

Designated Doctor Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Information

If you are interested in becoming a Work and Income designated doctor, please complete this form and return it to Work and Income's Health and Disability Team in your area.

Call us on ☎ **0800 559 009** to get details.

Work and Income designated doctors are engaged to provide second opinions on medical information. This will assist Work and Income case managers to determine entitlement to and/or obligations for a benefit and/or to assist people into work.

Designated doctors may also be called on to assist with determining medical entitlement under our social security agreements. The designated doctor opinion will also be shared with the person's usual general practitioner (GP).

Criteria

Work and Income will use the following criteria when determining a doctor's suitability as a Work and Income designated doctor.

The designated doctor will normally:

- be vocationally registered in New Zealand
- have at least five years' work experience in the New Zealand health system
- have a demonstrated interest in rehabilitation or disability medicine
- be respected by their peers
- have a demonstrated ability to work constructively with Ministry of Social Development (MSD) staff.

Process

The referral will be accompanied by a copy of the original medical certificate, if this is available.

The designated doctor is expected to meet and assess the person within 10 days of referral, and provide a completed report to the case manager within five days of the assessment.

The designated doctor is encouraged to discuss any issues with the person's usual GP, if this is necessary.

Case managers will refer a person to a designated doctor where the medical certificate completed:

- indicates that the practitioner is not the best person to provide the information
- has inadequate information to establish medical eligibility and/or obligations
- capacity for work is unclear
- indicates that the diagnosis is unclear
- provides ambiguous or conflicting information
- substantially differs in its diagnosis or recommendations from the previous medical certificate.

Referrals to a designated doctor may be made to help determine medical entitlement to Supported Living Payment where the person:

- has provided other sources of information – such as the Needs Assessment Service Co-ordination (NASC) assessment or specialist's report, which is inadequate to determine entitlement *or*
- is unable to provide either existing reports or a medical certificate from their own doctor *or*
- is applying for a benefit under a social security agreement *or*
- chooses to have an assessment by a designated doctor.

A referral may also be made if the case manager has concerns about a person's:

- engagement in activities that appear to be at odds with their recorded incapacities
- duration on benefit where duration exceeds the expectation for that particular condition.

Payment

The GST Invoice should be forwarded to:

Work and Income
National Accounting Centre
Private Bag 3050
Rotorua 3046

Work and Income, the National Accounting Centre, provide payment for the completion of a designated doctor assessment.

The invoice must include:

- Work and Income client number
- client's name and address
- designated doctor's name, address, HPI and GST numbers
- date the assessment was completed
- basis for the assessment.

Terms and Conditions for Designated Doctors

1. You will perform the services of a designated doctor diligently, effectively and to a high professional standard.
2. The following values will govern how you and Work and Income will work with each other under this agreement.
You and Work and Income will:
 - work in a collaborative and constructive manner recognising each other's viewpoints and respecting differences
 - act towards each other honestly and always in good faith
 - communicate with each other openly, promptly and in a clear and timely manner
 - recognise the accountabilities that each of us have to the other and to the people to whom the services are provided
 - identify process issues and constructively engage in finding solutions
 - escalate any concerns to the health and disability co-ordinator, if the relationship between you and Work and Income breaks down.
3. All services under this agreement will recognise the needs of Māori, Pacific Island, migrant and other communities to have services provided in a way that recognises their social, economic, political, cultural and spiritual values.
4. All payments due under this agreement will be made by direct payment into your nominated bank account. You will supply Work and Income with verification of the nominated bank account details (either a pre-printed deposit slip or other bank-headed stationery) to enable this to occur. You will need to supply this verification for the first payment only or if you have any subsequent bank account changes.
5. Without limiting Work and Income's rights under this agreement at law, in equity, or otherwise, Work and Income may withhold funding in whole or in part if your reports fail to meet a reasonable standard expected of designated doctors.
These standards include:
 - that you agree to meet and assess a person within 10 days of receiving a designated doctor referral form from Work and Income
 - that you agree to provide a comprehensive report, using the Work and Income designated doctor report form within five days of the consultation, that will include:
 - a person's details
 - a diagnosis of the person
 - current treatment or intervention
 - impact on capacity for work
 - the person's expected ability and progress towards employment
 - benefit entitlement questions
 - planning for employment (with the person's consent)
 - providing advice on treatment or interventions that will best address a person's ability to work.
6. You agree to comply with any requests for information necessary for Work and Income to audit or verify the service requirements for which you have billed Work and Income.
7. You agree that Work and Income may retain all documents you send to Work and Income as a designated doctor for Work and Income's records, and to the extent to which Work and Income is otherwise allowed to do so by law.
8. You cannot assign or subcontract your role as a designated doctor.
9. **You agree to:**
 - use or disclose personal information obtained only for the purposes of preparing designated doctor reports
 - not do anything that would breach an information privacy principle contained in the Privacy Act or the Health Information Privacy Code
 - notify Work and Income immediately if you become aware of any breach or possible breach of the Privacy Act whether by yourself or your staff.
10. **You will:**
 - maintain your professional registration in your specified branch of medicine
 - maintain a constructive working relationship with Work and Income staff
 - notify the local Work and Income regional office if you:
 - have any change in your registration status
 - are no longer registered to practice medicine in New Zealand
 - move out of the region or overseas
 - are no longer able to receive referrals or undertake assessments.
11. Nothing in this agreement constitutes, or is taken to constitute, a legal relationship between the parties of partnership, joint venture, agency, or employment. For the avoidance of doubt, neither you nor Work and Income have the authority to bind or represent, or will attempt to bind or represent, the other in any way or for any purpose.
12. Being accepted as a designated doctor does not create an obligation on Work and Income or its staff to make referrals to you.
13. Work and Income reserves the right to modify the basis of engagement at any time and they will endeavour to give you reasonable notice of any change in the process or payments for designated doctors.

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Before you start

Please check that you meet all the relevant criteria on the front of this form.

Please complete all questions – if not applicable write N/A.

Designated doctor details

1. What is your name?

2. What is your preferred name (if different from above)?

3. What is your practice name, address and phone number?

Practice name

Practice address

Phone number

4. What is your HPI number?

5. Are you vocationally registered in New Zealand?

No

Yes ▶ If YES, please state your vocational branch of medicine below:

6. Have you practised medicine in New Zealand for at least five years?

No

Yes

7. Do you have a demonstrated interest in rehabilitation or disability medicine?

No

Yes ▶ If YES, please provide details of how this is reflected in your current practice below:

8. Have you previously worked as a designated doctor?

No

Yes

Certification

Please attach a copy of your current Annual Practising Certificate.

I have read and agree to the terms and conditions for designated doctors.

Medical practitioner's signature

Date

Day Month Year

Peer endorsement

The peer who endorses your application should be a registered medical practitioner who works in a similar field of medicine and does not practice from the same practice as you do.

I have known (applicant's name)

for over years. I know them to be a respected colleague and would endorse their suitability to be a designated doctor for Work and Income.

HPI number

Peer's name

Peer's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Office Use Only

Has this Designated Doctor Application been endorsed? No Yes

Who is giving this endorsement?

Regional Health Advisor Regional Disability Advisor

Endorser's name (print)

Endorser's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Has this Designated Doctor Application been approved? No Yes

Who is giving this approval?

Principal Health Advisor Principal Disability Advisor

Approver's name (print)

Approver's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Checklist

List updated by National Office ▶ Date updated

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

SWIFTT updated by Data Integrity Unit ▶ Date updated

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Comments
