



Heads of Workers' Compensation Authorities

# Principles of Practice for Workplace Rehabilitation Providers

September 2019

## Foreword

These principles support Workplace Rehabilitation Providers in delivering services to workers with a compensable injury.

Workplace rehabilitation is a managed process that includes work as part of therapy and recovery. Through timely intervention, involving an individualised assessment, suitable work becomes part of the pathway to recovery. This process needs 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 the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP). This initiative is based on 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.

Safe Work Australia’s [National Return to Work Strategy 2020-2030](#) aims to ‘minimise the impact of work-related injury and illness and enable workers to have a timely, safe and durable return to work’. The strategy recognises the role that workplace rehabilitation providers can play in optimising workers’ recovery and return to work. Applying the principles of good work in practice is a priority under the strategy, with workplace rehabilitation providers well placed to promote and facilitate this. Three strategic outcomes support the vision in the strategy:

1. Increase in workers staying in or returning to good work following a work-related injury or illness
2. Increase in positive return to work experiences for workers with a work-related injury or illness
3. Increase in employers preparing for, effectively responding to and managing work-related injury and illness in the workplace

The *Principles for Practice for Workplace Rehabilitation Providers* recognise the importance of work in recovery. The principles:

- guide Workplace Rehabilitation Providers in delivering workplace rehabilitation services to a worker
- inform the Workplace Rehabilitation Provider approval and management frameworks of workers’ compensation authorities
- support the vision of the *National Return to Work Strategy 2020-2030*
- complement the *Clinical Framework*<sup>1</sup> for the delivery of treatment services

These principles were developed following extensive consultation with industry. I would like to thank contributors as well as acknowledge the support and assistance of the Workplace Rehabilitation Provider reference group and the interjurisdictional working group.

On behalf of the Heads of Workers’ Compensation Authorities, we reiterate our shared commitment to improving the health and wellbeing of workers, realising the health benefits of good work and achieving the strategic outcomes of the *National Return to Work Strategy 2020-2030*.

Sue Weston, Chair - Heads of Workers’ Compensation Authorities

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<sup>1</sup> *Clinical Framework - For the Delivery of Health Services 2012*, Transport Accident Commission and Worksafe Victoria.

# Overview

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# Introduction

## The health benefits of good work

Each year in Australia there are over 100,000 workers' compensation claims for serious<sup>2</sup> 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 expert services when additional assistance to support the workers' return to work is needed. The services of a Workplace Rehabilitation Provider are used to identify and address any risk factors which may impact a successful return to work, to translate functional gains into meaningful work, and provide evidenced-based advice on the best pathway to recovery and return to work. At times a Workplace Rehabilitation Provider may also be engaged to assist with non work-related goals or work readiness activities.

A Workplace Rehabilitation Provider will engage with the treating provider(s) and help inform treatment plans, providing insights into the working environment that enable work to be used as therapy.

These *Principles of Practice for Workplace Rehabilitation Providers* (the principles) guide expectations of quality service delivery. The principles align with the evidence base that [good 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.<sup>3</sup> The evidence also supports the value of work as part of recovery and not just as the end goal of rehabilitation.<sup>4</sup>

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 the workers' successful recovery.

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<sup>2</sup> 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, as defined in the Safe Work Australia publication of Australian Workers' Compensation Statistics.

<sup>3</sup> *Australasian Faculty of Occupational & Environmental Medicine - Royal Australasian College of Physicians: Australian Consensus Statement on the Health Benefits of Work (2017).*

<sup>4</sup> *Australasian Faculty of Occupational & Environmental Medicine - Royal Australasian College of Physicians: Health Benefits of Work Evidence Update (2015)*

# Part one—Principles of service delivery

## 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 socio-economic 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 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, including assisting the worker to learn helpful self-management strategies.
5. Regularly monitor any changes in risk factors and barriers to achieving the goals, making adjustments in collaboration with the worker and their support team.
6. Recognise emerging issues early, such as the potential for secondary psychological injury, and address the contributing factors.
7. Have regard to suitable work/employment options that may be available to support a return to work currently or over time as capacity increases.
8. Identify and address any unhelpful beliefs to ensure they do not lead to entrenched barriers to return to work.
9. Collaborate with the worker and their support team to develop consistent strategies and approaches to address identified risk factors.

**To build capacity through work, Workplace Rehabilitation Providers:**

10. Collaborate with the worker and their support team in the design and implementation of activities that are workplace-based wherever possible (or work readiness activities when not).
11. Provide independent evidence-based advice on the most effective pathway to recovery.
12. Provide timely recovery and workplace information and advice to support appropriate certification of capacity for work.
13. Provide the employer and treating providers with guidance that will support the worker with their return to 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 and employer 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. Develop SMART goals (specific, measurable, achievable, relevant and timed) in collaboration with the worker.
4. 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.
5. Ensure the worker has enough information to retain a sense of control in their return to work, and the information is understandable in their circumstances.
6. Align the expectations of the worker and employer—facilitating this through the treating practitioner and by using the certificate of capacity.
7. Strengthen relationships by using an empathetic and supportive communication style that is timely, proactive clear and tailored.
8. Identify and address cultural needs in appropriate way.
9. Assist the employer with responding to the needs of the worker, including promoting how supportive supervisors and colleagues contribute to better outcomes for the worker and employer.
10. Guide and support the employer to understand their duties and the health benefits of good work.

## 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 and their support team to inform goal setting.
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 health and increase work, family and community participation
  - c) developed in collaboration with worker and their support team
  - d) evaluated and modified as they are achieved or as circumstances change
  - e) reset in consultation with the worker and employer.
4. Where measurable improvement in achieving goals is slow or absent:
  - a) the cause/s is identified and communicated to all parties transparently
  - 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 return to work options
  - b) develop and implement strategies to build work readiness and capability that have a direct connection to a return to work strategy
  - c) the employer is guided to identify suitable work and enable certification by providing appropriate work adjustments (establishing the pathway to recovery through work)
  - d) 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 worker and their support team.
9. Regularly review the total accumulated time and financial investment in services in discussion with the referrer.
10. Avoid duplication by integrating with other services.
11. Cooperate with peer reviews of services and costs incurred.

## 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 and reviews 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. Provide 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 and evaluate 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 their support team to mark progress against goals and motivate towards further improvement.
4. Terminate services in a timely manner where their services are no longer 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
- sustained placement in new employment

# 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/membership **(Appendix A)**.
3. Operate in an ethical manner, complying with the code of conduct relevant to their profession, including operating within the limits of the acquired level of expertise.
4. Comply with standards, guidelines and codes relevant to their profession.
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 effective 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 professional groups and services; some workplace rehabilitation services may only be delivered by designated professional groups.

#### **Minimum experience for workplace rehabilitation consultants**

8. Workplace Rehabilitation Consultants will have 12 months or more experience delivering workplace rehabilitation services.
9. 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. Have 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/membership 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

### Membership by the professional association

6. Rehabilitation counsellor—full membership of the *Australian Society of Rehabilitation Counsellors* or the *Rehabilitation Counselling Association of Australasia*
7. Social worker—full membership of 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 that demonstrates sound decision making and judgments on all conflict of interest matters.

In assessing potential or actual conflict of interest, consider:

- 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

- A worker is receiving workplace rehabilitation services from a Workplace Rehabilitation Provider and is referred for treatment services (such as psychological or physical treatment) within the Workplace Rehabilitation Provider's business. It is essential that the Workplace Rehabilitation Provider has appropriate policies and procedures to ensure that the rights of all parties are protected. The worker should be offered a choice of treatment providers and there should be full financial disclosure to the worker, the treating provider and the insurer/employer, as well as notification to the workers' compensation authority.
- A company owns several subsidiary businesses, including insurers and workplace rehabilitation providers. A conflict of interest arises where the insurer makes preferential referrals within the company structure. The worker should be offered a choice of Workplace Rehabilitation Providers.

## Service descriptors

### Workplace assessment

A workplace assessment is an on-site assessment of a worker performing pre-injury duties and/or suitable work options with the same or different employer for the purpose of:

- identifying tasks that are within a worker's current work capacity
- designing a plan that is precisely matched to the worker's current capacity
- providing for safe upgrading of tasks commensurate with improving work capacity.

Activity includes:

- identify all potential pre-injury and other available work tasks, and the associated critical physical, psychological, social, environmental and organisational demands and risks
- assess the demands of pre-injury duties and any other tasks that may be within their current work capacity
- identify methods of temporarily or permanently modifying/mitigating work demands to maximise work capacity and facilitate recovery at, or return to work
- match a worker's assessed work capacity with compatible work tasks
- identify tasks that can be utilised as part of a worker's rehabilitation to increase work capacity over time
- collaborate with the employer to finalise recommendations regarding suitable work options
- communicate assessment findings and recommendations to relevant parties to facilitate a worker's recovery at, or return to work.

A workplace assessment can range from a brief to a more comprehensive assessment depending on the needs of a worker and employer.

### Functional assessment

A functional assessment involves objective measurement of a worker's current work capacity against specific and relevant work demands for the purpose of:

- identifying pre-injury duties and suitable work options that are within a worker's current work capacity
- facilitating communication and agreement regarding a worker's return to work goal and/or what constitutes suitable employment for the worker.

A functional assessment can be performed as a component of a workplace assessment, or as a stand-alone assessment when a workplace is not available.

Activity includes:

- identify work tasks relating to a worker's pre-injury job and/or suitable work options with their pre-injury employer where an onsite workplace assessment cannot be conducted
- identify work tasks relating to proposed employment option(s) where a worker is unable to return to work with their pre-injury employer
- identify the critical physical, psychological, social, environmental and organisational demands of all relevant work tasks
- assess a worker's performance of actual or simulated work tasks to determine current work capacity for relevant work tasks
- identify functional restoration strategies that may optimise a worker's capacity to meet the performance criteria of the available tasks or proposed employment option(s)
- communicate assessment findings and recommendations to relevant parties to facilitate a worker's recovery at, or return to work.

### **Vocational assessment and counselling**

The purpose of a vocational assessment and counselling is to identify suitable and sustainable vocational options and recommend strategies to achieve identified goals.

Activity includes:

- analyse a worker's work profile which includes a description of the worker's transferable skills, abilities, aptitude, interests, preferences, restrictions and work capacities
- analyse work options with consideration of factors such as work environment, work requirements and culture to identify a match with the worker's profile. The worker's pre-injury wage and status is also considered when making the match
- consider skills acquisition through practical or formal training if the match between work requirements and worker's profile is incomplete.

Vocational assessments can range from brief vocational screening through to comprehensive vocational assessment and counselling, depending on the worker's circumstances.

## GLOSSARY

**Biopsychosocial** – The systematic model used to describe the holistic elements of an assessment designed to understand the complex interactions of biological, psychological, social and economic aspects of health, injury, illness and health care delivery.

**Capacity for work** – Refers to the functional ability of the worker to participate in work activities as certified by the treating practitioner.

**Certificate of capacity** – The form required by Workers' Compensation Authorities to be completed by a treating practitioner to describes what a worker can or cannot do while recovering from injury or illness.

**Clinical Framework** – 'The Clinical Framework for the Delivery of Health Services', which is a set of principles for providing health care services to individuals with a compensable injury and guiding health care professionals in their treatment practice.

**Compensable injury** – An injury or illness which is determined to be work-related and may be compensated by the relevant worker's compensation authority.

**Early intervention** – Action that responds to an identified issue at the earliest opportunity for the benefit of the worker and employer.

**Employer (original)** – Employer where the injury or illness arose.

**Employer (new)** – Employer where the worker is placed that is not the employer where the original injury or illness arose.

**Evidence based** – An approach which integrates the best available research evidence with clinical expertise and patient values. It involves knowledge translation and application of research evidence to inform health care decision making.

**Functional capacity** – The extent to which a person can perform tasks or activities.

**Health literacy** – The degree to which a person can obtain, process and understand health information and services needed to make appropriate health and wellbeing choices.

**Medical practitioner** - Registered through the Australian Health Practitioner Regulation Agency to practice medicine and may include a general practitioner or specialist such as an Occupational and Environmental Physicians (OEPs). OEPs are medical specialists who provide services related to workers' and employers' health. The OEP's approach is holistic, recognising the health effects of occupational, social, psychological and environmental factors.

**Return to work** – Refers both to supporting the worker to return to work following an absence from the workplace as well as supporting the worker to stay at work whilst they recover, whichever the case may be; understanding the health benefits of good work will assist to tailor the approach.

**Self-management strategies** – May be taught to the worker by the treating practitioner or workplace rehabilitation provider to assist in identifying needs and actions to maximise recovery and independence.



**Support team** – Various parties will support a worker at various times to recover from an injury or illness, including: the employer, insurer, treating practitioners, family members and the workplace rehabilitation provider.

**Treating practitioner** – Is the medical or allied health practitioner consulted by the worker for treatment services to aid recovery from injury or illness.

**Worker** – An individual with a compensable injury.

**Work capacity** – Refers to the functional ability of the worker to participate in work activities as certified by the treating practitioner.

**Workplace rehabilitation** – A managed process involving timely intervention with appropriate and adequate services based on assessed need, aimed at maintaining injured or ill workers in, or returning them to, suitable employment.

**Workplace rehabilitation consultant** – Suitably qualified professional engaged to provide workplace rehabilitation services.

**Workplace rehabilitation provider** – An organisation who has been approved by a workers' 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 service provision, a reference to a workplace rehabilitation provider also includes a reference to a workplace rehabilitation consultant.

**Workplace rehabilitation services** – Services of a Workplace Rehabilitation Provider used to identify and address any risk factors which may impact a successful return to work, to translates functional gains into meaningful work, and provide evidenced-based advice on the best pathway to recovery and return to work, using work at therapy. At times a Workplace Rehabilitation Provider may also be engaged to assist with non work-related goals or work readiness activities.

**Work status** – Describes whether the worker is working (with or without income maintenance) or not working (with or without income maintenance). Where a worker is working it also describes whether this is with the same employer or a new employer (refer to the *National data set for compensation-based statistics* for details).