



Heads of Workers' Compensation Authorities

Principles of Practice for Workplace Rehabilitation Providers

DRAFT

Consultation Draft

June 2019

Foreword

CONSULTATION ON THE PRINCIPLES OF PRACTICE FOR WORKPLACE REHABILITATION PROVIDERS

In December 2018 the Heads of Workers' Compensation Authorities (HWCA) agreed to replace the Nationally Consistent Approval Framework for Workplace Rehabilitation Providers (NCAF) with a principles-based framework for the delivery of workplace rehabilitation provider services. A jurisdictional working group was established to progress this work and prepare a set of principles for industry wide consultation by mid-2019. The current NCAF continues to be in place pending the outcome of this work and for relevant jurisdictions the current three-year approval of WRPs has been extended for a further 12 months through to June 2020.

The Heads of Workers Compensation Authorities (HWCA) invite you to participate in the consultation on the DRAFT *Principles for Practice for Workplace Rehabilitation Providers*. These principles have been developed with the purpose of supporting Workplace Rehabilitation Providers in the delivery of services to individuals with a compensable injury.

Workplace rehabilitation is a managed process - delivered in the workplace with the aim of using work as part of therapy and recovery. Through timely intervention, involving individualised assessment, suitable work is identified and used as part of the pathway to recovery. This process requires coordination between the worker, the treating practitioner(s), the employer, the insurer and in more complex cases, a Workplace Rehabilitation Provider.

There is an important relationship between health and work. HWCA is a signatory organisation to the ['Realising the Health Benefits of Good Work Consensus Statement'](#). The Health Benefits of Good Work (HBGW) is an initiative from Australian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP). This initiative is based on compelling Australasian and international evidence that good work is beneficial to people's health and wellbeing and that long-term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.

The DRAFT *Principles for Practice for Workplace Rehabilitation Providers* recognise the importance of work in recovery and are intended to:

- guide Workplace Rehabilitation Providers in delivering workplace rehabilitation services to a worker
- inform the Workplace Rehabilitation Provider management frameworks of workers' compensation authorities
- assist employers and insurer's when purchasing the services of a WRP
- complement the *Clinical Framework* for the delivery of treatment services

I encourage your feedback on the proposed principles.

Sue Weston

Chair
Heads of Workers' Compensation Authorities

How to provide feedback

Written feedback can be made to HWCA at: hwca@comcare.gov.au.

The closing date for feedback is **10 July 2019**.

Please direct any queries about the consultation to the HWCA secretariat at hwca@comcare.gov.au.

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Workplace Rehabilitation Provider - An organisation who has been approved by a worker's compensation authority to provide workplace rehabilitation services to assist workers to recover at or return to work following a workplace injury. Where appropriate within the context of workplace rehabilitation, a reference to a Workplace Rehabilitation Provider also includes a reference to an individual workplace rehabilitation consultant.

Introduction

Recovery at work

Each year in Australia there are over 100,000 workers' compensation claims for serious¹ workplace injuries. These injuries have a significant impact on the lives of Australian workers with the social and financial costs being borne by the worker, employer and community. When a workplace injury occurs, the overarching goal is for the worker to return to their pre-injury lifestyle as far as possible. Support is provided from the employer, families, treatment providers, insurer and in some circumstances a Workplace Rehabilitation Provider.

The Workplace Rehabilitation Provider is engaged to provide specialised services when the insurer/employer is seeking additional assistance to support the workers' return to work. The services of a Workplace Rehabilitation Provider are used to identify and address any risk factors which may impact a successful return to work, translates functional gains into meaningful work, and provide advice on the best pathway to recovery. A Workplace Rehabilitation Provider will engage with the treating provider(s) and help inform treatment plans, providing insights into the working environment that enables work to be used as therapy.

These *Principles of Practice for Workplace Rehabilitation Providers* (the principles) guide expectations of quality service delivery and communicate the collaborative actions expected with the worker, employer and treating provider to optimise recovery and work participation.

The principles align with the evidence base that work is a determinant of health. Research shows that good work is not only good for health and wellbeing but that long-term absence from work has a negative impact on physical and mental health.² The evidence also supports the value of work as part of recovery and not just as the end goal of rehabilitation.³

In this way, the services of a Workplace Rehabilitation Provider are designed to promote and realise the health benefits of good work with early alignment of treatment goals with return to work goals. Supporting a worker to be at work in some capacity provides the best chance of a good outcome following their work injury. The longer someone is off work, the likelihood of returning to work diminishes. Therefore, acting early to assess needs, establish and build work capacity, identify suitable work and set meaningful goals are essential to successful recovery at work.

¹ A serious claim is an accepted workers' compensation claim for an incapacity that results in a total absence from work of one working week or more.

² *Australasian Faculty of Occupational & Environmental Medicine - Royal Australasian College of Physicians: Australian Consensus Statement on the Health Benefits of Work (2017).*

³ *Australasian Faculty of Occupational & Environmental Medicine - Royal Australasian College of Physicians: Health Benefits of Work Evidence Update (2015)*

Part One – Principles of Practice

Principle One

Adopt a biopsychosocial approach to build capacity through work participation

To identify risks and needs when planning interventions, Workplace Rehabilitation Providers:

1. identify the biological, psychological and social risk factors and barriers to return to work as early as possible
2. consider the biopsychosocial factors in conjunction with the objective evidence of functional capacity
3. develop strategies to address the identified risks, needs, strengths and capacities having regard for the worker's medical status, capacity for work, vocational status, psychosocial concerns, employer requirements, workplace issues and any relevant barriers
4. include strategies to address the biopsychosocial risk factors when setting work-related goals
5. regularly monitor any changes in risk factors and barriers to achieving the goals, making adjustments in collaboration with the worker, employer and insurer
6. recognise emerging issues early, such as the potential for secondary psychological injury, and identify how the contributing factors can be addressed
7. have regard to suitable work/employment options that may be available to support recovery at work currently or over time as capacity increases
8. identify unhelpful beliefs and address these to ensure they do not lead to entrenched barriers to return to work

To build capacity through work, Workplace Rehabilitation Providers:

9. collaborate with the worker and employer in the design and implementation of activities that are workplace-based wherever possible
10. provide independent advice on the most effective pathway to recovery at work
11. support appropriate certification for work capacity through timely advice to the certifier
12. provide the employer with the necessary guidance to support the worker returning into the work environment

Principle Two

Empower the worker and employer to achieve the goals of return to work

To empower the worker and employer to achieve goals, Workplace Rehabilitation Providers:

1. support and motivate the worker to be actively involved in the development of the program
2. establish that the worker has an awareness and understanding of the treating practitioner's recovery expectations relevant to their injury or condition
3. consider the value of health literacy as a motivating tool for the worker and employer, including the health benefits of good work to aid recovery, reasonable adjustments to work, team support and the critical importance of making suitable work available
4. align the expectations of the worker and employer, facilitating this through the treating provider and certificate of capacity
5. ensure communication is timely, respectful, clear and tailored
6. consider and identify cultural needs and address these as appropriate
7. assist the employer to identify how they can respond to the needs of the worker, including an understanding of how supportive supervisors and colleagues contribute to better outcomes for the worker and employer
8. identify and address any knowledge gaps an employer may have in supporting return to work, including their legislative obligations

Principle Three

Deliver outcome driven workplace-based services

To identify tailored goals and support cost effective goal achievement, Workplace Rehabilitation Providers ensure that:

1. objective information is collected from the worker, treating practitioner and employer to inform the goals to be achieved
2. treating providers are engaged early to establish how work could be used as therapy and how work activities can support and reinforce the treatment plan
3. goals are:
 - a) functional and SMART – specific, measurable, achievable, relevant and timed
 - b) designed to achieve a suitable, meaningful and durable return to work and increase work, family and community participation
 - c) developed in collaboration with worker and employer
 - d) modified as they are achieved or as circumstances change
 - e) reset in communication with the worker
4. where measurable improvement in achieving goals is slow or absent:
 - a) the cause/s is identified
 - b) where indicated, goals are reset, or an alternate pathway to return to work is implemented, or
 - c) a service closure plan is developed, or
 - d) consideration of referral to another Workplace Rehabilitation Provider occurs
5. where there is certification for no work capacity:
 - a) provide information and strategies to the treating providers to consider capacity and recover at work options
 - b) the employer is guided to identify and provide appropriate work adjustments (establishing the pathway to recovery through work)
 - c) the worker is educated about the role of work in helping recovery

To ensure services are cost effective, Workplace Rehabilitation Providers:

6. demonstrate through assessment the need for intervention and appropriateness of the return to work strategies
7. translate functional gains into meaningful work (or vocational) activity based on assessment of capacity for work and availability of suitable work/employment (pre-injury or new employer)
8. review service effectiveness and the ongoing need for services in discussion with the referrer (insurer or employer)
9. regularly review the accumulated time and financial investment in services in discussion with the referrer (insurer or employer)
10. avoid duplication by integrating with other recovery services
11. cooperate with peer reviews of services and costs incurred

The following activities are not considered appropriate or cost-effective services within the realm of workplace rehabilitation:

- Work conditioning activities outside of the workplace designed to increase functional capacity for employment
- Treatment (including therapeutic counselling)
- Overseeing/monitoring of a worker's treatment
- Administrative activities such as provision of certificates or other artefacts to employers or insurers
- Claims management
- Assessment of daily living and independence

Principle Four

An evidence-based approach to service design and delivery

To apply contemporary and evidence-based best practices Workplace Rehabilitation Providers:

1. ensure evidence-based information substantiates service delivery decisions
2. maintain working knowledge of industry trends and emerging academic and clinical evidence
3. use assessment to demonstrate the need for intervention and the appropriateness of the return to work strategies
4. exercise judgement to determine when workplace rehabilitation services are not applicable or cost effective
5. include delivery of health literacy information that supports the health benefits of good work and the role of work in recovery
6. promote the evidence of early intervention to employers and workers

Principle Five

Services that result in a measurable benefit to the worker and employer.

To demonstrate service delivery effectiveness, Workplace Rehabilitation Providers:

1. use objective measures* to track recovery and return to work outcomes
2. measure progress against goals at appropriate intervals specific to the worker's circumstances
3. communicate measurable progress with worker and employer to mark progress against goals and motivate towards further improvement
4. terminate services in a timely manner where services are no longer cost effective and objective measures do not support ongoing service delivery
5. confirm durability of goal attainment where successful service delivery is complete

* Examples of objective measures include:

- changes/improvements to work status
- sustaining pre-injury hours for a specified period
- sustaining pre-injury or productive duties for a specified period
- significant changes to work capacity
- changes in functional capacity
- progress against SMART goals
- worker experience with services

Part Two – Principles of Administration

Principle Six

Competent and qualified professionals

To meet and maintain competency and professional standards, Workplace Rehabilitation Consultants:

1. achieve and maintain an applied knowledge of the *Principles of Practice for Workplace Rehabilitation Providers*
2. have and maintain relevant* professional registration/recognition (**Appendix A**)
3. operate in an ethical manner, complying with the code of conduct relevant to their health profession, including operating within the limits of the acquired level of expertise
4. comply with standards, guidelines and codes relevant to their registered/recognised profession, including establishing effective working relationships
5. maintain knowledge of the applicable workers' compensation legislation, scheme policy and principles relating to injury management and return to work
6. participate in induction and continuing professional development programs to maintain skills and knowledge in workplace rehabilitation
7. cultivate 'soft skills' such as strong communication skills, the ability to collaborate with diverse stakeholders, empathy, resilience and emotional intelligence

*Note the list at Appendix A details the core professions. Some workers' compensation authorities may add recognised/registered professions to the list at Appendix A to meet their service needs.

Each workers' compensation authority will also have discretion to further define requirements for particular services; some workplace rehabilitation services may only be delivered by designated professional groups.

Minimum experience for workplace rehabilitation consultants

Workplace Rehabilitation Consultants will have 12 months or more experience delivering workplace rehabilitation services.

Where Workplace Rehabilitation Consultants have less than 12 months experience delivering workplace rehabilitation services, a comprehensive induction and learning development plan will be completed, including demonstrated professional supervision for at least 12 months.

Principle Seven

Appropriate governance processes

To provide an appropriate infrastructure for professional, consistent and high-quality service provision to workers, employers, insurers and other relevant parties, all business, governance and administrative functions carried out by Workplace Rehabilitation Providers must:

1. include systems of probity that avoid conflict of interest (**Appendix B**) and prevent, manage and report malpractice/fraud
2. demonstrate appropriate financial administration
3. hold appropriate and adequate insurance, including Professional Indemnity, Public Liability and Workers' Compensation
4. collect data to undertake analysis and reporting of their performance against jurisdictional requirements
5. cooperate with workers' compensation authorities in performance and compliance activities
6. meet all relevant state, territory and commonwealth legislative requirements in the operations of the business, including for records management, privacy and confidentiality
7. apply quality systems to ensure outcome and customer focused service delivery
8. include at least one person in the management structure with a qualification recognised as satisfying the requirements of a Workplace Rehabilitation Consultant and who can demonstrate at least five years' relevant workplace rehabilitation experience

Relevant Professions and Eligibility Requirements

The following guidance is used by workers' compensation authorities to establish relevant professional registration/recognition requirements for Workplace Rehabilitation Providers. Note that workers' compensation authorities may include additional professional groups in their jurisdictional framework; and some workplace rehabilitation services may only be delivered by designated professional groups.

For more information please refer to the relevant state, territory or federal workers' compensation authority.

Registered with the Australian Health Practitioner Regulation Agency

1. Occupational therapist
2. Physiotherapist
3. Psychologist
4. Medical practitioner
5. Nurse

Recognised/Accredited by the professional association

6. Rehabilitation counsellor - recognised (full membership) by the *Australian Society of Rehabilitation Counsellors* or the *Rehabilitation Counselling Association of Australasia*
7. Social Worker – recognised (full membership) by the *Australian Association of Social Workers*
8. Exercise physiologist – accredited with *Exercise and Sports Science Australia (ESSA)*.

Conflict of interest

Conflict of interest may arise where a Workplace Rehabilitation Provider could be (or could be perceived to be) influenced by a personal/ professional or commercial interest in carrying out their provider duties impartially. A conflict of interest may improperly influence the performance of professional duties and responsibilities.

Robust systems and processes must be in place to ensure all conflict of interest issues are considered, mitigated and notified to the workers' compensation authority. Workplace Rehabilitation Providers must ensure they maintain accurate record keeping demonstrating sound decision making and judgments on all conflict of issue matters.

In assessing potential or actual conflict of interest, consideration should be given to:

- personal, professional or business-to-business financial gain or benefit
- existing provider/client relationship or familial relationships
- businesses in which the service provider, friends or family have an interest
- worker preference or choice
- a worker's location (such as, rural and remote, availability of services)
- disclosing sensitive or confidential information gained through employment to another organisation
- any financial or other personal interest that could directly or indirectly influence or compromise the provider in performing services.

Examples of conflict of interest

1. A worker is undergoing workplace rehabilitation activities and is referred for treatment, such as psychological or physical treatment, within the Workplace Rehabilitation Provider's business. In such situations it is essential that the Workplace Rehabilitation Provider has in place appropriate policies and procedures to ensure that the rights of all parties are protected. The worker should be offered a choice of practitioner and there should be full financial disclosure to the worker, the doctor and the insurer/employer, as well as notification to the workers' compensation authority.
2. Arranging a work placement where there is either a professional or personal relationship between the proposed host and the trainee, such as a provider-client relationship or a familial relationship. Where a potential conflict of interest is identified the Workplace Rehabilitation Provider will consider and implement suitable mitigation strategies.