

Guidelines for rehabilitation authorities



Australian Government
Comcare

Rehabilitation management system audits and compliance

Rehabilitation management system (RMS) audits and certification of compliance **are no longer mandatory** under the new Guidelines.

However, it remains mandatory for employers to comply with the Guidelines for Rehabilitation Authorities 2019 (the Guidelines). These requirements include effectively managing rehabilitation, consultation with key stakeholders, ensuring appropriately skilled and capable rehabilitation case managers, monitoring workplace rehabilitation provider services and the monitoring of rehabilitation by the organisation's Principal Officer.

The implementation and maintenance of a rehabilitation management system supports an organisation to meet these requirements.

For more information, see the [Rehabilitation management system and auditing](#) page.

Better practice rehabilitation elements

Better practice rehabilitation elements have been removed from the Guidelines.

Comcare's approach has been to focus the Guidelines on the mandatory requirements for rehabilitation authorities. [Better practice guidance on rehabilitation](#) is available on the website.

Additionally, Comcare has released a [Rehabilitation Case Manager handbook](#) to support better practice rehabilitation across the scheme.

Obligation to monitor an employee's rehabilitation or capacity

Consistent with subsection 36(1) of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act), the obligation to monitor an employee's rehabilitation or capacity to undertake a rehabilitation program lasts while the employee 'suffers an injury resulting in an incapacity for work or an impairment'.

Providing documents

The Guidelines outline the minimum requirements of who should receive a copy of rehabilitation documents (including assessments and programs). However, if a rehabilitation authority believes it would be beneficial and appropriate to provide this to an additional party (such as the employee's medical practitioner) then this can be considered.

Consideration should be given to any privacy issues and the need for any additional party to receive a copy of the information.

Obligation to inform the relevant authority of an employee's rehabilitation program outcomes

Subsection 9(10) of the Guidelines requires rehabilitation authorities to notify the relevant authority of the outcome at the end of the rehabilitation program. Under the SRC Act, a relevant authority means:

1. in relation to an employee who is employed by a licensee—the licensee; and
2. in relation to any other employee—Comcare.

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A rehabilitation authority's obligation to inform Comcare of an employee's rehabilitation program outcomes can be satisfied through the completion and submission of the [Rehabilitation Program Closure form](#) available on Comcare's website.

Where the relevant authority is the same organisation as the rehabilitation authority, this obligation can be met through maintaining records outlining the rehabilitation program outcome achieved.

Considering the employee's communication needs

Paragraphs 8(6)(b) and 9(4)(b) of the Guidelines outline the requirement for a rehabilitation authority to take an employee's communications needs into consideration when advising them of the findings and next steps of the rehabilitation assessment and consulting with them on the proposed rehabilitation program.

Where it is identified that an employee has specific communication needs, the rehabilitation authority should make reasonable adjustments to ensure clear and effective communication. Areas of specific need the rehabilitation authority may consider include, but are not limited to, any disability of the employee such as a hearing, vision or cognitive impairment, the employee's literacy level and the employee's language background and skills.

Providing a copy of a rehabilitation assessment or program to the employee's treating practitioner

Paragraphs 8(4)(b) and 9(6)(b) of the Guidelines provide that a rehabilitation assessment or program may be provided to the employee's treating medical practitioner, as opposed to the employee, where the employee's medical condition necessitates it first being released to that person.

It is recommended that this occur when the rehabilitation authority has information that indicates that providing the assessment or program to the employee directly would be unhelpful to their recovery or may pose a risk to their health. Providing it to a treating practitioner or other health professional does not negate a rehabilitation authority's responsibility to ensure that the employee ultimately receives a copy of the assessment of program.

The decision to provide the assessment or program first to the employee's treating practitioner or health professional should be made in consultation with the practitioner and the employee where appropriate.

The rehabilitation authority when an employee moves employers

The rehabilitation authority is the principal officer of the organisation employing the employee at the time of workplace rehabilitation where the employee is employed by:

- the Commonwealth, or
- a Commonwealth authority, or
- a licensee.

Where an employee is no longer working for one of the above, the rehabilitation authority is the principal officer of the Entity, Commonwealth Authority or licensee who most recently employed the employee.

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Who the rehabilitation authority can delegate their functions and powers to

The rehabilitation authority can delegate in writing all or any of its functions and powers under Part III of the SRC Act to an officer or person employed by the rehabilitation authority's employer.

A contracted claims manager or reviewer named in the licence granted to a licensee does not have authority to make or reconsider any rehabilitation determination. Those powers can only be exercised by the principal officer of the licensee or an officer or employee of the licensee that the principal officer has delegated that power to.

The Guidelines and defence force members

The SRC Act and Guidelines have no application to defence force members injured on or after 1 July 2004.

Members injured after this date are covered by the Military Rehabilitation and Compensation Act 2004 administered by the Department of Veterans' Affairs and the Military Rehabilitation and Compensation Commission.

For employees injured before 1 July 2004 as a defence force member, the rehabilitation authority is shown in the below table.

Description of employee	Applicable rehabilitation authority
Defence force member injured before 1 July 2004 who continues in Permanent Force employment (including continuous full time Reservists)	The Chief of the relevant Service
Defence force member injured before 1 July 2004 who ceases to be a member of the Permanent Force	The Military Rehabilitation and Compensation Commission
Defence force member injured before 1 July 2004 who continues or ceases to be a member of the part-time Reserves	The Military Rehabilitation and Compensation Commission

For applicable defence related claims, section 152 of the Act allows the Military Rehabilitation and Compensation Commission and the Service Chiefs to delegate all or any of their functions and powers under Part III of the Act respectively to:

1. any person to whom they may make a delegation under section 384 of the Military Rehabilitation and Compensation Act 2004, and
2. any person to whom they may make a delegation under section 438 of the Military Rehabilitation and Compensation Act 2004.