



Australian Government

Comcare

Safety, Rehabilitation and Compensation Act 1988
Section 34E

**OPERATIONAL STANDARDS FOR
REHABILITATION PROGRAM PROVIDERS
(WORKPLACE REHABILITATION PROVIDERS)**

Introduction

- A. These standards have been determined under section 34E of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act) and set out the outcome and service standards required to be achieved and satisfied by rehabilitation program providers approved under the SRC Act.

Notes:

1. These standards are a disallowable legislative instrument within the meaning of the *Legislative Instruments Act 2003*.
2. The standards include both outcome and service standards to be achieved by providers to maintain approval and to assist employers discharge their responsibility to rehabilitate injured employees.
3. Comcare has developed a model of workplace rehabilitation to assist employers to meet their responsibilities under the SRC Act. Effective workplace rehabilitation is a managed process combining early intervention with appropriate, adequate and timely services based on the assessed needs of the injured employee and seeks to either maintain an employee at work or to quickly and safely return the employee to work on ordinary duties and hours.
4. Comcare approves persons (including partnerships and companies) as rehabilitation program providers who can be engaged by employers to provide rehabilitation services to injured employees. It is required to determine criteria that providers must satisfy to be approved and operational standards that approved providers must comply with.

- B. These standards apply on and from 1 July 2010.

Note: See subsection 34E(4) of the SRC Act.

- C. Comcare has incorporated key elements of the Heads of Workers' Compensation Authorities (HWCA) endorsed nationally consistent approval process, namely the Principles of Workplace Rehabilitation and the National Conditions of Approval, into these standards and the Criteria for Initial Approval or Renewal of Approval as a Rehabilitation Program Provider (Workplace Rehabilitation Provider) in preparation

for implementation of the nationally consistent approval framework from 1 July 2010.

D. In these standards:

‘Approval Criteria’ means the Criteria for the Initial Approval or Renewal of Approval as a Rehabilitation Program Provider (Workplace Rehabilitation Provider) from time to time in force under section 34D of the SRC Act;

‘Code of Conduct’ means the HWCA endorsed Code of Conduct for Workplace Rehabilitation Providers as at 23 October 2009;

‘employee’ has the meaning given by section 5 of the SRC Act;

‘employer’ means the Entity, Commonwealth authority or licensed corporation employing the employee;

Note: The expressions Entity, Commonwealth authority and licensed corporation are defined by subsection 4(1) of the SRC Act.

‘HWCA’ means the Heads of Workers’ Compensation Authorities;

‘National Conditions of Approval’ means the HWCA endorsed Conditions of Approval as at 23 October 2009;

‘Principles of Workplace Rehabilitation’ means the HWCA endorsed Principles of Workplace Rehabilitation as at 23 October 2009;

‘provider’ means a person (including a partnership or company) that is approved as a rehabilitation program provider (workplace rehabilitation provider) under the SRC Act, and includes any principal of the provider;

‘rehabilitation authority’ has the meaning given by subsection 4(1) or, in relation to members of the Defence Force, section 146 of the SRC Act and includes a delegate appointed under section 41A of the SRC Act;

‘Rehabilitation Guidelines’ means the Guidelines for Rehabilitation Authorities from time to time in force under section 41 of the SRC Act;

‘relevant authority’ has the meaning given by subsection 4(1) of the SRC Act;

‘the SRC Act’ means the *Safety, Rehabilitation and Compensation Act 1988*; and

‘the Workplace Rehabilitation Model’ is a service delivery model for workplace rehabilitation -

(a) aimed at an early and safe return to work for injured employees,

- (b) involving a designated provider responsible and accountable for coordinating services designed to achieve a cost-effective, safe and durable return to work for the injured employee,
- (c) where services are delivered on a continuum of assessment of need, planning, active implementation, review and evaluation, and
- (d) requiring effective communication, decision making, financial accountability and informed purchasing of services and resources.

Notes:

1. Authentic copies of the Approval Criteria and the Rehabilitation Guidelines are available on the Federal Register of Legislative Instruments at www.comlaw.gov.au . The Approval Criteria and the Rehabilitation Guidelines are disallowable legislative instruments within the meaning of the *Legislative Instruments Act 2003*.
2. Authentic copies of the Code of Conduct, the National Conditions of Approval and the Principles of Workplace Rehabilitation as at 23 October 2009 are published on the Comcare website at www.comcare.gov.au .
3. Comcare publishes a list of providers on its website at www.comcare.gov.au .

E. A reference in these standards or the notes to these standards to:

- (a) the letters OS followed by a number – is a reference to the Outcome Standard of that number in these standards; and
- (b) the letters SS followed by a number - is a reference to the Service Standard of that number in these standards.

F. A reference in the notes to these standards to:

- (a) a condition followed by a number – is a reference to the condition of that number in the National Conditions of Approval; and
- (b) a principle followed by a number – is a reference to the principle of that number in the Principles of Workplace Rehabilitation.

Outcome Standards

Outcome Standard 1 Return to work rate

OS1.1 A provider is required to achieve the following return to work rates:

- (a) where the final rehabilitation goal is a return to work with the same employer –
 - (i) in respect of employees with less than 10 days incapacity for work – 90%, and
 - (ii) in respect of employees with not less than 10 days incapacity for work – 90%; and
- (b) where the final rehabilitation goal is a return to work with a different employer –
 - (i) in respect of employees with less than 10 days incapacity for work – 60%, and
 - (ii) in respect of employees with not less than 10 days incapacity for work – 60%.

Note: This outcome standard applies in relation to rehabilitation programs under section 37 the SRC Act provided by the provider in relation to employees with an incapacity for work.

Outcome Standard 2 Cost of rehabilitation programs

OS2.1 The median cost of all rehabilitation programs provided to employees by the provider must not exceed \$2980.

Notes:

1. This outcome standard applies in relation to rehabilitation programs under section 37 the SRC Act provided by the provider in relation to employees with an incapacity for work.
2. A provider may be taken to have satisfied OS2.1 where and to the extent Comcare is satisfied that the reason for the provider exceeding the required median cost is an unusually high proportion of complex cases.
3. For that purposes, a complex case is a rehabilitation program involving:
 - (a) an employee with multiple and severe injuries;
 - (b) significant psychological factors identified at the plan proposal stage;
 - (c) an employee with previous unsuccessful or uncompleted rehabilitation programs; or
 - (d) a rehabilitation program which has return to work with a different employer as the final goal.

Outcome Standard 3 Return to work durability

OS3.1 A provider is required to achieve not less than 85% of employees who are fully or partially returned to work at the closure of their rehabilitation programs still being maintained at work (as confirmed by their employer) 13 weeks after the closure of the rehabilitation program.

Note: This outcome standard applies in relation to rehabilitation programs under section 37 the SRC Act provided by the provider in relation to employees with an incapacity for work.

Service Standards

Service Standard 1 Service delivery

SS1.1 The provider must develop and maintain a service philosophy that reflects the requirements of the SRC Act, the Rehabilitation Guidelines.

SS1.2 The provider must ensure that all services are delivered:

- (a) in accordance with the Workplace Rehabilitation Model by persons who hold the minimum qualifications referred to in Criteria 1.4; and

Note: See Principle 4.4.1. and the definition in D.

- (b) in accordance with the Key Service Principles.

Note: See Principle 4.1 of the Principles of Workplace Rehabilitation and SS1.3.

SS1.3 The Key Service Principles are as follows:

KSP1. Workplace rehabilitation providers must deliver services to employees and employers in a cost-effective, timely and proactive manner to achieve a safe and durable return to work.

Note: See Principle 4.1 of the Principles of Workplace Rehabilitation.

KSP2. A focus on return to work:

- (a) expectations that a return to work goal and the services required are established with relevant parties (including the employee, employer, relevant authority and other service providers) at the commencement of and throughout service provision;

Note: See Principle 4.1.1a of the Principles of Workplace Rehabilitation.

- (b) appropriate services are identified and delivered to maximise return to work; and

Note: See Principle 4.1.1b of the Principles of Workplace Rehabilitation.

- (c) service focus initially on return to work in the employee's pre-injury employment or, if that is not possible, with another employer.

Note: See Principle 4.1.1c of the Principles of Workplace Rehabilitation.

KSP3. The right services provided at the right time:

- (a) employees receive prompt attention and intervention appropriate to their needs;

Note: See Principle 4.1.2a of the Principles of Workplace Rehabilitation.

- (b) barriers, risks and strengths are identified and strategies promptly implemented; and

Note: See Principle 4.1.2b of the Principles of Workplace Rehabilitation.

- (c) services are actively coordinated and integrated with other injury management and return to work activities.

Note: See Principle 4.1.2c of the Principles of Workplace Rehabilitation.

KSP4. Effective service provision at an appropriate cost:

- (a) the needs of the employee and employer are identified by means of adequate and appropriate assessment;

Note: See Principle 4.1.3a of the Principles of Workplace Rehabilitation.

- (b) service levels match the employee and employer needs; and

Note: See Principle 4.1.3b of the Principles of Workplace Rehabilitation.

- (c) service costs match the range and extent of service provision.

Note: See Principle 4.1.3c of the Principles of Workplace Rehabilitation.

KSP5. Effective communication with all relevant parties:

- (a) respectful, open and effective working relationships are established and maintained with and between employees and employers and other relevant parties;

Note: See Principle 4.1.4a of the Principles of Workplace Rehabilitation.

- (b) the provider acts as the link between treatment providers and the workplace to translate functional gains into meaningful work activity;

Note: See Principle 4.1.4b of the Principles of Workplace Rehabilitation.

- (c) progress towards the return to work goal is communicated to interested parties throughout service provision; and

Note: See Principle 4.1.4c of the Principles of Workplace Rehabilitation.

- (d) durability of employment is confirmed by the relevant authority 13 weeks after placement.

Note: See Principle 4.1.4d of the Principles of Workplace Rehabilitation.

KSP6. Evidence based decisions:

- (a) assessments demonstrate the need for a service;

Note: See Principle 4.1.5a of the Principles of Workplace Rehabilitation.

- (b) the type of service selected is the most appropriate and cost effective of those available to achieve the return to work goal;

Note: See Principle 4.1.5b of the Principles of Workplace Rehabilitation.

- (c) an equitable and consistently applied approach to recommending commencement and cessation of service delivery; and

Note: See Principle 4.1.5c of the Principles of Workplace Rehabilitation.

- (d) consideration is given to workplace industrial relations and human resource matters that may affect the employee's return to work.

Note: See Principle 4.1.5d of the Principles of Workplace Rehabilitation.

Service Standard 2 Return to work management

Early intervention and rehabilitation assessment

SS2.1 Within 24 hours of a referral for an assessment of an employee's capability of undertaking a rehabilitation program, a provider must ensure that:

- (a) the referral is appropriately recorded;
- (b) the referral is allocated to a workplace rehabilitation provider with suitable qualifications; and
- (c) the referrer is contacted to –
 - (i) accept and acknowledge the receipt of the referral,
 - (ii) clarify the nature of the services requested, and
 - (iii) negotiate the cost of the services.

- SS2.2 A provider must ensure that:
- (a) initial contact with all key parties (employee, supervisor, case manager, medical practitioner) is made within one working day of the referral; and
 - (b) within three working days a time for assessment has been scheduled.
- This includes the following activities –
- (i) an initial meeting with the employee,
 - (ii) a workplace visit,
 - (iii) consultation with the medical practitioner, and
 - (iv) consultation with other treating practitioners.
- SS2.3 In undertaking an assessment of an employee's capability of undertaking a rehabilitation program the provider is required to:
- (a) use a validated tool (where appropriate) to identify risks of poor rehabilitation outcomes; and
 - (b) identify all barriers (physical, psychological or workplace) to maintenance at or return to work.
- SS2.4 A provider must ensure that within a five working days, or such greater time frame not exceeding 10 working days as is negotiated with the referrer:
- (a) the initial assessment report of the employee's capability of undertaking a rehabilitation program is provided to the referring rehabilitation authority and the outcome and recommendations are discussed; and
 - (b) if a rehabilitation program is recommended, the report must outline the most appropriate course of action to achieve maintenance at work or the earliest possible safe and sustainable return to work of the employee.
- SS2.5 If a provider is unable to meet the service timeframes they should contact the referrer to negotiate alternate timeframes and document the reasons for not meeting service delivery requirements.

Rehabilitation programs

- SS2.6 When a rehabilitation program is requested after discussion with a rehabilitation authority, a provider must seek to propose a rehabilitation program (including a return to work plan and return to work schedule) within 10 working days of the referral.

- SS2.7 A provider must ensure the employee's rehabilitation program details the goals, roles and responsibilities, outcomes, nature of the interventions, costs and expected duration of the plan. All elements are aimed to maintain an injured employee at work while recovering from injury or facilitating an early and safe return to work.
- SS2.8 A provider must proactively communicate and collaborate with key stakeholders (the injured employee, case manager, supervisor and medical practitioner) to ensure that the rehabilitation program is based on a shared understanding of:
- (a) the employee's capacity to resume pre-injury duties;
 - (b) the employee's injury and any relevant medical restrictions as a result of the injury;
 - (c) any personal, social or environmental factors that may present a risk of delayed return to work; and
 - (d) evidence-based medical recovery timeframes for the injury.
- SS2.9 A provider must ensure that the rehabilitation program is workplace-based and includes agreed worksite program review meetings with key parties.
- SS2.10 A provider must ensure that for cases identified at risk of long term incapacity or when significant personal, social or environmental risk factors are present, the rehabilitation program includes:
- (a) evidence-based strategies to reduce the risk of ongoing chronicity and incapacity; and
 - (b) a structured review and/or case conferencing to promote collaborative problem solving related to identified issues. This should involve the case manager, claims manager, and may also involve the treatment provider, line manager and the injured employee as appropriate.

Monitoring and reporting progress

- SS2.11 A provider must monitor the progress of rehabilitation programs in consultation with the case manager, treating health professionals and any other relevant medical provider and alert these parties when an injured employee fails to make expected return to work progress.
- SS2.12 The provider must contact the rehabilitation authority immediately on becoming aware that an employee is failing to begin to undertake a rehabilitation program or has discontinued undertaking a rehabilitation program.

Note: An employee who fails or refuses, without reasonable excuse, to undertake a rehabilitation program ceases to be entitled to

compensation during the period of such failure or refusal [see subsection 37(7) of the SRC Act].

Rehabilitation program amendments and new programs

- SS2.13 If a rehabilitation program requires amending to provide additional services and this would alter either the estimated cost or the expected duration of the program, the provider must:
- (a) ensure that any proposed amendment is discussed with the case manager at least 10 working days before the end date of that program; and
 - (b) complete a *Return to work plan amendment* detailing the proposed changes in order to facilitate the determination being made prior to the program end date.
- SS2.14 The provider should only seek to propose a new rehabilitation program if the final goal of the existing rehabilitation program cannot be achieved.
- SS2.15 Any new rehabilitation program must be proposed to the case manager within three working days of being requested by the referring rehabilitation authority and following consultation with other stakeholders.

Rehabilitation program closure

- SS2.16 If a provider is recommending closure of the rehabilitation program, the provider must communicate the reasons for this recommendation to the case manager, employee and medical practitioner.
- SS2.17 A provider must:
- (a) seek feedback from the referring rehabilitation authority regarding the level of satisfaction with the outcome of the rehabilitation program and the nature of the services provided; and
 - (b) make and keep a record of all such feedback received.

Service Standard 3 Suitable and durable employment

- SS3.1 The primary focus of return to work programs under the SRC Act is to assist injured employees to remain at, or return to their pre-injury work. A provider must consider whether the employee can remain at work or return to work in the employee's pre-injury employment or whether the employee should return to modified or alternate duties with the original employer prior to exploring other vocational options. A provider must, wherever possible, approach the return to work of an employee by considering the following hierarchy:

- (a) Same job/Same employer
- (b) Similar job/Same employer
- (c) New job/Same employer
- (d) Same job/New employer
- (e) Similar job/New employer
- (f) New job/New employer.

SS3.2 A provider must consider whether the employee can return to work in the employee's pre-injury employment or whether the employee should return to modified or alternative duties with the original employer prior to exploring other vocational options.

SS3.3 Where return to work with the original employer is not possible, the provider may then assist the employer and the employee to identify suitable alternative vocational options and facilitate placement into suitable and ongoing alternative employment. The alternate vocational options must be identified by a thorough vocational assessment process which can include the identification of the following:

- (a) the employee's current medical status;
- (b) the employee's work history and their transferable skills and abilities;
- (c) factors influencing return to work;
- (d) labour market analysis and labour market factors;
- (e) duties/tasks associated with achievable and sustainable employment;
- (f) suitable employment options (taking into consideration the SRC Act definition of suitable employment), and
- (g) rehabilitation services required to support the vocational options identified.

SS3.4 A provider must only consider vocational retraining after all other return to work options have been pursued (taking into account the employee's age, education and existing skills) and where it is considered that such options are unlikely to achieve desired outcomes. Where retraining is considered, it must be linked to future employment outcomes.

Service Standard 4 Staff and subcontractors

SS4.1 A provider must ensure that workplace rehabilitation providers employed or engaged by the provider to manage rehabilitation programs under the SRC Act are verified as meeting the competency requirements of Criterion 1 of the Approval Criteria.

Note: See Principle 4.4.1.

SS4.2 A provider must ensure that individuals employed or engaged by the provider to provide return to work services under the SRC Act have appropriate skills, knowledge and experience to deliver workplace rehabilitation services.

Note: See Principle 4.4.1b.

SS4.3 A provider must notify Comcare in writing of any changes to individuals employed or engaged by the provider to manage rehabilitation programs under the SRC Act including evidence of qualification and experience.

SS4.4 A provider must ensure that any third party they have engaged to deliver rehabilitation services provided under an SRC Act are consistent with these service standards.

Service Standard 5 Staff induction, ongoing learning and development

SS5.1 A provider must ensure that individuals employed or engaged by the provider to manage rehabilitation programs under the SRC Act complete the Comcare training course for approved rehabilitation providers within three months or as soon as possible of their employment or engagement.

SS5.2 A provider must have a robust induction and continuous learning and development program to support the acquisition and maintenance of staff skills and knowledge.

Note: See Principle 4.4.2a.

SS5.3 Staff must have access to and understand all current policies and procedures relevant to their work.

Note: See Principle 4.4.2b.

SS5.4 Staff have appropriate supervision and support and participate in peer review processes.

Note: see Principle 4.4.2c.

SS5.5 Staff members are compliant with the professional code of conduct relevant to their particular qualification.

Note: See Principle 4.4.2d.

SS5.6 Caseload management systems that efficiently allocate cases to staff with the experience and skill level to match the employee's injury, needs and potential case complexity.

Note: See Principle 4.4.3a.

SS5.7 Handover practices where cases are reviewed and all relevant parties informed to maintain continuity of care for the employee.

Note: See Principle 4.4.3b.

Service Standard 6 Financial responsibilities

SS6.1 A provider must ensure that its financial affairs are managed in accordance with accepted financial practices and applicable Commonwealth, State and Territory laws, including keeping accurate accounts and full details of all receipts and expenditure.

Note: See Principle 4.2.1b.

SS6.2 A provider must ensure that all individuals employed or engaged by the provider to provide return to work services under the SRC Act are covered by or hold current and sufficient coverage for professional indemnity. The provider must hold current and sufficient public liability insurance and, if it employs staff, workers' compensation insurance.

Note: See Principle 4.2.1c.

SS6.3 A provider must invoice according to the requirements of the relevant authority and ensure that they have systems in place to track costs of services and billing of services provided.

SS6.4 Where a provider uses a subcontractor to provide services under the SRC Act, the provider remains liable for reimbursing the subcontractor for any costs or expenses incurred by the subcontractor and must allow for this on the rehabilitation program.

Service Standard 7 Organisational and administrative arrangements

Reporting

SS7.1 A provider must have a system that allows them to collect analyse and report provider performance against the Operational standards including the return to work rate and durable return to work rates.

Note: see Principle 4.2.1d.

Records management

- SS7.2 A provider must have a records management system that meets legislative requirements and provide for:
- (a) comprehensive, accurate and accessible records pertaining to all clients, staff and business operations; and
 - (b) ensure security of records.

Note: See Principle 4.2.2a and 4.4.2b.

Conflict of interest

- SS7.3 A provider must ensure that no real or perceived conflict of interest arises when providing workplace rehabilitation services to individuals. Specifically, treatment and workplace rehabilitation services must not be provided to the same employee.

Privacy and confidentiality practices

- SS7.4 A provider must:
- (a) have systems that incorporate privacy and confidentiality requirements within all aspects of the organisational and administrative arrangements; and
 - (b) ensure that in all cases it complies with the *Privacy Act 1988 (Cth)*.

Note: See Principle 4.2.3a.

Safe work practices

- SS7.5 A provider must ensure that:
- (a) it has systems in place that comply with the relevant injury management and workers' compensation legislation;
Note: See Principle 4.2.4a.
 - (b) it complies with the appropriate occupational health and safety legislation; and
Note: See Principle 4.2.4b.
 - (c) its service delivery locations provide a safe, accessible and appropriate environment for employees, visitors and workplace rehabilitation providers.

Note: See Condition 9.

Notifiable matters

- SS7.6 A provider must notify Comcare in advance, or as soon as practical, if any of the following situations arise and accept that Comcare will

review the status of approval and determine whether the proposed arrangements conform with the conditions of approval:

- (a) the business is sold or the controlling interest in the business is taken over by a new shareholder(s), owner(s) or director(s);
- (b) the business changes its trading name or location of premises;
- (c) the business supplies or has connections with other suppliers of services within the workers compensation industry;
- (d) a new chief executive officer or director or principal head is appointed;
- (e) there is a major change in the service delivery model and/or staff which may impact on the delivery of the workplace rehabilitation services;
- (f) there is any other change that affects, or may affect, the provider's service quality and procedures;
- (g) the provider has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings; or
- (h) there is any professional misconduct proceedings being taken against the provider or any individuals employed or engaged by the provider.

Note: See Condition 11.

Service Standard 8 Quality assurance and continuous improvement

Quality model

SS8.1 A provider must have in place quality systems that ensure customer focused service delivery, and collect, analyse and monitor qualitative and quantitative data to identify areas of strength and opportunities for systems and service improvement.

Note: See Principle 4.3.1.

Quality assurance

SS8.2 A provider must:

- (a) implement appropriate review mechanisms (eg self evaluations and peer reviews) to assure compliance with the Conditions of Approval; and

- (b) implement and document any corrective or preventative actions arising from the self evaluation and monitor and review their effectiveness.

Note: See Principles 4.3.2a and 4.3.2b.

Customer focus

SS8.3 A provider must:

- (a) have system to collect, review, analyse and action solicited and unsolicited feedback from customers; and
- (b) implement an effective complaints management system.

Note: See Principles 4.3.3a and 4.3.3b.

Continuous improvement

SS8.4 A provider must:

- (a) have systems for analysing information and data to identify opportunities for improvement;
- (b) plan, pilot, refine and implement improvement strategies; and
- (c) monitor and review the effectiveness of any improvement strategies.

Note: See Principles 4.3.4a, 4.3.4b and 4.3.4c.

Evaluation of performance

SS8.5 A provider must:

- (a) participate in annual self evaluations and in independent evaluations as required by Comcare to demonstrate compliance with the conditions of approval; and

Note: See Condition 4.

- (b) provide data to Comcare consistent with the conditions of approval

Note: See Condition 7.

Service Standard 9 Evidence of compliance

SS9.1 A provider must ensure that documentation is on file to demonstrate ongoing compliance with the operational standards. The provider must make such information available to Comcare on request.