# Rehabilitation Management System Corrective Action Plan January 2026

An external audit of the Rehabilitation Management System, Australian National University (ANU), was conducted on the 13 - 14 January 2026.

The following corrective action plan addresses follow up actions to be implemented in response to observations identified in the audit report. There was one non-conformance and one observation identified as part of the audit conducted.

**Non-Conformance**

| Non-Conformance | Corrective action | Action Officer | Date to be Completed | Current Status | Evidence |
|---|---|---|---|---|---|
| **Criterion 3.9**<br><br>**The rehabilitation authority makes determinations in accordance with the SRC Act and the Guidelines:**<br>**(i) that are in writing and give adequate reasons;**<br>**(ii) that are signed by the delegate;**<br>**(iii) that are not retrospective.** | | | | | |
| ANU does not make determinations in accordance with the SRC Act. Five determinations were found to be retrospectively signed. | Rehabilitation Case Managers advised of this finding and the corrective action to ensure it is noted with a particular focus to ensure this requirement is met for future determinations. | Manager Injury Prevention and Wellbeing | 20/02/2026 | Completed | Attachment A |
| | Rehabilitation Manual *Section 6.9.2.* amended to include strategies for preventing retrospective signing. | Manager Injury Prevention and Wellbeing | 20/02/2026 | Completed | Attachment B |
| | Internal audits to specifically target this requirement for review. Noted in updated Rehabilitation Manual *Section 10.1.* | Manager Injury Prevention and Wellbeing | 20/02/2026 | Completed | Attachment C |
| | Comcare scheme management to be provided with this corrective action plan and evidence of completed actions. | Manager Injury Prevention and Wellbeing | 27/02/2026 | Completed | Attachment D |

# Rehabilitation Management System Corrective Action Plan January 2026

**Observation**

| Observation | Corrective action | Action Officer | Date to be Completed | Current Status | Evidence |
|---|---|---|---|---|---|
| **Criterion 3.7. The rehabilitation authority provides rehabilitation programs in accordance with the provisions of section 37 of the SRC Act, and the Guidelines, and ensures consultation occurs between all parties regarding the rehabilitation process.** | | | | | |
| Section 37(a) to (h) documentation does not consistently demonstrate or evidence the full extent of the consideration undertaken when developing individual rehabilitation programs. | 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. | Manager Injury Prevention and Wellbeing | 20/02/2026 | Completed | Attachment A |
| | Rehabilitation Manual *Section 6.10.6.* amended to detail strategies to address the quality of Section 37(a) to (h) documentation, through regular peer review and best practice examples available. | Manager Injury Prevention and Wellbeing | 20/02/2026 | Completed | Attachment E |
| | Internal audits to specifically target this requirement for review. Noted in updated Rehabilitation Manual *Section 10.1.* | Manager Injury Prevention and Wellbeing | 20/02/2026 | Completed | Attachment C |
| | Comcare scheme management to be provided with this corrective action plan and evidence of completed actions. | Manager Injury Prevention and Wellbeing | 27/02/2026 | Completed | Attachment D |

# ATTACHMENT A

## Ingrid Krauss

**From:** Ingrid Krauss
**Sent:** Monday, 16 February 2026 4:44 PM
**To:** Lucy Ochieng; An Yi Cheang
**Cc:** Lisa McLoughlin
**Subject:** ANU RMS report
**Attachments:** anu-comcare-ca-rehab audit report-260216 draft.docx

**Sensitivity:** Confidential

Hello Lucy and An Yi

Thank you for another year of comprehensive and dedicated work for managing our workers compensation claims.

The results of the Rehabilitation Management System are now available in the report attached with feedback and outcomes below. Congratulations on the result!

I have commenced the Corrective Action Plan available at U:\Service Divisions\HR\Safety and Wellbeing\AUDITS\REHABILITATION MANAGEMENT SYSTEM\2026\Corrective Action Plan\20260220_ANU Corrective Action Plan RMS.docx.

I would also appreciate if you could review the sections of the Rehabilitation Manual which are updated as part of the Corrective Actions – available at U:\Service Divisions\HR\Safety and Wellbeing\CASES\zzz. RCM Resource Documents\RCM manual\20260220_ANU Rehabilitation Manual_v24.docx

If you have any feedback or suggested changes for either document please let me know.

Kind Regards,

Ingrid Krauss
Manager Injury, Prevention & Wellbeing

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ANU is working towards making all of our communication accessible. Please let me know if you require any content in an alternative format.

**From:** Sophie Anastasov <sophie.anastasov@brmrisk.com.au>
**Sent:** Monday, 16 February 2026 9:21 AM
**To:** Ingrid Krauss <ingrid.krauss@anu.edu.au>
**Cc:** Lisa McLoughlin <lisa.mcloughlin@anu.edu.au>; Samantha Robinson <Samantha.Robinson@brmrisk.com.au>
**Subject:** Draft ANU RMS report
**Sensitivity:** Confidential

Hi Ingrid,

I hope you had a great weekend!

Please find attached the RMS report for your review and feedback. Overall, the report confirms that ANU maintains a comprehensive Rehabilitation Management System that meets the requirements of the RMS Audit Tool and demonstrates strong governance, legislative compliance and a commitment to continuous improvement.

The audit identified one non-compliance, relating to five rehabilitation programs being signed retrospectively, and one observation highlighting opportunities to further strengthen the documentation of section 37(3)(a)–(h) considerations. Aside from these items, the system was found to be operating effectively.

**Non-conformances**

| 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**

| 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. |

I'd appreciate it if you could review the report and let me know your feedback.

Please feel free to give me a call to discuss if required at any time.

Kind regards,

Sophie

**Sophie Anastasov**
Head of BRM
BRM Risk Management Pty Ltd

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# ATTACHMENT B

- Notice of resignation is submitted
- Medical termination occurs
- Implementation of a change proposal resulting in the substantive position being disestablished.

The work area may temporarily appoint someone into the redeployee's substantive position to ensure that operational requirements are met. If requested, the redeployee may be given assistance with resume writing and interview preparation. Appointment into a position can only be achieved through a competitive selection (merit based) process.

Whilst an ANU staff member is on the redeployment list, should a position become available for the staff member, injury management will be consulted to ensure the position is medically suitable.

In the event a redeployee becomes unwell during the 12-week redeployment period, commencement may be delayed, or the timeframe may be revised.

If after 12 weeks the redeployee has not found suitable employment, the following options are to be considered-

- Seek medical clearance to return to the substantive position.
- Request an extension of redeployment from CPO.
- Continue independent job seeking while using available leave credits.
- Request a mutual separation from the University; or
- Resign their position at the University.
- The University proceeds with medical termination

During the medical redeployment process the staff member will be assured of privacy and confidentiality in regard to the reasons for being a redeployee.

## 6.9 Rehabilitation Program Implementation

The Rehabilitation Program document is developed in consultation with the injured employee, WRP, rehabilitation case manager, supervisor/manager and after consultation with the treating doctor.

The Guidelines state that the rehabilitation authority **must** consult the employee regarding the *proposed* rehabilitation program.

In arranging the rehabilitation program, the rehabilitation case manager should be aware that the purpose of the rehabilitation is to deliver activities and services that:

- Assist an employee to be maintained at or return to work in accordance with the return-to-work hierarchy; and/or
- Maintain or improve the performance of activities of daily living (ADL).

The objective of the rehabilitation program document is to:

- Ensure all parties are committed to the rehabilitation process.
- Establish rehabilitation goals: interim, long-term, personal.

- Ensure rehabilitation goals are reviewed in a timely manner.
- Capture the current level of RTW hierarchy; and
- Capture all rehabilitation services being provided by the WRP.

### *6.9.1 What to consider to ensure a rehabilitation program can be effectively implemented*

- The contents of the rehabilitation program should be developed in consultation with all parties.
- A written draft rehabilitation program should be provided to all parties before the RCM has made a determination to ensure there is an opportunity to raise and concerns.
- The RCM should ensure the goals, responsibilities and timeframes in the rehabilitation program have been explained to all parties clearly.
- The RCM must ensure that they have addressed section 37 (3) a-h when making a determination; and
- All parties must be provided a copy of the signed rehabilitation program.

### *6.9.2 Rehabilitation Program Approval – s.37 Determination*

The Rehabilitation Case Manager must exercise their delegation and document the determination to provide, alter or cease a rehabilitation program with regard to Section 37(3) a-h of the Act.

The Rehabilitation Program identifies 8 criteria (a-h) that the RCM must address when making determination in regard to any rehabilitation program. Failure to consider all matters and to adequately document this may lead to the rehabilitation program being invalid.

The rehabilitation program must include details of the case manager, and where applicable, the supervisor and workplace rehabilitation provider. It must also include review dates, and if applicable, the reasonable steps being taken by the employer to provide the employee, or assist the employee to find, suitable employment.

Once this criterion has been addressed and signed by the RCM the Rehabilitation Program/Alteration is deemed to be in effect and all parties can be held accountable to their documented responsibilities.

The RCM must provide a copy of the written rehabilitation program (including determination) to the:

- Employee.
- Employee’s supervisor/manager.
- WRP.
- Nominated treating doctor (NTD).
- Claims delegate; and
- Liable employer (if ANU is not the liable employer).

All determinations must be signed by the delegate on or before the date of commencement of the program - and should not be completed retrospectively.

There may be circumstances when a supervisor is not available to sign the return-to-work plan. This may include situations when the injured worker is no longer employed in their original work area or may be in a work trial arrangement external to the University. In this case, the reasons for this should be documented on the return-to-work plan and a relevant file note provided to explain the reasons for a supervisor signature not being included.

**Note:** All efforts should be made to identify a supervisor for the required signature. In sensitive cases, alternate options may be to have a higher-level delegate or alternate acting supervisor who could sign the plan. Assistance may be required from the Human Resources team to identify a contact person.

Strategies to ensure rehabilitation plans are not signed retrospectively include:

**Internal processes**

- Follow the Rehabilitation Manual standard operating procedure with required steps before a plan can be presented for signature.
- Mandate sign-off sequences (worker → supervisor → RCM → delegate).
- Set minimum timeframes (e.g., two business days for review before the planned start date).
- Block finalisation if any required consultation or documentation is missing.
- Build validation checks or locked templates that prevent retrospective fields.

**External Workplace Rehabilitation Provider (WRP) processes**

- Detail for the external Workplace Rehabilitation Provider that no plan start date may be set without written delegate pre-approval.
- Require rehabilitation providers to propose dates in advance.
- Advise WRPs draft plans must be submitted 5 days before proposed commencement.
- Return any plans that don't meet the requirements.
- Schedule a brief review meeting (15 minutes) before signing.
- Before any plan is accepted apply a quality check phase:
    - Does the date of signature match or precede the plan start date?
    - Has the delegate documented their reasoning where required (e.g., clarifying sufficiency of information)?
    - Have the worker's and treater's views been appropriately sought and recorded?

*Table 1: Sample responses for section 37(3) criteria and important considerations.*

| **Section 37(3) A-H, SRC Act 1988, Provision of rehabilitation programs guideline and example responses** | |
|---|---|
| (a) any written assessment given under subsection 36(8) | Have consideration to:<br>• current work capacity as determined by the treating practitioner<br>• dated current medical reports<br>• dated and any other rehabilitation or specialist assessments e.g. Initial Needs Assessment reports, section 36 assessments<br>• any additional comments (if there are conflicting medical opinions). |

| **Example statement section 37(3) (a)** | |
|---|---|
| • Mr/Ms Employee has been assessed under subsection 36(8) by Dr XXXX from XXX. The agency sought assistance in determining Mr/Ms Employee's capacity to return to work after a lengthy period of incapacity and reported frustration from the treating doctor.<br>As a result of the medical assessment, Dr XXXX has cleared Mr/Ms Employee to return to work for XX hours a week and provided guidance for work duties. This information concurred, and it was determined, after consultation between Dr XXXX and the treating GP, who are reported by Dr XXXX to have reached agreement of the return-to-work hours and medical restrictions.<br>No written assessments have been undertaken. Mr/Ms Employee's treating GP is encouraging him/her to participate in a return-to-work program and the only restriction imposed is that he/she does not return to a HR role in (name of organisation) as his/her supervisor is the cause of his/her distress.<br>Mr/Ms Employee has been cleared to return to work at XX hours a day for a period of (timeframe) days/weeks. These hours will increase to full time over a period of (timeframe) days/weeks.<br>Mr/Ms Employee is willing to participate in the process and has indicated his/her willingness to return to work. He/she has requested assistance with the identification of a work trial and assistance with job seeking.<br>With assistance from the rehabilitation provider, Mr/Ms Employee is expected to make a successful return to work. | |
| (b) any reduction in the future liability to pay compensation if the program is undertaken | Have consideration to:<br>• achieving a durable return to work (particularly if a person returns to pre-injury capacity) will result in a reduction/cessation of incapacity benefits<br>• the potential for short-term and long-term activities to enable achievement of a return-to-work goal should be taken into account<br>• long-term activities such as retraining or redeployment may not immediately impact on a reduction in a liability to pay compensation. However, they may enhance an employee's ability to obtain suitable employment and return to full-time employment on the future<br>• any additional comments depending on complexity of the claim. |

| **Example response section 37(3) (b)** | |
|---|---|
| • The program has been developed to assist Mr/Ms Employee return to work, therefore reducing further requirement for full incapacity payments to be paid. The cost of the program is required to ensure the successful implementation and completion of the return to work, with the final goal identified as Mr/Ms Employee achieving a return to work on modified hours within (timeframe). The success of the program will result in the reduction of future liability to pay compensation.<br>• The program has been developed to assist Mr/Ms Employee return to work, therefore reducing further requirement for full incapacity payments to be paid. The cost of the program is required to ensure the successful implementation and completion of the return to work, with the final goal identified as Mr/Ms Employee returning to full-time hours within (timeframe) and identifying and winning a new position outside of (Name of organisation) within (timeframe). The success of the program will result in the reduction of future liability to pay compensation. | |
| (c) the cost of the program | Have consideration to:<br>• the rehabilitation authority, usually the case manager, needs to take into account the goal of the return-to-work plan and the nature of the proposed rehabilitation services, and the cost of the services to ensure that the overall cost of the program is reasonable and within industry standards<br>• the operational standards for rehabilitation program providers (Workplace Rehabilitation Providers) should also be considered. These are designed to ensure that high quality and cost-effective services are delivered which contribute to successful return to work outcomes. The operational standards prescribe target outcome measures for the provider entity as a whole and include measures for return-to-work rate, cost of rehabilitation programs and return to work durability. However, costs and services of individual return to work plans will depend on the case complexity and the nature of the vocational rehabilitation services provided in each instance. |
| **Example response consideration section 37(3) (c)** | |
| Provide justification of all rehabilitation costs including additional costs e.g. travel, vocational training, return to work aids, workplace assessments, etc. | |
| (d) any improvement in the employee's opportunity to be employed after completing the program | Consider:<br>• The successful completion of a rehabilitation program should result in a person having an enhanced capacity to obtain or to retain paid employment (within the definition of suitable employment). The case manager may need to consider both short- and long-term goals such as helping with alternative duties or work trials to allow the employee to upgrade physical or psychological work capacity<br>• If an employee cannot return to, or remain with, the pre-injury employer, a rehabilitation program with a goal of redeployment may be required. However, all options within the hierarchy of return to work must be first considered:<br>i. same job, same employer<br>ii. similar job, same employer<br>iii. new job, same employer<br>iv. same job, new employer<br>v. similar job, new employer<br>vi. new job, new employer.<br>• Any recommendations made in a vocational assessment to increase a person's employment opportunities should be considered for inclusion in the rehabilitation program, such as:<br>i. consolidation of transferable skills<br>ii. benefit of providing training<br>iii. work trial options<br>iv. information on the labour market (if relevant). |

| Example response section 37(3) (d) | |
|---|---|
| • It is anticipated that two return to work plans will be required to help Mr/Ms Employee return to his/her full-time capacity. During this time, Mr/Ms Employee has been provided with the opportunity to develop and consolidate a range of skills he/she has not had high-level exposure to. These include (duties) and stakeholder liaison, all of which had been identified to the supervisor as areas in which new skills would be appreciated. The return-to-work program, in conjunction with the suitable duties schedule, provide Mr/Ms Employee with an opportunity to enhance skills with the likely outcome being more able to access employment opportunities in the public and private sectors.<br>• The employee has a wide range of skills appropriate to his/her profession as a (Name of role). He/she has, however, lost confidence in his/her skills and himself/herself. The work trial will enable him/her to up-skill and regain confidence. It will also provide him/her with an opportunity to network. A work trial has been identified with (name of organisation) and the duties involve mainly (type of work) which is most appropriate and should not cause Mr/Ms Employee any additional stress. Mr/Ms Employee's chances of gaining employment will be enhanced by his/her participation in the program. | |
| (e) the likely psychological effect on the employee of not providing the program | The following issues should be considered:<br>• the person's current psychological state and medical recommendations<br>• motivation and attitude<br>• potential for worsening of symptoms if a program is not provided<br>• support mechanisms that may need to be put in place to assist the person with return to work<br>• preventative measures to reduce the potential risk of a new incident or worsening of symptoms occurring as a result of the return to work. |

| Example response section 37(3) (e) | |
|---|---|
| • The program has been developed after unsuccessful attempts at structured return to work programs in the past. In light of the limited successes to date, Mr/Ms Employee's psychological state has had a negative impact. This has resulted in not only a lengthy period of incapacity but also reported conflict within the workplace and increased physical symptoms. If the proposed return to work program is not provided, it is expected that Mr/Ms Employee will remain totally incapacitated and require increasing amounts of treatment to manage his/her condition.<br>During the initial needs assessment meeting, the employee expressed eagerness to return to work and participate in a return-to-work program. He/she requires assistance because he/she has lost confidence. Therefore, the psychological impact of his/her not participating in a program is very high. | |
| (f) the employee's attitude to the program | The case manager should seek to ascertain the employee's attitude to the proposed rehabilitation program and consider the reasons given by the employee, with appropriate weight being given to the issues raised.<br>The following issues should be considered.<br>• The employee's level of support for the program. The rehabilitation authority should consider supporting a program where the employee is asking for assistance from the case manager or rehabilitation provider in order to remain or return to work.<br>• The appropriateness of the rehabilitation goal.<br>• The appropriateness of the actions included on the return-to-work plan.<br>• Any alternative proposals offered.<br>• Whether the employee is 'unwilling' to comply with the proposed rehabilitation program and the reasons for this, or if he/she is considered to be 'medically unable' to undertake the rehabilitation program.<br>• The employee does not need to display a positive attitude towards a rehabilitation program, as the Court stated in *McGuinness v. Comcare Australia*: 'if the employee's attitude to the program was negative, it does not mean that the program |

| | |
|---|---|
| | therefore fails, but simply that the attitude is taken into account and appropriate weight given to the attitude'.<br>• The employee's understanding of the rehabilitation goal and services. The employee may have an unrealistic expectation of rehabilitation services finding him/her another job in another agency, or support to undertake retraining in order to further a career. For example, this is not deemed to be the appropriate rehabilitation goal, or in line with the return-to-work hierarchy. |

| **Example response section 37(3) (f)** |
|---|
| Mr/Ms Employee reports a desire to return to work within a supportive work environment and as such, has demonstrated a positive attitude to the attempts made to date. Before signing the return-to-work plan, Mr/Ms Employee was requested to take the plan home, review it and provide feedback on both the positive and negative aspects of the plan in writing to the rehabilitation case manager.<br>Your response should take into consideration the following:<br>Make note of the employee's attitude and give appropriate consideration to issues raised, e.g. training requests, new employer.<br>Document the employee's attitude, particularly if negative. Ensure that you give consideration to the issues.<br>Formulate your response to the situation. |

| | |
|---|---|
| (g) the relative merits of any alternative and appropriate rehabilitation program | Consider if the rehabilitation program and the actions included on the return-to-work plan are consistent with the most appropriate rehabilitation goal. The hierarchy of return to work should be followed when considering any alternative rehabilitation program:<br>• same employer, same duties<br>• same employer, modified duties<br>• same employer, new duties<br>• different employer, same duties<br>• different employer, modified duties<br>• different employer, new duties. |

| **Example response section 37/3 (g)** |
|---|
| • Previous attempts at returning to work have been unsuccessful, and as such, a highly supported rehabilitation program, with clear expectations for all stakeholders, has been developed to ensure success and durability of the return to work. The level of support provided, and level of clearly outlined expectations were guided by the independent medical assessment organised by the (organisation) to ensure adherence to medical restrictions and all psychosocial factors have been taken into account when developing the plan.<br>• I have considered the merits of alternative programs. However, this program best meets the employee's current capacity to undertake a rehabilitation program. |

| | |
|---|---|
| (h) any other relevant matter | This requires the rehabilitation authority to consider the individual circumstances of the cases. Examples of issues to consider:<br>• medical support for the program (particularly if this is conflicting)<br>• the requirement for the relevant authority to provide suitable employment or to take all reasonable steps to help the employee find suitable employment (section 40(1) of the SRC Act)<br>• the definition of suitable employment (section 4 of the SRC Act) dictates whether suitable employment is considered to be employment by the Commonwealth, or licensee, external employment or self-employment. For a permanent employee who continues to be employed, consideration must be given to the employee's age, experience, training, language and other skills, the employee's suitability for rehabilitation or retraining, the location of the employment (and whether the employee may reasonably be required to change his/her place of residence) and other relevant matters. |

| | |
|---|---|
| | • non-compensable conditions<br>• family or other psychosocial issues<br>• workplace issues such as workplace investigations, grievance procedures, conflict. |

**Example response section 37/3 (h)**

- Mr/Ms Employee's return to work plan has been developed with careful consideration of all medical information available, history of his/her return-to-work efforts to date, and liaison with stakeholders. The plan has tried to address previous concerns in relation to unclear expectations and, together with the Suitable Duties Schedule attached, provides a clear, succinct guideline for all stakeholders to follow.

I am not aware of any other relevant matters in consultation with all stakeholders, including Dr XXXX, etc.

## 6.10 Rehabilitation Program Monitoring and Review

The primary aim of the rehabilitation program is to achieve a successful return to health and work for the employee, and in turn, minimise claim liability costs for ANU. The rehabilitation program also formalises the coordination, cooperation and communication between stakeholders and the monitoring and management of the rehabilitation program.

It is essential to ensure regular reviews occur to assess the effectiveness of injury management interventions. It is important to ensure that the rehabilitation program is responsive to the barriers to return to work that have been identified specifically to the employee's needs.

The Guidelines state that the rehabilitation authority must monitor the employee's rehabilitation program, or where a program has not been provided, their capability to undertake a program.

The case manager may need to consider altering the program where there are changes in the employee's work capacity, injury, or circumstances, or where the availability of suitable duties changes.

To ensure the success of an ongoing rehabilitation program the following need to be considered:

- Regular monitoring
- Effective communication
- Address delays in progress
- Work Performance
- Annual leave whilst on workers compensation
- Altering the rehabilitation program
- Closing the rehabilitation program

### *6.10.1 Regular Monitoring*

When monitoring the rehabilitation performance, the Rehabilitation Case Manager is to coordinate the parties involved by keeping in regular contact with them and ensuring that the WRP, supervisor and injured employee have undertaken what they have agreed to do. Monitoring should provide information about:

- Attendance and task completion
- Progress against agreed milestones

# ATTACHMENT C

# 10 AUDITING

As part of the University's requirement to conduct an audit program to measure the performance of its rehabilitation management system, the following processes will be undertaken.

## 10.1 Individual Case File Reviews

Internal case file reviews are conducted, on an intermittent basis throughout the year, by the Manager Injury, Prevention and Wellbeing, using the Comcare file audit format as a guide.

**Note:** When conducting internal reviews, particular review should be taken of observations that have been noted in previous external audits, to ensure that a quality assurance check is undertaken, and that corrective actions are being complied with.

File spot checks and peer review of targeted issues such a retrospective signing of rehabilitation plans, should address the strategies for preventing retrospective signing detailed in Section 6.9.2.

File spot checks and peer review of targeted issues such as the quality of Section 37(a) to (h) documentation, should address the strategies for preventing retrospective signing detailed in Section 6.10.6.

In addition, meetings are conducted with the claims delegate for all new workers' compensation claims submitted to establish a claims strategy and recovery plan development. This meeting takes place with all relevant Safety and Wellbeing stakeholders to discuss the risks involved with the claim, establish what support is required and allocate actions for the newly submitted claim.

Claims delegates and RCM's meet monthly to discuss a set number of claims that have current incapacity payments. This meeting is used to determine what strategies can be implemented to manage the risk associated with claims incurring incapacity payments.

- Template: U:\SAFETY AND WELLBEING\CASES\zzz. RCM Resource Documents\Individual case audits

## 10.2 External Auditing

The University will undergo external audits of its Rehabilitation Management System as arranged by Comcare in Years 1, 2 and 6 of its licence, and in every 6th year thereafter or as directed as per the required audit schedule.

In addition, the University will arrange an annual external audit of the Rehabilitation Management System. This may either be a full rehabilitation management system audit or a targeted file audit, as per the requirements specified by Comcare.

Qualified auditors will be engaged in line with the University's procurement procedures, with regard to the anticipated cost of the audit. Recommendation on potential service providers with experience in the Comcare jurisdiction may be obtained from the Safety, Rehabilitation and Compensation Licensees Association (SRCLA).

# ATTACHMENT D

## Ingrid Krauss

**To:** Dorothy Houston
**Cc:** Kylie Grady; Lisa McLoughlin
**Subject:** ANU Rehabilitation Management System Audit Report 2026
**Attachments:** anu-comcare-ca-rehab audit report-260224 final.pdf; Rehabilitation Management System Corrective Action Plan 2026.pdf

Hello Dott

Please see the final Rehabilitation Management System Report 2026, which has been provided by the external auditor BRM Risk. The audit was conducted 13-14 January 2026.

In response to the audit findings, a corrective action plan has also been reviewed by BRM Risk. The corrective action plan and evidence of action completion is also attached.

If you have any additional questions about the audit documents provided, please get in contact.

Kind Regards,

Ingrid Krauss
Manager Injury, Prevention & Wellbeing

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# ATTACHMENT E

- Will it have a negative impact on the rehabilitation program?

Any injured employee wishing to take leave (e.g. annual leave, long-service leave, leave-without-pay) will be determined by the Rehabilitation Case Manager and will be considered on a case-by-case basis.

### *6.10.6 Altering the rehabilitation program*

A rehabilitation program is altered (Rehabilitation Program Alteration form) when the case manager decides that the rehabilitation program services, associated costs, program timeframes, end date or goals need to be changed. A determination altering an existing rehabilitation program can only apply to rehabilitation provided on or after the date of that determination.

Before determining under section 37(1) of the SRC Act whether or not an injured employee should undertake an altered rehabilitation program or cease to undertake a rehabilitation program altogether, you are required to:

- Consult with the approved WRP (if engaged).
- Consider any advice from that provider or medical practitioner regarding more appropriate rehabilitation program goals, services, timeframes and the injured employee's capacity to undertake a rehabilitation program.
- Consider the need for a repeat rehabilitation assessment; and
- Discuss the proposed program alterations or closure with the injured employee and supervisor.

Circumstances frequently change during the course of a rehabilitation program. An injured employee may not meet expected improvement timeframes. Or their medical condition may change for the worse. Alternatively, there may be changes in the workplace and suitable duties may no longer be available because of organisational or business changes.

In these circumstances it is necessary to determine whether to continue the rehabilitation program and make modifications to it (Rehabilitation Program Alteration) or close the program and begin a new one.

A rehabilitation program can ***only be altered if the final goal of the program remains the same***. In this instance, the rehabilitation program can be altered to accommodate additional time to achieve the goal or additional services to assist the employee to achieve the goal.

The Rehabilitation program can be altered at the direction of the RCM to:

- Include new services not included on the original rehabilitation program.
- Extend the duration of the rehabilitation program (to accommodate stalled or delayed progress); or
- Request additional costs to provide ongoing monitoring and support.

Where you determine that the rehabilitation program should be altered or closed, you shall provide the injured employee with written notice advising the terms of, reasons for and the right to request a review of, that determination.

It is also required for a 'rehabilitation program amendment' that the RCM must address all 8 criteria of s.37 (3) a-h. Failure to consider all matters and to adequately document this may lead to the rehabilitation program being invalid.

**Note:** Updated medical evidence should be documented in the s37(3)(a)-(h) considerations for all program alterations, to ensure that the most accurate information is noted and considered. The reasons for the alteration should be clearly stated within the determination.

To improve information gathering before reviewing and updating the s37 (3) a-h, follow the following quality assurance checks:

- Improve Information Gathering Before Completing the a-h:
    - High-quality a-h forms start with thorough information capture.
    - Collect complete, factual information early.
    - Obtain all current Certificates of Capacity, functional assessments, medical reports, and treatment notes.
    - Ensure you have a clear understanding of the diagnosis, restrictions, and treatment plan.
    - Confirm employment details, duties, environment, and any organisational changes impacting RTW.
- Use structured interviews, including questions on:
    - Functional ability (specific tasks, durations, tolerances)
    - Psychosocial risk factors (e.g., perceived support, workload, conflict)
    - Worker's goals, fears, concerns, and motivators
    - Barriers to RTW (transport, housing, team dynamics, workload)
    - Cross-check for consistency across all information sources.
- Strengthen clinical and functional analysis within the a-h:
    - Translate medical restrictions into functional implications.
    - Instead of "restricted duties," specify:
        - lifting limits
        - movement restrictions
        - cognitive load tolerances
        - environmental constraints
        - required work pace or breaks
- Avoid copy-and-paste medical notes
    - Show your own professional reasoning:
    - Why certain tasks are not suitable
    - Why identified barriers exist
    - How a recommended intervention links to functional needs

- Use objective measures where possible

- Improve collaboration and communication

    - Engage the treating practitioner early
    - Consult the worker's supervisor
    - Always check with the worker that the content accurately represents their experience, functional status, and RTW goals (without letting them dictate clinical judgment).

- Strengthen the intervention planning section

  Use SMART rehabilitation goals

    - Specific: Targeted to the task/impairment
    - Measurable: Defined outcomes
    - Achievable: Realistic at this stage of recovery
    - Relevant: Connected to capacity and job demands
    - Time-bound: Clear review intervals

  Map each intervention to a barrier

  Include clear timeframes, responsibilities and monitoring methods

- Focus on RTW suitability and duty matching

    - Ensure duties exactly match restrictions
    - No generic "suitable duties."
    - List tasks individually and match them line-by-line with the Certificate of Capacity.
    - Include worksite verification

- Focus on psychosocial barriers

    - workplace culture issues
    - role conflict or overload
    - support levels from managers and peers
    - distress, anxiety, or fear of returning
    - trauma-related barriers (where applicable)