Medical Certification

Under

Social Welfare Legislation

The Medical Certifiers Guide
Medical Certification
Under
Social Welfare Legislation
Instructions for Medical Certifiers

This booklet contains guidelines and instructions concerning medical certification for doctors who have been approved as Medical Certifiers under Social Welfare legislation.
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PART I

Introduction to the Medical Review & Assessment System
1. HOW TO JOIN THE DEPARTMENT’S PANEL

In order to become a Medical Certifier of insured persons under the Social Welfare (Consolidation) Act, 2005, a doctor must be a registered medical practitioner in that name, resident and practising in the European Economic Area (EEA).

Each doctor who applies to join the Department’s panel of Medical Certifiers must first sign an agreement form. *(See Appendix I, MC 8 – General Certifier’s Agreement)*

You are also required to complete our Electronic Fund Transfer (EFT) form and an application for a tax clearance certificate which should be submitted to your Local Revenue District.

*An list of Contacts in Revenue Districts for Tax Clearance Certificates is available at:*


*After completing the agreement form it is required to enclose all of the following documentation before submitting your application:*

- Signed MC 8 – General Certifier’s Agreement, Social Welfare Consolidation Act, 2005
- Completed Application Form
- Your current registration with the Irish Medical Council (I.M.C.)
- A current Tax Clearance Certificate
- Completed E.F.T. form

All applications are screened by the Deputy Chief Medical Advisor. Once you meet the criteria you will be issued with a DSP Panel number and a starter pack which includes books of certs, a reorder card, MC155 claim form and a copy of the medical certifier’s guidelines.

*Queries and completed applications can be submitted to:*

Medical Review & Assessment Section  
Department of Social Protection  
Oisín House  
212-213 Pearse Street  
Dublin 2  
☎: (01) 6732351  
✉: help.mras@welfare.ie
2. GENERAL AND HOSPITAL CERTIFICATION AGREEMENTS

Every Certifier who wishes to undertake general medical certification must sign an agreement form MC8. (See Appendix I, MC 8 – General Certifier’s Agreement)

If a Certifier wishes to issue certificates at a hospital or similar institution in addition to issuing them at his/her clinic or private home, s/he must sign a further agreement on form MC8(a) for the hospital at which s/he proposes to certify. (See Appendix II, MC 8A – Hospital Certifier’s Agreement)

If a Hospital Certifier changes to another hospital s/he must complete a new form MC8 (a).

In all cases, s/he should only use the certificates issued to himself/herself as a Certifier and not the certificates that were sent to his/her predecessor at the hospital.

The Certifier should return all Books of Medical Certificates, used and unused, immediately following conclusion of term of duty at hospital. Used books must be accompanied by completed MC155 claim form. Books returned unaccompanied by MC155 claim form will not be considered for payment.

The Certifier should place a tick in the box provided on the Medical Certificate to indicate if a patient is an inpatient in hospital.

3. THE PURPOSE OF THE MEDICAL REVIEW AND ASSESSMENT SYSTEM

The Medical Review & Assessment System provides a system of independent second medical opinions and is the principal control mechanism for all illness, disability and carer schemes administered by the Department. Medical Assessors carry out medical review assessments, desk reviews and desk assessments of medical evidence/reports on patients to provide second medical opinions for the guidance of Deciding Officers. Designed in consultation with the medical profession, the system operates under the overall direction of the Chief and Deputy Chief Medical Advisors.

The work of the Medical Assessors necessarily brings them into close relationship with Medical Certifiers. It is important therefore, that Certifiers should clearly understand the objectives of the Medical Review & Assessment System and the work of the Medical Assessors so that they are aware of how the system works and how effective co-operation between the Medical Assessors and the Certifiers helps to improve the efficiency of the Medical Review and Assessment System.
4. HOW THE SYSTEM WORKS

To qualify for payment under one of the Department's illness related schemes, patients must satisfy certain medical conditions. To establish entitlement or continued entitlement to a particular scheme, scheme sections refer cases to the MRA Section for medical review and assessment. A patient's entitlement to a particular scheme may be assessed or reviewed by way of a desk assessment of medical evidence and/or a in person medical assessment.

To assist the Medical Assessor in the assessment/review, the MRA Section or the relevant scheme section may request the Certifier to complete a medical report. For specific schemes the Certifier may also be requested to complete a similar medical report, which is attached to the application form. Medical report forms are of a standard format and are used for all schemes. The medical report is a detailed form which, when fully completed, gives the Medical Assessor a picture of the patient's disability and residual functional capacity. Based on this medical report the Medical Assessor may be in a position to express a medical opinion regarding the patient's entitlement to the Scheme. Otherwise, s/he may decide to call the patient for an in person medical assessment.

Properly and fully completed medical report forms, which are returned within the stipulated time frame (currently 10 days for the medical report form MR2), will be paid at the agreed rate. These payments will be included in the quarterly payment made to Certifiers. Certifiers must quote their Panel Number, sign, and date and where requested include name in BLOCK letters on medical reports, as otherwise payment cannot be guaranteed.
5. IN PERSON MEDICAL ASSESSMENT

In person medical assessments are carried out at prearranged times in Medical Review and Assessment Centres located throughout the country.

The Department’s Medical Assessor carries out an in person medical assessment, which may include a clinical examination that is specifically designed to find out about a patient’s illness or disability. The Medical Assessor does not make the initial diagnosis as this has already been done by the Certifier. Rather, s/he assesses the patient to find out how the illness/disability affects the patient in everyday life or, if appropriate, whether or not the patient is fit for his/her usual work or for other categories of work.

A Nurse-Attendant will be present with the Medical Assessor during the assessment. The Certifier may attend the medical assessment if s/he so wishes, and an interpreter if deemed necessary.

In all cases the Certifier is notified of the Medical Assessor's opinion if the patient is found to be capable of work.

Responsibility remains with the Certifier as to whether s/he should continue to issue medical certificates, but in carrying out this responsibility s/he will act with the full knowledge of the Medical Assessor’s opinion. Similarly, while a Deciding Officer is bound to take the Medical Assessor’s opinion into account, the decision as to whether benefit should continue to be paid in any particular case is a matter for the Deciding Officer and/or the Appeals Officer.

If a Deciding Officer disallows a patient's claim, that person has the right of appeal to the independent Social Welfare Appeals Office.
PART II

Medical Certification under Social Welfare Legislation
1. DUTIES OF THE MEDICAL CERTIFIER

The duties of a Medical Certifier under Social Welfare Legislation are to:

- Examine patients who are making claims to illness or disability schemes and
- Complete and issue, free of charge to the patient, a Medical Certificate on the official form, where s/he is satisfied that the patient is incapable of work due to some specific disease or bodily or mental disablement;
- Complete and issue medical certificates of confinement, free of charge to the patient, on the official form in respect of Maternity Benefit Claims;
- Complete and return medical report forms, free of charge to the patient, when requested to do so by the Department.

2. MEDICAL CERTIFICATES

Medical Certificates are supplied in book form by the Department at the request of the Certifier. The Certifier is responsible for the safekeeping of the books.

Certificates must be used only for the purpose set out in section I.

- The MC1 book contains First and Final Certificates (Red Forms). A First Certificate should be used for a new claim.
- The MC2 book contains Intermediate (Yellow Forms) and Final Certificates (Blue Forms).
- An Intermediate Certificate should be used where the claim is continuing.
- A Final Certificate (MC1 or MC2 as appropriate) should be used where the patient is considered fit to resume work.

The Certifier should place a tick in the box provided on the medical certificate to indicate if a patient is an in-patient in hospital.

Books of Certificates are supplied for the Certifier’s own use. S/he must not allow another Certifier use any of his/her Books of Certificates nor may s/he use books issued by the Department to another Certifier. (See section 16 for an exception in the case of a deputising Certifier). Certifiers will be paid only for certificates written from books issued to them.

The instructions on the inside of the Book of Certificates should be noted carefully.

Remember:

Always quote your Social Welfare (DSP) Panel Number clearly and legibly when completing certificates or reports for the Department. Failure to do so may delay your payment.
3. ASSESSING INCAPACITY FOR WORK

To qualify for benefit under the provisions of Social Welfare legislation the patient must be incapable of work as a result of illness or injury.

The patient may be deemed to be incapable of work for any day when the following conditions are satisfied:

- S/he is under medical care for a specific disease or bodily or mental disablement;

And

- A registered Medical Practitioner certifies that s/he should stay away from work and s/he does not work because of the illness;

Or

- S/he is a probable source of infection from a disease classified as infectious according to the regulations under the Health Acts and s/he does not work, on the advice of a registered Medical Practitioner.

Capacity for work

Consideration must be given not only to the patient’s illness or injury; consideration must also be given where appropriate as to how the patient’s condition affects his/her ability to perform required job tasks, or exercise skills, for a particular job or for jobs in general. In addition, consideration must be given to the potential health and safety implications the patient’s condition might pose.

It is most important also, in the patient’s interest, to consider whether certification and advice to stay off work is the most appropriate way to manage a patient’s care. Prolonged absence from work may cause deterioration in a patient’s condition. **For the most common health conditions, such as back pain and mild to moderate anxiety and depression, advice to stay at work or return to work early is recommended for a better clinical outcome. Reference to appropriate evidence-based clinical guidelines (e.g. for low back pain) is recommended in such cases.**

Categories of work

Fitness for patient’s usual work, if employed, should be considered for an initial period of 6 months.

After this period or if the patient is unemployed, fitness for all categories of work should be considered. *(See appendix 3, Work Capacity Assessment WC1)*
4. DESCRIBING THE INCAPACITY FOR WORK

When completing a medical certificate a Certifier must:

- Be satisfied that the patient is incapable of work;
- Certify that the patient is incapable of work;

And

- Indicate the specific disease or bodily or mental disablement that is the cause of the incapacity for work;

And

- State the cause of incapacity for work in legible and plain terms except in cases as follows:
  
  I. where the patient's health could be affected by an exact statement of the nature of his/her illness
  
  II. where the patient could suffer distress or injury as a result of the illness being revealed

In such cases the Certifier should tick the code 93D on the First Certificate (MC1) or insert it in the incapacity box on the Intermediate Certificate (MC2). This will alert the Department to the serious nature of the incapacity. The Certifier should then notify the Chief Medical Adviser in writing of the exact cause of the incapacity.
5. PROCEDURES FOR ISSUING CERTIFICATES

Issue of Certificates

The issue of a medical certificate should be based solely on the Certifier's opinion of the state of a patient's health.

A Certifier may not:

- Accept money or other consideration in connection with the issue of a medical certificate;

Or

- Make it a condition of the issue of a certificate that the patient should receive from him/her, and pay for, any medical advice, treatment, or medicine.

First Certificate

A patient seeking a First Certificate should be medically examined and given a First Certificate where the Certifier is satisfied that s/he is incapable of work.

In no circumstances should a First Certificate be issued unless the patient is examined first.

Intermediate Certificate

If incapacity lasts longer than eight days after the date of the First Certificate, an Intermediate Certificate should be issued each week while the incapacity lasts, or at such intervals as directed by the Department (See Note).

An Intermediate Certificate should only be issued on the basis of the results of a medical examination where the Certifier is satisfied for good medical reasons that the patient is still incapable of work.

NOTE: An Intermediate Certificate should not be given unless the Certifier is satisfied that the patient continues to remain incapable of work. It is not acceptable to issue certificates to a patient if you consider that s/he is fit to work.

The Certifier should regularly review each case and ensure that a Final Certificate is issued, as appropriate, without delay.

Final Certificate

A Final Certificate should be issued only when the Certifier is satisfied that the patient is fit to resume work on the day of examination or will be fit within the following three days.
6. COMPLETING MEDICAL CERTIFICATES

Each certificate must:

- Be completed clearly and legibly ensuring that the patient's name is entered on it;
- State the Certifier’s DSP Panel Number clearly;
- Be written by the Certifier in ink, preferably in CAPITAL LETTERS;
- Be signed and dated in the Certifier’s own handwriting - a rubber stamp should Not be used;
- Be issued personally by the Certifier to the patient (See Note I).
- Be issued at the time of examination (See Note II).

NOTE:

I. Certifiers must issue certificates personally. It is not acceptable for certificates to be completed or signed by anybody other than the Certifier or Locum.

II. If for any exceptional reason this is not possible, the certificate must be given to the person within twenty four hours of the examination.

III. Certifiers are asked to advise patients to fully complete their part of the certificate as Benefit cannot be paid on incomplete certificates.

ILLNESS BENEFIT

A patient must apply for Illness Benefit within 7 days of becoming ill. From the 6th of January 2014 no Illness Benefit payment is made for the first 6 days of illness which are known as waiting days. (Note that this was extended from 3 to 6 days on the 6th of January 2014). This means that a patient will not be entitled to Illness Benefit for the first 6 days of their claim (unless the patient was receiving Illness Benefit, Injury Benefit or a Jobseekers’ payment immediately before their claim). Claims with a commencement date before the 6th of January 2014 and those coming from Maternity Benefit will not be paid for the first 3 days of illness. (For more information on Maternity Benefit see section 14).

7. DATING OF CERTIFICATES

The date of examination must be entered on each First, Intermediate and Final certificate.

A certificate must not be issued in any circumstances showing a date of examination when, in fact, the patient was not examined.
8. FREQUENCY OF CERTIFICATES

Normally a patient must be given a certificate each week for as long as incapacity for work lasts. However, the Department reviews claims regularly and, where illness has lasted for more than six months; the patient may be advised to send in only one medical certificate every four weeks. In cases of long term illness, a certificate once every six months will normally suffice.

The Department will advise the patient of any change in the certification frequency.

A Certifier who considers that less frequent certification would be appropriate in a particular case should attach a note to the medical certificate requesting a review of the certification frequency and outlining the circumstances of the case.

When the Department has approved less frequent certification, the Certifier must not continue to certify weekly.

If the Certifier has signed an Agreement for General Certification (as distinct from certification in a hospital or similar institution) and the patient is unable to attend the surgery or clinic for examination, the Certifier should examine the patient at home before issuing a First or Final Certificate.

9. BACK DATING CERTIFICATES

If a patient is incapable of work and has been under the care of a Certifier for a considerable time before asking for certificates, the following should be completed and sent to the Department. Acceptance is at the discretion of the Department’s Chief Medical Adviser.

- A First Certificate (MC1) stating date illness began.

- A Certifier’s explanatory note confirming that the patient has been attending on a regular basis. The note should give details of dates/frequency of visits and the reason why certificates were not issued at the time of the visits. It should also state whether the patient has been ill and incapable of work since the illness began. If the patient attends hospital as an out-patient the dates of attendance should be stated. If s/he was an in-patient the dates of admission and discharge should be stated. Please also note that backdated certificates can only be given to patients who were under your care at the time. A specific form (DB 93A) now exists where insufficient medical evidence is given in backdating cases and Illness Benefits Section will issue this form in such cases.

- A current certificate (MC2).
10. CERTIFYING PATIENTS UNFIT TO ATTEND FOR MEDICAL ASSESSMENT

It is necessary for a patient claiming Illness Benefit to attend for assessment by a Medical Assessor of the Department when requested to do so unless they are certified unable to attend by their doctor. If you consider that a patient is unfit to attend for assessment due to illness, you must forward a certificate or report giving an update on their condition.

If a patient is certified unfit to attend for assessment on a regular basis, acceptance of such certification is at the discretion of the Department’s Chief Medical Adviser.

11. CERTIFICATION OF PATIENTS TREATED ABROAD

When a patient goes abroad for treatment or is living abroad, the patient must obtain medical certificates in that country. Under no circumstances should the certifier issue medical certificates for a period when a patient was out of state. Any such certificates will be made non payable.

12. REFUSAL TO ISSUE CERTIFICATES

A Certifier should refuse to issue a certificate if it is considered on medical grounds that the patient concerned is capable of work. After a medical examination, if a Certifier is satisfied that the patient is capable of work, s/he should refuse to issue a Certificate, or issue a Final Certificate, as appropriate.

This instruction should be strictly observed to prevent the abuse of Public Funds.

MR4

A Medical Certifier who doubts the continuing incapacity of a patient, whom s/he is certifying as incapable of work or wishes to have a second medical opinion, should apply to have the patient examined by a Medical Assessor. The application should be made on the form MR4 to the Chief Medical Adviser. When the MR4 is received, a Medical Advisor reviews the case and decides whether an urgent assessment should occur. Please note that this form is not placed on the claimant’s file in case it could be argued that it prejudices the examining Medical Assessor’s opinion and is thus destroyed after the review of the form has been carried out and before the assessment is scheduled. On the MR4 form, the Certifier should state the history of the case and the present condition of the patient. The patient’s PPS No. should be quoted on all correspondence with the Department. A certificate should not be refused because the patient is not receiving payment of benefit. The question of benefit entitlement is not a matter with which Certifiers need be concerned. If the patient complains of not getting payment s/he should be advised to contact the relevant scheme section in the Department.
13. INCAPACITY DUE TO OCCUPATIONAL ACCIDENT OR DISEASE

If the illness is due to an occupational accident or a prescribed occupational disease, Injury Benefit may be payable. Prescribed diseases are certain diseases contracted due to the nature of the employment. They are listed in the Department’s Information Leaflet, SW33, which is available on request to **Locall Leaflet Line: 1890 202325**.

A patient may also claim Injury Benefit in respect of a disease that is not prescribed but is contracted due to an occupational accident. Accidents while on an unbroken journey to or from work can be regarded as occupational accidents.

14. ILLNESS DURING PREGNANCY

If a patient is considered to be incapable of work due to illness and is also pregnant the Certifier should state this fact on the Medical Certificate. Pregnancy per se is not an illness. It is essential that the EDD (Expected Delivery Date) is included on the certificate.

Maternity Benefit

Maternity Benefit may be payable for 26 weeks. In such cases, certificates of confinement on the official forms are required. Medical Certificates should not be issued during this period.

15. WORKING AND RECEIVING BENEFIT

Illness Benefit patients are **NOT** permitted to work while claiming. However, in certain circumstances the Department will grant permission for a person to undertake part-time work or training where it is of rehabilitative value or therapeutic in nature. **Partial Capacity Benefit** is a social welfare scheme which allows claimants to return to work *(if they have reduced capacity to work)* and continue to receive a payment from this Department. Claimants may not work until they have received **written approval** to do so from the Department. They should also get the approval of their doctor who **must** fill in part of the application form which is submitted to the Department as part of the application process before taking up any employment.

16. CERTIFIER UNABLE TO PERFORM HIS/HER DUTIES

If the Certifier is ill, absent from home or, for any other reason, temporarily unable to carry out his/her duties, s/he is required to arrange immediately, to the best of his/her ability, for a medical practitioner to deputise for him/her. The Locum **must be** a Medical Certifier under Social Welfare legislation. The Certifier should fully instruct the Locum as to the arrangements for the certification of patients.
17. PAYMENT FOR MEDICAL CERTIFICATION

Payment in respect of properly completed medical certificates and reports is made on an agreed fee-per-item basis to certifying doctors.

Payments are made quarterly. To ensure payment in a particular quarter, medical certificate counterfoils must be received in the Department on or before the last day of the quarter. Counterfoils received after the last day of a quarter will not be paid until the end of the next quarter.

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<tr>
<th>Counterfoils returned between dates</th>
<th>Payment made at end of</th>
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<tbody>
<tr>
<td>1 February - 30 April</td>
<td>May</td>
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<tr>
<td>1 May - 31 July</td>
<td>August</td>
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<td>1 August - 31 October</td>
<td>November</td>
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<td>1 November – 31 January</td>
<td>February</td>
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Returning MC1 (First/Final) counterfoils for payment

MC1 Counterfoils must be returned intact to the Department for payment, i.e. they must not be separated from the books in which they were issued.

Normally only fully issued Books of Certificates (all certificates issued) should be returned for payment. The exception to this is where the Certifier’s contract has ended.

MC1 counterfoils returned by post

Counterfoils that are returned by post should be registered, or, at minimum, proof of posting should be obtained.

MC1 counterfoils delivered by hand

Certifiers should ensure that they obtain a receipt for counterfoils that are returned by hand to Medical Review and Assessment Section.

Lost counterfoils

Where counterfoils are alleged to have been lost, failure to produce proof of posting or a receipt, as appropriate, may result in non-payment. Certifiers should keep a record of the books that they are returning to the Department, e.g. retain a copy of the relevant claim form MC155.

Please Note: MC2 (Inter/Final) medical certificates are currently scanned by the Department on receipt and payment is made on a quarterly basis. MC2 counterfoils should be retained by the Medical Certifier for their own record purposes.
Proper completion of counterfoils

Each counterfoil submitted for payment must show:

- Patient’s name;
- Patient’s PPSN Number;
- Date of issue/examination.

Payment will not be made in respect of blank or incomplete counterfoils.

Remember – always submit a properly completed Claim Form MC155 with your certificate counterfoils when claiming payment. Failure to do so may delay payment.

Claim Form

Books of counterfoils must be submitted with a completed claim form MC155 which must:

- be signed and dated in the Certifier’s own handwriting;
- show the certifier’s Panel Number;
- be completed clearly, legibly and accurately.

Payment cannot be made without a properly completed claim form. Counterfoils may be returned to the Certifier on request by registered post for re-submission with the properly completed form MC155. A charge may be made for processing re-submitted claims for payment to cover postage and administrative costs, which may be deducted from the Certifier’s payment.

Special reports

Special reports are paid on a quarterly basis. Forms MR2 and MR33 are issued to request assessment of the medical condition of patients who are in receipt of Illness or Injury benefit. Form MR2 must be returned within ten days of issue. Both forms are valuable aids to Departmental Medical Assessors when determining whether a claimant should attend for assessment. They can, for example, prevent seriously ill claimants being called unnecessarily or allow a desk assessment to take place instead. Thus, their timely receipt is important.
Proper completion of special reports

Each special report must show:

- Certifier’s printed name (BLOCK CAPITALS);
- Certifier’s signature;
- Certifier’s panel number.

Before submitting the MR Report please ensure that your panel number is correct and legible as shown in the example below so that it can be easily deciphered when being processed. Failure to do so could delay your payment or payment to the wrong certifier could occur.

DSP Panel Number: 0 1 2 3 4

Withholding Tax

Withholding tax certificates, F45s, are issued with each payment. These are valuable documents and should be retained by the Certifier for tax purposes. The Department will charge for the issue of replacement F45s (F43/1).

Payment to Locum Medical Certifiers

Payment to a Locum for certification is a matter for agreement between the locum and the Principal Certifier. The Locum must be a registered Medical Certifier with the Department. The Locum may use his or her own books to certify patients and claim payment from the Department accordingly. However, the Locum may also use the Principal Certifier’s Medical Certificates, and quote the Certifier’s DSP Panel Number, sign on the Certifier’s behalf but it is extremely important especially when signing Special Reports to make it clear who the Principal Certifier is and state the fact that it is the Locum signing on the Certifier’s behalf. In such cases, payment will be made only to the certifier.

Health Service Executive forms

Please note Health Service Executive forms are NOT paid for by this Department.
18. IRREGULAR CERTIFICATION

A very serious view is taken of irregular or lax certification and practices such as the following will not be accepted.

- Charging for the issue of certificates.

- Issue of certificates by a person other than the Certifier to whom the Books of Certificates was issued.

- Engagement of a Locum who is not a registered Certifier.

- Completion of a certificate when the patient has not been seen or examined by the Certifier, e.g. pre-signing of certificates by Certifiers for completion and issue by receptionists.

- Issue of certificates that are not properly signed and dated – practices such as initialling or using a rubber stamp or other artificially produced signature are not acceptable.

- Completion of certificate counterfoil with details of a person other than the person to whom the certificate was issued.

- Issue of a certificate to a person who is considered by the Certifier to be capable of work.

- Continued issue of weekly certificates to patients who have been placed on less frequent certification by the Department.

- Self-certification or that of a member of immediate family e.g. spouse/child by a Medical Certifier for the purposes of making a claim to a social welfare scheme.

Irregular certification action may lead to the imposition of monetary penalties, termination of the Certifier’s agreement, or referral to the Medical Council or relevant body.

Monetary penalties will have regard to the losses from Social Welfare funds incurred as a result of the irregular certification. The penalty may be recovered by withholding from payments due or as a simple contract debt.
CONTACT DETAILS

For supplies of MC1 and MC2 certificates or queries on applications please contact:

Medical Review & Assessment Section  
Department of Social Protection  
Oisín House  
212-213 Pearse Street  
Dublin 2  
☎: (01) 6732351  
✉: help.mras@welfare.ie

For queries on payments or medical certificates please contact:

☎: (01) 6732482  
✉: gpqueries@welfare.ie

We offer a consultation service that explains the policies, procedures and issues around certification. If you would like to avail of this service please contact:

☎: (01) 6732335  
✉: sharon.holland@welfare.ie

For Illness benefit queries or if any of your patients have queries on Illness Benefit:

Department of Social Protection  
Áras Mhic Dhiarmada  
Store Street  
Dublin 1  
☎: (01) 6797777  
✉: benefits@welfare.ie
APPENDICES

I. MC 8 – General Certifier’s Agreement
II. MC 8A – Hospital Certifier’s Agreement
III. Work Capacity Assessment (WC1)
I. MC8
Social welfare (Consolidation) Act, 2005

MEDICAL CERTIFICATION

To the Minister for Social Protection

I, __________________________________ of ________________________________

Being a registered medical practitioner in that name resident and practising in the European Economic Area (EEA), hereby propose and agree to become a Medical Certifier of persons insured under the Social Welfare (Consolidation) Act, 2005, (hereinafter called “The Acts”) on the following terms and conditions:-

1. I will medically examine every insured person who desires to be furnished with a certificate for the purpose of any claim by such person for Illness Benefit or Injury Benefit or for the purpose of determining or calculating the period during which such benefit is or would, but for any provision of the Acts disentitling him, have been payable or for the purpose of a claim to have contributions credited, or for any purpose in respect of which certificates are required to be furnished.

I will certify as accurately as possible the specific disease or bodily or mental disablement, if any, which renders such person incapable of work, in such form and containing such particulars as the Minister for Social Protection (hereinafter called “the Minister”) may from time to time require. The certificates will be legibly written, duly signed by me and bear the date on which such certificate is so signed in accordance with the conditions set out hereunder.

2. I will deal with requests for medical certificates as soon as possible in conformity with the terms of this agreement and the related guidelines and procedures.

3. I will furnish to the Minister through her/his Chief Medical Adviser, at such times and in such form as may be required, information as to the person to whom I have furnished certificates, the date on which each such certificate was issued, the disease or disablement in respect of which it was issued and such further information in regard thereto as may be required.

4. If after examination of an insured person who desires to obtain a certificate for the purpose of claiming Illness Benefit or Injury Benefit, I am of opinion that the condition of such person is not such as to warrant the issue of a certificate, I will forthwith notify the Minster through her/his Chief Medical Adviser, in such form as may be required, of my refusal to grant a certificate.

5. Medical Certificates will be signed and issued by me personally to the insured person concerned. However, if I am prevented by illness, unavoidable absence from home or other sufficient reason from so doing, I will, to the best of my ability, arrange for another Medical Certifier of persons insured under the Acts to examine and certify the insured persons.

6. I will refuse to furnish a certificate only if the condition of the person seeking it does not justify giving it or that person is, at the time of applying for the certificate, being treated by another Medical Certifier.

7. I will not receive from any insured person any money or other consideration in respect of the issue of a certificate. I will not make it a condition of the issue of a certificate that any such person shall receive from me and pay for medical advice, treatment or medicine. I will not afford medical advice or treatment to any such person unless definitely requested to do so.
8. For the purpose of determining and paying my remuneration, the year shall be divided into four quarters, beginning respectively on February 1, May 1, August 1 and November 1. As soon as possible after the expiration of the quarter in which this Agreement came into force, and of each succeeding quarter while so remaining, the Minister, shall pay to me remuneration as determined in the manner set forth in the Medical Certifier’s Guide to Social Welfare Legislation, or in such manner as may be determined from time to time.

9. Where the Minister has reason to believe that I have failed to comply with the terms of the Agreement, s/he shall notify me of the reason for such belief and shall consider any representations in the matter submitted to her/him within twenty-one days of the issue of the notification. Notwithstanding the provisions of paragraph 8, the Minister, having regard to the losses which may be caused to the benefit funds by reason of any such failure to comply with the conditions of the Agreement, may withhold such sums as s/he considers fit or recover such sums as a simple contract debt or may decide to determine the agreement immediately.

10. In the event of my ceasing to issue certificates, I will return to the Department all unused official certificate forms (MC1 and MC2) then in my possession.

11. This Agreement shall come into force on my being notified by the Minister of the acceptance thereof and may be determined by one month’s notice on either side.

Professional Qualifications

________________________________________________________

Present Appointment held

__________________________________________________________________________________

Are you registered in the Medical Register of Ireland?  
Or its equivalent in another EEA state

As a qualified medical practitioner?  
Yes ☐ No ☐

If so registered, indicate  
(a) the date on which registered  
(b) Your address as registered

Please state your PPSN (If applicable)

PLEASE ENCLOSE A COPY OF YOUR CERTIFICATE OF CURRENT REGISTRATION, TAX CLEARANCE CERTIFICATE AND EFT FORM.

Signed in the presence of:

Signed __________________________  Signature of witness __________________________

Address __________________________  Address __________________________

________________________________________  ____________________________________

________________________________________  ____________________________________

Date __________________________  Date __________________________
II. MC8-(A)
Social welfare (Consolidation) Act, 2005

MEDICAL CERTIFICATION-HOSPITAL

To the Minister for Social Protection

I, ________________________________ of ________________________________

Being a registered medical practitioner in that name resident and practising in the European Economic Area (EEA) and being a member of the (Visiting) staff of the (name of hospital)

(Delete if inapplicable)

Hereby propose and agree to become a Medical Certifier of persons insured under the Social Welfare (Consolidation) Act, 2005 (hereinafter called “The Acts”) on the following terms and conditions:

1. I will medically examine every insured person who desires to be furnished with a certificate for the purpose of any claim by such person for Illness Benefit or Injury Benefit or for the purpose of determining or calculating the period during which such benefit is or would, but for any provision of the Acts disentitling him, have been payable or for the purpose of a claim to have contributions credited, or for any purpose in respect of which certificates are required to be furnished.

   I will certify as accurately as possible the specific disease or bodily or mental disablement, if any, which renders such person incapable of work, in such form and containing such particulars as the Minister for Social Protection (hereinafter called “the Minister”) may from time to time require. The certificates will be legibly written, duly signed by me and bear the date on which such certificate is so signed in accordance with the conditions set out hereunder.

2. I will deal with requests for medical certificates as soon as possible in conformity with the terms of this agreement and the related guidelines and procedures.

3. I will furnish to the Minister through her/his Chief Medical Adviser, at such times and in such form as may be required, information as to the person to whom I have furnished certificates, the date on which each such certificate was issued, the disease or disablement in respect of which it was issued and such further information in regard thereto as may be required.

4. If after examination of an insured person who desires to obtain a certificate for the purpose of claiming Illness Benefit or Injury Benefit, I am of opinion that the condition of such person is not such as to warrant the issue of a certificate, I will forthwith notify the Minister through her/his Chief Medical Adviser, in such form as may be required, of my refusal to grant a certificate.

5. Medical Certificates will be signed and issued by me personally to the insured person concerned. However, if I am prevented by illness, unavoidable absence from home or other sufficient reason from so doing, I will, to the best of my ability, arrange for another Medical Certifier of persons insured under the Acts to examine and certify the insured persons.

6. I will refuse to furnish a certificate only if the condition of the person seeking it does not justify giving it or that person is, at the time of applying for the certificate, being treated by another Medical Certifier.

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Professional Qualifications __________________________________________________________
________________________________________________________________________________
Present Appointment held__________________________________________________________
_________________________________________________________________________________

Are you registered in the Medical Register of Ireland? Or its equivalent in another EEA state
As a qualified medical practitioner? Yes [ ] No [x]
If so registered, indicate (a) the date on which registered __________________________
(b) Your address as registered ______________________________________________________

Please state your PPSN (If applicable) __________________________

PLEASE ENCLOSE A COPY OF YOUR CERTIFICATE OF CURRENT REGISTRATION, TAX CLEARANCE CERTIFICATE AND EFT FORM.

Signed in the presence of:

Signed________________________Signature of witness___________________________
Address________________________Address___________________________
_____________________________________________________________________________
Date_________________________Date___________________________

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## WORK CAPACITY ASSESSMENT (WC1)

<table>
<thead>
<tr>
<th>Category</th>
<th>Job Effort / Skill</th>
<th>Examples of Work in each Category</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Light/Skilled</td>
<td>Professional Managers, Academics, Supervisors</td>
</tr>
<tr>
<td>B</td>
<td>Light/Semi-skilled</td>
<td>Office Workers (e.g. Typist), Receptionist, Telephonist, Sales Persons, Taxi Driver, Couriers</td>
</tr>
<tr>
<td>C</td>
<td>Light/Lesser Skilled</td>
<td>Shop Assistants, Caretakers, Security Officer</td>
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<tr>
<td>D</td>
<td>Moderate/Skilled</td>
<td>Tradesperson (e.g. Fitter, Electrician, Plumber, Printer), Health Care Paraprofessionals’ (e.g. Nurse, Physiotherapist)</td>
</tr>
<tr>
<td>E</td>
<td>Moderate/Semi-skilled</td>
<td>Factory Workers/Machine Drivers (e.g. Forklift), Cleaners, Waiter/Waitress, Postal Worker, Childcare Worker</td>
</tr>
<tr>
<td>F</td>
<td>Moderate/Lesser Skilled</td>
<td>Domestic Attendants, Kitchen Workers</td>
</tr>
<tr>
<td>G</td>
<td>Heavy Skilled</td>
<td>Tradesperson (e.g. Bricklayer, Carpenter, Machinist, Mechanic, Panel Beater, Baker, Cook, Butcher), Transport Driver (HGV/PCV)</td>
</tr>
<tr>
<td>H</td>
<td>Heavy/Semi-skilled</td>
<td>Nursing Assistants/Industrial Cleaners</td>
</tr>
<tr>
<td>I</td>
<td>Heavy Lesser Skilled</td>
<td>General Operatives (e.g. Construction, Farm Workers, Refuse Collectors)</td>
</tr>
</tbody>
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