

**WorkCover Tasmania Board
Return to Work and
Injury Management Model**

Version 3 – August 2008

Return to Work and Injury Management Model

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Return to Work and Injury Management Model

Introduction

The Tasmanian *Return to Work and Injury Management Model* provides a framework for improving and streamlining the management of workplace injury and illness. The Model aims to deliver better health and return to work outcomes for injured workers, with lower costs to employers and the workers compensation system.

The Model is intended to directly benefit Tasmanian workers and employers by facilitating:

- better communication between all parties;
- optimal recovery from work-related injury;
- early, safe and sustainable return to work;
- prompt resolution and minimisation of disputes;
- reduced economic impact;
- improved workplace morale; and
- increased productivity.

The model is based on seven high level principles detailed at page 8. It consists of seven elements (outlined at pages 9 - 13) that are considered to be essential to achieving effective injury management. The elements are to be achieved by a number of strategies which are set out at pages 14 to 60.

Return to Work and Injury Management Model

Definition of Terms

Alternative employer incentive scheme: A scheme to provide financial incentives and support to employers to provide alternative duties, training, and/or return to work opportunities to injured workers who are unable to return to work with their pre-injury employers.

Injured worker: A worker who has sustained a work-related injury.

Injury management: A coordinated and managed process consisting of activities and procedures intended to facilitate recovery and restore an injured worker to his/her pre-injury work capacity. It includes and or all of the following but is not restricted to:

- Acute and ongoing medical treatment, rehabilitation and care;
- Managed return to work (including retraining where necessary);
- Management of the workers compensation claim relating to recovery from injury and return to work; and
- Employment management practices relating to recovery from injury and return to work.

Injury Management Coordinator (IMC): A person appointed to coordinate and oversee the injury management process after a work-related injury, such as medical treatment and return to work, including all aspects of Injury Management Plans and Return to Work Plans.

Injury Management Plan (IM Plan): A comprehensive plan for coordinating and managing the treatment, rehabilitation and return to work of an injured worker.

Injury Management Program (IM Program): A series of documented policies and procedures that establishes a coordinated and integrated process for injury management, in order to achieve the best results for a timely, safe and durable return to work for injured workers.

Insurer: A licensed insurer, self-insurer or the Nominal Insurer.

Medical certificate: A workers compensation medical certificate (Form 1 and/or Form 2).

Medical management: The medical processes for managing a workplace injury including diagnosis, medical treatment, assessment and certification of incapacity, identification of medical restrictions, and assessment of return to work and alternative duties proposals.

Medical panel: A panel of medical practitioners formed under section 50 of the *Workers Rehabilitation and Compensation Act 1988*

Medical practitioner: A medical practitioner as defined in section 3(1) of the *Workers Rehabilitation and Compensation Act 1988*.

Medical rehabilitation services: The treatment, training or other assistance provided to facilitate or assist an injured worker's rehabilitation, including the supply of material or equipment and any necessary modifications to the workplace, place of residence or motor vehicle.

Occupational rehabilitation: A managed process involving appropriate, adequate and timely medical rehabilitation services and occupational rehabilitation services, based on assessed needs, which is aimed at returning injured workers to, and maintaining them in, suitable employment.

Occupational Rehabilitation Provider (ORP): A person qualified in an allied health field engaged to manage the occupational rehabilitation of an injured worker.

Occupational rehabilitation services: the provision of any of the following services by an occupational rehabilitation provider when stipulated in an IM Plan or required by the treating medical practitioner:

- (a) initial occupational rehabilitation assessment;
- (b) occupational rehabilitation case management;
- (c) preparation of IM Plans and RTW Plans;
- (d) workplace services including: workplace assessment, job analysis, and advice concerning job modification;
- (e) work conditioning and functional education;
- (f) occupational rehabilitation counselling including: vocational counselling and adjustment to disability counselling;
- (g) functional capacity assessment;
- (h) vocational assessment;

- (i) vocational placement including: advice or assistance concerning job seeking, advice or assistance in obtaining vocational re-education or training, and post placement support;
- (j) rehabilitation coordination; basic case management and return to work planning for the employees of their employer;
- (k) any other service as prescribed.

Primary treating medical practitioner: a general practitioner chosen by an injured worker to participate in the injury management process.¹

Return to Work Plan (RTW Plan): A simple plan (based on the medical certificate provided by the injured worker's treating medical practitioner) for coordinating and managing the treatment, rehabilitation and return to work of an injured worker.

Return to Work Coordinator (RTWC): A person appointed by the employer to provide workplace-based support and coordinate the injured worker's return to work.

RTW: Return to work.

The Act: The *Workers Rehabilitation and Compensation Act 1988*.

The Board: The WorkCover Tasmania Board.

The Tribunal: Workers Rehabilitation and Compensation Tribunal.

Treating medical practitioner: a medical practitioner, including the primary treating medical practitioner, treating the injured worker for his or her work-related injury.²

Work-related injury: An injury or disease in relation to which compensation is or may be payable under the *Workers Rehabilitation and Compensation Act 1988*.

¹ Definition to be considered by the medical profession in its implementation of the *Return to Work and Injury Management Model*.

² Definition to be considered by the medical profession in its implementation of the *Return to Work and injury Management Model*.

Return to Work and Injury Management Model

Principles

The *Return to Work and Injury Management Model* presents a holistic approach to effective injury management, which aims to reduce the human and financial impact of work-related injuries. Seven high level principles underpin the Model:

- 1. All parties, including the injured worker, should:**
 - view recovery and return to work as the prime goals following a work related injury;
 - have a shared commitment to these goals; and
 - work together through cooperation, collaboration and consultation to achieve these goals.
- 2. Early intervention is critical – injury management should commence as soon as possible following injury.**
- 3. Where possible, the injury management process will focus on maintaining the relationship between the employer and worker.**
- 4. The injury management process should be transparent, cost efficient and effective.**
- 5. All parties, particularly the injured worker, the employer and the medical practitioner, will have access to information and support in order to clearly understand their roles, rights and responsibilities.**
- 6. Injury management should be of a high standard to:**
 - maintain the dignity and integrity of the injured worker; and
 - ensure that the injured worker is an active participant.
- 7. Effective injury management requires the timely, facilitated resolution of issues.**

Return to Work and Injury Management Model

Elements

The *Return to Work and Injury Management Model* consists of seven elements implemented through a number of strategies. These elements are essential in supporting the underlying principles set out at page 8 and achieving the objective of improving and streamlining the management of workplace injury and illness. The elements are as follows:

1. Shared commitment to recovery and return to work

The *Return to Work and Injury Management Model* is aimed at driving shared ownership of and commitment to the injury management process. It is about creating a culture of trust and cooperation, where all parties are working with a common purpose toward the same goals following an injury – the injured worker's recovery and early and sustainable return to work. The Model addresses this by:

- ❖ Requiring Injury Management Programs (IM Programs) in all workplaces;
- ❖ Promoting supportive workplaces;
- ❖ Restricting the circumstances in which lump sum settlements can be made.

Further details of these strategies appears at pp 14 - 18.

2. Access to information and support

Effective injury management relies on participation and cooperation between all parties, particularly the injured worker, employer and medical practitioner. The *Return to Work and Injury Management Model* recognises that injured workers, employers and medical practitioners need to have relevant, reliable information and support to enable them to fully participate in the injury management process and addresses this by:

- ❖ Requiring that injured workers and employers be provided with comprehensive information and training;
- ❖ Introducing information, advisory and support services for injured workers and employers;

- ❖ Introducing appropriate training for medical practitioners on injury management and workers compensation.

Further details of these strategies appears at pp 19 - 21.

3. Early intervention

Evidence strongly indicates that early intervention is crucial in maximising the prospect of recovery and sustainable return to work.³ The *Return to Work and Injury Management Model* acknowledges and reinforces the importance of commencing injury management processes as soon as possible following an injury by:

- ❖ Requiring early notification of injury (within 48 hours of injury)
- ❖ Encouraging parties to take appropriate action following notification of injury
- ❖ Promoting early lodgement and reporting of claims for workers compensation;
- ❖ Introducing provisional payment of medical and rehabilitation expenses (and endorsing the provisional payment of weekly compensation).

Further details of these strategies appears at pp 22 - 26.

4. Effective communication, coordination and planning

The *Return to Work and Injury Management Model* aims to encourage full and open communication between all parties involved in the injury management process. Lack of communication can lead to delays, confusion and misunderstanding and is recognised as presenting a major barrier to effective injury management. Proper coordination and planning of the injury management process facilitates effective communication between the parties, eliminates duplication of effort and confusion and ensures that the injury management process runs smoothly. The Model aims to improve communication, coordination and planning by:

- ❖ Encouraging clear, timely and non-threatening communication;
- ❖ Promoting full and open disclosure of relevant information;

³ Productivity Commission *National Workers Compensation and OHS Frameworks* (released in June 2004), pp 191 – 194, *Timeliness of Claims Reporting*, by the Workers Compensation and Rehabilitation Section, Workplace Standards Tasmania (released 27 August 2002) – lag time in claims reporting results in increased claim costs

- ❖ Introducing a new role - the Injury Management Coordinator - to facilitate effective coordination;
- ❖ Promoting appropriate injury management planning – RTW Plans and IM Plans.

Further details of these strategies appears at pp 27 – 34.

5. *Timely and appropriate medical management*

The medical management of an injury is a key factor in an injured worker's recovery. Medical treatment should be timely, appropriate and of a high quality to ensure optimal recovery. The *Return to Work and Injury Management Model* aims to improve and streamline the medical management of injuries by:

- ❖ Recognising the central role of the primary treating medical practitioner;
- ❖ Promoting access to appropriate, high quality medical treatment;
- ❖ Promoting accreditation as a tool for encouraging education and commitment;
- ❖ Reinforcing the medical certificate as an effective injury communication management tool;
- ❖ Encouraging timely responses to requests for information/reports;
- ❖ Encouraging the use of evidence based medical treatment guidelines;
- ❖ Introducing a medical advisory and mentoring service to provide peer support to medical practitioners;
- ❖ Clarifying the use of independent medical reviews;
- ❖ Promoting minimisation and appropriate resolution of disputes about medical management.

Further details of these strategies appears at pp 35 – 47.

6. Early, safe and sustainable rehabilitation and return to work – workplace based where possible

Research indicates that return to work has a major impact on successful recovery from injury. Unemployment can itself contribute to poor health outcomes⁴. Return to work has many benefits for an injured worker including:

- maintaining his or her self esteem;
- providing a social and support network;
- ensuring that skills are not lost;
- providing an income during rehabilitation.

Where possible, return to work should occur at the pre-injury workplace as this provides the most realistic environment in which to assess the worker's fitness for work, is familiar to the injured worker and allows him or her to have access to existing social networks. There is also evidence to suggest that return to work is quicker among workers who return to their pre-injury workplace⁵. This has obvious benefits for the employer, e.g., reducing time lost from work, minimising impact on premiums, etc.

The *Return to Work and Injury Management Model* attempts to improve rehabilitation and return to work outcomes by:

- ❖ Advocating continued worker contact/involvement with the workplace following injury
- ❖ Promoting workplace-based coordination of return to work
- ❖ Promoting the Return to Work Hierarchy;
- ❖ Reinforcing employer obligations with respect to rehabilitation and return to work
- ❖ Reinforcing worker obligations with respect to rehabilitation and return to work
- ❖ Requiring regular review of work capacity, including appropriate consideration of retraining and redeployment options;

⁴ Productivity Commission *National Workers Compensation and OHS Frameworks* (released in June 2004), p194

⁵ Productivity Commission, *National Workers Compensation and OHS Frameworks*, (released June 2004), p195.

- ❖ Introducing an alternative employer incentive scheme;
- ❖ Encouraging appropriate referral to occupational rehabilitation providers;
- ❖ Promoting minimisation and appropriate resolution of disputes about rehabilitation and return to work.

Further details of these strategies appears at pp 48 – 59.

7. *Monitoring and evaluation for better long term outcomes*

Regular monitoring and evaluation is essential to ensure that the *Return to Work and Injury Management Model* is meeting its objectives. It allows any problem areas, or opportunities for improvement to be identified and addressed accordingly. The Model facilitates this process by:

- ❖ Requiring collection of relevant data;
- ❖ Introducing review and evaluation mechanisms

Further details of these strategies appears at p 60.

Return to Work and Injury Management Model

Making the model work: Strategies

The strategies under each element are set out in detail below.

1. *Shared commitment to recovery and return to work*

The strategies to strengthen shared commitment to recovery and return to work as prime objectives following a workplace injury are as follows:

(a) *Requiring Injury Management Programs (IM Programs) in all workplaces*

This strategy is intended to encourage commitment to injury management by requiring that every workplace have an Injury Management Program (IM Program).

What is an IM Program:

An IM Program is a series of documented policies and procedures that establishes a coordinated and integrated process for injury management, in order to achieve the best results for timely, safe and durable return to work for injured workers.

Obligation to develop and maintain an IM Program:

- The following parties must develop and maintain IM Programs:
 - Licensed insurers;
 - Self-insured employers; and
 - The Crown or agencies of the Crown (within the meaning of the *State Service Act 2000*).
- Employers are to have an IM Program in place at each workplace. An employer who is not self-insured may either use

an IM Program template developed by its licensed insurer or develop its own IM Program⁶.

- Where an employer develops its own IM Program it must:
 - satisfy the elements of the insurer's template;
 - be consistent with any guidelines developed by the Board on the recommended content for IM Programs;
 - be consistent with the *Return to Work and Injury Management Model*; and
 - be developed in consultation and with the approval of the insurer.⁷

Content of IM Program:

- Guidelines on the recommended content for IM Programs have been issued by the Board and appear at Appendix 3. The Board may, from time to time, vary these guidelines.
- These guidelines are to apply to all IM Programs whether developed by insurers, self-insurers or other employers.

Approval of IM Programs:

- Licensed insurers, self-insurers and the Crown are to submit their IM Programs (including insurer templates for employer IM Programs) to the Board for approval.
- Employers who choose to develop their own IM Programs are to submit them to their insurer for approval.

Implementation:

- All employers and insurers are to operate in accordance with their IM Programs and with legislative requirements.
- Where an insurer becomes aware that one of the employers it insures is not complying with its IM Program, the insurer may refer the matter to the Board.

⁶ Employers who develop their own IM Programs must appoint their own Injury Management Coordinators (see strategy 4(c) on p 29)

⁷ Insurers are to actively encourage employers with 50 or more workers to develop and maintain their own IM Programs.

- Employers are encouraged to provide workplace inductions and ongoing educational sessions to inform workers about key policies and procedures in the IM Program.

Review and amendment:

- IM Programs are to be reviewed regularly (at least annually) and updated/amended as appropriate.
- The Board is to approve any amendments to IM Programs made by licensed insurers, self-insurers and the Crown.
- The insurer is to approve amendments made by an employer to its IM Program.

Audit:

- The Board is to audit IM Programs as part of insurer licence conditions and self-insurer permit conditions.
- On auditing an insurer, the Board will check whether the employers insured by that insurer are complying with their obligations under the IM Program and the insurer's response to any non-compliance.

(b) Promoting supportive workplaces

This strategy aims to improve commitment by encouraging employers to establish supportive workplaces, in which injured workers feel comfortable and secure.

Education:

- Employers are encouraged to provide training and information on workers compensation and injury management for managers and supervisors in order to establish and foster a supportive workplace for injured workers.

Preventing discrimination (including perception of discrimination):

- An employer is not to discriminate against an injured worker.
- An employer is to encourage its workers to report all work-related injuries and inform them that they will not be subjected to discrimination as a result of reporting work-related injuries or lodging claims for workers compensation.

Restricting the circumstances in which lump sum settlements can be made

This strategy is aimed at ensuring that the prime focus of all parties following a workplace injury is the injured worker's recovery and return to work. The intention is that limiting the circumstances in which lump sum settlements can be made will ensure that all reasonable rehabilitation and return to work efforts are made.

Restriction on lump sum settlements:

- Payment of a lump sum made in redemption of a worker's entitlement to compensation and/or in settlement of a worker's entitlement to damages in respect of any civil liability in the employer shall not be made unless:
 - 2 years has elapsed since the claim was lodged with the employer; **OR**
 - the Tribunal has approved the payment/settlement.
- Any agreement to make payment of a lump sum which does not comply with these requirements will be void.
- These provisions also apply to a claim in respect of which the Tribunal has determined that a reasonably arguable case for disputing liability exists.

Tribunal approval of settlement within 2 years of claim:

- The Tribunal can approve a lump sum settlement within 2 years if it is satisfied that all reasonable return to work, rehabilitation and retraining options have been exhausted.
- Where the Tribunal has previously determined that a reasonably arguable case for disputing liability exists, the Tribunal can approve a lump sum settlement within 2 years if it is satisfied that the settlement is in the best interests of both parties.

Insurer obligations:

- If a lump sum settlement is offered to an injured worker, the insurer must:
 - advise the injured worker that Centrelink preclusion periods may apply; and
 - strongly recommend to the injured worker that he or she seek independent professional legal and financial advice, including advice on preclusion periods, and repayments to Centrelink, Medicare and Commonwealth Rehabilitation Services

before any such settlement is agreed by the parties.

2. Access to information and support

The strategies to facilitate greater access to information and support are as follows.

(a) Requiring that injured workers and employers be provided with comprehensive information and training

This strategy improves access to information by requiring the development and distribution of standard information packs specifically aimed at injured workers and employers.

Developing and distributing comprehensive information packs to injured workers:

- The Board is to develop standard comprehensive, easy-to-understand information packs for injured workers including information on workers compensation generally, injury management, claims procedure, and rights, responsibilities and obligations under the legislation.
- These packs are to be made available to employers and insurers in hard copy on request and on the web.
- Upon lodgement of a claim for workers compensation for an injury that is likely to result in incapacity exceeding 5 working days or requiring, or likely to require, ongoing medical treatment, the employer (or its insurer) is to provide the injured worker with an information pack.
- The employer or insurer can include additional information to reflect the individual workplace, conditions of employment, injury management program, provided this additional information is not inconsistent with the Act and/or *Return to Work and Injury Management Model*.

Developing and distributing comprehensive information packs to employers:

- The Board is to develop standard, comprehensive, easy-to-understand information packs for employers, including information on workers compensation generally, injury management, claims

procedure, and rights, responsibilities and obligations under the legislation.

- Upon lodgement of a claim for workers compensation for an injury that is likely to result in incapacity exceeding 5 working days or requiring, or likely to require, ongoing medical treatment, the insurer is to provide the employer with an information pack.
- The insurer is to include additional information in the pack specific to the employer detailing:
 - commencement and frequency of weekly payments;
 - calculation of weekly payments;
 - application and calculation of step-downs; and
 - any other issues relating to remuneration.
- The insurer may include other information in the information pack for the employer to reflect the conditions of the policy, injury management program etc provided it is not inconsistent with the Act and/or *Return to Work and Injury Management Model*.

(b) Introducing information, advisory and support services for injured workers and employers

This strategy aims to improve access to information and support by introducing an information, advisory and support service to provide assistance and guidance to employers and injured workers.

Establishing information, advisory and support services:

The Board is to establish information, advisory and support services to assist injured workers and employers, and minimise disputes.

Features of the information, advisory and support service:

The services established by the Board should include a telephone service that:

- is free;
- is easy to access;
- provides factual, unbiased information on the workers compensation process;

- provides guidance and assistance such as:
 - assisting with completing claim forms and understanding the claims process;
 - making telephone calls to other parties, e.g., to clarify what is happening with a claim or to attempt to resolve communication breakdowns;
 - advising on (including how to access) other options, forums and services available.

Encouraging use of the information, advisory and support services:

- Information about the information, advisory and support services, including contact details, are to be provided in the comprehensive information packs to be supplied to employers and injured workers on lodgement of a claim.
- Insurers are to encourage employers and injured workers to access these services as and when required and appropriate.

(c) Introducing appropriate training for medical practitioners on injury management and workers compensation

This strategy is intended to improve awareness of medical practitioners in relation to injury management and the workers compensation system generally by introducing appropriate training. It is expected that this will lead to improved quality of service.

Establishing appropriate training programs:

- The Board is to investigate training programs for medical practitioners on injury management and workers compensation in Tasmania.
- The accreditation process is to include training on injury management and workers compensation.

3. Early Intervention

The strategies for facilitating early intervention are as follows:

(a) Requiring early notification of injury (within 48 hours of injury)

This strategy facilitates early intervention by requiring that employers and insurers are notified of injuries as soon as possible. Evidence suggests that the first 24 to 48 hours following the injury are the most critical⁸.

Encouraging workers to report injuries as soon as possible:

- An employer is to encourage its workers to report all work-related injuries and symptoms, reassuring them that they will not be subjected to discrimination (such as being threatened with loss of employment) as a result of reporting work-related injuries or lodging claims for workers compensation.
- A worker is to notify his employer (either verbally or in writing) of any work-related injury as soon as practicable.

Employer obligations on becoming aware of a (potentially) work-related injury:

- An employer is to keep an accurate written record of all notified work-related injuries.
- An employer is to notify its insurer of:
 - all injuries resulting in, or likely to result in, lost time from work; and/or
 - all injuries required to be reported under the insurer's IM Program

within 48 hours (2 working days) from awareness of the injury.

- Notification is to be in accordance with the insurer's IM Program.

Encouraging and facilitating early notification by employers:

- An insurer is to:

⁸ National Workers Compensation and OHS Frameworks, Productivity Commission (released June 2004)

- educate its employers about the benefits of early notification;
 - facilitate a variety of mechanisms to encourage early notification – allowing employers to notify by telephone, facsimile or email
- An insurer may offer financial and other incentives, such as waiving the claims excess, to encourage employers to provide notification of work-related injuries within 48 hours.
 - Where incentives are offered to encourage early notification, the insurer shall indicate in its IM Program what those incentives are.

(b) Encouraging parties to take appropriate action following notification of injury

This strategy facilitates early intervention by encouraging parties to assess and take appropriate action upon notification of an injury.

Taking action in accordance with IM Programs:

- Upon being notified of a work-related, or potentially work-related injury, the employer and insurer are to take immediate action in accordance with their IM Programs, including identifying:
 - whether the injury is likely to result in the injured worker being totally or partially incapacitated for work;
 - whether the injury requires or is likely to require ongoing medical treatment; and
 - whether there are any risk factors that could lead to the injury becoming a long term disability.
- Disputation of liability for a claim for workers compensation is not to delay development or implementation of an IM Plan. An IM Plan is to be developed and implemented until the Tribunal determines that a reasonably arguable case exists. Where the Tribunal makes such a determination, development and implementation of an IM Plan can still proceed on a “without prejudice” basis.

Initiating three-point contact:

The IMC is to ensure that 3 point contact is made with the injured worker, the employer and the primary treating medical practitioner as soon as practicable after being notified of an injury that:

- is likely to result in the injured worker suffering incapacity for more than 5 working days; and/or
- requires, or is likely to require, ongoing medical treatment⁹.

(c) Promoting early lodgement and reporting of claims for workers compensation

This strategy promotes timeliness of claim lodgement and reporting. Research indicates that long lag times between injury and lodgement of claim and/or between claim lodgement and reporting to the insurer result in poor return to work outcomes and higher costs to the workers compensation scheme.¹⁰

Injured workers to lodge claims as soon as possible:

- Under the Act, an injured worker must lodge a claim for workers compensation within six (6) months of the date of injury¹¹. However, an injured worker should lodge a claim as soon as possible within that six month period.
- Upon receiving notification of a work-related or potentially work-related injury, an employer is to advise the injured worker of:
 - his entitlement to lodge a claim for workers compensation; and
 - the obligation to lodge a claim as soon as possible and not later than 6 months from the date of injury.

⁹ The term “ongoing medical treatment” is to be defined by the medical profession in its implementation of the *Return to Work and Injury Management Model*.

¹⁰ Reference – *Timeliness of Claims Reporting*, by the Workers Rehabilitation and Compensation Section, Workplace Standards Tasmania (released 27 August 2002)

¹¹ Section 32(1)

Employer obligation to report claim:

- An employer is to forward a claim for workers compensation to its insurer within 5 working days from receipt of the claim.
- Claims are to be reported in accordance with the insurer's processes for early reporting documented in the insurer's IM Program.

Encouraging employers to report claims as soon as possible:

- An insurer is to:
 - educate its employers on the importance of early reporting of claims;
 - facilitate early reporting by allowing employers a number of options to report such as reporting by telephone, facsimile and email.

Monitoring and review:

- Within 5 working days of receiving a claim for workers compensation, an insurer is to notify the Board of the claim, the lodgement date and the date the claim was reported by the employer.
- The Board is to monitor employer compliance with reporting timeframes.¹²

(d) Introducing provisional payment of medical and rehabilitation expenses (and endorsing the provisional payment of weekly compensation)

The introduction of provisional payments of medical and rehabilitation expenses is a key strategy to facilitate early intervention. Provisional payments will allow injured workers to have immediate access to medical and rehabilitation services. This strategy also endorses the existing obligation on employers to make provisional payments of weekly compensation.

¹² If there is little or no improvement in employer compliance within 18 months of implementation of the Return to Work and Injury Management Model, the Board is to consider whether there should be a penalty for non-compliance.

What are provisional payments:

Provisional payments are payments made before liability has been determined. These payments are made on a “without prejudice” basis – they do not constitute an admission of liability.

Making provisional (“without prejudice”) payments of reasonable medical, rehabilitation and other compensable expenses:

- An employer is to make provisional payments of reasonable medical, rehabilitation and other compensable expenses on receiving the injured worker’s claim for compensation.
- Provisional payments of medical, rehabilitation and other compensable expenses are capped at \$5000.00 unless the parties agree otherwise.

When provisional payments of reasonable medical, rehabilitation and other compensable expenses cease:

- The obligation to make provisional payments for medical, rehabilitation and other compensable expenses ceases upon determination by the Tribunal that a reasonably arguable case for disputing liability exists.

Making provisional (“without prejudice”) payments of weekly compensation:

- An employer is to make provisional payments of weekly compensation to an injured worker who is incapacitated for work on receiving the injured worker’s claim for compensation.¹³

When provisional payments of weekly compensation cease:

- The obligation to make provisional payments of weekly compensation ceases on a determination by the Tribunal that a reasonably arguable case for disputing liability exists.

¹³ The Act already provides for provisional payment of weekly compensation (sections 81(1) and 81AA)

4. *Effective communication, coordination and planning*

The strategies for promoting effective communication, coordination and planning are as follows:

(a) *Encouraging clear, timely, and non-threatening communication*

This strategy facilitates effective communication by encouraging parties to communicate in a manner that is timely, clear, non-threatening and tailored to suit the injured worker.

Communication to be oral where possible:

- Where possible communication should be oral – face to face or by telephone, rather than in writing.
- Oral communication should be clear and non-threatening.
- Interpreting services should be used when necessary.

Written communication:

- Where written correspondence to an injured worker is required, that correspondence is to be clear, non-threatening and in plain English.
- Written information should be made available in other languages when required.

Timely communication:

- Parties should make every effort to communicate with one another in a timely manner to ensure that all relevant parties are aware of what is happening in the injury management process.

(b) Promoting full and open disclosure of relevant information

Trust and knowledge are important components of effective communication. This strategy aims to foster trust and increase knowledge by encouraging parties to make full and open disclosure of relevant information wherever possible.

Full and open disclosure:

- All parties are to strive for transparency in the injury management process, by communicating in an open and honest manner and disclosing all information relevant to the injury management process.

Informing and consulting the injured worker:

- The insurer is to provide the injured worker with written notice of the status of his or her claim within 28 days from the time the insurer receives the claim.
- Where decisions are pending, the insurer is to inform the injured worker of the reason/s why liability has not yet been determined and the next steps in the decision making process.
- An injured worker is to be consulted about and participate in all aspects of treatment, rehabilitation and return to work.

Disclosure of medical information:

- An injured worker is to fully disclose information relating to the work-related injury to a treating medical practitioner.
- A treating medical practitioner is to seek authorisation from the injured worker as soon as possible to fully disclose all information relating to the work-related injury and the management of the injury to other parties (in particular, the employer, the insurer and the IMC) as and when required.
- A primary treating medical practitioner is to maintain direct contact with employers, insurers and IMCs, responding promptly to telephone calls and requests for information.

(c) *Introducing a new role– the Injury Management Coordinator (IMC) – to facilitate effective coordination*

This strategy aims to streamline the injury management process in more serious cases by introducing a new role – that of the Injury Management Coordinator, to provide effective coordination and a liaison/contact point for all parties.

The IMC's role:

The Injury Management Coordinator is a person appointed by the insurer or employer (see below) whose role is to coordinate and oversee the entire injury management process such as medical treatment and return to work, including all aspects of Return to Work Plans and Injury Management Plans.

The IMC's responsibilities:

The IMC is responsible for the performance or oversight of the following rehabilitation and return to work functions:

- coordinating rehabilitation and return to work;
- developing and coordinating implementation of Injury Management Plans (IM Plans) and Return to Work Plans (RTW Plans);
- arranging review and modification of IM Plans and RTW Plans;
- arranging regular review of work capacity;
- investigating and arranging retraining and redeployment options;
- arranging delivery of rehabilitation in non-complex cases to ensure early and appropriate return to work;
- arranging appointment of occupational rehabilitation providers as appropriate;
- liaising with the following parties as appropriate:
 - the injured worker;
 - the employer;
 - the insurer;

- the primary treating medical practitioner and all other treating medical practitioners;
 - the occupational rehabilitation provider (if appointed);
 - the return to work coordinator (if appointed);
 - supervisors/line managers;
 - allied health professionals;
- collating medical information;
 - maintaining relevant documentation;
 - attempting to resolve disputes in relation to rehabilitation and return to work (including by providing or arranging informal mediation as appropriate);
 - providing information on the injury management and return to work processes to the injured worker and employer.

Certification of IMCs:

- To undertake the role of an IMC, a person must have satisfactorily completed training approved by the Board.
- IMC training requires satisfactory completion of the following nine units of competency recognised within the Australian Qualifications Framework:
 1. FNSWCMP 303A – Work within the workers compensation industry sector
 2. FNSWCMP 502A – Develop a return to work strategy
 3. PSPIM 409A – Maintain injury management case files
 4. FNSWCMP 503A – Facilitate workplace assessment with stakeholders for workers compensation cases
 5. BSBFLM 503B – Manage effective workplace relationships
 6. PSPIM 504A – Contribute to a quality injury management system
 7. FNSICGEN 404B – Resolve disputes
 8. FNSWCMP 404A – Assist workers with job placement

9. FNSINSV 406B – Use specialist terminology in insurance claims

- IMC training must be provided by a training organisation (either local or interstate) that:
 - is registered by its state or territory registering body in accordance with the Australian Quality Training Framework; and
 - has the required units of competency defined within its scope of registration.

Recognition of prior learning:

- A Registered Training Organisation has the ability to assess recognition of prior learning provided the required units of competency are defined within its scope of registration as approved by its state or territory registering body.

When is an IMC to be appointed:

- An IMC is to be appointed where an injured worker suffers an injury that:
 - is likely to result in the worker suffering total or partial incapacity for more than 5 working days; and/or
 - requires, or is likely to require, ongoing medical treatment.

Who is to appoint the IMC:

- Where an employer has developed its own IM Program, that employer is to appoint its own IMC (in house or outsourced).
- Where an employer uses an insurer-developed IM Program, the insurer is to appoint the IMC¹⁴ unless the employer wishes to do so.
- Whoever appoints the IMC is responsible for ensuring that the IMC has satisfactorily completed training approved by the Board.
- An insurer's claims manager may undertake the role of IMC provided he has satisfactorily completed training approved by the Board.

¹⁴ Note – where the IMC is insurer-based, the employer is to appoint a Return to Work Coordinator (see pp 49 - 50)

(d) Promoting appropriate injury management planning – RTW Plans and IM Plans

This strategy is intended to improve the coordination and quality of the injury management process by promoting appropriate injury management planning. Under this strategy, there are two types of plans for managing a workplace injury:

- a Return to Work Plan - where the injured worker is likely to be incapacitated for more than 5 working days and/or requires or is likely to require ongoing treatment; and
- an Injury Management Plan – where the injured worker is likely to be incapacitated for work for more than 28 days and/or the medical practitioner indicates that the injury is complex.

The circumstances in which these Plans are to be used are set out in detail below.

Return to Work Plan (RTW Plan):

- A Return to Work Plan (RTW Plan) is a simple plan for coordinating and managing the treatment, rehabilitation and return to work of an injured worker. It is based on the medical certificate provided by the injured worker's primary treating medical practitioner. A RTW Plan must be:
 - realistic;
 - achievable; and
 - tailored to the individual's circumstances.
- A RTW Plan is to be developed and implemented where an injured worker suffers an injury that:
 - is likely to result in total or partial incapacity more than 5 working days; and/or
 - requires or is likely to require ongoing medical treatment.
- Detailed information on the content of RTW Plans is set out at Appendix 1 (on p 61).

Injury Management Plan (IM Plan):

- An IM Plan is a comprehensive plan for coordinating and managing the treatment, rehabilitation and return to work of an injured worker. An IM Plan must be:
 - realistic;
 - achievable; and
 - tailored to the individual's circumstances.
- An IM Plan is to be developed and implemented where:
 - an injured worker is likely to be totally or partially incapacitated for work for more than 28 days, and/or
 - the primary treating medical practitioner indicates that the injury is complex.
- Detailed information on the content of IM Plans is set out in Appendix 2 (on p 62).

Development of RTW Plan or IM Plan:

- Where indicated (see above), an RTW Plan or IM Plan is to be developed as soon as practicable. A RTW Plan or IM Plan must not be developed retrospectively.
- Disputation of liability for a claim for compensation is not to delay development or implementation of a RTW Plan or IM Plan, unless the Tribunal determines that a reasonably arguable case for disputing liability exists. Where the Tribunal makes such a determination, development and implementation of a RTW Plan or IM Plan can still proceed on a "without prejudice" basis".
- The IMC is responsible for ensuring a RTW Plan or IM Plan is developed in consultation with the employer, insurer, injured worker, primary treating medical practitioner and occupational rehabilitation provider (if one has been appointed).
- The IMC is to ensure direct contact is made with the primary treating medical practitioner by telephone or in person – both being paid consultations, to discuss work capacity, specific options for alternative duties and staged RTW.
- A RTW Plan is to include signed agreement by the injured worker and employer.

- An IM Plan is to include signed agreement by the injured worker, employer and primary treating medical practitioner.

Implementation of RTW Plan or IM Plan:

- The IMC is to ensure a RTW Plan or IM Plan is implemented, and that all parties are provided with a copy of the Plan, including the maintenance of a complete copy at a convenient location for the reference of all parties, including the injured worker.
- The injured worker and the employer are to comply with the RTW Plan or IM Plan.

Review of RTW Plan or IM Plan:

- The IMC is to ensure a RTW Plan or IM Plan is regularly reviewed and modified where necessary.
- The following parties are to be involved in the review and modification of a RTW Plan or IM Plan:
 - the injured worker;
 - the employer;
 - the primary treating medical practitioner;
 - the insurer; and
 - the occupational rehabilitation provider (if one has been appointed).

5. Timely and appropriate medical management

The strategies for improving and streamlining medical management are as follows:

(a) Recognising the central role of the primary treating medical practitioner

This strategy acknowledges that the primary treating medical practitioner (usually the injured worker's general practitioner) plays a vital role in the injury management process. The primary treating medical practitioner usually has continuing contact with the injured worker throughout the injury management process, provides important information (e.g., certification of incapacity, work restrictions, diagnosis, treatment) and can play a key role in the cooperation between the injured worker, the employer and the insurer¹⁵. This strategy clarifies the primary treating medical practitioner's responsibilities, and selection and accreditation processes.

What is a primary treating medical practitioner:

A primary treating medical practitioner is the general practitioner¹⁶ chosen by an injured worker to participate in the injury management process.

Role of the primary treating medical practitioner:

The primary treating medical practitioner's responsibilities include:

- Completing workers rehabilitation and compensation medical certificates;
- Providing diagnosis, primary medical care¹⁷ and coordination of medical treatment (including referral to and coordination of specialist care as appropriate);
- Monitoring, reviewing and advising on the injured worker's condition and treatment;

¹⁵ Report on the Review of Workers Compensation in Tasmania (February 2004) by Bob Rutherford, p69.

¹⁶ Currently, to certify incapacity, a general practitioner who resides or is providing a service in Tasmania must be accredited by the Board under section 77C of the Act

¹⁷ Note that in strategy 5(b) on page 37, an accident and emergency department may provide initial treatment in urgent cases. The injured worker's primary treating medical practitioner is to be advised of the details of treatment provided as soon as possible.

- Specifying work restrictions and advising on suitability of duties offered by the employer;
- Participating in the development of IM Plans and RTW Plans.

Specialists to keep primary treating medical practitioner informed:

- Where an injured worker has been referred to a specialist, the specialist should ensure that the primary treating medical practitioner is informed of:
 - the results of any diagnostic tests;
 - any treatment provided;
 - changes to prescribed medication; and
 - the specialist's diagnosis and prognosis.
- This information should be provided in writing as soon as possible following the consultation with the injured worker.

Selection of primary treating medical practitioner:

- An injured worker has the right to choose his or her primary treating medical practitioner.
- Where an injured worker changes his or her primary treating medical practitioner, the worker is to:
 - advise the insurer and employer of the change; and
 - authorise the previous primary treating medical practitioner to release medical records relating to the work-related injury to the new primary treating medical practitioner.

Primary treating medical practitioner to meet accreditation requirements:

- A medical practitioner cannot be an injured worker's primary treating medical practitioner unless that medical practitioner meets the necessary accreditation requirements.¹⁸

¹⁸ For example, if the medical practitioner resides or is providing a service in Tasmania, he/she must be accredited under section 77C of the Act to certify incapacity.

(b) Promoting access to appropriate, high quality medical treatment

This strategy seeks to facilitate timely and appropriate medical management by promoting access to appropriate, high quality medical treatment.

Urgent treatment:

- The injured worker's primary treating medical practitioner should provide primary medical care.
- However, in urgent cases, an accident and emergency department may provide initial medical treatment. The primary treating medical practitioner is to be informed of all details relating to medical treatment and management as soon as possible.

Treatment:

- Any treatment that is reasonable and necessary for the injured worker's recovery is to:
 - be provided as soon as possible; and
 - be provided by the most appropriate service provider.

Payment of accounts:

- An injured worker is to take reasonable action to ensure that any account received for medical, rehabilitation and other compensable expenses is forwarded to the employer within seven (7) days.
- An employer is to forward any account received to the insurer within seven (7) days and is to ensure that such accounts are paid within twenty eight (28) days of receipt by the employer.

(c) Promoting accreditation as a tool for encouraging education and commitment

Under the Act, a medical practitioner residing or providing a service in Tasmania cannot certify incapacity unless he/she has been accredited by the Board.¹⁹ This strategy recognises that accreditation offers opportunities to foster education and commitment in relation to injury management.

¹⁹ Section 77C of the Act.

Accreditation process to include training:

- The accreditation process is to include detailed training in relation to the workers compensation system and injury management.

Acknowledgement of commitment:

- The accreditation process is to require an acknowledgement of the medical practitioner's commitment to the goals and objectives of injury management.

Withdrawal of accreditation:

- The Board may withdraw accreditation from any medical practitioner who consistently operates outside the principles or framework of the *Return to Work and Injury Management Model*.

(d) Reinforcing the medical certificate as an effective injury management communication tool

The workers compensation medical certificate is required before a workers compensation claim can be made and usually provides the first indication of an injured worker's work capacity and any medical restrictions the worker may have in returning to work. It can therefore assist in planning the injured worker's rehabilitation and return to work. This strategy aims to reinforce the effectiveness of the medical certificate as an injury management communication tool by clarifying some aspects of its completion.

Certification of incapacity

- Medical certificates (both initial and subsequent certificates) should only provide total incapacity certification for a maximum of 14 days.
- If a treating medical practitioner wishes to certify for longer than 14 days, he or she must provide reasons to substantiate this decision on the medical certificate, together with an appointed review date.
- If a treating medical practitioner anticipates that an injured worker will not be able to resume pre-injury hours and/or duties for a period of time on return to work, he or she is to note this on the medical certificate.

- If at any time it becomes apparent that an injured worker will never be able to resume pre-injury hours and/or duties, the treating medical practitioner is to note this on the medical certificate as soon as possible, providing reasons for this assessment.

Comprehensive completion of medical certificate

- A treating medical practitioner is to fully complete the medical certificate, including completing a Form 2 when appropriate, as a measure to reduce the need for the insurer/employer to request medical reports.
- Where a medical certificate has not been properly completed, the insurer/employer is encouraged to return the certificate immediately to the treating medical practitioner for completion.

Review of medical certificates:

- The Board is to review and, if necessary, revise current medical certificates (Form 1 and Form 2)

(e) Encouraging timely responses to requests for information/reports

The injury management process can be stalled by delays in responding to requests for medical information and/or reports. Busy schedules and ambiguous requests can make it difficult for medical practitioners to respond in a timely manner. This strategy addresses these issues by encouraging parties:

- *to seek information or clarification by telephone wherever possible; and*
- *to make requests for reports specific and clear.*

Wherever possible, information to be obtained by telephone rather than in writing:

- Where the insurer/employer has received a completed medical certificate and requires further information or clarification, the insurer/employer should make reasonable attempts to obtain that information or clarification via a telephone call or teleconference before seeking a written medical report.

Request for medical report to be specific:

- Where a medical report is required, the request is to be clear, non-generic, and only request information specific to the individual case.

Response to request for report within 28 days:

- A medical practitioner is to respond to a request for a written medical report as early as possible and within 28 days.

(f) *Encouraging the use of evidence-based medical treatment guidelines*

This strategy is intended to improve medical management by encouraging the use of evidence-based medical treatment guidelines.

What are evidence-based medical treatment guidelines:

Evidence-based medical treatment guidelines are based on international research. They may be used to identify preferred medical treatment as well as establish normal response and recovery times for types of injuries. Guidelines may be used by medical practitioners to assist with planning treatment, job modification and return to work recommendations, and for the early identification of injuries not responding within expected timeframes.

Defining evidence-based medical treatment guidelines:

- The Board is to define evidence-based medical treatment guidelines and indications for their use.²⁰
- Medical practitioners are to be provided with information and education on the use of the guidelines.

Applying evidence-based medical treatment guidelines:

- As part of the accreditation process, a medical practitioner is to acknowledge and commit to applying the evidence-based medical treatment guidelines established by the Board where their use is indicated.

²⁰ The guidelines will be defined in consultation with the medical profession.

(g) Introducing a medical advisory and mentoring service to provide peer support to medical practitioners

This strategy facilitates timely and appropriate medical management by introducing medical advisory and mentoring services to provide peer support, guidance and assistance to medical practitioners.

Establishing medical advisory and mentoring services:

- The Board is to establish a medical advisory and mentoring service comprising medical practitioners experienced in workers compensation, nominated and appointed from a short list of suitable practitioners.²¹

Features of the medical advisory and mentoring service:

The medical advisory and mentoring service is to provide peer support for medical practitioners, for consultation as and when required, offering advice and assistance with:

- understanding the workers compensation system;
- understanding the legislative requirements;
- understanding and applying the *Return to Work and Return to Work and Injury Management Model*
- applying evidence-based medical treatment guidelines;
- identifying appropriate treatment options;
- identifying work capacity and/or assessing alternative duties;
- completing workers compensation medical certificates and reports where required; and
- obtaining second opinions on diagnosis or treatment.

Seeking assistance from the medical advisory and mentoring service:

- Medical practitioners will be provided with information about the benefits of the service and encouraged to use it when necessary

²¹ The nature of the service is to be established in consultation with the medical profession.

- Where an injured worker, employer or insurer has concerns about any medical aspect of a case, that party can refer the matter to the medical advisory and mentoring service. The party making the referral is to advise the other parties, including the primary treating medical practitioner, that the matter has been referred to the medical advisory and mentoring service and the reasons for the referral. Upon receiving such a referral, the medical advisory and mentoring service is to provide advice, guidance and assistance to the primary treating medical practitioner on medical issues.

(h) Clarifying the use of independent medical reviews

Alternative medical opinions and medical reviews are often sought when there are concerns about issues such as the diagnosis, proposed treatment, certified level of incapacity etc. Where multiple, opinions/reviews are sought this can result in inconvenience and stress for the injured worker, delays, and increased costs. This strategy addresses these issues by clarifying the process relating to medical reviews.

What is an independent medical review:

An independent medical review is a review undertaken by a medical practitioner other than the injured worker's primary treating medical practitioner in relation to one or more of the following matters:

- Diagnosis of the worker's injury;
- Medical treatment or proposed medical treatment;
- The degree of the injured worker's incapacity.

A review may include examination of the injured worker, review of any diagnostic test results and medical records etc.

When can a review be sought:

- If an employer/insurer has concerns relating to the diagnosis, medical treatment or proposed medical treatment of an injured worker's injury, or the certification of the degree of incapacity, the employer/insurer may seek an independent medical review.
- Prior to seeking an independent medical review, the employer/insurer:
 - **is to** discuss the matters of concern with the injured worker's treating medical practitioner; and/or

- *may* refer the matter to the medical advisory and mentoring service (see 5(g) at p 42 above).

Independent medical reviewers:

- An independent medical reviewer is to have expertise in an area/s relevant to the injured worker's specific injury/ies.

How many independent medical reviews can be carried out:

- While each claim is to be managed according to its individual circumstances, it is expected that injured workers would not be required to undertake more than **one** independent medical review **every three months**, except in the case of a multi-factorial injury that requires examination by different medical specialists.

Process for obtaining an independent medical review:

- Where an independent medical review is required, the employer/insurer is to:
 - inform the injured worker, both in writing, of the reasons for seeking such a review;
 - provide the IMC and the primary treating medical practitioner with a copy of the review report; and
 - seek feedback from the injured worker following the review and respond to the injured worker's concerns, if any, about the independent medical review process.

Disclosure of review report to the injured worker:

- The primary treating medical practitioner is to provide the injured worker with a copy of the review report, unless, in the opinion of the independent medical reviewer, access to the report would pose a serious threat to the life or health of the worker.
- Where the independent medical reviewer is of the opinion that access to the review report would pose a serious threat to the life or health of the injured worker, the primary treating medical practitioner is to discuss the contents of the report with the worker and subsequently provide a copy if appropriate.

Where the injured worker objects to an independent medical review:

An injured worker who objects to attending an independent medical review may refer the matter to the Tribunal for determination. In

determining whether the injured worker should attend such a review, the Tribunal should have regard to the following considerations:

- (i) the proposed independent medical reviewer does not have the relevant expertise to properly assess the condition of the injured worker; or
- (ii) the injured worker believes he has been subjected to an excessive number of independent medical reviews; or
- (iii) the injured worker has previously complained about the conduct of the proposed independent medical reviewer to the insurer/employer; or
- (iv) the location and/or timing of the review; or
- (v) any other reason considered relevant by the Tribunal.

Audit by the Board:

The Board is to audit the use of independent medical reviews by:

- insurers – as part of licence conditions; and
- self-insurers – as part of permit conditions.

(i) Promoting minimisation and appropriate resolution of disputes about medical management

Disputes about medical management can lead to:

- *delays in treatment,*
- *increases in costs and*
- *additional stress on the injured worker.*

Ultimately, this may have an adverse impact on the injured worker's recovery. This strategy seeks to address these issues by introducing means to minimise and resolve disputes about medical management.

Minimising disputes:

- Insurers, employers and any associated service providers are to ensure that all decisions relating to medical management are made fairly and in the best interests of the injured worker.
- The injured worker is to be provided with reasons for any such decision.
- All parties are to aim to proactively defuse potential disputation and take reasonable measures to communicate with the other parties to achieve the amicable resolution of conflicts.
- Where appropriate, options such as referral to the medical advisory and mentoring service and independent medical reviews, should be used promptly to resolve concerns about medical management.

Resolving disputes:

- Where a dispute arises in relation to a medical management issue, including (but not limited to) the reasonableness of or necessity for an expense incurred by an injured worker for a medical, rehabilitation or other compensable service, all parties are to be committed to resolving the dispute as expeditiously and cooperatively as possible;
- The IMC is to be notified of a dispute relating to medical management as soon as possible. Notification can be made by the injured worker, the employer or the occupational rehabilitation provider.

- The IMC is to ensure attempts are made to resolve the dispute through informal mediation and/or individual consultation at the earliest opportunity²².
- If the dispute is unable to be resolved then it can be dealt with according to the processes set out in the legislation (including referral to the Tribunal).
- If the matter in dispute before the Tribunal involves a medical question, it may be referred to a medical panel for determination.

²² The IMC is to take account of any relevant legislative time limits, e.g., under section 77AA, an employer is to serve a notice disputing a claim for medical, rehabilitation or other compensable expenses within 28 days.

6. Early, safe and sustainable return to work and rehabilitation – workplace based where possible

The strategies for facilitating early, safe and sustainable return to work are as follows:

(a) Advocating continued worker contact/involvement with the workplace

Research indicates that return to work is quicker amongst workers who return to their pre-injury workplaces. This strategy encourages continued contact with the workplace to maintain the injured worker's relationship with his or her employer and work colleagues.

Encouraging continuing contact with the workplace and interaction with work colleagues

- An employer is to encourage an injured worker, who is totally incapacitated (off work), to have continued contact with the workplace and work colleagues including:
 - by inviting and encouraging the injured worker to participate in workplace social activities (observing any medical restrictions);
 - by providing the injured worker with any workplace newsletters etc.

Injured worker to keep employer informed:

- Upon receiving a workers compensation medical certificate, an injured worker is to contact the employer as soon as possible to advise or update the employer on any certified incapacity (including the period of certification) and any medical restrictions in relation to partial incapacity.
- The injured worker is to arrange for delivery of the certificate to the employer.

(b) Promoting workplace based coordination of return to work

This strategy ensures that the worker has workplace based support and assistance in returning to work by requiring that there is a person coordinating the rehabilitation and return to work process at the workplace – (the Return to Work Coordinator (RTWC))²³

Appointment of RTWC:

- Where the IMC is not workplace-based, an employer who employs more than 50 workers is to nominate a RTWC in the following circumstances:
 - where an injured worker is likely to be totally or partially incapacitated for more than 5 working days; and/or
 - where an injured worker requires, or is likely to require, ongoing medical treatment.
- The IMC is to ensure that written information is provided to the RTWC outlining the RTWC's role and responsibilities in relation to the injury management process.

What skills should the RTWC have:

The RTWC should:

- be familiar with all areas of the workplace, including management and staff;
- have undertaken appropriate and relevant training as determined by the Board;
- have sufficient knowledge to actively participate in the injury management process; and
- have sufficient authority to sign off on a RTW Plan or IM Plan if required.

²³ Note – Where the IMC is workplace based, he or she will carry out this role.

RTWC's responsibilities:

The RTWC is responsible for:

- assisting with RTW planning and implementation of RTW and IM Plans;
- monitoring the injured worker's progress;
- assisting the injured worker in carrying out his or her designated duties in a safe and appropriate manner;
- providing the injured worker with moral support; and
- encouraging and fostering a good relationship and effective communication between the injured worker and employer.

(c) Promoting the Return to Work Hierarchy

This strategy promotes return to work in accordance with the RTW Hierarchy. This hierarchy reflects the view that return to work is most successful when it occurs within the pre-injury workplace, whilst recognising that this is not possible in all cases.

The RTW Hierarchy:

The RTW Hierarchy is as follows:

- A.**
 - (i) Same organisation – same or modified job
 - (ii) Same organisation – new job
 - (iii) New organisation – similar job
 - (iv) New organisation – new job

in conjunction with:

- B.**
 - (i) Pre-injury hours
 - (ii) Graduated return to pre-injury hours
 - (iii) Reduced hours relative to pre-injury hours

Applying the RTW Hierarchy:

In planning and implementing an injured worker's return to work, all parties involved in the injury management process are to make every effort to apply this RTW hierarchy (including retraining where appropriate) as follows:

A(i)B(i) – Same organisation, same or modified job, pre-injury hours

A(i)B(ii) – Same organisation, same or modified job, graduated return to pre-injury hours

A(i)B(iii) – Same organisation, same or modified job, reduced hours relative to pre-injury hours

A(ii)B(i) – Same organisation, new job, pre-injury hours

proceeding down through the options to the last option in the RTW hierarchy if no other options are appropriate:

A(iv)B(iii) – New organisation, new job, reduced hours relative to pre-injury hours.

(d) Reinforcing employer obligations with respect to rehabilitation and return to work

This strategy aims to improve rehabilitation and return to work by reinforcing and strengthening employer obligations – particularly with respect to the requirement to keep the injured worker's job open for 12 months, and the obligation to provide suitable and meaningful alternative duties.

Obligation to keep the injured worker's job open:

- An employer is to keep an injured worker's job open for a minimum period of 12 months from the date the worker became incapacitated unless:
 - there is medical evidence indicating that return to the job is highly improbable; or
 - the reason for the job no longer exists.

- An employer is to provide the injured worker and insurer with reasons in writing when it is not possible (for one of the above reasons) to keep the injured worker's job open.

Obligation to provide a list of generic alternative duties at the workplace:

- On acceptance or renewal of a workers compensation insurance policy an employer with 50 or more workers is to provide its insurer with an indication of generic alternative duties potentially available at the workplace.
- This obligation may be satisfied by completing a standard "tick box" list of general duties published by the Board.
- An employer with less than 50 workers is strongly encouraged to complete and return the list to its insurer.

Obligation to provide suitable and meaningful alternative duties:

Providing suitable and meaningful alternative duties:

- Where an injured worker cannot immediately return to his or her pre-injury job, the employer is to provide suitable and meaningful alternative duties unless it is not reasonable or practical to do so.
- An employer is to provide the injured worker and insurer with reasons in writing when it is unable to provide suitable and meaningful alternative duties.

Identification of suitable and meaningful alternative duties:

- Injured workers are to be involved in the identification and selection of suitable and meaningful alternative duties.
- The primary treating medical practitioner is to assess whether proposed alternative duties are medically suitable/appropriate and to discuss this assessment with the IMC, employer, injured worker and occupational rehabilitation provider (if one is appointed).
- Duties and hours must comply with medical restrictions and agreed IM Plans.

Amendment of medical certificate where proposed alternative duties are suitable:

- Notwithstanding the period of total incapacity certified on a medical certificate, the employer can provide the primary treating

medical practitioner with a list of proposed alternative duties that are available at the workplace.

- The primary treating medical practitioner is to assess as soon as possible whether any of the proposed alternative duties are suitable for the injured worker and to contact the employer and the injured worker to discuss that assessment.
- If the primary treating medical practitioner's assessment is that the worker can participate in alternative duties proposed by the employer, the primary treating medical practitioner is to issue an amended medical certificate in accordance with that assessment.

Monitoring compliance:

- Where an employer **with 50 or more workers** appears to be unwilling and/or indicates it is unable to provide an injured worker with suitable and meaningful alternative duties, the insurer is to refer the matter to the Board.
- Where an employer **with less than 50 workers** appears to be unwilling to provide an injured worker with suitable and meaningful alternative duties, the insurer is to refer the matter to the Board.

(e) Reinforcing worker obligations with respect to rehabilitation and return to work

This strategy aims to improve rehabilitation and return to work by strengthening worker obligations – particularly in relation to participation in return to work and suitable and meaningful alternative duties.

Participating in developing IM Plans and RTW Plans:

- An injured worker is to actively participate in the development of an IM Plan or RTW Plan and any subsequent review of that Plan.
- An injured worker is to comply with an agreed IM Plan or RTW Plan.

Identification of suitable and meaningful alternative duties:

- Where an injured worker cannot immediately return to his or her pre-injury job, he or she is to participate in the identification of suitable and meaningful alternative duties.

Participating in return to work:

- An injured worker is to actively participate in return to work and alternative duties as soon as possible.
- If an injured worker is unable to participate for medical or other reasons, he or she is to:
 - advise the employer and IMC as soon as possible with a view to revising the alternative duties/return to work arrangements; and
 - seek medical treatment/advice as soon as possible (if non-participation is due to medical reasons).
- Where an injured worker is working reduced hours (i.e., in accordance with an IM Plan/RTW Plan), the time required for medical treatment, where possible, should not interfere with the hours to be worked.
- Where the injured worker is working normal hours, medical appointments should occur during work hours.

Providing feedback:

- An injured worker is to provide regular feedback to the IMC and/or RTWC on his or her progress with return to work.

(f) *Requiring regular review of work capacity, including appropriate consideration of retraining and redeployment options*

This strategy ensures that rehabilitation and return to work processes do not stall. A continuous process of review and modification is necessary to ensure that these processes remain appropriate and that where necessary, retraining and redeployment options are considered in a timely manner to maximise successful outcomes.

Regular assessment of work capacity:

- Where incapacity exceeds a continuous period of 6 months, the IMC is to ensure that an injured worker's capacity for work is assessed, including consideration of modifying the IM Plan, and possible retraining and redeployment options.
- Assessments should be conducted at 6 monthly intervals until the claim is finalised.²⁴

Assessing the need for retraining and/or redeployment:

- Where medical evidence indicates that return to the injured worker's pre-injury job is highly improbable, the IMC is to ensure that measures are taken to review, assess, consider and implement appropriate retraining and redeployment options.

(g) *Introducing an alternative employer incentive scheme*

Under this strategy, an alternative employer incentive scheme is to be introduced to increase the alternative duties and return to work options available.

What is an alternative employer incentive scheme:

An alternative employer incentive scheme is a scheme to provide financial incentives and support to employers to provide alternative duties, training and/or return to work opportunities to injured workers who are unable to return to work with their pre-injury employers.

²⁴ The IMC should work with the treating medical practitioner and any other relevant parties on the assessment. In some instances, where incapacity is severe and ongoing, the assessment may be very brief.

Developing and implementing the scheme:

The Board is to develop and implement an alternative employer incentive scheme following comprehensive research and consultation with stakeholders and taking account of the following:

- Resort should only be had to this scheme as a last option when all RTW options with the injured worker's employer have been exhausted (except in circumstances where it may not be appropriate for the injured worker to return to his or her pre-injury workplace, e.g. stress/psychological injury cases etc); and
- In addition to financial incentives to employers, the scheme should make provision for a one off payment to the injured worker upon securing employment with an alternative employer.

(h) Encouraging appropriate referral to occupational rehabilitation providers

This strategy acknowledges that in more complex cases, it may be appropriate to appoint an occupational rehabilitation provider (ORP) to provide additional support and manage the delivery of appropriate rehabilitation.

What is an ORP:

An ORP is a person qualified in an allied health field engaged to manage the occupational rehabilitation of an injured worker, including, but not limited to, the use of medical rehabilitation services and occupational rehabilitation services²⁵.

When is a case to be referred to an ORP:

- The Board is to publish indications for referral to ORPs²⁶ in consultation with stakeholders.
- These indications are to be issued as guidelines for use by IMCs, medical practitioners, employers and insurers.

²⁵ "Medical rehabilitation services" and "occupational rehabilitation services" are defined under *Definition of Terms* at pp 5 - 7.

²⁶ The Board is to establish indications/guidelines for referral to ORPs in consultation with stakeholders.

Choosing an ORP:

Where referral to an ORP is indicated, the IMC is to ensure either:

- the injured worker is provided with a list of three ORPs from which to choose, *or*
- a preferred ORP is nominated and the injured worker is informed that he has the right to object to the preferred choice and nominate an alternative ORP.

The ORPs nominated must:

- satisfy any accreditation or registration requirements prescribed by the Board²⁷; and
- be suitable to provide the particular service required.

Liaison with IMC and RTWC:

The ORP is to liaise with the IMC and RTWC as appropriate.

Replacing an ORP:

An injured worker may request the appointment of an alternative ORP where there has been a breakdown in the relationship between the worker and the occupational rehabilitation provider.

Resolving disputes in relation to the appointment of ORP:

If there is any dispute in relation to the appointment of an occupational rehabilitation provider, the matter may be referred to the Tribunal for resolution.

Provision of occupational rehabilitation services:

Occupational rehabilitation services should be continued until:

- the injured worker is returned to pre-injury capacity; or
- medical evidence suggests there is no prospect for further improvement.

²⁷ The Board is investigating and evaluating potential accreditation of ORPs, to be preceded by comprehensive research and further consultation with stakeholders.

(i) Promoting minimisation and appropriate resolution of disputes about rehabilitation and return to work

Disputes about rehabilitation and return to work can adversely impact on the employer/worker relationship, and can result in delays and increased costs. This can jeopardise successful and sustainable return to work. This strategy addresses these issues by introducing means for minimising and resolving disputes about rehabilitation and return to work.

Minimising disputes:

- Insurers, employers and any associated service providers are to ensure that all decisions relating to rehabilitation and return to work are made fairly and in the best interests of the injured worker.
- The injured worker is to be provided with reasons for any such decision.
- All parties are to aim to proactively defuse potential disputation and take reasonable measures to communicate with the other parties to achieve the amicable resolution of conflicts.

Resolution of disputes:

- Where a dispute arises in relation to a return to work or rehabilitation issue, including (but not limited to):
 - the appropriateness or reasonableness of a RTW Plan or IM Plan²⁸;
 - the appointment of an occupational rehabilitation provider; and
 - termination of an injured worker's job within 12 months of the worker becoming incapacitated from a work-related injury

all parties are to be committed to resolving the dispute as expeditiously and cooperatively as possible.

²⁸ Note – if the dispute relates to a RTW Plan or IM Plan, the last agreed version of the plan will remain in force until the dispute is resolved.

- The process for resolving these disputes is as follows²⁹:

STEP 1: Notify IMC

- The IMC is to be notified of a dispute relating to rehabilitation or return to work as soon as possible
- Notification can be made by the injured worker, the employer or the occupational rehabilitation provider.

STEP 2: IMC intervention

- The IMC is to ensure attempts are made to resolve the dispute through informal mediation at the earliest opportunity.

STEP 3: Referral to the Tribunal

- If the dispute is not resolved by informal mediation, then any party can refer the matter to the Tribunal for resolution
- Following referral, a representative of the Tribunal is to contact the parties to obtain an understanding of the nature of the dispute and plan the process for resolution accordingly.

STEP 4: Resolution/determination by the Tribunal

- The Tribunal is to attempt to resolve the dispute by conciliation as quickly as possible
- If the dispute is not resolved by conciliation, the matter will be determined following a formal hearing. The Tribunal is to aim to provide its determination on the dispute within 28 days following the completion of the conciliation phase.

²⁹ Note – this describes the process for rectifying disputes within the IMC framework. The worker can take independent advice and assistance from other parties at any time.

7. Monitoring for better long-term outcomes

The strategies to facilitate monitoring for better long-term outcomes are as follows:

(a) Requiring collection of relevant data

Collection of relevant data is essential to enable monitoring and review of the Return to Work and Injury Management Model. This strategy requires the Board to collect relevant data and obliges insurers to and self-insurers to provide the data when required.

Determining data to be collected:

- The Board is to determine the data to be collected having regard to the performance indicators developed in relation to the Return to Work and Injury Management Model.

Data to be provided by insurers/self-insurers:

- Insurers and self-insurers are to provide the required data including claims closure reports, in a form and at times determined by the Board.

(b) Introducing review and evaluation mechanisms

This strategy aims to facilitate continuous improvement and better long-term outcomes by introducing review and evaluation mechanisms.

Setting performance indicators:

- The Board is to determine appropriate performance indicators for the Return to Work and Injury Management Model.

Review and evaluation:

- The Board is to review data collected and any other relevant information, including stakeholder feedback, to monitor the outcomes and overall effectiveness of the Return to Work and Injury Management Model, with a commitment to continual improvement of the workers compensation scheme.
- Outcomes are to be measured against the performance indicators.

Appendix 1 – Content of Return to Work Plans (RTW Plans)

A Return to Work Plan (RTW Plan) is a simple plan for coordinating and managing the treatment, rehabilitation and return to work of an injured worker. It is based on the medical certificate provided by the injured worker's treating medical practitioner. A RTW Plan is to be developed and implemented where an injured worker suffers an injury that:

- is likely to result in total or partial incapacity for more than 5 days; and/or
- requires or is likely to require ongoing medical treatment.

Detailed information on development and implementation of RTW Plans is at paragraph 4(d) on pages 32 - 34.

RTW Plan – required content

A RTW Plan is to include:

- 1. Contact details for all parties**
- 2. Signed agreement by the injured worker and employer:**
 - (a) to cooperate and comply with the plan
 - (b) that medical consultations and treatment will be arranged as early as possible and appointments scheduled at appropriate times³⁰
- 3. Return to work (in accordance with medical certificate)**
- 4. Scheduled dates for review.**

³⁰ Where an injured worker is working reduced hours (i.e., in accordance with an IM Plan/RTW Plan), the time required for medical treatment, where possible, should not interfere with the hours to be worked. Where the injured worker is working normal hours, medical appointments should occur during work hours.

Appendix 2 – Content of Injury Management Plans (IM Plans)

An Injury Management Plan (IM Plan) is a comprehensive plan for coordinating and managing the treatment, rehabilitation and return to work of an injured worker. An IM Plan is to be developed and implemented where:

- An injured worker is likely to be totally or partially incapacitated for work for more than 28 days, and/or
- The primary treating medical practitioner indicates that the injury is complex.

Detailed information on development and implementation of IM Plans is at Strategy 4(d) on pages 32 – 34.

IM Plan – required content

An IM Plan is to include:

- 1. Contact details for all parties**
- 2. Signed agreement by the injured worker and employer:**
 - (a) to cooperate and comply with the IM Plan; and
 - (b) that medical consultations and treatment will be arranged as early as possible and appointments scheduled at appropriate times where possible³¹
- 3. Scheduled dates for review**
- 4. Initial assessment**
- 5. Medical and allied health management**
- 6. Return to Work**
 - (a) Return to work capacity

³¹ Where an injured worker is working reduced hours (i.e., in accordance with an IM Plan/RTW Plan), the time required for medical treatment, where possible, should not interfere with the hours to be worked. Where the injured worker is working normal hours, medical appointments should occur during work hours.

- (j) workplace visit if necessary;
 - (ii) suitable and meaningful alternative duties;
 - (iii) retraining where indicated
- (b) Strategies for staged return to work in accordance with the RTW Hierarchy (see p39)

7. Rehabilitation services

8. Dispute resolution processes

9. Roles and obligations of all parties.

Appendix 3 – Guidelines for Developing an Injury Management Program

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Please note

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the *Workers Rehabilitation and Compensation Act 1988*, the *Workers Rehabilitation and Compensation Regulations 2001* and any other relevant legislation. Copies of the legislation can be purchased from Print Applied Technology: call (03) 6233 3289 or freecall 1800 030 940. It is also available on the Internet at www.thelaw.tas.gov.au

This guide was produced by staff from WorkCover Tasmania.

We welcome your feedback on this guide. Send to: wstinfo@justice.tas.gov.au

Introduction

Injury Management is a co-ordinated and managed process. It consists of activities and procedures intended to facilitate recovery in order to achieve the best results for a timely, safe and durable return to work for injured workers.

An injury management program is a series of documented policies and procedures that detail how the insurer will operate in order to achieve a co-ordinated and integrated process for injury management.

Licensed insurers and self-insurers are to develop and maintain an injury management program. The injury management program must be approved by the WorkCover Tasmania Board (the Board) and, following approval, form part of the licence/permit conditions.

An injury management program must be:

- / based on guidelines provided by the Board
- / consistent with Tasmania's workers rehabilitation and compensation legislation and the principles of the Return to Work and Injury Management Model
- / consistent with the occupational health and safety procedures of the workplace; they must reinforce the objective of the fullest possible recovery from work-related injury
- / a streamlined, transparent process for managing workplace injuries and claims for workers compensation
- / presented in a planned and organised manner
- / clearly identifiable and readily accessible
- / reviewed at defined intervals by management to ensure its continuing suitability and effectiveness in satisfying the organisation's needs

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- / appropriately authorised prior to issue
- / audited by the Board/Insurer.

The following guidelines are to be used by insurers as a *guide only* to help develop injury management programs. They are to be read in conjunction with the Tasmanian Return to Work and Injury Management Model. It is anticipated that additional policies and procedures may be included to better reflect the nature and scale of the organisation.

The guidelines have been prepared to establish minimum standards for developing injury management programs. The Board reserves the right to request additional information as it determines necessary.

Definition of Terms

System Requirements: Encapsulates the key elements of an injury management program.

System Guidelines: Associated system requirements that detail the methodology for performing injury management activities.

Please note:

System requirements and guidelines may not necessarily be presented in the form of a written document. However, evidence must be presented to demonstrate the existence of a system and its effective implementation.

System guidelines have been developed to address the injury management activities performed by both licensed insurers and self-insurers. Therefore, careful consideration is to be given when applying these guidelines to establish if all or individual system guidelines are relevant to the organisation.

System Requirements	System Guidelines	Explanation
<p>1. Injury Management Policy</p>	<p>1.1 Statement of commitment and objectives</p> <p>1.2 Statement of roles and responsibilities of all parties</p> <p>1.3 Policy to be appropriate to nature and scale of organisation</p> <p>1.4 Consistent with relevant injury management legislation</p> <p>1.5 Policy to be reviewed regularly</p>	<p>The policy should reflect the insurer's commitment to injury management and should form the basis upon which the injury management program is developed. The policy should be consistent with applicable legislation and guidelines and promote continuous improvement. The policy should address but not be limited to the following principles:</p> <ul style="list-style-type: none"> / Should be easily understood, and capable of being implemented in the workplace / Should be consistent with the rehabilitation policy of the workplace / Should be developed in consultation

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System Requirements	System Guidelines	Explanation
		<p>with all parties</p> <ul style="list-style-type: none"> / Should be supplemented by adequate written procedures that are readily available, and that identify key support roles and responsibilities for implementing the policy / Should be readily available in the employer's workplace where the workers can readily refer to it / Should be consistent with the provisions of the <i>Workers Rehabilitation and Compensation Act 1988</i> and supporting legislation / Should be reviewed regularly (annually).
<p>2. Policy for the Management of Employer Injury Management Programs (LICENSED INSURERS ONLY)</p>	<p>Procedures are to be established that define how the insurer will:</p> <ul style="list-style-type: none"> 2.1 Assist employers to develop injury management programs 2.2 Ensure employers operate within injury management programs 2.3 Manage the assessment and approval of injury management programs 2.4 Ensure employers educate and promote injury management programs 2.5 Ensure employers regularly review and maintain injury management programs 	<p>Employers may choose to have an injury management program in place, in which case it should be consistent with the insurer's injury management program. The insurer must develop procedures that define its arrangements for dealing with policy holders who choose to implement their own injury management program. These procedures should identify how the insurer will co-ordinate and manage the process and should include but not be limited to:</p> <ul style="list-style-type: none"> / Roles and responsibilities of key personnel / How the insurer will communicate with employer's / How the insurer will manage information transfer and document exchange / How the insurer will monitor and review employer's injury management programs / Review timeframes / How the insurer will address employer non-conformance with the process.
<p>3. Information Management</p>	<p>Procedures are to be established that define how the insurer will:</p> <ul style="list-style-type: none"> 3.1 Ensure full disclosure of and access to information 3.2 Ensure accurate and consistent information 3.3 Ensure that information will be available in other languages when necessary 	<p>Procedures should be developed that identify how information will be provided and managed. The focus should be on ensuring access to information and support in order for all parties to clearly understand their roles, rights and responsibilities at the level that is required and deemed appropriate, including provision of the information in a language and format that all employers and workers can understand.</p>

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System Requirements	System Guidelines	Explanation
	3.4 Promote available services 3.5 Ensure that information is regularly reviewed and modified 3.6 Ensure confidentiality is maintained 3.7 Manage requests for authorisation to access and change information	Responsibility for management of the information should be delegated to personnel with the appropriate level of authority to ensure that accurate and relevant information is available in a timely manner. A document control system should be established.
4. Communication Management	Procedures are to be established that define how the insurer will: 4.1 Promote open and honest communication 4.2 Manage contact points and formal channels of communication between all parties 4.3 Ensure the timeliness of communication 4.4 Ensure the correct application of both oral and written communication 4.5 Ensure communication is clear and in 'plain English' 4.6 Ensure communication is non-threatening 4.7 Ensure interpreting services are made available when necessary	An effective injury management program relies upon the provision of timely and accurate information. All communication should be conducted in a non-threatening manner. Procedures should be developed that identify the mechanisms for communication, including how it will be both managed and facilitated. The procedures should include but not be limited to: <ul style="list-style-type: none"> / Identifying key contacts / Specifying timeframes for establishing initial contact and ongoing contact / Documenting recording requirements for all contacts / Identifying methods for the provision of information including informing workers of all relevant organisational procedures relevant to the injury management and return to work processes / Identifying and communicating the roles and responsibilities of all parties in the communication process / Identifying an issue resolution process that sets out the means by which an injured worker can progress an issue or matter of concern / Where appropriate, identifying the involvement of any external body if an issue cannot be resolved within the organisation / Where an injured worker has difficulty understanding or reading English the information should be translated or directly explained to individuals in a language and format that can be clearly understood.

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<p>5. Role of the Injury Management Co-ordinator (IMC)</p>	<p>Procedures are to be established that define how the insurer will:</p> <ul style="list-style-type: none"> 5.1 Manage the role, responsibilities and duties of an IMC (including quantity requirements) 5.2 Manage the skill and knowledge requirements 5.3 Ensure the identification and provision of training requirements 5.4 Manage the appointment process 	<p>The role of the IMC is to co-ordinate and oversee the entire injury management process. The insurer should identify the number of IMCs based on the need of the organisation. The IMC should be provided with adequate resources to enable them to effectively carry out their duties which may include management of:</p> <ul style="list-style-type: none"> / Contact, communication and management of the relationship between all parties / All aspects of injury management and return to work / Medical / specialist treatment and occupational rehabilitation / Monitoring injured worker's progress / Other functions specified by the insurer. <p>The insurer should have procedures in place that identify the IMC role within the injury management program. The key components of the IMC role should be formally identified, documented and communicated. Procedures may address but should not be limited to the following components:</p> <ul style="list-style-type: none"> / Role Statement / Responsibilities / Obligations / Authority to act / Accountability / Key performance indicators / Minimum competency/training requirements.
<p>6. Role of the Occupational Rehabilitation Provider (ORP)</p>	<p>Procedures are to be established that define how the insurer will:</p> <ul style="list-style-type: none"> 6.1 Manage the role, responsibilities and duties of an ORP 6.2 Manage the skill and knowledge requirements 6.3 Manage the selection process for external service providers 6.4 Manage the referral process of an injured worker to an ORP 6.5 Manage external service providers 	<p>An ORP provides medical rehabilitation and occupational rehabilitation services for injured workers and assists the worker in recovery and preparation for return to suitable employment. An ORP should be engaged to assist an injured worker based upon assessed needs identified by a treating medical practitioner or specialist. Referral to an ORP must be appropriate and timely and may include the provision of services such as:</p> <ul style="list-style-type: none"> / Initial occupational rehabilitation assessment / Occupational rehabilitation case management / Preparation of Injury Management Plans and Return to Work Plans / Workplace services including

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		<p>workplace assessment, job analysis and advice concerning job modification</p> <ul style="list-style-type: none"> / Work conditioning and functional education / Occupational rehabilitation counselling including vocational counselling and adjustment to disability counselling / Functional capacity assessment / Vocational assessment / Vocational placement including advice or assistance concerning job seeking, advice or assistance in obtaining vocational re-education or training and post placement support / Rehabilitation co-ordination, basic case management and return to work planning for the workers of their employer / Any other service as prescribed by the treating medical practitioner or specialist. <p>The insurer should have procedures in place that identify the ORP role within the injury management program. The key components of the ORP role should be formally identified, documented and communicated. Where external service providers are engaged the specific types of service and standards of service should be detailed in specifications. At relevant periods of time the services delivered should be reviewed for conformance with any agreements and specifications.</p>
<p>7. Role of the Return to Work Co-ordinator (RTWC) (SELF-INSURERS ONLY)</p>	<p>Procedures are to be established that define how the insurer will:</p> <ul style="list-style-type: none"> 7.1 Manage the identification of a RTWC 7.2 Co-ordinate the role, responsibilities and duties of a RTWC 7.3 Suitably train RTWCs 	<p>The role of the RTWC is to facilitate and co-ordinate the injured worker's return to work within the workplace. The RTWC should be provided with adequate resources to enable them to effectively carry out their duties, which may include:</p> <ul style="list-style-type: none"> / Aspects of return to work requirements at the workplace / Assisting in the rehabilitation and return to work for injured workers, monitor progress, develop and review return to work plans and injury management plans / Assisting in the identification of suitable alternative duties and if necessary alternative job placements or redeployment in the workplace / Assisting in the communication and management of the relationship

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		<p>between all parties</p> <ul style="list-style-type: none"> / Other functions specified by the insurer. <p>The insurer should have procedures in place that identify the RTWC role within the injury management program. The key components of the RTWC role should be formally identified, documented and communicated.</p>
<p>8. Mechanisms to Facilitate Early Reporting and Intervention of Injuries/Claims</p>	<p>Procedures are to be established that define how the insurer will:</p> <p>8.1 Early Reporting</p> <ul style="list-style-type: none"> (i) Implement a variety of mechanisms to facilitate early reporting (ii) Manage timeframes for early reporting (iii) Manage employer training and educational requirements (iv) Administer any early reporting incentive scheme (v) Manage corrective action for late submissions <p>8.2 Early Intervention</p> <ul style="list-style-type: none"> (i) Manage key contact points with key parties (ii) Administer provisional payments 	<p>Employers should be encouraged to report all work-related injuries to the insurer that may lead to a claim for workers compensation. Early reporting and intervention will assist in the injury management and return to work process and enhance the likelihood of positive return to work outcomes. Procedures should be developed that include but are not limited to:</p> <ul style="list-style-type: none"> / Advising employers of their obligations to record and report injuries / Identifying the expected reporting timeframes / Identifying key parties, roles, responsibilities and timeframes for establishing and maintaining contact / Ensuring that information provided on the claim form is complete and accurate / Identifying a process for managing late reporting, including advising employers of the consequences of failure to report within the specified timeframes / Ensuring persons with responsibilities under the injury management program receive appropriate instruction/training to enable them to undertake the tasks they have been allocated.

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<p>9. Medical Management</p>	<p>Procedures are to be established that define how the insurer will:</p> <p>9.1 Medical Practitioners</p> <ul style="list-style-type: none"> (i) Monitor the timeliness of appointments for injured worker medical consultations and treatment (ii) Manage the provision of information including but not limited to: <ul style="list-style-type: none"> (a) facilitating notification of a change to the injured worker's medical practitioner and; (b) subsequent authorisation to release relevant medical records. (iii) Manage contact points between involved parties - in particular with the medical practitioner (iv) Ensure systems are in place for the management of medical certificates (v) Ensure systems are in place for the management of medical reports (vi) Manage the referral process to the Medical Advisory and Mentoring Service <p>9.2 Independent Medical Reviews</p> <ul style="list-style-type: none"> (i) Manage the process for seeking and undertaking reviews (ii) Manage consultation requirements – in particular with the medical practitioner (iii) Manage the provision of information including but not limited to: <ul style="list-style-type: none"> (a) Notifying the injured worker of the reasons for seeking a review (b) Provide copies of the review report to the IMC and the treating medical practitioner (iv) Manage contact points between involved parties (v) Facilitate audit of the use of independent medical reviews 	<p>The procedures should recognise the central role the medical practitioner plays in the injury management process. The medical practitioner usually should have ongoing contact with the injured worker throughout the injury management and return to work process and plays a key role in the communication between the injured worker, the employer and the insurer. Procedures should be developed that include but are not limited to:</p> <ul style="list-style-type: none"> / The injured worker's right to choose their medical practitioner / The role and responsibilities of the medical practitioner and specialist service providers / The process for monitoring medical treatment, consultations, referrals and specialist care / Requirements for access to medical records and the provision of information / The process for the management of communication between the parties including identifying the preferred means of contact and expected reporting timeframes. <p>Independent Medical reviews:</p> <p>Independent medical opinions or medical reviews may be sought when there are concerns about issues such as the diagnosis, proposed treatment, certified level of incapacity etc. Where multiple, opinions/reviews are sought, this can result in stress for the injured worker, delays, and increased costs to the insurer. Procedures should be developed that include but are not limited to:</p> <ul style="list-style-type: none"> / The process for obtaining an independent medical review / The process for informing the injured worker of the reasons for seeking such a review / The process for discussing matters of concern with the injured worker and the injured worker's treating medical practitioner / The process for the management of medical records and the provision of information / The process for the management of communication between the parties including identifying the preferred means of contact and expected reporting timeframes
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		<p>/ The process for conciliation where the injured worker objects to an independent medical review.</p>
<p>10. Return to Work</p>	<p>Procedures are to be established that define how the insurer will:</p> <p>10.1 Co-ordinate those involved in the injury management process including but not limited to the following:</p> <ul style="list-style-type: none"> (i) Injury Management Co-ordinators (ii) Occupational Rehabilitation Providers (iii) Return to Work Co-ordinators <p>10.2 Manage Injury Management Plans and Return to Work Plans. This should include but</p>	<p>The injury management program should encourage full and open communication between all parties involved in the injury management and return to work process. Poor communication can lead to delays, confusion and misunderstanding and is recognised as presenting a major barrier to effective injury management. Proper planning and co-ordination of the injury management process will facilitate effective communication between the parties, eliminate duplication of effort and confusion and ensure that the injury management process runs smoothly and results in positive outcomes for the injured</p>

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	<p>not be limited to the following:</p> <ul style="list-style-type: none"> (i) Ensure the development and implementation of plans when required (ii) Manage consultation requirements between key parties (iii) Ensure the assessment of return to work options is completed thoroughly (iv) Ensure the return to work hierarchy is applied (v) Ensure workplace visits are undertaken when necessary (vi) Ensure the identification and modification of suitable and meaningful alternative duties where practicable (vii) Recognise limitations during return to work (viii) Ensure the regular review and modification of plans when necessary (ix) Regularly assess outcomes for all parties involved 	<p>worker.</p> <p>Return to Work Plans – A simple plan for co-ordinating and managing the treatment, rehabilitation and return to work of an injured worker. A return to work plan is to be developed for an injured worker who suffers an injury that is likely to result in total or partial incapacity for more than 5 working days and/or requires or is likely to require ongoing medical treatment.</p> <p>Injury Management Plans – A comprehensive plan for co-ordinating and managing the treatment, rehabilitation and return to work of an injured worker. An injury management plan is to be developed for an injured worker who is likely to be totally or partially incapacitated for work for more than 28 days and/or the primary treating medical practitioner indicates that the injury is complex.</p> <p>Where plans are developed, at a minimum both the injured worker and the employer are to agree to co-operate and comply with the plan. Plans are to be signed by both parties, wherever possible, however other mechanisms for obtaining agreement (i.e. via email) may be utilised in circumstances where it may not be practicable to pursue signatures.</p> <p>Plans must be realistic, achievable, tailored to the individual's circumstances and developed as soon as practicable in consultation with the relevant parties. Plans must be reviewed regularly by the relevant parties and modified where necessary.</p>
<p>11. Management of Alternative Duties</p>	<p>Procedures are to be established that define how the insurer will:</p> <ul style="list-style-type: none"> 11.1 Ensure alternate duties are both suitable and meaningful 11.2 Ensure employers provide notification of alternative duties that are available (facilitated by a list of general duties to be supplied by the Board) 11.3 Ensure matters relating to employers unwilling and/or unable to provide alternative duties are referred to the Board 	<p>The employer has an obligation to provide suitable and meaningful alternative duties at the workplace while the injured worker recovers from injury.</p> <p>The insurer should have procedures in place that ensure injured workers are consulted and given the opportunity to participate in the identification and selection of alternative duties. Injured workers should also actively contribute to and participate in the process of reviewing and providing feedback to the employer or the insurer on the adequacy and appropriateness of alternative duties provided. The insurer should develop procedures that include but are not limited to:</p> <ul style="list-style-type: none"> / Communicating to employers their responsibility for identifying

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		<p>alternative duties as well as their obligation to compile a list of alternative duties that is to be supplied to the insurer</p> <ul style="list-style-type: none">/ Assisting employers to identify and provide alternative duties/ Monitoring and reviewing an employer's ability to identify and provide suitable alternative duties/ Advising employers of the consequences of failure to identify and provide alternative duties/ Managing employer non-compliance/ Notifying employer non-compliance to the Board.
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