

Referral for specialist medical opinion regarding work capacity

[Address block]

Dear Dr [insert surname]

Re: [Insert employee's name] DOB: [Insert employee's date of birth]

Thank you for agreeing to undertake a medical examination of [insert employee's name] on [insert appointment details]. The examination has been arranged under [SELECT ONE: clause F4.30 of the *ACT Public Sector Enterprise Agreement* (core provisions) **OR** Section 35 of the *Public Sector Management Standards 2016*]. The information and advice provided in your report will be considered in conjunction with other relevant information to make decisions related to [insert employee's name]'s ongoing duties and employment.

[Insert employee's name] has been required to submit to this examination for you to advise whether or not they have a current mental or physical illness, injury, or disability, that may affect their ability to adequately perform the inherent requirements of their role.

If you require the employee to obtain any diagnostic tests before the scheduled appointment in order for you to be able to provide an opinion, please let me know as soon as possible so that these can be arranged.

Your advice and medical report, where applicable, will be:

- used to make decisions about how [insert employee's name] can be best supported in the workplace
- provided to third parties such as [insert employee's name] and/or their treating doctor.

Please do not include a general prohibition on release to third parties in your report.

The letter sent by the employer to the employee directing them to attend this medical assessment advises them how the subsequent report may be used.

Our employees' personal privacy is important to us. Please **do not include** medical or other information (e.g. employee's personal, family, gynaecological or sexual history) that we do not need to know to understand your report, and to support [insert employee's name] in the workplace.

Our employee has been directed to attend this examination under the provisions of [SELECT ONE: their *Enterprise Agreement*/the *Public Sector Management Standards 2016*] and a failure to actively participate may lead to misconduct proceedings.

Include if assessment arranged under Standards and previous assessment has been undertaken: Section 36(2) of the *Public Sector Management Standards 2016* requires that a health assessment must consider any previous assessment of the employee's condition. Attached is a report dated [insert report date] issued by [insert medical practitioner's name]. Please consider this assessment in making your medical assessment.

[REMOVE IF NOT REQUIRED:] As part of your assessment, please contact [insert employee's name]'s treating medical professional, Dr [insert GP name] to identify and discuss any relevant matters that will assist you to make a full assessment of our employee's

capacity for work. Dr [insert GP name]'s contact number is: (02) [insert GP phone]. If you are not successful in contacting Dr [insert GP name], please note your failed attempts in the report.

It is important to us for you to answer all questions set out below in your report.

(Select either the statement 1 or statement 2 below, delete the heading and the other statement).

Statement 1:

[Insert employee's name] is currently absent from the workplace and has been since [insert date].

OR

Statement 2:

I am reasonably satisfied that [insert employee's name] does not have the capacity to satisfactorily perform the inherent requirements of their position.

Your opinion is sought about whether [insert employee's name] has a mental or physical illness, injury, or disability that is [causing or contributing to their current absence OR impacting their current capacity to complete their usual work] **(delete whichever does not apply).**

Specifically, would you please address the following:

1. Does the employee have a mental or physical illness, injury or disability, that may adversely affect their capacity to perform their duties, or which is the cause of their current absence? (Please consult **Attachments 1 and 2** for background and requirements of the position).

If you consider the employee does *not* have a mental or physical illness, injury or disability that may adversely affect [his/her] capacity to perform their work, please provide your reasons in your advice.

As our employee's privacy is important to us, a detailed medical report is not required, only information essential to explain your conclusion. Please **do not include** medical or other information (e.g. employee's personal, family, gynaecological or sexual history) that we do not need to know to understand your report, and to support [insert employee's name] in the workplace.

2. If you consider the employee *does* have a mental or physical illness, injury or disability that may adversely affect [his/her] capacity to perform their work, or is likely to cause [his/her] current absence to continue, please advise:
 - the likely direct or indirect effect of the illness, injury, or disability, on the employee's capacity to perform the inherent requirements of their role (note this extends to performance and appropriate conduct in the workplace)
 - an estimate of how long the illness or disability or its effects are likely to last
 - any adjustments the workplace could make to assist the employee to perform the inherent requirements of their substantive position
 - whether or not disclosing the information in your report to the employee might be prejudicial to the employee's mental or physical health, or wellbeing

3. *(Include only if relevant and amend with a tailored and direct question)* Based on the information provided, are there any workplace factors that may adversely affect the employee's mental or physical health or wellbeing?

Rehabilitation questions *(delete if not applicable)*

4. If applicable, when will the employee be able to commence a graduated return to work?
5. Please provide advice in relation to the requirements of the employee's graduated return to work program, including:
- the number of hours and days per week the employee will initially be able to work, and when this workload should be increased
 - the medical restrictions to be taken into consideration when identifying appropriate suitable duties for the employee
 - when you anticipate these restrictions will resolve to enable the employee to increase their hours or duties
 - how long you anticipate it will take before the employee will be able to resume their full hours and full duties.
6. Does the employee have a permanent disability as a result of their medical condition?

If so, what adjustments and supports would you recommend the agency consider implementing to assist the employee to undertake the duties of their position?

Medical redeployment and ill health retirement questions *(delete if not applicable)*

7. Do you believe the employee will be unable to perform the duties of a [insert position title] at [insert location of position] either permanently, or for the foreseeable future? If so, please provide your reasons.
8. Would the employee currently be able to work satisfactorily in any other form of employment? If so, what medical restrictions, adjustments and supports need to be considered when identifying appropriate alternative work?
9. Is the employee totally and permanently incapacitated? Note that an employee is taken to be totally and permanently incapacitated if, because of a physical or mental illness, injury or disability, they are unlikely ever to work again in a job for which they are reasonably qualified by education, training or experience, or could be so qualified after retraining.

Consider the following points when addressing this question (though it is not necessary to directly address each of the below in your response):

- *Could the employee be rehabilitated to a condition where they are able to carry out their former position, or its equivalent with any employer.*
- *Could the individual work modified duties or reduced hours?*
- *Could the individual be trained for any other position, with any employer?*

Investigation, conduct and/or performance management questions *(delete if not applicable)*

This section is to be used where clarification/confirmation is required around the employee's capacity to:

- *meet appropriate standards of behaviour in the workplace*
- *be subject to appropriate performance management activities; and/or*
- *participate in any investigation processes*

Questions should be tailored to be specific to the circumstances of the individual employee and should provide as much background information/context as possible. One example question is provided below. You are encouraged to modify this question to best suit the employee's individual circumstances and any further open ended questions should be avoided.

10. Based on your assessment of [insert employee's name], is [he/she] medically fit to comply with expected workplace behaviours set out in the ACT Public Services Code of Conduct, Values and Signature Behaviours and Section 9 of the Public Sector Management Act 1994 (attached)?

Background information

The following information is provided to assist in your examination of [insert employee's name]:

- relevant background information, including a chronology of relevant events, performance, current absence and connection with suspected medical issues (**Attachment 1**)
- an explanation of the employee's role and requirements of their position, including [insert relevant supporting documents - position description and/or workplace assessment report and/or work levels standards/classification schedule, code of conduct and s9 PSM Act (if relevant)] (**Attachment 2**)
- previous medical reports [insert dates of relevant medical reports and the medical practitioner they were provided by and/or dates of medical certificates and name of medical practitioner they were provided by] (if applicable) (**Attachment 3**).

Could you please forward the report and subsequent account to me at [insert postal address] in an envelope marked "PRIVATE & CONFIDENTIAL".

Please note that your report will be provided to the employee unless you advise, with your reasons, that release of the information might be prejudicial to the employee's mental or physical health or wellbeing. If this is your advice, your report may instead be released to another doctor nominated by the employee (usually their treating practitioner).

Your report should not contain any personal or medical information of the employee that is not relevant to the questions I have asked.

If you have any queries in relation to this request, please do not hesitate to contact me by telephone on (02) [insert telephone number].

Thank you for your assistance in this matter.

Yours sincerely

[Insert name]

[Insert position – e.g HR Manager or authorised delegate]

ATTACHMENT 1

Background information

{NOTE: All information provided in the letter to the doctor is to be provided to the employee. Ensure all information provided is factual and not an opinion.}

Absence information

[Insert a summary of current absence information relevant to the requirement to submit to an independent medical examination.] For example, [insert employee name] commenced employment with [insert agency name] on [insert commencement date] as a [insert position title]. On [insert date], [insert employee name] commenced sick leave and is currently still absent from work.

{OR}

Performance information

[Insert a summary of the unsatisfactory work performance issues.] For example, [insert employee name] commenced employment with [insert agency name] on [insert date] as a [insert position]. During [insert year/month], work performance issues [including: x, y z] were identified and discussed with [insert employee name] and [x, y, z actions] were taken to address these issues, however, performance issues have continued.

{AND}

Evidence relied on to support reasonable suspicion that mental or physical illness or disability is the cause

[Insert a chronology of incidents or evidence that support a suspicion the employee has a mental or physical illness or disability. Describe the impacts this has had on work (show why the suspected illness or disability is thought to have adversely affected the employee's work performance or current absence).

Also identify the supports/actions that the agency has implemented and any outcomes of those. Include details of any information from medical certificates, etc...]

[Include any additional information contained in the Reasons for Requiring the employee to submit to the medical examination, provided to the employee.]

ATTACHMENT 2

[Insert explanation of employee's role and position requirements, Position Description and/or workplace assessment report and/or work levels standards/classification schedule]

ATTACHMENT 3

[Insert previous medical assessment reports and/or medical certificate/s here if applicable]