



Australian Government

Comcare

REHABILITATION MANAGEMENT SYSTEM PRE-LICENCE AUDIT WORKBOOK

Evaluating rehabilitation management systems and capacity for compliance under the *Safety, Rehabilitation and Compensation Act 1988* and *Guidelines for Rehabilitation Authorities 2019* for new applicants for a self-insurance licence

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DEFINITIONS

Competent personnel	For the purposes of auditing rehabilitation management systems under the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act), competent personnel are defined as people with knowledge of the SRC Act and relevant experience. Relevant experience in this case would include audit training and experience. Guidance on assessing the competence of an auditor can be obtained from the <i>International Standard ISO 19011:2018—Guidelines for auditing management systems</i> , Chapter 7—Competence and evaluation of auditors.
Consultation¹	Consultation means appropriately informing employees, and inviting and considering their response prior to a decision being made. Employees’ opinions should not be assumed. Sufficient action must be taken to secure employees’ responses and give the employees’ views proper attention. Consultation requires more than a mere exchange of information. Employees must be contributing to the decision-making process not only in appearance, but in fact.
Corporate governance	The process by which organisations are directed, controlled, and held to account. The term encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation. It includes the transparency of corporate structures and operations, the implementation of effective risk management and internal control systems and the accountability of management to stakeholders.
Documented commitment	A statement by the employer of its commitment, intentions and principles in relation to its overall rehabilitation management system performance, including its commitment to minimising the human and financial cost of injury and providing for fair compensation when an injury occurs. It provides a framework for action and for setting rehabilitation management system objectives and targets. It could take the form of a policy, management arrangements or an employer/worker agreement.
Rehabilitation authority	For the purpose of this document: (a) for defence-related claims, the Service Chief or the Military Rehabilitation and Compensation Commission as set out in section 39 of the Military Rehabilitation and Compensation Act 2004 (b) if the employer is an exempt authority, Comcare (c) for all other cases, the person who is principal officer of the employer Except where the employer is an exempt authority—also includes the employer. If there is no such employer—the Commonwealth entity, authority or licensee that most recently employed the employee.
Rehabilitation management system	The part of the overall management system which includes organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the rehabilitation policy.
Senior executive	At the level required for the endorsement of the employer’s documented commitment to rehabilitation—Chief Executive Officer/Principal Officer and/or senior management team.
Stakeholders	Includes, but is not limited to, employees, managers/supervisors, service providers, rehabilitation providers, case managers, medical practitioner, the claims manager, and Comcare.

1 The definition of ‘consultation’ has been taken from the Safety, Rehabilitation and Compensation Commission document ‘Self-insurance Licence Application Evaluation Guidelines’.

2 NOTE: Many of the performance requirements measured by this audit tool are shared by the employer and the rehabilitation authority, being the person described above. Some performance measures which refer to the rehabilitation authority may be the responsibility of the employer.

INTRODUCTION

This workbook has been produced to support the Rehabilitation management system pre-licence audit tool (the pre-licence audit tool) developed by Comcare for applicants for a self-insurance licence under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act). The pre-licence audit tool provides the means for assessing and reviewing whether an applicant’s proposed arrangements for the management of rehabilitation of employees have the capacity to meet the Safety, Rehabilitation and Compensation Commission’s (the Commission’s) standards and the requirements of the legislation.

The elements of a rehabilitation management system in the Comcare scheme are based on:

- the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act)
- the *Safety, Rehabilitation and Compensation Regulations 2019* (the Regulations)
- *Guidelines for Rehabilitation Authorities 2019* (the Guidelines)
- better practice elements determined through Comcare’s research and cross-jurisdictional scanning (better practice).

The following table is used throughout the workbook to indicate via a tick or a cross if the criterion is based on legislation (e.g. the SRC Act, the Guidelines), better practice, or a combination:

Legislative requirement	Better practice
✗	✓

The workbook is intended to assist persons who are either undertaking the pre-licence rehabilitation management system audit or who are subject to such an audit. The workbook provides an explanation for each of the audit criteria and examples of evidence that may assist in demonstrating conformance and compliance with—or capacity to meet upon licence commencement—the audit criteria.

For further information on the pre-licence audit process, including auditor qualifications, refer to the *Rehabilitation management system pre-licence audit tool*.

RELATED DOCUMENTATION

- Rehabilitation management system pre-licence audit tool*
- Rehabilitation management system pre-licence audit report template*
- Guidelines for Rehabilitation Authorities 2019*
- Rehabilitation handbook*
- Self-insurance Licence Application Evaluation Guidelines*
- Licence Compliance and Performance Model*

Details of the Commission’s performance standards and measures for licensees are available on the Commission’s website at: https://www.srcc.gov.au/publications/guidance_for_employers2/guidance/licence_compliance_and_performance_model

ADVICE AND ASSISTANCE

All enquiries about the rehabilitation management system pre-licence audit workbook should be directed to:

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WORKBOOK LAYOUT

This workbook contains 21 criteria grouped within five elements. These elements are:

1. Commitment and corporate governance
2. Planning
3. Implementation
4. Measurement and evaluation
5. Review and improvement

When conducting a pre-licence audit, the auditor will be required to make judgements as to whether the criteria have been met. This judgement is informed by evidence which verifies that systems exist and that they are being effectively and appropriately administered—or that they will be in place at the time of licence commencement. The workbook has been designed to assist auditors to make these judgements.

**Please note that the criterion numbers throughout this document have been aligned with Comcare's Rehabilitation management system audit tool.*

Each criterion in the workbook is set out as follows:

1. REHABILITATION MANAGEMENT SYSTEM AUDIT ELEMENT

Example: *Element 1: Commitment and corporate governance*

2. REHABILITATION MANAGEMENT SYSTEM AUDIT CRITERION

Example: 1.1: *The applicant will set the direction for its rehabilitation management system through a documented commitment by senior executive*

Note: The pre-licence audit criteria are replicated from the Rehabilitation management system pre-licence audit tool and are the assessable components of the workbook. All other information provided against each criterion assists with understanding the criterion and includes guidance about the evidence that may be assessed to verify performance.

3. RATING

The auditor will provide a rating against each criterion as follows:

Conformance: the standard is fully met.

Capacity to meet: there is sufficient evidence to demonstrate how the standard will be met upon licence commencement.

Non-conformance: the standard is not met and there is insufficient evidence to establish and verify how the standard will be satisfied upon licence commencement.

4. COMMENTARY

Commentary may be included to assist with interpreting the criterion.

Example: *The applicant's senior executive will provide stewardship for its rehabilitation management system through a documented commitment which will benchmark the organisation's objectives, be used to formulate strategic direction and be reviewed to ensure it remains relevant and strives for continuous improvement. It will be supported and endorsed at the executive level and be relevant to the organisation's overall values, vision and business objectives.*

5. EXAMPLES OF EVIDENCE

The applicant may demonstrate conformance (or capacity to meet) using whatever evidence it considers appropriate to its operations. However, guidance is provided in the workbook for each criterion about the types of evidence that may assist the applicant in meeting that criterion.

The types of evidence that are referenced in the workbook include:

- > documentation
- > interviews with relevant personnel
- > workplace observations.

The examples are not suggested as the only or preferred way of meeting the criteria. An applicant may have alternative ways of meeting the requirements of the criterion and the examples should not detract from this.

6. EVIDENCE SIGHTED

The auditor will document the evidence sighted against each criterion including the title of each document, its version number, the date, and the location of the document.

7. OBSERVATIONS/NON-CONFORMANCES



An 'observation' may be made against a criterion rated as 'conformance' where the auditor has identified that there has been a minor deviation from the documented management system or reference criteria that would need to be addressed prior to the commencement of the licence.

Where the auditor finds that a criterion has not been met, a non-conformance will be issued. The non-conformance must identify the deficiency of the system against the requirements of the criterion.

ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE

CRITERION 1.1

The applicant will set the direction for its rehabilitation management system through a documented commitment by senior executive.

Legislative requirement	Better practice
	

COMMENTARY

The Regulations require the applicant to provide evidence of its rehabilitation policy.

The applicant's senior executive should provide stewardship for its rehabilitation management system through a documented commitment which will benchmark the organisation's objectives, be used to formulate strategic direction, ensure legislative compliance, be reviewed to ensure it remains relevant, and strives for continuous improvement. It will be supported and endorsed at the executive level and be relevant to the organisation's overall values, vision and business objectives.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a copy of the proposed rehabilitation policy document that is to be signed on or after the date of commencement of the licence by the present CEO or other senior executive
- > a statement of commitment by senior executives which undertakes to reduce the human and financial costs of injuries and indicates how this will be achieved
- > a transition/project plan which identifies the development and signing of the documented commitment, including timeframes

CRITERION 1.2

The rehabilitation management system will provide for internal and external accountability.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Senior executives of the applicant should define a framework for corporate governance where organisational accountabilities, including rehabilitation and return to work accountabilities, are described.

EXAMPLES OF EVIDENCE

Documentation (internal) may include:

- > job descriptions and/or performance and development plans for all staff who will be involved in the injury management process, including the senior executive staff with overall responsibility for the rehabilitation management system
- > an organisational structure, charts or matrices demonstrating accountabilities
- > mechanism for consultation with employees in relation to the rehabilitation management system
- > rehabilitation management system audit plans and audit outcomes presented to senior executive
- > monitoring of corrective action plans
- > premium or financial costs of managing ill or injured employees (will be) devolved to managers/supervisors
- > a transition/project plan for ensuring internal and external accountability, including timeframes.

Documentation (external) may include:

- > contracts or service level agreements (SLAs) with external parties, including
 - approved workplace rehabilitation providers (WRPs)
 - providers of medical, hospital or allied health services
 - auditors
 - legal firms (general, AAT, reconsiderations)
 - computer system/database providers
- > reports to state/territory regulators
- > key performance indicators
- > external audits

CRITERION 1.3

The applicant will identify, assess and control risks to the rehabilitation management system.

Legislative requirement	Better practice
✗	✓

COMMENTARY

The rehabilitation authority should establish, implement and maintain documented procedures for risk identification, risk assessment and control of risks that may adversely affect the effectiveness of the rehabilitation management system.

EXAMPLES OF EVIDENCE



Documentation may include:

- > risk management policy
- > an audit program/review process to monitor the rehabilitation management system
- > procedures which provide for evaluation of, and action in response to, internal and external actuarial reports and other financial reports relating to rehabilitation management
- > guidelines which dictate evaluation and response to changes in staffing levels and/or changes in risk profile as a result of new business areas
- > strategic assessments of how changes in staffing levels or business areas are likely to impact on the rehabilitation management system
- > reports of audits conducted on the performance of approved workplace rehabilitation providers (WRPs)
- > review of high cost claims, tail claims and claims under previous workers' compensation arrangements
- > procedure for monitoring incident reports, absence data, industrial relations data (grievances, workplace conflict), claims estimates, claim costs, return to work performance, continuance rates and other rehabilitation trends
- > quality assurance process
- > business plans which incorporate risk control mechanisms
- > a transition/project plan identifying how risk will be managed within the rehabilitation management system, including timeframes.

ELEMENT 2: PLANNING

CRITERION 2.1

The applicant has a delegation schedule to be signed by the principal officer, as per section 41A of the SRC Act, including arrangements for possible suspension of entitlements and the management of reconsiderations.

Legislative requirement	Better practice
	

COMMENTARY

Section 41A of the SRC Act allows for the principal officer of a rehabilitation authority to delegate to an officer of, or a person employed by the authority, all or any of the powers and functions conferred on a rehabilitation authority under Part III of the SRC Act. These functions and powers cannot be delegated to contracted providers of claims or case management services.

Rehabilitation delegations should ensure that the full functions of the delegations will be exercised effectively and will be applied to the most appropriate office, person or position for the performance of those functions and powers.

The delegation schedule should consider section 11 of the Guidelines dealing with employee non-compliance, and delegations to undertake the reconsideration function.

NOTE 1: The power to delegate itself cannot be further delegated.

NOTE 2: Reconsideration delegations need to be made under the general claims delegation instrument created in relation to the claims management function.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the draft instrument of delegation for the assignment of the powers and functions of the rehabilitation authority to be signed by the principal officer on the date of commencement of licence
- > the draft instrument of delegation for the assignment of the powers and functions of the determining authority (for claims management) to be signed by the principal officer on the date of commencement of licence
- > a transition/project plan which identifies the development and signing of an instrument(s) of delegation on the date of commencement of licence.

CRITERION 2.2

The applicant recognises legislative obligations and plans for legislative and regulatory compliance, having regard to any policy advice that Comcare or the Commission may issue.

Legislative requirement	Better practice
✗	✓

COMMENTARY

The applicant should establish, implement and maintain procedures for assessing all legal and other requirements that are directly applicable to the rehabilitation function. The applicant shall keep this information up to date. It shall communicate relevant information on legal and other requirements to its employees.

The applicant should also develop business plans, policies and procedural documentation that will identify how legislative compliance will be achieved and maintained.

EXAMPLES OF EVIDENCE

Documentation may include:



- > the (draft) rehabilitation policy
- > a (draft) procedure specifying personnel responsible for monitoring changes to the SRC Act, SRC Regulations and relevant guidelines (including Comcare Jurisdictional Policy Advices [JPAs]), that also documents how the information is disseminated
- > training plans which will require key rehabilitation staff to attend relevant legislative training
- > job descriptions which require legislative competence to be maintained
- > proposed formal reports to senior management on compliance with legislative obligations
- > business management plans
- > service level agreements (SLAs) with WRPs (proposed, draft or current)
- > (draft) rehabilitation procedures that reflect the rehabilitation authority's legislative obligations
- > (draft) rehabilitation management system policies and procedures which have regard to natural justice principles
- > the rehabilitation authority's plans demonstrate how they will integrate legislative change into operational activities
- > a transition plan which identifies how the applicant will ensure its rehabilitation management system recognises legislative obligations and includes timeframes.

Interview with rehabilitation personnel:

- > Is all applicable legislation identified, readily available and will be included in staff training?
- > When legislation or policy changes, how will business plans be revised to include implementation of the changes?

CRITERION 2.3

The applicant sets objectives and targets and identifies key performance measures for its rehabilitation management system.

Legislative requirement	Better practice
	

COMMENTARY

The Guidelines require the rehabilitation authority to monitor the exercise or performance of the powers and functions it has delegated.

The applicant should establish and maintain documented objectives and targets for its rehabilitation function at each relevant level within the organisation. When establishing and reviewing its objectives, the organisation shall consider its legal and other requirements, its risks, its technological options, its operational and business requirements, and the views of interested parties. The objectives and targets shall be consistent with the rehabilitation policy.

The applicant's objectives and targets will also be specific, measurable, and influence positive behaviours amongst employees. The key performance indicators (KPIs) should be identified.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the (draft) rehabilitation policy
- > business plans that identify objectives and targets, and the key performance indicators (KPIs)
- > performance reports identifying/will identify outcomes and achievements against planned rehabilitation activities, objectives and KPIs
- > SLAs with WRPs
- > a transition/project plan that identifies the rehabilitation management system planning process and how objectives, targets and performance measures will be part of that process.

CRITERION 2.4

The rehabilitation authority establishes plans to:

- (i) achieve its objectives and targets
- (ii) promote continuous improvement
- (iii) provide for effective rehabilitation arrangements.

Legislative requirement	Better practice
✓	✓

COMMENTARY

The Guidelines require the rehabilitation authority to monitor the exercise or performance of the powers and functions which it has delegated.

The applicant should establish and maintain management plans for achieving its objectives and targets. They shall:

- > designate responsibility for achieving objectives and targets at relevant levels of the organisation
- > outline the means and timeframe by which objectives and targets are to be achieved
- > outline the means and timeframe by which system improvements will be implemented
- > outline the means and timeframe by which rehabilitation activities will be undertaken.

Procedures should be established to ensure that current plans are reviewed, and if necessary amended to address such changes at regular and planned intervals, and whenever there are changes to the activities of the organisation or significant changes in operating conditions.

The applicant's rehabilitation management system plans should also include appropriate documentation, procedures and contractual arrangements to provide for effective rehabilitation.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the (draft) rehabilitation policy
- > business plans that identify objectives and targets, and the key performance indicators (KPIs)—these may cascade down from whole of organisation plans to group plans, to team plans and to individual performance plans
- > performance reports identifying/will identify outcomes and achievements against planned rehabilitation activities, objectives and KPIs
- > a (draft) review process of the rehabilitation management system for ongoing effectiveness
- > SLAs with WRPs
- > (draft) policies, procedures or operation manuals for the management of rehabilitation
- > a transition/project plan that identifies the rehabilitation management system planning process and how the applicant will ensure effective rehabilitation and return to work and promote continuous improvement.

NOTE TO APPLICANT:

There are three parts to this criterion. If a non-conformance has been raised for Criterion 2.3 (objectives and targets), but the evidence supports the requirements for **both** Criterion 2.4(ii) and (iii), then a conformance will be awarded as 2.4(i) becomes 'not applicable'.

ELEMENT 3: IMPLEMENTATION

CRITERION 3.1

The applicant will allocate adequate resources to support its rehabilitation management system.

Legislative requirement	Better practice
✓	✓

COMMENTARY

The Guidelines require a rehabilitation authority to ensure that an officer or person that is delegated with all or any rehabilitation powers or functions is supported with appropriate resources.

The Regulations require the applicant to provide the proposed number, location, classification and expertise of staff of the applicant with responsibility for rehabilitation case management.

EXAMPLES OF EVIDENCE

Documentation may include:

- > assessment of resourcing requirements based on the complexity of cases
- > rehabilitation budgets to support rehabilitation management system plans
- > capacity to finance early intervention
- > a transition/project plan which identifies rehabilitation resources as an issue to be considered and actioned, and includes timeframes for such actions.

Interview with rehabilitation personnel:

- > What indicators would you consider in order to seek increased resources for the case management function?
- > How many rehabilitation cases do you propose that case managers will manage at any given time?

CRITERION 3.2

The applicant will define and communicate responsibilities to relevant stakeholders.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Communication is a key element of successful return to work outcomes and all stakeholders must understand their role and responsibilities in the rehabilitation process.

The applicant should define, document and communicate the areas of accountability and responsibility of all personnel involved in the rehabilitation function. Where service providers are involved, these areas of accountability and responsibility shall also be clarified.

EXAMPLES OF EVIDENCE

Documentation may include:

- > rehabilitation responsibilities and accountability included in (draft) position statements (case manager, supervisor, senior managers)
- > (draft) rehabilitation procedures manual
- > intranet—existing or proposed information (to be made) available to employees
- > (draft) claims pack (where information about rehabilitation is included, that specifies the roles and responsibilities of the various stakeholders in return to work process)
- > (draft) contracts or SLAs with external parties, including:
 - WRPs
 - providers of medical, hospital or allied health services
 - auditors
- > claim costs will be devolved into individual business units/cost centres and reported
- > (proposed) supervisor training for managing ill or injured employees
- > emails and/or other records of meetings where responsibilities are discussed with relevant employees
- > a transition/project plan which identifies activities to define and communicate rehabilitation management responsibilities to relevant stakeholders, including timeframes.

CRITERION 3.3

The applicant will communicate relevant information regarding the rehabilitation process to its employees, including their rights and obligations.

Legislative requirement	Better practice
✓	✓

COMMENTARY

The Regulations require the applicant to provide the existing or proposed arrangements for ensuring that management and staff of the applicant are aware of their rights and responsibilities in relation to rehabilitation.

The SRC Act requires a rehabilitation authority to provide an employee with a notice in writing setting out the terms of any rehabilitation determination, the reasons for the determination and include a statement advising the employee what they can do if they do not agree with the determination (a notice of rights).

Natural justice requires that employees are properly informed of their rights and responsibilities. Furthermore, for self-insurers, the Conditions of Licence require that licensees provide employees with information about their rights and responsibilities in relation to rehabilitation under the SRC Act at the time of employment.

Senior management shall ensure a transparent approach to the delivery of the rehabilitation management system by communicating relevant information to employees. Employees should have ready access to information on how the rehabilitation authority will assist them to return to work. In particular, employees must be informed of their rights and obligations in the rehabilitation process. Correspondence and enquiries should be responded to in a timely manner.

EXAMPLES OF EVIDENCE

Documentation may include:

- > (draft) rehabilitation procedures that outline the responsibilities of managers, senior managers, rehabilitation case managers and rehabilitation providers
- > (proposed) induction/orientation program
- > (draft) claims pack (where information about rehabilitation is included)
- > intranet—existing or proposed information (to be made) available to employees
- > emails and/or other records of meetings where responsibilities are discussed with relevant employees
- > posters (or similar) that will be displayed in the workplace
- > the (draft) notice of rights and obligations that will accompany rehabilitation determinations that are issued to employees
- > a transition/project plan which identifies the processes and activities the applicant will undertake to ensure that employees are aware of their rights and obligations in relation to rehabilitation and return to work.



NOTE TO APPLICANT:

This is distinguished from the previous criterion which deals with identifying *roles and responsibilities* of various stakeholders. This criterion seeks to establish that employees will be made aware of their *rights and obligations* in relation to rehabilitation both before any injury occurs (such as induction, or via information on the intranet) and after an injury (such as claims pack, and when a program is being devised).

The 'Notice of Rights' that will be attached to rehabilitation documentation, by *itself*, is not sufficient to satisfy this criterion.

CRITERION 3.4

The applicant has identified training requirements and will develop and implement training plans to ensure personnel are competent.

Legislative requirement	Better practice
	

COMMENTARY

The Regulations require the applicant to provide the proposed arrangements for training staff who have responsibility for rehabilitation case management.

The Guidelines require a rehabilitation authority to ensure that an officer or person that is delegated with all or any rehabilitation powers or functions has the appropriate skills and capabilities to exercise those powers or perform those functions; and is supported with training for the exercise or performance of those powers and functions.

The applicant, in consultation with employees who will be involved in the return to work process, should identify training needs in relation to performing work activities competently.

Procedures shall be in place to ensure that injury management competencies are developed and maintained. Personnel shall be assessed as competent to perform tasks on the basis of skills achieved through education, training or experience.

The organisation shall ensure that all personnel have undertaken training appropriate to identified needs. Training shall be carried out by persons with appropriate knowledge, skills, and experience in injury management and training.

EXAMPLES OF EVIDENCE

Documentation may include:

- > training needs analysis of relevant personnel
- > job descriptions detailing required skills/competencies
- > proposed training schedules
- > personal development plans for individuals
- > training matrix
- > training attendance records
- > training program materials
- > details of the organisation(s) or individual(s) that provided/will provide the training (experience and qualifications)
- > rehabilitation staff CVs
- > (proposed) supervisor induction/training package
- > a transition/project plan which identifies rehabilitation and return to work (case management) training and dates and times of training courses to be undertaken by staff.

CRITERION 3.5

The applicant will implement an early intervention program, including the early identification and notification of injury.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Better practice rehabilitation involves ensuring that intervention occurs as soon as reasonably practicable after injury. Employers may promote early intervention by establishing a system to ensure early notification of injury or illness, however caused.

Research and experience have shown a clear link between early intervention, the containment of claim costs and successful rehabilitation. Early rehabilitation assistance helps individuals get back to work faster with fewer complications and avoids the significant costs that can occur when return to work activity is delayed.

Comcare encourages employers to arrange an assessment of an injured employee’s need for rehabilitation support as soon as possible after notification of injury. Employers should also develop a return to work plan where such support is required. The assessment of an employee’s needs does not need to be delayed until liability has been determined—employers are encouraged to consider return to work intervention for any staff member absent from the workplace, including absence due to non-work related injury or disease.

Not all employees require rehabilitation intervention, but those who do need support to return to work benefit from that intervention occurring early.

EXAMPLES OF EVIDENCE

Documentation may include:

- > (draft) procedures for the early identification and notification of injuries
- > (draft) early intervention policy and procedures
- > integration of work health and safety (WHS), human resources (HR) and rehabilitation systems
- > (proposed) funding allocation.

CRITERION 3.12

The applicant will maintain the confidentiality of information and apply legislative requirements.

Legislative requirement	Better practice
✓	✗

COMMENTARY

Privacy Acts are binding upon all employers in the Comcare scheme and aim to protect the rights of individuals regarding the way information about them is collected, stored, used and disclosed. These Acts regulate:

- > the way information is requested and collected
- > the type of information an employer can request
- > the way information is stored
- > the uses an employer can make of information held
- > the quality of information an employer uses (for example, whether it is current, accurate and relevant to the purpose for which it was collected)
- > the release of information to others
- > the individual's right of access to their records.

EXAMPLES OF EVIDENCE

Documentation may include:

- > (draft) recordkeeping procedures that specify how information about injured employees is kept, the form of the records, the location of the records, who is authorised to access them and how long each record should be kept
- > if case manager services are provided under contract, a copy of the relevant part of the contract that confirms the contractor's adherence to the relevant Privacy Act
- > a transition/project plan identifying the steps that will be taken to ensure that the confidentiality of rehabilitation information will be maintained, including timeframes.

Workplace observation:



- > (proposed) physical storage of files
- > (proposed) IT system for electronic storage of records.

NOTE TO APPLICANT

Records should be stored in a secure manner to prevent unauthorised access. In future audits, the presence of information about other employees on a rehabilitation file will be a deficiency against this criterion. It does not have to be demonstrated that the information was actually released to the wrong person. The auditor will apply their judgement as to whether the incidence and/or severity of error is sufficient to indicate a systemic issue and a non-conformance rating for this criterion. However, any incidence noted in any future file review will require a corrective action to rectify the error.

CRITERION 3.13

The applicant will maintain the relevant level of reporting, records and/or documentation to support its rehabilitation management system and legislative compliance.

Legislative requirement	Better practice
	

COMMENTARY

Records Management Acts require organizations to take responsibility for records and information management.

Rehabilitation management system documentation shall be legible, dated and readily identifiable and be maintained in an orderly manner for a specified period. It should be current, comprehensive and issued by an authoritative source.

Operational processes and procedures should be defined and appropriately documented and updated as necessary. The degree and quality of the documentation will vary depending on the size and complexity of the applicant.

EXAMPLES OF EVIDENCE

Documentation may include:

- > document control procedures
- > document register
- > quality assurance procedures
- > performance reports
- > proposed file maintenance system
- > a transition/project plan which identifies how the applicant will maintain the relevant level of records and/or documentation to supports its rehabilitation management programs, including timeframes.

NOTE TO APPLICANT

- > paper files are to be folioed or have an index sheet recording documents received
- > where files are to be maintained electronically, the system must provide for document indexing and tracking
- > where files are to be maintained electronically, the system must provide protection from deletion.

ELEMENT 4: MEASUREMENT AND EVALUATION

CRITERION 4.1

The applicant will monitor planned objectives and performance measures for core rehabilitation management activities.

Legislative requirement	Better practice
✓	✓

COMMENTARY

The Guidelines require the rehabilitation authority to monitor the exercise or performance of the powers and functions it has delegated.

Monitoring of planned objectives is a key activity which ensures that the applicant is performing in accordance with its rehabilitation management system objectives and targets. The results should be analysed and used to determine areas of success and to identify activities requiring corrective action and improvement.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a (draft) procedure for rehabilitation management system performance monitoring and measurement
- > (proposed) periodic rehabilitation management system performance measurement reports
- > (proposed) periodic rehabilitation activity reports
- > strategic plans which include rehabilitation management system performance objectives and key performance indicators
- > a transition/project plan which identifies how the organisation will monitor planned rehabilitation management objectives and performance measures.

CRITERION 4.2

The applicant will monitor rehabilitation providers' performance in terms of quality of service delivery, costs, progress reports and outcomes.

Legislative requirement	Better practice
✓	✓

COMMENTARY

The Guidelines require that the rehabilitation authority to effectively monitor the performance of the workplace rehabilitation provider engaged to provide rehabilitation services and inform Comcare of any concern regarding the service delivery of that provider.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a (draft) procedure for measuring rehabilitation service provider performance
- > SLAs with WRPs that include KPIs such as quality of service, cost, and return to work outcomes—provider operational standards should be considered
- > (proposed) periodic reporting from rehabilitation service providers against the KPIs
- > (proposed) regular meetings with providers to discuss, monitor and review service expectation and costs.

Interview with rehabilitation personnel:

- > How do you (propose to) monitor rehabilitation service providers' performance, both at an organisational level and a case-by-case level?
- > What will you do if you are not happy with a rehabilitation service provider's performance?

NOTE TO APPLICANT

In future audits, monthly progress reports on individual cases from WRPs to the case manager are *not*, by themselves, considered sufficient evidence that the case manager is monitoring the performance of the WRP.

CRITERION 4.3

The applicant will conduct an audit program—performed by competent personnel and in accordance with the requirements of the Commission and Comcare—to measure the performance of its rehabilitation management system.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Once granted a licence, periodic audits of the rehabilitation management system will be expected to be conducted in order to determine whether the system has been properly implemented and maintained and whether the employer has met the performance objectives defined within its documented commitment to rehabilitation.

Audits of the rehabilitation management system must be carried out by competent personnel. ‘Competent personnel’ are defined as people with knowledge of the SRC Act and relevant experience. Relevant experience in this case would include audit training and experience. Furthermore, the auditors must be independent of the area being audited.

The Commission’s performance standards and measures require self-insured licensees to maintain their rehabilitation systems.



EXAMPLES OF EVIDENCE

Documentation may include:

- > a (draft) audit procedure encompassing rehabilitation management system audits
- > a documented (proposed) rehabilitation management system audit program
- > qualifications and experience of personnel who will be conducting audits (CVs)
- > documentation which demonstrates that the auditor will be independent of the area being audited
- > if the rehabilitation management system audit tool proposed by the licensee is different to the current rehabilitation management system audit tool, there is documentation demonstrating the mapping exercise/gap analysis, including identification of additional criteria required
- > a transition/project plan which identifies the development and implementation of a rehabilitation management system audit program, including timeframes.

CRITERION 4.4

Audit outcomes will be appropriately documented and actioned. The applicant will report to senior executive on its rehabilitation management system performance, including audit outcomes.

Legislative requirement	Better practice
	

COMMENTARY

Internal audits are more likely to be effective if the senior executive is actively involved in reviewing the outcomes and if prompt corrective action is taken to rectify the identified deficiencies. Individuals should be assigned responsibility to ensure recommended actions are implemented.

The applicant's senior executive needs to be fully engaged in assessing the performance of the rehabilitation management system, and to provide strong direction to rehabilitation management staff in response to regular rehabilitation management performance reports.

EXAMPLES OF EVIDENCE

Documentation may include:

- > (draft) audit report procedures encompassing rehabilitation management system audits
- > the most recent rehabilitation management system audit report
- > corrective action plans from recent rehabilitation management system audits
- > minutes of meetings between senior executive and rehabilitation personnel
- > (proposed) periodic rehabilitation management system performance reports to senior executive
- > memoranda from senior executive to rehabilitation management staff providing comment or direction for action, in response to rehabilitation management system performance reports
- > (proposed) periodic reports by national workers' compensation/injury manager (or equivalent) to senior executive.

NOTE TO APPLICANT

This criterion has two parts. The first part assesses whether audit outcomes will be documented, and a corrective action plan developed and *implemented*. The second part is whether senior executive will be kept informed of the rehabilitation management system performance, including, but not limited to, proposed presentation of the audit findings and outcomes of corrective actions. A non-conformance for one part will result in a non-conformance overall for this criterion.

CRITERION 4.5

The applicant will communicate the outcomes and results of rehabilitation management system audits to its employees.

Legislative requirement	Better practice
✗	✓

COMMENTARY

The process of continuous improvement will be most effective if all employees are aware of the results of both internal and external rehabilitation management system audits, and the corrective actions and improvements arising from these audits. Communicating the results to all employees also provides an opportunity for senior executive to demonstrate its ongoing commitment to continuous improvement.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a (draft) audit procedure encompassing rehabilitation management system audits and the proposed method for communicating results to employees.

NOTE TO APPLICANT

Where the Health and Safety Committee (HSC) is the sole method of distributing audit results to employees proposed, it will not be sufficient just to show that the report will be sent to the HSC—evidence must be presented that the report will be tabled and discussed, and that the minutes of the HSC meeting will be available to employees.

CRITERION 4.6

The applicant will provide the Commission or Comcare with reports or documents as requested.

Legislative requirement	Better practice
✓	✗

COMMENTARY

Once granted a licence:

Section 71 of the SRC Act requires a rehabilitation authority to give Comcare documents or information (or both) specified in a written notice that relate it to the performance of its functions or the exercise of powers of its principal officer under Part III (rehabilitation) of the SRC Act.

As a condition of its licence, a self-insured licensee must give to the Commission, within the timeframe specified in a written request, such information relating to the licensee's operations under the SRC Act and Work Health and Safety Act 2011 (WHS Act) in the form and at the place specified in the request. Information likely to be requested by the Commission includes information required for the Data Warehouse, the Commission's Annual Report, Commission indicators, the Comparative Performance Monitoring and, as well as the Licensee Compliance and Performance Improvement Annual Report.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a transition/project plan which identifies the implementation of a rehabilitation management IT system capable of meeting the reporting requirements of the Commission, including timeframes.

ELEMENT 5: REVIEW AND IMPROVEMENT

CRITERION 5.1

The applicant will analyse rehabilitation management system performance outcomes against documented objectives to determine areas requiring improvement and promote and implement continuous improvement strategies.

Legislative requirement	Better practice
✗	✓

COMMENTARY

The applicant should be able to demonstrate that its rehabilitation management system will continue to be effective by undergoing regular review. The applicant’s senior executive should actively manage this process and be accountable for the results and actions arising from the review.

EXAMPLES OF EVIDENCE

Documentation may include:

- > reports of rehabilitation management system reviews which include recommendations for action
- > implementation of corrective action plans from rehabilitation management system audits
- > evidence of changes made as a result of management reviews
- > internal rehabilitation management system audit reports
- > management reports
- > documented (proposed) review timeframes
- > (draft) policies and procedures with (proposed) review dates
- > a transition/project plan which identifies the continuous improvement processes and actions to be developed and implemented, including timeframes.

For further information contact:

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