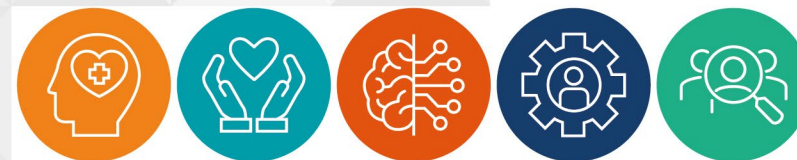
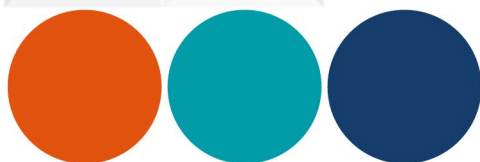
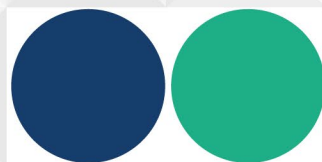


RCM Workshop

Implementing the Guide for Arranging Rehabilitation Assessments and Requiring Examinations – Part 1





Acknowledgement of country

Comcare acknowledges the Traditional Owners of Country throughout Australia and acknowledges their continuing connection to land, waters, and community. We pay our respects to Elders past and present.

Workshop Purpose and Objectives



Purpose:

to share challenges and strategies on how best to work within the requirements

Objectives:

- Understand the legislative role of the Guide
- Be aware of the key requirements
- Hear key findings from the review of the Guide
- Work through practical examples

Why the Guide

- Supports consistent, fair, and evidence-informed practices
- Spells out expectations under section 36 and 57 referrals
- Balances employee rights with employer obligations



Key requirements under the Guide

Employee
circumstances must
be considered

First consider the
information you have
available

Rehabilitation
assessments do not
require the employee's
participation

Seek and rely on the
treating practitioner's
information before
deciding to arrange an
examination

Seek and take into
account the views of
the employee

Advise the employee
they may have a
support person
accompany them

Additional notice
requirements for
rehabilitation
examinations

Limitations on
frequency of
rehabilitation
assessments that
include examinations

Exceptions to the
frequency limitation

14 days determination
to examination with
LQMP





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The Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024

2024–25 Evaluation





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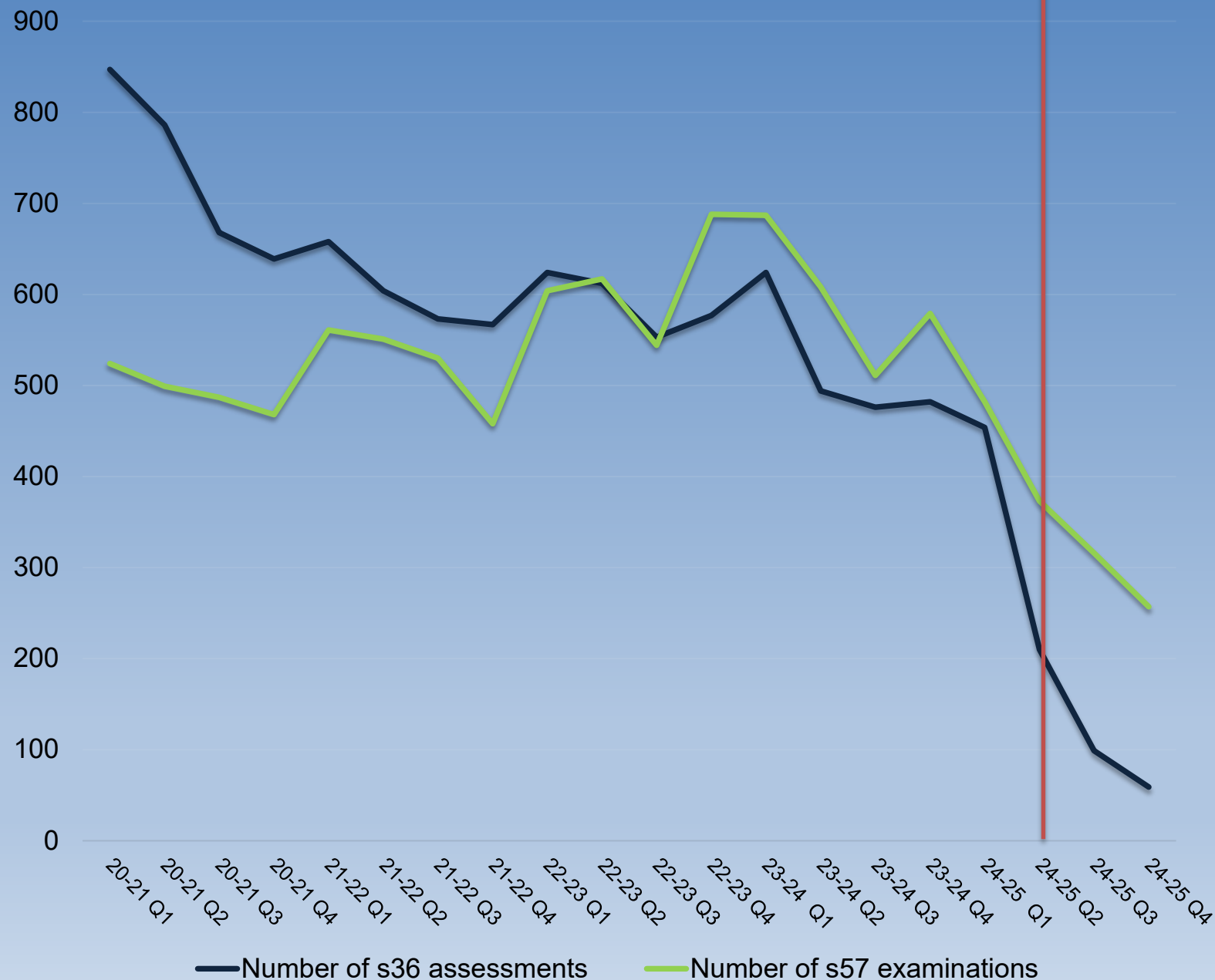
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Evaluating the impacts of the Guide

- Is the object of the Guide being achieved?
- Are there any identified compliance issues?
- Are there any unintended consequences?



Number of s36 and s57 assessments and examinations



Is the object of the Guide being achieved?

Reliance on treating practitioners' evidence

- 88% decrease in s36 rehabilitation assessments from Q4 2023-24 to Q4 2024-25
- 56% decrease in s57 medical examinations from Q4 2023-24 to Q4 2024-25
- Suggests decision-makers are relying on treating practitioners' medical evidence to make determinations



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Is the object of the Guide being achieved?

Is there compliance with the Guide?

Internal and external audits

- Quarterly CMG reviews (2 x checklist audits, 1 comprehensive audit)
- **18** external audits
- **3** employers found to have compliance issues, which have since been rectified.

Complaints

- One complaint of concern regarding appropriate consultation, now resolved.

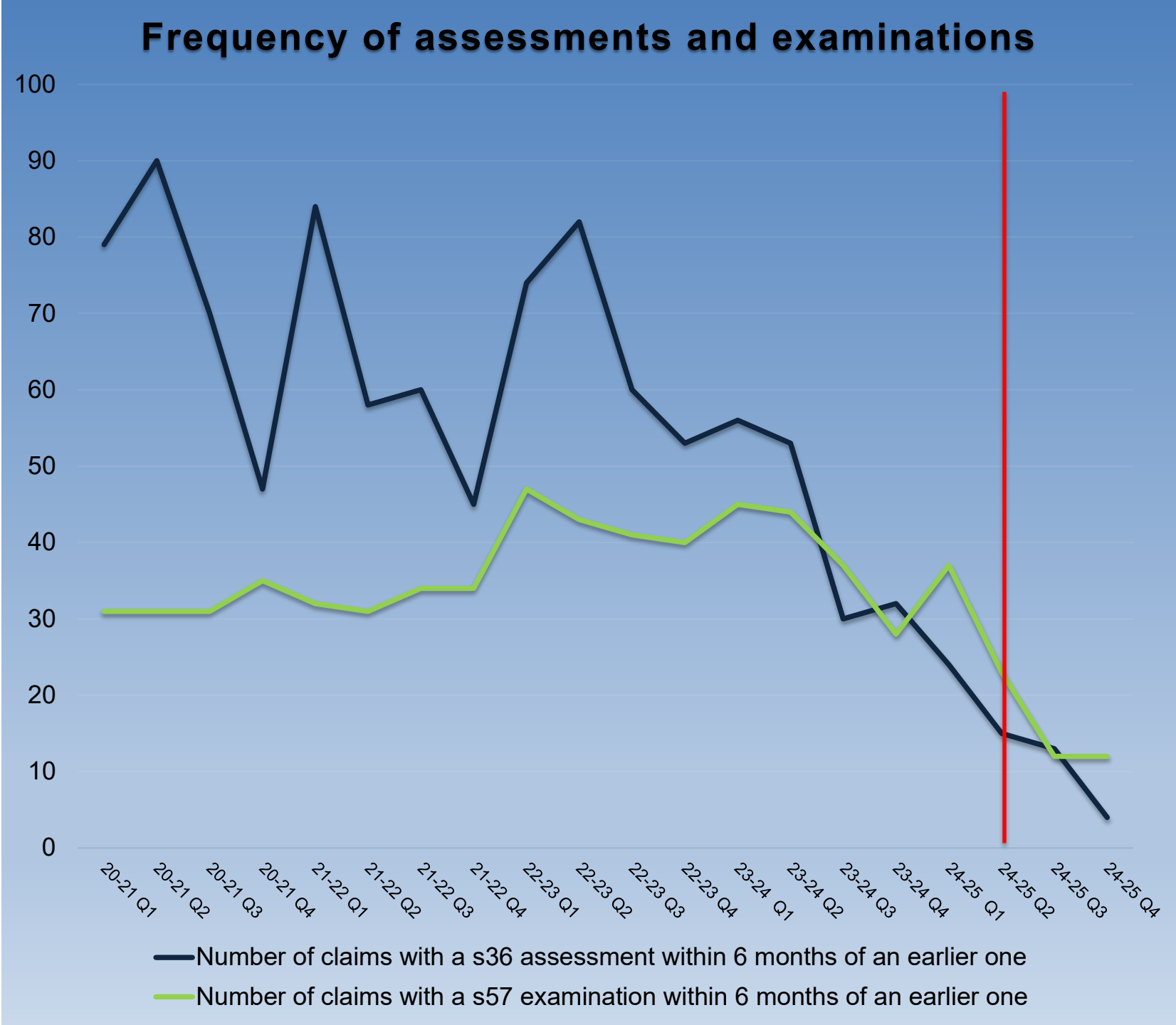
ART Decisions

- No decisions reported.

Is there compliance with the Guide?

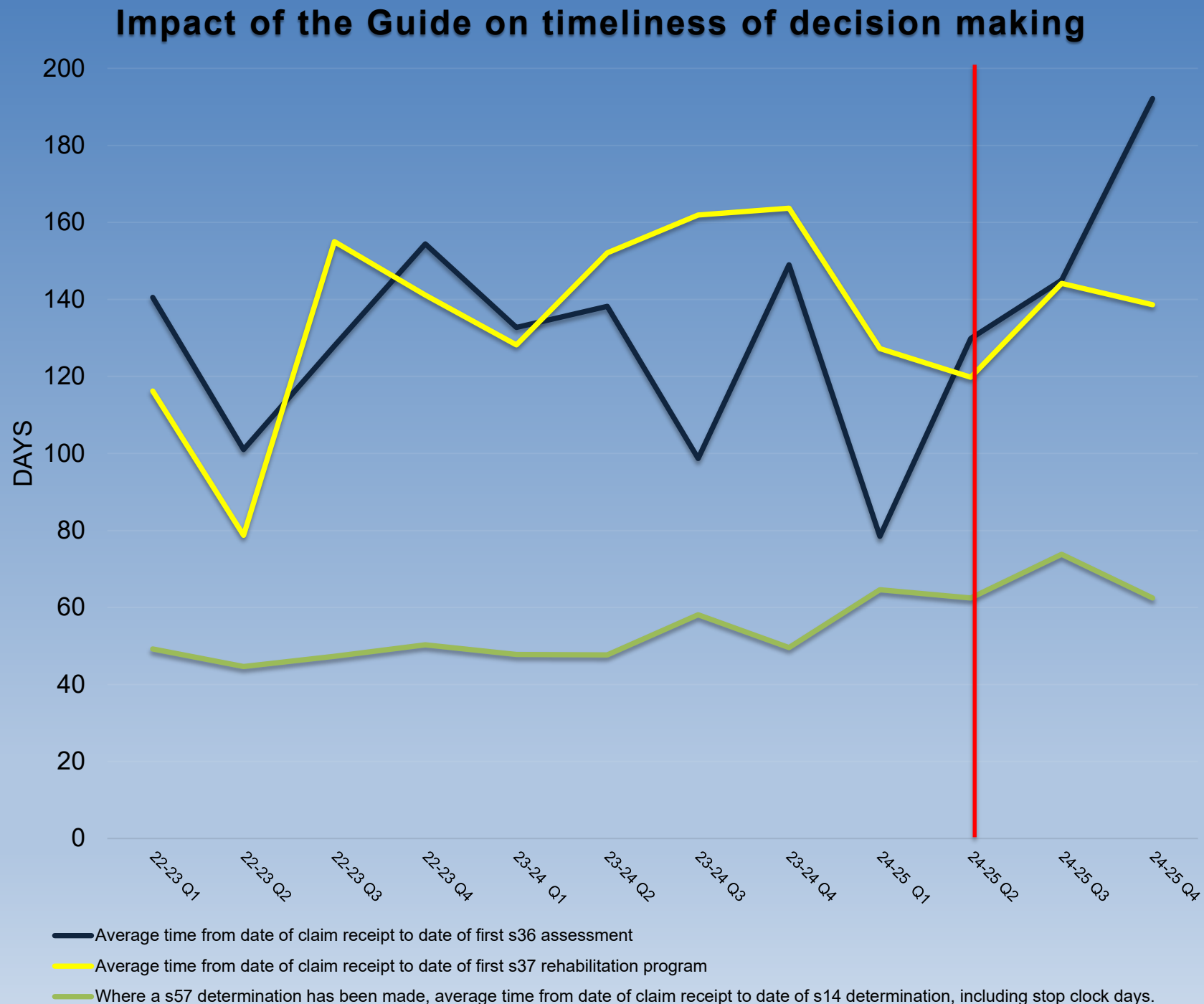
Assessments/examinations should not occur more frequently than at 6-month intervals unless certain criteria apply

- 88% decrease in s36 assessments where an assessment occurred in the previous 6 months
- 57% decrease in s57 medical examinations where an examination occurred in the previous 6 months

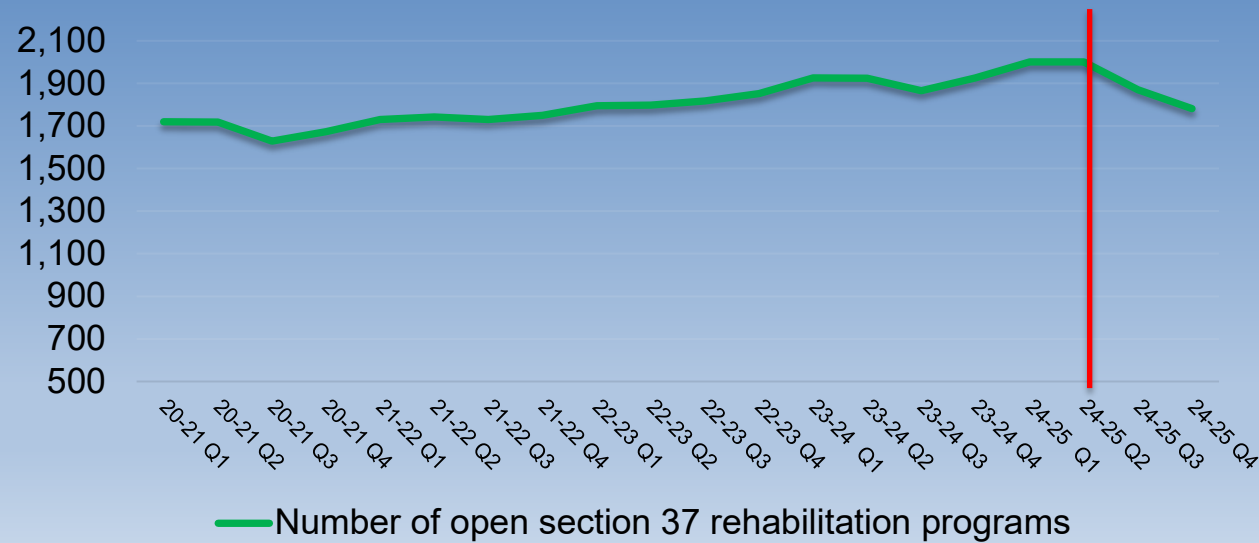


Unintended consequences – timeliness of decision making

- Rehabilitation data on s36 assessments and s37 rehabilitation programs is historically unstable.
- Time taken from date of injury to first s36 assessment has increased by 29% when compared to Q4 2023-24.
- s37 rehabilitation programs were determined 15% faster than for the same quarter for 2023-24.
- Time taken to make s14 determinations where a s57 has been used is steadily increasing, with an average of 66 days to make a determination when compared to 55 days pre-Guide.



Number of open section 37 rehabilitation programs



Unintended consequences – Number of rehabilitation programs

Does the Guide impact on the number of employees being able to participate in a s37 rehabilitation program?

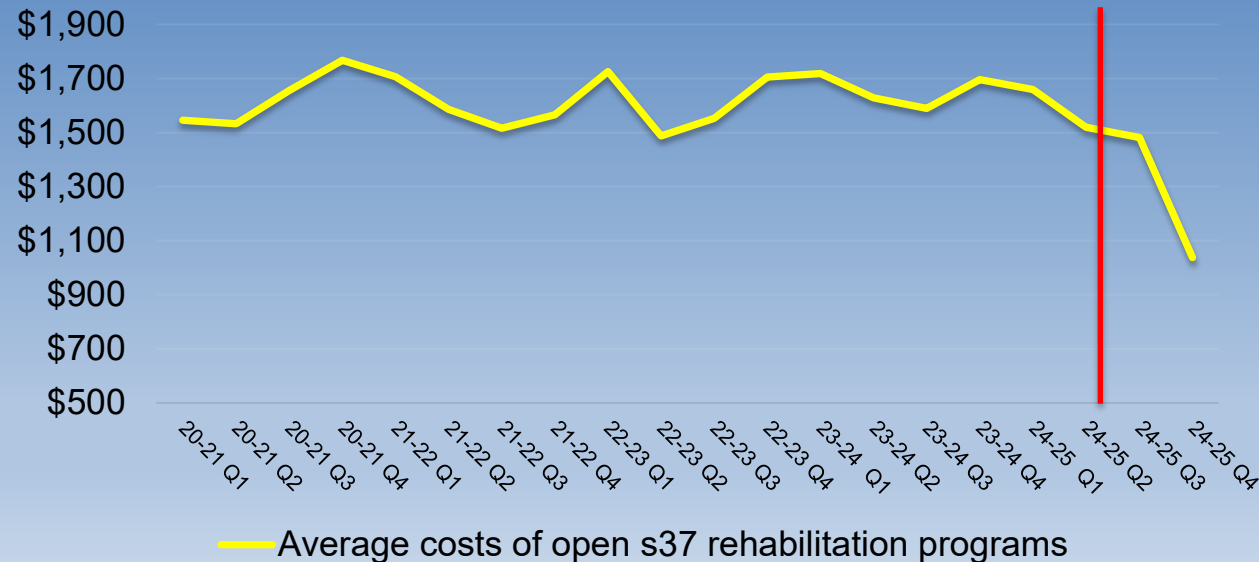
- 7% decrease in s37 rehabilitation programs when compared to the same quarter last financial year
- When viewed against historical data, the number of rehabilitation programs remains consistent

Unintended consequences – costs of rehabilitation programs

Are rehabilitation program costs increasing with rehabilitation authorities placing additional assessments on the s37 rehabilitation program?

- Rehabilitation program costs down by 38% when compared to the same quarter last financial year
- Data is subject to lags in provider invoicing

Average costs of open s37 rehabilitation programs



Unintended consequences – incapacity rates

Has the Guide had an impact on incapacity rates?

Overall increase in incapacity duration:

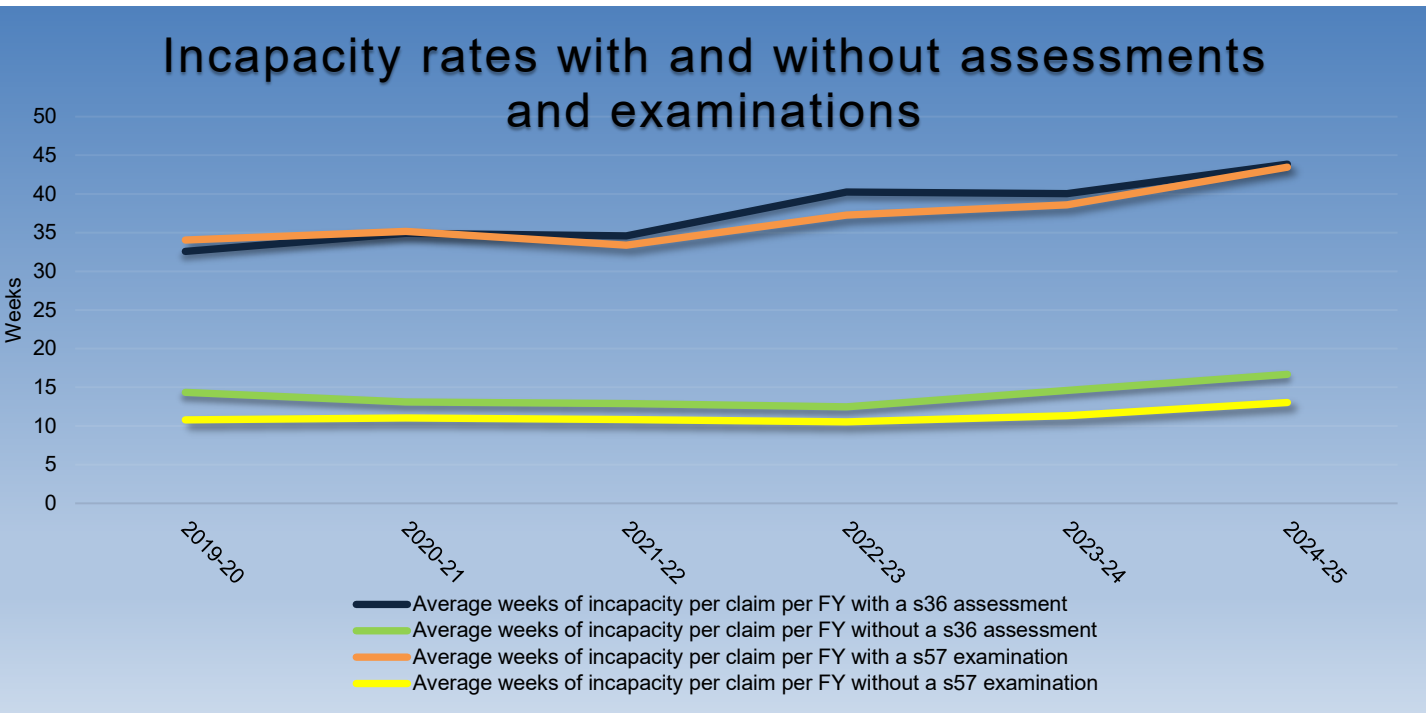
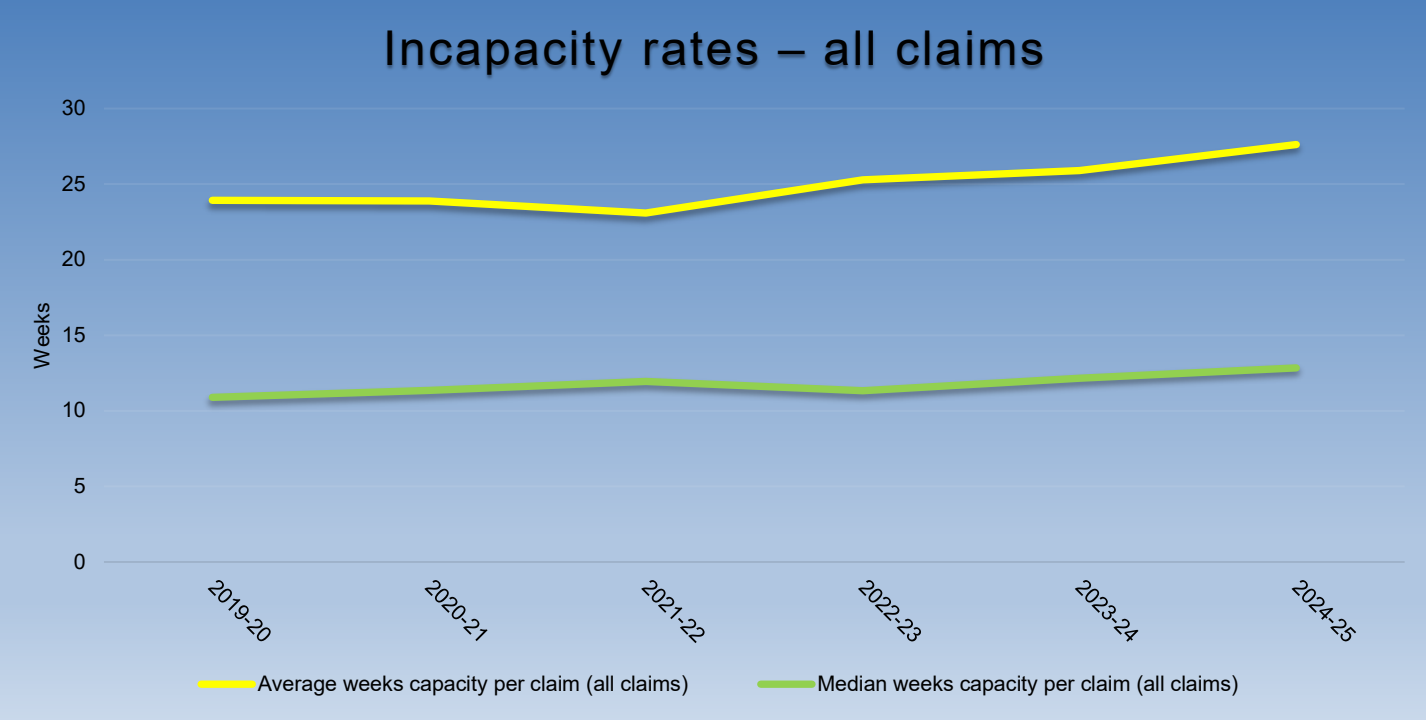
- Average weeks of incapacity rose by 6.6% in FY 2024–25 compared to FY 2023–24.
- Median weeks increased by 4.9%.
- This continues a pre-existing upward trend seen in prior years.

Limited causal link to the Guide:

- While the timing aligns with the Guide’s introduction, multiple factors influence incapacity, making causation at this early stage unclear.

s36 and s57 assessments linked to higher incapacity rates:

- Claims with s36 assessments or s57 examinations show significantly higher average and median incapacity.
- Suggests these tools are used for more complex cases, not necessarily causing longer incapacity.



Survey results

Claims Manager Responses

- 91% were aware of the requirements imposed by the Guide
- When asked whether the Guide supported ethical, transparent and accountable decision making, including consideration of the employee's circumstances when compared to the previous s57 process:
 - 22% agreed
 - 22% neutral
 - 56% disagreed or strongly disagreed

Rehabilitation Case Manager Responses

- 97% were aware of the requirements imposed by the Guide
- 56% of respondents stated they had issued a section 36 determination since the commencement of the Guide.
- When asked whether the Guide supported ethical, transparent and accountable decision making, including consideration of the employee's circumstances when compared to the previous s57 process:
 - 18% agreed or strongly agreed
 - 26% neutral
 - 56% disagreed or strongly disagreed

Survey results

Claims Manager Responses

- 67% of respondents stated they have encountered unintended consequences of the Guide, including:
 - Additional complexity
 - Delays in decision-making, medical intervention and recovery
 - Concerns around s57 being a determination
 - Reluctance of IMEs to take on SRC Act work

Rehabilitation Case Manager Responses

- 78% of respondents stated they have encountered unintended consequences of the Guide, including:
 - Additional complexity
 - Administrative burden
 - Delays in engaged workplace rehabilitation providers
 - Delays in commencing rehabilitation programs
 - Increased costs for premium paying employers as treating practitioner reports cannot be paid for under the SRC Act



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Unintended consequences – Issues register

A snapshot of some of the legislative issues:

- The SRC Act does not allow the relevant authority to pay for medical reports obtained by premium paying rehabilitation authorities for the purposes of the Guide
- The SRC Act does not allow the relevant authority to pay for s36(1) desktop reviews conducted by premium paying entities
- Interactions with the payment of aids and appliances under s39 of the SRC Act if the prerequisite s36 or s37 criteria cannot be met
- Interaction with the statutory timeframe regulations, particularly for reconsiderations



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Next steps

- Continued quarterly review with issues reported to the Closing the Loopholes Act review





What's changed for RCMs

- More collaboration with employees
- Stronger documentation
- Greater reliance on treating practitioners
- Greater consideration and time on engagement with the treating practitioner and on selection of the assessor
- What else?



Case Studies



Caught in the Middle

Tina is a new RCM managing an employee with a psychological injury.

The treating GP has provided a detailed medical certificate with clear diagnosis, work capacity and suggested return-to-work plan.

Tina is confident that a rehab program could start immediately, but her team leader advises she must wait for a full written information from the treating GP before proceeding.

A WRP can't be engaged until that happens. It's been two weeks since the report was requested, and no further documentation from the GP has arrived.





Summary

The Guide supports using existing, relevant information where possible - assessments are not always required.

If a treating practitioner has provided sufficient, consistent information about diagnosis and capacity, that may be sufficient to proceed to a rehabilitation program.

Where you have sufficient consistent information but require support to consolidate and organise this information you can arrange a S36(1) assessment

Delaying rehabilitation due to uncertainty can have downstream impacts - check in early with your team or Comcare if unsure.

Trust your professional judgement about whether the information is consistent and sufficient, to ensure you balance compliance with timely, reasonable support.

Document your rationale clearly if you proceed without an assessment - show how the information you relied on met the Guide's requirements.





The Delayed Report



Alex is managing an employee with a musculoskeletal injury. The treating GP has been cooperative in consultations but, when asked for a detailed report to support decision-making, the GP advises:

- It will take four weeks to prepare
- A pre-payment is required

While this is being organised rehabilitation planning is stalled.





Summary

Think specifically about the information you require. Perhaps there is a way to get this specific information from the GP without the need for a full written report.

Contact the treating practitioner as early as possible and explain that you will need this information to be able to progress with rehabilitation and that delays will impact the employee.

The Guide requires that you provide 14 days for the provision of information. If you do not receive the information in this time, you can document this and proceed with S36.

Communicate transparently with all parties – delays due to cost or admin issues should be explained early

Document all efforts to obtain information from the treating practitioner.

Remember you can obtain information from the treating practitioner verbally, but you must document this in writing





What Do You Think?

Priya is referring an injured employee, Adam, for a rehab examination.

She knows she must seek his views on who will conduct the examination.

She sends him a list of four assessors and asks him to choose one, but he doesn't respond.

A week passes and management is pushing for a decision.





Summary

Seeking views does not mean offering full choice – it means giving the employee a chance to provide input.

If the employee doesn't respond within the given timeframe, you can proceed – just document the steps taken.

Good documentation is key: show that you sought views, how long the employee was given to respond, and how you made your final decision.

You can seek the employee's views on an assessor at any time. You do not need to wait until a determination is made.

Rather than offering choices of assessor you can simply ask the employee if they have any views or preferences when it comes to an assessor.



Resources and support

The Guide:

- [View the Guide for arranging rehabilitation Assessments and Requiring Examinations and Explanatory Statement](#)
- [Frequently asked questions – Guide for arranging assessments and requiring examinations](#)

Other relevant guidance:

- [Access the updated Rehabilitation Case Manager Handbook](#)
- [Engaging a legally qualified medical practitioner to undertake an independent medical examination under the SRC Act](#)

Contact us:

For more information about the operation of the Guide: schemepolicyanddesign@comcare.gov.au

For case specific support: returntowork@comcare.gov.au