

## Schedule 2: Description of Service requirements

As a minimum, applicants and Service Providers should be capable of meeting the following requirements, although Agencies may negotiate other arrangements as part of the Agency Agreement. If the Agency Agreement provides for different requirements than those set out in this Schedule, then the requirements in the Agency Agreement with respect to service requirements are to be followed.

### Tier One: Employment related medical assessment services (Core)

#### Medical assessments

Medical assessments are requested by an Agency to determine if an employee of the Agency is fit to safely carry out the inherent requirements and demands of the role they are employed to do or to which they have been assigned; and to identify if any adjustments are required in the workplace to enable the employee to safely return/remain at work.

As part of the Agency Referral an Agency will provide the Service Provider with:

- the Agency Referral for Medical Services form (Form 1 in Schedule 4 of the Scheme Conditions) signed by a duly authorised person containing the basis for referral of an employee and contact details for the employee and Agency;
- detailed description of the inherent requirements and demands of the employee's role;
- outline of what health-related condition, if known, is or may be affecting the ability of the employee to perform the inherent requirements and demands of their role;
- factual description of how the health-related condition is affecting or may affect the ability of the employee to perform the inherent requirements and demands of their role;
- specific questions for the medical assessor to answer in relation to the employee's capacity and capability to perform the inherent requirements and demands of their role; and
- details of previous referrals and outcomes.

#### *Additional medical information*

An Agency or the employee (the subject of the Agency Referral) may provide supplementary information to the Service Provider after the referral and before the appointment for assessment. Where possible, information from the Agency will be provided to the Service Provider, with copies to the employee, no less than five (5) business days before the medical assessment.

At the medical assessment, the medical assessor will discuss and confirm with the employee whether the referral documentation provided to date by the Agency and employee is complete. The employee may provide further medical reports or information, where available, to the medical assessor at the examination, or within three (3) business days following the examination as agreed with the medical assessor, for inclusion in the medical report.

The medical assessor will consult with the Agency on proposed action where new medical evidence provided by the employee may warrant re-examination of the employee.

### *Medical assessment report*

The report is to:

- be written in plain English and use accepted medical terminology;
- indicate the employee's confirmation (or otherwise) that all available and relevant medical information has been provided to the medical assessor;
- list all materials or documents reviewed, specifying whether they were provided by the Agency and/or by the employee;
- identify all facts relied upon; the relevant medical history; examination findings; and the medical reasons for the conclusions contained in the report;
- provide an assessment of the employee's ability to safely undertake the inherent requirements and demands of the position;

The possible assessment outcomes are:

- Fit to undertake the inherent requirements and demands of their role;
- May safely continue to work with work/workplace adjustments, restrictions and/or a rehabilitation program;
- Temporarily unfit but is likely to become fit to safely return to normal duties within an approximate time frame or date;
- Temporarily unfit but is likely to become fit to safely return to modified or alternative duties within an approximate timeframe or date;
- Permanently unable to carry out the inherent requirements and demands of their role; or
- Permanently unfit for any duties.
- answer all the Agency's question(s) and include other information elicited during the examination that is relevant to those questions;
- provide recommendations for rehabilitation and/or work adjustments, where required, and the medical basis for those recommendations; and
- include any other information and/or advice sought by the Agency in relation to the employee's fitness for duty.

The medical assessor will complete the medical report within seven (7) business days after the medical assessment. If additional information is supplied by the employee within three (3) business days after the medical assessment, the medical report should be completed within ten (10) business days after the medical assessment.

### *Post- assessment advice*

Agency representatives may contact the Service Provider or their Personnel to:

- discuss the assessment;
- seek clarification on the medical report or its recommendations; and/or
- follow up on questions referred to the medical assessor which has not been answered.

A *supplementary report*, which provides further written advice or clarification may be sought by the Agency. The report should be provided to the Agency within three (3) business days after the request, unless a different timeframe is agreed with the Agency. This may be at an additional cost to the Agency.

The Service Provider or their Personnel must not disclose any other health information to third parties without the employee's written consent, and in accordance with the requirements of the privacy laws.

#### *Re-issue of a medical report*

Where a medical report contains an error, the Agency may request that the medical assessor clarify and correct the report at no extra cost. Such requests are to be made in writing, with the corrected report to be provided within three (3) business days after the request, or within a timeframe agreed with the Agency.

#### *Conflict of interest*

The medical assessor undertaking the assessment must perform their function in an impartial and professional manner. They must notify the Service Provider if they know the employee referred to them, or the referrer, and the circumstances of the relationship. On the basis of the information provided the Service Provider will determine whether another assessor will be nominated to conduct the assessment.

#### *Independence, quality and transparency of medical assessments*

The Service Provider must ensure that all medical assessments are conducted by Service Provider Personnel (including contractors and sub-contractors) who are appropriately qualified and comply with relevant professional and ethical guidelines. This includes the Medical Council of New South Wales policy, *Medico-Legal Guidelines*, and the Australian Medical Association's (AMA) *Ethical Guidelines for Conducting Independent Medical Assessments 2010*, as amended or replaced from time to time, where appropriate.

#### *Administration of referrals for medical assessment*

The Service Provider will:

- acknowledge receipt of the Agency Referral for Medical Services form (Form 1 in Schedule 4 of the Scheme Conditions);
- check that referral information received is complete and triage the referral to ensure it is assigned to the most appropriate medical assessor;
- contact the employee and arrange an appointment for a medical assessment within five (5) business days after receipt of the referral;

When arranging the appointment, the Service Provider will advise the employee that further medical information may be submitted by the employee for the assessment within three (3) business days after the medical assessment.

Where contact cannot be made with the employee, the Service Provider will liaise with the Agency to arrange the appointment with the employee. If an appointment cannot be arranged with the employee within ten (10) business days after the Agency Referral the Service Provider may close the file and return the referral to the Agency.

- provide the Agency with the details of the appointment via email;
- ensure that all medical information provided by the referring Agency or the employee is provided to the medical assessor assessing the employee;
- oversee all medical reports according to the Service Provider's standard procedures to ensure Agency questions have been answered, and that report recommendations are medical evidence based;

- send completed medical reports to the Agency and employee within seven (7) business days (or ten (10) business days where additional information has been provided by the employee) after the medical assessment;<sup>1</sup>
- co-ordinate responses to Agency requests to the medical assessor where further clarification or information is sought by the Agency; and
- manage records according to the Standard Form of Agreement.

### **Administrative support to the Review Panel**

An employee may request an independent review of a medical assessment performed by the Service Provider.

The review will be conducted by a three (3) member panel selected by the Public Service Commission that includes a senior occupational physician who did not undertake the primary medical assessment of the employee. The other two (2) panel members will be determined on the basis of their clinical management and occupational health knowledge, public sector management skills and knowledge of the principles of advocacy and natural justice (Review Panel).

The Service Provider's role is to administer employee requests for review to be undertaken by the Review Panel.

The Service Provider is to:

- process requests for review of medical assessment from employees, including assessing requests for review against set criteria. Requests for review must be assessed, and the employee and Agency notified of the outcome and/or review date, within three (3) days after receipt by the Service Provider;
- prepare and distribute all medical information received by the Service Provider, including any medical information which the medical assessor had access to but did not use, to all three (3) members of the Review Panel tasked with undertaking the review;
- undertake post-review administration, including distribution of Review Panel correspondence to the employee and their Agency; and
- manage questions and requests for clarification to the Review Panel.

*For each request for review the Service Provider is to:*

- receive and acknowledge receipt of the request;
- advise the employee's Agency, where the request has not been referred by the Agency; and
- assess the request against the criteria for review.

#### Criteria for review

Employees may request a review of a medical assessment subject to them submitting their request (Form 4 in Schedule 4) to the Service Provider within twenty-one (21) days after the final medical assessment report, **and** on the condition that:

- relevant information about their medical condition was available and offered but not considered at the time of assessment; and/or

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<sup>1</sup> In circumstances where the Service Provider believes that giving the employee access to medical information may pose a serious threat to their life, health or safety, the Service Provider should advise the Agency and take reasonable steps to give the employee access through an agreed intermediary, such as their treating medical doctor.

- the reasons for the nominated medical assessor's recommendation were not consistent with the available information.

Additional documentation supporting the basis of their request can be provided by the employee closer to the date of the Review Panel meeting.

**NOTE**

1. Additional documentation means treating doctor and/or specialist reports **that were available at the time of the initial assessment** but not considered, or evidence that the nominated medical assessor's recommendation/s were not consistent with the available information. Reports from treating doctors or specialists and other medical information which was created or came into existence **AFTER** the initial assessment are out of scope and will not be considered by the Review Panel in making its decision.

**Refusal of consent to access treating doctor/specialist at the medical assessment**

A request for review will be rejected where an employee has not granted the medical assessor's request to access their treating doctor or specialist at the time of the initial medical assessment and subsequently lodges a request for review which provides access to, relies upon or refers to the views of their treating doctor or specialist. The rejection will be on the basis that this information was available at the time of the original assessment but was not offered and accordingly the initial assessment was restricted due to the actions of the employee.

2. The review is limited to an examination of the appropriateness of the medical assessment, associated recommendations, and process of the assessment by the medical assessor.
3. Information not related to the medical assessment, including any information related to administrative or industrial relations disputes, will **not** be considered by the Review Panel as part of the review process.

In this circumstance the employee will have the requesting documentation returned with notification that the information submitted is not within the agreed scope of the review process. The employee will be instructed to contact their Agency for advice as to the more appropriate forum or processes for consideration of such material.

Extension of 21 days

An employee may make a written request to the Service Provider for an extension of the review period provided that written request is made within the specified 21 calendar days after the final medical assessment report. The request will be sent by the Service Provider to the Review Panel Chair (Panel Chair) by email within 24 hours after receipt. On receipt of the Panel Chair's decision, the Service Provider will advise the employee using Template 1 Review Panel letter -Time extension in Schedule 4 (Standard forms and templates).

*If the request does not meet the criteria for review the Service Provider is to:*

Return any request for review that does not meet the criteria for review to the employee with written notification setting out the criteria which have not been met.

*If the request meets the criteria for review the Service Provider is to:*

- notify the employee and the Agency of the review date within 3 business days after receiving the request;
- prepare a summary of the case using Template 2 Review Panel Case summary and meeting report in Schedule 4 (Standard forms and templates); and
- provide the following to the Review Panel no later than five (5) business days before a scheduled meeting:
  - Template 2 Review Panel Case summary and meeting report for each request/employee;
  - Agency's original referral documents;
  - any additional information provided for the medical assessment by the employee or Agency; and
  - a copy of the employee's request and accompanying documents.

The Panel Chair will record the panel's decision (consistent/partially consistent/ not consistent with the medical assessment outcome and recommendation) and recommendations for suitability of the employee returning to work and any workplace/practice modifications on Template 2 Review Panel Case summary and meeting report. The form will be returned to the Service Provider to:

- draft the outcome letter (Template 3 Review Panel letter - Outcome);
- send draft letters to the Panel Chair for review and signature (letters may be amended as necessary);
- distribute signed letters to employees and their respective Agency within seven (7) business days after the review, or ten (10) business days if additional information is required by the Review Panel Chair; and
- keep on file as reference.

#### *Review Panel recommendation for further assessment*

Where the Review Panel recommends an employee for further assessment for capacity the Service Provider should seek the Agency's approval before proceeding to make any arrangements for any further assessment. The Agency may make those arrangements or request the Service Provider to do so. This will be negotiated between the Agency and Service Provider. Template 4 Review Panel letter - Further assessment is used where the Service Provider has been asked to arrange further assessment.

#### *Request for clarification of a decision*

An Agency may write to the Service Provider requesting clarification of a decision made by the Review Panel. The Service Provider will forward the request to the Panel Chair with any additional information the Service Provider considers relevant to the request.

The Panel Chair will provide advice and information to the Service Provider to prepare a response to the Agency's request. The response should be provided to the Agency within five (5) business days after the Service Provider receiving the request.

Copies of all correspondence and decisions of the Review Panel should be kept on file.

Forms and template letters set out in Schedule 4 (Standard forms and templates) are available in electronic format in [www.ProcurePoint.nsw.gov.au](http://www.ProcurePoint.nsw.gov.au)

### *Personal/legal representation*

The review will be conducted on the documents submitted. An employee is not permitted to make a personal or legal representation to the Service Provider or Review Panel as a means of submitting evidence to be considered by the Review Panel.

Additional requirements may be negotiated with individual agencies. These will be outlined in the Agency Referral.

### **Medical certificate validation**

The purpose of medical certificate validations is to determine if a valid medical certificate has been issued by clarifying details with the issuing medical practitioner; and providing advice on whether the period of absence recommended by the issuing medical practitioner is appropriate for the condition stated in the medical certificate.

An Agency Referral for Medical Services form (Form 1 in Schedule 4) will be accompanied by the employee's leave application and medical certificate.

Without limitation, the following recommendations may be made:

- an acceptable medical certificate has been provided for the purposes of assessing sick leave;
- several medical certificates have been provided and are from various medical practitioners. It is recommended that future absences be monitored and that all future medical certificates be provided from the same medical provider;
- the sick leave for this individual is considered significant. This should be, or continue to be monitored. If absences continue, recommendation is to refer for a medical assessment; or
- it is recommended that this employee be referred for a medical assessment.

### **Pre-employment and periodic health assessments**

Pre-employment and periodic health assessments determine a potential employee or appointee's ability to perform the inherent requirements and demands of a role, and to identify any health issues that may impact on their ability to safely perform the inherent work tasks.

Health assessments are for the following purposes:

- investigate identified health issues when declared on an employment health declaration;
- identify any risks associated with an existing employee applying for an internal transfer to a role which has significantly different physical and/or psychological demands from their current role; and
- investigate an employee's health when the employee is applying for a role which they already perform but with a change in the status of their employment, for example changing from casual to ongoing.

An Agency will request such health assessments using Form 1 – Agency Referral for Medical Services in Schedule 4.

**The standard pre-employment and periodic health assessment** must include the following procedures and checks:

- full occupational and medical history;

- medical examination;
- comprehensive musculoskeletal assessment;
- height, weight, urinalysis, blood pressure/general cardiac and visual acuity testing; and
- discussion with candidate.

Options that may be added include:

- respiratory function test (spirometry);
- ECG;
- audiometry assessment;
- chest x-ray;
- VDU eye testing;
- drug and alcohol screening;
- occupational vaccinations; and
- transport safety medicals.

Other options may be negotiated with the Agency.

All work must be quality reviewed by the Service Provider. Where necessary the Service Provider will consult an Occupational Physician where there are issues determining a person's ability to perform inherent requirements of a role.

Assessment appointments will be confirmed and the referring Agency notified of appointment dates within two (2) business days after receipt of the request.

The Service Provider should provide the examinee with information and any specific instructions (e.g. to bring glasses for visual assessment) about the assessment.

On the day of the appointment, the Service Provider will check the employee's identification, undertake the pre-employment or periodic health assessment and determine the outcome.

The Service Provider will advise the Agency of the assessment outcome via secure email, within two (2) business days after the assessment.

#### **NOTE**

The Service Provider should advise an Agency where the triage process indicates that a request would more appropriately be undertaken as a fitness for duty assessment.

## **Tier Two: Other employment related medical services (Optional)**

The following employment related medical and health services may be requested by agencies:

- Functional capacity assessment and advice;

The purpose of functional capacity assessments are to:

- determine an employee's ability to meet the inherent functional requirements and demands of their pre-injury or prospective role; and/or
- assist agencies with the employee's recovery and/or return to work.



This service includes Return to Work assessments and advice.

- Vaccinations;
- Drug and alcohol testing; and
- Employee health and wellbeing programs.

Specific requirements in relation to these Services should be negotiated between Agencies and Service Providers and set out in the Standard Form of Agreement.

## **Standard documents**

The Public Service Commission will provide templates for standard documents for the Service Provider's use. These are listed in Schedule 4 (Standard forms and templates) and are available from [www.procurepoint.nsw.gov.au](http://www.procurepoint.nsw.gov.au)