



rehab

2026 Comcare Licensee Audit

Australian National University

FINAL REPORT

Rehabilitation Management System Review

Audit Date: January 2026

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Scope of review

Organisation	Australian National University ('ANU')
Site/Workplace	Audit conducted remotely
Scope of review	The review examined the ANU's rehabilitation management system, processes and outcomes to validate that ANU is meeting its licence conditions and is complying with the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act), the <i>Guidelines for Rehabilitation Authorities Instrument 2019</i> (the Guidelines), the <i>Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024</i> (the Guide) and the <i>Safety, Rehabilitation and Compensation Regulations 2019</i> (SRC Regulations). 16 rehabilitation case files were examined by the auditors. These files were randomly selected from a list of all rehabilitation case files where some activity had occurred in the previous 12 months. The review encompassed a review of all relevant policies and procedures as they relate to rehabilitation and return to work management and any other relevant, supporting documentation. Overall findings are based on the identification of issues that are considered to be systemic rather than isolated incidents.
Criteria	This review assessed the rehabilitation management system against five elements: 1. Commitment and Corporate Governance (3 criteria) 2. Planning (4 criteria) 3. Implementation (13 criteria) 4. Measurement and Evaluation (6 criteria) 5. Review and Improvement (1 criterion)
Ratings	The findings in the report have been classified and marked as follows: Conformance: indicates that the criterion has been met. Non-conformance: indicates that the criterion has not been met. Not able to verify: indicates that the organisation has documented procedures in place however there are no cases to test that the organisation has followed those procedures. It is expected that this classification will only be used in limited circumstances and where applied, the reasons for the finding will be explained by the auditor. Not Applicable: indicates that the criterion does not apply to the organisation. Where a criterion has been met but the auditor has identified a 'once off' situation or a 'minor' deviation from the documented

management system or reference criterion, an **Observation** may be made. These findings, while representing a non-fulfilment of a requirement, are recognised as being of lower risk to the organisation.

<i>Date(s) of review</i>	13 to 14 January 2026 (file review)
<i>Auditors</i>	Sophie Anastasov, Ritu Barhmi and Tedra Boag, BRM Risk Management Pty Ltd ("BRM")
<i>Client contacts</i>	Ingrid Krauss, Manager, Injury Prevention and Wellbeing, Safety & Wellbeing, ANU Lisa McLoughlin, Senior Consultant, Claims Management, Safety & Wellbeing, ANU
<i>Record of review</i>	This report contains a summary of the review outcomes. Detailed information is not recorded in the report. A record of the documentation and records sighted, persons interviewed, observations and auditor comments are retained on the auditor's file.
<i>Acknowledgment</i>	BRM Risk Management Pty Ltd wishes to acknowledge the cooperation and assistance provided by the management and staff of ANU and thank them for their contribution to the review process.

Executive Summary

Australian National University has held a self-insurance licence under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) since 1 July 2018. Their licence is due to expire on 30 June 2026.

ANU maintains a comprehensive Rehabilitation Management System (RMS) that meets the requirements of the Rehabilitation Management Systems Audit Tool and demonstrates effective governance, legislative compliance and continuous improvement.

ANU's commitment to rehabilitation is documented through executive-endorsed policies and governance arrangements, including the ANU Policy: Rehabilitation and Compensation, which sets strategic direction aligned with organisational values, business objectives and continuous improvement.

The RMS is supported by robust planning and governance frameworks, including an approved delegation schedule, clear recognition of obligations under the SRC Act, and alignment with Comcare guidance as documented in the ANU Rehabilitation Manual. Defined objectives, targets and performance measures are supported by structured plans, with rehabilitation performance actively monitored through operational and executive reporting and audit activities.

ANU demonstrates a strong commitment to early intervention, embedding early support and injury management as a core function through dedicated resources, structured screening and triage processes, and systems to manage Early Intervention Assistance (EIA) matters. File audit confirmed that ANU took reasonable and appropriate steps to identify and provide suitable employment for injured employees, with evidence of consideration of medical capacity and restrictions to support recovery and return-to-work outcomes. Regular communication between injured employees, Workplace Rehabilitation Providers (where applicable) and other stakeholders was evident on file.

Section 36 determinations issued following liability acceptance were compliant with legislative requirements and the 2024 Guide, with appropriate consultation with treating practitioners and determinations correctly issued under sections 36(1) and 36(3) of the SRC Act. Section 37 rehabilitation programs were generally developed in accordance with the Rehabilitation Guidelines, with evidence of consultation and individualised return-to-work goals. While consideration of section 37(3)(a)–(h) was documented, this was often generic. File notes, emails and WRP reports indicated considerations were undertaken but these were not always documented in detail within the determination.

One non-compliance was identified where five rehabilitation programs were signed retrospectively, and one observation was recorded relating to opportunities to improve documentation of section 37(3)(a)–(h) considerations.

A total of 16 files were reviewed; nine of these files had findings.

The audit period reviewed was from 1 January 2025 to 31 December 2025.

This audit has been conducted in line with Comcare's RMS audit workbook, version 4.0, October 2025.

Non-conformances

One non-conformance was identified during the audit.

Criterion	Non-conformance
3.9	ANU does not make determinations in accordance with the SRC Act. Five determinations were found to be retrospectively signed.

Observations

One observation was identified during the audit.

Criterion	Observation
3.7	Section 37(a) to (h) documentation does not consistently demonstrate or evidence the full extent of the consideration undertaken when developing individual rehabilitation programs.

In summary, for the 27 criteria within the rehabilitation management review tool, the outcomes are:

	Number of criteria	% of assessed criteria
Conformance (with 1 Observation)	24	96%
Non-conformance	1	4%
Not able to verify	2	
Not applicable	0	

An action plan, which includes completion/review dates and responsibilities, must be developed to address each of the review findings.

The auditors invite ANU to discuss any aspect of this review.



Signed:

Sophie Anastasov
Head of BRM

Date: 19 February 2026

Table of criteria

Audit element/criterion description	Criterion	Rating
1. Commitment and corporate governance		
Documented commitment	1.1	Conformance
Internal and external accountability	1.2	Conformance
Identify, assess and control risk	1.3	Conformance
2. Planning		
Delegation schedule	2.1	Conformance
Planning for legislative compliance	2.2	Conformance
Setting objectives and targets	2.3	Conformance
Plans to achieve objectives and targets	2.4	Conformance
3. Implementation		
Adequate resources	3.1	Conformance
Communication – relevant stakeholders	3.2	Conformance
Employees are aware of rights	3.3	Conformance
Training and competency	3.4	Conformance
Early intervention	3.5	Conformance
Rehabilitation assessments	3.6	Conformance
Rehabilitation programs	3.7	Conformance with Observation
Suitable employment	3.8	Conformance
Determinations in accordance with the SRC Act	3.9	Non-conformance
Employee non-compliance	3.10	Not able to verify
Reconsiderations	3.11	Not able to verify
Privacy and confidentiality	3.12	Conformance
Reporting, records, documentation	3.13	Conformance
4. Measurement and evaluation		
Monitoring core rehabilitation activities	4.1	Conformance
Monitoring provider performance	4.2	Conformance
Internal audits	4.3	Conformance
Outcomes of audits are actioned, reviewed	4.4	Conformance

Audit element/criterion description	Criterion	Rating
Communicating audit results	4.5	Conformance
Providing reports to Comcare and Commission as requested	4.6	Conformance
5. Review and improvement		
Continuous improvement	5.1	Conformance

ELEMENT 1: Commitment and corporate governance

Documented commitment

Criterion 1.1

The rehabilitation authority sets the direction for its rehabilitation management system through a documented commitment by senior executive.

Finding: Conformance

Evidence:

- ANU Policy: Disability, 15/12/25, next review 15/12/30
- ANU Policy: Fitness for work, 17/10/24, next review 16/10/29
- ANU Policy: Rehabilitation and compensation, 17/10/24, next review 17/10/27
- ANU Policy: Work health and safety, 25/3/24, next review 24/3/29
- ANU Procedure: Rehabilitation and compensation, 17/10/24, next review 16/10/29
- ANU Procedure: Work health and safety committees and representatives, 6/1/26, next review 6/1/31

Comment:

The ANU Rehabilitation and Compensation Policy sets out how the University supports employees who experience work-related injury or illness, with a strong emphasis on early intervention, safe rehabilitation, and timely return to work. Operating under the *Safety, Rehabilitation and Compensation Act 1988*, the policy establishes shared responsibilities between ANU, managers, and employees to actively participate in rehabilitation where medically appropriate, ensure suitable duties are identified, and manage compensation claims in accordance with Comcare requirements. The policy aims to minimise the impact of injury on employees, maintain productive workforce participation, and ensure ANU meets its legal, health, and safety obligations through a structured, confidential, and compliant rehabilitation and compensation framework.

The policy is approved by the ANU Vice Chancellor.

Corporate governance

Criterion 1.2

The rehabilitation management system provides for internal and external accountability.

Finding: Conformance

Evidence:

- Position description:
 - Case Manager, Psychosocial

- Manager, Injury, Prevention and Wellbeing
- Rehabilitation Case Manager
- Work Health and Safety Support Officer – Safety and Wellbeing
- ANU Executive Organisation structure, July 2025
- Safety and Wellbeing Org Chart
- RMS corrective action plan January 2025
- ANU Workplace Adjustments Funding Pack, v1.0, 11/11/25, next review 11/11/26
- SLA's:
 - ANU Claims and Rehabilitation Management System Audit, External Audit Service Level Agreement, v2.0, 12/12/25, next review 12/12/26
 - Letter of engagement with BRM for audit services, 25 June 2025
 - Legal Provider - Capability Statement examples (Sparke Helmore, McInnes Wilson, Moray & Agnew)
- Licensee Compliance Performance Improvement Report, 2024/25
- Licensee quarterly performance report - ANU Quarter 1 2025-26
- Rehabilitation Management System audit report, January 2025, completed by BRM

Comment:

Internal Accountability is demonstrated through the following:

- Job descriptions
- Organisational structures
- Corrective action plan
- ANU Workplace Adjustments Funding Pack

External Accountability is demonstrated through the following:

- SLA's with external parties:
 - External auditors
- Licensee Compliance Performance Improvement Report
- KPI reports for Licensees
- Rehabilitation Management System audit report

Criterion 1.3

The rehabilitation authority identifies, assesses and controls risks to the rehabilitation management system.

Finding: Conformance

Evidence:

- ANU Claims Management Manual, v4.0, 8 May 2024 - 6. Decision making framework and quality assurance
- Determination quality assurance template
- ANU certificate of currency, 30/7/25
- ANU Policy: Risk management, 29/4/21, next review 29/4/26
- RMS ANU Risk Management Plan, v8.0, 12/12/25, next review 12/12/26

Comment:

The ANU Risk Management Policy establishes a structured, university wide approach to identifying, assessing, and managing risks that may affect ANU's ability to achieve its objectives. It embeds risk management into governance, decision making, and operational activities, making it a shared responsibility for Council, senior leaders, managers, and staff. Support for the framework is provided by the University Risk Office, which maintains the enterprise risk management framework and oversees risk oversight and internal controls to meet legislative obligations and promote a strong culture of risk awareness, accountability, and continuous improvement across the University.

The RMS Risk Management Plan (v8.0) outlines ANU's structured approach to identifying, assessing and managing risks that may affect the effectiveness and compliance of the Rehabilitation Management System. Aligned with the ANU Risk Management Policy, the plan supports self-insurance obligations under the SRC Act by ensuring risks are consistently documented, existing controls are evaluated, and risk treatments are planned, monitored and reviewed.

The plan identifies key strategic, operational, compliance, technology and legal risks. These include the risk of not meeting Comcare Licensee Key Performance Indicators (particularly median incapacity), resourcing pressures arising from staffing levels, recruitment and retention challenges, and constraints on funding for early intervention and prevention programs. Governance and compliance risks relate to the quality of incident investigations, the level of senior management commitment to rehabilitation outcomes, and preparedness for legislative change. Technology risks focus on limitations in injury management systems and system integration, while legal risks relate to the management of Administrative Review Tribunal matters under self-insurance arrangements.

Overall, the plan demonstrates that these risks are actively monitored and accepted at moderate or low residual levels, with defined controls, clear ownership (Manager Injury, Prevention and Wellbeing), and regular review cycles.

ELEMENT 2: Planning

Administrative arrangements

Criterion 2.1

The rehabilitation authority has a delegation schedule, signed by the principal officer, as per section 41A of the SRC Act.

Finding: Conformance

Evidence:

- ANU RMS Delegations Schedule, dated 19 May 2023
- Delegation Schedule, 26 August 2025
- Delegation Extract Report, 17/12/25
- File audit

Comment:

There are two delegation schedules applicable during the audit period.

The Delegation Schedule was signed by Brian Schmidt, Vice Chancellor of the Australian National University on 19 May 2023, and assigns the powers and functions of the rehabilitation authority under section 41A of the SRC Act to:

- a. Chief People Officer
- b. Deputy Chief People Officer (Safety and Wellbeing)
- c. Manager Injury, Prevention and Wellbeing
- d. Rehabilitation Case Manager

Powers and functions of the determining authority under section 62 of the SRC Act are delegated to:

- a. Deputy Chief People Officer (Safety and Wellbeing)
- b. Manager Injury, Prevention and Wellbeing

A subsequent delegation instrument was signed by Genevieve Bell, Vice Chancellor and President of the Australian National University on 4 September 2025.

File Audit:

Of the 15 files applicable to this criterion, file audit confirmed compliance with this criterion. Rehabilitation determinations and reconsiderations are signed by people with appropriate delegation.

Rehabilitation planning

Criterion 2.2

The rehabilitation authority recognises legislative obligations and plans for legislative and regulatory compliance, having regard to any policy advice that Comcare or the Commission may issue.

Finding: Conformance

Evidence:

- ANU Policy: Disability, 15/12/25, next review 15/12/30
- ANU Policy: Fitness for work, 17/10/24, next review 16/10/29
- ANU Policy: Rehabilitation and compensation, 17/10/24, next review 17/10/27
- ANU Policy: Work health and safety, 25/3/24, next review 24/3/29
- ANU Procedure: Rehabilitation and compensation, 17/10/24, next review 16/10/29
- ANU Claims Management Manual, v4.0, 8 May 2024
- Rehabilitation Management System Overview, December 2025
- ANU Strategic Plan 2021 – 2025
- Safety & Wellbeing Plan 2024-2026
- Position description:
 - Case Manager, Psychosocial
 - Manager, Injury, Prevention and Wellbeing
 - Rehabilitation Case Manager
 - Work Health and Safety Support Officer – Safety and Wellbeing

Comment:

ANU recognises its legislative obligations and maintains arrangements to support compliance with legislative and regulatory requirements, having regard to any policy advice issued by Comcare or the Safety, Rehabilitation and Compensation Commission.

The Rehabilitation and Compensation Policy states that the University is committed to supporting employees to recover and return to work as soon as practicable following injury or illness. Where a workers' compensation claim is made, the University will ensure that a determination is made as quickly as possible. The policy further confirms that rehabilitation and claims management services will be delivered in full compliance with legislative requirements and the performance standards and measures applicable to Comcare workers' compensation self-insurance licensees, as set by the Safety, Rehabilitation and Compensation Commission.

The Rehabilitation Management System Overview document confirms that ANU recognises its legislative obligations through a range of key system documents, including internal policies and procedures, the ANU Strategic Plan, the Safety and Wellbeing Strategic Plan,

the Rehabilitation Manual, and Rehabilitation Management System corrective action plans.

ANU policies reference legislative requirements, supporting compliance with the Safety, Rehabilitation and Compensation Act 1988 and Comcare licence obligations.

Criterion 2.3

The rehabilitation authority sets objectives and targets and identifies key performance measures for its rehabilitation management system.

Finding: Conformance

Evidence:

- ANU Policy: Disability, 15/12/25, next review 15/12/30
- ANU Policy: Fitness for work, 17/10/24, next review 16/10/29
- ANU Policy: Rehabilitation and compensation, 17/10/24, next review 17/10/27
- ANU Policy: Work health and safety, 25/3/24, next review 24/3/29
- ANU Procedure: Rehabilitation and compensation, 17/10/24, next review 16/10/29
- ANU Strategic Plan 2021 – 2025
- Claim Management Strategy
- Safety & Wellbeing Plan 2024-2026
- Licensee quarterly performance report - ANU Quarter 1 2025-26
- LCPI report, 2024/25
- ANU Claims Management Manual, v4.0, 8 May 2024 - 15. Reporting
- ANU Self-insurance Progress Report for Council, 1 January to 31 December 2024
- ANU WHS Performance Report 1 January - 30 June 2025
- WHS Performance at ANU 2024 Calendar Year, prepared January 2025
- ANU Procedure: Management of Non Work Related Injury, Illness and Disability, 6/8/25, next review 6/8/30
- ANU Procedure: Return to work, 17/10/24, next review 17/10/27
- ANU Procedure: Work health and safety committees and representatives, 6/1/26, next review 6/1/31
- ANU Claims Management Core Capabilities and Training

Comment:

The Claims Management Strategy translates ANU's strategic objectives into clear operational priorities, focusing on timely and accurate claim determinations, early intervention, effective rehabilitation and return-to-work outcomes, cost containment, and the proactive management of high-risk and long-tail claims.

The Safety & Wellbeing Plan 2024–2026 establishes organisation-wide goals that directly support rehabilitation management outcomes by embedding safety into everyday decision-making, strengthening systems and capability, and improving physical and psychological health outcomes for staff. These goals underpin RMS targets relating to injury prevention, early support, return-to-work participation, and workforce capability.

Criterion 2.4

The rehabilitation authority establishes plans to:

- (i) achieve its objectives and targets
- (ii) promote continuous improvement
- (iii) provide for effective rehabilitation arrangements.

Finding: Conformance**Evidence:**

- ANU Policy: Disability, 15/12/25, next review 15/12/30
- ANU Policy: Fitness for work, 17/10/24, next review 16/10/29
- ANU Policy: Rehabilitation and compensation, 17/10/24, next review 17/10/27
- ANU Policy: Work health and safety, 25/3/24, next review 24/3/29
- ANU Procedure: Rehabilitation and compensation, 17/10/24, next review 16/10/29
- ANU Strategic Plan 2021 - 2025
- Claim Management Strategy
- Safety & Wellbeing Plan 2024-2026
- RMS corrective action plan January 2025
- LCPI report, 2024/25
- ANU Claims Management Manual, v4.0, 8 May 2024 - 15. Reporting
- ANU Self-insurance Progress Report for Council, 1 January to 31 December 2024
- ANU WHS Performance Report 1 January - 30 June 2025
- WHS Performance at ANU 2024 Calendar Year, prepared January 2025

Comment:

Refer to comments against criterion 2.3.

ELEMENT 3: Implementation

Resources

Criterion 3.1

The rehabilitation authority allocates adequate resources to support its rehabilitation management system.

Finding: Conformance

Evidence:

- Licensee quarterly performance report - ANU Quarter 1 2025-26

Comment:

ANU provides appropriate resourcing to support the effective operation of its Rehabilitation Management System. Staffing levels within the injury management team are generally aligned to the volume and complexity of active cases.

Resource requirements are reviewed in response to significant changes in workers' compensation claim volumes, safety incident notifications requiring rehabilitation case manager screening, and employee numbers requiring early intervention support. Individual caseloads are regularly reviewed with staff to manage workload levels and to provide coaching and support, particularly in relation to complex matters.

Communication and awareness

Criterion 3.2

The rehabilitation authority defines and communicates responsibilities to relevant stakeholders.

Finding: Conformance

Evidence:

- Position description:
 - Case Manager, Psychosocial
 - Manager, Injury, Prevention and Wellbeing
 - Rehabilitation Case Manager
 - Work Health and Safety Support Officer – Safety and Wellbeing
- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024
- ANU Workers' Compensation Claim Pack, v7.0, 12/12/25, next review 12/12/26
- Workers Compensation Claim Pack - Making a workers compensation claim - Staff Services - ANU

- SLAs with external parties:
 - ANU Claims and Rehabilitation Management System Audit, External Audit Service Level Agreement, v2.0, 12/12/25, next review 12/12/26
 - Letter of engagement with BRM for audit services, 25 June 2025
- RMS corrective action plan January 2025
- ANU Claims Management Core Capabilities and Training

Comment:

The ANU has defined, documented and communicated the areas of accountability and responsibility of all personnel involved in the rehabilitation function.

Rehabilitation responsibilities and accountability are included in position descriptions.

The ANU's policies, procedures, Rehabilitation Manual clearly documents responsibilities of all stakeholders. The ANU Rehabilitation Manual defines and clearly communicates the roles, responsibilities and accountabilities of all parties involved in the Rehabilitation Management System.

Responsibilities are articulated for key stakeholders involved in rehabilitation, including Rehabilitation Case Managers, managers and supervisors, injured employees, and supporting internal and external parties. The manual describes the functions of the injury management team, including injury screening, early intervention, rehabilitation planning, monitoring of progress, and documentation of all rehabilitation activities and communications. It provides clarity on accountability for consultation, decision-making, record-keeping, and escalation where required.

The ANU intranet contains comprehensive information on rehabilitation under the SRC Act and is accessible to all employees. All relevant policies and procedures are clearly documented.

A claim pack is provided to all staff members who wish to submit a worker's compensation claim. This pack details extensive information about the process.

Service agreements with external providers clearly communicate expectations and responsibilities.

Criterion 3.3

The rehabilitation authority communicates relevant information regarding the rehabilitation process to its employees including their rights and obligations.

Finding: Conformance

Evidence:

- ANU Claims Management Manual, v4.0, 8 May 2024:
 - 8.13.15 Communication and complaints
 - 8.13.20 Natural justice
- ANU Rehabilitation Manual, version 23, 8/1/26

- ANU Workers' Compensation Claim Pack, v7.0, 12/12/25, next review 12/12/25
- Workers Compensation Claim Pack - Making a workers compensation claim - Staff Services - ANU
- File audit

Comment:

ANU communicates relevant information about the rehabilitation process to employees, including their rights and obligations. Comprehensive rehabilitation and workers' compensation information is available to all employees via the ANU intranet, including access to applicable policies, procedures, legislative references and Comcare resources. The Rehabilitation Manual and associated rehabilitation procedures clearly define and communicate the roles and responsibilities of managers, senior managers, rehabilitation case managers and rehabilitation providers. In accordance with the Rehabilitation Manual, employees are advised of their rights and obligations throughout the rehabilitation process, including through formal notices accompanying rehabilitation determinations and consultation during the development and review of rehabilitation programs.

The Rehabilitation Manual also supports consistent communication of responsibilities by detailing required processes, documentation standards, and use of systems to record rehabilitation actions and interactions. This ensures stakeholders understand their obligations and roles throughout the rehabilitation process.

File Audit:

The file audit confirmed that all determinations included a notice outlining the employee's rights and obligations. It also verified that files documented regular communication between the employee, the Workplace Rehabilitation Provider (WRP) where applicable, and the licensee.

Evidence was sighted of the employee's signature on the rehabilitation program (or variation form), confirming their understanding of their rights and obligations under the SRC Act. In addition, correspondence and emails from injured workers were responded to in a timely manner.

Of the 15 files applicable to this criterion, file audit confirmed compliance with this criterion.

Training

Criterion 3.4

The rehabilitation authority identifies training requirements, develops and implements training plans and ensures personnel are competent.

Finding: Conformance

Evidence:

- Position description:
 - Case Manager, Psychosocial
 - Manager, Injury, Prevention and Wellbeing

- Rehabilitation Case Manager
- Work Health and Safety Support Officer – Safety and Wellbeing
- Comcare Claims Management Group (CMG) SRC Legislative Training Guide 2025/26
- Comcare SRC Legislative Training Guidance, July 2022
- ComLearn training history Pamela Perussich, 8/1/26
- ComLearn training history, Ravivanh Phanprachit, 8/1/26
- Credentialing and training, 2024
- FOCUS staff performance reviews
- PULSE Module - Responding to staff injury and illness in the workplace, training for Supervisors
- ANU Claims Management Core Capabilities and Training

Comment:

ANU requires that Rehabilitation Case Managers employed within the Rehabilitation Management System hold an appropriate health professional qualification or demonstrate extensive experience in occupational rehabilitation.

Competency and capability requirements are formally documented and monitored through the Credentialing and Training records, which detail individual staff qualifications, professional credentials, and role-specific experience. The credentialing framework also tracks completion of mandatory training and ongoing professional development activities, ensuring rehabilitation personnel maintain the knowledge, skills and competencies necessary to perform their functions in accordance with legislative requirements and better practice.

Early intervention

Criterion 3.5

The rehabilitation authority implements an early intervention program, including the early identification and notification of injury.

Finding: Conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Guideline: Early intervention assistance, 10/5/22, review due 10/5/27
- ANU Procedure: Return to work, 17/10/24, next review 17/10/27
- EIA Funding Pack 2025
- ANU Procedure: Management of Non Work Related Injury, Illness and Disability, 6/8/25, next review 6/8/30
- ANU Procedure: Return to work, 17/10/24, next review 17/10/27

- Clinical Review Template
- File audit

Comment:

The ANU Rehabilitation Manual defines early intervention as the provision of support and injury management as soon as possible after an injury occurs, noting that early intervention has been shown to lead to optimal rehabilitation outcomes. Early intervention commences following notification of an incident and forms part of the ANU injury screening phase.

The manual specifies that, during the early intervention phase, the injury management team is responsible for screening incident notifications and determining the most appropriate response. This includes assisting employees to access Early Intervention Assistance (EIA) funding or workers' compensation claim lodgement, commencing rehabilitation case management services where required, advising employees and supervisors of their rights and responsibilities, determining whether a section 36 rehabilitation assessment or examination is required, and providing worksite assessment and ergonomic advice.

Early intervention is supported through a structured screening and triage process, which is used to assess the nature of the injury and identify the appropriate pathway for support. The manual also describes the use of the Early Intervention module to record and track EIA matters, including financial status and documentation, with ongoing case management notes maintained within the injury management system. These arrangements ensure early identification of injury, timely access to support, and consistent documentation of early intervention activities.

The ANU Guideline: Early Intervention Assistance outlines ANU's early intervention framework for managing minor work-related injuries through the Early Intervention Assistance (EIA) scheme. The guideline provides staff with clear information on how to access reimbursement for reasonable medical and treatment costs as an alternative to lodging a workers' compensation claim, while explicitly confirming that participation in EIA does not remove an employee's right to lodge a workers' compensation claim at any time.

The guideline defines what constitutes a minor work-related injury, including injuries expected to resolve within a short period, requiring limited medical treatment and diagnostic testing, and remaining within a specified total cost threshold. It establishes eligibility criteria to ensure early intervention is targeted to low-risk injuries where timely treatment may prevent escalation and support early recovery.

The guideline also sets out employee obligations when accessing EIA, including the requirement to report the injury through the University's incident reporting system, provide appropriate medical certification, complete required documentation, and submit receipts to substantiate reimbursement claims. Through these arrangements, the guideline supports early identification and management of injuries, timely access to treatment, and integration with ANU's broader rehabilitation and workers' compensation framework.

File Audit:

Early intervention activities were consistently evident across all claim files and commenced well in advance of liability determinations. The file review demonstrated proactive return to work planning, including early engagement with injured employees and the completion of initial assessments at the earliest appropriate opportunity.

Rehabilitation assessments and, where required, rehabilitation programs were provided to injured employees as soon as practicable following the injury, supporting timely recovery and return to work outcomes.

Of the 7 files applicable to this criterion, file audit confirmed compliance with this criterion.

Rehabilitation assessments**Criterion 3.6**

The rehabilitation authority effectively uses the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.

Finding: Conformance**Evidence:**

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024 - 9. Rehabilitation
- ANU Procedure: Management of Non Work Related Injury, Illness and Disability, 6/8/25, next review 6/8/30
- ANU Procedure: Return to work, 17/10/24, next review 17/10/27
- File audit

Comment:

Section 6.3 of ANU Rehabilitation Manual (v23) outlines ANU's approach to arranging rehabilitation assessments and examinations under section 36 of the SRC Act, in accordance with legislative requirements and the Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024. An ANU Rehabilitation Case Manager (RCM) may arrange a rehabilitation assessment or examination once a claim has been lodged and prior to liability being determined, where the injury appears to be work-related and there is an incapacity for work or impairment.

The manual incorporates the requirements of the 2024 Guide, which applies to all section 36 rehabilitation assessment determinations issued on or after 30 October 2024. RCMs are required to document their considerations against the Guide when issuing section 36 determinations, ensuring ethical, transparent and accountable decision-making. The Guide distinguishes between desktop rehabilitation assessments without an examination under section 36(1) and rehabilitation assessments with an examination under section 36(3), and the manual requires RCMs to manage these differently.

Before arranging a rehabilitation assessment, RCMs must consider whether sufficient and consistent information is already available, including information about the employee's circumstances, any changes in those circumstances, and any other relevant matters

specified in the Guidelines for Rehabilitation Authorities 2019. Where information is insufficient or inconsistent, RCMs are required to first seek clarification or additional information from the treating practitioner, preferably in writing, allowing a minimum of 14 calendar days for a response. Following receipt and consideration of this information, the RCM may either proceed with a section 36(1) assessment without examination or require the employee to undergo a section 36(3) rehabilitation examination.

Where an examination is required, the manual mandates that the employee's views must be sought regarding the selection of the assessor or panel of assessors and the need for a support person. Employees must be given at least three business days to respond, and all considerations, including the employee's views, must be clearly documented in the section 36 determination. These requirements do not apply to desktop assessments conducted under section 36(1).

The manual also reflects the limitations on the frequency of rehabilitation examinations, noting that while there are no limits on section 36(1) assessments, section 36(3) examinations are generally limited to one examination per injury within a six-month period, subject to specific exceptions.

Section 6.3 provides guidance on when a rehabilitation assessment is recommended, including cases involving psychological injury, inability to perform normal duties, risk of re-injury, workplace relationship issues, or ambiguity regarding the need for assessment. It also recognises circumstances where a rehabilitation assessment or examination is not required, such as where the treating doctor supports an early return to work, restrictions are minimal, the injury is not complex, and there is strong engagement between the employee, supervisor, and treating practitioner. In such cases, RCMs may implement a rehabilitation program without a formal assessment, provided the decision is clearly documented and communicated in writing to the employee.

Where a rehabilitation assessment or examination is required, the manual sets out a structured process for arranging the assessment, including issuing the section 36 determination, providing a Notice of Rights, and selecting an appropriately qualified assessor. Assessments may be conducted by a legally qualified medical practitioner, a suitably qualified non-medical assessor (preferably a Comcare-approved Workplace Rehabilitation Provider), or a panel including a medical practitioner. Detailed guidance is provided on selecting assessors, completing the section 36 assessment documentation, and the expected scope and content of rehabilitation assessment reports.

File Audit:

Assessments that commenced prior to the acceptance of claim liability were not tested against this criterion, as section 36 of the SRC Act is technically applicable only after a claim has been accepted. These pre-liability assessments were instead considered as part of ANU's early intervention framework.

The file review confirmed that section 36 determinations issued following the acceptance of claim liability were compliant with legislative requirements and the requirements of the 2024 Guide. Prior to issuing a determination, treating medical practitioners were appropriately contacted and requested to provide relevant information, with a 14-day period afforded for response.

Most determinations referred the employee to a Workplace Rehabilitation Provider. The correct determinations were issued in accordance with section 36(1) and section 36(3) of the SRC Act.

Of the 10 files applicable to this criterion, file audit confirmed compliance with this criterion.

Rehabilitation programs

Criterion 3.7

The rehabilitation authority provides rehabilitation programs in accordance with section 37 of the SRC Act and the Guidelines, and ensures consultation occurs between all parties in regard to the rehabilitation process.

Finding: Conformance with Observation

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024 - 9. Rehabilitation
- ANU Procedure: Management of Non Work Related Injury, Illness and Disability, 6/8/25, next review 6/8/30
- ANU Procedure: Return to work, 17/10/24, next review 17/10/27
- File audit

Corrective Actions:

The last review found one Observation:

Updated medical information to be included in documented section 37(3)(a)-(h) considerations.

The Corrective Action Plan states:

Rehabilitation Case Managers advised of this finding and the corrective action to ensure it is noted within alterations that any updated medical evidence has been considered.

Rehabilitation Manual Section 6.9.2. amended to add a highlighted note of this requirement. Additional options provided in situations when the direct supervisor is unable to sign due to sensitivities of the case.

Rehabilitation Manual Section 6.10.6. amended to add a highlighted note of this requirement.

Internal audits to specifically target this requirement for review. Noted in updated Rehabilitation Manual Section 10.1.

Requirement to be discussed during weekly case reviews.

Actions noted to be completed.

Comment:

Section 6.8 of the ANU Rehabilitation Manual describes how a rehabilitation program is planned and developed once it has been determined that rehabilitation is required.

A rehabilitation program is a formal document that sets out the structure of an injured employee's rehabilitation, including the services, activities, responsibilities, goals, timeframes and anticipated outcomes. The primary aim is to return the employee to their maximum capacity for work, consistent with medical advice and the Return to Work (RTW) hierarchy.

Before a rehabilitation program can be approved, altered or continued, the Rehabilitation Case Manager (RCM) must consider and document all eight mandatory factors under section 37(3)(a)–(h) of the SRC Act. Failure to address all criteria may render the rehabilitation program invalid.

The manual requires that rehabilitation programs:

- Commence as soon as practicable after the injury.
- Be developed in consultation with the injured employee and treating medical practitioner(s).
- Be individualised, outcome-focused, and based on the employee's abilities rather than disabilities.
- Be supported by appropriate expertise, including a Workplace Rehabilitation Provider (WRP) where required.
- Clearly identify the employee's current position within the RTW hierarchy, with any change in hierarchy prompting review or development of a new program.

The manual also outlines key rehabilitation strategies that may be included in program planning, such as:

- Provision of suitable employment, including temporary suitable duties supported by a documented Suitable Duties Plan.
- Work trials, used particularly in complex cases to rebuild capacity, confidence or skills, either within ANU or with an external employer.
- Medical redeployment, where supported by specialist medical evidence and approved through the appropriate governance process.

File Audit:

The file review confirmed that ANU generally provided rehabilitation programs in accordance with the SRC Act and the Rehabilitation Guidelines. Documentation demonstrated regular and ongoing consultation with injured employees and relevant stakeholders throughout the development and implementation of rehabilitation programs. Rehabilitation programs clearly articulated return-to-work goals that were tailored to the individual needs and circumstances of each injured employee.

File activity demonstrated adherence to section 9 of the Rehabilitation Guidelines, including consultation with injured employees in the development of rehabilitation programs. This was supported through a range of documentation such as file notes, section 36 assessment reports, records of meetings, signed rehabilitation programs, and written

correspondence. Rehabilitation programs also clearly identified return-to-work goals aligned to the injured employee's specific needs and included activities and services designed to assist the employee to remain at work or return to work.

The audit found that consideration of the matters outlined in section 37(3)(a)–(h) of the SRC Act was generally documented, and overall compliance with the Rehabilitation Guidelines was evident. However, in many instances, the recorded considerations under section 37(3)(a)–(h) were largely generic, with only minor updates. As a result, the documentation did not always fully reflect the actual level of consideration undertaken when developing the rehabilitation program.

For example, in two instances a rehabilitation assessment had been completed with a recommendation that the employee not participate in a rehabilitation program. Despite this recommendation, a rehabilitation program was subsequently developed, and the file did not contain documented reasons explaining why the assessment recommendation was not adopted.

Additionally, section 37(3)(a) was incorrectly documented in five instances. In these cases, the information recorded under this consideration referred to medical certification provided by the treating practitioner. This documentation does not meet the requirements of an assessment for undertaking a rehabilitation program pursuant to section 36(8) of the SRC Act.

Of the 13 files assessed against this criterion, the file audit identified a total of 14 findings, comprising:

- 7 findings where documentation against section 37(3)(a)–(h) could be improved to better reflect actual consideration undertaken;
- 5 findings where section 37(3)(a) was incorrectly documented; and
- 2 findings where errors were identified.

Observation:

Section 37(a) to (h) documentation does not consistently demonstrate or evidence the full extent of the consideration undertaken when developing individual rehabilitation programs.

Suitable employment

Criterion 3.8

The employer takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.

Finding: Conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024 - 9. Rehabilitation
- ANU Procedure: Management of Non Work Related Injury, Illness and Disability, 6/8/25, next review 6/8/30

- ANU Procedure: Return to work, 17/10/24, next review 17/10/27
- File audit

Comment:

The ANU Rehabilitation Manual requires that suitable duties form a core component of rehabilitation planning where an injured employee has some capacity for work. Suitable duties are used as a temporary rehabilitation strategy to facilitate an early, safe and durable return to work and are aligned with the Return to Work (RTW) hierarchy.

Under the manual, suitable duties:

- Are temporary in nature and cannot be maintained indefinitely.
- Are used as a step toward returning the employee to their pre-injury duties, hours and substantive position.
- Must be appropriate to the employee's medical restrictions and capacity, based on medical advice and rehabilitation assessments.
- Must be meaningful and productive, rather than token or nominal tasks.

The manual requires that suitable duties are:

- Clearly identified and documented in a Suitable Duties Plan.
- Agreed to by all parties, including the injured employee and supervisor.
- Endorsed by the treating medical practitioner, confirming the duties are medically suitable.

Where suitable duties cannot be provided within the employee's pre-injury work area due to the nature of the role, supervision constraints or business limitations, the manual requires that:

- All reasonable options are explored, including alternative work areas within ANU.
- The matter is escalated to the relevant delegate, with support from Human Resources and the Manager, Injury, Prevention and Wellbeing, to ensure obligations to provide suitable employment are fully considered.

The manual advises suitable duties are required under section 40 of the SRC Act, which requires the employer to take all reasonable steps to provide suitable employment or assist the employee to obtain such employment following or during rehabilitation.

File Audit:

The file audit confirmed that ANU took all reasonable and appropriate steps to identify and provide suitable employment options for injured employees who were medically certified as fit to return to suitable duties. Evidence demonstrated active consideration of the employee's medical capacity and restrictions, with suitable duties identified and offered where practicable to support recovery and return to work outcomes.

Of the 12 files applicable to this criterion, file audit confirmed compliance with this criterion.

Determinations, Suspensions and reconsiderations

Criterion 3.9

The rehabilitation authority makes determinations in accordance with the SRC Act and the Guidelines:

- (i) that are in writing and give adequate reasons;
- (ii) that are signed by the delegate;
- (iii) that are not retrospective.

Finding: Non-conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024 - 9. Rehabilitation
- Rehabilitation forms and templates
- File audit

Comment:

The Rehabilitation Manual and associated procedures outline the process for developing, altering and closing a Section 37 Rehabilitation Program. Rehabilitation determinations under section 36 (rehabilitation assessment/examination) and section 37 (rehabilitation program) must be made by a Rehabilitation Case Manager (RCM) exercising an appropriate delegation.

Section 6.9.2 of the ANU Rehabilitation Manual advises all rehabilitation determinations must:

- be in writing;
- be signed by the rehabilitation delegate (RCM);
- be made on or before the commencement date of the rehabilitation activity; and
- not be retrospective.

Several templates covering all aspects of the rehabilitation process have been developed.

File Audit:

File audit confirmed rehabilitation determinations were issued in writing and included a statement of reasons and rights to request reconsideration. Program alterations were appropriately documented, including the reasons for the changes.

Of the 13 files applicable to this criterion, file audit found 5 findings where rehabilitation programs were retrospectively signed.

Non-conformance:

ANU does not make determinations in accordance with the SRC Act. Five determinations were found to be retrospectively signed.

Criterion 3.10

The rehabilitation authority makes determinations in relation to employee non-compliance in accordance with the SRC Act, Guidelines and their written policy and procedures.

Finding: Not able to verify

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- File audit

Comment:

Section 8.2 of the ANU Rehabilitation Manual requires the Rehabilitation Authority to confirm that rehabilitation requirements are valid and procedurally sound before determining non-compliance. For section 36 assessments, this includes ensuring the employee was issued a valid, signed determination with a notice of rights, provided reasonable notice to attend, offered travel assistance where appropriate, and referred to a suitably qualified practitioner. For section 37 programs, there must be a current and valid rehabilitation program in place, signed by a delegated authority, supported by medical evidence, and developed following consultation with the employee. All section 37(3)(a-h) criteria must have been considered and documented, and the employee must have received a valid determination outlining rights, start dates and suitable duties.

Section 8.3 explains how the Rehabilitation Authority must assess whether an employee's failure or refusal to comply is supported by a reasonable excuse. This assessment must be made on a case-by-case basis, with procedural fairness observed and reasons provided to the employee in writing. A reasonable excuse is directed to circumstances where the employee is unable, rather than unwilling, to comply. Medical inability or critical, unforeseen events may constitute a reasonable excuse where supported by evidence, while resignation, travel, relocation or unexplained refusal generally will not. A pending request for reconsideration may also be considered a reasonable excuse, depending on the circumstances.

The Manual advises that an employee's rights to compensation may be suspended where they fail or refuse, without reasonable excuse, to comply with a rehabilitation requirement.

Before suspending compensation, the Rehabilitation Authority must seek the employee's reasons and assess whether a reasonable excuse exists. Suspension is intended to be a last resort. Suspension does not affect entitlement to medical expenses, which continue to be payable.

File Audit:

File audit found no activity relevant to this criterion.

Criterion 3.11

The rehabilitation authority complies with the provisions of the SRC Act and the SRC Regulations when managing reconsiderations or reconsiderations of own motion [criterion applicable to licensees only].

Finding: Not able to verify

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024 - 11. Reconsiderations
- File audit

Comment:

Section 11.1.1 of the ANU Rehabilitation Manual advises that an employee, or former employee with an accepted workers' compensation claim, has the right to request a reconsideration of rehabilitation determinations made under section 36 or section 37 of the SRC Act.

Reconsiderations apply to decisions requiring attendance at a rehabilitation assessment, decisions that a rehabilitation program is or is not required, requirements to undertake a rehabilitation program, decisions to alter or cease a program, and findings that an employee was non-compliant without reasonable excuse.

Requests must be made in writing within 30 days of the determination coming to the employee's notice and must set out the reasons for review.

Reconsiderations are conducted by an appropriately delegated officer who was not involved in the original decision, to ensure objectivity and procedural fairness. The reconsideration decision must be completed within 30 days, issued in writing, include reasons and notice of appeal rights, and be fully documented on the claim file.

Section 11.1.1 also advises that extensions of time to request reconsideration may be granted where it is fair and reasonable to do so, having regard to the circumstances of the delay.

File Audit:

File audit found no activity relevant to this criterion.

Confidentiality

Criterion 3.12

The rehabilitation authority maintains the confidentiality of information and applies legislative requirements.

Finding: Conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Privacy Policy
- Comcare Privacy Policy
- File audit

Comment:

The ANU Privacy Policy sets out the University's commitment to protecting the privacy and confidentiality of personal information collected, held, used and disclosed in the course of its activities, including workers' compensation and rehabilitation functions.

The policy requires ANU to:

- collect personal information lawfully, fairly and only where necessary for University functions;
- use and disclose personal information only for the purpose for which it was collected, or where otherwise authorised by law;
- take reasonable steps to ensure personal information is accurate, up-to-date and complete; and
- store personal information securely, protecting it from misuse, loss, unauthorised access or disclosure.

The policy also confirms that individuals have the right to access and seek correction of their personal information, subject to legislative exemptions. Privacy complaints are managed in accordance with Privacy Act 1988 (Cth) and internal governance arrangements.

Section 11.3 of the ANU Rehabilitation Manual advises that all personal and health information collected during injury management, rehabilitation and workers' compensation processes must be handled confidentially and in accordance with privacy obligations, and only used for legitimate rehabilitation and claims purposes.

File Audit:

There were no instances identified of records of other employees on the electronic claim files and no evidence of any documentation requested or released without proper authority.

File audit confirmed compliance with this criterion.

Document management

Criterion 3.13

The rehabilitation authority maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management system and legislative compliance.

Finding: Conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Claims Management Manual, v4.0, 8 May 2024:
 - 6. Decision making framework and quality assurance
 - 14. ANU records management
- Determination quality assurance template
- File audit

Comment:

Section 9 of the ANU Rehabilitation Manual advises that all injury management, rehabilitation and workers' compensation records must be accurately created, securely stored and properly maintained to support legislative compliance, decision-making and audit requirements. The University uses multiple authorised systems for records management, including Figtree, the restricted Safety and Wellbeing network drive, ERMS, and HRMS, each with defined purposes and access controls.

The Manual explains that Figtree is the primary system for recording incident notifications, injury management activities, rehabilitation determinations, return-to-work documentation and case notes. Rehabilitation Case Managers are responsible for ensuring that documents, emails and case notes are uploaded to Figtree in a timely manner to maintain a complete and accurate case record.

Section 9 also outlines requirements for record retention, document naming, version control and secure access, and confirms that records must be retained in accordance with legislative record-keeping timeframes. Throughout the records management process, confidentiality and privacy obligations must be maintained, and all documentation must support transparency, auditability and defensible decision-making.

File Audit:

ANU use Figtree as a database to manage both claims and rehabilitation files and this system provides document indexing, tracking and protection from unauthorised deletion of records.

File audit confirmed compliance with this criterion.

ELEMENT 4: Measurement and evaluation

Monitoring

Criterion 4.1

The rehabilitation authority monitors planned objectives and performance measures for core rehabilitation management activities.

Finding: Conformance

Evidence:

- ANU Rehabilitation Management System, v16, 12/12/25, next review 12/12/26
- ANU Strategic Plan 2021 - 2025
- Safety & Wellbeing Plan 2024-2026
- Licensee quarterly performance report - ANU Quarter 1 2025-26
- LCPI report, 2024/25
- ANU Claims Management Manual, v4.0, 8 May 2024 - 15. Reporting
- ANU Self-insurance Progress Report for Council, 1 January to 31 December 2024
- ANU WHS Performance Report 1 January - 30 June 2025
- WHS Performance at ANU 2024 Calendar Year, prepared January 2025

Comment:

ANU monitors planned objectives and performance measures for core claims management activities through a series of reports which include Comcare quarterly licensee performance reports.

The Safety and Wellbeing (S&W) team have clear objectives and defined performance measures for the Rehabilitation Management System (RMS) to support effective oversight and accountability. Performance against these measures is monitored and formally reported on a quarterly basis to the senior executive. In addition, RMS performance is reported to the Vice-Chancellor through the University Council, which meets every eight weeks, ensuring regular executive-level and governance oversight of claims management performance.

The ANU WHS Performance Report outlines progress against the Safety and Wellbeing Plan 2024–2026, which is structured around three focus areas: Systems, Capability and People.

The ANU Self-insurance Progress Report for Council provides Council with an overview of the University's performance and progress as a workers' compensation self-insurer. Its purpose is to inform Council about the operation of ANU's self-insurance arrangements

Criterion 4.2

The rehabilitation authority monitors rehabilitation providers' performance in terms of quality of service delivery, costs, progress reports and outcomes.

Finding: Conformance

Evidence:

- Workplace Rehabilitation Provider (WRP) Service Level Agreement
- WRP closed case summary 2025
- File audit

Comment:

The Workplace Rehabilitation Provider (WRP) Service Level Agreement sets out clear requirements for performance monitoring, review and reporting to enable ANU to oversee the effectiveness of external rehabilitation services. The Agreement requires WRPs to support ongoing performance monitoring through outcome-focused service delivery and timely identification and termination of services where they are no longer effective. This framework allows the University to assess whether WRPs are meeting contractual and outcome expectations throughout the life of rehabilitation referrals.

At program closure, WRPs must provide a rehabilitation outcome (closure) report for each referral, summarising the employee's rehabilitation from referral to closure and documenting final outcomes. In addition, when requested by the University, WRPs must provide aggregate performance summary reports across referrals, in line with timeframes specified by ANU and outcome requirements set out in the Agreement appendices.

The WRP Closed Case Summary 2025 provides a consolidated overview of workplace rehabilitation cases closed during the 2025 reporting period, capturing key performance, timeliness, outcome and cost information for individual WRP referrals.

File Audit:

File audit confirmed that progress reports from workplace rehabilitation providers were available, feedback was provided to WRPs, and case notes documented discussions regarding WRP performance, demonstrating active monitoring and oversight of provider performance.

File audit confirmed compliance with this criterion.

Auditing and reporting

Criterion 4.3

The rehabilitation authority conducts an audit program – performed by competent personnel and in accordance with the requirements of the Commission and Comcare – to measure performance of its rehabilitation management system.

Finding: Conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- ANU Procedure: work health and safety audit, 6/1/26, next review 6/1/31
- RMS audit report, January 2025, completed by BRM
- ANU Claims and Rehabilitation Management System Audit, External Audit Service Level Agreement, v2.0, 12/12/25, next review 12/12/26
- Letter of engagement with BRM for audit services, 25 June 2025

Comment:

The conditions of licence require ANU conduct annual internal audits of their rehabilitation management system.

The ANU Rehabilitation Manual sets out the University's approach to auditing within section 10. This section confirms that ANU is subject to external audits of its Rehabilitation Management System, including audits scheduled by Comcare at defined licence intervals and an annual external audit arranged by the University, which may be a full system audit or a targeted file audit.

The manual also outlines responsibilities for audit preparation and participation, requires the development and monitoring of a Corrective Action Plan in response to audit findings, and specifies that audit outcomes are reported to senior management, governance committees and communicated to staff.

BRM have been engaged to undertake ANU's external audit.

Criterion 4.4

Audit outcomes are appropriately documented and actioned. The rehabilitation authority reports to senior executive on its rehabilitation management system performance, including audit outcomes.

Finding: Conformance

Evidence:

- ANU Rehabilitation Manual, version 23, 8/1/26
- RMS audit report, January 2025, completed by BRM
- RMS corrective action plan January 2025

- ANU Claims Management Manual, v4.0, 8 May 2024 - 15. Reporting
- ANU Self-insurance Progress Report for Council, 1 January to 31 December 2024
- ANU WHS Performance Report 1 January - 30 June 2025
- WHS Performance at ANU 2024 Calendar Year, prepared January 2025

Comment:

The ANU Rehabilitation Manual, section 10, confirms that audit outcomes are formally documented and actioned through the development of a Corrective Action Plan (CAP) following each external audit, which is monitored through to completion. The manual further states that audit outcomes and Rehabilitation Management System performance are reported to senior executive governance bodies, including through periodic University Council reporting and the University Work Health and Safety Committee, and are also communicated to staff via publication on the ANU website.

The ANU Self-insurance Progress Report for Council provides Council with information on audit outcomes as well as other rehabilitation management system performance measures, supporting Council oversight of the self-insurance arrangements.

The ANU WHS Performance Report (1 January – 30 June 2025) notes that an external file audit of the Rehabilitation Management System was conducted in January 2025.

Criterion 4.5

The rehabilitation authority communicates the outcomes and results of rehabilitation management system audits to its employees.

Finding: Conformance

Evidence:

- WHS Performance at ANU 2024 Calendar Year, prepared January 2025
- Intranet – audit reports and associated corrective action plans since 2019
- LCPI report, 2024/25

Comment:

The results of the Rehabilitation Management System audit undertaken during the audit period was communicated to all staff via the ANU intranet, ensuring organisation-wide awareness of audit outcomes and key findings.

The RMS audit results are also provided as an attachment to the University Work Health and Safety (WHS) Committee, enabling communication of audit outcomes to both executive and staff representatives and facilitating discussion, oversight, and follow-up actions as required.

Criterion 4.6

The rehabilitation authority provides the Commission or Comcare with reports or documents as requested.

Finding: Conformance**Evidence:**

- RMS audit report, January 2025, completed by BRM
- RMS corrective action plan January 2025
- LCPI report, 2024/25

Comment:

Reports are provided to the Commission and Comcare as they relate to rehabilitation.

BRM is unable to assess whether transmission of data to the CDW was successful during the audit period.

ELEMENT 5: Review and improvement**Continuous improvement****Criterion 5.1**

The rehabilitation authority analyses rehabilitation management system performance outcomes against documented objectives to determine areas requiring improvement and promotes and implements continuous improvement strategies.

Finding: Conformance**Evidence:**

- ANU Rehabilitation Manual, version 23, 8/1/26
- RMS audit report, January 2025, completed by BRM
- ANU Strategic Plan 2021 - 2025
- Claim Management Strategy
- Safety & Wellbeing Plan 2024-2026
- RMS corrective action plan January 2025
- LCPI report, 2024/25
- ANU Self-insurance Progress Report for Council, 1 January to 31 December 2024
- ANU Claims and Rehabilitation Management System Audit, External Audit Service Level Agreement, v2.0, 12/12/25, next review 12/12/26
- ANU Claims Management System, v7, 26/11/25, next review 26/11/27

- ANU Policy: Disability, 15/12/25, next review 15/12/30
- ANU Procedure: Management of Non Work Related Injury, Illness and Disability, 6/8/25, next review 6/8/30
- ANU Procedure: work health and safety audit, 6/1/26, next review 6/1/31
- ANU Procedure: Work health and safety committees and representatives, 6/1/26, next review 6/1/31
- ANU Rehabilitation Management System, v16, 12/12/25, next review 12/12/26
- ANU Self-insurance Progress Report for Council, 1 January to 31 December 2024
- ANU Workers' Compensation Claim Pack, v7.0, 12/12/25, next review 12/12/25
- ANU Workplace Adjustments Funding Pack, v1.0, 11/11/25, next review 11/11/26
- RMS ANU Risk Management Plan, v8.0, 12/12/25, next review 12/12/26

Comment:

The ANU analyses Rehabilitation Management System performance outcomes against documented objectives to identify areas requiring improvement and to drive continuous improvement initiatives.

ANU undertakes an annual evaluation of the early intervention program to assess effectiveness and support ongoing improvement. The evaluation draws on early intervention activity and outcome data, including the timeliness of injury identification and support following notification, the prompt commencement of rehabilitation activities (such as early treatment, rehabilitation assessments and return-to-work planning), and the use of Early Intervention Assistance (EIA) funding to support employees before or alongside workers' compensation claims.

ANU has focused on enhancing collaboration between Injury Management and Employee Relations teams, supporting the early identification of potentially complex cases and improving outcomes for both employees and the University. A separate data analysis and risk identification system is utilised to further strengthen the early intervention approach.

Ongoing performance analysis is also supported through quarterly monitoring of Workplace Rehabilitation Provider services and a bi-annual customer service survey, which are used to assess service quality, capture feedback and inform further improvements.

Continuous improvement is also reinforced through the review and update of key governance and operational documents, including the ANU Rehabilitation Manual, version 23 (8 January 2026), ensuring system arrangements remain current, effective and aligned with performance outcomes.