



Australian Government

Comcare

Rehabilitation case manager handbook



Understanding and
implementing effective
return to work in the
Comcare scheme



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PART ONE

Introduction

This handbook helps you understand and perform your role as a Rehabilitation Case Manager (RCM). It details the requirements and better practice guidance for recovery at and return to work (RTW) in the Comcare scheme.

The handbook will help you to understand:

- > the importance of safe recovery at or return to work 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, and return to work
- > the approach to rehabilitation and return to work under the Safety Rehabilitation and Compensation (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.

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).
- > 'The Guidelines' means the *Safety, Rehabilitation and Compensation Guidelines for Rehabilitation Authorities 2019*.
- > 'The Guide' means the *Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024*.

Where this handbook indicates that you **must** undertake a specific action it means that it is a mandatory requirement, legislated under the Act, the Guide and/or the Guidelines.

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



Requirement under the SRC Act



Requirement under the Guide or the Guidelines



Top tips and better practice



Research



Links to web content



Information relevant to Commonwealth agencies only

The importance of rehabilitation and return to work, and the role of the rehabilitation case manager

What is workplace rehabilitation?

Workplace rehabilitation is a process, led by the employer to support the employee's recovery and work participation as they return to health. It helps an employee recover at or return to work.

What is return to work?

The return to work process involves RCMs and other stakeholders helping an employee to stay at or return to work after they have experienced a workplace injury or illness. Returning to good work supports an employee in their recovery.

Return to work can be a gradual process. It is important that employees who are injured or ill are connected to their workplace and feel supported whilst recovering.



Employees who receive support from their employer had up to five times greater odds of returning to work, compared with workers reporting a neutral or negative employer experience¹.

Why is workplace rehabilitation important?

Evidence shows that good work is generally good for physical and mental health and wellbeing. Supporting employees to recover at or return to 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.

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, expertise and resources are provided by the organisation, managers/supervisors and colleagues
- > there are cohesive working relationships with sound and effective communication practices.

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 health and other issues
- > Supporting participation, independence and social inclusion.

Benefits for employers

- > Retention of staff experience and skills
- > Reduction of costs associated with work-related injury
- > An organisational culture where staff members feel supported and valued
- > 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 an RCM important?

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



In this handbook, the RCM refers to the employee of the organisation who has delegation to make decisions about rehabilitation under section 41A of the SRC Act.

Your role as an RCM is essential in reducing the impact of injury and illness 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 strong project management, administrative, technical and people skills. An RCM needs training, resources, and support from senior managers to ensure they can undertake the role effectively.



Employees who develop a rapport with their case manager tend to think highly of the compensation system².

Employees who report positive interactions with their case manager have higher return to work rates, report less pain, greater perceived health, quicker recovery and improved quality of life³.

2 Kilgour E, Kosny A, McKenzie D, Collie A. Interactions between injured workers and insurers in workers' compensation systems: a systematic review of qualitative research literature. *Journal of Occupational Rehabilitation*. 2015;25(1):160-181

3 Wyatt M, Lane, T. Return to work: A comparison of psychological and physical injury claims: Analysis of the RTW

What skills, attributes and qualities are important to fulfil my role?

Comcare has developed a set of core capabilities for RCMs which outline standards for the operational and strategic elements of the role. The six core capabilities include:

1. Knowledge of workers' compensation and other legislation and relevant laws
2. Understanding and promoting key rehabilitation concepts
3. Applying legislation and delivering better practice rehabilitation
4. Effective communication and stakeholder engagement
5. Values and attributes
6. Contributing to systems, policies and performance reporting.

They can be used to assist:

- > RCMs in obtaining the best possible outcomes for employees with an injury/illness
- > employers to recruit appropriately skilled and experienced people to RCM roles
- > new RCMs to identify skills required for the role
- > existing RCMs to identify current skills and areas for development.



You can find more detailed information about the RCM Core Capabilities available at [Rehabilitation case manager core capabilities](#)

What is effective communication and why is it important?

Effective communication is respectful, relevant and regular. Providing timely access to clear and appropriately presented information about processes, rights and responsibilities is crucial and can increase an employee's perception of fairness. RCMs need strong skills in communication and collaboration, to build trust, cooperation and to encourage positive behaviours. Important qualities to achieve this are 'being fair, treating others with respect, and being reasonable, efficient, proactive, responsive, transparent and accountable'⁴.

What are ineffective communication practices:

Some unhelpful practices include:

- > written communication in non-user-friendly formats, such as letters written in language that is confusing or intimidating, or simply unsuitable because of a worker's literacy level or understanding of English
- > lack of personalised, face-to-face communication
- > failure to proactively inform employees of their entitlements
- > one-way communication that doesn't take employee's input into account
- > failure to consider the physical and emotional condition of individuals, for example, the way that some medications affect memory and concentration
- > paperwork requirements that employees, employers and treating practitioners find confusing or overwhelming
- > insufficient contact with the employee, such as no reassurances that requested information has been forwarded, or case managers being hard to contact or not returning calls⁵.



Employees report that these poor communication practices damage their mental health⁶

4 It Pays to Care – Bringing evidence-informed practice to work injury schemes helps workers and their workplaces (RACP and AFOEM).

5 It Pays to Care – Bringing evidence-informed practice to work injury schemes helps workers and their workplaces (RACP and AFOEM).

6 Dean AM, Matthewson M, Buultjens M, Murphy G. Scoping review of claimants' experiences within Australian workers' compensation systems. Aust Health Rev. 2019;43(4):457-465

How can I develop my skills further?

To hear about better practice return to work strategies and initiatives, Comcare hosts digital RCM forums throughout the year. These forums build RCM capability and promote better practice recovery at and return to work. The forums feature guest speakers who share better practice approaches, research, practical strategies and lived experiences.

Overall feedback received from forum participants has been positive with:

- > 96% of respondents finding the content relevant to their work
- > 92% of respondents rating the presentations as engaging
- > 91% of respondents considered the forum to be of value to them.

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, the Guide and the Guidelines) and the principles of rehabilitation in the scheme. This information will support you to manage cases effectively and in accordance with the law.

Visit [About the Comcare scheme](#) for information on:



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

Guidance issued by Comcare

As well as complying with the requirements of the SRC Act, you must comply with the Guide and the Guidelines. They assist you to develop an effective approach to the rehabilitation of employees, consistent with your obligations under the SRC Act.

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 recovery at and return to work in the scheme?

Comcare has three key return to work objectives:

- > safe, timely 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 good work.



Comcare endorses and actively works with Safe Work Australia on the National Return to Work Strategy – a ten-year vision to minimise the impact of work-related injury and illness.

You can read more about the [National Return to Work Strategy 2020-2030](#).

A focus on capacity

To help maintain an employee at work or return them safely to work, it is important to understand the employee's capacity. You can do this by focussing on what the employee can do rather than focussing on what they cannot do. As an RCM you can drive this positive approach by working with the employee to understand their capacity, communicating this to stakeholders involved in supporting them, and by promoting the health benefits of good work.

Comcare supports a focus on employee capacity through the use of a Certificate of Capacity. The Certificate of Capacity guides the medical practitioner to identify an employee's capabilities and focus on what the employee can do. This helps the employer to offer the employee suitable employment and supports the health benefits of good work.

The use of a Certificate of Capacity helps:

- > GPs to recommend a timely and safe RTW
- > employees understand their capacity to work and any limitations to performing regular work tasks
- > provide clear guidance to employers on when the employee can return to work, what they can do, and adjustments required to keep the employee at work or to return to work
- > employees understand their capacity to work and any limitations to performing regular work tasks
- > provide clear guidance to employers on when the employee can return to work, what they can do, and adjustments required to keep the employee at work or to RTW
- > the claims manager make better decisions, including accepting the worker's compensation claim, incapacity entitlements and approval of medical treatment.

You can find more information about a certificate of capacity here: [Certificate of capacity](#).

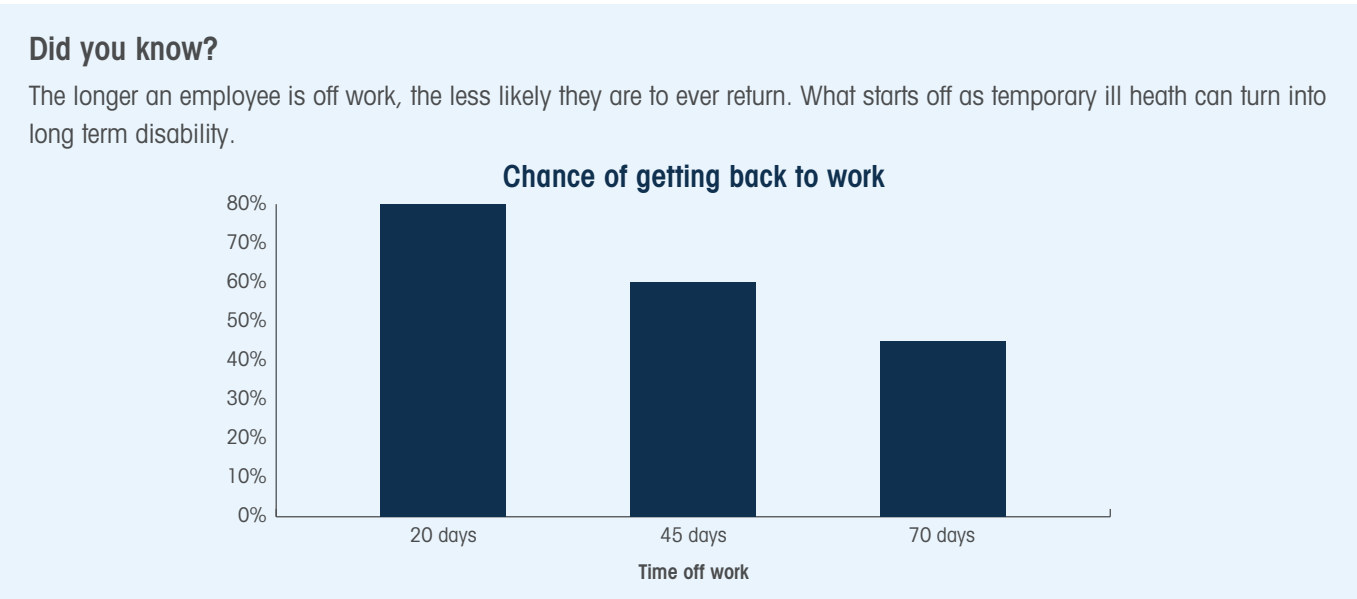
Better practice recovery at and return to work

Better practice case management supports effective rehabilitation and return to work. Information on these practices is included throughout the handbook. Using the following practices will enable you to achieve more positive return to work outcomes.

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

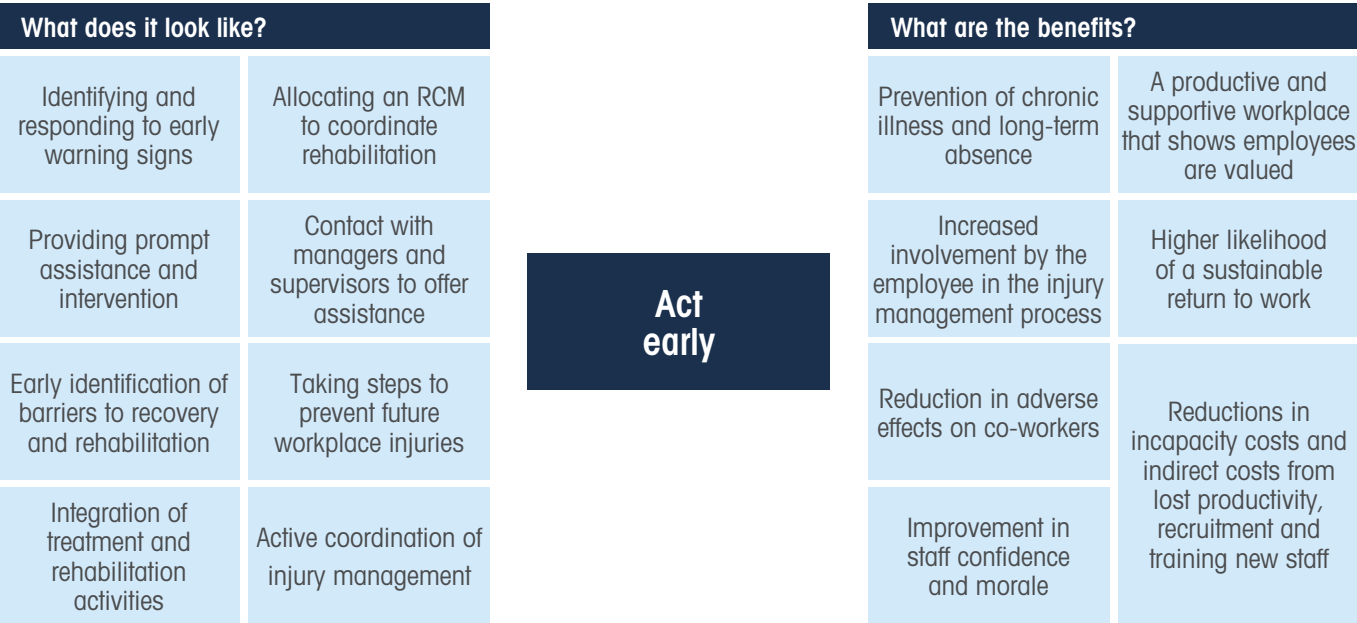
1. Promoting that good work is good for you

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 wellbeing⁷.



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 feel supported and provided with 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.





‘Employees said ... that their employer reaching out to them, even if that is just the occasional check in to see how they are, has a demonstrable impact on their emotional wellbeing and confidence in their future’⁸

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

8 *Employee Awareness and Empowerment Research report (comcare.gov.au)* (p.13)

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3. Empowering the employee

What is employee empowerment?

The World Health Organization defines empowerment as: The process by which people gain control over the factors and decision that shape their lives⁹. In a rehabilitation and return to work context, employee empowerment is about building confidence and skills, knowledge and coping mechanisms so that people can make informed choices about their own recovery and return and work.

Employees can play an active role in their recovery and return to work by having a good understanding about:

- > the return to work process and the supports available
- > the health benefits of good work and
- > their own physical and psychological health.

What are the benefits of employee empowerment?

An employees' experience of the workers' compensation system can impact return to work outcomes¹⁰. Empowered employees have an increased chance of returning to work.

Often employees find workers' compensation systems complex, overwhelming, and inflexible and this experience can slow or prevent their recovery. An empowered employee is better able to understand and participate in return to work.

'Empowering people to use work as part of their recovery and wellbeing can lead to better health and economical outcomes for individuals, their families, the community, and Australian workplaces'¹¹

How can I empower the employee in their recovery and return to work?

Tips and guidance on empowering employees in their recovery and return to work are detailed throughout the handbook. Here are some general principles that support empowerment:

- > ensure that the return to work process and stakeholders are clearly explained
- > provide information to the employee on recovery, rehabilitation and the health benefits of good work
- > support the employee to be active in the goal setting process and where possible, set their own recovery and return to work goals
- > ask the employee what their goals are and how they will achieve them
- > set shared measurable goals to allow employees to track their own progress in recovery or return to work
- > provide the employee with choice or involve them in decisions, where possible (for example on the choice of a workplace rehabilitation provider)
- > seek regular feedback on the services and supports provided to the employee. Consider what is working for the employee and what else could help
- > understand the employee's perspective and motivation and ask what recovery looks like to them
- > provide the employee access to mentorship, education and resources.

9 Employee Awareness and Empowerment Research report (comcare.gov.au), p.3.

10 COMPARE Project Team, Claims Experience in Injured Australian Workers: Overview and Association with Return to Work, Monash University, (April 2018) (claims experience).

11 Employee Awareness and Empowerment Research report (comcare.gov.au), p.4

4. 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 assist you to provide holistic support to employees.

Biopsychosocial approach

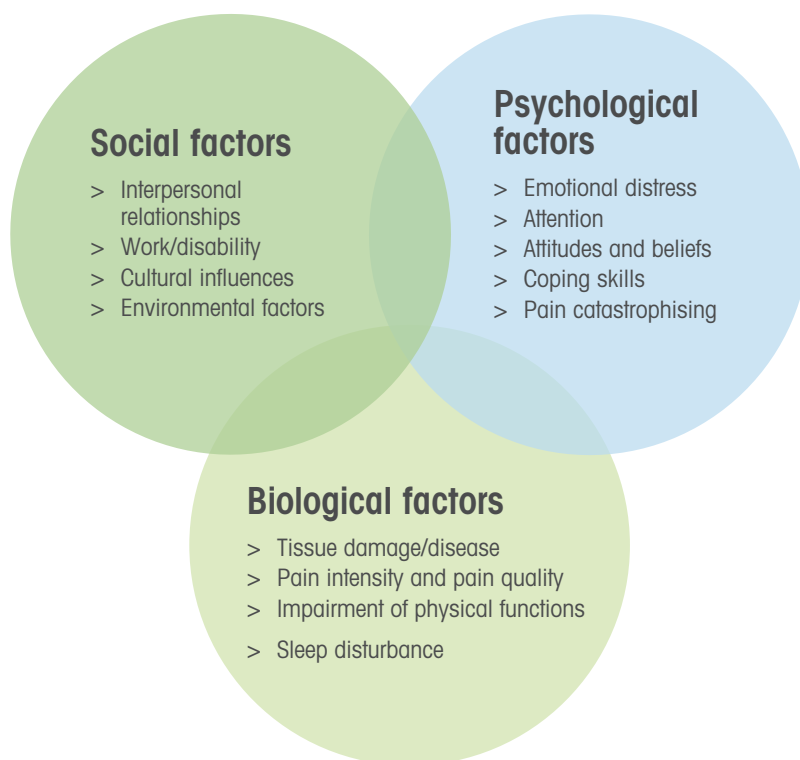
Effective workplace rehabilitation addresses the physical, psychological and social factors in injury and disability. This is known as the biopsychosocial approach to rehabilitation.

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 outcomes¹² and the more psychosocial risk factors that are present, the more likely recovery will be delayed¹³. 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 employment, influences whether a durable return to work is likely to occur.

¹² Aylward, M et al. 2010, *Realising the Health Benefits of Work, A Position Statement*, The Australasian Faculty of Occupational and Environmental Medicine, Sydney

¹³ It Pays to Care – Bringing evidence-informed practice to work injury schemes helps workers and their workplaces (RACP and AFOEM).

The flags model

The Flags model¹⁴ 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 assists you to develop targeted interventions to support recovery. Further information on how to use the flags model is contained in Part Two of this handbook: The Return to Work Process.

 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
 Not matters of perception—affect all workers equally	Work is physically uncomfortable
	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 Rehabilitation case management – first steps e-module at [Training at Comcare](#).

5. Taking a coordinated approach

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



Positive outcomes are more likely to be achieved when stakeholders work together to support optimal recovery and return to work.¹⁵

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



Cooperation and consultation between stakeholders are vital so that all parties have a shared understanding of the rehabilitation and return to work process, rights and responsibilities, 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.

¹⁵ National Return to Work Strategy 2020-2030 | Safe Work Australia pg,34

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.

6. Ensuring workplace rehabilitation is outcome-focused and uses evidence based decision-making

All aspects of workplace rehabilitation should focus on supporting an employee's recovery and return to work. Evidence based decision making in relation to workplace rehabilitation involves reviewing the effectiveness and appropriateness of an intervention by measuring outcomes in relation to an employee's function or work capacity. You can then use this information to guide decisions about whether to support ongoing rehabilitation interventions. The core principle of evidence-based decision making in rehabilitation is to make decisions that achieve the best outcome for the employee. This process involves:

- > identifying tailored goals/desired outcomes in collaboration with all stakeholders
- > regularly monitoring progress against these goals or outcomes to determine whether interventions are resulting in an objective improvement in employee's function or work capacity within the expected timeframes
- > ensuring that interventions promote the employee's transition to independence and active self-management of their injury.

Evidence based decision-making supports better outcomes for employees and is considered better practice when it comes to ensuring that rehabilitation interventions are effective and appropriate.

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
Employee <i>At the centre of every case is an employee with an injury who is trying to recover</i>	> talk to their 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 and other planned leave requests > provide views on the selection of an assessor undertaking a rehabilitation examination if one is organised
Rehabilitation Case Manager (RCM) <i>'Case management done well is the best intervention you can have'¹⁶</i>	> inform employees about the rehabilitation process and the role of stakeholders in supporting recovery and return to work > to make decisions (determinations) as the delegate for workplace rehabilitation on behalf of your employer (the Rehabilitation Authority) > lead and organise activities to support employees' recovery at or return to work. > promote the health benefits of good work, early intervention and your organisation's commitment to workplace rehabilitation > initiate, coordinate and monitor the workplace rehabilitation program > ensure managers and supervisors are informed of the employee's return to work progress > ensure suitable employment and duties are discussed and identified > engage workplace rehabilitation providers and manage these providers to achieve positive outcome. > connect and coordinate multiple stakeholders involved in the recovery and 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, the Guide and the Rehabilitation Guidelines and ensure employees are consulted on their rehabilitation program > where liability sits with another employer, consult with the delegate from the liable employer
Managers and Supervisors <i>A positive response from a supervisor is associated with durable return to work.¹⁷</i> <i>Of the social relationships maintained by employees, contact and support received from supervisors is extremely important, especially during the employee's RTW processes.¹⁸</i>	> play a critical role in an employee's recovery at and return to work > keep in close contact with the employee—be supportive and offer assistance to enable a return to good 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 > respect and maintain the employee's privacy

¹⁶ Sir Mansel Aylward, Director of the Centre for Psychosocial Research, Occupational and Physician Health at Cardiff University School of Medicine, Comcare Conference 2016

¹⁷ National Return to Work Strategy 2020-2030 | Safe Work Australia (pg 27)

¹⁸ Griffith University, Psychological Response to Injury: Research to support workers' psychological responses to injury and successful return to work, June 2021

Key stakeholders in workplace rehabilitation

Stakeholder	Roles and responsibilities
Rehabilitation Authority <i>It is important to cultivate a supportive workplace culture. 'Approximately 1/3 of employees felt they would be treated differently by people when they returned to work' (National Return to Work Survey 2021)</i>	> ensure the safety of all employees in the workplace > cultivate a supportive workplace culture > 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 or assist the employee to find suitable employment > comply with Comcare issued guidelines
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>	> 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 rehabilitation program > communicate with all stakeholders regularly to ensure goals are being achieved



For more detail on the WRP role and the standards expected of WRPs see Comcare's: [Workplace Rehabilitation Provider Performance Monitoring Framework \(comcare.gov.au\)](https://www.comcare.gov.au/workplace-rehabilitation-provider-performance-monitoring-framework)

Key stakeholders in workplace rehabilitation

Stakeholder	Roles and responsibilities
Claims Managers <i>Support an employee to focus on their recovery at and return to work</i>	> 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
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'¹⁹</i>	> 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 a certificate of capacity > provide advice on alternative duties or modifications to the workplace > monitor and support the employee's capacity for work > be available for, and participate in, case conferences. > promote and facilitate the health benefits of good work > respond to requests for information and reports



Find out more information on the [Principles on the role of the GP in supporting work participation](#).

PART TWO

The return to work process

This section provides guidance to assist you to fulfil your core case management role of 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 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

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
- > a referral from a human resources advisor or the employee's supervisor
- > 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.

What should I do when I receive the notification?

You should screen the notification to obtain as much information as possible to assist you in determining the next steps. You may also 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. It is important to continue to support and make early contact with the employee regardless of whether they have notified via your incident notification process.

If you require additional information, or have questions relating to the notification, you would usually contact the employee in the first instance. You may also contact the supervisor to determine if they have contacted the employee, and to assist with gathering the initial information you require regarding the incident, injury, the employee's role and whether the employee is still at work.

You have an important role in educating the supervisor (if required) on the importance of their early contact with the employee and offering their assistance to ensure the employee feels empowered and supported.



There are [practical tools to support supervisors and improve return to work outcomes](#) on the Safe Work Australia website.

2. Early contact with the employee

When should I contact the employee?

Contacting an employee as soon as possible after they report an injury/illness (ideally within the first 24 hours) is crucial to ensure the employee feels supported and valued. Early contact is crucial regardless of the cause of the injury or illness and irrespective of whether the employee intends to lodge a claim. It provides you the opportunity to ask the employee what support they need. It helps to set expectations around returning to work following an injury and to provide advice on what support the organisation has available to assist the employee with their recovery at or return to work.

Early contact provides the opportunity to establish a positive relationship, provide key information to the employee and gather information about barriers that may impact recovery.



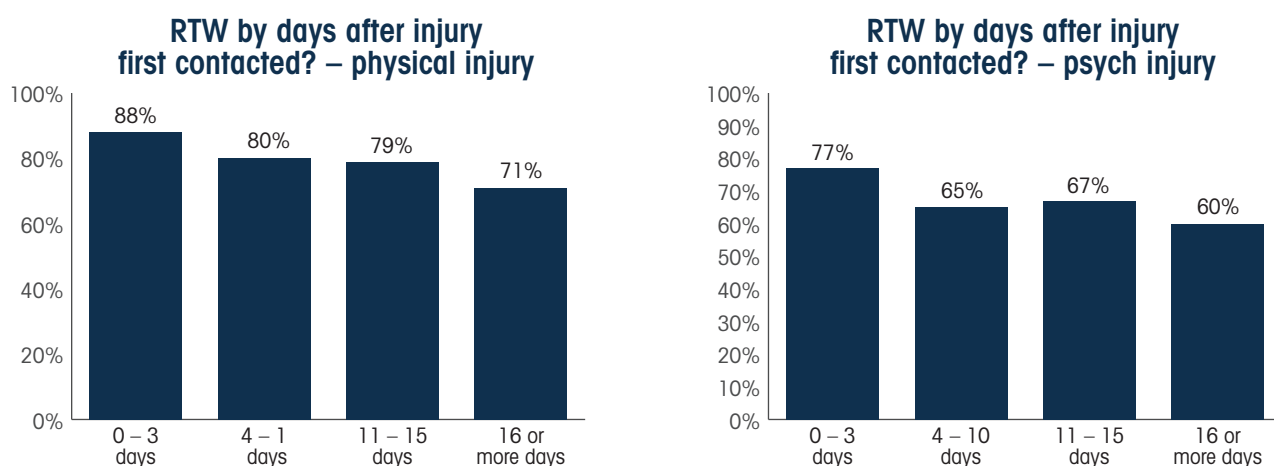
Early contact with the employee is the first step in providing early intervention support – it provides the best chance for an employee's recovery.



A return to work is more likely when the employer makes early contact with the employee.

Making early contact with your employees (within three days) results in a 26 per cent higher return to work rate for physical claims and 45 per cent for psychological claims,²⁰ and delays in making contact reduce the timeliness of a return to work²¹

FIGURE: Percentage of workers who had RTW and time from injury to first contact by workplace, by injury type²².



²⁰ Return to Work information sheet (comcare.gov.au)

²¹ Return to work: A comparison of psychological and physical injury claims: Analysis of the Return to Work Survey Results," by M. Wyatt and T. Lane, 2017, Safe Work Australia.

²² Return to work: A comparison of psychological and physical injury claims: Analysis of the Return to Work Survey Results," by M. Wyatt and T. Lane, 2017, Safe Work Australia.

What should I cover in the initial contact?

- > Introduce yourself, explain your role and the support you provide
- > Ask the employee what they need
- > Gather initial information that will assist you to assess any barriers to return to work
- > Be positive and focus on the employee's recovery
- > Set expectations for ongoing contact, while remaining flexible to the employee's needs
- > Make a time for the first meeting (face to face or via telephone)
- > Highlight the importance of the employee's active role in recovery, and the health benefits of work
- > Provide information about the supports available to them and recovery and return to work by providing employees with [RTW videos and factsheets](#)

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

What are risk factors?

Risk factors are circumstances that 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 and address risk factors?

Identifying and addressing risk factors:

- > encourages an individualised approach to case management
- > supports better discussions with the employee about their recovery and how they can remain at or return to work
- > promotes an understanding of whether employee is at risk of poor rehabilitation outcomes
- > promotes employee satisfaction with the care they receive and reduces time off work²³.

How do I 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 risk factors that might lead to poor rehabilitation outcomes.

In Part One of the handbook, we discussed the biopsychosocial approach and the flags model. These are tools to assist you to identify risk factors that might lead to poor rehabilitation outcomes or delayed recovery. It is important to identify the psychosocial risks that are present and work with the employee, supervisor, medical practitioner and other treatment providers to identify strategies to address the risks and potential barriers to return to work. During your initial meeting with the employee, the flags model can assist you to identify risks, determine next steps, and examine what support the employee requires.



- > Employees exposed to high levels of psychosocial risk have over three times the amount of time off work compared to low-risk workers.
- > The more psychosocial risk factors present, the more likely it is that recovery will be delayed
- > Unhelpful psychosocial responses can trigger biological processes that increase pain, distress and disability
- > System approaches which prevent or lessen psychosocial factors can reduce work disability and its associated costs by 25–50%²⁴

23 Nicholas M, Costa D, Linton S, et al. Implementation of Early Intervention Protocol in Australia for 'High Risk' Injured Workers is Associated with Fewer Lost Work Days Over 2 Years Than Usual (Stepped) Care. *Journal of Occupational Rehabilitation*.

24 It Pays to Care – Bringing evidence-informed practice to work injury schemes helps workers and their workplaces (RACP and AFOEM).

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.

Discussion points with the employee may include:

- > detailed background to the employee's injury to:
 - understand the impacts on the employee
 - identify potential barriers and potential strategies to assist with addressing the barriers, and
 - provide the opportunity to offer your support for the employee to recover at or return to work
- > 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
- > 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 benefits of return to work for the employee and the support the organisation can provide for recovery and return to work
- > the need for a rehabilitation examination (if known at this stage)
- > seeking their views on the selection of an assessor or panel of assessors (if appropriate) to conduct a rehabilitation examination (for example, preference for gender, medical specialty, the make up of the panel)
- > the need for a signed consent form for the collection and release of medical information from the employee
- > the need to consult with their treating practitioner about their rehabilitation and return to work
- > the return to work process, stakeholder roles and your responsibilities as the delegate for the rehabilitation authority
- > the employee's rights and responsibilities in the return to work process (including privacy)
- > what is important to the employee in their life outside of work, including family responsibilities, living situation, and other stressors.



These types of questions help to build rapport and identify key biopsychosocial factors. For example, if an employee is experiencing housing stress, lives alone with no support, or is caring for a child with disability, these factors may impact their recovery or return to work.

These questions should be asked in a sensitive and non-judgmental manner, and with a clear explanation of why they are relevant to recovery and return to work.

If the employee identifies any of these factors, you can work with them (and where appropriate, the treating practitioner or WRP) to tailor support strategies that take their individual circumstances into account.



Resources to assist with your first meeting:

Return to work videos and factsheets – You can share these resources with your employee. These videos and accompanying factsheets aim to improve understanding of the return to work process. They explain the health benefits of a safe, timely and durable return to work, roles and responsibilities, and better practices in supporting employees to return to work.

Rehabilitation case manager initial discussion guide – 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. You can use this tool to guide your conversation with the employee rather than use it as a prescriptive list of questions that must be covered.

Another way to identify risk factors and barriers to RTW is by using a triage tool.

Why use a triage tool?

Triage tools help structure early conversations while allowing for individual needs. They support early identification of red flags that may impact recovery.

You should choose a tool suited to the injury, stage of recovery, and likely barriers. Use the information gathered to inform next steps.

Appendix 2 Provides an example of a triage matrix you can use to guide conversation and help you determine the most appropriate next steps. The prompts can help uncover issues that may not be disclosed unless asked directly.

Who should be informed of these risk factors?

It is important to address any risk factors with both the employee and the treating practitioner, and where appropriate with the supervisor. 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 contact the treating health practitioner and supervisor to discuss how work activities can support the employee's recovery and return to work.

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 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.

"Being able to ask, preferably before the return to work process starts, what are the support strategies that are going to make sure this return to work process is successful, can mean that you've got that opportunity to put those things in place, and really try and overcome those barriers before they even come up."²⁵

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 may include:

- > the return to work process, the employer's responsibilities, including the provision of suitable duties, the roles and responsibilities of key stakeholders including their role, your role, the WRP and treating practitioners
- > how confident the supervisor is in being able to support the employee in their recovery and return to work
- > the importance of the supervisor keeping in contact with the employee, particularly if there is expected to be an extended absence from the workplace
- > the need for a rehabilitation assessment, rehabilitation program and/or support for return to work
- > 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
- > the availability of suitable duties if there is an early indication alternate duties may be required.

What should I do if the supervisor needs support?

The role of the supervisor is to work with you to enable a timely, safe and durable recovery and return to work for their employees. Therefore, it is important to provide the supervisor with information and with support when it is needed. The below resources will help supervisors better understand their role and their obligations, the importance of early intervention and how they can support the employee to return to good work.

Share these resources with supervisors



[Return to work videos and fact sheets for supervisors](#) – These videos and fact sheets help supervisors to understand the return to work process, roles and responsibilities, and better practices to support employees to return to work.

You can find practical tools and templates to assist supervisors to support employee recovery and return to work on the [Safe Work Australia website](#).

How can I work effectively with 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 make telephone contact or arrange a meeting with the medical practitioner and the employee. The purpose of this meeting is to:

- > explain your role, demonstrate your organisation's commitment to the employee's recovery and highlight the responsibilities of the employer to provide suitable duties
- > understand the employee's injury and discuss the prognosis for the injury in the context of recovery and return 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)
- > 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.

The information provided by the medical practitioner will help you decide whether you require additional information to support the employees' recovery and return to work.



Part 1 section 3(1a) of the Guide specifies the circumstances in which it is appropriate for the rehabilitation authority to require the employee to undergo a rehabilitation examination.

To facilitate an efficient and effective working relationship with the medical practitioner it is important to demonstrate respect, transparency, and open and honest communication. You can do this by:

- > maintaining your focus on what will benefit the individual employee and not on the process
- > positively reinforcing your shared interest in their patient's recovery and working together to ensure the best health and work outcomes for them
- > being mindful of the medical practitioner's busy schedule
- > finding out how and when the medical practitioner prefers to communicate (by phone, or email, or during certain hours or days)
- > acknowledging the medical practitioner's expertise and any pre-existing doctor-patient relationship
- > openly sharing information and reports from other treating practitioners, where relevant and with the employee's consent
- > giving the medical practitioner an opportunity to discuss and respond to referrals to non-treating professionals (for example a workplace rehabilitation provider or independent medical examiner).



Has the employee been given a time frame for their return to work?

There may be times when the medical practitioner is reluctant to provide a time frame for the employee's return to work. Rather than asking about timeframes at the initial meeting, ask about the barriers that would need to be overcome for a return to work to commence.

Once you have established rapport with the medical practitioner you can ask about return to work time frames.

Did you know? Employees are three times more likely to return to work if they are given a return to work date by their doctor.²⁶

²⁶ Return to Work information sheet (comcare.gov.au)

4. Rehabilitation assessments

What is a rehabilitation assessment?

A rehabilitation assessment under the SRC Act is an expert, impartial and informed written opinion about whether an employee is capable of undertaking a rehabilitation program. It gives you information about the employee's injury and capacity to remain at or return to work. It may also include recommendations to support a safe, timely and durable return to work. The recommendations could be about the type of program the employee can undertake, the goal of the program, the services required and the timeframe to achieve the goal.

A rehabilitation assessment may not require an employee to participate (such as in the case of a desk-top assessment). However, in many cases it will involve an examination of the employee.



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

Subsection 36(3) of the SRC Act details that you, as the delegate for the rehabilitation authority may require the employee to *undergo* an examination by the person or panel of persons making the assessment.

Who decides 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.

When is a rehabilitation assessment not 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
- > the employee
- > the employer.



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

Reasons a rehabilitation assessment may not be necessary



The treating practitioner supports a timely and safe return to work, and provides clear 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, the employee is active in their own recovery, and you have the support of the treating medical practitioner, or other treatment providers, that an assessment is not required

Who can perform a rehabilitation assessment?

A rehabilitation assessment under the SRC Act can only be made by one of the following:

- > **A person who is a legally qualified medical practitioner:** this could be a 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. While it is not mandatory, it is better practice to engage an approved Comcare workplace rehabilitation provider.
- > **A panel of assessors:** this may be a combination of treating medical practitioner, medical specialist/s, other treatment providers and/or a workplace rehabilitation provider.



The Guide [s7(3)] provides for the treating practitioner (medical practitioner or other health professional) to undertake the rehabilitation assessment.

What must I consider when deciding if a rehabilitation assessment is needed?



The Guide (part 1) outlines the requirements that you, as the delegate for the rehabilitation authority, must comply with when deciding whether to arrange a rehabilitation assessment or a rehabilitation assessment with examination under section 36 of the SRC Act.

Consider the employee's circumstances.

Before you decide whether to arrange a rehabilitation assessment, you must consider whether you already have enough information about the employee's return to work and rehabilitation needs, including information about the employee's circumstances, any change in those circumstances, or any other relevant matter that is specified in the Guidelines.

Information about the employee's circumstances or changes in circumstances may include but is not limited to such things as:

- > the employee's injury
- > other medical conditions that may be relevant to the employee's claim, for example pre-existing or secondary injuries
- > the requirement for medical treatment
- > the employee's capacity for work
- > the employee's claim for permanent impairment and non-economic loss
- > the employee's need for alterations, modifications or aids or appliances
- > the employee's need for household services or attendant care services
- > understanding suitable employment requirements
- > personal circumstances – such as any biopsychosocial factors that may be impacting their return to work.

Can I arrange an assessment if I have received information from the treating practitioner?

Yes. If you have sufficient information from the treating practitioner but require additional information to help you plan for your employee's return to work you can arrange a rehabilitation assessment (under subsection 36(1) of the Act) that does not require the employee's participation (such as a desk-top assessment).

Who pays for rehabilitation assessments where the employee does not participate?

A rehabilitation assessment (such as a desk-top assessment) cannot be paid for by Comcare in their role as the relevant authority.

For self insured licensees, RCMs should confirm their policy with their employer.



The Act [s 36(5)] provides for payment for the cost of a rehabilitation assessment that includes an examination.

Can I proceed straight to an assessment with examination if I need more information?

No. If you need more information, you must seek it from the employee's treating practitioner before you decide whether you will arrange a rehabilitation assessment. You must do this if:

- > the information you have is not sufficient for you to plan for your employee's recovery at or return to work, or
- > there is inconsistent information about the employee's rehabilitation (e.g. from the employee, the treating practitioner(s), or other stakeholders).

You can seek information from the treating practitioner verbally (e.g. by phone, or at a case conference) or by writing to them. However, the information you receive back must be in writing.

To prevent delays with commencing rehabilitation, you need to provide the treating practitioner with a timeframe to respond. This must be a minimum of 14 calendar days. If the treating practitioner provides the information sooner, you can continue the process.

When contacting the treating medical practitioner, can I ask directly whether the employee is capable of engaging in a rehabilitation program?

Yes. However, a simple yes or no response to this question is not sufficient to determine whether a rehabilitation program is appropriate. Additional detail is required about the employee's medical condition, current functional capacity, and any barriers to participation in rehabilitation or return to work.

You should request specific information to fill any gaps, such as the employee's current abilities, restrictions, prognosis, or recommended supports. This information will assist in determining whether a rehabilitation assessment is required.

If there is still uncertainty after this process, a rehabilitation assessment examination under section 36(3) of the Act can be arranged to obtain the necessary information.



The Guide (Part 1, s 2) states that the Rehabilitation Authority must seek and rely on information from the treating practitioner as much as possible before arranging a rehabilitation assessment. The Guidelines for Rehabilitation Authorities 2019 (s 8(3)(a)) also state that an assessment may not be necessary if adequate advice, information or recommendations have been provided by the medical practitioner.

If there is a cost for the treating practitioner's information, who pays for this?

For Commonwealth agencies, the rehabilitation authority is liable for the costs associated with complying with the Guide including the cost for treating practitioner information. Comcare cannot pay for the cost associated with obtaining information from a treating practitioner prior to any section 36 assessment or examination.

For self insured licensees, RCMs should confirm the policy with their employer.

Do I need to wait for the treating practitioner to respond if they do not provide their views by the requested date?

No. If the treating practitioner does not respond within the time specified, you can progress to arrange a rehabilitation assessment which may not require an examination.

After considering the information you have and any additional information provided by the employee's treating practitioner, you may:

- > arrange a rehabilitation assessment without the need for an examination (a desk-top assessment), if you have sufficient information indicating that an examination is not required, or
- > require the employee to undergo a rehabilitation examination where there is still insufficient or inconsistent information regarding the employee's ability to undertake a rehabilitation program.

What must I consider before arranging a rehabilitation assessment with an examination?

Seek and take into account the views of the employee

Before organising a rehabilitation assessment with an examination, you must request, verbally or in writing, the employee's views, and the reasons for those views, about:

- > the selection of the assessor or panel who will be conducting the rehabilitation examination,
- > whether the employee requires a support person to accompany them, and
- > any other relevant matter.

Other relevant matters might include such things as the employee's medical restrictions, geographical location and gender, and any language or communications considerations.



The Guide defines support person to be *any person who accompanies the employee during part or all of the examination for the sole purpose of providing emotional support to the employee during the examination.*

To limit any potential delay in progressing the employee's rehabilitation, you must specify a period in which the employee is to respond. This must be a minimum of 3 business days. The employee may give their views verbally or in writing.

You must consider the employee's views (if any are provided) and take those views into account before you make a determination that the employee must undergo a rehabilitation examination.



The Guide (part 1, section 3) outlines the requirements that you must comply with when deciding whether to require the employee to undergo a rehabilitation assessment with an examination under section 36 of the SRC Act.

Do I need to wait for the employee to respond if they do not provide their views by the requested date?

If the employee does not respond within the time specified or does not have a view on the selection of the assessor or the panel of assessors, you can progress to arrange the rehabilitation examination. It is better practice to check in with the employee to understand the reasons why they have not responded within the time frame, but you can still progress the referral for the rehabilitation examination.

Do I need to document the employee's views if they provide them verbally?

Yes. If you arrange a meeting with the employee to discuss a referral for a rehabilitation examination, you can seek the employee's views during the conversation with them. You will need to clearly document all considerations relating to the arrangement of the rehabilitation examination, including the employee's views. This should be included in the determination for the rehabilitation examination.



The Guide (part 1, section 7) outlines the requirement for the rehabilitation authority to keep a record of the views of the employee.

Issuing a determination for a rehabilitation assessment/examination

In this context, 'determination' refers to your decision as the delegate to arrange a rehabilitation assessment (which may require an examination) under section 36 of the Act. The determination must be in writing and include your signature as the delegate.

As soon as practicable after you make a determination under section 36, you must give the employee the determination. The determination must include a notice setting out:

- > the terms of the determination,
- > the reasons for the determination, and
- > a statement that the employee may, if dissatisfied with the determination, request a review of the determination.

Section 36 determination templates

Comcare provides 2 templates you can use when making a rehabilitation determination for a 36(1) assessment or 36(3) examination. Information about these templates and their use is in Appendix 5. You should send a copy of the rehabilitation assessment form that you use to the employee and the relevant authority. For Comcare claims mail to: general.enquires@Comcare.gov.au.

Are there additional requirements for a rehabilitation assessment with examination?

Yes. Before issuing a determination for a rehabilitation assessment that requires the employee to undergo an examination you must advise the employee that they may have a support person accompany them. When issuing the determination, you must also include your reasons for:

- > accepting or not accepting the employee's views about the selection of the assessor(s) (if provided), their preference for a support person and any other relevant matter provided by the employee, and
- > relying on or not relying on information provided by the treating practitioner (if provided).

If you have arranged a rehabilitation examination with a medical practitioner (or a panel that includes one or more medical practitioners) you must provide the determination and the notice to the employee at least 14 calendar days before the date of the examination (unless the employee has agreed to a notice period of less than 14 days).

The determination must also include a statement about the employee's right to seek a review of the determination. You should discuss the determination with the employee and explain their right to seek a review.

If your employee is dissatisfied with this decision, they may request a reconsideration of that determination and, if still dissatisfied, a review of the subsequent decision at the Administrative Review Tribunal (ART).

In the case of a rehabilitation examination, the employee must still comply with their obligations to participate in the examination while a review process is underway.

Comcare provides a rehabilitation assessment examination template you can use when making a rehabilitation determination. Information about this template and how to use it is in Appendix 5.



The Act [s38(1)] details the requirements to provide the determination to the employee.

The Guide (schedule 1, Part 1, s5) details the notice requirements that relate to rehabilitation examinations

What should I consider when selecting the type of assessor to conduct an assessment?

Before arranging a rehabilitation assessment (which may require an examination), you must be satisfied that the assessor(s) has the relevant qualifications to conduct the assessment.

The assessor(s) can be one of the following:

- > 'an other qualified person', which means a workplace rehabilitation provider approved by Comcare or a person who has the equivalent qualifications of a workplace rehabilitation provider.
- > a legally qualified medical practitioner registered with the Australian Health Practitioner Regulation Agency who is qualified, by their training or registration, to assess the employee's injury.



The Act [subsection 36(2)] and the Guide (Schedule 1, Part 1, section 4) specify the qualifications of the assessor or panel of assessors who may conduct a rehabilitation assessment or examination.

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

Type of assessor	Appropriate for...
WRP	> circumstances where the employee is incapacitated (or likely to become) incapacitated for work > 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 > when the treating medical practitioner or other treatment providers are not participating in return to work discussions > working with the treating medical practitioner to discuss and promote the health benefits of good work and evidence-based time frames for recovery
Legally qualified medical practitioner (LQMP)	> questions regarding work capacity and ability to participate in a rehabilitation program > complex or significant injuries > unclear diagnosis or prognosis
Panel Assessment	> 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

Are there limits on how many assessments or examinations I can arrange for my employee?

There are no limitations on the frequency of rehabilitation assessments without examination.

There are limitations on the frequency of rehabilitation assessments that include examinations. An employee cannot be required to undergo more than one rehabilitation examination more frequently than at 6-month intervals subject to some specific exceptions.

What are the exceptions to the frequency limit for rehabilitation assessments with examination?

The exceptions include:

- > the employee does not undergo the examination or obstructs the examination
- > the employee or support person (if any) obstructs the examination
- > an assessment is requested by the employee in writing under subsection 36(1) of the SRC Act
- > an assessment is requested by the employee's treating practitioner
- > an earlier rehabilitation assessment recommended a further examination or re-examination by a specific date or period
- > there has been a change in the 'employee's circumstances' as defined in section 4 of the Guide
- > the injury requires multidisciplinary medical treatment (i.e., a complex case) and it is appropriate for you to require the employee to undergo more than one examination, with a different assessor or panel
- > the assessor fails, for any reason, to provide a written report
- > an application for reconsideration or review has been made but a final decision has not yet been finalised.



The Guide [Schedule 1, Part 1, Section 6] outlines the limitations on frequency and number of rehabilitation examinations and the exceptions to the limits.

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, treating medical practitioner, and other treating health professionals.

When deciding the need for a rehabilitation assessment or examination at a later date, you must consider the requirements above relating to:

- > seeking and relying on information from the treating practitioner
- > the views of the employee about the selection of the assessor(s).



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 arrange 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 or illness. It should not be delayed while you wait for the employee's claim to be determined. Acting early supports a timely, safe, and durable return to work and helps minimise claims costs associated with time off work.

How does this policy apply for Commonwealth 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 (rehabilitation programs only).

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.

When do I contact the assessor?

Once you have determined the need for an assessment, and the type of assessor required and engaged with the employee about the selection of the assessor or panel, you should contact the assessor to:

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

What other information can I include with the referral to the assessor?

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 6 of this handbook – Privacy.

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 certificate(s) of capacity
- > list of available duties and a job description
- > a summary of the employee's pre-injury duties or alternate duties
- > a summary outlining any absences or observed trends for attendance.

What is included in a rehabilitation assessment with examination?

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	> 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 appropriate assessments such as functional capacity, ergonomic assessment, work tolerance, transferable skills analysis, vocational 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
LQMP	> 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 4.



You should only ask questions relating to your role as the delegate for the rehabilitation authority. Questions relating to the liability of the employee's claim are the responsibility of the claims manager.

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 timeframe will be outlined in that document. Generally, the timeframe 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 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 goals are 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 return to work recommendations
- > if contact with the treating medical practitioner or other treatment providers has been unsuccessful, attempts to contact may be documented in the assessment report.



The Act [ss38(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
- > 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.

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.

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 or additional questions that are beyond the original request, there may be an additional charge.

Who is given a copy of the rehabilitation assessment report?

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

- > **the employee** – once you have provided the report to the employee it is important to discuss the report and consider any feedback they may provide
- > **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 designed to support an employee's recovery and return to work. It details their recovery and return to work goals, work duties and rights and responsibilities.



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. You must consult with the employee on the program – further information on consultation is provided below.

What happens when a rehabilitation program is not provided?

If you decide not to provide a rehabilitation program, you must make a formal determination and advise the employee of the decision in writing. The written notice must include:

- > the decision and the reasons for the decision
- > information about review rights, in accordance with the SRC Act.

This ensures the employee is informed of your decision and afforded procedural fairness. If circumstances change, you may reconsider whether a rehabilitation program is appropriate at that time.



Employees with a return to work plan have greater odds of returning to work. In the first 30 days after a claim, having a plan increases the odds of returning to work by up to 1.7 times. After 30 days, this increases the odds of returning to work by 3.4 times.²⁷



In circumstances where the liability for the employee's claim is with another employer, it is better 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 impacts the liable employer's premium.

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 employee, the WRP (where applicable) and the medical practitioner
- > 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 and treating medical practitioner regarding the details of the program.



It is crucial that once you have finalised the rehabilitation program you sign it 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.

What is in a rehabilitation program?

Information that 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.

What else can be included in a rehabilitation program?

It is better practice to also include:

- > rehabilitation goals that are SMART goals
- > timelines for the delivery of the overall goal and completion of the activities
- > a detailed return to work schedule outlining the activities the employee will undertake and what support will be provided
- > a clear list of roles and responsibilities for all stakeholders involved
- > activities for the WRP, if one will be involved in the program.

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')

How can I set goals that support recovery and return to work?

The following guidance is taken from a presentation at the Comcare RCM Forum in March 2021 by Dr Jacqui Stanford, Health Psychologist at Empower Rehab.



- > "Goals can focus on 'one step at a time' – depending on the person and their circumstance goals may be quite small at the start. A goal and achievement may be as simple as a walk to the end of the road"²⁸
- > When thinking about the employee's recovery "each part of the person's life needs to be considered, developing goals about personal care, domestic activities, social, leisure and work"²⁹
- > "Ask the employee about what drives them to work. Is it finances, achievement, routine, social relationships, purpose, satisfaction, challenges? Understanding a person's motivation can help with goal setting and motivating the employee."
- > "Employees should own their return to work as much as possible. We want them 7/10 confident with return to work plans. If the employee is less confident than that, ask them what would help them become more confident"³⁰

Are there activities that a WRP cannot provide?

Yes, the WRP should not be:

- > delivering pain management programs
- > providing treatment (including therapeutic counselling)
- > making clinical determinations about treatment
- > determining the employee's ongoing entitlements
- > undertaking claims management activities
- > providing employer case management activities.

28 Employee Awareness and Empowerment Research report page 16.

29 Jacqui Stanford – Empower Rehab – Comcare RCM Forum, March 2021

30 Jacqui Stanford – Empower Rehab – Comcare RCM Forum, March 2021

Documenting the rehabilitation program

Comcare provides a Rehabilitation Program template which can be found on the Comcare website. You can use this template when developing the rehabilitation program. Information about this template and how to use it can be found at Appendix 5.

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 subsection 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: > 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 on the return to work hierarchy can be found on page 33 of this handbook)
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.

Example responses for these matters can be found at Appendix 6.

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 Part 4 'Employee rights and responsibilities'.



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.

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. When consulting with the employee, you must consider their communications needs. This may mean providing information in writing, verbally, to the employee's doctor or another representative, or a combination of all these methods.



The Rehabilitation Guidelines [9(3)] outline the requirement to consult with the employee regarding the proposed rehabilitation program.

The Rehabilitation Guidelines [9(4)(b)] also outline the requirement for a rehabilitation authority to take an employee's communications needs into consideration when consulting with them on the proposed rehabilitation program.

It is important to maintain clear records of your consultation with the employee on the rehabilitation program.



Consulting on the rehabilitation program is an opportunity to empower the employee in their own recovery and return to work.

You can empower the employee by:

- > improving their awareness of return to work and workers' compensation arrangements
- > building their health literacy and understanding of the health benefits of good work
- > involving advocates to support the employee to make informed decisions about their recovery
- > involving them in the development of their rehabilitation program.

What if an employee disagrees with a rehabilitation program?

A rehabilitation program can still be provided even if the employee does not agree and has requested a review. If the review confirms the original decision was correct, the employee is expected to participate in the program. The employee's attitude to the program should be considered and addressed, where appropriate.

You should document discussions with the employee regarding their rights and responsibilities under the 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 suitable 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 recovery and 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) Comcare (for employees of Commonwealth agencies), or the licensee (for employees of that licensee).



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

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

If the employee is off work 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 recovery and return to work?

A key step in providing suitable employment is identifying suitable duties to assist the employee to recover and return to work in a timely and safe manner. 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 the employee fully involved and the support and cooperation of supervisors, and the 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 rehabilitation authority is responsible for providing suitable employment or assisting the employee to find such employment. Therefore, you have a key role in identifying suitable employment and appropriate duties for employees.

How do I influence the provision of suitable employment?

- > Ensure the supervisor and senior managers understand the employer's legislative responsibility to provide, or support the employee to find, suitable employment
- > Explain to the supervisor and senior managers (if required) 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 any difficulties in finding suitable employment with the supervisor. Work collaboratively to identify opportunities and address any issues which arise
- > Work with your Human Resources (HR) team to identify vacancies within your organisation
- > Consider duties in other sections of the organisation

What should I consider when identifying the return to work goal?

Workplace rehabilitation aims to return employees to their pre-injury duties in their own workplace. This goal is preferable and should be considered in the first instance. However, due to the nature of the injury or other circumstances, it is not always possible. When a return to pre-injury duties is not possible, the return to work goal should reflect the most direct path back to safe, durable and good work for the employee. The goal should be tailored to the individual and based on medical advice.

Providing the employee with suitable employment, or assisting them to find it, may involve:

- > modifying their usual duties
- > changing their work hours and gradually building them up through a graduated return to work program
- > providing or assisting them to find alternative duties with another employer
- > providing or assisting them with redeployment to another employer
- > supporting them in their job seeking activities.

What should I consider when identifying suitable employment and suitable duties?

The return to work hierarchy

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. A return to pre-injury hours and duties has been found to lead to better health outcomes for the employee³¹ however, 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.



³¹ Association between the return-to-work hierarchy and self-rated health, self-esteem, and self-efficacy | SpringerLink.

Consider the questions and scenarios below based on the employee's individual circumstances.

Consider	What do I do with this information?
Same job – same employer	
What are the employee's pre-injury duties?	> consult with the employee and supervisor to understand the duties > provide this information to the treating medical practitioner when determining the employee's work capacity
What is the employee's work capacity? Consider what they can do, not what they cannot do. Based on the employee's capacity, what work accommodations can be made to facilitate a safe and durable RTW?	> consult with the treating medical practitioner to obtain guidance on the employee's capacity and work accommodations > consider the recommendations from the treating medical practitioner, and whether they can be accommodated through reasonable adjustments and /or modifications)
Are the duties in the pre-injury role suitable?	> consult with the supervisor to determine if reasonable adjustments can be accommodated in the pre-injury role > consider if a return to pre-injury duties is possible with reasonable adjustments and work accommodations
Similar job – same employer	
Can the duties be modified to accommodate the adjustments required?	> work closely with the supervisor to identify potential suitable duties > are modifications to the duties possible?
New job – same employer	
Are alternative duties available within the work team, section or organisation?	> work with the supervisor, the HR team, or other managers across the business to try and identify alternative duties > consult with the treating medical practitioner to obtain guidance on the suitability of the alternate duties
Same/similar/new job – new employer	
If the employee is not fit to return work with your employer with work accommodations or modified duties, consider a new employer	> work with the WRP and the treating medical practitioner to obtain guidance and clearance for the next steps > consider locating a host employer for a work trial placement as an initial step > consider a rehabilitation assessment that includes an analysis of transferable work skills > engage the services of a WRP to assist with active job seeking
Redeployment	
When the employee is permanently unable to return to work, redeployment may need to be considered.	> consider engaging a WRP to conduct a vocational assessment and provide assistance with job seeking > work with the WRP to find a redeployment solution
Retraining	
When the employee is unsuccessful in securing new employment.	> explore whether re-training will assist with a return to suitable employment > a vocational assessment will help to determine if retraining is a recommended next step > outline the details of the re-training in the rehabilitation program
Total and permanent incapacity	
When the employee remains totally and permanently unfit for all work, consider whether the employee is a candidate for invalidity retirement.	> 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) > the assessment is provided to the superannuation fund to determine qualification for an invalidity pension or lump sum payment



You may request a vocational assessment be undertaken by a workplace rehabilitation provider, 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 non-ongoing employee?

If your employee is on a fixed term or non-ongoing contract and has not resumed pre-injury hours within the contract period, you are required to rehabilitate the employee to their full pre-injury hours and provide or assist the employee to find suitable employment, beyond the original contract period.³²

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.³³



The definition of the term "disability" is very broad under the Disability Discrimination Act (DDA) 1992. The DDA'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.³⁴

In relation to your role as an RCM, the term 'disability' is in the context of short and long term changes in an employee's work capacity due to their injury or illness.

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.



Where an employee's disability is not the result of their work-related injury or illness an employer can seek funding support for workplace equipment, adjustments and modifications through Job Access.

32 Telstra Corporation Ltd v. Slater (2001)

33 Workplace Adjustments - Employer responsibilities - Australian Network on Disability (and.org.au)

34 Disability Discrimination Act 1992 - Employer responsibilities - Australian Network on Disability (and.org.au)

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

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 duties (not inherent requirements of a job) that the employee 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



A study that compared returned and non-returned employees following surgery, demonstrated that employees who were offered modified duties had a significantly higher rate of RTW³⁵.

Longitudinal studies have shown that for employees not offered workplace accommodations, symptoms of depression and fatigue were significantly higher at 18 months (compared to employees with access to workplace accommodations).³⁶

Other examples of workplace adjustments that may assist employees to perform their best at work³⁷

For a person with mental ill health	> 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 musculoskeletal injury	> 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	> 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

35 Mukai, T., & Morioka, I. (2020). Factors influencing work continuation of cancer patients immediately after diagnosis. Journal of Occupational Health

36 Taskila et al., 2011 Fatigue and its correlates in cancer patients who had returned to work:

37 Examples of workplace adjustments · Workplace Adjustments · Australian Network on Disability (and.org.au)

For a person who is deaf or hard of hearing	> 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	> 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 cognitive impairment	> 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). It is important to contact the claims manager to discuss the inclusion of these items in a rehabilitation program to ensure that this is the most suitable pathway to support the employee with the adjustments they require.

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.



Information is available here: [Scheme guidance – Compensation for certain alterations, modifications or aids and appliances](#) | Comcare.

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 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 [IncludAbility](#)

What strategies are available to support recovery and a return to work?

There are some commonly used methods to support employees to recover and return to work. These strategies can be used when suitable employment and duties have been identified and to support the achievement of the RTW goal. They should be discussed with the employee when outlining the detail in the employee's rehabilitation program. It is better practice to have the support of the treating medical practitioner through consultation and documented in the employee's certificate of capacity.

Return to work strategy	Use	Benefits
Graduated suitable duties program	If the employee is unable to return to full pre-injury hours and/or duties. Requires the support of the treating medical practitioner.	> builds up physical and/or psychological ability to manage tasks > maintains work habits and routine > increases social engagement and encourages independence
Pacing	To allow attendance at the workplace for full normal weekly hours by alternating between periods of work and periods of rest.	> 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	It is used when the employer is unable to provide suitable employment. May be appropriate when considering a RTW to a new employer as an initial step prior to redeployment.	> 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	If opportunities for suitable employment are limited and need to be increased.	> 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?

As the delegate for the rehabilitation authority, you remain the delegate whilst the employee undertakes the work trial.

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 Comcare scheme or private sector. In most instances a work trial will be with an employer within the scheme.

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.



Comcare provides a work trial agreement form which you can use. A link to the work trial agreement for Commonwealth employers can be found at: [Work Trial Agreement form \(comcare.gov.au\)](https://www.comcare.gov.au/work-trial-agreement-form).

How do I organise a work trial?

You will need to locate a host employer and negotiate a placement. You may choose to seek the assistance of a WRP (when one is engaged). 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 and requirements of providing a placement should be discussed with the host employer.

How do I set the work trial up for success?

- > Consult with the employee and their treating health practitioner so that the benefits are well understood, and the employee is cleared to participate in the work trial
- > 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 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



Consulting with and fully engaging the employee in a work trial can help foster a sense of empowerment. This in turn can build the employee's confidence and skills, knowledge and coping mechanisms, and may lead to a successful work trial.

What are the benefits of a work trial?

A work trial may assist an employee to:

- > rebuild work skills and self confidence
- > establish work routines following an injury and absence from the workforce
- > take part in a work hardening program to improve physical or psychological tolerance at work
- > learn new work skills
- > to improve their employability
- > build a relationship with a new employer.

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 work trial agreement and 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

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 may be required including a vocational assessment, if one has not already been provided
- > In consultation with the employee, a rehabilitation program should be developed that outlines the 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 may be considered when:

- > the employee is unable to return to their pre-injury position or an alternate position with their employer
- > 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
- > rehabilitation and vocational assessments support 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
- > identifying training that will build on the employee's existing skills
- > which training option will most likely lead to gainful employment in a timely manner and based on the labour market.

What documentation is required to support the retraining?

A vocational assessment report and rehabilitation assessment (when one has been conducted) should be completed and provided to the employee. 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 safe and durable return to suitable employment 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 can approve these 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 may wish to reconsider the appropriateness of the retraining program
- > It is better practice 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 can decide whether to continue funding ongoing training costs or negotiate other arrangements for the employee to pay their own tuition and study related expenses
- > Expectations need to be clearly discussed and understood prior to commencing training and the employee needs to be aware of their responsibilities and when funding may be impacted
- > 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 review of your decision. It is important that the employee is informed of this right on each occasion a rehabilitation program is developed

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?

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 the delegate for rehabilitation, in consultation with the supervisor. This is for all leave types, for example annual leave, long service leave, and leave without pay, and does not include maternity leave. The request for leave 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 recovery, 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:

- > what is the reason for, and duration of the leave
- > will the leave have a negative impact on the rehabilitation program, employee's treatment or their recovery
- > is the employee currently participating in ongoing treatment.

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 support recovery and/or achieve a successful return to work outcome. Once the rehabilitation program is in place you must regularly review progress against the goals to ensure that the rehabilitation program is effective.

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

- > promote employee empowerment
- > 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 employee and relevant stakeholders and ensure that the WRP, supervisor and employee have undertaken what they have agreed to do.

Under the Guidelines [s9(8)] when monitoring rehabilitation, you must seek information on:

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

Better practice is to also seek information on:

- > employee's experience of the program
- > 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

How do I ensure there is effective communication?

- > Make regular contact with the employee and supervisor. Consider making contact at least fortnightly to ensure that the employee feels supported, and their questions and concerns are addressed as early as possible.
- > Promote a sense of employee empowerment by regularly seeking feedback from the employee and asking what else you can do to support their recovery and return to work.
- > 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.
- > Organise and attend case conferences with the employee, the treating medical practitioner and the supervisor.
- > Request regular progress reports from the WRP.

What is effective communication and why is it important?

The frequency and type of progress reporting 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. It is important to be clear on your expectations of the WRP.

- > Communication that is respectful, relevant and regular is crucial.
- > Timely access to clear and appropriately presented information about processes, rights and responsibilities can increase the perceived fairness of the system.
- > injured workers have told Australian researchers that these poor communication practices damage their mental health.



Attendance by the supervisor to case conferences with the employee and their treating medical practitioner (with the employee's consent) can provide a powerful message of workplace support.



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 begun to stabilise, and all reasonable adjustments have been made, the medical review may be less often (for example, every three months).

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

Here are some suggested strategies that may assist in improving the relationship:

- > seek to understand what it is that the employee wants, and ask what recovery looks like for them
- > consider the supports that are needed for both recovery and return to work for the employee and integrate recovery into return to work planning
- > actively help engage the employee in all areas of function in their life, including work



Recovery needs to look at all areas of someone's life. One of the really easy ways I find to draw this out is to ask someone, "So since your injury, since the incident at work, since the depression started, what's changed in your life? What are some of the things you struggle with? How are you going at home, personal care, domestic activity, social, leisure, work?". As you start to draw out all the things that are changed, we start getting an insight into what needs to be addressed.³⁸

- > find out what the barriers are and find a strategy to address them by engaging with the employee, their treatment providers and the supervisor where applicable, and asking for their help
- > where possible, try to communicate with the employee face to face
- > in order for communication to be as effective as it can be, provide the employee the opportunity for clarification and collaboration
- > listen to the employee and seek to understand what they are saying first rather than focusing on your response
- > when you feel you have a good understanding of where the employee is coming from, in order to move forward, consider the points that have been raised that you can agree on and works towards collaborating on those points.

In circumstances where the employee refuses or is unable to communicate directly with you or another representative of your employer, consider these strategies:

- > seek to understand the reason for the employee's concerns and agree on communication protocols in writing to ensure the employee's communication needs are met
- > 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.

How do I engage a treating health practitioner who is not supporting the return to work?

Here are some strategies to consider when engaging with the treating health practitioner:

- > make it as easy as possible for a treatment provider to communicate with you to increase the likelihood of getting the information you require quickly and accurately
- > don't just focus on the diagnosis, ask about all the factors that are currently contributing to an employee's presentation
- > understand where the process is heading, what are the treatment goals and what is it that the employee would like to achieve from their treatment
- > ask if there are barriers in the workplace that are getting in the way of the employee obtaining the goals that they would like to achieve
- > ask about support strategies that would help the employee throughout their return to work journey
- > by providing information about the work demands (not just a list of tasks) that are required in the role, you are more likely to get accurate information about what the employee can and cannot do.

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. Work closely with the employee

Where possible, you should talk to the employee to better understand their concerns and any barriers (work related, or non-work related) that may have arisen or were not identified earlier on.

If the employee is not comfortable opening up to you, offer the opportunity for a third party who may assist with communicating the issues to you (with the employee's consent). This may be the WRP or someone the employee nominates (e.g. a family member).

2. Arrange a case conference

What is a case conference?

A case conference brings stakeholders together to assist an employee to 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 supervisor, 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 (e.g., 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
- > you provide an agenda stating the purpose of the case conference and key issues to be discussed
- > 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 [Case conferences | Comcare](#).

3. Arrange a facilitated discussion

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. Arrange a rehabilitation assessment and examination

Consider arranging a rehabilitation assessment. An assessment by an LQMP, might provide further useful information to assist with progressing a case. Consult with the claims manager on the need for a rehabilitation assessment to ensure you are coordinating this with other possible claims activities (eg an independent assessment arranged for the purposes of liability).

It is better practice to request the LQMP consult with the treating medical practitioner when conducting the assessment.

Alternatively, consider arranging a rehabilitation assessment and examination with a panel and involve the treating medical practitioner as a panel member. Consulting and 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

If a WRP is not already engaged, consider engaging one. 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. Review the rehabilitation program

Consider:

- > making modifications to the rehabilitation program to accommodate concerns/issues that have arisen
- > reviewing progress of the return to work goal to ensure it is still appropriate.

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 recovery and 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 and, if not, will the program 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, when there is an injury or illness, can be a difficult situation which may impact significantly on recovery and return to work outcomes. Performance issues may have existed before the workplace injury occurred. The effects of some injuries or illnesses may manifest as underperformance and it can sometimes be difficult to separate out what is causing the apparent underperformance.

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 some 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 employment 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 5.



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, it is better practice to complete the alteration in consultation with the employee and sign it before the expiry, to allow sufficient time for the employee to consider the altered details.



Rehabilitation activities/expenses occurring without a requisite section 37 determination will not be considered compensable and a determination on a program alteration cannot be made retrospectively.

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

No, under the Guidelines, 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 timeframe of the original rehabilitation program and the final goal has not changed. The program will need to be altered to allow: > additional time; and/or > additional costs; and/or > additional services.	The rehabilitation program is usually closed: > 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



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 this 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 5.



A copy 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 5.

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.

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.



A copy of the closure form can be found on the [Comcare website](#).

7. Review and Evaluation

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

It is better 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 expert rehabilitation services (e.g., assessments and rehabilitation programs) to facilitate an employee's successful recovery and return to work. WRP consultants are qualified allied health professionals who are required to meet and maintain certain competency and professional standards. WRPs are required to maintain professional registration/membership in their recognised allied health profession (e.g., occupational therapy, physiotherapy, psychology) and must adhere to the requirements of the different workers' compensations jurisdictions that they work in. In the Comcare scheme the requirements that WRPs must adhere to are listed in Comcare's [Performance Monitoring Framework](#).

What can I expect from a WRP?

A WRP can be engaged to:

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

What is an in-house WRP?

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

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 rehabilitation services yourself. You should consider your capabilities, experience, case load and the employee's circumstances when deciding to manage a case or engage a WRP.

What services can a WRP provide according to their qualifications?

Service	Purpose	Summary of service	Allied Health Professional
Rehabilitation assessment  s36	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, the supervisor, treating medical practitioner and you.	May include: > initial interview > worksite assessment > workplace meeting involving supervisor/ manager > consultation with treating medical practitioner or other treatment providers > work tolerance assessment for pre-injury job > job analysis > identifying transferable skills > ergonomic assessment > psychological assessment for return to work	> Exercise Physiologist > Physiotherapist > Occupational Therapist > Osteopath > Psychologist > Rehabilitation Counsellor > Registered Nurse > Social worker
Provision of the rehabilitation program services  s37	To support the employee's recovery and return to work. The rehabilitation program documents the rehabilitation goals, expected timelines and dates, and should include a return to work plan. The program also details the services the rehabilitation provider will provide during the rehabilitation program, and the costs associated with those services.	May include: > liaising with the employee, supervisor, treating medical practitioner/s and you > attending workplace meetings > attending medical review/s > developing return to work plans > providing progress reports > activities designed to maintain or improve the employee's performance of activities of daily living.	> Exercise Physiologist > Physiotherapist > Occupational Therapist > Osteopath > Psychologist > Rehabilitation Counsellor > Registered Nurse > Social worker
Liaison with key stakeholders	Provides a link between the workplace and treating practitioners.	Regular consultation and negotiation to ensure all stakeholders are aware of progress, issues and understand optimal return to work outcomes. May include: > Attending workplace meetings > liaising with treatment providers > attending medical case conferences.	> Exercise Physiologist > Physiotherapist > Occupational Therapist > Osteopath > Psychologist > Rehabilitation Counsellor > Registered Nurse > Social worker
Functional assessments	Determines the employee's functional capacity to understand the impact on work capacity, and to assist with developing strategies to facilitate a safe, timely and durable return to work. May assist with informing the medical practitioner about the employee's capabilities	Evaluation of the employee's abilities and limitations against work tasks, and identified work-related criteria (for example sitting tolerance)	> Exercise Physiologist > Physiotherapist > Occupational Therapist > Osteopath

Service	Purpose	Summary of service	Allied Health Professional
Cognitive assessments	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, timely and durable return to work. May assist with informing the medical practitioner about the employee's capabilities, and how to ensure safety at work.	Tests cognitive functions such as memory, concentration, problem – solving capacity and spatial abilities	> Psychologist > Neuropsychologist
Vocational assessments	Identifies physical or psychosocial injury/ illness risk factors, to determine if workplace modifications or job redesign are required. 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. Conducting labour market research including the analysis of possible alternative duties or employment.	> Occupational Therapist > Psychologist > Rehabilitation Counsellor
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 goal.	> Psychologist > Rehabilitation Counsellor > Occupational Therapist > Social Worker
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.	> Education on job seeking skills (including resume development, interview skills etc.) > Job search support. > Negotiating work trials. > Negotiating permanent placement for redeployment	> Employment Consultant > Occupational Therapist > Social Worker > Psychologist > Rehabilitation counsellor
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.	May include: > 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 > pacing strategies.	> Occupational Therapist > Psychologist

Service	Purpose	Summary of service	Allied Health Professional
Driving assessments	Determines if training or vehicle modifications are required.	An assessment aimed at determining the impact of the employee's injury or illness on their ability to drive.	> Occupational Therapist (must be a driver trained Occupational Therapist)
Injury management education and training	General education about how to manage a specific injury/illness to prevent an exacerbation.	Training and education on: > Movement to reduce the risk of injury at work > office ergonomics > symptom management > coping strategies > pain management	> Exercise Physiologist > Physiotherapist > Occupational Therapist > Osteopath > Psychologist > Rehabilitation counsellor

What services shouldn't a workplace rehabilitation provider deliver?

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 employee
- > act as an advocate on the employee's behalf
- > provide legal advice
- > complete administrative tasks on behalf of the RCM or the employee that are their responsibility (e.g claims documentation, application forms, legal documentation)
- > act as a mediator where workplace conflict exists, while they are additionally providing workplace rehabilitation services.

When should I engage a workplace rehabilitation provider?

It is better practice to commence supports for an employee as soon as possible following the notification of an injury or illness. If you determine that the employee would benefit from the support of a WRP, it is important to engage them as early as possible, as delays may compound any barriers and impact on the employee's ability to remain at or return to work.

Engagement of a WRP should be considered, when:

- > it is likely that the employee is going to require time off work and/or a graded return to work as a result of their injury/illness and further interventions are required to support them
- > the employee's injuries are complex and/or managed by multiple treaters
- > there is a breakdown in relationship between the employer and employee
- > the employee's condition has deteriorated significantly, and they require assistance to remain at or return to work
- > the organisation does not have the capability or 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 is my role in engaging and managing the workplace rehabilitation provider?

As the delegate, you are responsible for selecting, engaging, and actively managing the performance of the selected WRP. This is an important responsibility as the WRP will work closely with the employee, you and other key stakeholders to support the employee's recovery and return to work. Here are some key tips to engaging and working effectively with WRPs. Further guidance on these tips is provided below.

- > Select the most appropriate WRP: Ensure that the WRP who you have selected has the appropriate skills, qualifications, experience and working style to deliver the best outcomes for employees
- > Clarify expectations, roles and responsibilities: Communicate your expectations in relation to roles, responsibilities and timeframes as soon as the WRP is engaged.
- > Regularly review progress and provide feedback: Schedule regular reviews or check-ins to assess progress, provide feedback, and address any concerns.
- > Foster open and transparent communication: Encourage open dialogue and maintain transparency in your communication to build trust and avoid misunderstandings.



The Guide (schedule 1, part 1) outlines mandatory requirements for the rehabilitation authority to undertake prior to arranging a rehabilitation assessment (including those conducted by WRPs). These include:

- > seeking and relying on the information from the treating practitioner as much as possible, and
- > seeking the views of the employee about the assessor conducting the rehabilitation assessment with examination. Details are outlined in Part 2 of this handbook.



Employees should also be informed about the WRP role, the standards expected of WRPs and their right to provide feedback to Comcare on a WRP's performance.



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

How do I select the most appropriate WRP?

When selecting a workplace rehabilitation provider, there are several key factors for you to consider:

- > **Whether they are a Comcare approved workplace rehabilitation provider:** The SRC Act 1988 requires that if you are using a WRP to provide a rehabilitation program they must be a Comcare approved provider. To be approved by Comcare a provider must prove that they meet the necessary criteria in relation to qualifications, probity, and financial arrangements to satisfy Comcare's minimum standards. You can find a list of approved providers on the Comcare website directory of approved workplace rehabilitation providers: [Find a workplace rehabilitation provider](#).
- > **The employee's opinion and needs:** While it is the rehabilitation authority's responsibility to choose and engage the WRP, it is a requirement to consult the employee on the selection of the WRP and consider their views before engaging the WRP. Empowering employees and providing informed participation supports better recovery and return to work outcomes. You could ask the employee:
 - Do you have any preferences in relation to your rehabilitation provider in terms of their qualification, other characteristics (such as gender) or approach to supporting you?
- > **The qualifications and expertise of the WRP:** Consider the barriers that are currently present in relation to the employees' rehabilitation and determine whether the WRP has the skills and experiences to address these. Whilst selecting a WRP based on their allied health qualification can be valuable, it is not the only consideration. You should also consider whether the WRP has previous experience working with employees with similar injuries or illnesses, their ability to tailor rehabilitation programs to individual needs as well as factors such as interpersonal factors (communication skills, empathy etc). Considering both technical qualifications and interpersonal abilities can lead to a more effective and well-rounded rehabilitation process.
- > **Individual characteristics:** Consider a consultant who has the characteristics that are most likely to lead to a positive working relationship with the employee.

Here are some questions you can ask a WRP after providing some key details about the employee's injury/illness:

- > Do you have consultants who have appropriate qualifications and experience to support this employee, and can you provide me with their profiles?
- > Do you have consultants who are experienced in working in the Comcare scheme and understand the legislation?
- > How long has the consultant worked as a WRP?
- > Has this consultant worked with my organization before?
- > Has the consultant supported an employee with this injury/illness before? What were the outcomes in these cases?
- > Based on the background provided, what do you see as the pathway to RTW for this case?

How do I clarify expectations, roles and responsibilities?

Setting clear expectations and defining roles and responsibilities as soon as a WRP is engaged reduces the risk of ambiguity and confusion between stakeholders and supports the best return to work outcomes. The following table provides a list of roles and responsibilities that need to be clarified when a WRP is engaged as well as some guidance and considerations to assist.

Roles/responsibilities	Considerations: WRP or RCM?
Conduct initial rehabilitation assessment to identify the injured employee's needs	An RCM can conduct a rehabilitation assessment if they are suitably qualified (SRC Act S36 (2)(b)). Suitable qualifications include qualifications equivalent to a Comcare approved workplace rehabilitation provider. For more complex injuries, it is better practice that a WRP is engaged to complete the rehabilitation assessment because they have the specific training and expertise and can act as an independent consultant.
Develop an appropriate rehabilitation program in collaboration with all relevant stakeholders	It is the responsibility of the RCM to complete the rehabilitation program or to delegate the development of the rehabilitation program to the WRP (when one is engaged). It is essential that an RCM clearly communicate their expectations to the WRP as soon as possible following the completion of a rehabilitation assessment. If a rehabilitation program is developed by a WRP the employee must be consulted on the program prior to determination by the RCM, as the delegate for the rehabilitation authority.
Act as a central point of contact and coordination for all parties involved in the rehabilitation process	As the delegate for the rehabilitation authority, it is recommended the RCM is the central point of contact in relation to the rehabilitation process. This includes maintaining regular contact with the employee, their supervisor and the WRP throughout the rehabilitation process. RCMs can delegate this responsibility in certain circumstances if they feel it will lead to better outcomes. For example, it may be more appropriate for the WRP to liaise with the employee's medical practitioner as they have more specialised knowledge of the injury or illness.
Manage the overall rehabilitation program, monitor progress, and ensure that the necessary services and interventions are provided	A WRP can manage and monitor the progress of the rehabilitation program and ensure necessary interventions are provided, as they have the expertise regarding the injury and the employee's capacity. WRPs should provide regular updates to the RCM to keep them informed of progress against the rehabilitation goals and any identified barriers or risks of poor outcomes so that they can be addressed collaboratively. The RCM should provide guidance to the WRP about how often they would like to receive progress updates when setting their initial expectations.
Liaise with treating medical professionals	The WRP usually liaises with the treating medical practitioner to provide expertise regarding recovery times, and treatment progress. RCMs can also be involved in this communication on behalf of the employer to discuss suitable duties and support that is available for the employee. Prior to any contact with a treating medical practitioner, it is important that both the WRP and RCM discuss the purpose of the contact, consult with the employee and agree on who should be present on that basis.

Roles/responsibilities	Considerations: WRP or RCM?
Liaise with manager/supervisor	Both WRPs and RCMs will liaise with the manager/supervisor, depending on what information is being communicated. A WRP may be better placed to share information about the injury, recovery and medical recommendations and an RCM may provide information and advice about suitable duties and better practice for the employer to support the employee to recover and RTW.
Liaise with insurer	The RCM is often the first point of contact for the insurer, but the WRP may need to liaise with the insurer to clarify recommendations and progress against the rehabilitation program.
Managing documentation relating to workers' compensation claim	The RCM is responsible for the administration relating to the workers' compensation claim including rehabilitation programs, alterations, closure records etc.
Managing documentation related to employee's rehabilitation	The WRP is responsible for completing assessment reports, return to work/suitable duties plans, progress reports, closure reports and any correspondence, as needed. The RCM should clearly specify their expectations for when these reports are provided and should cross reference the progress made, and activities completed against the goals on the active rehabilitation program.
Provide advice on workplace modifications or aids to support the employee's return to work.	Both RCMs and WRPs have valuable knowledge regarding modifications and aids. RCMs can bring knowledge of the work tasks and existing work environment and WRPs can provide expert assessment, advice and make recommendations on the need for modifications/aids to assist the employee to participate in work based on the impact of their injury/illness/disability.
Identification and coordination of suitable duties in the workplace.	As the employer representative, it is the role of the RCM to identify suitable duties within their organisation and coordinate their availability. It is better practice to involve the WRP in determining the suitability of the duties once they have been identified.

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 better 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. It is recommended better practice to use the same WRP for both the assessment and program when appropriate.



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

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 WRP Management team at wrp.management@comcare.gov.au. Detailed information on engaging WRPs to conduct a rehabilitation assessment and to provide a rehabilitation program is included in Part 2 of this handbook.

ORAMS Provider Panel

The Occupational Rehabilitation and Medical Services (ORAMS) Provider Panel is comprised of qualified and specialist medical and rehabilitation service providers. The Panel is supported by the ORAMS Portal (orams.comcare.gov.au) which allows RCMs from participating agencies to quickly find a qualified medical or rehabilitation provider in a particular location.

If you are a participating Agency, you can search the ORAMS Portal for providers by service type, price, and location, compare pricing between service providers, and create referrals for Commonwealth employees.

If you are from a Commonwealth agency and you are interested in joining the ORAMS panel arrangements, please contact orams@comcare.gov.au.

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

Comcare has produced guidance to assist you to consider whether the cost and duration of WRP services are reasonable. This can be found at: [Fee information for rehabilitation providers](#)

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

How do I determine appropriate service timeframes?

The timeframes listed in the table below are general guidelines that should be considered when engaging a WRP and communicating your requirements. These timeframes should be discussed with the WRP at the time of referral and all extenuating circumstances that might impact on service delivery should be considered. The agreed timeframe should be considered on a case-by-case basis to ensure that the WRP has enough time to complete the service to the required standard to achieve the best possible outcome for the employee.

Service	Timeframe
Section 36 Rehabilitation Assessment Report (Physical)	Within 8 working days from when request for this service was issued
Section 36 Rehabilitation Assessment Report (Psychological)	Within 15 working days from when request for this service was issued
Compensation Rehabilitation Program – first version ready for consultation	Within 3 working days from when request for this service was issued
Compensation Rehabilitation Program – final with signed determination.	Within 10 working days from when request for this service was issued
Response to written enquiries	Within 2 working days
Return of phone call	Within 1 working day
Update following NTD Case Conference	Within 1 working day
Progress Reports	At the discretion of the RCM
Case reviews	As required, for example, at 6 weeks, 12 weeks and 6 months
Program alterations	At least 10 working days prior to the expiry of the current rehabilitation plan
Closure Report	Within 5 business days of the cessation of rehabilitation services
Durability/Status check	4 weeks and 13 weeks following achievement of the rehabilitation goal

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.

How do I monitor workplace rehabilitation provider performance?

Your role as the RCM is to actively monitor and manage WRP performance across 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.

Considerations at time of closure

A focus on recovery at or return to work	> did the recommendations from the rehabilitation assessment support the employee's recovery and/or return to work > did the rehabilitation program outline SMART goals (refer to part 2) 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 suitable employment in consultation with the RCM 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 > what were the employee's experiences of the services delivered
Effective service provision at an appropriate cost	> were additional funds requested for the rehabilitation assessment or program? > were the requests reasonable > did the employee achieve the final rehabilitation program goal within the expected timeframe
Effective communication with all relevant parties	> was the information contained within the reports accurate > did the WRP engage with the employee and the supervisor 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?



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.

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 wrp.management@comcare.gov.au.



For any serious service delivery, conduct or performance concerns you can escalate these directly to Comcare at wrp.management@comcare.gov.au



It is 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 should consider whether a change in WRP will support or hinder an employee's recovery and return to work.

If you consider a change in WRP is necessary, you should consider:

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

Contact Comcare's provider approval team via email at wrp.management@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.



Raising an employee's awareness about their rights and responsibilities enables them to actively engage in their own recovery and return to work and fosters a sense of empowerment.

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, s62, 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

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 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.

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 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.

Review rights are different for employees across the scheme.



- > Employees of the Commonwealth can seek a review by Comcare. This review is undertaken under s38 of the SRC Act
- > Employees of a licensee can seek a reconsideration from the licensee. This reconsideration is undertaken under s62 of the SRC Act
- > All reviews/reconsiderations are subject to review by the ART

How does an employee seek a review?

To seek a review of a determination made by you, in your capacity as the delegate for the rehabilitation authority, 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 a reconsideration.

What if the employee does not agree with the review decision?

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

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
Participate in rehabilitation assessment examinations  s36	Employees are required to attend these examinations/assessments or provide a reasonable excuse for refusing or failing to attend. Failure to attend and participate in the examination without a reasonable excuse may result in suspension of entitlements. Outlined in: What happens when the employee's compensation entitlements are suspended?
Undertake the rehabilitation program provided by the employer  s37	Active participation in the rehabilitation program supports a safe and timely recovery and 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, 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.	

PART FIVE

Non-compliance and suspension

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
- > 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 timeframe.



The Guidelines do not require you to request reasons for non-compliance if the employee obstructs an examination. However, it is better 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 this 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 that may be 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.

For RCMs working within a Commonwealth Agency, it is better practice to contact the Return to Work team at Comcare to discuss the circumstances of the non-compliance before taking any formal steps or making a determination regarding non-compliance.

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 that there is 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.



Retrospective payments will be made if the decision to suspend the claim is overturned

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 ensures that the employee is aware of their rights and responsibilities.

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 then their benefits should be reinstated.

The checklist found at Appendix 7 outlines factors for you to consider when determining if the employee has been non-compliant with rehabilitation.

PART SIX

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, date of birth, 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.

PART SEVEN

Other resources to support recovery and RTW

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

- > SRC Act in a day
- > Rehabilitation Case Management
- > Rehabilitation Case Management – First Steps
- > SRC Act and Comcare Scheme Overview
- > Return to Work Case Conferencing
- > Incapacity provisions: introduction (NWE & payments)



See [Comcare training](#) for more information



For claims managed by Comcare, rehabilitation case managers with access, can obtain information about individual claim data, payments and overall claim trends directly from Comcare's Customer Information System (CIS).

[Access your claims performance information](#)

Events and Forums

Rehabilitation Case Manager Forums

Comcare hosts RCM Forums three times per year. This online event is your opportunity to hear about better practice recovery and return to work initiatives from guest speakers and updates from across Comcare. You can find more information about the Forums on Comcare's events page [Events | Comcare](#).

Resources and Publications

- > [Recovery and return to work resources](#)
These videos and fact sheets can help employees and supervisors better understand the return to work process and support injured employees to recover and return to work safely.
- > [Safety, Rehabilitation and Compensation Act 1988](#)
- > [Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024](#)
- > [Guidelines for Rehabilitation Authorities Instrument 2019](#)
- > [Rehabilitation case manager core capabilities \(comcare.gov.au\)](#)
- > [National Return to Work Strategy 2020–2030 Overview | Safe Work Australia](#)
- > [Employee Awareness and Empowerment Research report \(comcare.gov.au\)](#)
- > [Workplace rehabilitation provider – performance monitoring framework \(comcare.gov.au\)](#)
- > [Return to Work information sheet \(comcare.gov.au\)](#)
- > [Realising the health benefits of work – A position statement – The Australasian Faculty of Occupational and Environmental Medicine, Sydney.](#)

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

Visit www.comcare.gov.au

Connect with us 

Glossary

ART	Administrative Review Tribunal. The ART 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 injury	An injury for which liability has been accepted under the SRC Act.
CIS—Customer information system	Comcare’s Customer Information System (CIS) provides Commonwealth employers access to injury management and claims performance information specific to your organisation, 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.
The Guide	Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024 prepared by Comcare under section 57A of the SRC Act.
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	Another word for a s36 rehabilitation assessment. An assessment which examines the needs of an employee, and the workplace requirements, in order to make a recommendation on the employee’s capability of undertaking a rehabilitation program.
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.
Premium	The amount paid by an employer for workers’ compensation costs for a particular financial year.
Review	The term ‘review’ is used interchangeably with the term ‘reconsideration’ in this handbook. It is a process carried out by a review officer who was not involved in making the original determination. It involves a second look at the information and evidence to ensure the correct determination was made. The review officer can consider whether all relevant information was obtained and request additional information if necessary. The difference between review and reconsiderations of rehabilitation determinations is outlined in Part three of this Handbook.
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. Generally, the Principal Officer delegates this responsibility to the RCM.
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.

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 policy	Policy developed by the employer relating to return to work activities and processes for employees with an injury.
Rehabilitation Guidelines	Guidelines for Rehabilitation Authorities 2019 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.
Workplace rehabilitation	A managed plan/process aimed at maintaining employees in, or returning them to, suitable employment.
WRP – Workplace rehabilitation provider	A person or organisation providing rehabilitation services to help employees to recover and/or return to work.

APPENDICES

Appendix 1. Rehabilitation case manager initial discussion guide

This document is a guide to assist you in:

- > Gathering the background 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.

Introduction	Completed/ information available	Discuss with employee
Explain the role of the RCM	☐	☐
Outline the rehabilitation process > 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	☐	☐
Consent form for the collection and release of medical information signed	☐	☐
Privacy policy explained and provided	☐	☐
Early intervention/rehabilitation policy discussed	☐	☐
Current medical certificate or a certificate of capacity obtained	☐	☐
Name and contact details of Medical Practitioner/s received	☐	☐
Time off work > Do you know what your leave balance is? > How much time have you had off work for this injury?	☐	☐
Work details	Completed/ information available	Discuss with employee
Position title/level	☐	☐
Pre-injury duties	☐	☐
Deadlines/workflow/peak periods	☐	☐

Injury details	Completed/ information available	Discuss with employee
Diagnosis	☐	☐
Date of injury	☐	☐
Background/history of Injury	☐	☐
Symptoms > What symptoms are you experiencing? > How are you managing your pain/injury?	☐	☐
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?	☐	☐
History of previous injury > Have you had the same or a similar injury in the past? > How did the injury impact you and your work? > How did you recover from this injury?	☐	☐
Prognosis: > Has your doctor indicated a timeframe for recovery of your injury? > How does your doctor feel your recovery is progressing?	☐	☐
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?	☐	☐
Support in recovery and at work > What assistance do you think would benefit you?	☐	☐
Deadlines/workflow/peak periods > Are there tight deadlines or periods of high or low workload? > Are there particular work tasks you require assistance with due to your injury?	☐	☐
Alternate duties > Have alternate or modified duties been identified/trialled?	☐	☐
Personal Situation (Home/Social)	Completed/ information available	Discuss with employee
Living arrangements	☐	☐
Social supports > What social/family supports do you have?	☐	☐
Impacts > Is your injury impacting you at home and/or socially?	☐	☐

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	☐	☐
> rehabilitation goal (if identified)	☐	☐
> return to work options discussed	☐	☐
> actions to achieve rehabilitation goal	☐	☐
> actions for employee following meeting	☐	☐
> actions for RCM following interview	☐	☐

Appendix 2. Example triage tool

Category	What to ask	Low/no concern	Moderate concern	High concern	Suggested actions / supports
Injury complexity	"What has your treating provider told you about your injury and recovery?" "Have you had surgery or any complications?"	Minor, straightforward injury; quick healing expected	Injury with potential complications (e.g., surgery required)	Complex, multi-system injury or comorbidities	> Standard monitoring (Low) > Case conferencing, consult treating team (Mod) > Early WRP involvement, case escalation (High)
Psychosocial risk factors (e.g., low mood, fear of re-injury, poor support)	"How are you coping emotionally since the injury?" "Are there any worries or stressors affecting your recovery?"	None identified	Some stress or minor distress reported	Multiple flags: anxiety, depression, isolation, trauma, history of conflict	> General check-ins (Low) > Referral to EAP or DASS screening (Mod) > Psych support, facilitated discussion, substance use screening (High)
Workplace relationships / RTW environment	"How have conversations with your manager or team been going?" "Do you feel supported by your workplace?"	Supportive manager and team	Some communication challenges or workload concerns	Conflict, trust breakdown, previous complaints or disputes	> Supervisor check-in (Low) > Workplace assessment, informal mediation (Mod) > Facilitated discussion, HR/EAP support (High)
RTW barriers identified (self-reported or clinical)	"Do you know what duties might be available when you're ready to return?" "Are there any concerns about getting back to work?"	Clear pathway back to work	Modified duties unclear or unavailable	No duties, workplace resistance, perceived or actual unfair treatment	> Standard planning and goal setting (Low) > Engage WRP for options analysis (Mod) > Vocational assessment, alternative employment planning (High)
Recovery expectations	"What do you expect recovery will look like for you?" "Are you getting clear guidance from your doctor or treatment team?"	Treating team expects full recovery and RTW	Recovery slower than expected, unclear prognosis	Treating team unsure or not engaged, ongoing deterioration	> Routine follow-up (Low) > Clinical case conference, GP liaison (Mod) > Independent assessment, RTW feasibility review (High)
Worker engagement	"Have you been able to attend your appointments?" "Do you feel ready to think about what's next in your recovery?"	Attending appointments, open to RTW	Some resistance or missed appointments	Avoidance, distrust, withdrawal, unclear goals	> Continue regular check-ins (Low) > Support goal setting, address fears (Mod) > Motivational interviewing, facilitated discussion (High)

Appendix 3. Employer statement template

This document can be used to assist you to write an employer statement. If used it should be on your agency letterhead.

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 medical reports
- > S36/Initial Needs Assessment report
- > Meeting minutes

IMPORTANT INFORMATION FOR COMMONWEALTH AGENCIES

When an employee of a Commonwealth agency submits a workers' compensation claim, Comcare may require information from an employer to assist with determining the claim. Information can be provided in the form of an employer statement of facts. As an RCM at a Commonwealth agency, you may be responsible for either preparing the statement on behalf of your employer or coordinating the information to be included in the statement from stakeholders, such as the current or 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 and leave policy.

It is important to remember that any information provided to Comcare as part of the employer statement forms part of a claim file and may be released to the employee if they request access under section 59 of the SRC Act.

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 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.

Appendix 4. Example questions/requests for the assessor

Understanding work capacity

- > How is the employee's injury currently impacting on their capacity to return to work?
- > Is the employee's injury preventing them from working pre-injury hours and duties?
- > 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 the employee's capacity to return to work?

Identifying barriers to recovery and return to work

- > Please identify any barriers that may be impacting the employee's recovery and return to work and suggest some strategies to overcome these.
- > Are there any other issues or factors which should be considered in assisting the 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 the employee's recovery and return to work.
- > Can the 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 the employee's duties?
- > Identify any requirements that need to be in place to allow a rehabilitation program to be implemented to support recovery and 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 support recovery and 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 the employee remains totally incapacitated after this assessment.

Appendix 5. 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 (e.g. a WRP), legally qualified medical practitioner or panel to undertake a rehabilitation assessment with examination of the employee under subsection 36(3) of the Act.	When the relevant requirements of the Guide have been met, and it has been established that a rehabilitation assessment examination is required under subsection 36(3) of the SRC Act.	You complete and sign the form.	A copy of the rehabilitation assessment examination form must be provided to Comcare at general.enquires@comcare.gov.au , and to the employee. If using a non-Comcare form, the determination under subsection 36(3) 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.

Form Name	What is the form used for?	When is the form used?	Who completes the form?	Other comments
Rehabilitation assessment (SRC 343)	To authorise a suitably qualified person (e.g. a WRP), LQMP or panel to undertake a rehabilitation assessment, without examination, under subsection 36(1) of the Act.	When the relevant requirements of the Guide have been met, and it has been established that an assessment is required under subsection 36(1) of the Act.	You complete and sign the form.	A copy of the rehabilitation assessment form must be provided to the employee. If using a non-Comcare form, the determination under subsection 36(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 this form when sending 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 may be attached to the rehabilitation program.
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.

Form Name	What is the form used for?	When is the form used?	Who completes the form?	Other comments
Rehabilitation program closure	To detail the closure of the rehabilitation program.	The closure record is completed when the goals have been achieved, the employee is not capable of continuing, liability has been denied, or as requested by the rehabilitation delegate.	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.

Appendix 6. Sample responses for subsection 37(3) a–h of the SRC Act

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

Subsection 37(3) a–h, SRC Act, considerations and example responses	
(a) any written assessment given under subsection 36(8)	> rehabilitation assessments and examinations arranged under section 36. You may only consider these written assessments under Subsection 37(3)(a) provided they were issued as part of the current rehabilitation assessment under subsection 36(8).
Example response Based on the recommendation from the rehabilitation examination, and in consultation with the treating GP, the goal of the rehabilitation program will be a return to work to preinjury hours and duties.	
(b) any reduction in future liability to pay compensation if the program is undertaken	> 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 the employee to return to work, therefore reducing further requirements for incapacity payments to be paid. Successful completion of the program will result in the 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	> 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 the employee to return to work.	
(d) any improvement in the employee's opportunity to be employed after completing the program	> 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 and RTW plan, will promote recovery and provide the 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	> 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 the employee's ability to safely perform their duties, with potential impacts on general wellbeing and self-esteem.	
(f) the employee's attitude to the program	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.
Example response The employee has been consulted on the detail of the rehabilitation program and a draft provided for their consideration. The draft program has been modified to accommodate the employee's feedback. The employee has demonstrated a positive attitude towards the agreed program.	

Subsection 37(3) a–h, SRC Act, considerations and example responses

- | | |
|---|---|
| (g) the relative merits of any alternative and appropriate rehabilitation program | <ul style="list-style-type: none">> if the rehabilitation program and its activities are consistent with the most appropriate rehabilitation goal> have all avenues for the provision of suitable employment and suitable duties been explored with the rehabilitation authority prior to considering a new employer |
|---|---|

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 the employee's current capacity to undertake a rehabilitation program.

- | | |
|-------------------------------|---|
| (h) any other relevant matter | <p>This requires the rehabilitation authority to consider the individual circumstances of each case.</p> <ul style="list-style-type: none">> medical support for the program, particularly if this is conflicting> consideration of restrictions and capacity resulting from the injury> the requirement for the rehabilitation authority to provide suitable employment or to take all reasonable steps to help the employee find suitable employment> the presence of barriers to RTW and strategies required to overcome them |
|-------------------------------|---|

Example response

The employee's rehabilitation program has been developed with careful consideration of all medical information available, history of their return to work efforts to date, and liaison with stakeholders.

Appendix 7. 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.	☐ Yes	☐ No
Was the employee provided with reasonable notice to attend the assessment?	☐ Yes	☐ No
Was the employee assisted with travel to the assessment, if appropriate?	☐ Yes	☐ No
Was the employee referred to a legally qualified practitioner, or suitably qualified person, with an appropriate speciality for the condition?	☐ Yes	☐ No

Section 37 – Rehabilitation program

Was a rehabilitation assessment under s36 undertaken that supported the development of this rehabilitation program?	☐ Yes	☐ No
Is there a current rehabilitation program in place?	☐ Yes	☐ No
Was the employee consulted in the development of the rehabilitation program?	☐ Yes	☐ No
Have there been any changes in the employee's circumstances, work capacity, injury, and/or the availability of suitable employment? If so, a new program or altered program may be required instead of pursuing non-compliance against the current rehabilitation program?	☐ Yes	☐ No
Is the current rehabilitation program signed by the rehabilitation delegate?	☐ Yes	☐ No
Does the rehabilitation program have an attached return to work schedule and, if so, did this form part of the determination?	☐ Yes	☐ 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?	☐ Yes	☐ No
Has s37(3) a-h been addressed and documented as part of the rehabilitation program determination?	☐ Yes	☐ No
Is there medical or other evidence that supports the rehabilitation program and return to work schedule?	☐ Yes	☐ No
Was non-compliance discussed with the employee, and were they provided with an opportunity to comply before suspension was considered	☐ Yes	☐ No

Appendix 8. 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 Comcare, as the workers' compensation insurer and scheme manager, to monitor the costs of rehabilitation services and ensure that the services delivered are achieving value for money. Comcare provides guidance on WRP services on their website.

Rehabilitation Assessment/Examination

Code	Purpose	Activities
90	Activities that are part of a rehabilitation assessment	> 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	> 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	> 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

Contact us by email
providerframeworksandRTW@comcare.gov.au

For more information visit
www.comcare.gov.au

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