COMMONWEALTH OF AUSTRALIA

Safety, Rehabilitation and Compensation Act 1988

SECTION 34 E

VARIATION OF OPERATIONAL STANDARDS
FOR REHABILITATION PROGRAM PROVIDERS

Comcare, pursuant to section 34E of the Safety, Rehabilitation and Compensation Act 1988, varies the operational standards determined under that section by Notice 20 of 2003 on 8 October 2003 and published in the Gazette on 15 October 2003 by substituting the following standards in their place with effect on and from 1 July 2007.

Dated 29 September 2006

The seal of Comcare was affixed
in the presence of:

Barbara Bennett
Chief Executive Officer

Standards pages 1-5 attached
OPERATIONAL STANDARDS FOR REHABILITATION PROGRAM PROVIDERS

In this determination:

“employee” has the same meaning as in section 5 of the Safety, Rehabilitation and Compensation Act 1988

“provider” means a person (including a partnership or company) who has been approved as a rehabilitation program provider under subsection 34F(1) of the Safety, Rehabilitation and Compensation Act 1988 or has had such approval renewed under subsection 34L(1) of the Safety, Rehabilitation and Compensation Act 1988

“rehabilitation authority” has the same meaning as in section 4 of the Safety, Rehabilitation and Compensation Act 1988

“relevant authority” has the same meaning as in section 4 of the Safety, Rehabilitation and Compensation Act 1988

“approval period” means the interval between renewal dates as determined by the Minister under section 34 of the Safety, Rehabilitation and Compensation Act 1988.

These operational standards are applicable during the approval period commencing on 1 July 2007 and ending on 30 June 2010

Explanatory Note

Comcare has developed a model of occupational rehabilitation to assist employers meet their responsibilities under the Safety, Rehabilitation and Compensation Act 1988 (the SRC Act). Effective occupational rehabilitation is a managed process combining early intervention with appropriate, adequate and timely services based on the assessed needs of the individual and seeks to either maintain an employee at work or to quickly and safely return an employee to work on usual duties and hours.

Comcare is required to establish operational standards which all persons that are approved as rehabilitation program providers need to comply with. These standards include outcome and service standards. The outcome standards establish the effectiveness, availability and cost measures that an approved rehabilitation program provider should meet. The service standards balance qualitative and quantitative measures and set out efficiency, effectiveness and quality standards to be met.

Comcare may revoke approval where an approved rehabilitation program provider has failed to comply with the conditions to which the provider’s approval is subject under section 34P(a) i.e. compliance with the standards in force under section 34E.
Outcome Standards

Outcome Standard 1 – Return to work rate

The provider shall achieve a return to work rate of 90 per cent.

Outcome Standard 2 – Duration of return to work plans

The provider’s median duration of return to work plans shall not exceed eighteen weeks.

Outcome Standard 3 – Cost of return to work plans

The provider’s median cost of return to work plans shall not exceed $1980.
Service Standards

Service Standard 1 - Service philosophy

1.1 A provider must develop and maintain a service philosophy that:

(a) reflects the requirements and intent of the Safety, Rehabilitation and Compensation Act 1988 (the SRC Act) and the policy guidelines and procedures that may be issued by the Safety, Rehabilitation and Compensation Commission or Comcare from time to time, and

(b) incorporates the following key principles of occupational rehabilitation.

**Key principles**

1. early intervention and assessment to identify the employee’s return to work needs (including consideration of the physical, personal, social and environmental factors that influence return to work)

2. employee participation in return to work planning and empowerment of the employee to be actively involved in their rehabilitation

3. primary focus of return to work to the same, modified or a different job with the original employer

4. proactive management of the return to work plan and effective coordination with all key stakeholders

5. an assessment and planning process which is workplace focussed

6. rehabilitation activities that are evidence-based and specific to the injured employees needs, and

7. rehabilitation goals that are functional and focussed on return to work outcomes with goals that are specific, measurable, achievable, relevant and aligned with evidence-based recovery timeframes.

1.2 A provider must ensure that no conflict of interest arises when providing rehabilitation services. Specifically, treatment and occupational rehabilitation services must not be provided to the same individual.

1.3 A provider must ensure that in all cases it:

- complies with the Commonwealth’s Privacy Act 1988
- abides by the information privacy principles, national privacy principles or any approved privacy code under that Act as applicable, and
- where necessary, maintains registration on the Register of Businesses That Have Opted into Coverage by the National Privacy Principles maintained by the Privacy Commissioner.
Service Standard 2 – Return to work management

*Early intervention and rehabilitation assessment*

2.1 A provider must ensure the timely acknowledgment, acceptance and recording of referrals for assessment of an employee’s capability of undertaking a rehabilitation program.

2.2 A provider must ensure contact with all key parties (employee, supervisor, case manager, medical practitioner) is made where possible no later than three working days after receipt of a referral for assessment.

2.3 A provider must ensure that within ten working days of a referral for assessment:

(a) a workplace visit has been completed, and

(b) the initial assessment of the employee’s capability of undertaking a rehabilitation program is complete, and

(c) the initial assessment identifies barriers to maintenance at or return to work (physical, psychosocial or workplace) and outlines the most appropriate course of action to achieve maintenance at or the earliest possible safe and sustainable return to work, and

(d) the referring rehabilitation authority has been advised by written report of the outcome of the initial assessment.

*Return to work plans*

2.4 When requested to do so, a provider must develop a return to work plan, in consultation with the referring rehabilitation authority, as soon as possible and within 10 working days.

2.5 A provider must ensure the employee’s return to work plan details the goals, roles and responsibilities, outcomes, nature of interventions, costs and expected duration of the plan. All elements are aimed to maintain an injured employee at work while recovering from injury or facilitating an early and safe return to work.

2.6 A provider must proactively communicate and collaborate with key stakeholders (the employee, case manager, supervisor and medical practitioner) to ensure that the plan is based on a shared understanding of:

(a) the employee’s injury and any relevant medical restrictions as a result of the injury
(b) the employee’s capacity to resume pre-injury duties, and
(c) any personal, social, or environmental factors that may present a risk of delayed return to work, and evidence-based medical recovery timeframes for the condition.

2.7 A provider must ensure that the return to work plan is workplace-based and includes agreed worksite program review meetings with key parties.

2.8 A provider must ensure that when significant personal, social or environmental risk factors are present or when employee incapacity has continued for more than 12 weeks, the return to work plan includes:

(a) evidence-based strategies to reduce the risk of ongoing chronicity and incapacity, and

(b) a structured review and/or case conferencing to promote collaborative problem solving related to identified issues. This should involve the case manager, claims manager, and may also involve the treatment provider, line manager and injured employee as appropriate.

**Monitoring and reporting progress**

2.9 A provider must monitor the progress of return to work plans in consultation with the case manager, treating health professionals and any other relevant medical provider and alert these parties when an injured employee fails to make expected return to work progress.

2.10 As soon as a provider becomes aware that an employee has failed to begin to undertake a return to work plan or has discontinued undertaking a plan, the provider must contact the rehabilitation authority immediately.

**Plan amendments and new plans**

2.11 If a return to work plan requires amendment to either

(a) estimated cost of the plan, or

(b) expected duration of the plan, or

(c) return to work activities or services in the plan,

the provider must advise the case manager prior to the expiration of the current plan. The provider must then complete a *Return To Work Plan Amendment* in consultation with the case manager, the employee, supervisor, and medical practitioner within 10 working days.
2.12 The provider should only seek to propose a new return to work plan if the final goal of the return to work plan cannot be achieved. Any new return to work plan must be developed within 10 working days of being requested by the referring rehabilitation authority and be developed in consultation with the case manager, the employee, supervisor and medical practitioner.

**Plan closure**

2.13 A provider must communicate their reasons to recommend that the return to work plan be closed to the employee, the case manager and treating medical practitioner.

2.14 A provider must seek feedback from the referring rehabilitation authority regarding the level of satisfaction with the outcome of the return to work plan and the nature of the services provided.

**Service Standard 3 - Suitable and durable employment**

3.1 The primary focus of return to work programs under the SRC Act is to assist injured employees to remain at, or return to their pre-injury work. A provider must, wherever possible, approach the return to work of an employee in the following sequence:

(a) Same job/Same employer
(b) Similar job/Same employer
(c) New job/Same employer
(d) Same job/New employer
(e) Similar job/New employer
(f) New job/New employer.

3.2 A provider must consider whether the employee can return to work in the employee’s pre-injury employment or whether the employee should return to modified or alternative duties with the original employer prior to exploring other vocational options.

3.3 Where return to work with the original employer is not possible, the provider may then assist the employer and the employee to identify suitable alternative vocational options for the employee and facilitate placement into suitable and ongoing alternative employment.

3.4 A provider must only consider vocational retraining after all other return to work options have been pursued (taking into account the employee’s age, education and existing skills) and where it is considered that such options are unlikely to achieve desired outcomes. Where retraining is considered, it must be linked to future employment outcomes.
Service Standard 4 - Staff and subcontractors

4.1 A provider must ensure that individuals employed or engaged by the provider to manage return to work plans under the SRC Act have met the competency requirements of Criterion 1 in force under section 34D of the SRC Act.

4.2 A provider must ensure that individuals employed or engaged by the provider to manage return to work plans under the SRC Act complete the Comcare training course for approved rehabilitation providers within three months or as soon as possible of their employment or engagement.

4.3 A provider must ensure that individuals employed or engaged by the provider to provide return to work services under the SRC Act have the qualifications and experience appropriate to the particular service. A provider will not accept a referral for services unless they have the skills, qualifications, and capacity to deliver services consistent with this standard.

4.4 A provider must notify Comcare in writing of any changes to individuals employed or engaged by the provider to manage return to work plans under the SRC Act including evidence of qualification and experience.

4.5 A provider must ensure that any third party they have engaged to deliver rehabilitation services provided under an SRC Act are consistent with these service standards.

Service Standard 5 – Business and financial responsibilities

5.1 A provider must ensure that its financial affairs are managed in accordance with accepted financial practices and applicable Commonwealth, State and Territory laws, including keeping correct accounts and full details of all receipts and expenditure.

5.2 A provider must ensure that all individuals employed or engaged by the provider to provide return to work services under the SRC Act are covered by or hold current and sufficient coverage for professional indemnity. The provider must hold current and sufficient public liability insurance and, if it employs staff, workers' compensation insurance.

5.3 A provider must have appropriate record keeping systems that provide for the adequate handling, security and storage of case records, and the tracking and billing of services provided.

5.4 A provider must invoice according to the requirements of the relevant authority.
5.5 Where a provider uses a subcontractor to provide services under the SRC Act, the provider remains liable for reimbursing the subcontractor for any costs or expenses incurred by the subcontractor and must allow for this on the plan.

5.6 The provider must advise Comcare in writing within one month of any change in the identity of the principals of the provider, or employees, providing occupational rehabilitation services under the SRC Act.

5.7 A provider must advise Comcare immediately, and in writing, it becomes apparent that it is no longer able to continue trading, is placed into administration, becomes insolvent or is the subject of bankruptcy proceedings.

5.8 A provider must advise Comcare within seven days, and in writing, of being notified of any professional misconduct proceeding being taken against the provider or any individuals employed or engaged by the provider.

Service Standard 6 – Evidence of compliance with operational standards

6.1 A provider must ensure that documentation is on file to demonstrate ongoing compliance with these standards and must make such information available to Comcare on request.