He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Vocational Medical Services

Operational Guidelines

July 2024

These operational guidelines should be read in conjunction with the:

- Standard Terms and Conditions document; and
- Vocational Medical Services Service Schedules (‘your contract’).

The services you provide must comply with your contract. Where there are any inconsistencies between the operational guidelines and the Service Schedule, the Service Schedule will take precedence.

This is a living document and will be updated as needed - the latest version will be available on the ACC website at www.acc.co.nz.

ACC will consult with Suppliers if substantial changes to this document are proposed.

Useful contacts and telephone numbers

Your role in undertaking Vocational Medical Services on ACC's behalf is likely to involve contact with several of our teams. Here are their contact details.

ACC Provider Contact Centre	Ph: 0800 222 070	Email: providerhelp@acc.co.nz
ACC Client Helpline	Ph: 0800 101 996	
Provider registration	Ph: 04 560 5211	Email: registrations@acc.co.nz
ACC Digital Operations eBusiness	Ph: 0800 222 994 [Option 1]	Email: ebusinessinfo@acc.co.nz
Health Procurement: Contract Administrator and Health Procurement Specialist	If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team: Email: health.procurement@acc.co.nz	
Engagement and Performance Managers	Engagement and Performance Managers can help you to provide the services outlined in your contract: Contact Provider Contact Centre or go to the ACC website - contact our provider relationship team for details of the Engagement and Performance Manager in your region	
ACC Website	For more information about ACC, please visit: www.acc.co.nz	
ACC Portfolio Team	For any questions on the VMS service for the Portfolio Manager and/or Portfolio Advisor, email medicalassessments@acc.co.nz	

Contents

1. Introduction

Welcome to the Vocational Medical Services Operational Guidelines. The purpose of this service is to provide clinical leadership, timely and responsive clinical advice, and support to a Client through their vocational rehabilitation journey working with a range of stakeholders including the Client's GP, employer, Vocational Rehabilitation Supplier (VOC) and ACC. This document has been written to aid you with:

- understanding the requirements for undertaking each of the different components of VMS
- ensuring that there is consistency in completing assessments and writing reports
- information that provides context for VMS and how these services relate to rehabilitation for our Clients.

These operational guidelines should be read in conjunction with the Standard Terms and Conditions and the Vocational Medical Services Service Schedule ('your contract'). Your medical assessments must comply with the contract. Where there are any inconsistencies between the operational guidelines and the contract, the contract will take precedence.

ACC will update these guidelines as required and they will be available on the ACC website at www.acc.co.nz.

2. The service philosophy of Vocational Medical Services

Vocational Medical Services are designed to support ACC's vocational rehabilitation philosophy. The philosophy of the Vocational Medical Services is:

a. **Support and advice through the rehabilitation journey**: using clinical experts to offer support and advice at the right time through the rehabilitation journey to ensure a safe and prompt return to work.

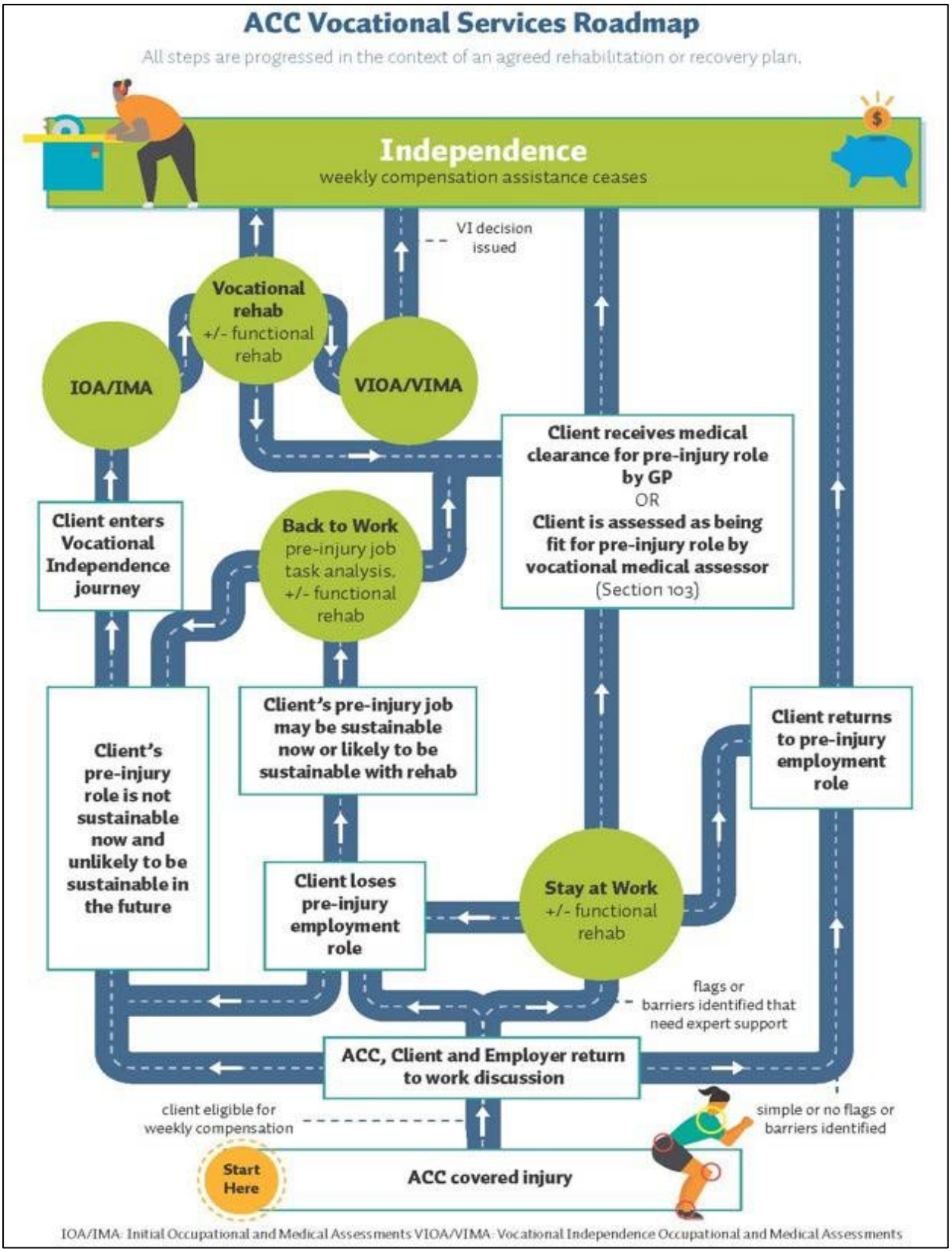
b. **Provide flexibility**: by tailored support and advice to Clients.

c. **Be responsive:** providing services promptly throughout a Client's rehabilitation journey.

d. **Encourage teamwork:** by actively fostering good working relationships between health professionals – ensuring Clients experience a single clear direction in their vocational rehabilitation.

e. **Promote openness and transparency:** by ensuring the purpose, processes, and outcomes of VMS are communicated and delivered in an open and transparent way to Clients.

f. The Vocational Medical Services fit within the **Vocational Independence (VI) Pathway** as demonstrated below:


ACC Vocational Services Roadmap
All steps are progressed in the context of an agreed rehabilitation or recovery plan.
Independence
weekly compensation assistance ceases
VI decision issued
Vocational rehab
+/- functional rehab
IOA/IMA
VIOA/VIMA
Client receives medical clearance for pre-injury role by GP
OR
Client is assessed as being fit for pre-injury role by vocational medical assessor
(Section 103)
Client enters Vocational Independence journey
Back to Work
pre-injury job task analysis,
+/- functional rehab
Client's pre-injury role is not sustainable now and unlikely to be sustainable in the future
Client's pre-injury job may be sustainable now or likely to be sustainable with rehab
Client returns to pre-injury employment role
Client loses pre-injury employment role
Stay at Work
+/- functional rehab
flags or barriers identified that need expert support
ACC, Client and Employer return to work discussion
client eligible for weekly compensation
simple or no flags or barriers identified
Start Here
ACC covered injury
IOA/IMA: Initial Occupational and Medical Assessments VIOA/VIMA: Vocational Independence Occupational and Medical Assessments

3. ACC's obligations under the Accident Compensation Act 2001 (AC Act 2001)

The AC Act 2001 describes ACC's responsibilities regarding who can receive vocational rehabilitation following personal injury and what the extent of this rehabilitation should be.

Vocational rehabilitation aims to return the Client:

- in the first instance to their previous employment - maintain employment; or
- the closest possible equivalent – obtain employment; or
- prepare the Client for employment that matches their experience and training before injury as closely as possible - regain employment or achieve Vocational Independence.

4. The Individual Rehabilitation Plan (IRP) / Recovery Plan

The IRP is required by the AC Act 2001. It is used to document the agreed and planned activities that have been negotiated in partnership between the Client and ACC. It is signed by both the Client and ACC and is binding.

It is an integral part of the Client's vocational rehabilitation and vocational independence journey. It is a record of the vocational rehabilitation plan agreed, completed and is one of the documents required to be supplied and considered when you complete an Initial Medical Assessment (IMA) and a Vocational Independence Medical Assessment (VIMA).

Regarding the vocational independence process, the IRP should document:

- a clear rehabilitation outcome.
- the work types identified as medically sustainable or likely to be sustainable.
- all agreed medical rehabilitation recommendations from the IMA, or other medical reports.
- all agreed vocational rehabilitation recommended from the Initial Occupational Assessment (IOA) or other vocational assessments to overcome barriers to proposed work types.
- the rehabilitation activities that have been completed and/or a clear s explanation why some rehabilitation activities have not been completed (if applicable).

The IRP document is updated throughout a client's rehabilitation. All rehabilitation activities on the IRP should be completed before the Client is assessed for a VIMA.

If, during vocational rehabilitation it appears the Client will be unable to return to their previous employment, ACC must provide appropriate assessments to determine the Client's vocational rehabilitation needs.

An objective of the IRP process is to ensure that comprehensive vocational rehabilitation has been provided.

5. Vocational Rehabilitation and Vocational Independence

Following completion of the rehabilitation recommendations arising from the Initial Medical Assessment, ACC can assess whether the Client is 'Vocationally Independent' as described in Sections 107 to 113 of the AC Act 2001. See Appendix I for links to the AC Act 2001.

Vocational Independence is defined in the AC Act (section 6(1)) as the Client's capacity, as determined under section 107, to engage in work:

a. for which they is suited by reason of experience, education, or training, or any combination of those things; and

b. for 30 hours or more per week.

Under section 107, part of the determination of a Client's vocational independence is an assessment by a suitably qualified medical practitioner of the Client's capacity to work for 30 hours or more per week in one or more of the types of work identified in the Vocational Independence Occupational Assessment.

The table below shows the **order** the assessments are undertaken and their purpose. Vocational Medical Services are highlighted in **bold**:

Order	Assessment	Purpose
*Individual Rehabilitation Plan/Recovery Plan created and agreed rehabilitation undertaken (may include Vocational Rehabilitation Services with supporting **Vocational Rehabilitation Review or Vocational Medical Assistance** if required).*		
1	**Initial Occupational Assessment (IOA)**	This assessment identifies the types of work that may be appropriate for the Client because of their previous work experience, training, and education.
2	**Initial Medical Assessment (IMA)**	An assessment to determine whether the types of work identified in the IOA are, or are likely to be, medically sustainable for the Client. If work types are not currently sustainable, please provide rehabilitation suggestions for making them medically sustainable. If the work types are currently medically sustainable without the need for rehabilitation, then you should indicate this.
*Individual Rehabilitation Plan/Recovery Plan updated and agreed rehabilitation undertaken (may include Vocational Rehabilitation Services with supporting **Vocational Rehabilitation Review or Vocational Medical Assistance** if required).*		
3	**Vocational Independence Occupational Assessment (VIOA)**	To consider the progress and outcomes of the vocational rehabilitation under the individual rehabilitation plan; and whether the types of work identified in the initial assessment or any new work types are suitable for the Client.
4	**Vocational Independence**	The purpose of the VIMA is to provide an opinion as to whether, having regard to the Client's personal injury, the

	Medical Assessment (VIMA)	Client's vocational rehabilitation is complete and they have the capacity to undertake any type of work identified in the occupational assessment, and reflected in the Client's individual rehabilitation plan.

6. Service outcomes of Vocational Medical Services

The diagram below shows how a VMS Supplier will influence the Clients' vocational independence pathway.

7. Overview of the services

Vocational Medical Assistance (VMA)

A referral for a VMA will be initiated when expert advice is required to identify and address barriers to rehabilitation. It is designed to provide flexible, responsive advice tailored to each Client's needs. This service should be delivered promptly.

There are two components to Vocational Medical Assistance: Liaison Services and Case Conferencing.

Five sessions are pre-approved. Any additional sessions will need a purchase order from ACC.

When the service is used

Liaison

Liaison support is a flexible service aimed at providing responsive problem solving or advice. It can be provided by a VMS assessor who may or may not have examined the Client. Liaison support may be provided by phone or email. Examples of VMS Liaison include:

- answering questions of a general nature asked by a GP, VOC provider or ACC about how a medical condition or injury relates to the functional requirements of a particular occupation for a Client
- working with a GP, VOC provider or ACC to discuss or get clarification on aspects or questions from an assessment report that the provider has completed (VRR, IMA, VIMA). Note: this does not include discussions with ACC about completeness or quality issues of a recently submitted report.
- answering questions by a GP, VOC provider or ACC on the need for, or appropriateness of, a specific rehabilitation intervention for a Client.

Liaison support may include multiple correspondences related to a single request.

In addition to providing the advice, you'll need to collect information to be able to invoice for the liaison service. The conversations need to be documented and linked to an approved ACC claim eligible to receive vocational rehabilitation for the invoice to be paid. This could be via an email follow-up. A record of the conversation then needs to be sent to ACC. Refer to section 13 (Reporting) and section 16 (Invoicing) for more information.

Case conference

Case conferencing is another flexible service which enables relevant providers involved in a Client's rehabilitation to gain a shared understanding of the best way to support the Client's rehabilitation programme.

Please note: You must have assessed the Client previously - either for a Vocational Rehabilitation Review (VRR), IMA, or VIMA if Vocational Independence has not been achieved before a case conference takes place.

Some examples of situations where case conferences can be used are:

- to address concerns or identify issues that might prevent the successful completion of a Vocational Rehabilitation Service or other rehabilitation programme, when concerns about symptoms prevents participation.

- where vocational rehabilitation has stalled and a discussion with the team may clarify any misunderstanding about the Client's progress, helping to regain traction on the programme and build confidence.
- post IMA or VIMA engagement with the Client where there is disagreement or clarification required by the Client or their treatment providers on the report.
- post VIMA where a Client can work fewer than 30 hours per week and it would be useful to provide advice about occupational options.
- as a follow-up meeting with a Client, ACC, VOC provider, and employer where the VMS assessor participating in the case conference has previously provided a VRR or IMA that recommended a VOC programme.
- to discuss what the next steps are for Clients not able to achieve Vocational Independence.

When and how a Client will be referred to you

Liaison service:

- These types of referrals should be straightforward and not require an in-depth assessment. Referral can be direct from the Client's GP, VOC provider, or ACC.
- When accepting a liaison referral, the VMS assessor should ask if the referrer has previously sought advice from another VMS assessor. This is important to ensure there is continuity of advice for the Client.
- Depending upon the request, the VMS assessor may suggest that the referrer go back to the previous VMS assessor if this is more appropriate than referring to a second VMS assessor.

Case conference:

- Referral for case conference can also be initiated by the Client's GP, VOC provider, or ACC. *Remember, you can only accept a case conference referral if you have assessed the Client previously for a VRR, IMA or VIMA if Vocational Independence has not been achieved before a case conference takes place.*
- These referrals should also be straightforward.

Summary of the referral process for Vocational Medical Assistance services:

Provider	Service component	Referral scenario
GP	**Case conference**	• GP indicates on eACC18 that additional support is needed ACC makes the arrangements *or* • A phone call or email is received from GP requesting case conference support. You contact ACC to facilitate case conference arrangements. ACC contacts the Client's VOC provider (if applicable), and the Client, to arrange the appointment details.

	Liaison	The GP contacts you by email or phone. Confirm with the GP that the Client has an accepted ACC claim and is eligible to receive vocational rehabilitation from ACC. If it's unclear whether this is the case, contact ACC to confirm before providing the service.
Vocational Rehabilitation Services (VOC) Provider	**Case conference**	The VOC provider contacts you to arrange an appointment for a case conference and the VOC provider coordinates the arrangements with ACC, the Client, and their GP (if applicable).
	Liaison	The same process applies as when a GP contacts you for liaison.
ACC	**Case conference**	Referral sent directly to you. ACC will coordinate the arrangements for the case conference.
ACC	**Liaison**	ACC contacts you by email or phone. They give you the claim number for you to invoice against and send to ACC.

If a Referral is declined, you must notify ACC by email within three (3) business days of the Referral being received.

Vocational Rehabilitation Review (VRR)

The VRR is an assessment and report used to assist people returning to work after an injury. VRR can be used to assist a Client's rehabilitation where medical aspects of 'Fitness for Work' are unclear and/or rehabilitation has stalled, and to clarify a diagnosis.

Although the benefit of this service is to provide early intervention, the VRR can be done at any point in the Client's vocational rehabilitation and up until they begin the Vocational Independence Assessments.

Support during vocational rehabilitation

The VRR service is designed to be a solution to a situation where:

- momentum and confidence in the rehabilitation journey has been lost.
- medical leadership is required to restore a team approach.
- a clearly defined medical opinion on fitness for work is required.

It's intended that the VRR service complements the work of any Vocational Rehabilitation Service (VOC) being delivered concurrently. The VRR could take place alongside either a Stay at Work, Back to Work or Pathways to Employment VOC programme.

The Stay at Work service aims to return a Client back to their pre-injury employment.

The Back to Work service aims to support a Client into new employment in a role that has been assessed as being medically safe and sustainable for that Client to undertake.

The Pathways to Employment service is for Clients with complex needs who are expected to

achieve one or more of the outcomes under a Stay at Work or Back to Work service.

Examples of when the VRR could be used for these services:

- during a Stay at Work service there may be a difference in opinion between the VOC provider, GP or certifying medical practitioner about the proposed return to work plan and clarification from someone with occupational expertise is required.
- during a Back to Work service, the Client is experiencing an increase in their pain levels and a medical assessment is required to determine if a work trial is safe to continue.

ACC will refer for a standard VRR or a complex VRR.

The criteria for a complex VRR are as follows:

- A Client whose case relates to a Serious Injury; or
- A Client whose case relates to a Serious Injury; or
- who have a covered Sensitive Claim; or
- covered injury is a moderate to severe traumatic brain injury; or
- claim older than 6 months at the time of referral; or
- unable to return to their pre-injury role.

To ensure the service is readily available and easy for ACC and GPs to access, it's designed to be a brief clinical assessment with a rapid turn-around time.

The service is not designed for Clients with complex diagnostic issues. However, the history and examination are aimed at providing information on the diagnosis and the bio-psychosocial model will help to inform the assessment and recommendations.

Certification

A key aspect of the service is to accurately describe the Client's fitness for work. Part of a VRR may be for assessing a Client's suitability for a return-to-work programme. This could include providing medical certification that identifies restrictions, and details on fitness for work so that the Client can safely undertake the programme. Certification following a VRR would only happen where the Client doesn't have a current certifying provider.

Who refers a Client to you for a VRR

The table below indicates the different ways that a referral for a VRR may be made to you:

Provider	Referral scenario
GP via ACC	GP indicates the need for assistance in the form of a VRR on the eACC18 medical certificate to ACC. ACC arranges a referral to you and keeps the GP informed of arrangements. ACC contacts the Client's VOC provider (if applicable) and the Client to arrange appointment details.

GP Direct	The GP contacts you directly to refer for a VRR. When accepting a direct referral from a GP, please ensure that you have been provided with the relevant information to be able to conduct the assessment, including an ACC claim number and current ACC18 medical certificate.
Vocational Rehabilitation Services (VOC) Provider	Referral sent directly to you by the VOC provider. Invoice sent to ACC following the delivery of the service. The VOC provider is responsible for contacting ACC and the Client's GP to let them know a referral for an assessment has been made. **Note:** the VOC provider can ask for up to three VRRs before seeking approval from ACC.
ACC	Referral sent directly to you with the Client's consent and relevant supporting information. If the Client is receiving a VOC programme then it is ACC's responsibility to contact the VOC provider and GP to let them know the assessment is taking place.

Initial Medical Assessment (IMA)

The purpose of the IMA is to assess whether the types of work identified in the Initial Occupational Assessment (IOA) are, or are likely to be, medically sustainable for the Client. The IMA forms part of the vocational rehabilitation journey and happens after an IOA. The referral will always come to you from ACC.

These assessments should comment on any factors which could affect the Client's ability to engage in each of the identified work types. The work types able to be considered are those identified in the IOA.

If work types are not currently sustainable then you should provide reasoned rehabilitation suggestions that would lead to these work types becoming medically sustainable. If the work types are currently medically sustainable without the need for rehabilitation, then you should indicate this.

Any recommendations from your assessment on further medical treatment, rehabilitation or other options should be clearly outlined in your report.

If a Client has had a VRR before their IMA then the preference, where possible, is for the same assessor to undertake the IMA because:

- you've likely already been able to establish rapport with the Client;
- you have the benefit of having assessed the Client previously, so have knowledge of the Client's personal injury history and the rehabilitation challenges they're dealing with.

Section 103 Assessment and Reports – Return to pre-injury employment

ACC may request your opinion and recommendations to determine the Client's ability to return to their pre-injury employment. This may occur at any time during a Client's rehabilitation.

This question is addressed in the AC Act 2001 under Section 103.

This request asks you to consider the question of whether the Client is unable, because of their personal injury, to engage in employment in which they were employed when they suffered the personal injury.

ACC requests that you consider whether the Client has sufficiently recovered from their injury to be able to substantially engage in their pre-injury employment.

This is a very specific consideration that relates to the work the Client did at the time of their injury and their ability to perform that work. In this context, the definition of 'substantially engage' is usually taken to mean all the essential tasks of the role and most of the day-to-day tasks.

Please see Appendix II which provides reporting guidelines

Where there are other non-injury related factors that are considered the primary reason for the Client not being able to return to work this should be indicated when writing the report. Refer to section 8 considerations during the assessment, for guidance.

Examples:

- a fire officer **won't** be able to substantially engage with their role if they're unable to physically function to a high level while wearing oxygen breathing apparatus.
- a factory worker **will** be able to substantially engage with their role if they're able to undertake all tasks except the annual tank cleaning operation, which is not standard for all workers at the site, but they've done this for the past five years.
- a case manager with a moderate Traumatic Brain Injury **won't** be able to substantially engage their role if they're unable to manage high level cognitive tasks including listening, multi-tasking and managing a noisy environment.

If the Client's specific pre-injury role isn't sustainable given their current restrictions, we may ask you to consider their fitness for work for that 'type' of employment, as opposed to the exact role.

Again, you need a very good understanding of the Client's restrictions and a clear description of the more generic role in question.

Example:

- A baker had a specific pre-injury role working with wood fired ovens in a restaurant. After a shoulder injury, the baker could not load the wood fired oven. After rehabilitation their shoulder was strong enough for the general work type of a baker using a commercial baking oven, with loaded trays and manually preparing loaves. That is, they have fitness for work for a generic baker's role but not for the specific task of using a wood fired oven of his pre-injury role.

When this service would be used

This service may be requested at any stage during a Client's rehabilitation to determine whether they may be able to return to their pre-injury role.

Section 103 Assessment following an IMA

There may be occasions when ACC requests an s103 assessment following an IMA. Best practice in the first instance would be to refer for an s103 assessment and report. However, there are occasions when it is appropriate for the s103 questions to be requested by ACC following an IMA.

If an IMA assessment has been completed in the past month and you completed that IMA and if you accept the s103 referral, the s103 questions will be sent directly to you without an appointment being made for the Client. **ACC will notify the Client of this as you will need to contact the Client for a consultation by phone to complete the assessment (i.e. to discuss the Client's ability to engage in their pre-injury role).**

ACC will send a referral with the questions and the purchase order will include the VMS01 code but also a code for vocational medical assistance liaison (VMA01) as there will be a requirement for you to contact the Client to ensure the s103 questions have been covered. *This question is addressed in the AC Act 2001 under Section 103.*

This request asks you to consider the question of whether the Client is unable, because of their personal injury, to engage in employment in which they were employed when they suffered their personal injury.

ACC requests that you consider whether the Client has sufficiently recovered from their injury to be able to substantially engage in their pre-injury employment.

This is a very specific consideration that relates to the work the Client did at the time of their injury and their ability to perform that work. In this context, the definition of 'substantially engage' is usually taken to mean all the essential tasks of the role and most of the day-to-day tasks.

Retrospective Section 103 Assessment

There may also be times when ACC will seek a retrospective Section 103 opinion. This is most common when ACC is determining eligibility to back-dated entitlement for a specific period/s in time.

During this assessment, ACC request you consider the contemporaneous medical evidence and provide opinion as to the relevant period/s of time the client may have been unable to

substantially engage in the pre-injury employment.

Section 105 Assessment and reports

Section 105 is a specific assessment that relates to the Client engaging in work for which the Client has experience, education, or training or any combination of those things. The report addresses whether the Client sufficiently recovered from their injury to perform the requirements of any jobs identified to a satisfactory standard for at least 30 hours per week.

This assessment may be carried out for a Client who is not currently employed however they are entitled to weekly compensation, for example due to Loss of Potential Earnings (mainly Clients injured before turning 18 while still students).

These assessments are requested by ACC, and always occur after a Section 105 Occupational Assessment.

These assessments should comment on any factors which could affect the Client's ability to engage in each of the identified work types. The work types are those identified in the Occupational Assessment, and you will need to comment on all jobs provided as to whether the Client is fit or unfit for each role.

If the Client is currently unable to engage in any of the work types, then you should provide reasoned rehabilitation suggestions that would lead to the Client being able to engage in these work types.

If the Client is able to engage in the work types without the need for rehabilitation, then you should indicate this.

Where there are other non-injury related factors that are considered the material reason for the Client not being able to engage in work this should be indicated when writing the report. Refer to section 'Considerations during the assessment', for guidance.

Keep in mind that a section 105 assessment is a capacity test (like a VIMA) and *not* a report suggesting rehabilitation options, and which work types may be sustainable in the future (unless the Client is not fit for the work types).

The function of an *Initial Medical Assessment* is to make vocational rehabilitation suggestions and to determine which work types are or are likely to be medically sustainable.

When this service would be used

This service may be requested if a Client was not working at the time of their injury but qualifies for weekly compensation under the Loss of Potential Earnings provisions. ACC can request an s105 assessment to see if the Client is able to work in any capacity.

Example:

- A client was injured as a child but has since been to university, completed a commerce degree and worked for three years before becoming incapacitated by their injury. This sort of client could theoretically be assessed as being able to engage in a number of clerical and administrative work types based on their tertiary training and work experience.

Please see Appendix II which provides reporting guidelines

Vocational Independence Medical Assessment (VIMA)

The VIMA is an assessment and report used to determine:

- that comprehensive vocational rehabilitation, focused on the client's needs, has been completed
- whether the Client is vocationally independent – whether the Client has the capacity to engage in work, for which they are suited, for 30 hours per week or more.

ACC has a responsibility to ensure that all agreed vocational rehabilitation is complete before requiring the Client to undergo vocational independence assessments.

It may be evident from the information provided that a Client has not been compliant or participated fully in their rehabilitation or that the outcome of rehabilitation has not been totally successful.

However, the VIMA assessor needs to determine if the rehabilitation has been undertaken as much as possible and the Client has been given every opportunity to participate in the process. If it is noted that the Clients participation has been less than ideal with recommended rehabilitation, the assessor should enquire as to the reason(s) for that from the Client.

If during an assessment, it is found that previously recommended treatments or rehabilitation have not been provided, the assessor must note these omissions and note whether this interferes with a determination of the client's work capacity in respect of any of the job types.

It is preferable you do not undertake a VIMA if you have previously undertaken any vocational medical assessment for the Client, for example IMA/VRR as this may create a perceived conflict of interest which may compromise the integrity of the assessment process.

The VIMA is the final assessment in the Vocational Independence journey. A referral for a VIMA will always come to you from ACC.

8. Providing Vocational Medical Services

Your role

Clinical leadership

For this service to be effective, we depend on everyone involved working in partnership. Your clinical leadership of each case is critical. It ensures the Client and others supporting them (such as the GP, ACC, Employer, VOC provider) have a shared understanding of what is required of them to contribute to the Client's rehabilitation.

Developing and maintaining networks and good working relationships are an essential element to the success of VMS and we expect you to work as part of the rehabilitation team.

The importance of establishing a client-centered approach to maximise participation and satisfaction

One of the key aims of VMS is to ensure Clients feel comfortable with the assessment process. Having an environment which promotes trust and empathy is important in fostering

open communication and a good relationship.

The Client has a right to express their opinion and be part of the discussion around any findings and recommendations. It is important that the Client is invited to comment on and discuss any issues they have concerning their injury, any occupations or alternative duties that you may suggest, and understand any recommendations made.

Ensure the Client understands that any decisions made as a result of this service are made by ACC. Decisions are based on several factors, and not made by you as the assessor.

A Client also has responsibilities to participate and co-operate in their own rehabilitation. They have responsibilities to notify ACC or yourself if they are unable to keep their appointment, or where there are unexpected changes in their circumstances. They are obliged to participate appropriately in any assessment or case conference.

Any unwillingness to participate during an assessment as part of these services or vocational rehabilitation is a flag that should be included in the rehabilitation recommendations.

Selfcare – look after yourself

ACC acknowledges that undertaking this work on behalf of ACC can be stressful, especially when dealing with conflict or challenging Clients. It is important that you take steps to look after yourself and have the support frameworks in place to help you manage stress and avoid burnout.

Guidance and advice on looking after yourself can be found at the Medical Council of New Zealand and Medical Protection Society websites.

Your responsibilities: privacy and storage of Client health information

You are bound by the Health Information Privacy Code 2020. This code sets specific rules for agencies in the health sector. It covers health information collected, used, held and disclosed by health agencies and takes the place of the information privacy principles for the health sector. It is important you comply with the code.

Practical meaning of the code in relation to Vocational Medical Services:

- Check you have been sent the right information.
- Store information responsibly. For example, personal Client information should not be left unattended in your car or unsecured at your personal residence.
- Use secure email for correspondence that includes personal Client health information. Secure email is an email account with password and security features that only you and authorized people can access.
- Remember not to discuss health issues with the employer. The employer needs to know about time frames and fitness for work, supports and accommodations. It is not necessary for the employer to have personal health information.

Further information and advice on ACC's requirements and your responsibilities when handling ACC Clients' information can be found on our website: Protecting privacy as a supplier or provider (acc.co.nz)

Client Eligibility

Check the Client is eligible for the service

When you receive a referral for a VMA or VRR from a GP or VOC provider, check the Client does not need prior approval from ACC before you give the advice or arrange the appointment. The number of services that a Client can have before ACC prior approval is required is shown in the table below:

Service	Number of services before prior approval required
VMA01 Liaison	A total of five combined for a single Client (I.e. the sixth service requires prior approval)
VMA02 Case Conference	
VMR01 Vocational Rehabilitation Review	Three (i.e. the fourth service requires prior approval)

Make sure you keep a record of how many services you have provided for the Clients you provide advice or assessments to as part of your own clinical practice. If you think advice about a Client has been given by another provider, and you are unsure how many services the Client has already had, ask the referrer, or contact ACC.

It is important that Client eligibility is clarified before giving your advice because ACC may not be able to pay for services provided over the service limits without prior approval.

Preparing for the assessment

Check you have been sent the right information

Following receipt of a referral for a VRR, s103 assessment, s105 assessment, IMA or VIMA, you should:

- ensure that you have been provided with sufficient relevant information from the referrer to conduct the assessment.
- allow sufficient time to review the information prior to the appointment to become familiar with the information and the Client's condition and to determine if further information is required.
- familiarity with the Client and their situation will also help establish a good relationship.

Make sure you've received:

- details of the Client's normal work requirements
- confirmation of the Client's consent to the collection and release of information necessary for the provision of VMS
- the type and number of treatments or other rehabilitation interventions to date, or planned
- current assistance being provided to the Client (for example, home help, transport)
- any information relevant to the Client's function (for example, current daily activities)
- any known barriers or obstacles to a successful return to work or work readiness
- specific note of any known threatening or challenging behaviour that ACC has

observed.

Forms specific to VIMA:

- ACC192 file Vocational Independence Assessment – List of referral documents for VMS assessor
- ACC193 Vocational Independence Assessment - Client questionnaire
- ACC194 Vocational Independence Assessment - General Practitioner's questionnaire
- ACC195 Vocational Independence Assessment - Occupational Assessment
- ACC196 Vocational Independence Assessment - Job details sheets.

If you consider more information is required to complete the assessment, please ask ACC before undertaking the assessment.

If it's noted during the assessment that there's information missing, you should request this information and complete your report once you have all information you need. If relevant, discuss any new or changed recommendations with the Client.

Multiple support people

To complete a good assessment, the Client should feel comfortable and relaxed. This may be helped by the support of a friend or relative.

The Client has the right to bring a support person/s (friends, family members / whanau, or other representatives) with them for support, provided that the safety of all involved can be assured and the effectiveness of the assessment is preserved. Clients do not have to explain or justify why they want a support person and it may involve more than one person.

However, if you are not comfortable with the situation and consider that you cannot undertake the assessment (e.g., a support person/s becomes disruptive and/or obstructs the assessment process) this should be discussed with the Client. If you cannot resolve the issues you may need to terminate the assessment and contact ACC.

Clients that require an interpreter

ACC has a responsibility to ensure that any interpreting needs of the Client have been identified prior to the assessment. If the Client needs an interpreter, a professional interpreter will be provided to ensure the VMS is conducted in a way that is confidential, effective, and ensures the Client is fully aware of what is being asked of them. Family members acting as interpreters are not appropriate in this setting, although they are welcome to attend as a support person.

The cost of the interpreter service is met by ACC. Payment is conditional on ACC's prior approval being given that an interpreter is needed, cost effective and appropriate.

Clients who may pose a security or safety risk

There are specific internal ACC criteria and processes for identifying and managing situations and behaviour that is considered a risk. If a Client has been identified as posing a risk, ACC should have provided any information regarding:

- any threatening or challenging behaviour that has been observed; and / or
- any diagnosed mental condition the Client has which is likely to leave them

susceptible to becoming aggressive or violent.

If you think the Client may be a safety risk, talk to us about having a security guard present and we can discuss and arrange someone prior to the assessment if it is agreed. ACC will notify the Client that a security guard will be present.

Consider whether the presence of an advocate or support person may also lessen the incidence of challenging behaviour.

Your safety is a priority and any assessment should be terminated if the Client, their advocate or support persons make you to feel threatened or unsafe in any way.

Please report any threatening behaviour:

- to ACC; and
- to the police, if you feel that is warranted in the circumstance.

Assessor chaperones

There's no ACC policy for assessors to use chaperones. This should fall within your normal practice consideration and professional behaviours. You should be familiar with the usual indications for chaperones and how this interacts with your professional style. If you consider a chaperone is necessary, it is not advisable for a family member to fill this role. This avoids any misinterpretation of specific examinations.

Advice on the use of chaperones can be found on the MCNZ website: https://www.mcnz.org.nz/news-and-publications/statements-standards-for-doctors/

Considerations specific to Sexual Abuse and Mental Injury

Comprehensive best practice guidelines for providers of services to people who have experienced sexual abuse can be found on acc.co.nz by searching for *ACC4451 Sexual abuse and mental injury practice guidelines for Aotearoa NZ.* Providers who deliver Vocational Medical Services to Clients who have experienced sexual abuse will incorporate the principles and best practice guidelines outlined in the document into their assessment.

Recording assessments

Clients occasionally ask to tape audio or video record the assessment. We do not consider recording is necessary for the completion of a good quality assessment. Although recording could take place if you agree to it, you are under no obligation to agree. Recording cannot take place without your (written) permission.

Consider requests carefully. Consider how this might be undertaken, how it might affect the assessment, what benefits there might be, and what risks there are of the misuse of the recording and decide whether you would support any recording. Document the result of your discussion with the Client.

We need to see that there were attempts to negotiate agreement about the recording request, or to otherwise meet the Client's wish for a record of what was said at the interview or assessment.

Stopping the Assessment

If for some reason, such as your safety or an inability to obtain a history or undertake a physical assessment, you consider that the assessment may not be able to continue, discuss the situation with the Client and try and resolve the situation. Another reason for stopping the

assessment is when a Client withdraws their consent to continue with the assessment.

If despite discussion you are unable to reach a resolution and feel that the assessment should not or cannot continue, you should explain this to the Client and terminate the assessment. Notify ACC as soon as possible and fully document the reasons for the assessment's termination in your report.

Considerations during the assessment

When seeing a Client for a VRR, section 103 assessment, section105 assessment, IMA or VIMA your assessment should include:

- a review of the relevant documentation included with the referral
- a relevant medical history obtained from the Client
- a relevant examination of the Client
- a diagnosis (and or differential diagnosis) of the Client's presenting injury/injuries and other relevant medical conditions.
- summary of any factors affecting recovery, such as pain, mood problems and fatigue
- determination of medical fitness for work including restrictions and accommodation as appropriate relating to the injury and/or other conditions:
    - face to face discussion with the Client covers these points.
    - explanation of the current condition, injury recovery process and fitness for work.
    - advice on the next rehabilitation steps.
    - confirmation of Client consent to contact treatment providers and employers or any other treatment or service providers (where applicable for a complex assessment).

More specific information on how to address some of these factors is outlined below.

Diagnosis

The basis for good rehabilitation and treatment is accurate diagnosis/es. You need to critically review the information provided. Use your own examination and observations when confirming or determining the diagnosis to avoid predetermining the diagnosis ("confirmation bias"). Make recommendations based on your own diagnosis/es.

If you conclude that the diagnosis is incorrect or is not clear or there are additional diagnoses that have not been considered, you need to indicate this in the diagnosis section of your report.

Any change to the initial diagnosis needs to be clearly outlined as a difference. If not, it may affect the basic premise of the assessment.

Non-injury related factors

ACC must consider non-injury related factors, and the effect these have on a Client's ability to work when making decisions on their rehabilitation. Non-injury factors will, from time to time, influence the Client's ability to work or participation in rehabilitation and must be considered.

Injury and non-injury factors should be clearly differentiated in both the body of the report and for all identified work types – sustainable and unsustainable. Assessors should provide a clear opinion with rationale, regarding the impact of injury and non-injury factors on the Clients ability to undertake each work type.

Example:

- You are conducting an assessment on Mr Jones who injured his right anterior cruciate ligament and has undergone a repair. You are determining if he can perform one of the identified work types which is a truck driver. You note that he has good results from this repair, and although he still has some laxity, he would be able to undertake truck driving. However, this work type would be unsuitable as Mr Jones has epilepsy, a non-injury related condition.

Restrictions and limitations

One of the most important components of the VRR, s103, s105 and IMA reports is the identification of and summary of the Client's restrictions and limitations. Your diagnosis and analysis of details in the history and examination will allow you to form a medical picture of the Client's current function. Turn your attention, with this function in mind, to tasks and environments which the Client should avoid or limit. Contrast this with the tasks and functions mentioned on the relevant work type details sheet.

Restrictions and limitations refer to prescribed measures relating to both the individual and/or others that serve to manage risks. They describe what the patient should not do, even if they are willing and able to do so. This relates to:

- the safety of the person preventing the injury from getting worse. This may relate to tasks or the environment in which tasks are undertaken
- the safety of others
- what the Client is physically and mentally/cognitively able to do.

Appropriate **restrictions** should be recommended to:

- prevent injury recurrence; and
- prevent injury aggravation; and
- support healing.

Example:

- Mr Brown injured his shoulder and has undergone rotator cuff repair. He has made an excellent recovery and is keen to get back to work but still has some loss of ROM and some pain on reaching above his head. You are undertaking an IMA. One of the identified tasks entails reaching above his head. You recommend that this activity be avoided for the next two months while he is completing his post-operative physiotherapy programme.

For others, restrictions serve to protect co-workers or members of the public.

Example:

- Mr White sustained a mild traumatic brain injury and has made a good recovery. However, he still has some fatigue issues, for which he is receiving rehabilitation. As one of the identified work types is truck driver, you recommend this is not suitable at the moment due to the fatigue. Mr White could be assessed in the future, following further progress and completion of the appropriate rehabilitation.

Limitations refer to what the Client is simply unable to do i.e. existing constraints upon their physical or mental capacity to perform required tasks.

The assessment of limitations needs to be based on objective findings considering physical, cognitive, social interaction and endurance/tolerance factors where relevant.

Example:

- Miss Smith had an MVA and sustained a spinal cord injury resulting in paraplegia at T12 level. One of the identified work types is a role that involves kneeling, bending, and lifting objects above shoulder height. Due to her injury, Miss Smith would be unable to complete these specific work tasks.

Incapacity

The term incapacity is specific to the Client's pre-injury employment and their inability to engage in it. If a Client is found to have an incapacity, they are no longer able to engage in their pre-injury employment.

It should be noted that IMA assessments are not used for determining incapacity for the pre-injury employment. This is because the purpose of the IMA is to assess the client's vocational rehabilitation needs, not incapacity.

If you believe a client may no longer be incapacitated for their pre-injury employment, you can recommend a section 103 assessment.

Medical sustainability

When determining whether job types are sustainable, you will need to appreciate the concept of medical sustainability. **Medically sustainable** is the term used in the IMA (Section 89). This concept does not have work hours attached to it, but it is interpreted by the Act (and in practice) as meaning 30 hours per week within a reasonable period of the assessment.

'Capacity to undertake work'

This is the term used in the VIMA (section 108). '**Capacity to undertake'** means work must be physically and cognitively sustainable for at least 30 hours per week in a work type for which the person has been assessed as having the necessary education, training and experience. You should make express reference to 30 hours for each identified job type in the assessment of vocational independence (VIMA).

Considering fatigue conditions, pain, and mood or anxiety symptoms

Many Clients you assess will have experienced symptoms of fatigue, pain and altered mood

or anxiety following their personal injury. These symptoms may be a major contributing factor to a Client's ability for work. It is important that careful consideration is given to these symptoms when you undertake a VIMA assessment and that you determine and document in the report how they affect the Client's ability to work 30 hours a week or more. See sections 9, 10 and 11 for more details on how to address pain, fatigue, depression and anxiety in your assessment.

Workplace modifications and task modifications (accommodations)

Sometimes specific changes in the way or place where the Client is required to undertake a task may allow return to work. This might include equipment, hours of work, and exposure to certain environments.

Provide examples where accommodations, treatment or rehabilitation may make the work type sustainable now or in the future. The Client's VOC provider (where relevant) can support any recommendations made through the appropriate VOC programme.

Availability of employment is not relevant to medical sustainability

Whether or not the Client can obtain specific employment is not relevant when determining whether work types are medically sustainable. This is part of the underlying principle that the assessment of medical sustainability relates to a generic work type, rather than a specific employer or a specific job. This applies to the IMA and VIMA.

Assessing function using collateral information

It's important that you use all the information at your disposal to inform the assessment of whether a Client's ability to perform their work role is sustainable.

There are several assessments or interventions the Client may have had that will be helpful when assessing the Client's pain, mood and fatigue.

Functional Capacity Evaluation (FCE) is often used to assist in the assessment of fitness for work. However, FCE is not a test that can be regarded as a purely objective measure of physical function. The results are impacted by behavioural factors including pain factors.

Therefore, an FCE must be seen as another assessment of physical function, and another source of functional information, but not one that can stand alone. The results are also not valid within the context of chronic pain.

When formulating your opinion about a Client's functional ability, you may consider using structured questionnaires and/or targeted questions about non-occupational activities or history such as:

- activities of daily living.
- how the Client occupies their typical day and the activities they undertake in key areas of interest, including what motivates them.
- how the Client sustains or tolerates a specific function e.g. sitting, standing, walking driving, lifting, and how often they undertake those activities.
- the effect of medication, side effects of medication, pain and fatigue on these activities.
- how the Client copes with important events (funeral/tangi; social occasions; travelling to meet their ACC recovery team member etc).

Examples may include how they interact with interests, hobbies and pets; participation in sport; activities of daily living; shopping; responsibilities for children and other dependents; time with friends/family and whānau; social clubs; volunteer work; and domestic chores such as cleaning, cooking, and gardening.

Both abilities and limitations should be explored, as well as attitudes and any inconsistencies. The degree of consistency around reported functioning should also be explored by referring to other sources and cross-referencing these with the Client.

If Clients are not forthcoming on functional matters, then you should make specific note of that in the report.

Completeness of rehabilitation and the VIMA

ACC has a responsibility to ensure that all agreed vocational rehabilitation is complete before requiring the Client to undergo vocational independence assessments – VIOA and VIMA. Any specific treatment that has been recommended, agreed upon and documented on the Individual Rehabilitation Plan (IRP) / Recovery Plan as part of the vocational rehabilitation and independence process must have been completed prior to the vocational independence assessment.

It may be clear from the information provided that a Client has not been compliant or participated fully in their rehabilitation or that the outcome of rehabilitation has not been totally successful.

However, the VIMA assessor needs to determine if the rehabilitation has been addressed sufficiently, i.e. undertaken as much as possible.

- The client must be given every opportunity to participate in the process.
- The treatment or rehabilitation provided should have made identified work types medically sustainable.
- If it is noted that the Client participation has been less than ideal with recommended rehabilitation, the VMS assessor should ask the Client why.

If during an assessment, it is found that previously recommended treatments or rehabilitation have not been provided, the VMS assessor must make a note of that and whether this interferes with a determination of the client's work capacity in respect of any job types. If all the vocational rehabilitation that was identified on the IRP has not been completed, then this is a fundamental flaw in the Vocational Independence process.

Ongoing or future treatment and vocational independence

A Client may require ongoing medical treatment for an injury from time to time to help maintain their level of function. This should not affect the status of the Client from reaching a stage where they can be assessed for vocational independence, provided that any vocational rehabilitation required has been agreed to and completed. For example, a Client may require some psychological treatment from time to time when dealing with pain to help them manage but can still be determined as having vocational independence.

You should be provided with information about the Client's ongoing need for treatment and consider those matters when determining if there is still an injury-related barrier to returning to partial or full employment.

Any prospect for possible treatment in future should not put a stop to assessing vocational

independence. For example, metalware may need to be surgically removed or a knee replacement required sometime in the future, but those procedures are not intended at the time of the assessment.

However, any specific treatment that has been recommended, agreed upon and documented in the Individual Rehabilitation Plan (IRP)/Recovery Planas part of the vocational rehabilitation and independence process must be completed prior to the vocational independence assessment.

Computer literacy, literacy, and numeracy

The occupational assessment must indicate whether computer literacy, literacy and numeracy have been addressed. There should be documented evidence that this is the case. If you have concerns that these areas have not been addressed adequately, please let ACC know.

What to do with Client files following an assessment

After completing an assessment, it is important that you dispose of the Client records or files securely. A secure document destruction service should be used. If you do not have access to this service, you may return the files to your nearest ACC office for disposal at your cost.

Identifying urgent medical attention required during the assessment as a non-treating practitioner

If during the assessment you are made aware of a condition that requires either urgent medical attention or contact with the Client's normal treating practitioner, you should act accordingly as per MCNZ guidelines (www.mcnz.org.nz - A *doctor's duty to help in a medical emergency)*. For example:

- arrange for immediate hospital assessment or treatment, or urgent consultation with the Client's normal practitioner and ensure the Client has appropriate transport.
- inform the Client of any urgent findings, your proposed response and seek their consent for this.

9. Pain and ability to work

Pain is a common symptom following an injury, particularly in the acute stages. Pain is also a common symptom due to non-injury causes such as disease or psychological conditions. Both injury and non-injury related pain can contribute to disability.

With optimal pain management, many people manage a range of activities, including work, despite their pain.

As a VMS assessor, you need an excellent understanding of pain mechanisms, classifications, and evidence-based pain management. This will enable you to classify the type of pain a Client is experiencing, make recommendations for rehabilitation, and describe functional restrictions and limitations – including work capacity.

The type/s of chronic pain must be identified in each case to be able to consider a causal link between chronic pain and any ACC covered personal injury. This is also important to determine appropriate treatment of chronic pain and to prevent/minimise unwarranted variation in treatment/rehabilitation between Clients. The International Association for the

Study of Pain (IASP) has clear classification criteria for types of pain. The New Zealand Pain Society and the Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FMP) have online resources and offer courses on pain management.

Considering pain when undertaking a medical assessment

Pain is an important symptom to consider when carrying out a medical assessment in that:

- there are broad psychosocial factors, psychological factors and other psychiatric diagnoses which can influence the experience of chronic pain. These can affect self-reported symptoms during an assessment, therefore a careful assessment of the Client's ability to work in the context of pain is required.
- Classification of a Client's pain is required.
- Pain management may not yet be optimal.

Pain and pain medications may impact on a Client's cognition and function, therefore consider if there are any work safety implications.

Neuropsychological testing may be required in rare cases where safety critical roles are identified, and you consider function to be impaired.

To adequately assess a Client with chronic pain ensure you:

- take a thorough pain history
- utilize a bio-psychosocial approach
- classify the pain utilizing IASP definitions
- identify pain management treatment and rehabilitation that the client has had to date, including outcomes

For IMA

Identify and recommend any further investigations, treatments, and/or appropriate pain management rehabilitation required.

For VIMA

Comment on the Client's response to pain management which has occurred since IMA including your assessment of the efficacy and appropriateness of that pain management.

Pain must be discussed in the body of your report, and specifically as it relates to each work type.

If pain management has not been successful, consider the reasons for this and what this means for the Client's current capacity for work.

Has pain been well managed?

Pain management can include the following approaches:

- mindfulness/ relaxation/Cognitive Behavioral Therapy (CBT)
- Pain neurobiology education

- sleep hygiene
- regular pain medication (e.g. tricyclic antidepressants (TCAs), neuroleptics, serotonin, and norepinephrine reuptake inhibitors (SNRIs))
- Graded motor imagery
- graded exposure to activity
- Pacing of activity
- Normalising, maintaining, and enhancing social activity

Because most people naturally respond to severe pain with aversion and withdrawal, it can take considerable coaching to get interdisciplinary support accepted and underway.

Analysis

In all assessments, it is important to analyse the current effect of pain on the Client's physical, social, and cognitive activities. Your analysis should consider:

- the client's self-reported limitations
- current activity levels
- evidence from work trials, rehabilitation and medication
- any potential for specific activities to cause harm to the Client
- the likelihood of positive adaptation to a work environment, along with the positive effects of routine, activity, and socialisation of the work environment.

Key points

- Show your analysis
- Identify any restrictions or limitations that are required due to pain
- Ensure any work tasks that are likely to be more dangerous to the worker /other workers or the public due to the Client's pain, have been clearly described in the report
- Ensure your analysis includes how you expect the Client to adapt to the working environment.
- Make sure your conclusions are supported by evidence gathered in the assessment.

10. Fatigue and fatigability

Clients may experience fatigue as a common symptom after an injury. They may wonder how to cope with fatigue in their daily lives.

Most people can manage fatigue well with simple strategies and planning, once medical or surgical conditions are addressed, and medical management is improved. However, some Clients may need extra support to achieve this balance.

Key points to consider when conducting a medical assessment:

It is important to assess how fatigue affects the Client's day-to-day function, and to explain if/how this affects their work capacity. This should be discussed with the Client and recorded in the report.

It is important to record specifically if:

- The diagnosis needs further clarification
- Fatigue management can be improved
- Fatigue reduces tolerance of tasks
- Fatigue may increase the risk of some work tasks

For IMA/VIMA

- Describe the character of the fatigue and likely diagnosis
- Give some context to the stability of fatigue symptoms
- Comment on whether treatment of causal factors and management of fatigue have been implemented and with what success
- Comment on the role of medications used for the fatigue and whether this is optimal
- For the IMA describe appropriate rehabilitation/treatment/therapies to manage fatigue, including self-management
- Identify any important and necessary investigations.

Clarifying the cause of fatigue

Fatigue is a common non-specific symptom. When assessing the effect of fatigue on a client's ability to sustain work, keep an open mind about its cause, as there are many potential causes of fatigue.

Has fatigue been well managed?

VMS assessors need to be familiar with the management of conditions manifesting with fatigue and be able to comment on the potential for further improvement and self-management. To do this, the history will need to include self-management and habits.

Type of fatigue	Improved by	Aggravated by
Fatigue due to brain injury	Maintaining good regular exercise; avoid having to attend to different sensory inputs at the same time, avoid noise/complex visual input, plan cognitive tasks for morning, 'power naps'; structured and 'contained' social interaction	Multiple simultaneous stimuli, noise, complex visual input, concentrating on social interaction, tasks involving cognitive as well as verbal and social cue processing, untreated mood disorder, some medication

Fatigue due to sleep disorders	Going to sleep at the same time each night, exposure to natural light early in the morning, avoid alcohol and caffeine, light, cooked meal only in evening, exercise regularly before 5pm, use body relaxation through day or just at night, address OSA, no power naps	Shift work, night work, erratic hours of activity and sleep, consumption of heavy meal, alcohol within four hours of bedtime, caffeine at any time in the day, daytime dozing, some medication, anxiety /worry, watching TV or using computers or phones in late evening
Fatigue accompanying mood disorder	Sleep hygiene as above, exercise as therapy (three times a day light – moderate 30 mins), cognitive behavioural therapy (CBT), mindfulness, some medication	Erratic sleep/activity cycles, lack of routine, some medications, low physical activity, low social engagement, alcohol and stimulants
Fatigue accompanying chronic disease	Structured routines, planning energy expenditure throughout day, pacing activities, maximise disease management, positive behavioural thought patterns, CBT, Mindfulness meditation, regular appropriate exercise, visualisation	Boom/bust cycle, poorly managed disease process, untreated mood disorder, low social and physical activity, sleep disturbance, negative thought behavioural patterns (anger/ non-acceptance)
Fatigue accompanying chronic pain	As above	As above

What effect does fatigue have on the Client's stamina and tolerance?

Consider how well the Client can manage their fatigue, and then what restrictions may need to be applied to their activity to ensure they can safely and effectively take part in work or rehabilitation. Information on daily activity, travel tolerance, social activities and home responsibilities are helpful indicators of current state.

- Work tasks need concentration, focus and persistence at different levels depending on the work. When considering if the Client requires any restrictions, consider the ability to sustain the demands of the work over a working week. Working days should not totally exhaust Clients. Performance of some specific cognitive activities may decline over a day or over the week.
- Clients with stable conditions may still be regarded as unsuitable for shift work, extended hours or evening work in order to minimise disruption to the sleep cycle.
- Starting a new role might make clients who have not been working feel more tired. But when they get used to their environment, they may find that having more physical activity and social interaction can help ease the problem of fatigue.

Analysis

In all assessments, it is important to analyse the current effect of fatigue on the Client's

physical, social, and cognitive activities. Your analysis should consider:

- the client's self-reported limitations
- current activity levels
- evidence from work trials, rehabilitation and medication
- possible impact of fatigue on the specific work demands, and what would happen if the Client lost concentration because of fatigue
- any safety critical work roles which may be impacted by fatigue
- the likelihood of positive adaptation to a work environment, along with the positive effects of routine, activity, and socialisation of the work environment.

Key points

- Take a thorough history and enquire about fatigue, including protective and aggravating factors.
- Show your analysis, including clear consideration of how the fatigue does or does not affect fitness for specific types of work.
- Identify any restrictions or limitations that are required due to fatigue.
- Ensure any work tasks that are likely to be more dangerous to the worker /other workers or the public due to the Client's fatigue, have been clearly described in the report.
- Ensure your analysis includes how you expect the Client to adapt to the working environment.
- Make sure your conclusions are supported by evidence gathered in the assessment.

11. Depression, anxiety, and the ability to work

Injury, pain, and challenging lifestyle changes associated with an injury can be difficult. This, coupled with the level of mood and anxiety disorders in the general population, means that some clients attending for an IMA or VIMA assessment will have symptoms of mood dysregulation and/or anxiety.

Usually, significant psychological disorders will have been identified and treatment commenced. It is rare for clients to not have disclosed their psychological distress to any therapist or medical practitioner prior to the assessment. However, it is important that the assessment remains an opportunity for enquiry into mood and analysis of work implications of psychological symptoms and signs.

In general, participation in safe work and the routine of the workplace are protective against episodic deterioration in mood and can form part of a therapeutic structure. However excessive work hours or work strain, unpredictability and hostile work relationships can be detrimental for some clients.

As a VMS assessor, you need to have a good understanding of factors affecting mood and anxiety and be familiar with common psychiatric presentations, the significance of symptoms and identify when further specialist input may be helpful.

12. Key points when undertaking a medical assessment

History

Always check for psychological symptoms as part of a general functional enquiry.

Has the condition been well managed?

Often therapy and/or medication will have been started. The medical assessment should consider, based on clinical assessment and documentation provided, how well managed the condition currently is.

It is important to identify if further specialist input is indicated to establish/clarify a mental health diagnosis or treatment.

The IMA asks for recommendations for further rehabilitation. Sometimes a mood disorder/anxiety or other psychological disorder will be a covered condition and treatment managed under the claim. Other times the GP or a specialist will be managing therapy and medication for a condition which is not covered by ACC. Your recommendations will support the integration of treatment with other strands of rehabilitation and approach to vocational rehabilitation.

In the VIMA you are asked whether treatment for the covered conditions has been addressed.

If there is outstanding treatment required for a covered mental health condition based on the information you have been provided with, comment on how this affects fitness for work.

Analysis

Mood and anxiety disorders may affect memory, concentration, cognitive function, social interaction and capacity for self-management. Whilst therapeutic interventions usually result in improved function, the question at the time of assessment is what restrictions exist on that day due to the condition(s). Sometimes, neuropsychological testing may have been undertaken.

The purpose of both IMA and VIMA assessments is centered around fitness for work. Your analysis needs to determine what limitations apply because of a psychological disorder and what effect the condition and associated medications/treatments have on the Client's concentration, coordination, stamina and tolerance.

The report must show a logical progression from symptoms, signs, corroborative medical material, diagnosis, analysis of restrictions and then recommendations.

It is important to identify when the scope of a Psychologist or Psychiatrist is required to establish a diagnosis or make treatment recommendations.

Key points

- Show your rationale in the report.
- Where significant psychological dysfunction is evident, it is necessary to spell out the very specific restrictions which apply e.g. excluding shift work or reducing exposure to high stress customer-facing roles
- Identify any work tasks which are likely to be more dangerous to the client or others

because of the Client's psychological symptoms or treatment.

- Consider the impact of psychological symptoms on safety critical roles.
- Comment on any restrictions which apply.
- If a new mental health diagnosis is considered likely, a recommendation should be made for the diagnosis to be clarified by a Psychologist or Psychiatrist as this is outside the scope of a VMS assessment.

13. Reporting

Vocational Medical Advice (VMA) Reports

Liaison

After completing the request for advice, send an email to ACC stating:

- the name and claim number of the Client that the query related to;
- the name, role and organisation of the person that contacted you (not needed if requested by ACC).
- a summary of what was discussed.

As this service is responsive, we would like you to endeavour to send your advice to everyone within two business days of the liaison. As is usual clinical practice, you need to keep your records on each case.

Case conference

Either the VOC provider or ACC will document the case conference. Keep your own records on each case, noting the request and the date of interaction, what information you were given, the issues, advice you gave, and relevant comments made by other parties.

Vocational Rehabilitation Review (VRR) Reports

The report will include:

- diagnostic issues;
- multiple medical problems;
- other potential or current barriers to rehabilitation;
- relevant issues from the records you read.

This information does not need to be exhaustive but important factors must be well recorded, especially where they could influence your assessment of fitness for work.

If there is a need for further investigations or further clarification of the diagnosis to either aid injury management, rehabilitation or assist in determination of fitness for work, set these out specifically. The purpose of the assessment and report is to identify what is necessary for rehabilitation and return to work. If it is your advice that a differential diagnosis needs to be followed up, then include this in your recommendations. If the diagnosis seems different from that in the clinical record, state your findings in detail and your diagnosis.

Your assessment of the Client's injury will generate some suggestions for rehabilitation which

may have been refined after your conversation with the Client's treating clinicians.

Communication tasks for the VRR

Communication with the GP, employer, and VOC provider (if applicable) is essential to the VRR service. It is important to share information that supports the Client's rehabilitation. This communication should take place within two working days of completing the assessment. It is important that you let the Client know at the assessment that you will be calling these people and get their consent to do so. If the Client does not give their consent contact ACC.

With this emphasis on communication, the service is expected to build relationships between VRR medical assessors, local GPs, VOC providers, and employers.

Note: For invoicing purposes it's important to take note of the time it has taken to complete the necessary communications.

Calling the GP

Contact the GP to discuss the Client's diagnosis or injury management issues, your recommendations and any additional information or concerns from the GP. It's a good time to discuss your recommendations around fitness for work. If the GP supports your recommendations, recovery is likely to be enhanced.

This is an important opportunity for the GP to voice any concerns and let you know if there are any other barriers that should be considered.

Calling the employer

You will call the employer or designated line manager and provide clear guidance on activity and timeframes including review timelines.

Remember, the employer will not be receiving any clinical information. When you make the call, remember to convey and discuss restrictions, activities, and accommodation but **not** injury management, diagnosis or clinical details.

It's also an opportunity for the employer to convey any concerns, doubts, and features of the workplace which need consideration, for example, safety, environmental features. It's also an opportunity to check details e.g. how much of the time the employee is working alone or how many hours they're using any machinery.

This is an excellent time to discuss strategies for return to work and to find out what supports are going to be necessary.

Calling the Vocational Rehabilitation Services (VOC) provider

If the Client is already receiving a VOC programme, then it is likely they have had a Stay at Work provider working alongside them. If so, you will often be asked to discuss your recommendations with this provider. VOC providers are very good at taking calls and responding promptly.

Calling other treatment providers

ACC may ask you to contact other treatment providers. Typically, these clinicians will be actively involved with the Client, such as a surgeon, physiotherapist or psychologist.

This is an opportunity to build support for safe activity in the context of return to work. As with the GP, you are contacting the clinicians to understand their concerns and present your

assessment of fitness for work. Your recommendations about accommodations including the pace of return to work, specific activities, restrictions and exposures will likely be relevant to these clinicians. The conversation should allow you to notice any information not obvious in reports and get support for your suggested plan and recommendations.

Contacting ACC

A phone call or email to the ACC concludes your communication tasks. If there are any recommendations that you're making in the report that can be implemented immediately, let the ACC know. Specify a suitable time when ACC could call you.

Record the result of your conversations

Because the service is aimed at communicating about fitness for work, we need to see what you discussed with the GP, employer, and other clinicians. It is important these notes are a full record of the conversation and there is clear documentation of any concerns, areas of agreement or additional information that emerged and the plan which you and the practitioner or employer agreed.

This record will assist all involved in the Client's rehabilitation. Different views will alert ACC to the need for a highly supervised return to work programme when appropriate, with emphasis on communication between parties.

Recommendations for review

Considering timelines, you will have formed a good idea of if/when the Client should have a further medical review. If there's disagreement about rehabilitation or the injury condition / employment situation could change, consider recommending a VRR medical assessor reassess things. It's important to keep things moving towards full return to work. You can recommend this to ACC, but you must receive a further referral before you arrange to see the Client again.

Section 103 and Section 105 Reports

See Appendix II – S103 and S105 Report Headings and Content Guidelines.

Initial Medical Assessment (IMA) Reports

There are headings provided in Appendix II - IMA Report Headings and Content Guidelines. IMA reports must be completed using these headings.

Note: The Initial Medical Assessor considers whether the types of work identified in the Initial Occupational Assessment are or are likely to be medically sustainable for the Client. You don't need to identify additional roles for the Client. If you need to talk to someone about the work types contained in an Initial Occupational Assessment contact the Client's ACC to discuss.

Once the IMA report has been submitted to ACC, ACC may make further requests for clarification of the report before it is accepted. Once complete, ACC will distribute copies of the report to the Client and their General Practitioner.

Vocational Independence Medical Assessment (VIMA) Reports

The VIMA report must be completed using the headings as detailed in the service specifications and outlined below. See Appendix II - VIMA Report Headings and Content Guidelines.

Note: The VIMA Medical Assessor considers whether the client has the capacity to undertake the types of work identified in the Occupational Assessment for 30 hours or more a week. As with the IMA, you don't need to identify additional roles for the Client. If you need to talk to someone about the work types contained in a Vocational Independence Occupational Assessment contact ACC.

Once the VIMA report has been submitted to ACC, ACC may make further requests for clarification of the report before it is accepted. Once complete, copies of the report will then be distributed by ACC to the Client and their General Practitioner.

Reporting for services delivered by Telehealth

All VMS services (excluding VIMA assessments) are Telehealth enabled. Services delivered by Telehealth must adhere to the requirements outlined in the Service Schedule. When delivering a VMS service via Telehealth, Medical Assessors will need to include a statement within the accompanying report that confirms the Client did not need to be assessed in-person or physically examined for the Medical Assessor to be able to form an opinion.

Types of work and work type details sheets for IMA and VIMA

'Types of work' means occupational categories of work that include a set of job functions requiring the performance of a common set of tasks and can include several jobs. It refers to a broad group of jobs and roles that have a common set of work tasks and functions.

These work types are detailed by the Occupational Assessor in the IOA and VIOA report. The details of the work types are outlined in Work Type Detail Sheets. The IOA and/or VIOA report must be provided to the IMA and VIMA assessors by ACC with the IMA/VIMA referral

Work type detail sheets

The work type detail sheets used by occupational assessors were developed by occupational assessors and are based on the occupational classification system - Australian and New Zealand Standard Classification of Occupations, 2006 and reviewed in 2014.

The sheets refer to types of work available in the current New Zealand labour market and describe information relevant for each work type, including:

- work tasks
- work environment
- the physical and cognitive demands of the role
- the entry level requirements of the role
- specific further comments about the work type if relevant.

Occupational Assessors may choose to use these sheets or to develop their own for types of work they consider.

The work type detail sheets can be accessed through the following major occupational groups:

- Managers
- Professionals

- Technicians and Trades Workers
- Community and Personal Service Workers
- Clerical and Administrative Workers
- Sales Workers
- Machinery Operators and Drivers
- Labourers

ACC has a link on its website for details and examples of work type detail sheets.

Refer to: Work type detail sheets (acc.co.nz)

14. Reassessment: VRR, IMA and VIMA

Follow-up assessment or review following a VRR, IMA or VIMA may be undertaken upon referral from ACC. The criteria, timeframes and conditions for reassessments are the same as for the initial assessment. The reassessment codes are only applicable where you are the practitioner that completed the initial assessment. You can use the code from the initial assessment within three months without completing another full assessment. If the timeframe is shorter than the original assessment, and where it is improbable that any meaningful progress has been made (because very little rehabilitation has taken place), Vocational Medical Assistance (whether case conference or liaison) may be more appropriate.

Reassessment may be helpful where:

- a significant development has occurred since the original assessment, such as a new injury
- faster than expected progress in rehabilitation has occurred
- a Client had a VRR before a return-to-work programme commenced, and the Client is having some difficulty with the return-to-work programme. The VOC provider thinks a significant investigation is warranted which requires something more than a case conference or liaison.

15. Assessment, booking, accommodation and travel

Booking of assessments

For VRR, IMA and VIMA

Clinics are arranged directly with ACC by contacting the ACC clinics booking team (clinics@acc.co.nz) and confirming availability, ACC will then work directly with you to confirm any bookings made in this clinic. It is important to note that for ACC-referred services, you must let us know your availability, both in your local area and for remote clinics, as this is how we book a time for the client and send you the subsequent referral.

There may also be times when a treatment provider, VOC provider or ACC contact you directly to arrange an assessment booking. The assessment must be provided in clinic rooms

or a facility that meets the same standards as clinic room.

For VMA

For a case conference, the VOC supplier or ACC will facilitate the booking and appointment time. The location of the case conference is flexible and will be determined by what's most appropriate in the circumstances and who is involved in the case conference. Some examples of appropriate locations are:

- a meeting room at the Client's place of employment
- the GP rooms
- VOC provider's office
- by teleconference if appropriate.

Avoiding Clients not attending/missing appointments

When Clients miss their appointments, it can cause lost time and effort for everyone. Some helpful steps to try and avoid Client's missing their appointments are:

- send an appointment letter to the Client that clearly indicates the appointment date, time and directions to the assessment rooms
- call the Client the day before the appointment to ensure they are coming and have the correct details, or
- send a text message reminder to the Client.

Non-attendance fee

There are two circumstances where you can invoice ACC for a Client non-attendance fee:

- if the Client does not attend their appointment
- if the Client arrives at their appointment too late and it is not possible to complete the assessment in the allotted time.

Practical and reasonable steps should be taken to ensure that the appointment runs on time. If a Client does not attend or is too late for their appointment to continue, advise ACC.

Accommodation

ACC will pay actual and reasonable accommodation costs when:

- prior approval is gained from ACC and receipts provided
- ACC requests that you travel outside your home/practice region (somewhere that is not where you live or usually practice) and you need overnight accommodation.
- a meal allowance when you are staying overnight.

Note: ACC does not reimburse for alcohol, including mini-bar expenses.

Travel

ACC will sometimes ask you to travel to areas outside your normal area of practice. When invoicing us include your receipts for your actual costs incurred. Remember that if you see more than one Client when you travel that the total cost is divided among the total number of Clients that you see.

Remote access fee

This fee is payable where we request the assessor to conduct a clinic in an area outside that which is not the assessor's usual area of residence or practice. As a result, they're required to hire rooms for the specific purpose of providing Services.

Unfilled block bookings

Where a provider travels to an area outside their usual service area at the request of ACC to conduct a block booking (defined as a day of more than two appointments) and where one of these appointments is not filled, ACC will pay the amount specified in the service schedule. If the provider receives notice 2 weeks prior that all appointments for that day has been cancelled, the provider cannot claim for the unfilled time as sufficient notice has been given. This does not apply where an appointment is made but the Client does not attend the appointment; in which case a non-attendance fee is chargeable.

When billing for VMSU, it should be linked to a claim number. This should be apportioned across the other claim numbers that had assessments on the day of the unbooked appointment. If there are no claim numbers to apportion the costs against due to a fully unbooked clinic, please contact medicalassessments@acc.co.nz.

16. Invoicing

Electronic billing

Our method of invoicing for this service is electronic billing which makes the process faster, easier, and more efficient. For any assistance for electronic billing, please contact the eBusiness team. Their contact details are:

- telephone 0800 222 994 (option 1)
- email ebusinessinfo@acc.co.nz

The Provider Contact Centre will answer queries relating to payment of invoices: Free phone 0800 222 070.

The payment will be made to the supplier who holds the contract. If you are a VRR provider but you are not the supplier (i.e. the contract holder), you will need to make arrangements with the supplier about your payment.

17. Quality and Performance

Your quality and performance delivering VMS will be monitored by timely delivery of the service against the contractual timeframes and the quality of your reports you send through to us. Early intervention is a key principle that underpins successful vocational rehabilitation. Therefore, it is critical for successful vocational rehabilitation that the components of the service are delivered in a timely way and within the contractual timeframes. ACC may randomly select reports to be Peer Reviewed as outlined in clause 16 of the Service Schedule. Peer Review may be undertaken by ACC personnel or other Suppliers approved by ACC.

Your local Engagement and Performance Manager will communicate with you about your performance on an ongoing basis as the need arises.

18. Peer Review

ACC may use peer review to check the quality, consistency and appropriateness of Initial Medical Assessment or Vocational Independence Medical Assessment reporting.

Not all Initial Medical Assessment or Vocational Independence Medical Assessments will require peer review. The Recovery Team Member will determine if an assessment report requires peer review and may consider various criteria including complexity of the client's injuries.

When ACC refers for a peer review, ACC will send a referral letter, including the Initial Medical Assessment or Vocational Independence Medical Assessment report and the relevant medical records to an approved Peer Reviewer to undertake the peer review.

The VMS Assessor who completed the IMA or VIMA (Assessment Report) will be notified that a peer review is taking place.

A letter will also be sent to the client informing them of the peer review taking place.

The Peer Reviewer's role

The peer reviewer determines whether the assessment report:

a) Reflects the available information

b) Draws the correct conclusions from the findings

c) Considers the current function, including daily activities

d) States current diagnosis/es

e) Clearly describes current work ability

f) Provides clear opinion about sustainability of work types with rationale, including the preinjury work role. If there are non-injury related factors, these are explained

g) Provides specific rehabilitation recommendations.

If the Peer Reviewer considers that the assessment report complies with the requirements outlined in the Vocational Medical Services Service Schedule and these Operational Guidelines, they will provide ACC with a Peer Review Report. This report should comment on the above, along with general comments on the quality of the report. The Peer Reviewer should provide the VMS Assessor with a copy of the Peer Review Report.

Amendments to the Assessment report

If the Peer Reviewer considers the Assessment Report requires amendments, they will return the Assessment Report to the VMS assessor with the Peer Review Report and their suggested comments and recommendations.

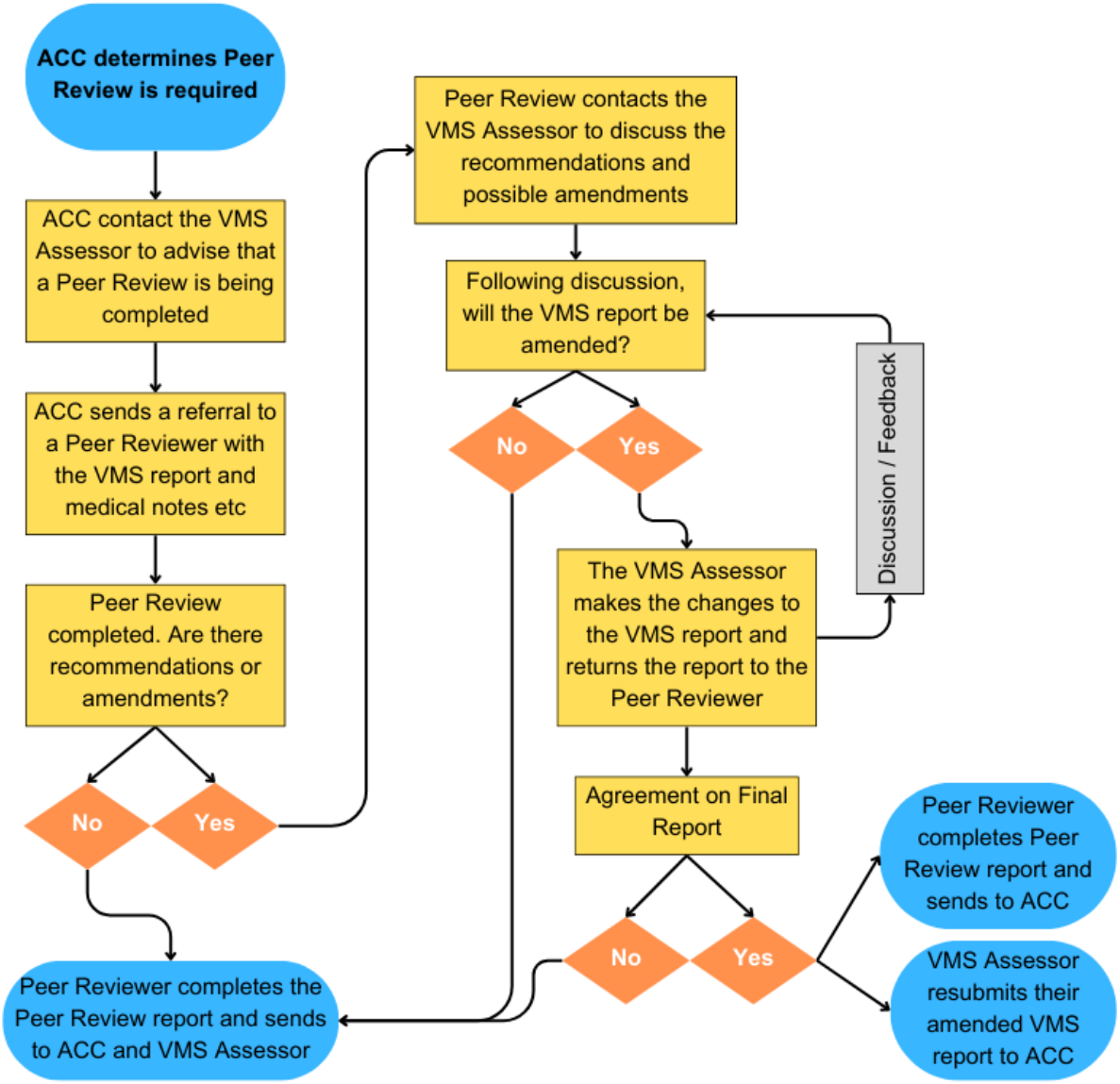
The Peer Reviewer should contact the VMS Assessor either in-person, by phone or email to discuss the recommendations of the peer review. This should be an interactive, mutual discussion, ideally in person or if at a distance via teleconference. The Peer Review will act as a sounding board for ideas and help to the VMS Assessor enhance their professional skills and development specifically regarding the report. Following discussion, the VMS

Assessor will determine whether they will make amendments to the Assessment Report and return this to the Peer Reviewer. The Peer Reviewer receives the amended report and reviews it. If both parties agree with the final report, the Peer Reviewer will send their Peer Review report to ACC and the VMS Assessor will resubmit their amended Assessment Report to ACC.

If the VMS Assessor disputes the Peer Reviewers findings, the VMS Assessor and/or the Peer Reviewer can contact the Recovery Team Member or a member of ACC's clinical team via the ACC Portfolio team (medicalassessments@acc.co.nz). The member of ACC's clinical team may discuss the suggested amendments with the VMS assessor (and Peer Reviewer if required) and provide advice. The VMS assessor will then make any required amendments to the Assessment Report and return it to ACC.

If the VMS Assessor still disputes the Peer Review Service Provider's findings and the advice from ACC, the Peer Reviewer will note this on the Peer Review Report and return it to ACC. ACC will then make a final decision.

The Peer Review process is outlined below:



NOTE: The Peer Review report should be provided to both the VMS Assessor and ACC whether amendments are required or not. See Appendix II for a template example for a Peer Review report.

Where the Peer Reviewer identifies that the VMS Assessor may require additional support or coaching, the Peer Reviewer will raise this with ACC, either via their Engagement and Performance Manager or to the ACC Portfolio Team (medicalassessments@acc.co.nz). ACC will determine the level of support the VMS Assessor requires, in discussion with the VMS Assessor. This may include a period of Mentoring or additional Peer Review of reports to provide feedback.

Peer Review Timeframes

The Peer Reviewer must…..	Within…..
Complete a Peer Review	10 Working Days from the date the Peer Review referral was received
Inform ACC if the VMS Assessor has taken longer than	5 Working Days to amend an assessment report

19. Mentoring

ACC may assign a VMS Assessor with an approved Vocational Medical Services Mentor to provide support for the first 12 months undertaking services on the contract.

The Mentor will undertake peer reviews of the first 10 VMS Assessment reports i.e IMA and VIMA's completed by the new VMS assessor, the peer review reports for these assessments will be sent directly to the recovery team member who requested the initial assessment as per the process outlined in Section 18 of these Operational Guidelines.

At the conclusion of the Mentorship, the Mentor will provide ACC with a final report within 10 business days of the mentoring ending. This must outline the support they have provided throughout the mentoring period and confirming the requirements of the mentoring agreement have been met, including the peer review requirements.

If the VMS assessor or Mentor has any concerns about the Mentoring, these should be raised through the local Engagement and Performance Manager or directly to ACC's portfolio team via medicalassessments@acc.co.nz.

Appendix I

Relevant extracts from the Accident Compensation Act

Section 72 Responsibilities of claimant who receives entitlement Section 75 Corporation to determine need for rehabilitation plan

Section 76 Provision of rehabilitation before and after rehabilitation plan agreed Section 77 Assessment of needs and content of plan

Section 80 Purpose of vocational rehabilitation

Section 85 Corporation liable to provide vocational rehabilitation

Section 86 Matters to be considered in deciding whether to provide vocational rehabilitation

Section 87 Further matters to be considered in deciding whether to provide vocational rehabilitation

Section 88 Vocational rehabilitation may start or resume if circumstances change Section 89 Assessment of claimant's vocational rehabilitation needs

Section 93 Medical assessor

Section 94 Assessments when medical assessor unavailable Section 95 Conduct of initial medical assessment

Section 96 Report on initial medical assessment

Section 103 Corporation to determine incapacity of claimant who, at time of personal injury, was earner or on unpaid parental leave

Section 104 Effect of determination under section 103 on entitlement to weekly compensation

Section 105 Corporation to determine incapacity of certain claimants who, at time of incapacity, had ceased to be in employment, were potential earners, or had purchased weekly compensation under section 223

Section 107 Corporation to determine vocational independence Section 108 Assessment of claimant's vocational independence Schedule 1 Clause 28 Conduct of medical assessment Schedule 1 Clause 29 Report on medical assessment

Appendix II

Report Headings and Content Guidelines

IMA report headings

The IMA report is to be completed with the headings outlined below. Additional information has been added beneath the headings to guide and encourage comprehensive reports which provide quality, completeness and consistency. All sections should be covered in the report.

It's not intended to limit the provider from recording any relevant information which should still be included in the report in the most relevant section. If additional information does not appear appropriate in the sections outlined, please record in the 'Additional Comments' section.

Identification/assessment information

Appropriate identification of information including:

- assessor details
- referrer details, and date
- assessment date and duration and location.
- report date
- Client details – name; date of accident; date of birth; ACC Claim number; occupation at date of injury
- any support person present
- any other relevant information such as any information given to the Client about the purpose of the assessment.

Documents reviewed

List the documents provided by ACC. Comment on whether any information is missing/required.

Introduction and Consent Statement

Indicate that there has been a discussion with the Client and they are aware of the requirements of the assessment. The Introduction and Consent Statement is required to be completed in accordance with the guidance contained in the Medical Council of New Zealand statement - *Non- treating Doctors Performing Medical Assessments of Patients for Third Parties.*

History of the injury and its management

A clear background history must be documented with:

- presenting problem and contributing factors
- symptom onset and time course
- chronological record of events
- relevant dates specified.

Include details about the injury and management:

- how the injury was sustained
- the consequences of the injury
- previous assessments and investigations
- any medical or surgical treatment undertaken and response to treatment
- any self-management techniques.

Information about current medical certification and any attempts at returning to work should be described.

Any relevant inconsistencies should be highlighted.

Current situation/functional enquiry

The Client's current situation regarding their function needs should be explored and discussed, including:

- functional or cognitive limitations
- pain, site and radiation, character, severity, aggravating or relieving factors and associated symptoms
- focused general medical functional enquiry
- general symptoms (sleep, energy, mood) should be stated including their perception of what is wrong and their concerns
- their current abilities and participation in activities of daily living, household chores, family responsibilities, volunteer work, exercise, hobbies and sporting and social activities, including driving
- specifics regarding what exactly the Client does throughout a typical day
- The Client's goals for work and non-work activities should be discussed and noted.

Note: Where symptoms such as pain, fatigue or mood disorder are identified, these need to be specifically noted and explored in terms of their nature and significance. See relevant sections for more information.

Past Medical/Surgical History

The Client's past medical history must be outlined. The impact of any illness or injury should be outlined including:

- ongoing symptoms
- any disability and
- any adverse consequences of treatment.

Medications

List current medications including any noted side effects. Reference any significant trials of other medications and the outcome of these. Allergies should be noted.

Personal and social history

The Client's personal and social history must be noted including:

- smoking, alcohol and drug habits and history
- past participation in volunteer work, sports or hobbies
- areas of interest and motivation
- significant relationships, responsibilities and living arrangements
- any financial, social or domestic issues or concerns.

Past occupational history

A brief outline needs to be noted of the Client's past occupational history including:

- work types and periods of employment
- where appropriate, any exposure and the duration of this exposure to potentially hazardous substances or situations.

Most recent employment

Regarding the most recent employment, information is required about:

- the job title, name of employer, period of employment and hours of work, tasks undertaken, additional responsibilities, travel requirements, work environment
- where appropriate, exposure and the duration of this exposure to potentially hazardous substances or situations
- comment on job satisfaction, work security, work performance, and relationship with manager and co-workers and any conflicts
- comment on presence or absence of ongoing communications with employer
- comment on whether the job is still available for the injured worker and in what form.

Examination

A focused assessment should be undertaken in respect to the injury and any other medical conditions. This assessment should address the following:

General observations such as:

- your overall impressions
- the person's attitude, thought process, communication and participation in the assessment
- any normal or abnormal behaviours or postures
- any consistencies and inconsistencies. Specific observations such as:
- height, weight, hearing, vision and mobility, BMI, blood pressure and heart rate etc
- specific observations e.g. swelling, scars muscle wasting. Specific relevant injury examination should be included
- regional examination e.g. back condition with lower limb neurology
- organ system examination e.g. neurological.

More specific examinations should be undertaken, where relevant. These should take into consideration the injury and the demands of the various work types and the fitness to undertake that work including

- functional tests - range of movement, strength, nerve function, cognitive function, general vision and hearing
- general capabilities and any restrictions or limitations should be noted or discussed, as relevant, such as walking, standing, sitting, kneeling, squatting, lifting and carrying, reaching, climbing stairs, rising from sitting, dexterity.

Diagnosis

Provide a diagnosis/ diagnosis for the injury/ injuries (or failing that a differential diagnosis). List other medical and surgical conditions. Make recommendations for investigations if necessary (more appropriate for IMA).

Barriers to rehabilitation for IMA

Explore and list any other barriers to participation in rehabilitation such as:

- diagnostic difficulties
- access to work
- attitudes, beliefs and goals
- any noted cognitive and behavioural issues
- any work, social, cultural, family or other issues raised by the Client.

Recommendations for management and rehabilitation

Clarification of diagnosis: If the diagnosis is in doubt, specify what steps need to be undertaken to clarify the diagnosis: appropriate investigations, specialist referral or opinion.

Clinical management /rehabilitation: provide recommendations with rationale and likely / expected outcomes including:

- the recommended modality/ modalities
- frequency
- duration
- type of therapy/therapist.

Use a biopsychosocial and vocational framework. Consider all the barriers identified and the pre- injury job, and whether there are any options for accommodations or modifications in the workplace.

Include any Client comment regarding recommendations.

Current restrictions and limitations - if any

List any current restrictions and limitations:

- What can/can’t the Client do?
- What activities can/can’t they safety perform?
- What activities need to be avoided for the safety in the workplace for the Client and

others?

- What activities need a shortened exposure time to account for specific symptoms?

Describe any work schedule modifications, equipment or other accommodations that would make a difference to the Client's ability to engage with work activities.

Note: Restrictions and limitations need to be listed and clearly defined as they will be used to inform employers and others involved in any future vocational rehabilitation. This ensures that any proposed return to work or work trial is provided in a safe environment for the Client.

Determination of likely sustainability of work types, including Client comments

The assessor needs to make a determination of the likely medical sustainability of the work types by:

- having regard to the present consequences of the Client's personal injury
- having regard to any medical/surgical conditions not related to the injury; and
- disregarding any non-medical issues such as lack of job opportunities, child-care etc.

Each work type should be listed separately noting:

- work types medically sustainable now with rationale
- work types likely to be medically sustainable with rationale, including timeframes
- work types medically unsustainable indefinitely with rationale
- special attention should be placed on the pre-injury work type, abilities, restrictions, limitations and timeframes
- consistent and reasoned recommendations should be provided for all work types
- adhere to the work types as specified in the work detail sheets
- where present, the impact of pain, fatigue and mood needs to be specifically addressed for each work type
- tolerance for each work type must be discussed, including the viability for self-management practices in the workplace
- record Client's comments with respect to the work ability assessment for each work type and the assessor's findings and proposed rehabilitation recommendations.

Additional Comments

Assessor to add any additional comments or relevant information.

VIMA Report Headings

The VIMA report is to be completed with the headings outlined below. Additional information has been added beneath the headings to guide and encourage comprehensive reports which provide quality, completeness and consistency. All sections should be covered in the report.

It's not intended to limit the provider from recording any relevant information which should still be included in the report in the most relevant section. If additional information does not appear appropriate in the sections outlined, please record in the 'Additional Comments' section.

Identification/assessment information

Appropriate identification of information including:

- assessor details;
- referrer details, and date;
- assessment date and duration and location;
- report date;
- Client details – name; date of accident; date of birth; ACC Claim number, occupation at date of injury;
- any support person present;
- any other relevant information such as any information given to the Client about the purpose of the assessment.

Documents reviewed

List the documents provided by ACC. Comment on whether any information is missing/required.

Introduction and Consent Statement

Indicate that there has been a discussion with the Client and they are aware of the requirements of the assessment. The Introduction and Consent Statement is required to be completed in accordance with the guidance contained in the Medical Council of New Zealand statement - *Non- treating Doctors Performing Medical Assessments of Patients for Third Parties.*

History of the injury and its management

A clear background history must be documented with:

- presenting problem and contributing factors
- symptom onset and time course
- chronological record of events
- relevant dates specified.

Include details about the injury and management:

- how the injury was sustained
- the consequences of the injury
- previous assessments and investigations
- any medical or surgical treatment undertaken and response to treatment
- any self-management techniques.

Information about current medical certification and any attempts at returning to work should be described.

Any relevant inconsistencies should be highlighted.

Current situation/ functional enquiry

The Client's current situation regarding their function needs should be explored and discussed, including:

- functional or cognitive limitations;
- pain, site and radiation, character, severity, aggravating or relieving factors and associated symptoms;
- focused general medical functional enquiry;
- general symptoms (sleep, energy, mood) should be stated including their perception of what is wrong and their concerns;
- their current abilities and participation in activities of daily living, household chores, family responsibilities, volunteer work, exercise, hobbies and sporting and social activities, including driving;
- specifics regarding what exactly the Client does throughout a typical day;
- the Client's goals for work and non-work activities should be discussed and noted.

Note: Where symptoms such as pain, fatigue or mood disorder are identified, these need to be specifically noted and explored in terms of their nature and significance. See relevant sections for more information.

Past Medical/Surgical History

The Client's past medical history must be outlined. The impact of any illness or injury should be outlined including:

- ongoing symptoms
- any disability; and
- any adverse consequences of treatment.

Medications

List current medications including any noted side effects. Reference any significant trials of other medications and the outcome of these. Allergies should be noted.

Personal and social history

The Client's personal and social history must be noted including:

- smoking, alcohol and drug habits and history
- past participation in volunteer work, sports or hobbies
- areas of interest and motivation
- significant relationships, responsibilities and living arrangements
- any financial, social or domestic issues or concerns.

Past occupational history

A brief outline needs to be noted of the Client's past occupational history including:

- work types and periods of employment
- where appropriate, any exposure and the duration of this exposure to potentially

hazardous substances or situations.

Most recent employment

Regarding the most recent employment, information is required about:

- the job title, name of employer, period of employment and hours of work, tasks undertaken, additional responsibilities, travel requirements, work environment;
- where appropriate, exposure and the duration of this exposure to potentially hazardous substances or situations;
- comment on job satisfaction, work security, work performance, and relationship with manager and co-workers and any conflicts;
- comment on presence or absence of ongoing communications with employer;
- comment on whether the job is still available for the injured worker and in what form.

Examination

A focused assessment should be undertaken in respect to the injury and any other medical conditions. This assessment should address the following:

General observations such as:

- your overall impressions
- the person's attitude, thought process, communication and participation in the assessment
- any normal or abnormal behaviours or postures
- any consistencies and inconsistencies. Specific observations such as:
- height, weight, hearing, vision and mobility, BMI, blood pressure and heart rate etc;
- specific observations e.g. swelling, scars muscle wasting. Specific relevant injury examination should be included:
- regional examination e.g. back condition with lower limb neurology
- organ system examination e.g. neurological.

More specific examinations should be undertaken, where relevant. These should take into consideration the injury and the demands of the various work types and the fitness to undertake that work including:

- functional tests - range of movement, strength, nerve function, cognitive function, general vision and hearing; and
- general capabilities and any restrictions or limitations should be noted or discussed, as relevant, such as walking, standing, sitting, kneeling, squatting, lifting and carrying, reaching, climbing stairs, rising from sitting, dexterity.

Diagnosis

Provide a diagnosis/diagnoses for the injury/ injuries (or failing that a differential diagnosis). List other medical and surgical conditions. Make recommendations for investigations if necessary (more appropriate for IMA).

Current restrictions and limitations - if any

List any current restrictions and limitations:

- What can/can't the Client do?
- What activities can/can't they safety perform?
- What activities need to be avoided for the safety in the workplace for the Client and others?
- What activities need a shortened exposure time to account for specific symptoms?

Describe any work schedule modifications, equipment or other accommodations that would be required to enable the Client to engage with work activities.

Note: Restrictions and limitations need to be listed and clearly defined

Determination of fitness for work, including Client comments

The assessor needs to determine the client's capacity to undertake the identified work types by:

- having regard to the present consequences of the Client's personal injury;
- having regard to any medical/surgical conditions not related to the injury; and
- disregarding any non-medical issues such as lack of job opportunities, childcare etc.

Each work type should be listed separately noting:

-
- whether the work type, as specified in the work details sheet, is compatible with the assessed restrictions and limitations
- whether the client has the capacity to undertake the work type at 30 hours or more per week.
- where present, the impact of pain, fatigue and mood needs to be specifically addressed for each work type
- tolerance for each work type must be discussed, including the viability for self-management practices in the workplace
- record Client's comments with respect to the work ability assessment for each work type and the assessor's findings.

Comments on completeness of rehabilitation and medical treatment

Comment on whether recommended and agreed vocational rehabilitation is considered 'complete' or not and what outcomes have been achieved. Give sufficient detail. In cases where rehabilitation has been provided but is incomplete or the outcome is less than expected, discuss whether there has been adequate opportunity for the Client to engage with the rehabilitation and what is the significance of the outcome? I.e. is the client fit for work despite not having fully completed the rehabilitation or achieved an optimal outcome?

If further medical treatment is required or will be required in the future (for either injury or non- injury conditions), then provide recommendations for clinical management.

Include any Client comment regarding recommendations.

Additional Comments

Assessor to add any additional comments or relevant information.

VRR Report Headings and Content Guidelines

Identification/Assessment information

Appropriate identification of information including:

- assessor details
- referrer details, and date
- assessment date and duration and location.
- report date
- Client details – name; date of accident; date of birth; ACC Claim number.
- any support person present
- any other relevant information.

Documents reviewed

List the documents provided by ACC. Comment on whether any information is missing/required.

History of the injury/injuries and management

A clear background history must be documented with:

- how the injury was sustained
- the consequences of the injury
- presenting problem and contributing factors
- chronological record of events with relevant dates specified
- review of relevant assessments and investigations
- treatment and rehabilitation undertaken and response to this.

Information about current medical certification and any attempts at returning to work should be described.

Where symptoms such as pain, fatigue or mood disorder are identified, these need to be specifically noted and explored in terms of their nature and significance upon the Client's ability to undertake their job.

If you need further investigations to help with your conclusions, please discuss this with the Client and ACC's recovery team member. You may complete the assessment but delay releasing the final report until your investigation is complete.

Examination

A focused assessment should be undertaken. Details of this assessment in respect to the injury and any other medical conditions should be recorded in this report including:

General observations such as:

- your overall impressions
- the person's attitude, thought process, communication and participation in the assessment
- any normal or abnormal behaviours or postures
- any consistencies and inconsistencies. Specific observations such as:
- height, weight, hearing, vision and mobility, BMI, blood pressure and heart rate etc.
- other specific observations e.g. swelling, scars muscle wasting. Specific relevant injury examination should be included:
- regional examination e.g. back condition with lower limb neurology
- organ system examination e.g. neurological.

Apply the findings of your physical examination specifically taking into consideration the injury and the demands of the pre-injury work types and the fitness to undertake that work including:

- functional tests - range of movement, strength, nerve function, cognitive function, general vision and hearing, etc.
- general capabilities and any restrictions or limitations should be noted or discussed, as relevant, such as walking, standing, sitting, kneeling, squatting, lifting and carrying, reaching, climbing stairs, rising from sitting, dexterity.

Barriers to rehabilitation

Explore and list any other barriers to participation in rehabilitation such as:

- diagnostic difficulties
- access to work
- attitudes, beliefs and goals
- any noted cognitive and behavioural issues
- any work, social, cultural, family, or other issues raised by the Client.

Summary of the diagnosis

Provide a diagnosis/diagnosis for the injury/injuries including other medical and surgical conditions.

Employer communication

There needs to be a separate page at the back of the report which will be provided to the employer. This is to inform them as to the work tasks the Client can manage, how these can be increased and over what time frame. Where possible an indication as to when the Client is likely to be able to manage all tasks from their pre-injury role would be beneficial. This can be completed in table form or as a written paragraph and is to include any restrictions. The page is to be separate for ease of forwarding to the employer while maintaining the Client's privacy.

S.103 Report Headings and Content Guidelines

The S.103 report is to be completed with the headings outlined below. Additional information has been added beneath the headings to guide and encourage comprehensive reports which provide quality, completeness and consistency. All sections should be covered in the report.

The guidance provided is not intended to limit the provider from recording any relevant information which should still be included in the report in the most relevant section. If additional information does not appear appropriate in the sections outlined, please record in the 'Additional Comments' section.

Identification/Assessment information

Appropriate identification of information including:

- assessor details
- referrer details, and date
- assessment date and duration and location
- report date
- Client details – name; date of accident; date of birth; ACC Claim number.
- any support person present
- any other relevant information.

Documents reviewed

List the documents provided by ACC. Comment on whether any information is missing/required.

History of the injury/injuries and management

A clear background history must be documented with:

- how the injury was sustained
- the consequences of the injury
- presenting problem and contributing factors
- chronological record of events with relevant dates specified
- review of relevant assessments and investigations
- treatment and rehabilitation undertaken and response to this.

Information about current medical certification and any attempts at returning to work should be described.

Where symptoms such as pain, fatigue or mood disorder are identified, these need to be specifically noted and explored in terms of their nature and significance upon the Client's ability to undertake their job.

If you need further investigations to help with your conclusions, please discuss this with the Client and ACC's recovery team member. You may complete the assessment but delay releasing the final report until your investigation is complete.

Examination

General observations such as:

- your overall impressions
- the person's attitude, thought process, communication and participation in the assessment
- any normal or abnormal behaviours or postures
- any consistencies and inconsistencies. Specific observations such as:
- height, weight, hearing, vision and mobility, BMI, blood pressure and heart rate etc.
- other specific observations e.g. swelling, scars muscle wasting. Specific relevant injury examination should be included:
- regional examination e.g. back condition with lower limb neurology
- organ system examination e.g. neurological.

Apply the findings of your physical examination specifically taking into consideration the injury and the demands of the pre-injury work types and the fitness to undertake that work including:

- functional tests - range of movement, strength, nerve function, cognitive function, general vision and hearing, etc.
- general capabilities and any restrictions or limitations should be noted or discussed, as relevant, such as walking, standing, sitting, kneeling, squatting, lifting and carrying, reaching, climbing stairs, rising from sitting, dexterity.

Summary of the diagnosis

Provide a diagnosis/diagnoses for the injury/injuries including other medical and surgical conditions.

Confirm the occupation and work tasks of the pre-injury role with the Client

List the following information about the Client's pre-injury role:

- the job title, name of employer, period of employment and hours of work
- detailed description of tasks undertaken, additional responsibilities, travel requirements, work environment
- where appropriate, exposure and the duration of this exposure to potentially hazardous substances or situations
- comment on job satisfaction, work security, work performance, and relationship with manager and co-workers and any conflicts
- comment on presence or absence of continuing communications with employer
- comment on whether the job is still available for the injured worker and in what form.

If you do not have this information, you can't complete the report. Contact ACC to get the information. Specify if you have gathered this information from a previous report and any discussion you have had with the Client regarding this information.

Section 103 Questions

Answer these Section 103 specific questions and any additional questions in the referral.

Include clear rationale to support your answers.

1) Considering the Client's current injury and functional limitations, please outline:
    a) what aspects of their specific pre-injury role can they not currently undertake safely?
    b) considering physical, cognitive and social tasks and exposures, what aspects of their specific pre-injury role can they mostly undertake safely?
2) Considering the typical employment requirements, can the Client substantially engage in their pre-injury role? Substantially engage means able to perform the substantive and necessary tasks, on a safe and sustainable basis, and for the number of hours and in the environment that those tasks were undertaken before the injury occurred.
3) If the Client cannot substantially engage in their pre-injury role, which essential requirements or key aspects of this role are they unable to perform? Please detail with possible timeframes for potential resumption of these functions.
4) If the Client cannot substantially engage in their pre-injury role, to what extent do their current functional limitations relate to their injury? Please consider the impact and relative significance of other injury or non-injury incapacitating conditions.
5) If the Client is unable to perform their pre-injury role, please discuss any current or possible future investigations, treatment, or rehabilitation you would consider appropriate to help in restoring them to their pre-injury function and work role.
6) Considering the generic job description, can the Client apply their current fitness for work safely to a more generic role of this type.
7) If the Client cannot perform a more generic role, please discuss any current or possible future investigations, treatment, or rehabilitation investigations you would consider appropriate to help in restoring them to the pre-injury function and generic role.

S.105 Report Headings and Content Guidelines

The S.105 report is to be completed with the headings outlined below. Additional information has been added beneath the headings to guide and encourage comprehensive reports which provide quality, completeness, and consistency. All sections should be covered in the report.

The guidance provided is not intended to limit the provider from recording any relevant information which should still be included in the report in the most relevant section. If additional information does not appear appropriate in the sections outlined, please record in the 'Additional Comments' section.

Identification/Assessment information

Appropriate identification of information including:

- assessor details
- referrer details, and date
- assessment date and duration and location.
- report date
- Client details – name; date of accident; date of birth; ACC Claim number.

- any support person present
- any other relevant information.

Documents reviewed

List the documents provided by ACC. Comment on whether any information is missing and/or required.

History of the injury/injuries and management

A clear background history must be documented with:

- presenting problem and contributing factors
- symptom onset and time course
- chronological record of events
- relevant dates specified.

Include details about the injury and management:

- how the injury was sustained
- the consequences of the injury
- previous assessments and investigations
- any medical or surgical treatment undertaken and response to treatment
- any self-management techniques.

Information about current medical certification and any attempts at returning to work should be described.

Any relevant inconsistencies should be highlighted.

Current situation/ functional enquiry

The Client's current situation regarding their function needs should be explored and discussed, including:

- functional or cognitive limitations
- pain, site and radiation, character, severity, aggravating or relieving factors and associated symptoms
- focused general medical functional enquiry
- general symptoms (sleep, energy, mood) should be stated including their perception of what is wrong and their concerns
- their current abilities and participation in activities of daily living, household chores, family responsibilities, volunteer work, exercise, hobbies and sporting and social activities, including driving
- specifics regarding what exactly the Client does throughout a typical day;
- The Client's goals for work and non-work activities should be discussed and noted.

Note: Where symptoms such as pain, fatigue or mood disorder are identified, these need to be specifically noted and explored in terms of their nature and significance. See relevant

sections for more information.

Past Medical/Surgical History

The Client's past medical history must be outlined. The impact of any illness or injury should be outlined including:

- ongoing symptoms
- any disability; and
- any adverse consequences of treatment.

Medications

List current medications including any noted side effects. Reference any significant trials of other medications and the outcome of these. Allergies should be noted.

Personal and social history

The Client's personal and social history must be noted including:

- smoking, alcohol and drug habits and history
- past participation in volunteer work, sports or hobbies
- areas of interest and motivation
- significant relationships, responsibilities and living arrangements
- any financial, social or domestic issues or concerns.

Past occupational history

A brief outline needs to be noted of the Client's past occupational history including:

- work types and periods of employment
- where appropriate, any exposure and the duration of this exposure to potentially hazardous substances or situations.

Most recent employment

Regarding the most recent employment, information is required about:

- the job title, name of employer, period of employment and hours of work, tasks undertaken, additional responsibilities, travel requirements, work environment
- where appropriate, exposure and the duration of this exposure to potentially hazardous substances or situations
- comment on job satisfaction, work security, work performance, and relationship with manager and co-workers and any conflicts
- comment on presence or absence of ongoing communications with employer
- comment on whether the job is still available for the injured worker and in what form.

Examination

A focused assessment should be undertaken in respect to the injury and any other medical conditions. This assessment should address the following:

General observations such as:

- your overall impressions
- the person's attitude, thought process, communication and participation in the assessment
- any normal or abnormal behaviours or postures
- any consistencies and inconsistencies. Specific observations such as:
- height, weight, hearing, vision and mobility, BMI, blood pressure and heart rate etc.
- specific observations e.g. swelling, scars muscle wasting. Specific relevant injury examination should be included:
- regional examination e.g. back condition with lower limb neurology
- organ system examination e.g. neurological.

More specific examinations should be undertaken, where relevant. These should take into consideration the injury and the demands of the various work types and the fitness to undertake that work including:

- functional tests - range of movement, strength, nerve function, cognitive function, general vision and hearing
- general capabilities and any restrictions or limitations should be noted or discussed, as relevant, such as walking, standing, sitting, kneeling, squatting, lifting and carrying, reaching, climbing stairs, rising from sitting, dexterity.

Diagnosis

Provide a diagnosis/diagnoses for the injury/ injuries (or failing that a differential diagnosis). List other medical and surgical conditions.

Current restrictions and limitations - if any

List any current restrictions and limitations:

- What can/can't the Client do?
- What activities can/can't they safety perform?
- What activities need to be avoided for the safety in the workplace for the Client and others?
- What activities need a shortened exposure time to account for specific symptoms?

Describe any work schedule modifications, equipment or other accommodations that would make a difference to the Client's ability to engage with work activities.

Note: Restrictions and limitations need to be listed and clearly defined as they will be used to inform employers and others involved in any future vocational rehabilitation. This ensures that any proposed return to work or work trial is provided in a safe environment for the Client.

Section 105 questions

Answer these Section 105 specific questions and any additional questions in the referral. Include clear rationale to support your answers.

1) Please describe the Client's restrictions, limitations and fitness for work. Include comment on specific exposures, activities or tasks the Client should avoid because of their injury related incapacity.
2) Regarding the Client's current fitness for work, is the Client able to safely engage in each of the identified work types outlined in the Section 105 Occupational Assessment? Engage means able to perform most of the work tasks and all essential work tasks of that job. Relevant work types refer to work for which the Client has been determined to have the necessary experience, education or training and are described in the accompanying occupational assessment. Please comment separately on each job type.
3) Determination as to whether the Client has sufficiently recovered from their injury to be able to perform the requirements of any of the work types identified to a satisfactory standard for not less than 30 hours per week, including Client comments

The assessor needs to determine these work types by:

- having regard to the present consequences of the Client's personal injury
- having regard to any medical/surgical conditions not related to the injury; and
- disregarding any non-medical issues such as lack of job opportunities, childcare etc.

Each work type should be listed separately noting:

- work types that meet the requirements, with rationale
- work types that may meet requirements, including timeframes
- work types that do not meet requirements with rationale
- adhere to the work types as specified in the work detail sheets
- where present, the impact of pain, fatigue and mood needs to be specifically addressed for each work type
- tolerance for each work type must be discussed, including the viability for self-management practices in the workplace
- record Client's comments with respect to the work ability assessment for each work type and the assessor's findings and proposed rehabilitation recommendations.

Additional Comments

Assessor to add any additional comments or relevant information.

Template Example for Peer Review Report

Peer Reviewer Details

- Peer Reviewer name and title
- Summary of Peer Reviewer's qualifications and experience
- Privacy disclaimer

Referral Details

- Date Peer Review Requested
- ACC referrer name:

- ACC referrer role:
- Purchase Order:
- ACC Claim Number:
- Claimant name:
- VMS Assessor name:

Things to cover in peer review report:

- Date of report
- Acknowledge that the assessment has been referred for a Peer Review.
- Outline documentation considered when completing peer review.
- Acknowledge what you will be considering when completing peer review.

  For example:

  - Reflects the available information;
  - Draws the correct conclusions from the findings;
  - Considers the current function, including daily activities;
  - States current diagnosis/es;
  - Clearly describes current work ability;
  - Provides clear opinion about sustainability of work types with rationale, including the preinjury work role. If there are non-injury related factors, these are explained;
  - Provides specific rehabilitation recommendations.

Report Review

Outline specific details considered throughout the report review, for example provide specific detail as indicated in the list above.

Peer Reviewer's recommendation

Outline recommendations Peer Reviewer has concluded.