



Australian Government

National Health and Medical Research Council

Rehabilitation Management System Manual

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1. Statement of Commitment

The National Health and Medical Research Council (NHMRC) is committed to providing a safe and healthy workplace for all workers including staff, contractors and visitors. As part of this commitment, NHMRC will strive to build a culture that actively seeks to improve work practices and to foster attitudes which sustain a healthy and safe work environment.

The NHMRC is also committed to ensuring compliance with, and full implementation of the Rehabilitation Management System (RMS) which is the framework of processes and procedures used to ensure that NHMRC can achieve its rehabilitation objectives. The RMS will achieve the following:

- recognise compliance obligations;
- provide for effective rehabilitation arrangements;
- ensure early intervention best practices;
- provide training and tools to assist managers and employees;
- assist injured employees achieve a durable return to work;
- promote continuous improvement;
- promote communication with employees;
- provide for internal and external accountability; and
- put in place adequate control structures to manage risk.

Our policies and procedures seek to protect our staff. That is why we need to ensure that safe practices are a fundamental and inherent part of how we think about our operations and procedures.

2. Legislative Compliance

The RMS provides a framework to assist the NHMRC to meet its statutory obligations by providing systems and processes to prevent workplace injuries and provide rehabilitation to all employees who experience illness or injury.

It has been developed in accordance with obligations outlined in the:

- *Safety, Rehabilitation and Compensation Act 1988* (SRC Act);
- *The Work Health and Safety Act 2011* (the WHS Act);
- *The Work Health and Safety Regulations 2011* (the WHS Regulations);
- *The Work Health and Safety Codes of Practice 2011 and 2012* (the WHS Codes);
- *Guidelines for Rehabilitation Authorities 2012* (Rehabilitation Guidelines) issued under Section 41 of the SRC Act;
- NHMRC Return to Work Policy; and
- NHMRC Fitness for Duty Policy.

The SRC Act, WHS Act, WHS Regulations, WHS Codes of Practice and the Rehabilitation Guidelines provide the legislative framework within which employers perform their functions and exercise their powers. A copy of the SRC Act, Regulations, WHS Codes and Rehabilitation Guidelines are available at www.comcare.gov.au.

Section 41 of the SRC Act enables Comcare to set Rehabilitation Guidelines for employers. The guidelines contain three core requirements aimed at achieving durable return to work (RTW). Employers must have in place:

- A rehabilitation policy;
- Managed rehabilitation programs; and
- Early intervention and appropriate RTW strategies.

3. Other Relevant Documents

- Return to Work Policy;
- Fitness for Duty Policy;
- Comcare Rehabilitation Handbook;
- *Privacy Act 1988*; and
- *Archives Act 1983*.

4. Rehabilitation Management System (RMS)

The NHMRC's RMS will:

- Ensure timely, safe and durable return to work of ill or injured employees regardless of where the illness or injury occurred; and
- Conduct rehabilitation in such a way that the employee does not aggravate the injury or cause others to be injured as a consequence of any restrictions.

The RMS is based on the following objectives:

- Rehabilitation activity is to commence as soon as possible after notification of injury or illness;
- The employee's workplace is the focus of their rehabilitation program;
- Rehabilitation is tailored to the employee's needs and are well coordinated, accountable and results orientated; and
- Timely and appropriate action to prevent or minimise, the possibility of the circumstances leading to the injury or illness occurring again.

5. Early intervention

The key to effective rehabilitation is early intervention. For early intervention to occur, prompt advice of an absence from work is essential. Managers must monitor closely employees' absences from the workplace. Unplanned and unmanaged absences have the potential to give rise to circumstances where return to the workplace is not easily achieved.

Once an absence from the workplace involving significant (4 days or more) or undefined periods is notified by the employee, or identified by the manager, the manager should contact the Rehabilitation Case Manager in the HR Services Team to discuss the absence and to develop a strategy for addressing the situation. Issues to be considered include:

- The medical documentation and estimated time of return;
- Determining whether an independent medical assessment is required;
- Arrangements for establishing contact;
- The engagement of an external workplace rehabilitation provider (WRP); and
- The need to develop a return to work plan.

Dedicated funds are available to effect prompt rehabilitation. This is to enable the Rehabilitation Case Manager to initiate early intervention with the engagement of a Workplace Rehabilitation Provider (WRP), which also includes funding of the return to work plan and medical appointments the WRP attends.

6. Communication

Effective communication is vital to ensuring a timely, safe and durable return to work of injured or ill employees. The NHMRC aims for communications, both formal and informal, with employees to commence as soon as possible, be maintained in a positive manner, respect the employee's privacy and involve relevant parties. Managers should seek advice of the Rehabilitation Case Manager if there is any doubt about the appropriateness of contact with the injured or ill employee.

7. Formal Return to Work Plans

A Return to Work Plan (RTWP) may be put in place where injury or illness is likely to result in significant or uncertain periods of incapacity. A RTWP will outline:

- Start and end dates;
- Actions;
- Outcomes expected;
- Responsibilities;
- Return to work goals; and

- The timetable for completion of the plan.

In implementing a RTWP, the parties involved include the employee, the Rehabilitation Case Manager, the WRP, the manager and the treating medical practitioner. The agreed RTWP is signed by all parties signifying acceptance and agreement to participate in the RTWP. At times it may be necessary to change the plan if it is no longer appropriate. The RTWP is a record of steps undertaken to give effect to rehabilitation.

It is important to note that in the management of a compensable injury the Rehabilitation Case Manager **must** have the appropriate SRC Act delegation to sign rehabilitation documents.

8. Provision of suitable duties

The aim of rehabilitation is to return the injured employee to pre-injury duties. Alternative or modified duties may be considered as part of a rehabilitation program. It is the responsibility of the employee's work area to provide suitable duties.

Note: In instances where liability has been accepted by Comcare suitable employment obligations are further defined in section 15 of the Rehabilitation Guidelines.

9. Rehabilitation Roles and Responsibilities

The NHMRC recognises that successful rehabilitation outcomes are dependent upon timely communication, consultation and cooperation between all stakeholders. The primary agency stakeholders to the provision of rehabilitation are:

- The "Rehabilitation Authority" (NHMRC) with statutory obligations to provide rehabilitation;
- Rehabilitation Case Managers, as delegates of the Rehabilitation Authority, with responsibility for initiating, coordinating, monitoring and making decisions about provision of rehabilitation;
- Employees who experience injury or illness; and
- Line managers who support the rehabilitation process.

9.1 The Rehabilitation Authority

The Rehabilitation Authority has the statutory functions, powers and duties to provide rehabilitation to employees who experience illness or injury, arising out of or in the course of employment. The Rehabilitation Case Manager exercises delegations on behalf of the Chief Executive Officer regarding the provision under the SRC Act of rehabilitation assessments, early intervention programs, rehabilitation programs and suitable employment for employees injured at work.

9.2 Rehabilitation Case Managers

The roles and obligations of Rehabilitation Case Managers are broad and include:

- Educating employees and line managers about rehabilitation options the NHMRC provides to employees and their respective roles and responsibilities;
- Arranging early assessment of an employee's capability to undertake rehabilitation, in particular when an employee is likely to be away from work for an extended period;
- Developing a return to work plan in consultation with the employee, the manager, the rehabilitation provider and the employee's treating doctor;
- Engaging, monitoring and reporting on the provision of rehabilitation by WRP's;
- Ensuring rehabilitation programs are formulated with consideration of the return to work hierarchy;
- Engaging key stakeholders including the medical practitioner and relevant line manager/s;
- Maintaining records for each employee undertaking rehabilitation, inclusive of documents, forms, correspondence, medical certificates and reports, determinations and financial accounts; and
- Ensuring the confidentiality and safe keeping of medical and rehabilitation information pertaining to each employee, and securing against the loss, unauthorised access and use, modification or disclosure, and misuse of information.

9.3 Employee

The roles and obligations of employees experiencing illness or injury include:

- Providing immediate (as soon as practicable) initial verbal notification of illness or injury to their relevant line manager/s;
- Promptly discussing leave arrangements with the manager;
- Obtaining appropriate medical advice and adhering to any medical restrictions;
- Providing documented notification of injury to the NHMRC via submission of an incident notification form;
- Attending any appointment arranged by a Rehabilitation Case Manager which relates to provision of rehabilitation (e.g. a rehabilitation assessment, early intervention program, a rehabilitation program and/or suitable employment case conference);
- Actively participating in the development of a rehabilitation program; and
- Actively communicating with the Rehabilitation Case Manager, relevant line manager and any appointed WRP regarding any barriers that may impede or delay a return to pre-injury duties.

9.4 Manager

The roles and obligations of managers in provision of rehabilitation involve working in partnership with the Rehabilitation Case Manager, the employee's medical practitioner and any other relevant party (e.g. an independent medical practitioner and/or WRPs engaged by the NHMRC) to facilitate an injured/ill employee remaining at work, or returning to work. This may include:

- The notification of the incident or illness, and taking appropriate action in the workplace to prevent re-occurrence;
- Advising the Rehabilitation Case Manager of absences of staff for periods greater than 4 working days where the period of incapacity is likely to be significant or uncertain and discuss strategies put in place to manage the return to work process;
- Determine if the employee has enough personal leave credits to cover the expected absence, and if not, determine the most suitable leave to be availed and approved;
- Promptly engaging with the Rehabilitation Case Manager;
- Assisting the Rehabilitation Case Manager to monitor return to work plans;
- Privacy and confidentiality in the handling of medical information;
- Maintaining strong communication links with the employee and the Rehabilitation Case Manager, and providing appropriate advice on issues relating to the case; and
- Ensuring leave is processed promptly (to avoid overpaying the employee).

9.5 The NHMRC

In effectively managing individual rehabilitation programs, the NHMRC will:

- Ensure that persons with case management responsibilities have the relevant Comcare training skills, experience and influence to achieve effective return to work outcomes;
- Enable the early notification of injury and the timely assessment of an individual employee for the purpose of determining whether a rehabilitation program should be provided for the employee and, if so, the kind of program to be provided;
- Enable the development of individual, outcome based, rehabilitation programs which set out the steps to be followed in achieving the return to work of an injured or ill employee where appropriate;
- Enable the implementation of coordinated, workplace based programs;
- Ensure that the return to work processes are effectively coordinated and communicated; and
- Ensure that if rehabilitation is not possible, redeployment and invalidity options are considered.

10. Responsibilities of non-agency parties

10.1 Treating medical professionals

Treating medical professionals have a responsibility to:

- Develop treatment strategies to give effect to the employees return to work;

- Provide advice and guidance to the Rehabilitation Case Manager on when the employee is fit to return to work and under what conditions; and
- Assist in developing the content of the return to work plan by identifying what duties and functions the employee is able to undertake.

10.2 Workplace Rehabilitation Providers (WRP)

The WRP has a responsibility to:

- Initiate and undertake an Initial Needs Assessment (INA);
- Maintain close contact with the ill or injured employee;
- Maintain close contact with the ill or injured employee's treating medical professionals;
- Provide regular updates to the Rehabilitation Case Manager;
- Ensure that the return to work strategies are effective and meeting the employee's goal to return to work; and
- Initiate the closure of the case when the objectives of the plan have been achieved.

10.3 Comcare

Comcare's responsibilities are set out in the SRC Act. As these apply to case management, Comcare has a responsibility to:

- Appoint a claims manager to each claim;
- Determine liability for the compensation claim; and
- Authorise the payment of compensation benefits under the SRC Act.

11. Employers' rehabilitation functions and powers

The SRC Act confers with Rehabilitation Authorities a range of functions and powers in connection with the provision of rehabilitation programs to employees. These powers are to:

- Arrange the assessment of an employee's capability of undertaking a rehabilitation program (section 36);
- Require an employee to undergo an examination for assessment purposes (section 36);
- Determine that an employee should undertake a rehabilitation program (section 37);
- Make arrangements with an approved WRP for the provision of a rehabilitation program for the employee (section 37); and
- Take all reasonable steps to provide an employee who is undertaking, or has completed, a rehabilitation program, with suitable employment or to assist the employee to find suitable.

Activities carried out in relation to section 36 and 37 of the SRC Act are undertaken in line with the advice and guidance provided in the [Comcare Rehabilitation Handbook](#).

11.1 Non Compliance

Non-compliance by an employee with a rehabilitation program will be managed in accordance with NHMRC Rehabilitation Guidelines and advice provided in the Comcare Rehabilitation Handbook.

11.2 Request for reconsideration of a rehabilitation determination

An employee has a right to request that Comcare reconsider any decision made by way of determination under Section 36 and/or 37 of the SRC Act in respect of their rehabilitation. This will be undertaken by a delegated person other than the original decision maker.

12. Resourcing of the RMS

The RMS is supported by the Rehabilitation Case Manager, Health and Safety Representatives, First Aid Officers and Workplace Harassment Contact Officers.

The RMS is financially supported by the Agency who will pay reasonable costs incurred in provision of rehabilitation to injured employees, pending determination of liability for any workers' compensation claims by Comcare. Rehabilitation to enable non compensable return to work is also funded by the NHMRC.

13. Training

NHMRC will ensure the Workforce Performance and Health Team are responsible for the development, implementation, maintenance and improvement of this RMS. The team are appropriately trained, with any additional learning and development needs agreed by their manager and documented in their individual work plans. Employees with specific responsibilities in the areas of work health and safety and rehabilitation will attend regular forums arranged by Comcare and will actively participate in other forums within and external to the Agency to facilitate the sharing of rehabilitation best practices.

14. Consultation

The agency's formal consultation arrangements for rehabilitation matters are through the operations of the Health and Safety Representatives and Workplace Harassment Contact Officers who represent their work areas.

15. Reporting and notification

Incidents and hazards are reported to the Workforce Performance and Health Team for investigation and correction of issue.

The Workforce Performance and Health Team will follow up reports of incidents and hazards so that early intervention can be effectively implemented. It will also closely monitor data from Comcare to check on claim activity.

16. Redeployment, invalidity retirement and voluntary redundancy

Invalidity retirement and voluntary redundancy are not injury management strategies. It is important to note that in compensable cases:

- The agency continues to be responsible for rehabilitation;
- Redundancy will not cause incapacity payments to cease;
- There is the potential that compensation costs will substantially increase and this may impact on the agencies compensation premium.

In circumstances where a full return to work is not feasible, managers should discuss with the Rehabilitation Case Manager other options such as partial or full invalidity. In the case of invalidity retirement, the *Public Service Act 1999*, Public Service Regulations 3.2 and 9.2, the *Superannuation Act 1976* and the *Superannuation Act 1990* provide the principal guidance. The Australian Government superannuation schemes have guidelines that must be met before invalidity retirement can be agreed.

17. Confidentiality of Information

Personal or health records of an employee will not be supplied to any person(s) or organisation other than the employee concerned, except where:

- The employee has provided written consent for the release of specific information to a specific person(s) or organisation;
- The information is in a form which does not identify the employee either directly or by inference;
- The person or organisation is authorised by Comcare to have access to compensation information under the provisions of the SRC Act; or
- Other reasons defined in the *Privacy Act 1988*.

18. Record Maintenance

All rehabilitation case files are official corporate records subject to retention and preservation rules imposed under the *Archives Act 1983*.

Rehabilitation case files are created and maintained by the Rehabilitation Case Manager, not line managers, on behalf of the NHMRC. Rehabilitation case files are to be stored in a locked cabinet.

In certain circumstances information contained within a rehabilitation case file may in whole or part be examined, copied and/or otherwise provided to Comcare when:

- An employee lodges a claim for compensation;
- An employee seeks reconsideration from Comcare on a determination made by a Rehabilitation Case Manager; and/or
- liability for a claim is denied, and appeal is subsequently made to the Administrative Appeals Tribunal and/or Federal Court of Australia.

19. Further advice

Further advice on rehabilitation matters can be found on the NHMRC intranet or by contacting the Rehabilitation Case Manager on 6217 9462. The Workforce Performance and Health Team can also be contacted by email at Workforceperformanceandhealth@nhmrc.gov.au.

Appendix 1 – Rehabilitation Management System – Key Performance Indicators

The NHMRC's Rehabilitation Management System (RMS) has been developed to:

- Ensure the timely safe and durable return to work of ill or injured employees regardless of where the illness or injury occurred; and
- Conduct rehabilitation in such a way that the employee does not aggravate the injury or cause others to be injured as a consequence of any restrictions.

Four key objectives are identified as a means of achieving effective early rehabilitation intervention and return to work. To measure the performance of the NHMRC's rehabilitation performance, key performance indicators with supporting metrics have been developed. Attachment A (Rehabilitation Management System – Bimonthly Monitoring and Reporting) is completed and reported to the Executive Director of Corporate Operations and Information every two months.

- 1. Rehabilitation activity is to commence as soon as possible after notification of injury or illness.**
 - **Key Performance Indicator 1.1:** 100% of rehabilitation intervention commences within one business day of notification of illness or injury.
 - **Corresponding Metrics: 1.1 and 1.2**
- 2. The employee's workplace should be the focus of their rehabilitation program.**
 - **Key Performance Indicator 2.1:** Final goal of 100% of employee RTW plans final goal is to return to pre-injury duties and capacity.
 - **Corresponding Metrics: 2.1**
- 3. Rehabilitation is tailored to the employee's needs, is well coordinated, accountable and results orientated.**
 - **Key Performance Indicator 3.1:** 90% of RTW Plans achieve full return to work.
 - **Corresponding Metrics: 3.1**
- 4. Timely and appropriate action to prevent, or minimise, the possibility of the circumstances leading to the injury or illness occurring again.**
 - **Key Performance Indicator 4:** 95% of employees have returned to pre-injury duties and hours 26 weeks following the RTW plan closure.
 - **Corresponding Metrics: 1.1 and 4.1**

Appendix 2 – Rehabilitation Management System – Quarterly Monitoring and Reporting

Metric 1.1: Early intervention – Reported injury/illness

Number of reported injuries for the reporting period	Number of which Rehab commenced with one business day of notification

Metric 1.2: Early Intervention – Absence Reporting

Number of employees with Personal Carers Leave absences greater than 3 days for the reporting period	Employee/Supervisor Contact	Number of employees back at work	Number referred for Medical Assessment	Number referred for Rehab Activity

Metric 2.1: Return to Work Plans

	Compensable	Non-Compensable
No of cases with a RTW plan in place		
Percentage of RTW plans with a final goal to return to pre-injury duties and capacity		
Percentage of finalised RTW plans which have achieved a return to pre-injury duties and capacity		

Metric 3.1: Rehabilitation Provider Performance

	Compensable	Non-Compensable
No of finalised RTW plans YTD		
Percentage of finalised RTW plans with no return to work		
Percentage of finalised RTW plans with partial return to work		
Percentage of finalised RTW plans with full return to work		

Metric 4.1: Long Run RTW success 26 weeks	Compensable	Non-Compensable
No of finalised RTW plans YTD		
Percentage of employees working pre-injury hours and duties 26 weeks following RTW plan closure		

Appendix 3 – Selection, Monitoring and Assessment of Rehabilitation Providers

A Workplace Rehabilitation Provider (WRP) will be selected taking into account the following considerations:

- The nature of the injury;
- Period of time off work and barriers to return to work;
- The skills and expertise required of the WRP;
- Previous work undertaken by that WRP, considering whether they had met expectations; and
- Work related factors which may impact on rehabilitation outcomes.

A WRP who is being engaged to provide services under the SRC Act must be accredited by Comcare. A list of approved WRP's is available at www.comcare.gov.au.

Following the engagement of a WRP the case manager is responsible for:

- Monitoring the WRP's service delivery and ensuring compliance with standards and expectations in line with the NHMRC's Service Agreement at Appendix 3 of the Rehabilitation Management System Manual; and
- Notifying Comcare of any failure by the WRP to comply with documented expectations and standards.

Workplace Rehabilitation Provider Service Agreement

Early Intervention

Following referral for an initial assessment of a worker's capability of undertaking a rehabilitation program, a Workplace Rehabilitation Provider (WRP) must ensure that where possible:

- Initial contact with all key parties is made within one working day of the referral;
- The initial needs assessment is conducted within 5 working days; and
- The initial needs assessment report is provided and discussed with the case manager within 5 days of completion of the initial assessment.

The initial needs assessment report must include:

- Consultation with the medical practitioner, and other treating practitioners;
- Confirmation of the worker's current work capacity;
- An opinion on whether (or not) the worker requires a rehabilitation program;
- Recommendations regarding the earliest possible safe and sustainable return to work or the services or activities required to achieve maintenance at work; and
- Identification of suitable duties (if applicable).

Rehabilitation

Where a rehabilitation program is required, it shall be developed within 5 days of the key parties identifying and agreeing on the need for the rehabilitation program. The WRP is to proactively communicate and collaborate with key parties to ensure that the rehabilitation program is based on a shared understanding of requirements and ensure that rehabilitation are workplace based and include regular review meetings with key parties.

Monitoring and reporting

The WRP will regularly review and communicate the worker's progress towards the rehabilitation goal to the case manager (at least on a monthly basis). The review should be undertaken in consultation with key parties to ensure that the goal is still appropriate (i.e. Relevant, achievable and consistent with medical advice). The case manager must be notified immediately should the worker fail to make expected progress, fail to participate in the rehabilitation program or if they suspect that the rehabilitation program will be unsuccessful.

The WRP shall ensure all rehabilitation reports and all rehabilitation program documentation is provided promptly to Comcare (where applicable). Where an alteration to the existing rehabilitation program is required the WRP will negotiate this with the case manager prior to the end date of the current program.

If the WRP is recommending closure of the rehabilitation program, they will seek agreement to cease service delivery from the case manager, and ensure that the reasons for this recommendation are communicated to the worker and relevant key parties. A closure/cessation form must be forwarded to Comcare immediately and a closure report completed within 5 days.

Legislative Compliance

WRP's will ensure compliance with all legislative requirements under the *Safety, Rehabilitation and Compensation Act 1988* in providing rehabilitation services to the NHMRC.

Service Costs

A WRP must invoice according to the agreed requirements of the NHMRC and ensure they have systems in place to track costs and billing of services provided.