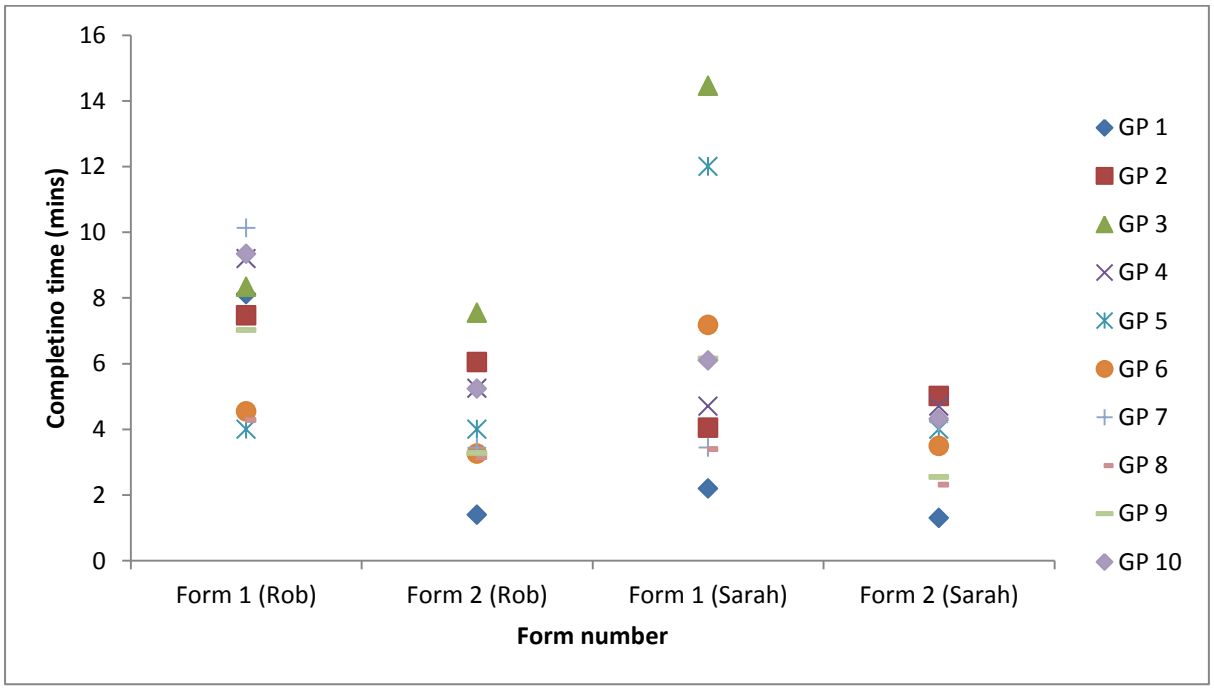


Figure 2: Time taken by GPs to complete the certificates

GPs tended to complete Form 2 much faster than Form 1 because of significant commonalities between the two documents. It was noted that the clinic environment did influence how GPs read the forms; most tended to skim read the document and were interrupted at different points by phone calls and other requests.

In the case of Rob, six GPs certified a capacity for employment, four GPs said he had no work capacity and none certified him as having capacity for his pre-injury employment. In the case of Sarah, four GPs said she had no RTW capacity, three GPs certified a capacity for employment and three GPs certified her as having capacity for her pre-injury employment. As can be seen from Table 2, most GPs tended to recommend time off work for Rob and Sarah.

Table 2: Amount of time off work certified by GPs

	Rob	Sarah
Certified work capacity	Work capacity for pre-injury employment = 0 GPs (0%) Work capacity for employment = 6 GPs (60%) No work capacity = 4 GPs (40%)	Work capacity for pre-injury employment = 2 GPs (20%) Work capacity for employment = 4 GPs (40%) No work capacity = 4 GPs (40%)
Certified time off work Note: GPs can only certify up to approx. one month off work at a time	0 days = 6 GPs (60%) 1 month = 4 GPs (40%)	0 weeks = 6 GPs (60%) 1 month = 4 GPs (40.0%)
GP estimates of expected timeframe to return to pre-injury employment	0 days = 1 GP (10%) ≥ 7 days = 1 GPs (10%) ≥ 42 days = 1 GP (10%) ≥ 84 days= 3 GP (30%) GP not sure = 1 GP (10%) Missing data from 3 GPs	0 days = 1 GP (10%) ≥ 14 days = 1 GP (10%) ≥ 42 days = 1 GP (10%) ≥ 84 days= 2 GP (10%) GP not sure = 3 GP (30%) Missing data from 2 GPs

For the case of Rob recommending time off work was seen as necessary for his physical recovery, although nearly all the GPs highlighted that they thought it was inappropriate for Rob to believe that he should only RTW when he was completely fit. They thought his GP should have intervened sooner and educated Rob about the benefits of RTW. One GP said, “I wouldn’t have let him get to this point. He’s already in the sick role” (GP#6, m, 50yo, 22ye).

For the case of Sarah, GPs did acknowledge she had RTW capacity but six of them said that she should not return to her previous work environment until the issue of bullying had been resolved and some mediation between her and her employer had occurred. GPs had a very strong reaction to Sarah’s case using descriptors such as ‘messy,’ ‘disaster++’ and ‘disempowered.’ According to one GP:

> In 30 years of general practice, I think I have seen many, many, many cases where people have put in a claim with psychological injuries, and I can only

think of one where there was a happy outcome (GP#1, m, 61yo, 30ye).

5. The need for integration of the new certificate into current practice

GPs, employers and compensation agents strongly expressed a need for the certificate to be 'computer compatible.' They wanted the certificates integrated into current medical software packages and linked to previous certificates and/or the patient medical record. Doing so, they said, would allow certain sections to be automatically populated and would reduce the administrative burden on busy GPs.

> If you have an automated system so when the person comes in you tick something off, and their name, address, claim number and date of examination all that's automatically drawn, you are literally left with – are they fit and what the restrictions are, pretty much everything else is pre-populated. That is something that might save time and be more appealing to follow through with the certificate (RTW specialist, m, 30yo, 4ye).

Items that participants said could be pre-populated were:

- The worker details i.e., name, address, claim number, date of injury, date of birth
- The examination date
- The provider details i.e., provider name, address, telephone number, provider number and date.

Additionally, participants said that electronic completion of the form made it easy to read the GPs notes and automatically expanding comment boxes allowed for the GPs to write as much as they wanted.

6. Other feedback about the draft certificate

It was noted that most participants tended to miss the 'further information' section on the forms. This section included information about the value of RTW following injury as well as information about how privacy concerns would be addressed. When this section was pointed out to participants, most said it was useful but its location on the

form, the font size and ambiguous heading meant that they tended to overlook it. According to one employer:

> With the tiny writings I find that, even the injured workers might not read that. On page 2 where it says 'Further information' and it says 'Returning to work,' they don't read it because the expectancy is the person who is doing the RTW plan or the doctor explains everything so why would you put it in the form? (Employer#2, f, 43yo, 17ye).

Participants were also asked about what they would remove from the form in order to create space for other components (e.g. adding to the mental health assessment). Common items that were mentioned included:

- Truncating 'Section 1 - Worker Details' by removing queries related to the claim number, date of injury and date of birth because it was assumed this information would already be on file.
- Removing or editing 'Section 8 - Further Information' because of the low probability that this section would be read by GPs and injured workers.
- Removing the query about clinical symptoms in 'Section 2 – Examination details'. When asked why they would remove the section on clinical symptoms the responses were varied:

  'You presented with the following symptoms' you know do you really want to tell them you have had the runs and uncontrollable shaking? There is not enough room for me to write all the symptoms that I had first of all, but does the doctor want to write them out every time as well? (Injured worker#2, f, WSV client, 35yo).

  I am not certain how helpful it is to set out a difference between the diagnosis, symptoms and capacity. I am not sure that amount of information changes how you manage it (Employer#6, m, 40yo, 2ye).

Discussion and implications

The research methods utilised in this project yield important insights into the usability and content of the proposed new certificates of capacity from the perspective of GPs, injured workers, employers and compensation agents. The results highlight areas for improvement in the draft certificates as well as underscore the importance of an effective and well-conceived implementation strategy. A summary of the key findings are as follows:

1. **The draft certificates are seen as an improvement on the current certificate**
   1.1. The vast majority in all the stakeholder groups agreed that the new draft was an improvement compared to the current certificate.
   1.2. Compensation agents and employers valued the shift in focus from certifying incapacity to certifying the capacity of the worker.
   1.3. Compensation agents felt that if the GP completed a thorough functional assessment then this could reduce the communication burden between GPs and compensation agents in the longer term.
   1.4. Compensation agents felt that the new certificate would facilitate relations between themselves and employers in designing RTW plans.
   1.5. Compensation agents felt that the new certificate would help them and employers to better identify alternative or modified duties available at the worksite.
   1.6. Overwhelmingly, Form 2 was preferred by all four groups.

Implication: Further research is needed to test the hypothesis about whether the new certificate will reduce GP-compensation agent communication burden as well as improve compensation agent-employer RTW planning.

2. **GPs certified based on incapacity not on capacity**
   2.1. GPs did not see value in the functional assessment of capacity and hence left much of this section incomplete.
   2.2. On average, it took GPs 7:24 minutes (SD 2:24 minutes) to complete Form 1 for Rob, 4:26 minutes (SD 1:76 minutes) to complete Form 2 for Rob; 6:37 minutes (SD 3:95 minutes) to complete Form 1 for Sarah and 3:54 minutes

(SD 1:24 minutes) to complete Form 2 for Sarah.

2.3. GPs valued the additional comments box.

2.4. GPs tended to certify incapacity rather than capacity.

2.5. Lack of GP training, busy clinic environments and GP reservations about particular components of the functional assessment, could explain why they certified for incapacity rather than capacity.

Implication: It is important to provide training to GPs on the new certificate alongside the state-wide roll-out so that GPs know to certify for capacity rather than incapacity.

3. Mental health assessments needs more clarity and specificity

3.1. All parties perceived the mental health queries box as vague and said that more specific queries might need to be included with regards to mental health.

3.2. The purpose of asking about mental health queries on the certificate of capacity needs to be made clear.

3.3. Privacy issues related to the disclosure of mental health conditions needs to be made clear on the certificate.

Implication: Further development of the mental health assessment box needs to occur to expand the criteria of mental functional assessment similar to the physical assessment components. This would give more guidance to the GPs on how to certify mental function capacity for RTW.

4. It is critical that the draft certificates be electronically available

4.1. Compensation agents and GPs wanted the certificates to be electronically available and integrated into current medical software.

4.2. Compensation agents said that if particular sections could be pre-populated on the forms then this would reduce the paperwork burden on busy GPs.

4.3. Electronically completing the form would also reduce the likelihood of information on the certificate being misinterpreted or not understood by other parties.

Implication: The electronic availability of the certificate is critical to its successful uptake and improved use.

5. Other feedback about the draft certificate

5.1. Providing a comment box for GPs to outline what type of RTW assistance might be required was preferred by GPs over a 'tick the box' option.

5.2. GPs and compensation agents appreciated the section which mandated that workers sign the certificate. Workers, for their part, did not have a problem with completing this section.

5.3. The value of the section on RTW and privacy considerations was queried and some participants said this could be deleted.

5.4. To simplify the form, some participants suggested that queries around clinical symptoms could be deleted.

Implication: Some sections of the forms may need to be expanded and others deleted or edited.

Conclusions

Our long-term goal is to change the paradigm in Victoria from a negative – what injured workers cannot do – to a positive – what injured workers can do. One way to achieve this is to intervene to change the current certificate to promote functional capacity rather than incapacity. Such a shift in the certificate might change GP certification behaviour with the result that the numbers of 'unfit' certificates issued are reduced. International evidence from the UK shows that such a shift is possible and can enable better discussion between employees, employers and GPs about earlier RTW [33]. Ultimately, reduced sickness absence has wider benefits to injured workers, employers and the economy [33].

Findings from this process evaluation into the proposed new certificates provide important insight into how the new certificate is perceived and utilised by GPs, injured workers, compensation agents and employers. Importantly, the new certificates are perceived as an improvement on what is currently available. Greater detail on the physical functional assessment and open comment boxes were appreciated by GPs and compensation agents. However, to ensure there is change in GP certification behaviour, mental health assessments must be more specifically defined, the certificate must be electronically integrated into existing medical software and GPs must be trained on how to certify on the new forms.

GP training is particularly important; UK data show that when GPs are neither aware of the guidelines nor trained about sickness certification, behaviour change is limited [27]. Conversely, when GPs are educated about work and health issues, they report feeling more confident and more likely to address work and health issues during their consultations [3].

Next steps

Our study suggests that the new certificates are more user-friendly and appropriate than the current iteration. Nevertheless, there are areas for amendment and improvement in the proposed drafts. Following these changes, the new certificate is likely to have enhanced usability and salience to key stakeholders.

Long term, once the certificate has been rolled-out and embedded within clinical practice for at least six months, a thorough impact evaluation should be undertaken to see what effect the new certificate has had in shifting certification behaviour.

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Appendix 1: Draft of new certificates

Form 1

CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION
WorkSafe

- You must provide a valid Certificate of Capacity 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 WorkSafe website for who can certify).
- 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:

☐ **Transport accident related injury (TAC Claim)**

☐ **Treatment attendance only (not for weekly payments)**
Complete sections 1, 2 & 5 only

☐ **Work related injury/condition (WorkSafe claim)**
***Note:** The first medical certificate for weekly payments must be issued by a medical practitioner*

1. Worker Details

Worker Name

Claim number (if known)

Worker Address

Date of injury (if known) D D M M Y Y Y Y

Date of Birth D D M M Y Y Y Y

Postcode

2. Examination Details

I examined you on D D M M Y Y Y Y *(If this certificate refers to a period prior to the date of examination, please provide details in additional comments below)*

You presented with the following symptoms *related to your claim for a transport accident or work related injury/condition:*

Clinical Diagnosis *based on my examination of you and other available information:*

3. Capacity Assessment

***Note:** Certificate durations for a work-related injury/condition (WorkSafe 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 you currently have:

☐ **A work capacity for your pre-injury employment** *(Continue to section 5)*

☐ **A work capacity for suitable employment from** D D M M Y Y Y Y **to** D D M M Y Y Y Y **as outlined below**

☐ **No work capacity for any employment from** D D M M Y Y Y Y **to** D D M M Y Y Y Y **as outlined below**

Expected timeframe to return to work ☐☐☐ *weeks or* ☐☐☐ *days* *An expected timeframe for recovery will assist with planning for a return to safe work*

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

***Note:** At least one field MUST be completed in this section if capacity is affected. If fields are blank this indicates limitations are not applicable.*

Function	You CAN DO the following safely within specified limitations *Specify any limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces or mental health related restrictions*	Cannot *Select if applicable*
Sitting		☐
Standing/Walking		☐
Bending		☐
Squatting		☐
Kneeling		☐
Reach above shoulder		☐
Use of injured arm/hand		☐
Lifting		☐
Neck movement		☐
Mental health		
Other – not listed above		

Additional Comments regarding work capacity eg. effects of medication

Page 1

4. Treatment Plan

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

☐ **This worker would benefit from return to work assistance**

Case managers can consider a number of return to work support options such as engaging an independent Occupational/Vocational Rehabilitation provider who has specific skills and experience in helping people return to work following an injury, or initiating a GP Return to Work case conference so that the GP, the worker and their case manager or rehabilitation provider can discuss a return to work plan.

5. 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.

Postcode

Telephone ( )

Signature of Certifier

Provider number or hospital name

Date D D M M Y Y Y Y

6. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

Since the last Certificate of Capacity was provided have you engaged in a/any form of employment, self-employment or voluntary work for which you have received or been entitled to receive payment in money or otherwise?

☐ Yes, I have – you must provide details if you have undertaken employment or work other than with your pre-injury employer:

☐ No I have not

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 D D M M Y Y Y Y

Further Information

Returning to work

An important part of recovering from a transport accident or a work-related injury or illness is returning to safe and sustainable work. Talk to your treating health practitioners about how you can keep active and set goals for your recovery and return to work. Research has shown that keeping positive and staying active after an injury can benefit your physical recovery as well as your general wellbeing. Focus on what you can do, rather than what you can't.

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. Suitable employment could mean working reduced hours while you recover or modifying or taking on different duties until you can return to your normal work.

Privacy

The TAC and WorkSafe Victoria (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access the TAC privacy policy at tac.vic.gov.au and the WorkSafe privacy policy at worksafe.vic.gov.au.

Form 2

CERTIFICATE OF CAPACITY

TAC TRANSPORT ACCIDENT COMMISSION
WorkSafe

- You must provide a valid Certificate of Capacity 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 WorkSafe website for who can certify).
- 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:

[X] **Transport accident related injury (TAC Claim)**

[X] **Treatment attendance only (not for weekly payments)**
Complete sections 1, 2 & 6 only

[X] **Work related injury/condition (WorkSafe claim)**
Note: The first medical certificate for weekly payments must be issued by a medical practitioner

1. Worker Details

Worker Name

Claim number (if known)

Worker Address

Date of Injury (if known) D D M M Y Y Y Y

Date of Birth D D M M Y Y Y Y

Postcode

2. Examination Details

I examined you on D D M M Y Y Y Y *(If this certificate refers to a period prior to the date of examination, please provide details in additional comments below)*

You presented with the following symptoms *related to your claim for a transport accident or work related injury condition:*

Clinical Diagnosis *based on my examination of you and other available information:*

3. Capacity Assessment

[X] **You have a work capacity for your pre-injury employment** *(Continue to Section 6)*

Or

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

Note: At least one field MUST be completed in this section if capacity is affected. If fields are blank this indicates limitations are not applicable.

Function	You CAN DO the following safely within specified limitations *Specify any limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces or mental health related restrictions*	Cannot *Select if applicable*
Sitting		[X]
Standing/Walking		[X]
Bending		[X]
Squatting		[X]
Kneeling		[X]
Reach above shoulder		[X]
Use of injured arm/hand		[X]
Lifting		[X]
Neck movement		[X]
Mental health		
Other – not listed above		

Additional Comments regarding work capacity eg. effects of medication

Page 1

4. Certification

Note: Certificate durations for a work-related injury/condition (WorkSafe 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 currently have:

[X] A work capacity for suitable employment from D D M M Y Y Y Y to D D M M Y Y Y Y

[X] No work capacity for any employment from D D M M Y Y Y Y to D D M M Y Y Y Y

Expected timeframe to return to work ☐☐☐ *weeks or* ☐☐☐ *days*

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

5. Treatment Plan

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

[X] **This worker would benefit from return to work assistance**

Case managers can consider a number of return to work support options such as engaging an independent Occupational/Vocational Rehabilitation provider who has specific skills and experience in helping people return to work following an injury or initiating a GP Return to Work case conference so that the GP, the worker and their case manager or rehabilitation provider can discuss a return to work plan.

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.

Postcode

Telephone ( )

Signature of Certifier

Provider number or hospital name

Date D D M M Y Y Y Y

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

Since the last Certificate of Capacity was provided have you engaged in a/any form of employment, self-employment or voluntary work for which you have received or been entitled to receive payment in money or otherwise?

[X] No I have not

[X] Yes, I have – you must provide details if you have undertaken employment or work other than with your pre-injury employer:

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 D D M M Y Y Y Y

Further Information

Returning to work

An important part of recovering from a transport accident or a work-related injury or illness is returning to safe and sustainable work. Talk to your treating health practitioners about how you can keep active and set goals for your recovery and return to work. Research has shown that keeping positive and staying active after an injury can benefit your physical recovery as well as your general wellbeing. Focus on what you can do, rather than what you can't.

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. Suitable employment could mean working reduced hours while you recover or modifying or taking on different duties until you can return to your normal work.

Privacy

The TAC and WorkSafe Victoria (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access the TAC privacy policy at tac.vic.gov.au and the WorkSafe privacy policy at worksafe.vic.gov.au.

Appendix 2: Case vignettes

Name: Robert (Pseudonym)
Injury type: Musculoskeletal
Gender: Male
Age: 54yo
Nature of work: Manual
Injury duration: 5 months
Back at work: No

Nearly five months ago Robert (Rob) fractured his ankle and the left side of his knee and tore ligaments in his shoulder after falling off a large box at work. For these injuries he has been receiving care from his GP and a physiotherapist. Communication between these health providers is good and they often exchange notes about Rob's recovery. The GP has certified Rob's work capacity as 'unfit' and typically writes on his certificate, “Patient walking better but swelling on his feet and still needs physio.” The GP's certification aligns with the MRI results.

Recently Rob came in complaining of shoulder pain; the nature of his original injuries prevented him from lying flat for long periods of time and so he has been sleeping on his couch for some time. This has exacerbated his shoulder pain and adversely affected his sleep. The GP has prescribed a regular dose of Panadeine Forte to help manage the inflammation and pain but Rob only takes the medication when he is in severe pain. The GP has also requested MRI, ultrasound and CAT scans, which show that Rob might need shoulder surgery. He has now been referred to a specialist. The GP has not yet discussed with Rob what his RTW would look like post-surgery as she wants to wait for the surgical procedure to happen first. Rob wants to RTW only when he is 100% fit because of fear of re-injury. Several work colleagues have phoned and visited, so Rob still feels connected and a part of his workplace.

Rob asked his GP to write a letter on his behalf to his case manager asking for lawn mowing assistance as well as clarifying what he could and could not do. After getting the letter from his GP, Rob makes a few unsuccessful attempts to contact his case manager. Eventually his case manager returns his messages and asked him to source a local lawn mowing service, which would be compensated.

Name: Sarah (Pseudonym)
Injury type: Psychological injury (workplace bullying and harassment)
Gender: Female
Age: 38yo
Nature of work: Sitting in front of computer
Injury duration: >9 months
Back at work: No

Sarah put in a claim for workplace bullying and harassment, which she felt she had received from her work colleagues. The employer does not investigate the bullying claim but instead asks Sarah what she wants to do in regards to her injury.

After some discussion, Sarah decides to take a break from work. Her claim is accepted and she is referred to counselling by her GP. She also undertakes mindfulness and meditation classes to help cope with her stress.

She is also assigned to an occupational rehabilitation provider who advises she should be retrained. She agrees but is informed that she is only eligible for the program if she is unemployed for at least 12 months.
After nearly a year Sarah is contacted by her employer to have a meeting. Sarah is asked at the meeting whether she has any jobs in mind that she thinks she can return to work and undertake. Sarah is upset that her employer has asked her this later rather than sooner. By this time she has lost trust in her employer and her workplace and she decides not to return to work.

Meanwhile the occupational rehabilitation provider she was assigned has left. Sarah is also informed that she is no longer eligible for the retraining program and that she should start looking for work. She is frustrated and feels that her time has been wasted through dealing with the bureaucracy of the system.

Appendix 3: Interview guides

Interview guide – GPs

Begin by asking participants to complete the demographic information sheet.

Participant demographic information (GPs) Evaluating the New Certificate of Capacity	
Date:	
Key Informant Role:	
Key Informant Age:	
Key Informant Gender:	
Key Informant Qualification:	
Number of Years of Experience in this Role:	
% of injured worker caseload in practice:	

Give the GP case vignette 1: Robert

- Ask him/her to read and complete Form 1 and Form 2
- Time taken to complete 'Robert' on:

  Form 1: _____

  Form 2: _____

Give the GP case vignette 2: Sarah

- Ask him/her to read and complete Form 1 and Form 2
- Time taken to complete 'Sarah' on:

  Form 1: _____

  Form 2: _____

Questions:

1) What are your first impressions of the new certificate of capacity? *[Probe on appropriateness of content/usability]*

2) How do you think the new certificate of capacity has improved?

    a. How does the new certificate of capacity address previously experienced issues in general practice?

    b. How do you think the new certificate of capacity can help better facilitate injured worker return to work?

3) How would you apply/integrate the new certificate of capacity in your current day-day systems and tools?

    a. Are there any barriers to integrating the new certificate into current systems? [Probe on compensation system/health system/GP clinic systems]

    b. Are there any enablers to integrating the new certificate into current systems? [Probe on compensation system/health system/GP clinic systems]

4) What are the different treatment and management pathways you would use to facilitate a RTW using the new certificate of capacity?

Focus group guide – Compensation agents

Participant demographic information (Employers) Evaluating the New Certificate of Capacity	
Date:	
Key Informant Role:	
Key Informant Age:	
Key Informant Gender:	
Key Informant Qualification:	
Number of Years of Experience in this Role:	

GIVE CERTIFICATE OF CAPACITY FORM 1 & 2 TO PARTICIPANTS

1. What are your first impressions of the new certificate of capacity? [Probe on appropriateness of content/usability].

2. How do you think the new certificate of capacity has improved?

3. Do you have any concerns about the new certificate of capacity?

GIVE VIGNETTES TO PARTICIPANTS

4. What are your concerns [about each case presented]?

5. How does the new certificate of capacity address these?

6. What are the positive aspects of this person's RTW process and how can the certificate of capacity better support these?

    a. How do you think the new certificate of capacity could further support safe return to work?

7. How does the new certificate of capacity support communication between the certifier, the worker, employer and insurer?

Interview guide – Employers

Participant demographic information (Employers) Evaluating the New Certificate of Capacity	
Date:	
Key Informant Role:	
Key Informant Age:	
Key Informant Gender:	
Key Informant Qualification:	
Number of Years of Experience in this Role:	

GIVE CERTIFICATE OF CAPACITY FORM 1 & 2 TO PARTICIPANTS

1. What are your first impressions of the new certificate of capacity? [Probe on appropriateness of content/usability].
2. How do you think the new certificate of capacity has improved?
3. Do you have any concerns about the new certificate of capacity?

GIVE VIGNETTES TO PARTICIPANTS

4. What are your concerns [about each case presented]?
5. How does the new certificate of capacity address these?
6. What are the positive aspects of this person's RTW process and how can the certificate of capacity better support these?
    a. How do you think the new certificate of capacity could further support safe return to work?
7. How does the new certificate of capacity support communication between the certifier, the worker, employer and insurer?

Interview guide – Injured workers

Begin by asking participants to complete the demographic information sheet.

Participant demographic information (Group 3)

Evaluating the new certificate of capacity

Date: ☐☐ ☐☐ ☐☐☐☐

Age: ☐☐ Gender: ☐

Cultural background: _____

No. of dependents: _____

Are you currently back at work? Yes/No

When I was working, I was employed:
- ☐ Full-time
- ☐ Part-time
- ☐ Casual
- ☐ Unemployed

When I was working, I spent most of my time at work
- ☐ doing manual labour
- ☐ sitting in front of a computer or other:

The nature of my injury is:
- ☐ Musculoskeletal
- ☐ Psychological

I was injured
- ☐ Less than 3 months ago
- ☐ 3 – 6 months ago
- ☐ 6 – 9 months ago

My weekly net income is:
- ☐ Less than $300
- ☐ $300 - $600
- ☐ $600 - $900
- ☐ $900 - $1500
- ☐ More than $1500

My weekly household expenditure is:
- ☐ Less than $660
- ☐ $660 - $1000
- ☐ $1000 - $1200
- ☐ $1200 - $1500
- ☐ More than $1500

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GIVE CERTIFICATE OF CAPACITY FORM 1 & 2 TO PARTICIPANTS

1. What are your first impressions of the new certificate of capacity? [Probe on appropriateness of content/usability].
2. How do you think the new certificate of capacity has improved?
3. Do you have any concerns about the new certificate of capacity?

GIVE VIGNETTES TO PARTICIPANTS

4. What are your concerns [about each case presented]?
5. How does the new certificate of capacity address these?
6. What are the positive aspects of this person's RTW process and how can the certificate of capacity better support these?
    a. How do you think the new certificate of capacity could further support safe return to work?
7. How does the new certificate of capacity support communication between the certifier, the worker, employer and insurer?

Appendix 4: Draft certificates completed by GPs

Please see the attached electronic file titled,

“Brijnath_medcerteval_final_deidentifiedcertificates”