



Australian Government

Comcare

Rehabilitation case manager handbook

Understanding and
implementing effective
rehabilitation and return to work
in the Comcare scheme

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Publication details

Published by Comcare

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PART ONE

Introduction

This handbook helps you understand and perform your role as a new Rehabilitation Case Manager (RCM). It is a comprehensive guide that details the requirements and better practice guidance for rehabilitation and return to work in the Comcare scheme. It also provides guidance on complex matters and best practice, and is a useful reference tool for experienced RCMs.





Important information

For this handbook, the following terms have these meanings:

- > The term 'injury' means an injury, disease or an aggravation of a physical or mental injury suffered by an employee.
- > Liable employer means the employer at the time of the injury. The liable employer incurs costs for the life of the claim.
- > Rehabilitation Authority refers to the Principal Officer of the organisation employing the employee at the time of workplace rehabilitation.
- > Relevant Authority means:
 - in relation to an employee who is employed by a licensee—the licensee;
 - in relation to any other employees—Comcare.
- > 'The Act' means the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act) and 'the Guidelines' means the *Safety, Rehabilitation and Compensation Guidelines for Rehabilitation Authorities 2019* issued under section 41 of the SRC Act.

Where this handbook indicates that you **must** undertake a specific action it means that it is a mandatory requirement, legislated under the Act and/or the Guidelines. Where it is recommended that you **should** undertake an action it means it is not mandatory under the legislation or the Guidelines, however it is considered best practice by Comcare.

Symbols throughout the handbook will highlight legislative requirements under the Act and Guidelines, core capabilities of RCMs and best practice tips.

	Requirement under the SRC Act
	Requirement under the Guidelines
	RCM core capabilities
	Top tips and best practice

Overview

The handbook will help you to understand:

- > the importance of workplace rehabilitation and the RCM role
- > what is expected of you, the employee, and other relevant stakeholders in the rehabilitation process
- > how to develop effective, individualised rehabilitation programs
- > how various stakeholders can work effectively together to support recovery at, or return to work
- > the approach to rehabilitation and return to work under the SRC Act and in the Comcare scheme
- > the legislative requirements for workplace rehabilitation under the SRC Act
- > how to monitor and evaluate rehabilitation programs and processes.

An overview of the importance of rehabilitation and return to work, and the case management role

What is workplace rehabilitation?

Workplace rehabilitation is a process that the employer leads to support the employees recovery and work participation as they get better. It helps an injured employee stay or recover at work, or return to pre-injury employment.

What is return to work?

The return to work process involves RCMs and other stakeholders helping an employee to return to work after they have experienced a workplace injury.

Return to work can be a gradual process. It is important that employees who are injured are connected to their workplace and feel supported while recovering. When an employee returns to work, this may be on modified duties or reduced hours. Ultimately, the aim is to return the employee to their pre-injury role as quickly and as safely as possible.

Why is workplace rehabilitation important?

Evidence shows that good work is generally good for physical and mental health and wellbeing¹. Supporting employees to recover at work has many benefits, including:

- > supporting the therapeutic process and recovery
- > improving health and wellbeing outcomes
- > reducing the mental and psychosocial issues that can occur due to long term absence.



Workplace rehabilitation helps to minimise the impact of work-related injury and enables employees to have a timely, safe and durable return to work.

What does 'good work' look like?

Good work is meaningful to the employee and the work team. Research has identified the following factors in good work:

- > The employee can manage the demands—workload, work patterns and working environment.
- > The employee has some control—they have a say in the way they do their work.
- > There is support—encouragement, sponsorship and resources are provided by the organisation, managers/supervisors and colleagues.
- > There are cohesive working relationships with sound and effective communication practices.



Good work is good for our health and wellbeing.

¹ Aylward, M et al. 2011, *Realising the Health Benefits of Work, A Position Statement*, The Australasian Faculty of Occupational and Environmental Medicine, Sydney.

Workplace rehabilitation benefits everyone

Benefits for employees

- > Maintaining connections with the workplace and feeling supported
- > Returning to pre-injury activities and lifestyle and encouraging recovery through staying active
- > Increased confidence in managing their injury and a focus on ability rather than disability
- > Minimising the risk of long-term disability, absence from the workplace and development of other health issues
- > Supporting participation, independence and social inclusion.

Benefits for employers

- > Retention of staff experience and skills
- > Reduction of costs associated with work-related injury
- > Improved organisational health
- > Increased productivity
- > Improved employee morale
- > Demonstrated employer commitment to looking after their employees
- > Demonstrated employer compliance with legislative requirements to provide suitable employment.

Why is your role as the RCM important?

Generally, the RCM is the employer's representative to support the injured employee to recover at and return to work.



References in this handbook to the RCM refers to the employee(s) of the organisation given the delegation under section 41A of the SRC Act to make decisions about rehabilitation.

Your role is critical in reducing the impact of injury in the workplace. As an RCM you coordinate the various stakeholders, services and activities involved in rehabilitation. Your input leads to a rehabilitation program that the employee is motivated to participate in and that is tailored to their needs.

It is crucial that staff appointed as RCMs are skilled and empowered to influence effective return to work outcomes. Case management requires project management, administrative, and people skills. An RCM needs adequate training, resources, and comprehensive support from senior managers to ensure they can undertake the role effectively.

What skills and attributes are important to fulfil my role?

Comcare has developed a framework that outlines core capabilities for RCMs. The framework's purpose is to:

- > maximise the opportunity for the best possible outcomes for employees
- > provide a guide to assess related training needs
- > provide guidance to you in your role as an RCM.



For more information on the role of the RCM, refer to the RCM Core Capabilities available at https://www.comcare.gov.au/recovery/rehabilitation/capability_products

Rehabilitation and return to work under the SRC Act and the Comcare scheme

As an RCM in the Comcare scheme, it is important you understand the legislative environment (the SRC Act and the Rehabilitation Guidelines) and the principles of rehabilitation in the scheme. This information will support you to manage cases effectively and in accordance with the law.



For general information on:

- > how the scheme works
- > who the scheme applies to
- > the key principles of the SRC Act.

click here (https://www.comcare.gov.au/static/The_SRC_Act-Information_Modulesv2/index.html)

The Rehabilitation Guidelines issued by Comcare

As well as complying with the requirements of the SRC Act, you must comply with the *Safety, Rehabilitation and Compensation Guidelines for Rehabilitation Authorities 2019* (The Guidelines) issued under section 41 of the SRC Act. They provide information to assist you, as the RCM, to develop an effective approach to the rehabilitation of employees, consistent with your obligations under the SRC Act.

Detail on these considerations and the steps involved in the return to work process can be found in Part Two of this handbook.

What are the principles of rehabilitation and return to work under the SRC Act?

- > A focus on returning employees to the workforce
- > The rehabilitation authority (generally the employer) has a statutory responsibility for workplace rehabilitation of employees and the provision of suitable duties
- > The employer is financially accountable for the cost of workplace injuries under premium and licencing arrangements
- > Employers have access to skilled and efficient workplace rehabilitation providers
- > Entitlement to payments for rehabilitation and other related costs associated with work-related injuries
- > Fair decision making
- > The capacity to suspend benefits when an employee does not comply with rehabilitation.

What are Comcare's objectives for rehabilitation and return to work in the scheme?

Comcare supports participation and productivity by working with employers and employees to keep employees healthy and safe by minimising harm in workplaces covered by the scheme.

Comcare has three key return to work objectives:

- > early and durable recovery at, and/or return to work for employees
- > scheme participants understand and perform their return to work roles and obligations
- > scheme participants focus on capacity to work and the health benefits of work.

A focus on capacity

To help maintain an employee at work or return them safely to work, your role as an RCM is to focus on what they can do, not what they can't. Comcare recommends the use of a Certificate of Capacity instead of a medical certificate. A Certificate of Capacity guides the medical practitioner to identify an employee's capabilities. This allows the employer to offer the employee suitable duties, and supports the health benefits of good work. The use of the Certificate of Capacity supports:

- > quality discussions with patients and quality advice provided by GPs
- > the frequency at which GPs recommend a return to work and
- > employees to make a phased return to work².

Better practice rehabilitation and return to work

Better practice case management supports effective rehabilitation and return to work. Information on these practices is included throughout the handbook:

1. Recognising that good work is good for you
2. Acting early
3. Individualised case management
4. Taking a coordinated approach
5. Ensuring workplace rehabilitation is outcome-focused and results in a measurable benefit to the employee.

2 Second Assessment of the Attitudes of General Practitioners towards patient's health and work following the introduction of the Certificate of Capacity in the Australian Capital Territory in 2015. Dr Catherine Kelaheer and Dr Warren Harrex

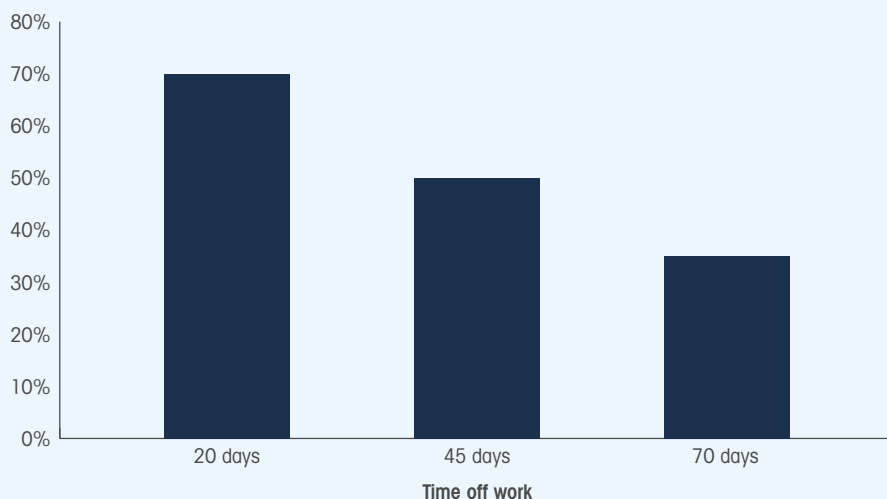
1. Recognising that good work is good for you

Comcare recognises that good work is generally good for health and wellbeing and that long-term absence, disability and unemployment generally have a negative impact on health and wellbeing.

Did you know?

The longer an employee is off work, the less likely they are to ever return. What starts off as temporary ill health can turn into long term disability³.

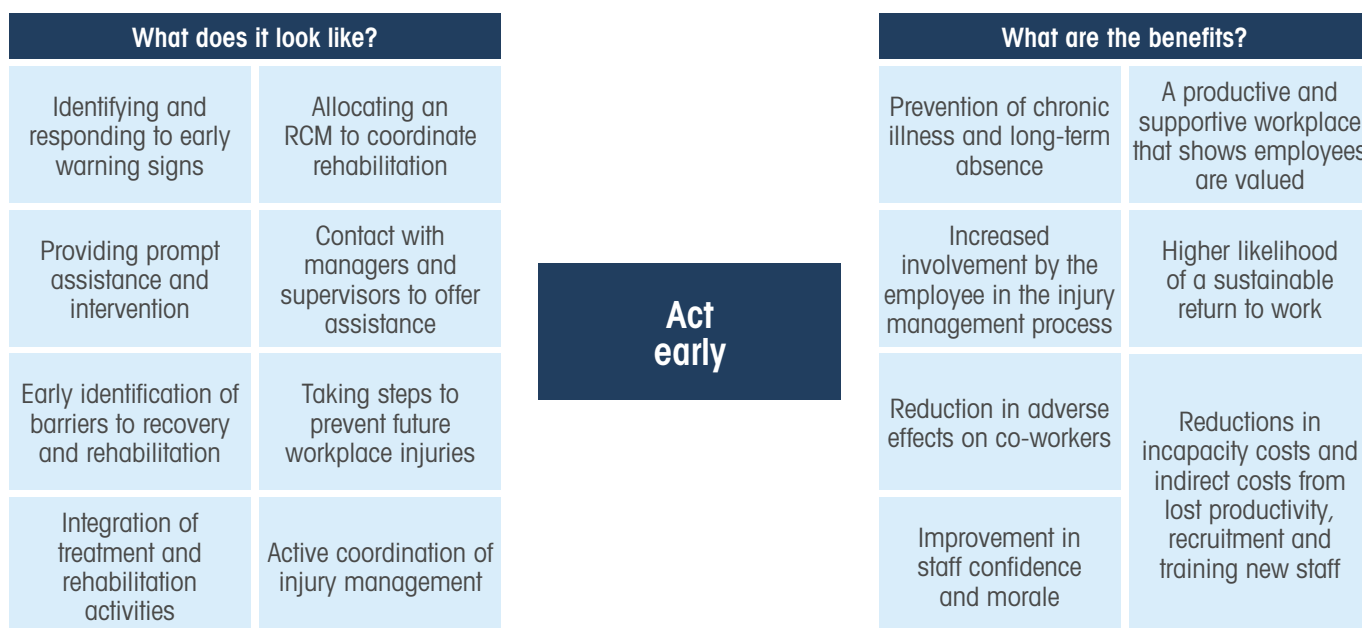
Chance of getting back to work



2. Acting early

Acting early is critical. It involves stakeholders identifying and responding to early warning signs that an employee has developed an injury (whether compensable or non-compensable).

Your early contact with the employee ensures they are offered support and injury management as soon as possible after warning signs are identified or an injury occurs. Early contact and coordination have been shown to lead to optimal rehabilitation outcomes. An employee is more likely to stay at or return to work if potential risks are identified, individual needs assessed, and a rehabilitation program created as soon as possible.



³ Aylward, M et al. 2011, *Realising the Health Benefits of Work, A Position Statement*, The Australasian Faculty of Occupational and Environmental Medicine, Sydney.

3. Individualised case management

Effective case management recognises that every employee is unique. Tailoring a rehabilitation program to an employee's needs and circumstances will result in the best outcome.

The biopsychosocial approach and the flags model are tools to assist you to provide holistic support to employees.

Biopsychosocial approach

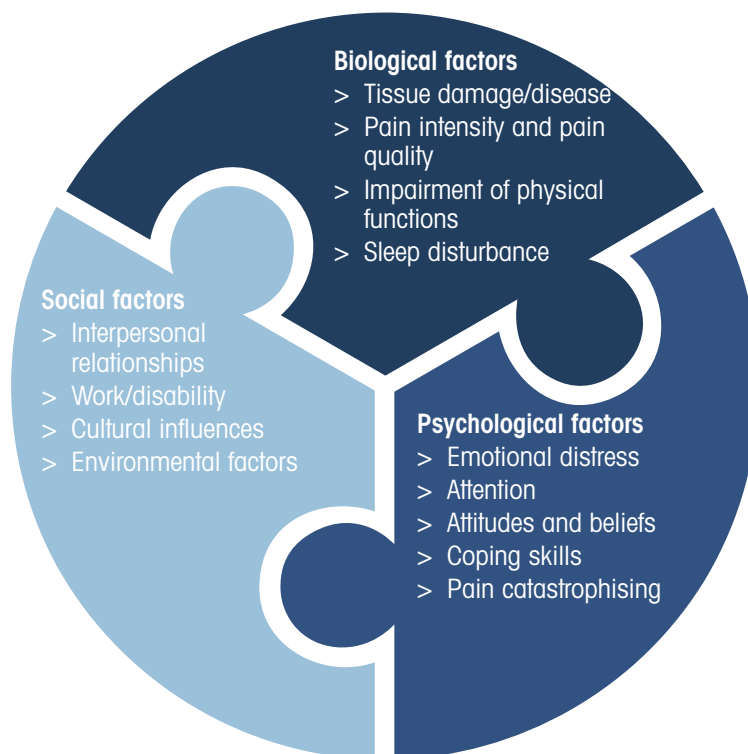
Effective workplace rehabilitation addresses the physical, psychological and social factors in injury and disability. This is known as the biopsychosocial approach to rehabilitation.

What's the difference between the biopsychosocial approach and the traditional model?

The traditional biomedical model focuses solely on the biological problem for example, if a broken arm heals, a person should be fully functional and able to return to work.

However, we know humans are more complex than this and focusing on the injury alone is not enough. Evidence shows that a biopsychosocial approach to injury management is more likely to improve outcomes⁴. From the time an injury occurs, case management should include consideration of the multiple factors that affect return to work outcomes:

- > **Biological** refers to a person's physical or mental health.
- > **Psychological** refers to the personal and psychological factors that also influence functioning.
- > **Social** refers to the social context, pressures and constraints on functioning.



The figure above highlights how the variables interact to impact on recovery and return to work. Adopting this model recognises that:

- > employees' fears and beliefs about their injuries impact their recovery at and return to work
- > workplace variables, such as support from managers and co-workers, workplace flexibility, and the availability of suitable duties, influence whether a durable return to work is likely to occur.

⁴ Aylward, M et al. 2011, *Realising the Health Benefits of Work, A Position Statement*, The Australasian Faculty of Occupational and Environmental Medicine, Sydney.

The flags model

The Flags model⁵ identifies risk factors that may affect an employee's ability to recover at and return to work. The Flags model includes an assessment of the psychological and social dimensions in the biopsychosocial model.

The early and accurate identification of risk factors is crucial to enable you to implement targeted interventions to support recovery. Further information on how to use the flags model is contained in Part Two: The Rehabilitation Process of this handbook.

 Clinical factors	Serious pathology/diagnosis Co-morbidity (i.e. co-existence of other diseases) Failure of treatment
 Mental health factors	Mental health disorder, including anxiety and depression Personality disorders Medication and alcohol misuse
 Psychosocial risk factors	Beliefs about pain and injury (for example, that avoidance of activity will help recovery) Unhelpful coping strategies (for example, fear of pain and aggravation, catastrophising) Failure to answer patients' and families' worries about the nature of the injury and its implications
 Perceived features of work or the social environment	High demand/low control Unsupportive management style Poor social support from colleagues Perceived time pressure Lack of job satisfaction Work is physically uncomfortable
 Not matters of perception—affect all workers equally	Threats to financial security Litigation/disputation over liability or contribution



For more information on the importance of the RCM role, the biopsychosocial approach and flags model, complete the First steps in Case Management e-module at https://www.comcare.gov.au/training/scheme_e-guidance

4. Taking a coordinated approach

A coordinated and supportive approach to case management promotes a shared commitment to recovery and return to work from all stakeholders.

As the RCM, you play a central role in coordinating multiple stakeholders involved in the return to work process.



Cooperation and consultation between stakeholders is vital so that all parties have a shared understanding of the rehabilitation and return to work process, any potential barriers, and what support is available to assist a successful return to work.

Effective case management involves proactive communication and coordination with these stakeholders. More detail on when to engage with these stakeholders and the key messages to provide are contained in Part Two of this handbook.

Case conferences

A case conference is a key activity that allows stakeholders to develop a shared plan to assist an employee to return to health and to work. Case conferences provide an opportunity to discuss complex cases and cases where return to work has stalled, or to be proactive in sharing information early in a claim to ensure all stakeholders are working towards the same goal. Case conferences bring together multiple stakeholders including some or all of the following participants:

- > the employee
- > the rehabilitation case manager (RCM)
- > the supervisor
- > the treating practitioners (for example, medical practitioner, psychologist, physiotherapist)
- > the Workplace Rehabilitation Provider (WRP)
- > the Claims Manager.

More details about when to consider organising a case conference is contained in Part Two of this handbook.

5. Ensuring workplace rehabilitation is outcome-focused and results in a measurable benefit to the employee

All aspects of workplace rehabilitation should be focused on supporting an employee's return to work.

This focus on return to work includes:

- > championing the health benefits of work with all stakeholders
- > identifying tailored goals, in collaboration with stakeholders, and regularly monitoring progress against these goals
- > identifying and delivering appropriate services to maximise a durable return to work
- > promoting the employee's transition to independence and self-management
- > recognising and responding to early symptoms or barriers
- > actively managing stakeholders to ensure a focus on outcomes.

Evidence based decision-making

Rehabilitation interventions should be based on evidence to ensure that the most effective and appropriate interventions are used. Evidence based decision-making supports better outcomes for employees.

The roles and responsibilities of key stakeholders in workplace rehabilitation

The table below provides an overview of key stakeholders who support an employee's recovery at and return to work. More details on the roles and responsibilities of these stakeholders is contained throughout the handbook.

Key stakeholders in workplace rehabilitation	
Stakeholder	Roles and responsibilities
<p>Rehabilitation Case Manager (RCM) <i>'Case management done well is the best intervention you can have'⁶</i></p>	<ul style="list-style-type: none"> > lead the management of rehabilitation for employees > initiate, coordinate and monitor the workplace rehabilitation program > promote the health benefits of good work, early intervention and the organisation's return to work approach > encourage an organisational commitment to rehabilitation > engage workplace rehabilitation providers and manage these providers to achieve strong outcomes > inform employees about the case management role, the role of other stakeholders, and the part they play in supporting recovery and return to work > connect and coordinate multiple stakeholders involved in the return to work process > document communication with stakeholders and maintain accurate records > make accurate and timely rehabilitation decisions > provide employees with advice regarding their rights and responsibilities as they relate to rehabilitation under the SRC Act > where liability sits with another employer, consult with the delegate from the liable employer
<p>Employee <i>At the centre of every case is an employee with an injury who is trying to recover</i></p>	<ul style="list-style-type: none"> > understand the organisation's rehabilitation and return to work policy and talk to the RCM about obligations and rights regarding workplace rehabilitation > undergo an assessment for rehabilitation if requested > actively participate in the development and implementation of their rehabilitation program(s) > talk to the RCM or supervisor about any concerns regarding the rehabilitation program > advise their supervisor or RCM about leave due to an injury
<p>Workplace Rehabilitation Providers (WRP) <i>The WRP is engaged to provide specialised services when additional assistance is needed to support the employee's return to work</i></p>	<ul style="list-style-type: none"> > assess an employee to determine their capability to undertake a rehabilitation program > promote the health benefits of work and educate stakeholders on rehabilitation and return to work > identify potential barriers to recovery and return to work, and develop strategies to address these risk factors > translate improvements in the employee's recovery to meaningful work > engage the employee, the treating medical practitioner(s), other treatment provider(s) and supervisor(s) in developing and implementing a tailored return to work plan > deliver the services in the program > communicate with all stakeholders regularly to ensure goals are being achieved
<p>Managers and Supervisors <i>Supervisors play a critical role in an employee's recovery at and return to work. They are often seen as the connection to the workplace</i></p>	<ul style="list-style-type: none"> > keep in close contact with the employee—be supportive and offer assistance to enable a return to work > develop a workplace culture that aims to prevent injury, support employees and shows commitment to rehabilitation and return to work > advise the RCM as soon as they are aware of an employee's injury > ensure steps are taken to prevent further injury by understanding the cause of injury and putting safeguards in place > work with the RCM to identify suitable duties and provide ongoing support > be involved and contribute to the development of the rehabilitation program for the employee > manage performance issues, workloads and the operational needs of the work area > promptly advise the RCM of any concerns raised by the employee or co-workers > work with employees to ensure that a return to work is sustained > maintain the employee's privacy.

6 Sir Mansel Aylward, Director of the Centre for Psychosocial Research, Occupational and Physician Health at Cardiff University School of Medicine, Comcare Conference 2016

Key stakeholders in workplace rehabilitation

Stakeholder	Roles and responsibilities
<p>Claims Managers <i>Support an employee to focus on their recovery at and return to work</i></p>	<ul style="list-style-type: none"> > make accurate and timely decisions on compensation claims > communicate with all stakeholders > apply the principles of the health benefits of good work > support and participate in case conferences > advise employees about what to do if they disagree with a reviewable decision.
<p>Medical Practitioners <i>'The GP's role as a primary healthcare provider means they are crucial to an injured person's ability to return to work.'</i>⁷</p>	<ul style="list-style-type: none"> > provide medical treatment for the employee that improves functional outcomes > provide accurate medical assessments of capacity to recover at and return to work, which is documented on Comcare's certificate of capacity > provide advice on alternative duties or modifications to the workplace > ensure that both the RCM and the WRP are informed of the employee's abilities so that tailored duties can be organised within the employee's capacity > monitor and support workplace rehabilitation > be available for, and participate in, case conferences. > promote and facilitate the health benefits of good work > respond to requests for information and reports.
<p>Rehabilitation Authority <i>'93 per cent of employees who strongly agreed their employer supported them, were back at work'</i>⁸</p>	<ul style="list-style-type: none"> > ensure the safety of all employees in the workplace > manage and coordinate workplace rehabilitation for their employees > document and fulfil the commitment to provide rehabilitation to employees > ensure that an RCM with appropriate skills is available to coordinate individual rehabilitation programs and support employees > ensure that effective processes are in place to rehabilitate and return employees to work > monitor and take action to improve the organisation's rehabilitation performance > provide suitable employment > comply with Comcare issued guidelines

7 RACGP, *Good Practice: Return to work: Getting back to work*, 2014

8 Safe Work Australia, *The National Return to Work Survey, The role of the Employer and Workplace Australia and New Zealand 2013*

PART TWO

The return to work process

This section provides guidance to assist you to fulfil your core case management role, helping employees to recover at or return to work. It details the activities and tasks involved during the rehabilitation and return to work process.

Steps in supporting recovery and returning someone to work

1. Notification of injury
2. Early contact with the employee
3. Identification and management of risk factors for a successful return to work
4. Assessment of need for rehabilitation services
5. Return to work planning
6. Implementing a rehabilitation program
7. Monitoring the progress of the return to work/rehabilitation program
8. Review and evaluation of the return to work/rehabilitation program

The steps outlined below will help you to follow the return to work journey.

1. Notification of injury

How will I be notified of an employee's injury?

You may be notified of an employee's work-related injury in several different ways depending on your organisation's systems. These may include:

- > a workplace incident report completed by the employee through the incident reporting system
- > a referral from a work health safety (WHS) advisor within your organisation
- > a referral from a human resources advisor or the employee's supervisor within your organisation
- > a direct referral to you from the employee
- > receipt of a medical certificate from the employee or the supervisor
- > contact from the claims manager, if the employee has submitted a workers' compensation claim without prior notification to you.

Notification may be received electronically, via email or telephone.

What should I do when I receive the notification?

You should screen the information provided in the notification to obtain as much information as possible to assist you in determining the next steps. You may also decide to contact the referring party to obtain more information.

If the notification is not via your workplace incident notification process, consider referring the employee or supervisor to this process. This ensures the incident is captured and prevention activities are triggered as a result.

If you require additional information, or have questions relating to the notification, you would usually contact the supervisor in the first instance. The conversation with the supervisor will assist you to gather initial information regarding the incident, injury, the employee's role and whether the employee has had any time off work. You can also determine if the supervisor has contacted the employee to establish what support may be required to assist them to remain at or return to work.

How do I respond to requests for information or employer statements?



When an employee submits a workers' compensation claim, the relevant authority may require information to be submitted by an employer when deciding the claim. Information can be provided in the form of an employer statement of facts. As an RCM you may be responsible for either preparing the statement on behalf of the employer, or coordinating the information to be included in the statement from stakeholders, such as the current and previous supervisor. You may also be requested to provide copies of documents that are relevant to determining the claim, such as a copy of the employee's incident report form, the employer rehabilitation policy and procedure, enterprise agreement, leave policy.

A guide for compiling an employer statement is included at Appendix 2. It is important to remember that any information provided to Comcare forms part of a claim file and may be released to the employee if they request access under section 59 of the SRC Act.

2. Early contact with the employee

When should I contact the employee?

Contacting an employee as soon as possible (ideally within 24 hours) is crucial to ensure the employee feels supported and valued. Early contact allows you to establish a positive relationship, provide key information to the employee and gather information about barriers that may impact recovery. It also sets the expectation of an early return to work.



Early contact with the employee is the first step in providing early intervention support—it provides the best chance for an employee's recovery.

RCM Core capability 1.1 'Establish rehabilitation needs and potential for return to work'.

What should I cover in the initial contact?

- > Introduce yourself, explain your role, the support you can provide, and the rehabilitation and return to work process.
- > Highlight the importance of the employee's active role in recovery, and the health benefits of work.
- > Check the employee's needs.
- > Set expectations for ongoing contact, while remaining flexible to the employee's needs.
- > Gather initial information that will assist you to assess any barriers to return to work.
- > Make a time for the first meeting (face to face or via telephone)



It is very important to make contact with the employee within the first 24 hours, introduce yourself and commit to further contact, even if there is not time for a detailed conversation.

Case study one (Mark), provides an example of the importance of early contact and support for your employees and the positive outcomes that can be achieved (Appendix 8).

3. Identification and management of risk factors to a successful return to work

What are risk factors?

Risk factors are circumstances that, when present, can act as a barrier to an early or successful return to work if they are not identified and/or managed.

Why is it important to identify risk factors?

Identifying risk factors:

- > supports an individualised approach to case management
- > is crucial to understanding if the employee is at risk of poor rehabilitation outcomes
- > assists with determining how to support the employee to ensure the success of an early and durable return to work.

How to identify risk factors?

A detailed conversation with the employee, the supervisor and, where applicable, the treating medical practitioner early in the process, will help you understand if there are indicators for poor rehabilitation outcomes.

In Part One of the handbook we learnt about the biopsychosocial approach and the flags model. These are tools to assist you to identify indicators of poor rehabilitation outcomes or delayed recovery. During your initial meeting with the employee, you can use the flags model to identify risks, determine next steps and support the employee requires.

What should be included in the first meeting with the employee?

Once you have arranged a time for a more detailed conversation with the employee, you should consider what your meeting will cover. This will assist you with understanding the needs of the employee and if there are potential barriers and/or risk factors present that may impact on the employee remaining at or returning to work.



RCM Core capability 1.2 'Apply the Principles of the health benefits of good work'

Discussion points with the employee may include:

- > your role as an RCM and the roles of other stakeholders
- > the need for a rehabilitation assessment and/or support for return to work
- > the return to work process, the employer's role and your responsibilities as the delegate for the rehabilitation authority
- > the benefits of return to work for the employee
- > the employee's rights and responsibilities in the return to work process (including privacy)
- > obtaining a signed consent form for the collection and release of medical information from the employee, specifically for you to access and share the employee's medical information with relevant parties
- > explaining the importance of the supervisor keeping in contact with the employee, particularly if there is expected to be extended absence from the workplace.
- > discussing the type of contact the employee would be comfortable with, if they are off work, particularly if there has been workplace conflict with the supervisor.
- > discussing in detail the background to the employee's injury to understand the impacts on the employee, any potential barriers, and to assist with your assessment of the support required for the employee to recover at or return to work.

An initial discussion guide to assist you with gathering information, and discussing key elements of the rehabilitation process with the employee, can be found at Appendix 1. It is important to use this tool to guide your conversation with the employee rather than use it as a prescriptive list of questions that must be covered.






Who should be informed of these risk factors?

It is important to address any risk factors with both the employee and the treating practitioner. If you are engaging a WRP, include the identified risk factors in the background information in the referral. The WRP may evaluate the implications of these risk factors, provide further assessment and recommend treatment to the treating medical practitioner or other treating health practitioners if applicable.

How do I manage these risk factors?

The approach you take to support the employee will depend on the risk factors identified. It is very important to clearly identify the risk factors and consider whether the identified issue is something you can address, or requires assistance from the WRP or other treatment providers. For example, you may identify that the employee perceives the supervisor to be unsupportive. You can address this with the supervisor by providing strategies to assist them to understand the employee's injury and how to best support them.

Keeping in mind the flags model framework, below are some examples of actions you, or the WRP, may take when you identify the presence of risk factors or potential barriers to a successful return to work:

Risk identified	Flag	Possible action
Serious injury. Failure of treatment.	 Clinical factors	Engage with the treating medical practitioner and other treating health practitioners early, for a coordinated approach to supporting the employee's return to work
High levels of distress, depression, anxiety. Diagnosis of psychiatric injury. Substance abuse	 Mental health factors	Consider assessment with a Psychologist Engage with the treating medical practitioner to determine if appropriate treatment is in place
Negative beliefs about pain and injury. Poor coping strategies.	 Psychological risk factors	Engage the services of a WRP to assist with further evaluation and to ensure good communication with treatment providers Engage with the treating Psychologist (directly or through the WRP)
Unsupportive management style. Lack of contact with the workplace. Perceived conflict in the workplace. Poor social support.	 Social factors	Encourage the input of the supervisor by providing information and strategies to support the employee Arrange a facilitated conversation/mediation between the employee and the colleague/supervisor where there is workplace conflict With the employee's permission, involve their family and encourage their support by providing information and strategies to help assist the employee
Threats to financial security.	 Not matters of perception	Refer employee to financial counselling

When should I follow up with the supervisor?

After the initial meeting with the employee it is important to arrange a meeting with the supervisor to keep them aware of progress, to obtain further information that will assist you in assessing risk factors, and to inform next steps.

Discussion points with the supervisor should include:

- > your role as the RCM (if not already covered in earlier conversations with the supervisor)
- > the roles and responsibilities of key stakeholders including the WRP and treating practitioners
- > their role as the supervisor and the importance of providing support to the employee
- > explaining the importance of the supervisor keeping in contact with the employee, particularly if there is expected to be extended absence from the workplace
- > the need for a rehabilitation assessment and/or support for return to work
- > the return to work process, the employer's responsibilities, including the provision of suitable duties
- > discussing the type of contact the employee would be comfortable with if they are off work, particularly if there has been workplace conflict with the supervisor.

If not already covered in your initial contact with the supervisor, you will also want to ask about:

- > the work of the team, branch and the employee's duties
- > work peaks and troughs
- > the background of the injury from the supervisor's perspective and time off work
- > relationships in the work team (if applicable)
- > any concerns or barriers that the supervisor has noticed that may be impacting on the employee's health and wellbeing.

Do I contact the treating medical practitioner?

There will be some circumstances where you should make contact directly with the treating medical practitioner at this early stage. With the employee's consent you may arrange a meeting with the medical practitioner and the employee. The purpose of this meeting is to:

- > understand the employee's injury and discuss the prognosis for the injury in the context of returning to work
- > obtain information about how to assist the employee to return to/remain at work
- > understand any reasonable adjustments that may be recommended
- > understand any other barriers to return to work and explore these with the medical practitioner (if appropriate)
- > explain your role, and the responsibilities of the employer to provide suitable duties
- > provide detail to the medical practitioner about the employee's pre-injury duties and the support that can be provided
- > explain the availability of alternate duties to support a timely return to work.

If at this stage you are not considering a referral for a rehabilitation assessment or engagement of a WRP, it may be appropriate to consult the medical practitioner on the details of a rehabilitation program (including the hours and duties) and obtain approval. If not already provided, a Certificate of Capacity may be completed at this review.

Tips for working with the treating medical practitioner:



- > prepare questions in advance to ensure an effective engagement
- > keep written documentation to one page where possible
- > send through an agenda so the treating medical practitioner is clear about the purpose and expected outcomes of the consultation
- > consider whether you need a longer appointment so enough time is available
- > ensure you are clear on how the account will be paid—most practices expect payment at the time of the appointment
- > discuss the need for a case conference (if this is likely to occur).

4. Rehabilitation assessments

Now you understand the employee's circumstances, it is time to consider whether a rehabilitation assessment is required.

What is a rehabilitation assessment?

A rehabilitation assessment provides information to you about the employee's injury, fitness to remain at or return to work and recommendations to support a safe and early return to work. An examination may be conducted as part of the rehabilitation assessment.

Why conduct a rehabilitation assessment?

The purpose of a rehabilitation assessment under the SRC Act is to provide you with an expert, impartial and informed written opinion about whether an employee is capable of undertaking a rehabilitation program. Where the employee is assessed as capable, recommendations will be made regarding the program the employee can undertake, the goal of the program, the services required and the timeframe to achieve the goal.



Section 36(1) of the SRC Act details where you, as the delegate for the rehabilitation authority can arrange for an assessment of the employee's capability of undertaking a rehabilitation program.

Who determines whether a rehabilitation assessment is needed?

As the delegate for the rehabilitation authority, you decide whether a rehabilitation assessment is required. However, if an employee requests a rehabilitation assessment, in writing, you must arrange for a rehabilitation assessment.



The Guidelines [s8(1)] and the Act [s36(1)] detail when you must arrange a rehabilitation assessment.

What should I consider when determining the need for a rehabilitation assessment?

You will need to consider:

- > if the injury is severe and/or the employee has limitations for work capacity (for example, psychological injury)
- > any medical evidence suggesting a possibility of re-injury at work
- > whether there is conflicting medical information particularly in relation to an employee's work capacity
- > factors in the work environment, including any perceived or actual adverse relationships with supervisors or co-workers
- > if the injury is slow onset and the symptoms have developed over a period of time (for example, occupational overuse syndrome, and some back and soft tissue injuries)
- > if the employee has had a previous or similar injury, or has several concurrent injuries
- > workplace absences, especially any unplanned absence of three or more days
- > risk factors for poor rehabilitation outcomes and delayed recovery (identified through the flags model)
- > the opinion of the RCM from the liable employer (if liability sits with a different employer).

When isn't a rehabilitation assessment required?

A rehabilitation assessment may not be necessary if you have advice regarding the employee's capability to undertake a rehabilitation program from:

- > the employee's medical practitioner or other health professional
- > a WRP or a person with the equivalent qualifications, knowledge and experience of a WRP
- > the employee
- > the employer.



The Guidelines[s8(3)] outline when a rehabilitation assessment may not be necessary.

A referral for a rehabilitation assessment may not be necessary if



The treating doctor supports an early and safe return to work, and provides clear medical guidance



The employee does not have an incapacity for work or only has minor restrictions



You have the experience, skills and capacity to manage the return to work



There is good communication between all stakeholders involved and you have the support of the treating medical practitioner, or other treatment providers, that an assessment is not required



A rehabilitation program can be developed without a rehabilitation assessment being conducted if you have advice, information or recommendations regarding the employee's capacity to undertake a rehabilitation program.

What support can I provide if a rehabilitation assessment is not needed?

If you determine that a rehabilitation assessment is not required, you can:

- > provide a positive expectation that the employee will return to work and normal activity
- > communicate that returning to work, even in a limited capacity, will aid recovery
- > consider reasonable requests for selected duties and modifications to the workplace
- > promote self-management and accountability.

Can a rehabilitation assessment be arranged later?

Yes. If a rehabilitation assessment is not arranged initially, a review process should be established so you can monitor the situation. You should be aware of the employee's current injury and return to work status, and any other concerns through your engagement with the employee, the supervisor and treating medical practitioner.



Remember that a rehabilitation assessment can be initiated at any time.



The Guidelines [s9(8)] outline the requirement for the rehabilitation authority to monitor the employee's work capacity, injury and availability of suitable employment to determine if a rehabilitation assessment is required.

Can I refer an employee for a rehabilitation assessment or rehabilitation program prior to the claim being determined?

Yes. Early workplace rehabilitation should begin as soon as possible after you have been notified of the employee's injury, and should not be delayed whilst you are waiting for the employee's claim to be determined. Acting early supports an early, safe and durable return to work and helps minimise claims costs associated with time off work.

How does this policy apply for Australian Government Agencies?

Comcare will pay for any reasonable assessment and program cost incurred from the date of injury prior to the claim being determined. If liability is subsequently denied, rehabilitation costs will be reimbursed up to the date that liability has been denied.

The costs associated with rehabilitation assessments and programs under the SRC Act are only payable:

- > when a signed claim form has been lodged accompanied by a medical certificate
- > if a WRP is engaged, the WRP is a Comcare approved provider.

How does this policy apply for self-insured licensees?

Each licensee will have its own early intervention policy in place. RCMs should confirm the policy with their employer when considering whether to make determinations under the rehabilitation provisions of the SRC Act. The focus should remain on early support regardless of cost considerations.

Who can perform a rehabilitation assessment/examination?

The next step in arranging a rehabilitation assessment involves choosing an appropriate assessor. A rehabilitation assessment under the SRC Act can only be made by:

- > a person who is a legally qualified medical practitioner. This could be the treating doctor or another medical practitioner such as an Occupational Physician
- > a suitably qualified person other than a medical practitioner. This is usually a workplace rehabilitation provider. Best practice is to engage an approved Comcare rehabilitation provider.



[Click here](#): for information about Comcare approved rehabilitation providers:
Directory of approved workplace rehabilitation providers page

- > a panel of people (a combination of treating medical practitioner, medical specialist/s, other treatment providers and/or a WRP).



Where possible consider involving the treating medical practitioner in the panel assessment.

What should I consider when selecting an assessor?

Refer to the following table when considering the most appropriate professional to perform the assessment:

Type of assessor	Appropriate for...
WRP	<ul style="list-style-type: none">> Identification of suitable duties and development of a rehabilitation program> When the treating medical practitioner is supportive and available to contribute to the development and implementation of the rehabilitation program
Legally qualified medical practitioner (LQMP)	<ul style="list-style-type: none">> Questions regarding work capacity and ability to participate in a rehabilitation program> Complex or significant injuries> Unclear diagnosis or prognosis
Panel Assessment	<ul style="list-style-type: none">> When the treating medical practitioner and/or specialist are uncertain about work capacity> When there are multiple injuries influencing capacity to work> When there are complex psychosocial issues, or psychological injury> When the rehabilitation program is not progressing> When a comprehensive overview of work capacity and restrictions would inform decision-making about workplace rehabilitation

When do I contact the assessor?

Once you have determined the need for an assessment, and the type of assessor required, you should contact the assessor to:

- > check their availability
- > discuss and agree on what you require.

What can be included in a rehabilitation assessment?

An assessment usually includes an interview with the employee and must include documentation of the rehabilitation assessment and examination findings with a written report containing recommendations about a rehabilitation program.

It may also include the following:

Rehab assessment conducted by:	What may be included?
WRP	<ul style="list-style-type: none"> > interview with the employee > a workplace visit, and meeting with the supervisor to plan for the employee’s return to work > an analysis of the employee’s pre-injury duties > confirmation of the medical diagnosis, prognosis and current work capacity as noted by the treating medical practitioner > liaison with the treating medical practitioner and other treating practitioners to determine appropriate rehabilitation goals, expected timeframes for recovery, and to ensure that treatment options are evidence based and support return to work > identification of suitable alternative duties, or other rehabilitation options, if the employee will not be able to return to pre-injury duties in the short or longer term > other specific and appropriate assessments such as functional capacity, ergonomic assessment, work tolerance, transferable skills analysis, vocational assessment or home assessment > identification of any potential barriers to return to work, and actions and strategies to manage these—the flags model framework can be used to identify barriers > documentation of the rehabilitation assessment and examination findings with a written report containing recommendations about a rehabilitation program.
LQMP	<ul style="list-style-type: none"> > interview with the employee > examination of the employee > the history of the work-related injury and other medical conditions if appropriate > an analysis of the employee’s pre-injury or potentially suitable alternate duties > confirmation of the medical diagnosis, prognosis and treatment being undertaken > an opinion regarding the employee’s current work capacity > liaison with the treating medical practitioner to confirm work capacity, appropriate rehabilitation goals, expected timeframes for recovery, and to ensure that treatment options are evidence based and support return to work > identification of any potential barriers to return to work, and actions and strategies to manage these > documentation of the rehabilitation assessment and examination findings through a written report containing recommendations regarding a rehabilitation program.

Do I need to provide questions to the assessor?

It is not necessary to provide a schedule of questions to a WRP when they are conducting a rehabilitation assessment, however it is important to discuss and document what is to be included when you make the referral. For rehabilitation assessments conducted by a LQMP you should include questions that will provide you with the most appropriate information to support the employee back to health and to work. It is important that the questions used are tailored to the employee and their injury to obtain a comprehensive response to the questions.

Consider limiting the number of questions to between four and ten. The LQMP is more likely to provide a thorough, considered response to a few well written questions than a lengthy questionnaire.

Example questions that you can ask the LQMP are provided at Appendix 3.

Completing the referral for a rehabilitation assessment/examination

The request and referral for a rehabilitation assessment/examination must be documented in writing and provided to the employee.

Comcare provides a rehabilitation assessment examination form you can use when making a rehabilitation referral. Information about this form and how to use it can be found at Appendix 4.



A copy and completed sample of the form can be found on the [Comcare website](#)

If your organisation has developed its own assessment form, ensure that it is compliant by including:

- > the reasons for the determination, in writing
- > a statement regarding the employee's right to request a review of the determination (referred to as the notice of rights)

This referral must be provided to the employee as soon as practicable.



The Act [s38(1)] details the requirement to provide the assessment to the employee

What other information should you include with the referral?

You should include a signed copy of a Consent for the Collection and Release of Medical Information form, so that the assessor can contact the treating medical practitioners. Further information can be found in Part 4 Privacy of this handbook.

You may also wish to include the following documentation with the referral:

- > a summary of the injury background including the medical history, work history and duties
- > previous rehabilitation assessment reports and rehabilitation programs (if they exist)
- > medical reports and other treatment provider reports
- > the most recent medical certificate(s)
- > list of available duties and a job description
- > a copy of leave taken by the employee for the previous three months (or longer if required to demonstrate a pattern of attendance over a longer period)
- > for positions within the Australian Public Service, work level standards appropriate for the position



Work level standards: APS Level and Executive Level classifications | Australian Public Service Commission
[Click here](#) for information on work level standards

Receiving the assessment report

When can I expect to receive a rehabilitation assessment report?

You should expect to receive the assessment report within the timeframe agreed in your referral to the WRP or LQMP. If you have a service level agreement with the WRP, the time frame will be outlined in that document. Generally, the time frame for completion of the assessment and report is ten days, however this will depend on the complexity of the assessment and what you have requested to be included. If additional time is required to complete the assessment the WRP or LQMP should seek your approval and explain the reason for the delay. If you have not received the report within the expected timeframe you should follow up to determine the reasons for the delay.

What should a rehabilitation assessment report include?

The rehabilitation assessment report forms the basis for decisions about the rehabilitation program. Therefore, a comprehensive assessment report provided by either a WRP, LQMP or panel must include information about:

- > the employee's capability of undertaking a rehabilitation program, and
- > the type of program that the employee is capable of undertaking.

The rehabilitation assessment report may also include:

- > the proposed interim and final rehabilitation goals of the rehabilitation program
- > guidance on the types of duties that the employee can perform, such as potential suitable duties
- > recommendations about activities to be avoided, restrictions or required modifications
- > indicative hours that the employee has the capacity to work
- > identification of any psychosocial risk factors for poor rehabilitation outcomes or delayed recovery
- > suggestions about how to overcome these risk factors and barriers to return to work
- > timeframes in which the plan is to be achieved
- > the activities to be provided by a WRP to achieve program goals
- > the treating medical practitioner's opinion on the proposed program and associated recommendations
- > if contact with the treating medical practitioner or other treatment providers has been unsuccessful, attempts to contact should be documented in the assessment report



The Act [s36(8)] specifies what must be included in the written assessment.

What if I am not satisfied with the assessment report?

You should:

- > read the assessment report thoroughly and discuss the contents of the report with the employee
- > notify the assessor of any errors or inconsistencies, so corrections can be made.

If you require further clarification or recommendations, you should also ask for this to be included in the report.

For assessments/examinations conducted by a LQMP or panel, you also can seek clarification by asking for a supplementary report. If you are asking for further information, it is likely there will be an additional charge.

If you are still dissatisfied with the response to your request to amend a report, you should raise your concern with the assessor's manager to progress the required amendment.

Who is given a copy of the rehabilitation assessment report?

Once you are satisfied with the rehabilitation assessment, you must provide a copy of that assessment report to:

- > **the employee** for their records. Once you have provided the report to the employee it is important to consider their feedback. If there is incorrect factual information contained within the report, you should liaise with the assessor to correct this.
- > **the employee's medical practitioner** and/or other health professional, where the employee's injury (for example, psychological injury) necessitates the rehabilitation assessment first being released to that person
- > **the relevant authority.**



The Guidelines [s8(4)] specify who must receive a copy of the report.

5. Planning for a rehabilitation program

What is a rehabilitation program?

A rehabilitation program is a structured series of activities and assistance designed to:

- > maintain or return an employee to suitable employment, and/or
- > maintain or improve an employee's activities of daily living.



A rehabilitation program should be individualised, outcome based, and contain clearly set out steps to achieve the rehabilitation goals.

Who determines whether a rehabilitation program is needed?

As the delegate for the rehabilitation authority you decide whether a rehabilitation program is required. This may be based on the recommendations from the rehabilitation assessment.



In circumstances where the liability for the employee's claim is with another employer, it is best practice to seek the views and contributions of the delegate for the liable employer. This is because the costs associated with rehabilitation affect the overall cost of the employee's claim and therefore impacts (directly or indirectly) the liable employer's premium.



A rehabilitation assessment may not be necessary if you already have advice regarding the employee's capability to undertake a rehabilitation program from:

- > the employee's medical practitioner or other health professional
- > a workplace rehabilitation provider (WRP)
- > the employee
- > the employer.

Who develops the rehabilitation program?

What is my role?

You are responsible for:

- > ensuring a rehabilitation program is developed and documented correctly
- > ensuring the rehabilitation program is developed in consultation with the WRP (where applicable), the employee and the medical practitioner
- > reviewing the draft and completing and signing the determination section
- > signing the rehabilitation program in a timely manner.

What is the role of the WRP?

You may ask the WRP to:

- > document the responsibilities section, which details the WRP activities and outcomes, service codes and costs
- > complete the documentation of the rehabilitation goals and other details on the form as a draft document
- > consult with the employee regarding the details of the program.



It is crucial that once you have finalised the rehabilitation program it is signed as soon as possible (within 24 hours is best practice). Unnecessary delays in completing the determination can lead to delays in assisting the employee. Where a WRP is engaged, they are unable to commence the activities in the rehabilitation program until you, as the delegate, have signed it.



RCM Core capability 1.4 'Coordinate the development of a return to work plan'

What is in a rehabilitation program?

Mandatory information must be included in a rehabilitation program:

- > details of the RCM
- > details of the supervisor and WRP (where applicable)
- > review dates
- > the steps being undertaken to provide or assist the employee to find suitable employment
- > the signature section, with a determination made by you as the delegate.



The Guidelines [s9(5)] stipulate what must be included in a rehabilitation program.

A rehabilitation program should also include:

- > rehabilitation goals that are SMART goals
- > communication strategies that outline who will be communicated with, and how and when communication will occur
- > timelines for the delivery of the overall goal and completion of the activities
- > a detailed return to work schedule to guide the activities the employee will undertake
- > a clear list of roles and responsibilities for all stakeholders involved
- > activities for the WRP, if one will be involved in the program
- > information about the rights and responsibilities of the employee.

SMART goals are



- > **Specific**—say exactly what you want to achieve, to what extent and who will achieve it
- > **Measurable**—track the progress and the outcome (how much/how often/how many)
- > **Achievable**—attainable in the circumstances
- > **Realistic**—clear on what the purpose or benefit is
- > **Time-bound**—outline the timeframe for completion ('by when')

Are there activities or programs that are not appropriate to be provided by a WRP as part of a rehabilitation program?

Yes, the WRP should not be:



- > providing work conditioning programs (outside of the workplace)
- > delivering pain management programs
- > providing treatment (including therapeutic counselling)
- > monitoring the employee's treatment
- > determining the employee's ongoing entitlements
- > undertaking claims management activities
- > providing employer case management activities.

Documenting the rehabilitation program

Comcare provides a Rehabilitation Program form which you can use when developing the rehabilitation program.

Information about this form and how to use it can be found at Appendix 4. A copy and a completed sample of the form can be found on the [Comcare website](#).

If you choose to design your own rehabilitation program form you must include:

- > the reasons for the determination in writing, and
- > a statement regarding the employee's right to request a review of the determination (referred to as the notice of rights) to ensure that the determination is compliant.

What must I consider when determining a rehabilitation program?

When determining that the employee should undertake a rehabilitation program, you must consider the following eight matters (a–h):

Matter	Considerations
a. any written assessment given under subsection 36(8) of the Act	Where a rehabilitation assessment under section 36(1) has been completed, you should consider the recommendations in the report and reference these when considering the appropriateness of the rehabilitation program.
b. any reduction in the future liability to pay compensation if the program is undertaken	Consideration can be given to how a successful completion of a rehabilitation program improves the employee’s work capacity and results in a reduction in the claim costs.
c. the cost of the program	Consideration can be given to the likelihood of the success of the rehabilitation program, based on the availability of suitable duties, and therefore the employee’s likely return to work.
d. any improvement in the employee’s opportunity to be employed after completing the program	Consideration can be given to the likelihood of the success of the rehabilitation program, based on the availability of suitable duties and suitable employment, and therefore the employee’s likely return to work.
e. the likely psychological effect on the employee of not providing the program	Consideration can be given to the: <ul style="list-style-type: none"> > the person’s psychological health based on available medical information > the potential worsening of symptoms if a program is not provided > the employee’s motivation to participate in the program > support mechanisms that may be required for the employee if a program is not required.
f. the employee’s attitude to the program	When considering the employee’s attitude, you should note their commitment to participating in rehabilitation assessment, consult with them on the rehabilitation program and provide an opportunity to discuss the program with a medical practitioner, family and others.
g. the relative merits of any alternative and appropriate rehabilitation program	Consider the return to work hierarchy when determining the program goals and whether an alternate program is more likely to be successful in achieving the same goal? (information about the return to work hierarchy can be found below)
h. any other relevant matter	This matter provides the opportunity for you to consider any other individual circumstance that may impact on the success of the program.



The Act [37(3)a-h] outlines the eight matters that must be considered.

When considering these matters you must document the matters that are relevant to the circumstances of the case and ensure they are attached to the rehabilitation program.

Example responses for these matters can be found at Appendix 5.

What are the employees’ rights regarding the rehabilitation program?

As a rehabilitation program is a determination for the purposes of the SRC Act, employees must be made aware of their rights and responsibilities. If they do not agree with the rehabilitation program, they are able to request a review of the determination. You must provide this information to the employee, so they understand their rights and the process for seeking a review. This process is outlined in detail in Part 3 Engaging and monitoring workplace rehabilitation providers, of this handbook.

When do I consult with the employee regarding the rehabilitation program?

You must consult with the employee when developing the rehabilitation program and consider their input. You may choose to provide a draft of the program to the employee to consider before finalising it. However, some employees may prefer to discuss the program rather than to receive a copy. You should specify the timeframe for feedback to be received, to ensure there are no delays with commencing the rehabilitation program.



There is no requirement to provide a draft copy of the rehabilitation program to the employee. However, it is important to maintain clear records of your consultation with the employee on the rehabilitation program.

What if an employee does not support a rehabilitation program?

A rehabilitation program can still be provided even if the employee does not agree and has requested a reconsideration. Should the reconsideration affirm the original decision, the employee is expected to participate in the program. The employee's attitude to the program should be acknowledged and addressed, where appropriate.

You should document discussions with the employee regarding responsibilities under the SRC Act, their attitude to the program, and options if they disagree with the program.

How do I finalise the program?

Once you have determined the program is appropriate you must sign it in your capacity as the delegate for the Rehabilitation Authority.



The rehabilitation program is not valid, and activities should not commence until you have signed it. Delays in finalising the program and commencing rehabilitation can have a significant negative effect on the employee's return to work.

Who receives a copy of the rehabilitation program?

Once the rehabilitation program is finalised and signed, you must provide a copy of the written program and determination to the:

- (a) employee; or
- (b) employee's medical practitioner and/or health professional if the employee's medical condition necessitates the rehabilitation program first being released to that person; and
- (c) the relevant authority.



The Guidelines [s9(6)] outline who the rehabilitation program must be provided to.

It is best practice to also provide a copy of the signed rehabilitation program to;

- > the workplace rehabilitation provider (WRP) (when one has been engaged)
- > the treating medical practitioner
- > the supervisor, and
- > the delegate of the liable employer if the current employer is not the liable employer.

6. Implementing a rehabilitation program

What should I do if I decide a rehabilitation program is not required?

Where you decide that a rehabilitation program is not currently required, you should discuss this recommendation with the employee and their supervisor. You should outline the intended strategies to support the employee to stay at or return to work.

What if the employee is off work due to a non work-related injury?

If the employee becomes totally incapacitated due to a non-compensable injury, then rehabilitation efforts may have to be modified or suspended until the employee's work capacity improves. It is important to continue to provide support to the employee and recommence rehabilitation as soon as possible, keeping in mind any restrictions relating to both the compensable and non-compensable injuries.



If an employee is unable to work due to a separate non-compensable injury this may impact their incapacity payments. In these circumstances contact the employee's Claims Manager to provide an update on the employee's situation and work capacity.

What duties should be considered for the employee's return to work?

A key step in providing suitable employment is identifying duties to assist the employee to return to work as soon as possible. Identifying suitable employment may involve modifying duties, sourcing alternative duties, or modifying working hours whilst on a rehabilitation program. Finding suitable employment requires a constructive and creative approach with cooperation from supervisors, and commitment from senior managers.

What is suitable employment?

Suitable employment is work for which the employee is suited, taking into consideration:

- > the employee's age, experience, training, language and other skills
- > the location of the employment opportunity.

For ongoing employees of the Commonwealth, suitable employment is any employment within the Commonwealth.

For permanent employees of a licensee, then suitable employment is any employment within the licensed corporation.

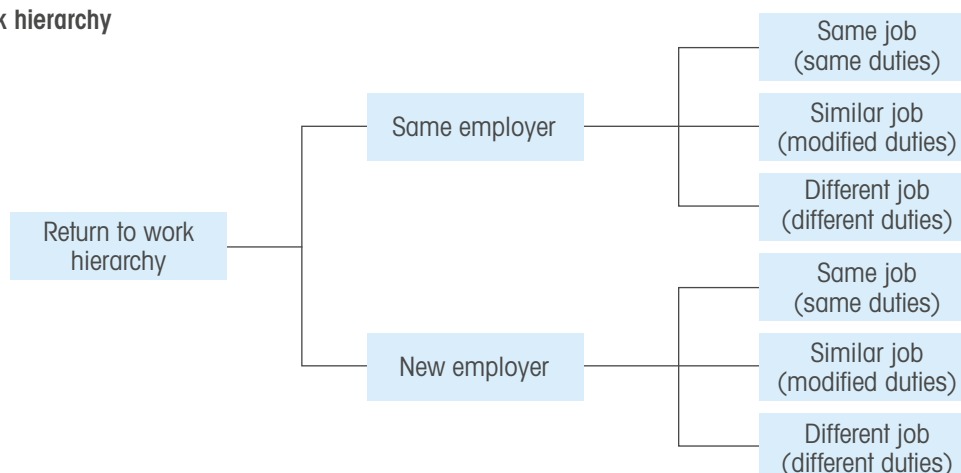
The provision of suitable employment is the responsibility of the rehabilitation authority. Therefore, you have a key role in identifying suitable employment and appropriate duties for employees.

What should I consider when determining suitable employment?

Workplace rehabilitation aims to return employees to their pre-injury duties in their own workplace. This principle is supported by a hierarchy of preferences for return to work outcomes, referred to as the 'return to work hierarchy':

- > same job, same employer
- > similar job, same employer
- > new job, same employer
- > same job, new employer
- > similar job, new employer
- > different job, new employer.

The return to work hierarchy



While the aim is to return the employee to their pre-injury duties and hours wherever possible, this is not always the case and reduced hours should be considered. A graduated return to work is a common approach to building an employee's work capacity.

The return to work hierarchy should be considered when developing programs and goals for an employee. It is important to consider each level, but not necessary to attempt every level of the hierarchy before considering the next. At times it is clear from medical evidence that the employee is unable to return to their previous duties and role, so a step further down the hierarchy should be the focus.

The final decision about the return to work hierarchy should be made in consultation with the employee and their medical practitioner. Where a rehabilitation assessment has occurred, it can be used to assist in this consultation.

One example where you would consider the return to work hierarchy is where the employee is not able to return to their pre-injury role. A vocational assessment could be undertaken to determine vocational options for the employee based on the employee's skills, experience and qualifications as well as their capacity for work. This assessment would help determine whether modified duties or different duties would be appropriate, or whether additional training is required for an alternate position in your organisation or employment in another organisation.

What if the employee is a contractor?

If your employee is on a fixed term or non-ongoing contract, your responsibility to rehabilitate the employee to their full pre-injury hours may continue beyond the original contract period. In this scenario, the duty to provide suitable employment continues after the end of the contract period, if the employee has not resumed pre-injury hours within the contract period.⁹

How do I support suitable employment?

- > Ensure the supervisor and senior managers understand the employer’s legislative responsibility to provide suitable employment.
- > Explain to the supervisor the consequences of failing to find suitable employment, including the impact on the workers’ compensation premium and costs for the organisation as outlined in [Part 1 of this handbook](#).
- > Discuss with the supervisor any difficulties in finding suitable employment. Work collaboratively to identify opportunities and address any issues which arise.
- > Ask Human Resources (HR) staff to identify vacancies within your organisation.
- > Consider duties in other sections of the organisation.
- > Use the hierarchy of return to work options to identify alternatives outside of your organisation, such as a work trial placement ([information about work trials and host employer can be found below](#)).
- > Engage a WRP with the required skills (for example, a vocational counsellor) for assistance in identifying an external work trial or employment options.
- > Talk with other case managers to determine opportunities for secondment or a work trial with another agency (for example, RCM forums can be a good opportunity to network with other RCMs).

What are the steps in locating suitable duties?

The figure below outlines the steps in the return to work hierarchy you should consider when locating suitable employment.

Steps in finding suitable duties and suitable employment

Consider	What are the next steps?	What do I do with this information?
1. What are the employee’s pre-injury duties?	Liaise with the employee and supervisor to understand the duties.	You, or the WRP, provide this information to the treating medical practitioner when determining the employee’s work capacity.
2. What are the employee’s work capacity and medical restrictions?	Consult with the treating medical practitioner to obtain guidance on the employee’s capacity and restrictions.	Consider the recommendations from the treating medical practitioner against each level in the return to work hierarchy. If they cannot be accommodated (and reasonable adjustments made) move to the next level.
3. Same job/same employer Are duties in the pre-injury role suitable?	Liaise with the supervisor to determine if restrictions can be accommodated in the pre-injury role.	If a return to pre-injury duties is not possible, even if hours are reduced, consider the next step in the hierarchy.
4. Similar job/same employer Can the pre-injury duties be modified to accommodate the adjustments required?	Work closely with the supervisor to identify potentially suitable duties.	Are modifications to the duties possible? If not, consider the next level in the hierarchy.

Consider	What are the next steps?	What do I do with this information?
<p>5. New job/same employer Are alternative duties available within the work team, section or organisation?</p>	<p>Work with the supervisor, the HR team, or other managers across the business to try and identify alternative duties.</p>	<p>You, or the WRP, consults with the treating medical practitioner to obtain guidance on the suitability of the alternate duties that have been identified. If new duties are not available, consider the next level in the hierarchy.</p>
<p>6. Same job/new employer Similar job/new employer New job/new employer If the employee is not fit to return to duties with your employer consider a new employer and each step in the hierarchy in turn, matching the considerations with the duties available.</p>	<p>Consider:</p> <ul style="list-style-type: none"> > locating a host employer for a work trial placement as an initial step to return to work > undertaking a rehabilitation assessment that includes an analysis of transferable work skills > engaging the services of a WRP to assist with active job seeking. 	<p>Work with the WRP and the treating medical practitioner to obtain guidance and clearance for the next steps.</p>
<p>7. New job/new employer When the employee is permanently unable to return to work, redeployment may need to be considered.</p>	<p>Engage a WRP to:</p> <ul style="list-style-type: none"> > conduct a vocational assessment > provide assistance with job seeking. 	<p>Work with the WRP to find a redeployment solution.</p>
<p>8. When the employee is unsuccessful in securing new employment.</p>	<p>Explore whether re-training will assist with a return to suitable employment. A vocational assessment should be conducted to determine if retraining is recommended.</p>	<p>Outline the details of the re-training in the rehabilitation program. Monitor progress with the employee, with the assistance of the WRP where required.</p>
<p>9. When the employee remains totally and permanently unfit for all work, consider whether the employee is a candidate for invalidity retirement.</p>	<p>Seek the treating medical practitioner's opinion regarding total and permanent incapacity for work. Refer the employee for an independent fitness for duty assessment with a LQMP (see details next page).</p>	<p>The assessment is provided to the superannuation fund to determine qualification for an invalidity pension or lump sum payment.</p>

What are reasonable adjustments?

Reasonable adjustments (sometimes known as 'workplace adjustments') provide necessary and reasonable assistance or support to reduce or eliminate barriers to work. Reasonable adjustments can involve a change to a work process, practice, procedure or environment that enables an employee with disability to perform their job in a way that minimises the impact of their disability.¹⁰

The definition of the term "disability" is very broad under the *Disability Discrimination Act (DDA) 1992*. The Disability Discrimination Act's definition of disability includes:

- > Physical disability
- > Intellectual disability
- > Psychiatric disability
- > Sensory disability
- > Neurological disability
- > Learning disability
- > Physical disfigurement
- > The presence in the body of disease-causing organisms.¹¹

What are the obligations for reasonable adjustments?

The *Disability Discrimination Act (DDA) 1992* requires employers to make reasonable adjustments so a person with a disability can perform the inherent requirements of the job, unless this would cause 'unjustifiable hardship'.

The DDA makes it unlawful to discriminate against people with disability in the area of employment. If a person requires reasonable adjustments in order to be treated equally or to comply with a particular employment requirement, then a failure by an employer to provide those adjustments constitutes unlawful discrimination on the basis of disability.

Section 39 of the SRC Act, also highlights that the relevant authority is liable to pay the reasonable costs for alterations, modifications and aids and appliances that are required for the rehabilitation program.

What are the benefits of providing reasonable adjustments?

- > there are positive economic and business benefits of employing people with a disability and providing reasonable adjustments
- > providing an inclusive and positive workplace has benefits for the entire business
- > supports employees with a disability or injury to stay at work or return to work to perform their role safely
- > people with disability take fewer sick days, and incur fewer staff related business costs
- > supports participation, independence and social inclusion

¹⁰ Workplace Adjustments · Employer responsibilities · Australian Network on Disability (and.org.au)

¹¹ *Disability Discrimination Act 1992* · Employer responsibilities · Australian Network on Disability (and.org.au)

What are some examples of reasonable adjustments?



Everyone's needs are unique. It is important to ask the person and their treating health practitioners about the supports that will assist them to work safely and effectively.

- > flexibility in working hours
- > Moving a person's location of work or allowing them to work from home
- > Moving furniture or providing a ramp so that a person can get around comfortably and safely
- > Redistributing minor duties (not inherent requirements of a job) that a person with disability finds difficult to do
- > Allowing time off during working hours for rehabilitation or treatment
- > Providing additional training, mentoring, supervision and support
- > Providing equipment, such as speech recognition software for someone with vision impairment

Other examples of workplace adjustments that may assist employees to perform their best at work.¹²

For a person with a mental health condition	<ul style="list-style-type: none">> Flexible working arrangements, (e.g. working from home, working part-time, change of start/finish times)> Longer or more frequent breaks> Division of large projects into smaller tasks> Regular meetings with supervisors
For a person with a mobility impairment	<ul style="list-style-type: none">> Ramps, stair lifts, automated doors,> Height-adjustable workstations> Accessible bathroom and lifts> Handrails> Accessible computer keyboards, mouse,> Speech-recognition (speech-to-text) software
For a person who is blind or has low vision	<ul style="list-style-type: none">> Screen-magnification (e.g. ZoomText) or screen-reading software (e.g. JAWS)> Magnification software for Personal Digital Assistants (PDA) and mobile phones> Braille machines and printers> Video magnifiers for reading printed material
For a person who is deaf or hard of hearing	<ul style="list-style-type: none">> Hearing loops> Vibrating or visual alarms> Text Telephone (TTY) or Short Message Service (SMS) text messaging> Live captioning> Auslan interpreters> Video phones> Subtitling
For a person with a long-term or chronic health condition	<ul style="list-style-type: none">> Air-conditioning> Height-adjustable workstations> Building modifications> Changes to lighting, e.g. increased natural light, removal of fluorescent lighting> Flexible working arrangements (e.g. working from home, working part-time).
For a person with a learning disability	<ul style="list-style-type: none">> Smartphones or PDAs, to assist with memory and planning> Task cards, 'to-do' lists or checklists> Screen-reading software> Speech-to-text dictation software> Verbal instructions

What is my role around reasonable adjustments?

As a case manager your role is to ensure that the principle of reasonable adjustments is reflected in the employee's rehabilitation program. You can also support your organisation and colleagues to understand the reasons for providing adjustments and how they can support an employee to engage in safe and productive work.

Can I determine that reasonable adjustments are required under the rehabilitation program?

Yes. You can determine that alterations, aids and appliances are required under the rehabilitation program (section 37 of the SRC Act). However, an employee may choose to claim for workplace alterations, or aids or appliances under section 39 of the SRC Act. A request under s39 is considered by the employee's claims manager. [See Scheme guidance – Compensation for certain alterations, modifications or aids and appliances | Comcare for more details.](#)

What are the considerations when determining whether an adjustment is reasonable?

What is considered reasonable will depend on the individual circumstances.

Some of the factors to consider when determining whether an adjustment is reasonable are:

- > The effectiveness of the adjustment in assisting the employee with disability to perform their job and stay at or return to work
- > The practicality of the adjustment
- > Any disruption caused to business operations or the health and safety of other employees
- > The financial or other costs of the adjustment
- > The extent of the organisation's financial and other resources



The Australian Human Rights Commission has developed a website that has resources for employers and people with a disability seeking employment.

For more information you can visit this website

[IncludeAbility](#)

What strategies are available to support return to work?

There are some commonly used methods to support employees to return to work. These include graduated return to work programs, pacing, work trials, redeployment, study and retraining. The return to work strategy should be considered against the return to work hierarchy, and the likelihood that the strategy will maximise the opportunity for a return to work and achievement of the rehabilitation goal.

Return to work strategies

Return to work strategy	Return to work Hierarchy stage	Use	Benefits
Graduated suitable duties program	Is appropriate at any level in the return to work hierarchy	If the employee is unable to return to full pre-injury hours and/or duties.	<ul style="list-style-type: none"> > Builds up physical and/or psychological ability to manage tasks > Maintains work habits and routine > Increases social engagement and encourages independence
Pacing	Is appropriate at any level in the return to work hierarchy	To allow attendance at the workplace for full normal weekly hours by alternating between periods of work and periods of rest.	<ul style="list-style-type: none"> > Uses the full range of employee's skills and expertise > Maintains normal daily patterns and regular work routine > Prevents the development of longer-term disability > Encourages engagement with work and colleagues
Work trial	Is appropriate when considering a return to work with a new employer (same, similar or different job)	It is used when the employer is unable to provide suitable duties.	<ul style="list-style-type: none"> > Rebuilds work skills, self-confidence and establishes work routines after injury > Improves opportunities for employment > Allows work hardening through a program aimed at improving physical or psychological work tolerances
Study/Retraining	Is appropriate when considering a new job with the same or a new employer	If opportunities for suitable employment are limited and need to be increased.	<ul style="list-style-type: none"> > Improves opportunities for employment

What is pacing? What are its benefits?

Pacing allows an employee to attend the workplace for full normal weekly hours, by alternating between periods of work and periods of rest throughout the day. The benefit of this approach is that employees do not have extended periods out of the workplace—the work phase of each day is simply increased in line with medical recommendations. As a result, the employee maintains periods of attending the workplace for the usual work hours, maintains contact with fellow employees, and does not lose their identity as an employee. This is different from a graduated return to work program, in which the employee is at work for short periods of time but is working for the majority of that time.

What is a work trial?

For employees of the Commonwealth government, a work trial is a short-term agreement (usually for 12 weeks) where the employee is placed with a host employer for a period, while remaining employed and paid by the pre-injury employer.

Who is the delegate for the work trial?

While on a work trial the pre-injury employer remains the rehabilitation authority. This means that as the RCM for the pre-injury employer, you are the delegate and have responsibility for the employee.

What is a host employer?

The host employer is the new employer that is offering the work trial to the employee. The host employer can be another employer within the scheme or private sector.

What documentation is required for the work trial?

The details of the work trial are documented in a work trial agreement. This agreement provides the detail of the work trial placement and outlines the commitment to the placement. It forms part of the overall rehabilitation program. You oversee the program and sign the agreement in your capacity as the delegate for the rehabilitation program.

How do I organise a work trial?

With the assistance of the WRP you will need to locate a host employer and negotiate a placement. For Commonwealth employees this is usually within the Commonwealth government. You may be able to use your own networks or request the WRP identify suitable placements using their contacts. The benefits of providing a placement should be discussed with the host employer.

How do I set the work trial up for success?

- > Consider engaging a WRP to implement and coordinate the work trial.
- > Ensure the work trial is an inclusive process involving the employee, the host employer, the WRP and yourself.
- > Ensure the work trial is discussed with the treating medical practitioner so that the benefits are well understood and the employee is cleared to participate in the work trial.
- > Ensure the employee is clear about the length of the work trial, that it is not an ongoing position and does not guarantee employment at the end of the placement.

What is the role of the host employer?

- > To provide a healthy and safe workplace.
- > To assist you to monitor the rehabilitation program and work closely with the WRP to support the employee during the placement.
- > Monitor the employee's performance, absences and to notify you of any issues.

What are the responsibilities of the employee?

- > To adhere to the host employer's workplace policies.
- > To maintain contact with you and the WRP during the placement.
- > To adhere to the rehabilitation program.

What if the employee sustains a new injury during the work trial?

If the employee sustains a new work related injury whilst undertaking the work trial they should submit an incident report to the host employer and notify you of the incident. If a workers' compensation claim is made for a new injury, or any aggravation of a pre-existing injury, a new claim form should be submitted through you in your capacity as the delegate for the rehabilitation authority.



A link to the work trial agreement for Australian Government employers can be found at: https://www.comcare.gov.au/Forms_and_Publications/forms2/injury_management_forms/injury_management_forms/work_trial_agreement

What if the employee is permanently unable to return to work with their employer?

Redeployment

- > Where an employee is permanently unable to return to work with the pre-injury employer, you should consider redeployment to a new employer.
- > Once redeployment has been identified as the only return to work option, a thorough rehabilitation assessment should be arranged. A vocational assessment may be required if one has not already been provided.
- > A new rehabilitation program should be developed that outlines the new goal of a return to work with a new employer. Support for the program should be sought from the treating medical practitioner. The program may include job seeking activities and a job seeking agreement which outlines the agreed activities to be undertaken by the employee and WRP when pursuing a new position.
- > If the employee is unable to secure a new position using their existing skills, qualifications and experience, retraining may need to be considered.

Study and retraining

Study and retraining should be considered when:

- > the employee is unable to return to their pre-injury position or an alternate position
- > the employee requires additional skills to move into a new job with the same or a new employer
- > opportunities for suitable employment are limited and need to be increased
- > assessment supports retraining to significantly improve employment and/or redeployment options.

How do I consider study and retraining options?

A vocational assessment should be conducted by a WRP who is trained in conducting these assessments (for example, a vocational counsellor).

Vocational assessments analyse the employee's current and transferrable work skills, experience, qualifications and medical restrictions to assist in identifying suitable job options. A labour market analysis can also be requested to determine which of the job options are most viable considering the location, job demand, income and market trends. The vocational assessment should also consider the following:

- > the employee's preferences
- > the cost of the program
- > which training option will most likely lead to gainful employment based on the labour market.

What documentation is required to support the retraining?

The study or training course needs to be outlined in the rehabilitation program.



It is important for the employee to be aware that the focus of retraining is to support a return to work in a suitable role, rather than a career change opportunity.

How is the training paid?

- > The costs associated with the training course are outlined in the rehabilitation program. By signing the rehabilitation program, you are able to approve these costs.
- > Under the SRC Act, the relevant authority cannot pay a training institute directly. This is because a training institute is not considered a WRP and is therefore unable to provide rehabilitation services. By including retraining in a rehabilitation program, the retraining costs can be reimbursed to the WRP. Alternatively, if no WRP is involved, the employer pays and is reimbursed for the retraining costs.

How do I monitor the progress of the retraining?

- > You should develop a new rehabilitation program at the beginning of each period of study. After the initial approval to begin a course, approval for each subsequent period of study becomes dependent upon the employee having achieved adequate results. If the employee fails to obtain adequate results and must repeat a unit, the employee may be required to pay the relevant tuition fees. This should be stipulated in the rehabilitation program when it is developed.
- > If the employee is required to repeat a unit you should reconsider the appropriateness of the retraining program.
- > You should continue to meet regularly with the employee and the WRP to discuss progress and provide support.
- > If the employee becomes able to return to duties before the course is completed, you must decide whether to continue funding ongoing training costs or negotiate other arrangements for the employee to pay their own tuition and study related expenses.
- > Any determination you make relating to the approval of and payment for the training course, can be reviewed by the employee. As the training forms part of the rehabilitation program, the employee has the right to request a reconsideration of your decision.

What if the employee is permanently unable to return to work with any employer?

When an employee of the Commonwealth government is assessed as totally and permanently incapacitated for work it means the employee is:

- > unlikely ever to be able to work again in a job they are qualified for, or could be reasonably qualified for after retraining; and
- > unable to participate in any other employment with another employer.

In such circumstances the employee may be entitled to some payments under their superannuation arrangements. You should refer the employee to your human resources team or their superannuation fund for further information.

Employee leave entitlements when participating in a rehabilitation program

Can an employee take leave when they are participating in a rehabilitation program?

Yes, however there are considerations, outlined below, that you should take into account before approving leave.

An employee should not, generally, be granted approval to take leave immediately before or during a rehabilitation program, unless there are special circumstances where not approving the leave would jeopardise the program, or where a graduated return to work has plateaued.

Who determines whether leave should be granted?

For an employee wishing to take leave whilst they are participating in a rehabilitation program, the leave request should be considered by you in your capacity as an RCM, in consultation with the supervisor. This is for all leave types, for example annual leave, long service leave, leave without pay except for maternity leave. The request should be considered on a case by case basis.

Who should I consult with regarding the leave request?

When considering the request for leave, you should consult with the employee's supervisor to determine if approval of the leave can be supported operationally. You, or the WRP, should also consult with the treating medical practitioner to understand the impact of the leave on the employee's injury and overall wellbeing.

What factors should I consider when an employee requests leave?

You should consider the following when deciding whether to support the request for leave:

- > Will the leave have a negative impact on the rehabilitation program or employee's treatment?
- > How much time off work has the employee had in relation to the compensable injury?
- > Is the employee currently participating in ongoing treatment?
- > What is the reason for, and duration of the leave?

Why are these leave considerations in place?

- > For the employee, it ensures that leave, other than compensation leave is not used for a compensable injury. For example, the employer cannot request an employee use personal leave, rather than compensation leave, when they are absent because of the compensable injury.
- > For the employer, it ensures that leave will not interfere with an employee's recovery and return to work.



The Act [s116] refers to the taking of leave while an employee is on compensation leave.

7. Monitoring progress and review

The primary aim of the rehabilitation program is to achieve a successful return to work outcome. Once the rehabilitation program is in place you must regularly review progress against the stated goals to ensure that the rehabilitation program is effective.

To ensure the success of the rehabilitation program you need to:

- > regularly monitor progress
- > ensure ongoing effective communication
- > address any delays in progress
- > be aware of any issues with work performance.



Under the Guidelines, a rehabilitation authority must monitor the rehabilitation program or the employee's capability to undertake a program [s9(7)].

How do I monitor the progress of the rehabilitation program?

Keep in regular contact with the relevant stakeholders and ensure that the WRP, supervisor and employee have undertaken what they have agreed to do.

Under the Guidelines [s9(8)] you must seek information on:

- > the employee's work capacity
- > changes in the employee's injury
- > the availability of suitable employment.

Better practice is to also seek information on:

- > progress against agreed milestones
- > supervisor and colleague support
- > performance of the WRP
- > new or changing circumstances or potential barriers which may impact on the progress of the program
- > any other activity in the rehabilitation program.



RCM Core capability 1.5 'Monitor the progress of a return to work plan'

How do I ensure there is effective communication?

To ensure effective communication:

- > Make regular contact with the employee and supervisor.
- > Organise regular workplace meetings with relevant stakeholders. Consider monthly meetings to ensure all parties are engaged and clear on the goals and progress of the rehabilitation program.
- > Attend regular reviews with the employee and their treating medical practitioner.



Consider making contact at least fortnightly to ensure that the employee feels supported, and their questions and issues are addressed as early as possible.



The frequency of the review with the treating medical practitioner will depend on the circumstances of the case. When an employee's capacity is changing (for example, they are on graduated return to work program) a medical review may be required every two to four weeks. When an employee's progress has plateaued, the injury is stable, and all reasonable adjustments have been made, the medical review may be less often (for example, every three months).

- > Request regular progress reports from the WRP



The frequency and type of progress report required is negotiated between you and the WRP. For example, a detailed written monthly report may be required or just a brief email or verbal update may be suitable. This will depend on the nature of the injury and length of the return to work program.

What should I do if communication breaks down with the employee?

There may be occasions where an employee refuses or is unable to communicate directly with you or another employer representative.

In these circumstances it is important to understand the reason for this restriction and agree on communication protocols with the employee, in writing. This will ensure that the employee's communication needs are met and that you can provide information in a safe and timely manner.

To ensure effective communication, consider:

- > requesting the employee provide consent for a third party to act as a conduit for communication regarding their rehabilitation
- > engaging a WRP to work with the employee and other key stakeholders and keep you informed of progress
- > engaging an external case manager to work with the employee, noting you will remain the delegate for the rehabilitation authority
- > communicating in writing rather than verbally with the employee or their representative.

What do I do if the rehabilitation program does not progress as expected?

Delays in progress can occur for a number of reasons. It is important to identify and resolve any issues as soon as possible. Some strategies you can consider where return to work progress has stalled include:

1. Case conferencing

What is a case conference?

A case conference brings stakeholders together to develop a shared plan to assist an employee return to health and work. They also allow for proactive sharing of information and ensure all stakeholders are working towards the same goal.

Case conferences vary depending on the required outcome, but may be one of the following:

- > Claims/rehabilitation case conference—a meeting between you and the claims manager to discuss liability and/or rehabilitation matters in relation to a claim or collection of claims.
- > Return to work case conference—connecting with the treating medical practitioner, the employer, the employee, other treatment providers and the claims manager to support return to work.

Who should attend the case conference?

Case conferences involve some or all of the key stakeholders including:

- > the employee
- > the RCM (you)
- > the supervisor
- > the treating practitioners (medical practitioner, psychologist, physiotherapist)
- > the workplace rehabilitation provider (WRP)
- > the claims manager.

Who organises the case conference?

A case conference can be initiated by any of the stakeholders including you. When organising a case conference ensure:

- > each participant is aware of the purpose of the meeting, their role and any information they need to provide
- > there is funding available to pay for the medical practitioner to participate in the case conference.



The Comcare website contains further information and resources about return to work case conferencing including e-guidance designed to assist RCMs to effectively engage stakeholders to improve return to work outcomes for employees. https://www.comcare.gov.au/training/scheme_e-guidance

Case Study Two (Alison) demonstrates a successful outcome when all stakeholders are engaged, consulted and share a commitment to the return to work outcome (Appendix 8).

2. Work closely with the employee

You, or the WRP, should talk to the employee and revisit the employee rights and responsibilities. This may provide the opportunity for the employee to explain any underlying concerns, and for you to understand barriers (work related, or non-work related) that have arisen or were not identified earlier on.

3. Facilitated discussions

If relationship issues have arisen, for example, between the employee and a supervisor or a colleague, consider organising a facilitated discussion with an external facilitator to address employee concerns. The facilitator assists the stakeholders involved to prepare for, and engage in, a conversation around the issues that are causing conflict, in a respectful and proactive way.

4. Rehabilitation assessment and examination

Consider arranging another rehabilitation assessment. An assessment by an LQMP, might provide further useful information to assist with progressing a case. You should request that the LQMP consult with the treating medical practitioner when conducting the assessment. Collaborating with the treating medical practitioner can assist with reaching an agreement on work restrictions and considerations, and support achievement of the return to work goal.

5. Work closely with the Workplace Rehabilitation provider

You should use the skills and expertise of the WRP to assist with identifying the barriers and developing strategies. The WRP may consult further with the treatment providers, including the medical practitioner, to identify strategies to move a case forward.

6. Pacing program

If the employee's hours have plateaued and there has been no increase in hours at work for some time, you can consider a pacing program. This allows the employee to remain at work for longer periods of time and assists with gradually building up work capacity.

7. Review the rehabilitation program

Consider:

- > Making modifications to the rehabilitation program to accommodate concerns/issues that have arisen.
- > Reviewing progress against the return to work hierarchy to ensure the goal of the rehabilitation goal is still relevant.

What if there are changes to the diagnosis or prognosis?

- > You, or the WRP should consider contacting the treating medical practitioner, to better understand how the changes affect the employee's ability to return to work and participate in the rehabilitation program.
- > Reassess the rehabilitation program goals and services, by considering the following:
 - Are the timeframes, costs and services still appropriate? If not, the program will need to be altered or a new rehabilitation program developed.
 - Is the final goal still achievable? If not, the current program will need to be closed and a new program developed.

What should I consider where there are work performance issues?

The presence of work performance issues, in addition to an injury, is a particularly difficult situation which may impact significantly on return to work outcomes. Performance issues may have existed before the workplace injury occurred and this may become highlighted during the return to work process.

It is important to keep the rehabilitation program, and the process for dealing with work performance, separate. Ensure that you:

- > clearly identify the restrictions imposed by the injury and separate these from work performance issues
- > seek advice from the HR area on the performance concerns and work closely with the supervisor to keep the rehabilitation program and work performance issues separate.

Should work performance discussions continue while the rehabilitation program is being progressed?

Generally, work performance processes begin or continue while the employee is on a rehabilitation program. Therefore:

- > the supervisor and HR area need ongoing information about restrictions on work performance due to the injury, and how the recovery is progressing
- > the supervisor and HR area should notify you about procedures to deal with work performance which may affect the rehabilitation program.

In exceptional cases it may be appropriate to suspend the performance management processes while the employee recovers. This may be the preferred option when the injury directly impacts on work performance and, as a result, the medical restrictions do not allow for a meaningful assessment of the employee's performance. If a performance process is to be suspended, all stakeholders need to have a clear understanding about when performance management will recommence.

Performance management, code of conduct issues, and grievances should not be managed by you if you are already managing the employee's rehabilitation.

Altering or closing rehabilitation programs

What should I do when the circumstances change during a rehabilitation program?

When circumstances change during a rehabilitation program you may need to alter the current rehabilitation program or close the program.

Examples of changing circumstances:

- > the employee may not meet expected recovery timeframes, or their injury may worsen
- > suitable duties may no longer be available because of structural changes or outsourcing of functions.

In these circumstances you must decide whether to continue the rehabilitation program and make modifications to it, or close the program and begin a new one. If you modify the current program you can do so by using the Comcare Rehabilitation Program Alteration form or an alternate form from your organisation. For more information refer to Appendix 4.



The Guidelines [s(9(9))] highlight changes in the employee's work capacity, injury or circumstances; or the availability of suitable employment as potential reasons to provide or alter a rehabilitation program.



When implementing a program alteration, you should complete and sign it before the expiry of the existing rehabilitation program to ensure the continuity of the program and the payment of costs.

Do I need to cease the Rehabilitation Program if closing the program early?

No, under the Guidelines for Rehabilitation Authorities 2019, you no longer need to cease a rehabilitation program when the goals have not been achieved. The program can be closed.

The following are circumstances where you would close or alter the rehabilitation program.

Program alteration	Program closure
The rehabilitation program is altered when the final goal cannot be achieved within the time frame of the original rehabilitation program and the final goal has not changed. The program will need to be altered to allow: <ul style="list-style-type: none">> additional time; and/or> additional costs; and/or> additional services.	The rehabilitation program is usually closed: <ul style="list-style-type: none">> when the goals and objectives of the rehabilitation program have been achieved> when the current rehabilitation program goals are no longer achievable, and a new rehabilitation program with different goals is required> when liability has been denied> when WRP services are no longer required, or when changing to a new WRP> when further workplace rehabilitation is no longer appropriate.

What should I consider when altering or closing the program?

Before determining whether to close or alter the program you should:

- > consult with the employee and supervisor
- > consider advice from the WRP or medical practitioner regarding more appropriate rehabilitation program goals, services, timeframes, and consider the employee's capacity to undertake a rehabilitation program
- > consider the need for a new rehabilitation assessment
- > in circumstances where you are not the liable employer, discuss the proposed next step with the delegate from the liable employer.

For Commonwealth agencies

The closure of the rehabilitation program signals the end of the contract between you and the WRP. Comcare will not pay for services associated with a rehabilitation program after the closure date.

Who makes the decision to alter or close the program?

You make the final decision to alter or close the rehabilitation program. It is better practice to consult with the employee, supervisor, medical practitioner and WRP (when one is engaged) prior to altering or closing the program.

What documentation do I use?

Alteration: Comcare provides a Rehabilitation Program Alteration form which you can use when altering a rehabilitation program. Information about this form and how to use it can be found at Appendix 4.



A copy and a completed sample of the alteration form can be found on the [Comcare website](#).

If you use your own form you must include the following:

- > the reasons for the determination in writing, and
- > a statement regarding the employee's right to request a review of the determination, referred to as the notice of rights, to ensure that you have made a compliant determination.

Is there a requirement to close the rehabilitation program?

Commonwealth agencies are required under the Guidelines for Rehabilitation Authorities 2019 to notify Comcare of the outcome of a rehabilitation program. Providing Comcare with closure information supports us to make accurate payments to providers and to monitor return to work outcomes across the scheme.

There is no requirement for self-insured licensees to close the rehabilitation program. However, closing the program is considered better practice and ensures that there is clear communication with stakeholders on the outcomes of the program.

For Commonwealth agencies

Comcare provides a Rehabilitation Program Closure form to support you to close the program and notify stakeholders and Comcare. Further information about this form and how to use it can be found at Appendix 4.

For cases where a WRP is engaged, WRPs will email rehabilitation program closure records to you at the completion of a case. This process is facilitated through the WRP Portal (see page 54).

When this record is accurate, you can submit the record to us at general.enquiries@comcare.gov.au to close the program.

Should you disagree with the information in the closure record, please contact the WRP. They will update and re-submit the information.

Licensees

For cases where a WRP is engaged, your organisation has the choice of whether you would like to receive a copy of the closure record from the WRP. There is no requirement for you to submit closure information to Comcare.



RCM Core capability 1.6 'Coordinate case closure and provide post return to work support'.

8. Review and Evaluation

Thorough evaluation provides you with information about what helped or hindered the return to work process, and whether similar approaches should be used in future rehabilitation programs.

It is best practice to evaluate each case and make recommendations about:

- > the effectiveness of the rehabilitation interventions
- > the effectiveness of the workplace rehabilitation provider
- > the effectiveness of the organisation's procedures and policies
- > changes which will improve the management of future cases
- > prevention activities to reduce the incidence of injury.

PART THREE

Engaging and monitoring workplace rehabilitation providers

What is a workplace rehabilitation provider (WRP)?

A WRP is a person or organisation providing rehabilitation services (assessments and rehabilitation programs) to employees to assist the employee to remain at or return to work.

What is my role in engaging and managing the workplace rehabilitation provider?

As the delegate who engages a WRP you should evaluate the performance of the WRP, both during the provision of services and once they have ended. You must be satisfied the services you have agreed on have been provided to the employee and meet the standard required.

You are responsible for:

- > selecting the WRP organisation
- > selecting an individual consultant, within the WRP organisation, who possesses the requisite skills to best assist the employee
- > monitoring each rehabilitation program
- > providing Comcare with information about WRP performance.



Under section 10 of the Guidelines you must inform Comcare of any concerns regarding WRP service delivery.

The best way to ensure that WRPs are meeting the performance standard is to set very clear expectations when engaging their service.

- > On initial contact ensure that the WRP allocated to the case has the relevant experience to manage the needs of the employee.
- > Be clear on the expectations and services required of the WRP, for example, does the WRP need to attend doctor's appointments, how often should they submit a progress report, what specific assessments and services will the WRP provide, and in what time frames?

This may be some of the specific information outlined in your organisation's service level agreement with the WRP (when one is in place).

You will be invited to provide your feedback on the performance of the WRP to Comcare by completing an anonymous survey. The survey link will be included in the email from the WRP that contains the closure record.

Completion of these surveys supports Comcare to monitor WRP performance and service delivery.



The Guidelines [s10(1)] specify if using a workplace rehabilitation provider, the rehabilitation authority must:

- effectively monitor the performance of the workplace rehabilitation provider; and
- inform Comcare of any concerns regarding the service delivery of the workplace rehabilitation provider.



RCM Core capability 1.3 'where required engage and manage a Comcare approved WRP to deliver return to work services'.

How do I find a workplace rehabilitation provider in the Comcare scheme?

Comcare approves WRPs to ensure employers have access to skilled and cost-effective WRPs.



A list of approved providers is available on the Comcare website [directory of approved workplace rehabilitation providers](#).

Do I have to use a Comcare approved workplace rehabilitation provider?

You don't have to engage a WRP that has been approved by Comcare to conduct rehabilitation assessments. However, it is best practice to do so.

If you decide to engage a WRP to provide a rehabilitation program, it must be a WRP who has been approved by Comcare.

What is an approved in-house workplace rehabilitation provider?

In-house WRPs are employees of the organisation who provide workplace rehabilitation solely to the employees. The role of an in-house provider is the same as an external WRP. This can be confusing for employees and should be explained clearly when discussing stakeholder roles.

The process for approval of an in-house WRP is the same as the approval process for all other WRPs. Visit Comcare's website for further information about approval for WRPs to operate under the Comcare scheme.

Can a case manager provide rehabilitation services?

You can decide to provide a rehabilitation program yourself.

When should I engage a workplace rehabilitation provider?

Engagement of a WRP should be considered, when:



- > the nature of the injury is impacting the employee's ability to remain at work or return to work
- > the employee's condition has deteriorated significantly, and they require assistance to remain at or return to work
- > the organisation does not have the resources to effectively support the employee
- > biopsychosocial barriers for recovery and return to work have been identified
- > the employee is no longer employed, or your organisation is unable to provide suitable employment, and the employee requires assistance to obtain suitable employment, for example job seeking and redeployment activities
- > the employee is in a different geographical location to yourself, particularly if they work in a remote location
- > the employee's injury results from perceived or actual conflict in the workplace.

What can a workplace rehabilitation provider provide?

A WRP can be engaged to:

- > identify and address risk factors impacting a successful return to work
- > translate functional gains into meaningful work
- > provide advice on the best pathway to recovery
- > engage with the treating practitioner(s) and inform treatment plans by providing insights into the working environment.

Specifically, a WRP provides the following services.

Service	Purpose	Summary of service
<p>Rehabilitation assessment</p>  <p>s36</p>	<p>To determine an employee’s capability to undertake a rehabilitation program. The WRP documents findings and makes recommendations regarding a rehabilitation program. This should be discussed with the employee, treating medical practitioner and you.</p>	<p>May include:</p> <ul style="list-style-type: none"> > initial interview > worksite assessment > workplace meeting involving supervisor/ manager > consultation with treating medical practitioner > liaising with other treatment providers > work tolerance assessment for pre-injury job > job analysis > identifying transferable skills > ergonomic assessment > psychological assessment for return to work > developing a rehabilitation program > developing a graduated return to work schedule.
<p>Provision of the rehabilitation program services</p>  <p>s37</p>	<p>To support the employee to remain at or return to work.</p> <p>The rehabilitation program documents the rehabilitation goals, expected timelines and dates, and may include a return to work schedule. This document also details the services the rehabilitation provider will provide during the rehabilitation program, and the costs associated with those services.</p>	<p>May include:</p> <ul style="list-style-type: none"> > liaising with the employee, supervisor, treating medical practitioner/s and you > attending workplace meetings > attending medical review/s > developing return to work schedules > providing progress reports > activities designed to maintain or improve the employee’s performance of activities of daily living.
<p>Liaison with key stakeholders</p>	<p>Provides a link between the workplace and medical practitioners.</p>	<p>Regular consultation and negotiation to ensure all stakeholders are aware of progress, issues and understand optimal return to work outcomes.</p>
<p>Functional assessments</p>	<p>Determines the employee’s functional capacity to understand the impact on work capacity, and to assist with developing strategies to facilitate a safe and durable return to work.</p> <p>May assist with informing the medical practitioner about the employee’s capabilities, and how to ensure safety at work.</p>	<p>Evaluation of the employee’s abilities and limitations against work tasks, and identified work-related criteria for example sitting tolerance.</p>
<p>Cognitive assessments</p>	<p>Determines the employee’s cognitive function and any limitations to establish the impact on work capacity, and to assist with developing strategies to facilitate a safe and durable return to work.</p> <p>May assist with informing the medical practitioner about the employee’s capabilities, and how to ensure safety at work.</p>	<p>Tests cognitive functions such as memory, concentration, problem - solving capacity and spatial abilities.</p>

Service	Purpose	Summary of service
Vocational assessments	Identifies physical or psychosocial injury/illness risk factors, to determine if workplace modifications or job redesign are required. They may include analysis of an employee's education, interests, skills and training and can inform vocational counselling and job search activities in case of redeployment.	Assessment of the physical, psychosocial, cognitive and communication demands and suitability of the employee's duties. Analysis of possible alternative duties or employment.
Vocational counselling	Exploration of realistic job options, and identification of job maintenance skills, where the employee cannot return to pre-injury duties.	Identifying and assessing suitable and vocational options based on the return to work hierarchy.
Job search activities	Job search support where a suitable position, within the organisation, cannot be found or the employee cannot return to the same employer.	<ul style="list-style-type: none"> > Job search support. > Negotiating work trials. > Negotiating permanent placement for redeployment.
Activities of daily living (ADL) assessments	Identifies the impact of injury/illness on mobility, personal care and household activities. Provides recommendations on strategies to improve wellbeing and assists with eliminating non work-related factors that may be inhibiting successful return to work.	<p>May include:</p> <ul style="list-style-type: none"> > modification of tasks > education on correct technique and task simplification > equipment prescription > coping strategies for self-care, home duties and recreational activities > graduated home activity program.
Driving assessments	Determines if training or vehicle modifications are required.	An assessment provided by an Occupational Therapist aimed at determining the impact of the employee's injury or illness on their ability to drive.
Injury management education and training	General education about how to manage a specific injury/illness to prevent an exacerbation.	<p>Training and education on:</p> <ul style="list-style-type: none"> > correct posture at work > office ergonomics.

What services shouldn't a workplace rehabilitation provider provide?

WRPs are generally not required for cases where the employee is expected to recover with minimal intervention, particularly where there is no time off work related to the compensable injury/illness.

WRPs should not be engaged to:

- > provide treatment to the injured/ill employee
- > act as an advocate on the employee's behalf
- > provide legal advice
- > complete administrative tasks on behalf of the RCM that are their responsibility
- > act as a mediator where workplace conflict exists, while they are additionally providing occupational rehabilitation services.

What if I cannot find a Comcare approved workplace rehabilitation provider?

If you are unable to engage an approved WRP that is suitable for the case you are managing, for example, the employee is in a remote location, Comcare can provide a limited approval for a local practitioner. The WRP must still meet Comcare's requirements. For more information please contact Comcare's Rehabilitation provider approvals team at rehab.approval@comcare.gov.au.

Which workplace rehabilitation provider should I choose?

While it is the rehabilitation authority's responsibility to choose and engage the WRP, it is better practice to consult and involve the employee in this decision. Empowering employees and providing informed participation supports better recovery and return to work outcomes.

Other points to consider when choosing a WRP include:

- > the nature of the injury and qualifications and expertise of the WRP
- > the geographical location of the employee
- > contractual arrangements with a preferred WRP in the organisation's procurement guidelines
- > WRP's costs, timeframes and outcomes.

How do I procure workplace rehabilitation provider services?

Once a suitable WRP is identified to conduct a rehabilitation assessment, you complete a referral form and outline the nature of the required services, the expected outcome, timeframe and proposed costs for the rehabilitation assessment. Your signature on the referral form approves the assessment, and the associated assessment costs specified in the referral.

Once you have signed the rehabilitation program, you have approved the rehabilitation services, timeframes and costs specified in the program which forms a contract with the WRP.

Detailed information on engaging WRPs to conduct a rehabilitation assessment and to provide a rehabilitation program is included in Part 2 The return to work process, of this handbook.

How do I know if a workplace rehabilitation providers proposed fees are reasonable?

Comcare encourages you to work closely with the WRP to determine the type of rehabilitation service required and the appropriate cost for the service.



Comcare has produced guidance to assist you to consider whether the cost and duration of a WRP are reasonable. This can be found at:

https://www.comcare.gov.au/the_scheme/guidance_on_applying_the_src_act/fee_guidance_for_workplace_rehabilitation_provider_services.

Monitoring

How does Comcare monitor workplace rehabilitation provider performance?

Comcare monitors WRPs using a performance monitoring framework. This framework requires WRPs to provide effective and efficient services. Comcare engages with WRPs on performance regularly and may conduct an evaluation of the provider's performance at any time.

Comcare has developed a WRP portal to support our monitoring of WRPs and to ensure that you can access a pool of effective providers to support the recovery at and return to work of employees. The portal supports you in the rehabilitation closure process and to provide feedback to us on WRP service delivery and performance (see page 48).

How do I monitor workplace rehabilitation provider performance?

Your role as the RCM is to actively monitor and manage WRP performance across individual assessments and programs. If your organisation has a contract with the WRP and formalised Service Level Arrangements (SLA), then it is likely the WRP will be providing regular reports on their service and rehabilitation performance. If there is no formalised contract or SLA in place, it is still important to monitor the performance of the WRP and document your observations. The monitoring process could be as simple as answering a set of questions that relate to the performance of the WRP, when you are closing a rehabilitation case.

At the time of closure of the rehabilitation services you should consider whether the WRP demonstrated the following principles:

A focus on recovery at or return to work

- > Did the recommendations from the rehabilitation assessment support the employee to remain at, or return to work?
- > Did the rehabilitation program outline SMART goals (refer to page 30), and activities to support those goals? Were they appropriate to enable a timely return to work?
- > Did the WRP consider a return to pre-injury employment as the initial goal? If not, were the reasons appropriate and documented?
- > Did the WRP consider the return to work hierarchy when determining the approach to support the employee to return to work?

The right services provided at the right time

- > Did the WRP initiate prompt contact with the employee and other key stakeholders, such as the treating medical practitioner or supervisor?
- > Did the WRP identify barriers, risks and strengths early in the process and develop strategies to manage these risks and utilise these strengths?
- > Were reports, assessment and progress reports, provided within the expected timeframes? If reports were delayed, were the reasons provided reasonable?

Effective service provision at an appropriate cost

- > Was the final cost of the assessment similar to the anticipated cost (as noted on the initial referral) or were additional funds required?
- > Were additional funds requested for the rehabilitation program? Were the requests reasonable?
- > Did the employee achieve the final rehabilitation program goal within the expected timeframe?
- > Was the initial cost estimate for the rehabilitation program sufficient for the employee to achieve the final goal on the rehabilitation program?

Effective communication with all relevant parties

- > Was the information contained within the reports accurate?
- > Did you receive a copy of the draft reports and rehabilitation programs for review, prior to final copies being circulated?
- > Did the WRP engage with the employee and the supervisor, if applicable as frequently as you requested?
- > Did the WRP engage with the treating medical practitioner and other treatment providers as requested during the rehabilitation assessment and program?
- > Did the WRP keep you up to date on key activities and progress to the level and frequency requested?

Evidence based decisions

- > Did the rehabilitation assessment explain the need for a rehabilitation program and the strategies required to achieve the return to work goal?
- > Were evidence-based assessment tools used throughout the provision of services?
- > Were strategies developed to address barriers identified during the rehabilitation assessment?

How can I provide feedback on a workplace rehabilitation provider's performance to Comcare?

If you identify concerns or issues the following steps should occur immediately:

- > advise the WRP of the concern identified and the change required
- > following your discussion with the WRP, confirm in writing and request a response
- > the WRP must provide a reasonable explanation for the service provision issue raised, or where applicable, rectify the issue
- > monitor to identify if the issue occurs again
- > if there is a second occurrence, or if the original issue is not rectified, escalate to the appropriate manager in their organisation
- > if, after escalation, the issue remains unresolved or there are reoccurrences of the same concern contact Comcare's provider approvals team at Approval.Rehab@comcare.gov.au.

It is also important to provide positive feedback to the individual rehabilitation consultant and their manager and to share this feedback with your colleagues. Providing specific feedback to the WRP will assist with building a positive relationship and provide confirmation to their manager on the level and type of service you expect.

Can I change the workplace rehabilitation provider?

You can change the WRP at any time during a rehabilitation program if you are not satisfied with their performance. You can also change the WRP if the employee requests it, however you must see a benefit in doing so, and the final decision is yours.

If you consider a change in WRP is necessary you should undertake the following actions:

- > evaluate the WRP's performance against the service level agreement or against the agreed services.
- > provide feedback to the WRP and the opportunity to respond and improve performance.
- > consider the implications of your decision, including cost and disruption to the program.
- > discuss the reasons for wishing to change WRP with the employee.
- > provide feedback to Comcare's provider approval team via email at Approval.rehab@comcare.gov.au.
- > close and develop a new rehabilitation program if one is in place.

Contact Comcare's provider approval team via email at Approval.rehab@comcare.gov.au if you wish to lodge a formal complaint about the WRP's performance.

PART FOUR

Employee rights and responsibilities

Employees have rights and responsibilities under the SRC Act, the *Privacy Act 1988* and the Rehabilitation Guidelines relating to recovery and return to work. You, as the case manager, play a key role in clearly communicating these rights and responsibilities to employees.

This section also covers non-compliance and an employees participation in the rehabilitation process.

What are the Employee's rights?

The right to claim compensation for injuries



s14

Employees have the right to lodge a claim for compensation in relation to a workplace injury. This right is always open to an employee, even if they have already undertaken early intervention steps with their employer.

The right to be provided with information about entitlements, rights and responsibilities and rights of review



s38, s61, s63

In accordance with the principle of fair decision making, employees have the right to be notified in writing as soon as practicable after a person makes a decision about their claim. The employee must be advised of the terms of the decision, the reasons for the decision and what their rights of review are if they are dissatisfied with the decision.

This principle also applies to decisions made about an employee's rehabilitation assessment and rehabilitation program.

The right to request a rehabilitation assessment for capability to undertake a rehabilitation program



s36(1)

If an employee requests an assessment for a rehabilitation program, in writing, this must be arranged by the rehabilitation authority.

The right to request reasonably practicable adjustments



s39 and s40

The employee may request support to stay at work or to return to work. This support may involve adjustments to work duties, the amount of work, the flow of work, or the workplace itself to ensure the safety of the employee. It may include work related aids or appliances.

The right to privacy

The right to privacy must be balanced with the need for a safe return to work. You, the rehabilitation provider, supervisor and treating practitioners will need to share information about the employee. However, this information-sharing process must occur in the context of the employee's right to privacy. Further information about privacy is provided in Part 5 of the handbook.

The right to access documents relating to their worker's compensation claim



s59

Employees may request copies of any documents held in relation to their claim. You should be aware that an employee may access any notes, files or correspondence that you have sent in relation to their claim.

The right to fair decision making in accordance with the principles of natural justice



s38, s61, s62, s63, s72

The general principles of fair decision making include the principles of natural justice, lawfulness and decision making based on facts.

Comcare's publication, [Better practice guide to decision making](#), contains further information about the principles of fair decision making.

An employee's right to seek a review of a decision

In keeping with the principle of fair decision making, when a decision is made, an employee must be informed of the reasons for that decision and this must be written in plain English. This provides the employee with the opportunity to dispute the reasons and request that the decision be reviewed.

For all determinations made regarding rehabilitation activities under the SRC Act, the employee must be informed of their right to have the decision reviewed or reconsidered. The review or reconsideration process must be fully described in the information sent to the employee. Decisions must be reviewed by a person who was not involved with the original decision.

How does an employee seek a reconsideration?

To seek a review of a determination made by you, in your capacity as the RCM, the employee must write to Comcare or the self-insured licensee within 30 days of receiving the determination and request a review of the decision, explaining why they do not agree with the decision. The employee provides a copy of the determination, for example a rehabilitation assessment examination, rehabilitation program and any information that supports their request, such as medical reports.

What happens next?

For Commonwealth government employees, Comcare will provide a copy of the employee's request and seek a response from you. The determination is then considered by Comcare and it will either be upheld, amended in some way or overturned.




For self-insured licensees, a person not involved with the original decision will conduct this reconsideration.

What if the employee does not agree with the reconsideration decision

The employee will be advised, in writing, of the outcome of the reconsideration as well as their right to seek a review of this decision. If the employee is unsatisfied with the reconsideration, they can seek another review through the Administrative Appeals Tribunal.

What are the Employee's responsibilities?

Employees are expected to actively participate in their rehabilitation. There are consequences if they do not participate and these are outlined below.

Responsibilities	Explanation
Attend any medical examinations and rehabilitation assessments arranged by the RCM  s36	Employees are required to attend these examinations/assessments or provide a reasonable excuse for refusing or failing to attend. Failure to attend the assessment without a reasonable excuse may result in suspension of entitlements. Refer to part 2 What happens when the employee's compensation entitlements are suspended? of this handbook.
Undertake the rehabilitation program provided by the employer  s37	Undertaking the rehabilitation program and active participation in the rehabilitation process supports a safe and early return to work for the employee. Failure to participate in the rehabilitation program, without a reasonable excuse, may result in suspension of incapacity payments (outlined in What happens when the employee's compensation entitlements are suspended?)
Report any changes in circumstances  s114, s116, s120	A change in circumstances may affect decisions made by you or the claims manager and may affect the support required by the employee. This could include changes to the medical condition, changes to home or financial circumstances.



The SRC Act [s120] specifies the requirement for the employee to notify the claims manager in writing where they are leaving Australia for a period of three months or longer.

The employee's responsibility to participate in rehabilitation

It is important to make sure the employee is aware of their responsibility to fully participate in the rehabilitation process, and to provide the employee with every opportunity to comply with their responsibilities. However, there are steps you can take if participation is not occurring.

What if an employee is not participating in the rehabilitation process?

An employee can be considered non-compliant with the rehabilitation process if they:

- > refuse or fail, without a reasonable excuse, to attend an examination or obstruct a rehabilitation examination; and/or
- > refuse or fail, without a reasonable excuse to undertake a rehabilitation program.

Some examples of non-compliance include failure to:

- > attend an appointment for a rehabilitation assessment or examination
- > attend an appointment with their rehabilitation provider
- > attend a training course or any other activity included in their rehabilitation program
- > seek suitable work as outlined in the rehabilitation program
- > respond to you/WRP following multiple attempts to contact the employee.
- > respond to the assessor during the assessment, that is, attend but not respond to questions.



The SRC Act outlines the consequences where an employee refuses or fails, without reasonable excuse, to undergo an examination [s36(4)] or where an employee refuses or fails, without reasonable excuse, to undertake a rehabilitation program [s37(7)].

What are the consequences if an employee is non-compliant?

A finding of non-compliance can lead to suspension of compensation entitlements (with the exclusion of compensation for medical treatment). Suspension of entitlements should only be enforced where all reasonable steps have been taken to resolve the issues causing the non-compliance.



You should attempt to resolve any issues and concerns that the employee has before considering non-compliance.

Who makes the decision to suspend compensation?

This may sit with you as the RCM, or this specific role may be delegated to another officer within the rehabilitation authority.

When considering who in the rehabilitation authority should be the delegate for this function consideration should be given to a person who:

- > is experienced or qualified to manage the nature of the refusal, failure or obstruction
- > has no conflict or perceived conflict of interest, such as the employee's supervisor
- > is unlikely to jeopardise any future rehabilitation of the employee by being the delegated person.

What is my role if the employee is non-compliant?

As the RCM, you should ensure the employee has the opportunity to undertake an examination or resume the rehabilitation program, even where a suspension of compensation under the SRC Act has occurred. The employee should also be given an opportunity to demonstrate compliance.

You should:

- > keep the employee informed of their rights and obligations regarding non-compliance under the SRC Act, including steps they can take to become compliant with rehabilitation
- > hold discussions with the employee, their WRP, the claims manager and any other key stakeholders involved with the employee's rehabilitation
- > document all discussions and actions to support any determination of non-compliance on the part of the employee.



It is crucial that thorough and accurate documentation is maintained to ensure there is evidence of the employee receiving a fair opportunity to comply.

What are the steps involved in determining non-compliance and suspension?

Step 1: You should remind the employee of their obligations to participate in rehabilitation, attend the assessment/examination or participate in the rehabilitation program, and document your discussion.

Step 2: If the employee continues to refuse to participate, seek the reasons in writing for the non-compliance and request their response within a specified time frame.



Note: The Guidelines do not require you to request reasons for non-compliance if the employee obstructs an examination. However, it is best practice to discuss the reasons if an obstruction has occurred before considering whether to suspend compensation.

Step 3: Any reasons provided by the employee should be acknowledged, in writing.

Step 4: Consider whether the reasons provided are reasonable.

Where an employee presents a reason for their non-compliance, the non-compliance delegate must consider whether the employee had a reasonable excuse for their failure, or refusal.

Step 5:

- > If the explanation is considered reasonable, write to the employee advising of such and agree on next steps to resume rehabilitation.
- > If the reason/s provided are not considered reasonable, a clear written statement should be given to the employee as to why the reason is not considered a reasonable excuse. A reminder should also be given to the employee on their obligations to participate.

The 'non-compliance delegate' (the 'delegate') must consider the circumstances surrounding the employee's failure or refusal to participate in the rehabilitation process and evaluate what is reasonable in the circumstances.

The delegate should ensure that:

- > procedural fairness is observed, and
- > the reasons for any conclusions are notified to both the employee and to the relevant authority.

A 'reasonable excuse' must relate to an employee being unable, rather than unwilling, to participate and the 'reasonableness' of the employee's reasons needs to be carefully assessed by the delegate.

A 'reasonable excuse' will vary from case to case. However, the following are examples of a 'reasonable excuse':



- > unexpected medical condition requiring medical attention or hospitalisation
- > a critical and unforeseen incident including urgent family matters—for example, life and death situations.
- > transport issues—last minute flight cancellations, traffic delays, road closures, suitable transport not available
- > written notification of the required activity is not received at all or in time for the employee to attend or to request a rescheduled appointment.

Evidence may be required to substantiate the reason provided by the employee such as supporting medical evidence.

The following circumstances are not normally reasonable excuses for non-participation in rehabilitation:

- > resignation
- > travel overseas
- > relocation interstate
- > the employee's opinion that the assessment or rehabilitation program is not required in their circumstances.

Step 6: If non-compliance continues, the non-compliance delegate must determine whether to proceed to suspending the claim. If suspension is appropriate the delegate writes to the employee providing a formal determination outlining the suspension and providing a notice of rights.

Step 7: The delegate should notify the claims manager, in writing, of the decision to suspend compensation to allow the suspension to take place. To ensure the claims manager is well informed and a coordinated approach you should also consider providing the reasons and supporting evidence to the claims manager, that is, the reasons provided by the employee and the decision letters to the employee.

Step 8: The claims manager will then take action on the claim to suspend any further payments, with the exception of payments for medical treatment.

What happens when the employee's compensation entitlements are suspended?

Once a decision is made to suspend compensation entitlements, there is no right for the employee to claim retrospective entitlements for the period of suspension. Therefore, entitlements can only be reinstated on and from the date that the employee becomes compliant with rehabilitation.



Note: Retrospective payments will be made if the decision to suspend the claim is overturned when reconsidered by the relevant authority.

What do I do when the employee begins to comply with rehabilitation?

If the employee complies with rehabilitation, either the assessment/examination or the rehabilitation program, the delegate should, without delay:

- > notify the employee in writing the suspension has been lifted; and
- > request the claim manager take steps to reinstate the employee's entitlements immediately.

An employee who refuses to sign a rehabilitation program is not considered to be non-compliant. If the employee has chosen not to sign the rehabilitation program, they are still required to participate.

In such cases you should:

- > sign the rehabilitation program
- > prepare a covering letter to the employee—this should include a copy of the signed rehabilitation program explaining that should they fail, refuse or obstruct any activity included in their rehabilitation program, then action may be taken to suspend their compensation entitlements
- > attach, to the employee's copy of the program, a full copy of the rehabilitation rights and responsibilities, and forward to the employee.



This action provides the employee with the opportunity to participate in their rehabilitation program, with full knowledge of the consequences to their rights to compensation.

It is very important to keep records that demonstrate your consultation and ongoing engagement with the employee. These records may be required when considering whether non-compliance has occurred and may also be included in the documentation if an employee seeks a review of a decision to suspend their claim due to non-compliance with rehabilitation.

How does an employee become compliant following suspension of benefits?

Following suspension of benefits, it is not enough for an employee to agree to comply for benefits to be reinstated. The employee is required to demonstrate their compliance through their actions.

If an employee's benefits have been suspended because they failed or refused to attend or obstructed a rehabilitation appointment, then they must attend that appointment before benefits can be reinstated. If the employee and/or the service provider are unable to reschedule the appointment for several days, then the suspension remains in place until the appointment takes place.

Each case must be considered on its own merits. However, the general principle is that once an employee recommences their rehabilitation program then their benefits should be reinstated.

The checklist found at Appendix 6 outlines factors for you to consider when determining if the employee has been non-compliant with rehabilitation.

PART FIVE

Privacy

Throughout the workplace rehabilitation process, it is necessary for you to collect, store, use and disclose an employee's personal information. The *Privacy Act 1988* (Privacy Act) sets out specific obligations and standards for collecting, using, storing and disclosing an employee's personal information during the rehabilitation process.

Personal information is broadly defined in the Privacy Act as information or opinion about an individual, whether true or not, whose identity is apparent or can be reasonably ascertained from the information or opinion.

Some examples of personal information include:

- > names, addresses, phone numbers or email addresses
- > medical certificates, clinical notes or medical reports
- > payslips and bank statements
- > witness statements.

Personal information dealt with in the rehabilitation process may include information regarding the employee's employment, living arrangements, health and other medical information. Health and medical information are considered sensitive personal information and as such, the Privacy Act provides extra protections for their handling.

For compensable injuries, Comcare's *Claim for workers' compensation* form contains a privacy and personal information section which the employee must sign to claim compensation benefits. This form is available on the Comcare website. Self-insured licensees generally develop their own claim form for compensation. Including the rights and authority to release information on the claim form allows information to be collected, used and disclosed for the purposes of managing the claim. The people who may be able to access this information include the employer, medical practitioners and other health professionals, rehabilitation providers, legal advisors and law enforcement authorities, and other government entities where there are obligations under law to do so. This means that information relevant to the employee's rehabilitation only can be collected, used and disclosed if it can be demonstrated that this collection, use and disclosure is relevant for the purposes of rehabilitation, and observes privacy requirements.

Rehabilitation authorities may choose to obtain a signed *Authority and consent for the collection and release of medical information* specifically designed for the employer, in addition to the authority provided on the claim form. The Comcare claim form provides this authority however this provides treatment providers with additional evidence of consent to discuss the employee with the employer.

The Privacy Act contains 13 Australian Privacy Principles (APPs) which:

- > set out legally binding standards for handling personal information
- > regulate how entities collect, store, use and disclose personal information
- > allow people to access the personal information that the agencies keep about them
- > allow people to correct or update their personal information.



A copy of [the APPs](#) are available on the OAIC's website: www.oaic.gov.au.

Further information can be obtained from:

- > your organisation's privacy officer or legal adviser
- > the Office of the Australian Information Commissioner at www.oaic.gov.au.
- > Comcare at www.comcare.gov.au/about_us/privacy.

Building rehabilitation case manager capabilities

In Part One of this handbook you learnt about the RCM core capabilities, a framework that provides guidance to you in your role as an RCM. Comcare offers other tools and resources to help you build these skills and capabilities.

Training

Comcare offers the following training:

- > SRC Act in a day
- > a rehabilitation delegates guide to case management



See <http://www.comcare.gov.au/training> for more information

Comcare has also developed a range of eLearning e-guidance modules to provide introductory training across a range of topics, including:

- > Rehabilitation Case Management—First Steps
- > SRC Act and Comcare Scheme Overview
- > Return to Work Case Conferencing.



For information about Comcare's scheme e-guidance visit https://www.comcare.gov.au/training/scheme_e-guidance.

Conferences

Comcare conducts a biennial conference. The conference includes information on better workplace rehabilitation practices. See <https://www.comcare.gov.au/events> on the Comcare website.

Reporting

Comcare produces an annual report detailing claim trends, future priorities and policy development. This report can be found at http://www.comcare.gov.au/annual_report. Comcare also regularly releases reports, detailing up-to-date research and emerging evidence. You may obtain information about individual claim data, payments and overall claim trends directly from Comcare's Customer Information System (CIS).

Publications

The following publications have been referenced in this handbook, and will be useful resources in your role as an RCM:

- > *Safety, Rehabilitation and Compensation Guideline for Rehabilitation Authorities 2019*
- > *Rehabilitation Case Manager Core Capabilities*
- > *Workplace Rehabilitation Framework*
- > *Better practice guide to decision making*
- > *Nationally consistent approval framework for workplace rehabilitation providers*

Additional publications are also available on Comcare's website for more information.

Visit www.comcare.gov.au

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Glossary

AAT	Administrative Appeals Tribunal. The AAT conducts independent merit reviews of administrative decisions made under Commonwealth laws by Australian Government agencies.
Claims manager	The person responsible for making accurate and timely decisions about compensation claims, managing claims, determining compensation payments, liaising with the employee and their doctor, their employer and their rehabilitation case manager.
Consultation	The process of sharing relevant information with a person in a timely manner, providing that person with an opportunity to express their views and considering those views when making decisions.
Compensable condition	An injury for which liability has been accepted under the SRC Act.
CIS—Customer information system	Comcare’s CIS provides access to injury management and claims information regarding Australian and ACT Government employee claims, through a secure website.
Delegation	The written assignment of authority and responsibility to another person to carry out specific duties.
Determination	A decision made by Comcare or the employer under specific sections of the SRC Act.
Graduated return to work	The process by which an employee returns to specified duties on reduced hours and increases those hours/duties gradually.
Incapacity	An inability to engage in any work, or an inability to engage in employment at the same level, because of an injury.
Initial needs assessment	An assessment which examines the needs of an injured employee, and the workplace requirements, to develop a rehabilitation plan.
Injury	Injury, condition, disease or an aggravation of a physical or mental injury suffered by an employee.
Injury management	A coordinated approach to managing the symptoms and impacts of an employee’s injury.
Liable employer	The employer at the time of injury when a claim is accepted under the SRC Act. The liable employer may not necessarily be the current employer.
OHS	Occupational health and safety.
Premium	The amount paid by an Australian employer for workers’ compensation costs for a particular financial year.
Reconsideration	A review of a determination made by Comcare or an employer.
Rehabilitation assessment	An assessment of the employee’s capability to undertake a rehabilitation program.
Rehabilitation authority	The Principal Officer of the organisation employing the employee at the time of workplace rehabilitation. If an organisation is an exempt authority, Comcare is the rehabilitation authority.
RCM—Rehabilitation case manager	An employee who coordinates and manages the rehabilitation of employees with an injury, and in most situations has delegations under the SRC Act. An employee of the rehabilitation authority.
Rehabilitation program	A structured set of activities developed under section 37 of the SRC Act to support an employee recover at or to return to work.
Return to work hierarchy	Descending order of goals for suitable employment for an employee with an injury.
Return to work policy	Policy developed by the employer, under section 41 of the SRC Act, relating to return to work activities and processes for employees with an injury.

SRCC—Safety Rehabilitation and Compensation Commission	The Safety, Rehabilitation and Compensation Commission is established under the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act). It is a statutory body that carries out regulatory functions in relation to Comcare and other authorities that determine workers' compensation claims under the SRC Act.
Section 41 guidelines/ Rehabilitation Guidelines	<i>Guidelines for Rehabilitation Authorities 2019</i> issued by Comcare, in relation to section 41 of the SRC Act, to assist employers to meet their responsibilities under the SRC Act.
SRC Act	<i>Safety, Rehabilitation and Compensation Act 1988</i> .
Suitable employment	Suitable employment is employment within the employee's organisation. If the employee has left the organisation, then suitable employment is any employment.
Suitable duties	Duties appropriate to the employee's capabilities, skills and experience, taking into consideration any medical limitations and restrictions.
WHS Act	<i>Work Health and Safety Act 2011</i> .
Workplace rehabilitation	A managed plan/process aimed at maintaining injured employees in, or returning them to, suitable employment.
WRP—Workplace rehabilitation provider	A person or organisation providing rehabilitation services to help employees with work-related injuries to return to work, approved under sections 34F or 34H. Formerly known as an approved rehabilitation provider (ARP).

APPENDICES

1. Rehabilitation case manager initial discussion guide

This document is a guide to assist you in:

- > gathering background from information available to you, such as medical reports, certificates; and
- > discussing key elements of the rehabilitation process with and gathering information from the employee.



Remember:

- > to ask the employee open questions
- > the employee may choose not to disclose previous compensable or non-compensable injuries.

	Completed/ information available	Discuss with employee
Introduction		
Explain the role of the RCM	<input type="checkbox"/>	<input type="checkbox"/>
Outline the rehabilitation process	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> > Employee’s rights and responsibilities > Support available for the employee (including WRP, if relevant) > Health benefits of work and the importance of employee’s active participation in recovery 		
Medical authority form signed	<input type="checkbox"/>	<input type="checkbox"/>
Privacy policy explained and provided	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention/rehabilitation policy discussed	<input type="checkbox"/>	<input type="checkbox"/>
Current medical certificate or a certificate of capacity obtained	<input type="checkbox"/>	<input type="checkbox"/>
Name and contact details of Medical Practitioner/s	<input type="checkbox"/>	<input type="checkbox"/>
Time off work	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> > Do you know what your leave balance is? > How much time have you had off work for this injury? 		
	Completed/ information available	Discuss with employee
Work details		
Position title/level	<input type="checkbox"/>	<input type="checkbox"/>
Pre-injury duties	<input type="checkbox"/>	<input type="checkbox"/>
Deadlines/workflow/peak periods	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> > Are there tight deadlines or periods of high or low work load? > Are there particular work tasks you require assistance with due to your injury? 		

	Completed/ information available	Discuss with employee
Injury details		
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Date of injury	<input type="checkbox"/>	<input type="checkbox"/>
Background/history of Injury	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms > What symptoms are you experiencing? > How are you managing your pain/injury?	<input type="checkbox"/>	<input type="checkbox"/>
Treatment/medication > What treatment are you presently undertaking? > What treatment have you had in the past? > Has the treatment helped? > Is there another type of treatment your doctor has recommended that you are yet to commence?	<input type="checkbox"/>	<input type="checkbox"/>
History of previous injury > Have you had the same or a similar injury in the past? > How did the injury impact your work? > How did you recover from this injury?	<input type="checkbox"/>	<input type="checkbox"/>
Prognosis: > Has your doctor indicated a timeframe for recovery of your injury? > How does your doctor feel your recovery is progressing?	<input type="checkbox"/>	<input type="checkbox"/>
Impacts at work: > Has your doctor made any recommendations for supports to assist you at work? > Have any reasonable adjustments or modifications been identified? Have any already been trialled? > Is support from your supervisor/colleagues available?	<input type="checkbox"/>	<input type="checkbox"/>
Support at work > What assistance do you think would benefit you?	<input type="checkbox"/>	<input type="checkbox"/>
Alternate duties > Have alternate or modified duties been identified/trialled?	<input type="checkbox"/>	<input type="checkbox"/>
	Completed/ information available	Discuss with employee
Personal Situation (Home/Social)		
Living arrangements	<input type="checkbox"/>	<input type="checkbox"/>
Social supports > What social/family supports do you have?	<input type="checkbox"/>	<input type="checkbox"/>
Impacts > Is your injury impacting you at home and/or socially?	<input type="checkbox"/>	<input type="checkbox"/>

Actions	Completed/ information available	Discuss with employee
Summarise agreed actions at end of employee meeting, including:		
> support employee requires to remain at/return to work	<input type="checkbox"/>	<input type="checkbox"/>
> rehabilitation goal (if identified)	<input type="checkbox"/>	<input type="checkbox"/>
> return to work options discussed	<input type="checkbox"/>	<input type="checkbox"/>
> actions to achieve rehabilitation goal	<input type="checkbox"/>	<input type="checkbox"/>
> actions for employee following meeting	<input type="checkbox"/>	<input type="checkbox"/>
> actions for RCM following interview	<input type="checkbox"/>	<input type="checkbox"/>

2. Employer statement template

This document will assist you to write an employer statement. Please copy and paste the below headings into your agency's letterhead and ensure you address each of the below headings in your statement.

GENERAL

Employee name

Claim number (if known)

Claimed date of injury (if known)

Claimed condition

BACKGROUND

Provide the information below regarding the time leading up to the claimed onset of the injury:

Duties performed

Period of employment

Any time off work relevant to the claimed injury:

History of the employee reporting similar symptoms or injury, including non-work related incidents or occurrences (include dates)

Where was the employee at the time of the incident, (for example, working from home, lunch break, travelling to or from work)

Any disciplinary action undertaken, whether formal or informal (for example, administrative action)

Any other factors (work or non-work related) affecting the employee's health

EMPLOYEE STATEMENT

Respond to the events/issues raised in the employee's statement and the actions taken.

HISTORY

Please provide related dates and events leading up to the onset of the injury. The following table format may be used to capture the relevant information.

Date	Action/event	Supporting documents

COMPLETED BY

Name

Position

Signature

Date

ATTACHMENTS

List all attachments provided. These may include:

- > Supervisor/team leader statement
- > Witness statement
- > Position description
- > Incident report
- > Relevant sections of policies (please provide an explanation of how it has been applied)
- > Fitness for Duty reports
- > S36/Initial Needs Assessment report
- > Meeting minutes

IMPORTANT INFORMATION

A statement should:

- > contain factual and objective information rather than conjecture, hearsay, or emotive opinion, and relevant dates addressing employment issues identified as causing or contributing to an injury
- > include, where appropriate, records such as notes of meetings and incident report forms which contain information be relevant to the circumstances or context of the claim
- > provide supporting documentation to assist Comcare in determining whether there has been any administrative action—and detailed information and supporting documentation about that administrative action.

A statement could also include:

- > any history of the employee reporting similar symptoms or conditions, including a non-work related injury
- > whether or not the employee was at their normal workplace at the time when the claimed injury arose and if not, an indication of where they were at the time, for example, working from home
- > whether or not the employee was at work or on a work-related activity at the time the claimed injury arose, or on a journey to or from work, for example, travelling interstate for a training course
- > where the employee was on a journey between home and a place of work, any relevant details relating to the location where the accident occurred, for example, whether the employer 'had control' over the area where the accident occurred
- > where the employee was on an ordinary recess away from the place of work, whether the activity being undertaken by the employee was at the request or direction of the employer, or associated with employment, for example, advice on the level of employer support for any sporting activities that may be identified in the claim as the cause of injury
- > information—especially in the case of a disease—about whether there were other people from the same workplace who were similarly affected
- > details of the employee's position including main tasks performed, equipment used and the frequency of use, supervision and support provided, etc.

3. Example questions/requests for the assessor

Understanding work capacity

- > How is Ms/Mr Employee's injury currently impacting on their capacity to return to work?
- > Is Ms/Mr Employee's injury preventing her/him from working full-time hours and duties as outlined in the attached workplace assessment report and duty statement?
- > Is a graduated return to work program appropriate? If so, please provide guidelines on hours/days per week and the rate of increase in hours.
- > Do you recommend any further rehabilitation assessments to assist with determining Ms/Mr Employee's capacity to return to work?

Identifying barriers to return to work

- > Please identify any barriers that may prevent a return to pre-injury or suitable duties and suggest some strategies to overcome these.
- > Are there any other issues or factors which should be considered in assisting Mr/Ms Employee to return to work?

Confirming suitable duties

- > Please comment on the suitability of the attached duties and provide any other advice or recommendations which may assist in a durable and successful rehabilitation program.
- > Can Mr/Ms Employee be assigned alternative duties with their injury? If so, are the attached duties suitable?

Determining whether workplace modifications are required

- > Are any modifications required to Ms/Mr's Employee's duties?
- > Identify any requirements that need to be in place to allow a rehabilitation program to be implemented to ensure a safe and durable return to work.

Review of the rehabilitation program

- > Comment on the attached draft rehabilitation program, including specific hours and duties.
- > Identify any requirements that need to be in place to allow a rehabilitation program to be implemented to ensure a safe and durable return to work.

Timeframe for a follow-up review

- > Suggest a reasonable timeframe for review of capacity to undertake a rehabilitation program, if Mr/Ms Employee remains totally incapacitated after this assessment.

4. Comcare rehabilitation forms

Form Name	What is the form used for?	When is the form used?	Who completes the form?	Other comments
Authority and Consent for the Collection and Release of Medical Information Pertaining to my Claim (SRC131)	To obtain the employee's agreement to release medical, and other relevant information, to parties involved in the return to work process.	The form should be explained to the employee and signed by them at your first meeting. A copy of the form (or some other form of consent) should accompany the rehabilitation assessment examination form when referring the employee for an assessment/examination.	The employee	The claim form signed by the employee may provide this authority. Your organisation may also have internal forms to ensure authority and consent.
Rehabilitation assessment/examination (SRC116)	To authorise a suitably qualified person—WRP, legally qualified medical practitioner or panel—to undertake a rehabilitation assessment of the employee under section 36 of the Act.	When it is established an assessment is required under section 36 of the SRC Act.	You complete and sign the form.	A copy of the rehabilitation assessment/examination form must be provided to the employee. If using a non-Comcare form, the determination under s36 (1) and a notice of rights must be included. A copy of a consent form, for example, the Authority and Consent for the Collection and Release of Medical Information form should accompany the rehabilitation assessment/examination form to the assessor.
Suitable duties (SRC109)	To assist you and the WRP to work with the employee, their supervisor and treating doctor to identify suitable duties in line with the employee's assessed capacity.	As part of the early intervention rehabilitation assessment when identifying alternate suitable duties.	You or the WRP arrange for this form to be completed in consultation with the employee, their treating doctor if required, and the employee's supervisor	A suitable duties form should be attached to the rehabilitation program.

Form Name	What is the form used for?	When is the form used?	Who completes the form?	Other comments
Rehabilitation program (SRC40)	To detail the rehabilitation program initiated under section 37 of the SRC Act.	When developing a rehabilitation program for the employee.	You are responsible for completing the form. You consult with the employee, the WRP and the supervisor when completing the form. The details are discussed with the treating medical practitioner	A copy of the signed form must be provided to the employee. It must be signed and dated by you (delegate) before the start date of the program. When making the determination you must have regard to all matters under subsection 37(3) of the SRC Act.
Rehabilitation program alteration (SRC86)	When you decide that the rehabilitation program, not the final goal, should be changed.	For changes such as altered timeframes or rehabilitation costs, or when additional services are required to achieve the agreed final goal.	You are responsible for completing the form. You may ask the WRP to draft the alteration form and consult with the employee.	This form is not used when the final goal of the Rehabilitation program must be changed. Refer Rehabilitation program Closure.
Rehabilitation program closure form	To detail, under subsection 37(1) of the SRC Act, that the rehabilitation program is to close or cease.	The closure form is completed when the goals of the rehabilitation program have been achieved.	For commonwealth agencies, WRPs will email rehabilitation program closure records to you at the completion of a case. You can submit the closure record provided by the WRP or continue to use the Closure form on Comcare's website. For licensees, WRPs will submit closure records to Comcare for rehabilitation programs they work on.	Commonwealth agencies are required to notify Comcare of the final outcome of the rehabilitation program. Signing the form also completes your contract with the WRP. Copies of the form are distributed to all parties including the relevant authority.
Work trial agreement (SRC64)	To secure a common understanding and commitment to the work trial. It outlines the expectations of each party, the duties, medical considerations and restrictions, work hours, and timeframe of the agreement.	When a work trial has been secured as part of a rehabilitation program.	You are responsible for the form. A WRP can assist with completing the form. The form should be completed in consultation with the treating medical practitioner employee, supervisor and host employer.	This work trial agreement forms part of the agreed rehabilitation program and should be submitted to the relevant authority with the completed rehabilitation program.

5. Sample responses for subsection 37(3) a–h of the SRC Act

Sample responses for subsection 37(3) criteria and important considerations for the RCM.

Subsection 37(3) a–h, SRC Act, Provision of rehabilitation programs guideline and example responses

- | | |
|---|---|
| (a) any written assessment given under subsection 36(8) | <p>Consider:</p> <ul style="list-style-type: none"> > current medical certificates > current medical reports > any other rehabilitation or specialist assessments, for example, Initial Needs Assessment reports, section 36 assessments > any additional comments (if there are conflicting medical opinions). |
|---|---|

Example response

As a result of the medical assessment, in consultation with the treating GP, Dr X has cleared Mr/Ms Employee to return to work for XX hours a week and provided guidance for work duties.

- | | |
|--|--|
| (b) any reduction in future liability to pay compensation if the program is undertaken | <p>Consider:</p> <ul style="list-style-type: none"> > whether achieving a durable return to work (particularly if a person returns to pre-injury capacity) will result in a reduction/cessation of incapacity benefits > the potential for short-term and long-term activities to enable return to work. |
|--|--|

Example response

The program has been developed to assist Mr/Ms Employee return to work, therefore reducing further requirement for full incapacity payments to be paid. Successful completion of the program will result in Mr/Ms Employee returning to full pre-injury hours and duties with a resultant reduction in future liability to pay compensation.

- | | |
|-----------------------------|---|
| (c) the cost of the program | <ul style="list-style-type: none"> > The rehabilitation authority, usually the RCM, needs to consider the goal of the rehabilitation program, the nature of the proposed rehabilitation services and the cost of the services to ensure that the overall cost of the program is reasonable and within industry standards. |
|-----------------------------|---|

Example response

Costs associated with the program are deemed to be reasonable, considering the circumstances of the injury, the time off work and reasonable adjustments required to support Mr/Ms Employee to return to work.

- | | |
|---|---|
| (d) any improvement in the employee's opportunity to be employed after completing the program | <ul style="list-style-type: none"> > The successful completion of a rehabilitation program should result in a person having an enhanced capacity to obtain or to retain paid employment (within the definition of suitable employment). > Consider both short and long term goals, such as provision of alternative duties or work trials to allow the employee to upgrade physical or psychological work capacity. |
|---|---|

Example response

The program, in conjunction with the suitable duties schedule, will promote recovery and provide Mr/Ms Employee with an opportunity to enhance skills with the expected outcome of a return to work in a manner which is both safe and manageable.

- | | |
|--|--|
| (e) the likely psychological effect on the employee of not providing the program | <p>Consider:</p> <ul style="list-style-type: none"> > the person's current psychological state and medical recommendations > potential for worsening of symptoms if a program is not provided. |
|--|--|

Example response

Not having a program in place could delay recovery and have a negative impact on Mr/Ms Employee's ability to safely perform his/her duties, with the potential impacts on Mr/Ms Employee's general wellbeing and self-esteem.

- | | |
|--|---|
| (f) the employee's attitude to the program | <p>The RCM should understand the employee's attitude to the proposed rehabilitation program. The RCM should consider the reasons given by the employee, with appropriate weight being given to the issues raised.</p> |
|--|---|

Subsection 37(3) a–h, SRC Act, Provision of rehabilitation programs guideline and example responses

Example response

The rehabilitation program has been explained to Mr/Ms Employee and a draft provided for his/her consideration. The draft program has been modified to accommodate Mr/Ms Employee's feedback. Mr/Ms Employee has demonstrated a positive attitude towards the agreed program.

(g) the relative merits of any alternative and appropriate rehabilitation program	Consider: <ul style="list-style-type: none">> if the rehabilitation program and its activities are consistent with the most appropriate rehabilitation goal> has the hierarchy of return to work been followed when considering any alternative rehabilitation program?
---	--

Example response

Previous attempts at returning to work have been unsuccessful. Therefore, a highly supported and structured rehabilitation program, with clear expectations for all stakeholders, has been developed to ensure success and durability of the return to work. This program best meets Mr/Ms Employee current capacity to undertake a rehabilitation program.

(h) any other relevant matter	This requires the rehabilitation authority to consider the individual circumstances of each case. Consider: <ul style="list-style-type: none">> medical support for the program, particularly if this is conflicting> the requirement for the relevant authority to provide suitable employment or to take all reasonable steps to help the employee find suitable employment> family or other psychosocial issues> workplace issues such as workplace investigations, grievance procedures, conflict.
-------------------------------	--

Example response

Mr/Ms Employee's rehabilitation program has been developed with careful consideration of all medical information available, history of his/her return to work efforts to date, and liaison with stakeholders.

6. Non-compliance checklist: factors to consider

Section 36—Assessment of capacity for a rehabilitation program

Was the employee issued with a valid determination, as defined by section 61(1) of the SRC Act? This includes a copy of a signed Rehabilitation assessment examination form and notice of rights.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the employee provided with reasonable notice to attend the assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the employee assisted with travel to the assessment, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the employee referred to a legally qualified practitioner, or suitably qualified person, with an appropriate speciality for the condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 37—Rehabilitation program

Is there a current rehabilitation program in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any changes in circumstance that render the current rehabilitation program void or inappropriate? If so, was a new program or altered program issued prior to pursuing non-compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the current rehabilitation program signed by the rehabilitation delegate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the rehabilitation program have an attached return to work schedule and, if so, did this form part of the determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the employee consulted in the development of the rehabilitation program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the employee issued with a valid determination, as defined by section 61(1) of the SRC Act? This includes a copy of the signed Rehabilitation program, notice of rights and details of the start date and suitable duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has s37(3) a-h been addressed and documented as part of the rehabilitation program determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there medical or other evidence that supports the rehabilitation program and return to work schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Codes for rehabilitation payments and invoices (this section is only relevant for claims managed by Comcare)

Rehabilitation services are invoiced to Comcare under specific codes depending on the service provided. This assists the Relevant Authority and Comcare, as the scheme manager, to monitor the costs of rehabilitation services and ensure that the services delivered are achieving value for money. This is not a list of services that an employee is entitled to. These are services that may be provided to an employee. Comcare provides guidance on WRP services on their website.

Rehabilitation Assessment/Examination

Code	Purpose	Activities
90	Activities that are part of a rehabilitation assessment	<ul style="list-style-type: none"> > meeting with the employee and conducting an assessment > workplace visit and meeting > workplace (ergonomic) assessment > job analysis and identification of suitable duties > consultation/meeting with the medical practitioner > liaison with other treating practitioners > assessment report
92	Activities that are delivered as part of a rehabilitation program	<ul style="list-style-type: none"> > development, coordination and monitoring of the rehabilitation program > employee liaison and support > advice on workplace or work process modifications > organising assistive equipment and ensuring the employee can safely use the equipment > workplace meetings and liaison with RCM, supervisor and/or manager > workplace assessment, task analysis, job redesign or upgrading > development of suitable duties schedule > case conferences > GP visits, liaison with treatment providers > progress or closure report > job search and redeployment activities > job search and adjustment to disability counselling.
93	Services (and associated costs) required to support the employee's return to work that are provided by a third party	<ul style="list-style-type: none"> > taxi vouchers—to allow the employee to attend the workplace or other return to work activities—this does not include transport to attend treatment > vocational counselling or adjustment to disability counselling where it is not provided by the WRP > external training—for example, course fees, tutoring costs and materials > equipment specifically required to facilitate return to work that is outside the workplace's WHS obligations and is not treatment related—such as voice recognition software > costs of GP case conference/visit or GP report
94	WRP Travel	This code is only to be used for workplace rehabilitation provider travel

8. Example case studies

Case study one: Mark

The importance of early intervention

Mark is a customer service officer working for a self-insured licensee. His position involves administrative and manual tasks. He contacted his supervisor to advise he had experienced sudden back pain whilst lifting and moving boxes that morning. He had therefore arranged an appointment with his General Practitioner (GP) for the afternoon.

The GP certified Mark as unfit to work for the remainder of the week and he contacted his supervisor following the medical appointment to update her. Mark's supervisor understood it was important to act quickly and she obtained Mark's agreement to refer the matter to the rehabilitation team in HR and lodge a workplace incident report on Mark's behalf that same day.

The supervisor spoke to Susan the Rehabilitation Case Manager, and provided her with the background to the incident and Mark's duties.

Susan telephoned Mark, explained her role and why it was important to work together with Mark's GP to make sure Mark's return to work was safe and the duties were appropriate to accommodate for his injury. Susan arranged a time to meet with Mark the next day.



Early contact with the employee is the first step in providing early intervention support—it provides the best chance for an employee's recovery. It is very important to contact the employee within the first 24 hours, introduce yourself and commit to further contact, even if there is not time for a detailed conversation.

It was during this first meeting that Mark expressed his concern about going back to work. He said that this was the second time he had injured his back and he didn't feel he would be able to return to work to that role due to the risk of aggravating his injury. He also stated that his GP was very concerned about the manual tasks he was required to do.

Recognising the presence of risk factors and the importance of consulting with the GP, Susan discussed the engagement of a Workplace Rehabilitation Provider to work with Mark and his GP and provide recommendations on adjustments that could be made to the duties. Mark completed an authority and consent form so that Susan could complete the referral to engage the rehabilitation provider.

They also agreed that Susan would write to Mark's GP to introduce herself, explain her role and outline the employer's commitment to provide support, make reasonable adjustments and provide suitable duties for Mark to return to.



A detailed conversation with the employee, the supervisor and, where applicable, the treating medical practitioner early in the process will help you understand if there are indicators for poor rehabilitation outcomes.

Once engaged, the rehabilitation provider worked closely with Mark, his GP and supervisor to address Mark's concerns about returning to his role and undertaking the manual tasks. It was agreed that the manual lifting and carrying tasks could be eliminated by using lifting equipment and redesigning the work area. The rehabilitation provider also arranged a time to conduct a workplace assessment, including an assessment of Mark's workstation. This would ensure the workstation was adjusted optimally for Mark and he understood the importance of correct ergonomic posture and regular changes of position at his workstation.

In consultation with Mark, his supervisor and the GP, the workplace rehabilitation provider explored suitable duties that would accommodate Mark's work capacity and were appropriate, based on Mark's skills, experience and interests.

It was agreed that Mark would be fit to perform his administrative duties if he was able to move around regularly. A training course in WHS management was identified as part of the rehabilitation program to help Mark obtain additional skills that could be applied more broadly across the organisation. The GP certified Mark fit to return to work using a certificate of capacity, which outlined the workplace adjustments and graduated return to work hours. The GP approved the return to work schedule with gradual upgrades in hours and duties.

The outcome for Mark was very positive. He went on to complete a graduated return to work program and achieved a return to his pre-injury hours performing his administrative duties and additional WHS tasks.

Case study two: Alison

A coordinated approach promotes a shared commitment to return to work

Alison is employed as a project officer working for an Australian Government agency and has an accepted workers' compensation claim for anxiety disorder.

Alison was certified as totally incapacitated for work by her treating psychiatrist, who indicated on the medical certificate that Alison was permanently unfit to return to Australian Government employment.

Carl is the agency's Rehabilitation Case Manager. In his capacity as the delegate for the rehabilitation authority, he referred Alison for a rehabilitation assessment with a workplace rehabilitation provider.

When undertaking the rehabilitation assessment, Alison's Workplace Rehabilitation Provider identified that both Alison and her treating psychologist felt that she had some capacity to return to work. However, a breakdown in the relationship between Alison and her supervisor was identified as the main barrier to return to work.



Early and accurate identification of risk factors is crucial to enable you to implement targeted interventions to support recovery.

Carl discussed the importance of collaborating with all parties and, with Alison's agreement, Carl arranged a case conference with Alison, her treating psychiatrist, psychologist and the workplace rehabilitation provider.

During the case conference they explored this breakdown in the supervisor relationship. It was agreed that this was the barrier preventing Alison from returning to work and considered whether a changed work arrangement could address the issues that were raised. They also explored whether Alison could work somewhere else in the agency that would enable her to use her skills and experience.



A case conference is a key activity that allows stakeholders to develop a shared plan to assist an employee to return to health and return to work.

Carl explained the definition of suitable employment to the treating psychiatrist and explained that by certifying Alison as permanently unfit for Australian Government employment, she would be unable to return to work.

Using the certificate of capacity, Alison's psychiatrist certified her fit to return to suitable employment, outlining her fitness to participate in a graduated return to work plan over three months.

Based on this medical clearance, Carl was able to organise a temporary position with another team and reporting to a new supervisor.

With the support of the rehabilitation provider, Alison returned to work to a new position and, through a graduated return to work plan, was able to build up to her pre-injury hours. After completing three months in the temporary position she was offered a permanent role in the new team.



A graduated return to work supports employees to build capacity over time to ensure sustainable return to work outcomes. Graduated return to work plans can also assist employees with mental health conditions to manage their symptoms and fatigue in a supportive way.

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