



## **Workplace Rehabilitation & Return to Work Coordinator | Training Course**



## INTRODUCTION

The course is designed with **Qld legislation** in mind; however, it uses best practice theory and operational practice throughout.

Upon successful completion of all assessment activities, students will be awarded a statement of attendance for the rehabilitation and return to work coordinator course approved by Queensland's Workers Compensation Regulatory Services.

*Students who wish to obtain the nationally accredited unit, **BSBWHS417 Assist with managing WHS implications of return to work** may pay an additional fee and undertake a short [gap assessment](#).*

Contact the office on 1300 647 200 or via email at [info@ohsa.com.au](mailto:info@ohsa.com.au) for more information.



# Course Administration

- I. Enrolment Form
- II. Course Evaluation
- III. Course Assessment



# Enrolment Form

**OHSA**  
OHS Occupational Health Services Australia Pty Ltd  
T / 1300 647 200  
F / 1300 852 970  
E / info@ohsa.com.au  
www.ohsa.com.au  
RTO # 31092

**HEALTH SAFETY TRAINING**

*Industry Leaders*

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**HEALTH SAFETY TRAINING**

*Industry Leaders*

COURSE / QUALIFICATION:

LOCATION:  COURSE DATE:  /  /

Unique Student Identifier (USI)

From January 1, 2015 for you to be issued with a qualification you must provide OHSA with your Unique Student Identifier (USI). This can be obtained by going to [www.usi.gov.au](http://www.usi.gov.au) and following the application process. (Frequent OHSA can undertake the application process on your behalf if fees will apply). We may be able to search and create a USI for you. Please tick this box if you do NOT want OHSA to search for your USI on your behalf if it is incorrect or not entered. ☐

**PERSONAL DETAILS – Please write the name you used when you applied for your USI. No shortened or nick names.**

1. Enter your full name:  Family name (surname)  
 Given names

2. Enter your birthdate:  /  /  City of / Town of Birth:

3. Sex - Tick ONE box only: ☐ Male ☐ Female

Home Phone  Identification No.  State of Issue   
Email  Acceptable ID: Driver's License, Medicare Card, Australian Passport, Visa (with Non-Australian Passport) for international students, Birth Certificate (Australian) extract is not sufficient, Certificate of Registration by Decree, Citizenship Certificate, Imm Card.  
Mobile Ph  For Driver's license Only

4. What is the address of your usual residence?  Building/property name  
 Flat/unit details  
The street number and name where you usually reside (not a post office box).  
 Street or lot number (e.g. 205 or Lot 118)  
 Street name  
 Suburb, locality or town  
 State/territory  
 Postcode

5. What is your postal address?  Building/property name  
 Flat/unit details  
(if different from above).  
 Street or lot number (e.g. 205 or Lot 118)  
 Street name  
 Postal delivery information (e.g. P.O. Box 254)  
 Suburb, locality or town  
 State/territory  
 Postcode

**LANGUAGE AND CULTURAL DIVERSITY**  
6. In which country were you born? Australia ☐ 1101 Other - please specify

7. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often). No, English only - ☐ 1201  
Other - please specify

8. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both yes boxes) No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

**DISABILITY**

9. Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐ No - Go to question 11 ☐  
10. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:  
You may indicate more than one area.  
Hearing/deaf ☐ 11 Acquired brain impairment ☐ 16  
Physical ☐ 12 Vision ☐ 17  
Intellectual ☐ 13 Medical condition ☐ 18  
Learning ☐ 14 Other ☐ 19  
Mental illness ☐ 15

**SCHOOLING**

11. What is your highest COMPLETED school level (Tick ONE box only) Year 12 or equivalent ☐ 12 Year 9 or equivalent ☐ 09  
Year 11 or equivalent ☐ 11 Year 8 or equivalent ☐ 08  
Year 10 or equivalent ☐ 10 Never attended school - go to question 14 ☐ 02

12. In which YEAR did you complete that school level?  /  /

13. Are you still attending school? Yes ☐ No ☐

**PREVIOUS QUALIFICATIONS ACHIEVED**

14. Have you SUCCESSFULLY completed any of the following qualifications? Yes ☐ No - Go to question 16 ☐

15. IF YES, then tick ANY applicable boxes.  
Bachelor degree or higher ☐ 008 Certificate III (or trade certificate) ☐ 514  
Advanced diploma or associate degree ☐ 410 Certificate II ☐ 521  
Diploma (or associate diploma) ☐ 420 Certificate I ☐ 524  
Certificate IV (or advanced certificate/technician) ☐ 511 Certificates other than the above ☐ 990

16. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)  
Full-time employee ☐ 01 Employed - unpaid worker in a family business ☐ 05  
Part-time employee ☐ 02 Unemployed - seeking full-time work ☐ 06  
Self-employed ☐ 03 Unemployed - seeking part-time work ☐ 07  
not employing others ☐ 04 Not employed - not seeking employment ☐ 08  
Employer

17. Of the following categories, which BEST describes your main reason for undertaking this course/training/apprenticeship? (Tick ONE box only)  
To get a job ☐ 01 It was a requirement of my job ☐ 06  
To develop my existing business ☐ 02 I wanted extra skills for my job ☐ 07  
To start my own business ☐ 03 To get into another course of study ☐ 08  
To try for a different career ☐ 04 For personal interest or self-development ☐ 12  
To get a better job or promotion ☐ 05 Other reasons ☐ 11

☐ Tick if you DO NOT want your current employer to receive a copy of this qualification.

Tick if you DO NOT want to be contacted by ASQA (RTO Regulator) for a survey

Student's Signature  Today's Date (dd/mm/yyyy)  /  /

Assessor's Name  Today's Date (dd/mm/yyyy)  /  /

Assessor's Signature  Today's Date (dd/mm/yyyy)  /  /

☐ Trainer/Assessor: please confirm you have discussed any learning needs with students (See No. 9/10 above)

**VOCATIONAL EDUCATION AND TRAINING ENROLMENT FORM**

This information may be used for planning, communication, research, evaluation and marketing activities undertaken by OHSA. Your personal information may be disclosed to Department of Education and Training, Australian Skills Quality Authority (ASQA) and other regulatory bodies as required under individual legislation.  
If you require further information, ask OHSA Occupational Health Services Australia about why we are collecting your personal information on this form, how it will be used and whom it will be disclosed. (Ph: 1300 647 200 - Fax: 1300 852 970 - E: training@ohsa.com.au Version 1.2 January 2018)



# Course Evaluation – AQTF Learner Questionnaire Feedback Form

## Learner Questionnaire

**Important instructions**

Please tell us about your training. Your feedback plays an important role in developing the quality of your education. In this questionnaire, the term 'trainer' refers to trainers, teachers, supervisors or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Place a clear 'I' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box with an 'I'.

Example: ☐ or ☐

**about your Training**

	Strongly disagree	Disagree	Agree	Strongly agree
I developed the skills expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identified ways to build on my current knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed the knowledge expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared me well for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set high standards for myself in this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of theory and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I looked for my own resources to help me learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training organisation to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training organisation staff respected my background and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pushed myself to understand things I found confusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers had an excellent knowledge of the subject content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way I was assessed was a fair test of my skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to work with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was at the right level of difficulty for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of work I had to do was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was always easy to know the standards expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training facilities and materials were in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually had a clear idea of what was expected of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers explained things clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation had a range of services to support learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to plan and manage my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training used up-to-date equipment, <u>supplies</u> and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approached trainers if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made the subject as interesting as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough material to keep up my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was flexible enough to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers encouraged learners to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made it clear right from the start what they expected from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What were the BEST ASPECTS of the training?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What aspects of the training were MOST IN NEED OF IMPROVEMENT?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**your Training Details**

**What TYPE OF QUALIFICATION are you currently enrolled in? (select one only.)**

Certificate I ☐

Certificate II ☐

Certificate III ☐

Certificate IV ☐

Certificate level unknown ☐

Diploma ☐

Advanced diploma ☐

Associate degree ☐

Degree ☐

Short course or statement of attainment ☐

VET graduate certificate or graduate diploma ☐

Other qualification or training ☐

Do not know ☐

**What is the BROAD FIELD of your current training? (select one only.)**

Natural and physical sciences ☐

Information technology ☐

Engineering and related technologies ☐

Architecture and building ☐

Agriculture, environmental and related studies ☐

Health ☐

Education ☐

Management and commerce ☐

Society and culture ☐

Creative arts ☐

Food, beverages and personal services ☐

Other ☐

**What is the FULL TITLE of your current qualification or training?**

\_\_\_\_\_

\_\_\_\_\_

**In what MONTH AND YEAR did you start your current training?**

For training that started on or after 1/1/2007 as 1/3/2007.

☐ ☐ ☐ ☐ ☐ ☐

**Are you undertaking an APPRENTICESHIP OR TRAINEESHIP?** Yes ☐ No ☐

**Did you get any RECOGNITION OF PRIOR LEARNING (RPL) for your training, such as subject exemptions, course credits or advanced standing?** Yes ☐ No ☐

\_\_\_\_\_

**about you**

Female ☐ Male ☐

**Are you FEMALE OR MALE?**

**What is YOUR AGE in years?**

Under 15 ☐

15 to 19 ☐

20 to 24 ☐

25 to 34 ☐

35 to 44 ☐

45 to 54 ☐

55 to 64 ☐

65 or over ☐

**Are you of ABORIGINAL OR TORRES STRAIT ISLANDER origin?**

No ☐

Yes, Aboriginal ☐

Yes, Torres Strait Islander ☐

Yes, both Aboriginal and Torres Strait Islander ☐

**Do you speak a LANGUAGE OTHER THAN ENGLISH at home?** Yes ☐ No ☐

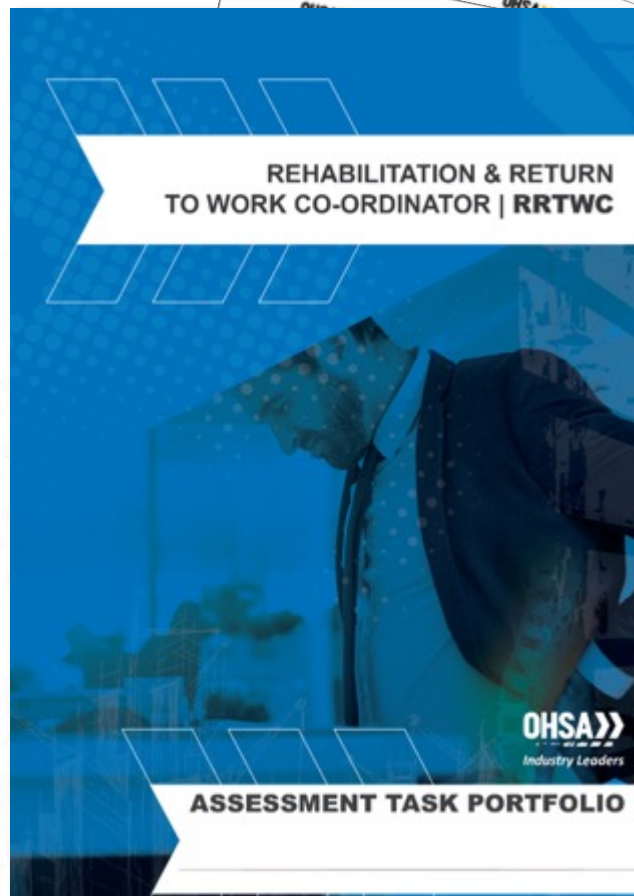
**Are you a PERMANENT RESIDENT OR CITIZEN of Australia?** Yes ☐ No ☐

**Do you consider yourself to have a DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION?** Yes ☐ No ☐

**What is the POSTCODE of your main place of residence?**

**Thank you for sharing your views.**

# Course Assessment – Theory & Practical Requirements





## Trainer & Group | Introduction

# Learning Outcomes

Awareness of the Queensland compensation scheme and key sections of the Workers Compensation legislation.

Understand the importance of health, safety, and productive work in terms of worker health and well-being and how the RRTWC can facilitate this in the workplace after injury.

Understand the functions of a RRTWC (**Rehabilitation & Return To Work Coordinator**), including;

- I. Initiate early communication.
- II. Provide overall coordination.
- III. Develop suitable duties.
- IV. Understand and liaise with key stakeholders.







## Section 1 | Introduction

# Health Benefits of Good Work

The Royal Australasian College of Physicians (RACP) **Consensus Statement on the Health Benefits of Good Work** outlines several benefits of 'good work' relating to rehabilitation.

- Improved health and well-being
- Higher performance
- Workers feel valued and supported
- Increased job satisfaction
- Greater work participation and increased social inclusion
- Increased individual, team and organisational resilience
- Lower absenteeism rates
- Less workplace injuries and workers' compensation claims
- Faster return to work
- Lower workers' compensation premiums.

***Continued next page...***



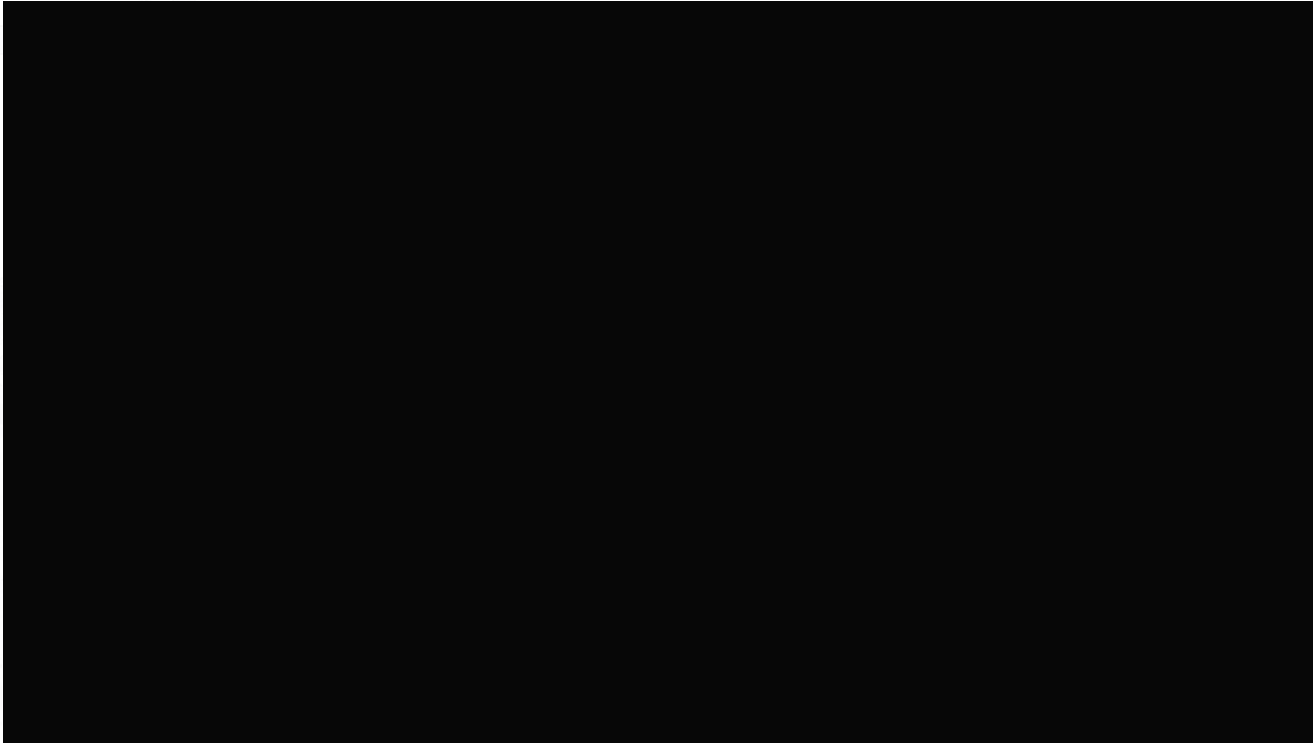
# Health Benefits of Good Work

*How does this relate to returning to work / developing an SDP?*

- ✓ Shows the importance of an early and safe return to work for all stakeholders.
- ✓ Results in shorter recovery times
- ✓ As an organisation, policies and systems must work towards promoting an early return to work, which is best for workers and businesses.



# Health Benefits of Good Work – Video







# Benefits of Returning to Work

Research has shown that getting back to work is a vital part of recovery that benefits your health and well-being in many ways. This is the same whether your injury or illness is physical or psychological.

## If you're off work for:

- 20 days - 70% chance of returning to work
- 45 days - 50% chance of returning to work
- 70 days - 35% chance of returning to work

If you can stay at work after an injury or get back to work gradually while you recover, you're more likely to recover quicker and be able to get on with your life.

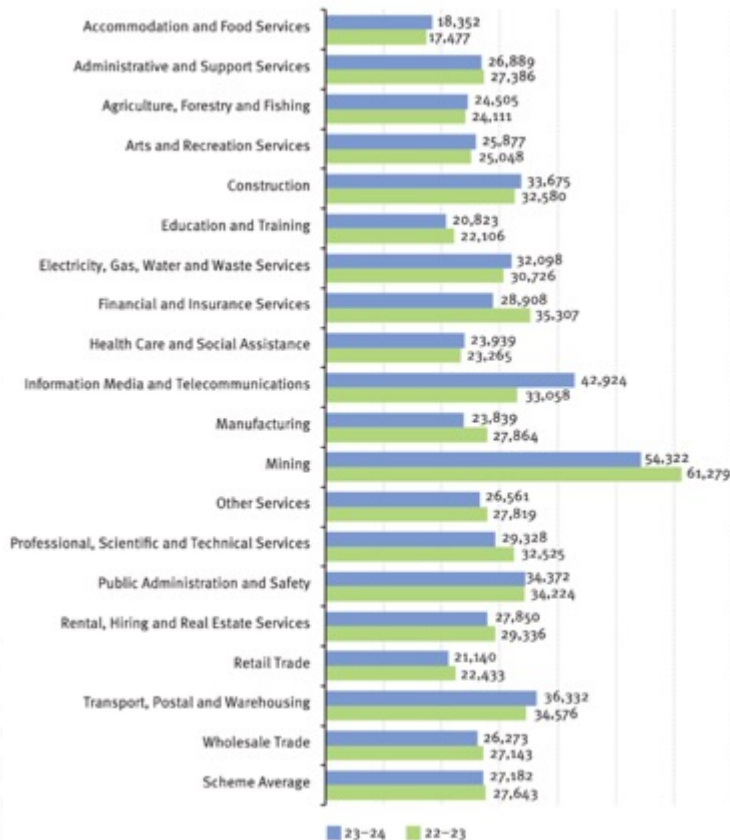


# Workers Compensation Scheme Injury Stats 2023-2024

Of all industry claims, those from the mining industry had the highest average finalised time lost claim cost **(\$54,322)**, partly due to the higher wages paid in the industry.

[Full Report Here](#)

37 Average finalised time lost claim costs by industry 2022-23 and 2023-24



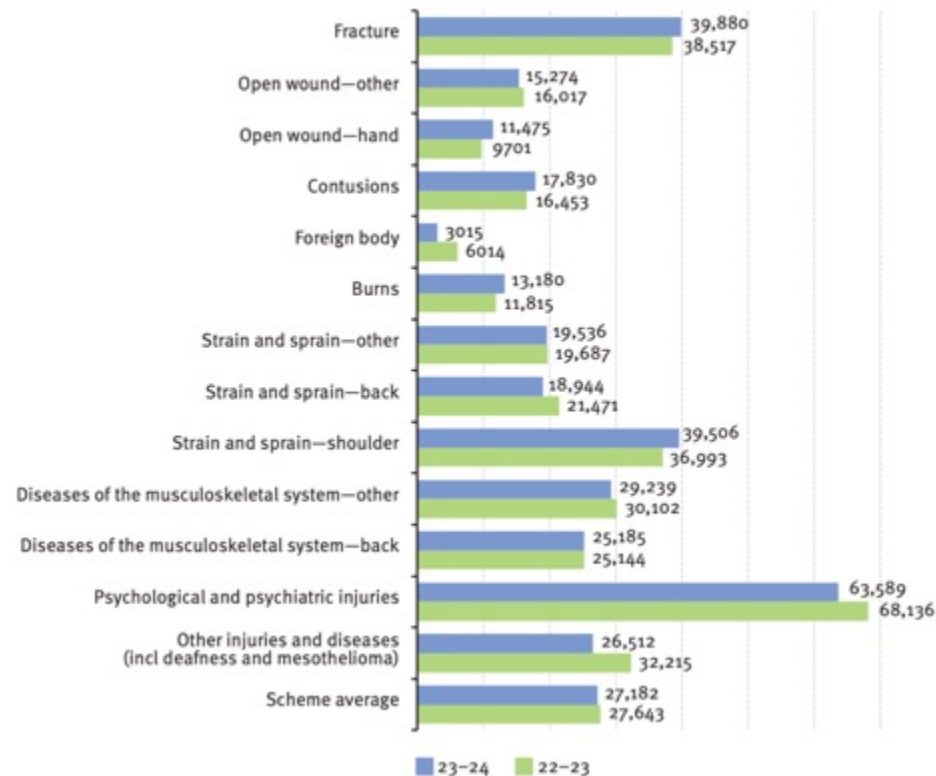


## Workers Compensation Scheme Injury Stats 2023-24

Psychological and psychiatric injury claims are the most expensive, with an average finalised time lost claim cost of **\$63,589** in 2023-24.

[Full Report Here](#)

38 Average finalised time lost claim cost by injury type 2022-23 and 2023-24



# Workers Compensation Schemes

- State-based and Commonwealth schemes.
- **NO FAULT**
- Short-tail Vs Long-tail
- Queensland is a short-tail, no-fault scheme with access to common law damages. The scheme covers over 182, 000 Queensland employers and an estimated 2.6 million workers.
- Workers are on compensation for a maximum of 5 years or until the Statutory Entitlement figure is reached.
- At a Commonwealth level, the workers' compensation system is a 'long tail' rather than a 'short tail' system; that is, it pays benefits for the duration of a worker's incapacity rather than imposing a benefit period or amount restriction.







## Compensation Schemes

Every state government regulates the worker's compensation scheme in that state. Each scheme is administered differently, with insurers adopting different roles within each.

### Schemes will also vary to the following:

- Coverage
- Benefit entitlements
- Employer premiums
- Compliance
- Scheme model





# Compensation Schemes

Non-state-based schemes include;

- Comcare.
- Seacare.



## Safety, Rehabilitation and Compensation Act 1988

No. 75, 1988

### Compilation No. 75

Compilation date: 6 April 2019  
Includes amendments up to: Act No. 42, 2019  
Registered: 1 May 2019

Prepared by the Office of Parliamentary Counsel, Canberra

Authorised Version C2019/00178 registered 01/05/2019



## Seafarers Rehabilitation and Compensation Act 1992

No. 234, 1992

### Compilation No. 31

Compilation date: 9 December 2017  
Includes amendments up to: Act No. 129, 2017  
Registered: 9 December 2017

Prepared by the Office of Parliamentary Counsel, Canberra

Authorised Version C2017/00170 registered 09/12/2017



# Queensland Insurers

In Qld, organisations are insured through **WorkCover** or are **self-insured**.

## WorkCover Queensland

- WorkCover Qld is a government-owned, self-funded insurer established under the Workers' Compensation and Rehabilitation Act 2003.
- All Queensland employers must hold a WorkCover Accident Insurance Policy unless they qualify as a self-insurer
- WorkCover Qld has provided Workers' Compensation insurance in Qld for over 20 years
- They can be contacted for advice, assistance with claims and support at each step of the return to work journey
- WorkCover also provides information about premium calculation as well as supporting employers through access to free, tailored safety advice through the [Injury Prevention and Management](#) program delivered by the Office of Industrial Relations and providing industry-based [Injury Risk Reduction Initiatives](#) program to employers.



# Queensland Insurers

## WorkCover Queensland Continued

- Statutory, no-fault compensation is payable by the insurer (most commonly WorkCover). It can include weekly compensation for lost wages, medical expenses, rehabilitation and travel expenses, as well as death entitlement and lump sum compensation.
- Works with employers, injured workers and medical practitioners to assist workers' rehabilitation and return to work journey
- WorkCover Queensland administers approximately 93% of all claims in Queensland.  
(Source: [https://www.worksafe.qld.gov.au/\\_data/assets/pdf\\_file/0012/120063/2023-review-operation-Qld-workers-compensation-scheme.pdf](https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0012/120063/2023-review-operation-Qld-workers-compensation-scheme.pdf)).





# Queensland Insurers

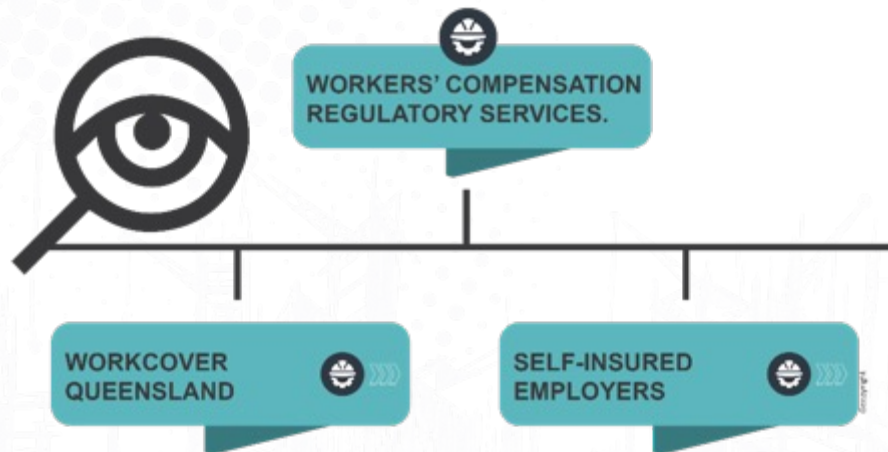
## Self-Insured Employers

- Self-insured employers (with over 2000 Qld workers) manage and take on the costs and risks of their own workers' compensation claims and have distinct employer and insurer functions.
- In this case, the insurer and employer are to remain separate, as they have distinct and separate responsibilities for rehabilitation and return to work.
- Workers' Compensation Regulatory Services oversees self-insurance licensing in Queensland.
- The Legislation still applies to self-insured workplaces.
- Self-insurer contact list: <https://www.worksafe.qld.gov.au/claims-and-insurance/self-insurance/list-of-self-insured-employers>



# Workers' Compensation Regulatory Services

- **WCRS** regulates Queensland's workers' compensation scheme and is part of the Office of Industrial Relations.
- **WCRS** purpose is to maintain a fair and efficient workers' compensation scheme that balances the needs of workers and employers.
- **WCRS** works with insurers, employers, workers and health professionals to ensure all workers who've experienced a work-related injury are supported throughout their rehabilitation journey and can safely return to work.
- The **WCRS** (*Workers Compensation Regulator*) functions are outlined in s327 of the Act.





# Independent, Free and Confidential Support Services

## Employers:

- [Workers' Compensation Information Advisory Service – Employers](#)

## Workers:

- [Workers' Compensation Information and Advisory Service](#)
- [Workers' Psychological Support Service](#)

RRTWC's can help workers by ensuring they know about the support services available to both employer and workers and providing contact details to them.



Workers' Compensation  
Information & Advisory  
Service **for Employers**



Workers'  
Compensation  
Information &  
Advisory Service



Workers' Psychological  
Support Service





## Useful Terms

- Liability determination
- Normal weekly earnings
- QOTE (Qld full-time adult ordinary time earnings) (as of 1/7/25 = \$1953.70)
- Stable and Stationary
- Partial Incapacity & Total Incapacity
- Employer Excess
- Permanent Impairment
- Rehabilitation and return to work plan
- Suitable duties plan

### Workers' Compensation and Rehabilitation Act 2003 Chapter 3 Compensation

[s 140]

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#### 140 Maximum entitlement

- (1) The maximum amount of compensation payable for 1 injury or multiple injuries sustained in 1 event, other than for a latent onset injury that is a terminal condition, is—
  - (a) for compensation payable as weekly payments under part 9—216.15 times QOTE; and
  - (b) for the total of all lump sum compensation payable under part 3, division 5 and section 180—216.15 times QOTE.







## End of Section 1 | Summary:

- WorkCover or Self-Insured in Qld
- Non-State-based include Comcare and Seacare





## Section 2 | Legal Overview

# Common Law vs Statutory Law

- Statutory, no-fault compensation is payable by the insurer (most commonly WorkCover) and can include weekly compensation for lost wages, medical expenses, rehabilitation and travel expenses, as well as death entitlements and lump sum compensation.
- A common law/damages claim occurs when an injured worker takes common law legal action against their employer for negligence through the court system.
- Workers can sue their employer for negligence through a common law claim, and if successful, the lump sum payment of damages considers future economic loss and pain and suffering.
- In contrast, most other Australian jurisdictions either operate 'long-tail' schemes which pay benefits for the duration of the incapacity or restrict or preclude access to common law.



# Legislation

	APPLICABLE LEGISLATION & SYSTEMS
Queensland	<ul style="list-style-type: none"> <li>Workers' Compensation and Rehabilitation Act 2003</li> <li>Workers' Compensation and Rehabilitation Regulations 2025</li> </ul>
QLD – Other relevant legislation	<ul style="list-style-type: none"> <li>Work Health and Safety Act 2011</li> <li>Queensland Anti-discrimination Act</li> <li>Queensland Industrial Relations Act</li> <li>Queensland Right to Information Act (RTI)</li> <li>Queensland Information Privacy Act (IP)</li> </ul> <p><b>What is the difference between the Right to Information and Information Privacy Acts?</b>  The key difference is that a person may only apply to access documents containing their own personal information under the IP Act. If you wish to obtain access to documents that do not contain your personal information, you will need to apply under the RTI Act.  If you are insured under a self-insurance scheme, the Commonwealth versions of these Acts apply.</p>
Other systems	<ul style="list-style-type: none"> <li>Fair Work Act and Fair Work System 2009</li> <li>Commonwealth Privacy Act</li> <li>Commonwealth Information Privacy Principles</li> </ul>





# Workers Compensation and Rehabilitation Legislation(Qld)

- Workers' Compensation and Rehabilitation Act 2003
- Workers' Compensation and Rehabilitation Regulation 2025
- Access via [WorkSafe Qld website](#)



## Workers' Compensation and Rehabilitation Act 2003

Current as at 23 August 2024



*Workers' Compensation and Rehabilitation Act 2003*

## Workers' Compensation and Rehabilitation Regulation 2025

Current as at 1 September 2025





# Workers Compensation and Rehabilitation Legislation(Qld)



Queensland

## Workers' Compensation and Rehabilitation Act 2003

Current as at 23 August 2024



# Workers Compensation and Rehabilitation Act 2003 (Qld)



Queensland

## Workers' Compensation and Rehabilitation Act 2003

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## Workers' Compensation and Rehabilitation Act 2003

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# Establishing who is a worker and meaning of event

## Section 11: Who is a worker

- (1) A worker is—
  - (a) a person who—
    - (i) works under a contract; and
    - (ii) in relation to the work, is an employee for the purpose of assessment of PAYG withholding under the Taxation Administration Act 1953 (Cwlth), or
  - (b) a person who is a regulated worker under the Fair Work Act 2009 (Cwlth)
- (2) Also, Schedule 2, Part 1 sets out who is a worker in particular circumstances.
- (3) However, Schedule 2, Part 2 sets out who is not a worker in particular circumstances.
- (4) Only an individual can be a worker for this Act.

## Section 31: Meaning of *event*

- (1) An **event** is anything that results in injury, including a latent onset injury, to a worker.
- (2) An **event** includes continuous or repeated exposure to substantially the same conditions that results in an injury to a worker.
- (3) A worker may sustain 1 or multiple injuries as a result of an event whether the injury happens or injuries happen immediately or over a period.
- (4) If multiple injuries result from an event, they are taken to have happened in 1 event.



## Section 32 Meaning of an Injury

*Continue next page...*

### Subdivision 2 Injury

#### 32 Meaning of *injury*

- (1) An *injury* is personal injury arising out of, or in the course of, employment if the employment is a significant contributing factor to the injury.
- (2) However, employment need not be a contributing factor to the injury if section 34(2) or 35(2) applies.
- (3) *Injury* includes the following—
  - (a) a disease contracted in the course of employment, whether at or away from the place of employment, if the employment is a significant contributing factor to the disease;
  - (b) an aggravation of the following, if the aggravation arises out of, or in the course of, employment and the employment is a significant contributing factor to the aggravation—
    - (i) a personal injury;
    - (ii) a disease;
    - (iii) a medical condition, if the condition becomes a personal injury or disease because of the aggravation;

## Section 32 Meaning of an Injury

Includes psychological and secondary psychological injuries.

### (5) Reasonable Management Action

[The Information Statement for Workers](#) which links to a guide on reasonable management action is helpful to further understand this concept.

- (c) loss of hearing resulting in industrial deafness if the employment is a significant contributing factor to causing the loss of hearing;
- (d) death from injury arising out of, or in the course of, employment if the employment is a significant contributing factor to causing the injury;
- (e) death from a disease mentioned in paragraph (a), if the employment is a significant contributing factor to the disease;
- (f) death from an aggravation mentioned in paragraph (b), if the employment is a significant contributing factor to the aggravation.
- (4) For subsection (3)(b), to remove any doubt, it is declared that an aggravation mentioned in the provision is an injury only to the extent of the effects of the aggravation.
- (5) Despite subsections (1) and (3), **injury** does not include a psychiatric or psychological disorder arising out of, or in the course of, any of the following circumstances—
  - (a) reasonable management action taken in a reasonable way by the employer in connection with the worker's employment;
  - (b) the worker's expectation or perception of reasonable management action being taken against the worker;
  - (c) action by the Regulator or an insurer in connection with the worker's application for compensation.

*Examples of actions that may be reasonable management actions taken in a reasonable way—*

- action taken to transfer, demote, discipline, redeploy, retrench or dismiss the worker
- a decision not to award or provide promotion, reclassification or transfer of, or leave of absence or benefit in connection with, the worker's employment



# Workers Compensation and Rehabilitation Act 2003 (Qld)

- Subdivision 3 When injury arises out of, or in the course of, employment.
- Section 34 (1) (c) is sometimes referred to as a recess claim.

## Subdivision 3 When injury arises out of, or in the course of, employment

### 33 Application of sdiv 3

This subdivision does not limit the circumstances in which an injury to a worker arises out of, or in the course of, the worker's employment.

### 34 Injury while at or after worker attends place of employment

- (1) An injury to a worker is taken to arise out of, or in the course of, the worker's employment if the event happens on a day on which the worker has attended at the place of employment as required under the terms of the worker's employment—
  - (a) while the worker is at the place of employment and is engaged in an activity for, or in connection with, the employer's trade or business; or
  - (b) while the worker is away from the place of employment in the course of the worker's employment; or
  - (c) while the worker is temporarily absent from the place of employment during an ordinary recess if the event is not due to the worker voluntarily subjecting themselves to an abnormal risk of injury during the recess.
- (2) For subsection (1)(c), employment need not be a contributing factor to the injury.



# Workers Compensation and Rehabilitation Act 2003 (Qld)

Sections 35 and 36 are important to be aware of as they deal with what is often termed '*journey claims*'.

## s35 Other circumstances

In summary, An injury to a worker is also taken to arise out of, or in the course of, the worker's employment if the event happens during the worker's journey to and from work.

(3) For subsection (1), a journey from or to a worker's home starts or ends at the boundary of the land on which the home is situated.

(4) In this section—

**home**, of a worker, means the worker's usual place of residence, and includes a place where the worker—

- (a) temporarily resided before starting a journey mentioned in this section; or
- (b) intended to temporarily reside after ending a journey mentioned in this section.

## s36 Injuries that happen during particular journeys

If a worker sustains an injury during a journey as per s35 unless there was a substantial delay or substantial interruption to the journey or they contravene the Transport Operations (Road Use Management) Act 1995, section 79 or section 3285a of the Criminal Code and this contravention is the **major** significant contributing factor.

Consideration is given to the reason for a substantial delay or interruption when deciding on the claim.





# Workers Compensation and Rehabilitation Act 2003 (Qld)

Section 40 is essential as it outlines what rehabilitation must include.

Providing **meaningful** rehabilitation is required under the law.

## Division 7      Rehabilitation

### 40      **Meaning of *rehabilitation***

- (1) ***Rehabilitation***, of a worker, is a process designed to—
  - (a) ensure the worker's earliest possible return to work; or
  - (b) maximise the worker's independent functioning.
- (2) ***Rehabilitation*** includes—
  - (a) necessary and reasonable—
    - (i) suitable duties programs; or
    - (ii) services provided by a registered person; or
    - (iii) services approved by an insurer; or
  - (b) the provision of necessary and reasonable aids or equipment to the worker.





# Workers Compensation and Rehabilitation Act 2003 (Qld)

Section 41 **Meaning** of rehabilitation and  
return to work coordinator

## 41 **Meaning of *rehabilitation and return to work coordinator***

- (1) A *rehabilitation and return to work coordinator* is a person who—
  - (a) is appropriately qualified to perform the functions of a rehabilitation and return to work coordinator under this Act; and
  - (b) has the functions prescribed under a regulation.
- (2) A person is taken to be appropriately qualified to perform the functions of a rehabilitation and return to work coordinator under this Act if the person has completed a training course approved by the Regulator.







## Workers Compensation and Rehabilitation Act 2003 (Qld)

This section outlines what suitable duties are under the law.

Failing to provide appropriate suitable duties per workers' ability, skills, experience, etc., is a breach of legislation.

New penalties (up to \$16,130 -2024/25) apply for failing to comply with your existing obligation to give an insurer written evidence if you consider it is not practicable to provide your worker with suitable duties.

### 42 Meaning of *suitable duties*

*Suitable duties*, in relation to a worker, are work duties for which the worker is suited having regard to the following matters—

- (a) the nature of the worker's incapacity and pre-injury employment;
- (b) relevant medical information;
- (c) the rehabilitation and return to work plan for the worker as developed under section 220(5);
- (d) the provisions of the employer's workplace rehabilitation policy and procedures;
- (e) the worker's age, education, skills and work experience;
- (f) if duties are available at a location (the ***other location***) other than the location in which the worker was injured—whether it is reasonable to expect the worker to attend the other location;
- (g) any other relevant matters.





# Workers Compensation and Rehabilitation Regulation 2025 (Qld)



Queensland

## Workers' Compensation and Rehabilitation Regulation 2025

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# Workers Compensation and Rehabilitation Regulation 2025 (Qld)

## 148 Functions—Act, s 41

For section 41(1)(b) of the Act, the following functions are prescribed for a rehabilitation and return to work coordinator—

- (a) initiate early communication with an injured worker in order to clarify the nature and severity of the worker's injury;
- (b) provide overall coordination of the worker's return to work;
- (c) if a rehabilitation and return to work plan is developed under section 221 of the Act—
  - (i) consult with the worker and the worker's employer to develop the suitable duties program component of the plan; and
  - (ii) ensure the program is consistent with the current medical certificate or report for the worker's injury;
- (d) liaise with—
  - (i) any person engaged by the employer to help in the worker's rehabilitation and return to work; and
  - (ii) the insurer for the purpose of providing information about the worker's progress and indicating, as early as possible, if there is a need for the insurer to assist or intervene.



# Workers Compensation and Rehabilitation Regulation 2025 (Qld)

## 149 Criteria for obligation of employer to appoint—Act, s 226

- (1) For section 226(1) of the Act, an employer must appoint a rehabilitation and return to work coordinator if—
- (a) for an employer who employs workers at a workplace in a high risk industry—the wages of the employer in Queensland for the preceding financial year were more than 2,600 times QOTE; or
  - (b) Otherwise, the wages of the employer in Queensland for the preceding financial year were more than 5,200 times QOTE.
- (2) For the purpose of section 226(3)(a) of the Act, an employer is taken to have established a workplace, or started to employ workers at the workplace, only when the employer first meets the criteria prescribed under subsection (1).
- (3) An employer may appoint a person as the rehabilitation and return to work coordinator for more than 1 workplace if the person can reasonably perform the person's functions as a rehabilitation and return to work coordinator for each workplace.
- (4) In this section—
- high risk industry** means an industry specified by the Regulator by gazette notice as a high risk industry for the purpose of this section.





## End of Section 2 | Summary:

- Queensland legislation:
  - Workers Compensation and Rehabilitation Act 2003 (Qld) and
  - Workers Compensation and Rehabilitation Regulation 2025 (Qld)





## Section 3 | Claims Process





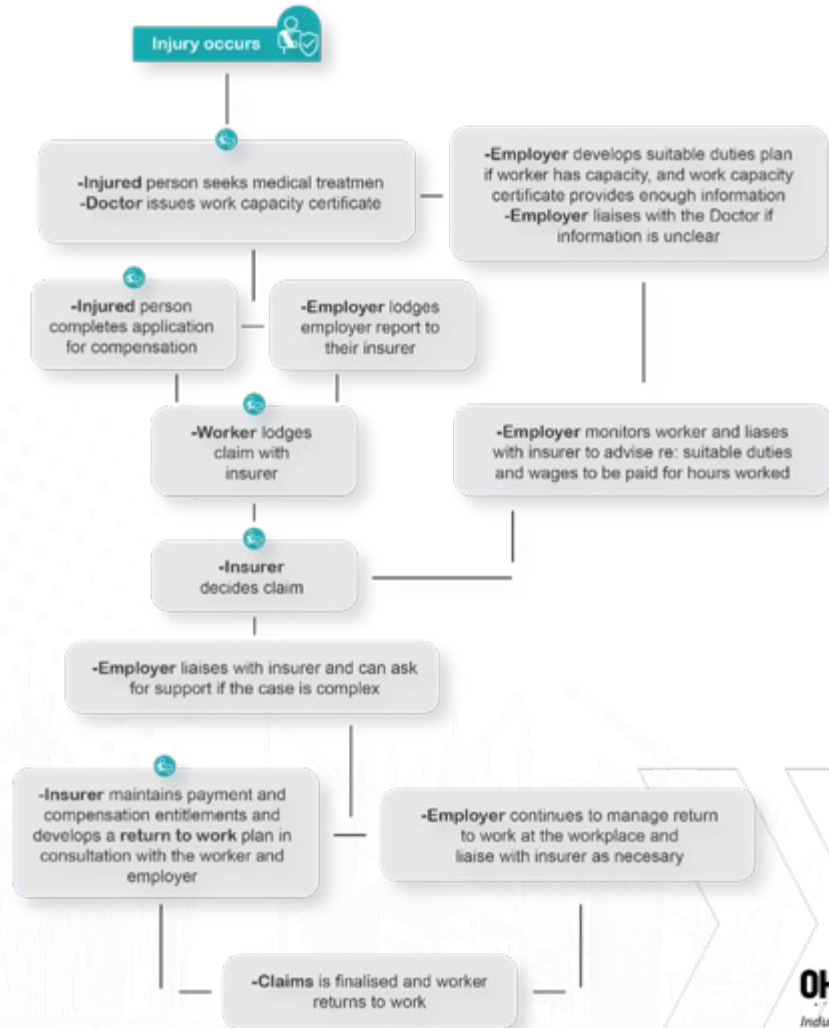
# Workers' Compensation Claims Process

## Injured workers: Summary

- Notify their supervisor
- Seek first aid according to company policy
- Seek medical attention - Attend GP/Doctor
- Obtain Work Capacity Certificate
- Lodge a claim with the insurer (e.g. WorkCover Qld)



# Workers' Compensation Claims Process





## When Do You Have To Notify the Insurer

Failing to notify the insurer within eight business days is an offence.

- Report only form
- Claim form

### 133 Employer's duty to report injury

- (1) An employer whose worker sustains an injury for which compensation may be payable must complete a report in the approved form and give the report to the insurer.
- (2) The employer must complete and give the report to the insurer immediately after the first of the following happens—
  - (a) the employer knows the injury has been sustained;
  - (b) the worker reports the injury to the employer;
  - (c) the employer receives the insurer's written request for the report.
- (3) If an employer fails to comply with subsection (1) within 8 business days after the first of the circumstances mentioned in subsection (2) happens, the employer commits an offence, unless the employer has a reasonable excuse.

Maximum penalty—50 penalty units.



# Report only

Form 123/1234  
Version 1

## Employer reporting – Injury that may be compensable (reportable injuries)

This is an approved form under sections 133 and 133A of the Workers' Compensation and Rehabilitation Act 2003.

### Important instructions

All employers are required to report injuries sustained by workers for which workers' compensation may be payable.

#### Employers must report injuries where:

1. A worker sustains an **injury** (personal injury, disease, aggravation of a personal injury, disease or medical condition, loss of hearing or death), and
2. The employer is **aware** of the injury, and
3. The injury **may be compensable**. An injury may be compensable when an employer and/or a worker reasonably believes that:
  - a) the injury has **arisen out of, or in the course of employment**, and
  - b) the injury will require medical treatment resulting in the issue of a **medical certificate** or will require the worker to have **time off work** (beyond the day of sustaining the injury) or time away from their normal duties to recover from the injury.

Injuries should be reported immediately and must be reported within **eight business days** of the employer becoming aware of the injury, unless there is a reasonable excuse.

This report is **not** a claim for workers' compensation. If a worker makes a claim for compensation, an insurer will advise the employer and decide if the claim for compensation should be accepted or rejected.

If an employer reports an injury, they should also **advise the worker of his/her right to lodge a claim** and how to access an **Application for compensation form**.

For further guidance, please see the Reporting of Injuries under the Workers' Compensation and Rehabilitation Act 2003 – a guide for employers.

### Employer's details (at the time of the event causing injury)

Employer's trading name	
Employer number (WorkCover Queensland policy number or self-insurance number)	

### Worker's details

Title		Family name	
Given names			
Gender	Female	Male	Indeterminate / Intersex / Unspecified
Date of birth			

### Worker's employment details at date of event causing injury

Job title/occupation description	
----------------------------------	--

### Date of event causing injury

Date of event/date event period began (if event occurred over a period of time)	
---	--



### Workers' Compensation Regulatory Services

### Location where event occurred

Place (e.g. driveway)	
Street address of injury (e.g. State Law Building, 30 Ann St, Brisbane)	

### Date employer became aware of the injury

--

### Details of any known medical or other treatment (e.g. attendance at GP or physiotherapist)

--

### Payments

	Yes	No
Has the employer made a payment to the worker in place of wages due to time off as a result of their injury (not including sick leave)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the employer made a payment for medical or other treatment for the worker?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please advise for each payment made:

Payment 1									
Date of payment									
Details of reason for payment	<table> <tr> <td>GP/medical treatment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Allied health treatment (e.g. physiotherapy)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wages</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	GP/medical treatment	<input type="checkbox"/>	Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>	Wages	<input type="checkbox"/>	Other	<input type="checkbox"/>
GP/medical treatment	<input type="checkbox"/>								
Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>								
Wages	<input type="checkbox"/>								
Other	<input type="checkbox"/>								

#### Payment 2

Date of payment									
Details of reason for payment	<table> <tr> <td>GP/medical treatment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Allied health treatment (e.g. physiotherapy)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wages</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	GP/medical treatment	<input type="checkbox"/>	Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>	Wages	<input type="checkbox"/>	Other	<input type="checkbox"/>
GP/medical treatment	<input type="checkbox"/>								
Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>								
Wages	<input type="checkbox"/>								
Other	<input type="checkbox"/>								

#### Payment 3

Date of payment									
Details of reason for payment	<table> <tr> <td>GP/medical treatment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Allied health treatment (e.g. physiotherapy)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wages</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	GP/medical treatment	<input type="checkbox"/>	Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>	Wages	<input type="checkbox"/>	Other	<input type="checkbox"/>
GP/medical treatment	<input type="checkbox"/>								
Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>								
Wages	<input type="checkbox"/>								
Other	<input type="checkbox"/>								

If additional payments have been made, please continue to detail as above on a separate sheet.

### Any additional information the employer wishes to provide about this injury (optional)

--

Once complete, please submit this form to your workers' compensation insurer.

This form was approved by the Workers' Compensation Regulator on 22 May 2020 pursuant to section 586 of the Workers' Compensation and Rehabilitation Act 2003.

Workers' Compensation Regulatory Services

[www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au)

1300 362 128

Form 123/1234-1

8/12/2018

Page 1 of 2



# Sample claim form: WorkCover Qld

**WorkCover QUEENSLAND**

**Claim form**  
*Workers' Compensation and Rehabilitation Act 2003*

• Before making a claim, workers need to see a doctor and get a Work capacity certificate - workers' compensation  
• Workers are encouraged to notify their employer about injury  
• Make a claim as soon as possible. We will then decide the claim based on workers' compensation legislation and advise you of the outcome.

**Make a claim**

☐ Online at [www.workcover.qld.gov.au](http://www.workcover.qld.gov.au)  
☐ By phone on 1300 362 126  
☐ By fax to 1300 651 387  
☐ By post to GPO Box 2499, Brisbane QM 4001.  
☐ Through a doctor

**Section A: Tell us who you are**

☐ an injured worker  
☐ an employer  
☐ an injured worker and employer filing the form in together

**Section B: Worker's details**

1 Family name   
2 Given names  Title   
3 Previous names (if applicable)   
4 Date of birth   
5 Gender ☐ male ☐ female ☐ unspecified  
6 Current residential address  
Number and street  Suburb/Town  Postcode   
7 Postal address  
This is the same as the residential address please write 're above'  
Number and street  Suburb/Town  Postcode   
8 Contact details  
Home telephone  Work telephone   
Mobile number  Email address   
9 What is the claim for?  
☐ time off work (other than the day of the injury)  
If your claim is accepted, you will need to complete a Tax file number declaration  
☐ medical expenses  
10 Worker's bank details  
We pay claim and medical reimbursement payments by electronic funds transfer  
Name of bank   
BSB number  -  Account number   
Account name

**Section C: Employment details**

1 Employer's name and business address  
Name   
Who to contact   
Number and street   
Suburb/Town  Postcode   
Telephone   
Email   
WorkCover policy number or ISBN (if known)   
2 Worker's job title  
  
3 Was the worker any of the following at the time of the injury?  
☐ a community service worker ☐ a director of a corporation  
☐ a policy ☐ a member of a partnership  
☐ a student ☐ a trustee of a trust  
☐ a contractor ☐ self-employed  
☐ a worker for another employer ☐ a volunteer or unpaid trainee

**Section D: Injury details**

1 When did the injury happen?  
Date  Time  Day  Night  
2 What is the nature of the injury and part of the body that is injured?  
e.g. left leg knee ligament injury, twisted leg, lower back strain  
  
3 How did the injury happen?  
e.g. lifting steel rods from the floor to a bench  
  
4 Where did the injury happen? e.g. workplace floor  
Place   
Number and street  Suburb/Town  Postcode   
5 Did the injury happen  
☐ working at the normal workplace  
☐ in a road traffic accident while working  
☐ at work on a break  
☐ on a journey to or from work  
☐ away from work during a recess period  
☐ working away from the normal workplace  
6 If the injury was reported to the employer, what date was it reported?  
Date   
7 Who was the injury reported to?  
Name

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**Important information—read before agreement**

This section (and agreement) by the person completing the form, if the worker and employer are completing the form together, please complete both sections.

**Section F: Privacy notice and statements**

**Privacy**

WorkCover Queensland (WorkCover) is collecting your personal information under the provisions of the Workers' Compensation and Rehabilitation Act 2003 to assess your entitlement to compensation and manage your claim throughout its duration. WorkCover may give some of your information to your employer, the Workers' Compensation Regulator and relevant service providers for the purpose of payments, treatment, rehabilitation and return to work.

Your information will be treated in accordance with the information Privacy Act 2000 and will not be given to any other person unless authorised or required by law. For more information on privacy, visit our website at [www.workcover.qld.gov.au/privacy](http://www.workcover.qld.gov.au/privacy) or call us on 1300 362 126.

**Workers statement**

I acknowledge that it is an offence against the Workers' Compensation and Rehabilitation Act 2003 to make a statement that is false or misleading. The information I have provided is true and not misleading.

I agree to advise WorkCover Queensland if my circumstances change or if I become aware of any matter that would make the above information false or misleading. I will advise WorkCover Queensland if I undertake any employment paid or unpaid, including full employment, during my claim.

I authorise any doctor, health authority, allied health provider, rehabilitation provider, or other resource to disclose to WorkCover Queensland and to agents any information about my medical history relevant to this claim.

I have read and understood the privacy notice.

Full name   
Date  I agree ☐

**Employer's statement**

This section does not need to be completed for a valid application to be made. However, it may assist us to make a quicker claim decision if it is completed.

I have read the information provided with this form. I acknowledge that it is an offence against the Workers' Compensation and Rehabilitation Act 2003 to make a statement that is false or misleading. The information that I have provided is true and not misleading.

I have read and understood the privacy notice.

Full name   
Date  I agree ☐

**What's next?**

We will SMS the injured worker their claim number when we receive the claim (if a mobile number is provided).

After you lodge your claim, we have 20 business days to make a decision on the claim, but we decide most claims within five days.

If the claim is accepted, it may be managed by one of our customer service centres to assist with return to work. If the claim is for time off work, the injured worker will be required to complete a Tax file number declaration and send it to us.

If you have any questions about your claim or workers' compensation in Queensland, call us on 1300 362 126 or visit our website at [www.workcover.qld.gov.au](http://www.workcover.qld.gov.au).

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## You Have Notified the Insurer– What Now?



After a claim is lodge we will contact you for information before we determine (accept/reject) the claim



We make a decision within 20 business days - the more we know, the better



We encourage you to support your worker and keep talking with them so everyone keeps up to date



# Liability Determination

An insurance provider will make one of three judgments:

- Accepted
- Denied
- Undetermined/pending

## Liability determination

- Is the person a *worker* as defined under the Act?
- Has the worker suffered an *injury* as defined under the Act?
- Was the injury caused by a work-related event?
- Did the injury arise out of or in the course of *employment* as defined under the Act?
- Is employment a significant contributing factor to the injury?
- Do any of the exclusion provisions under the Act apply?

**Note:** *injury can include an aggravation or exacerbation of a pre-existing condition. The liability for the work injury only relates to the work-induced aggravation and does not extend to covering wages/treatment/rehabilitation expenses for the **pre-existing** condition.*



# Analysing Claims

Analysing claims can be incredibly informative and provide valuable insight for a range of purposes.

## These include:

- Understanding the circumstances that caused and contributed to the incident
- Recording details about the incident
- Determining workplace methods, procedures and policies for avoiding similar incidents in the future
- Improving safety and security measures
- Assisting with compensation claim decisions.





## End of Section 3 | Summary:

- Claims process to follow as a RRTWC
- A worker is not on compensation until a claim has been accepted
- Consider a flow chart to summarise the process for your internal stakeholders





## Section 4 | Stakeholders' Rights/Duties & Responsibilities





## Stakeholders

- Employer
- Supervisors
- Injured worker
- Insurer
- Treating medical practitioner (e.g. GP, medical specialists)
- Workplace Rehabilitation Providers (WRP)
- Workers' Compensation Regulatory Services (WCRS)
- Medical Assessment Tribunals (MATs)
- Independent medical examinations
- Legal representative



# Employer - Obligations

Employers have a number of obligations. Key obligations are provided in the WCRS fact sheet.

Workers' Compensation Regulatory Services

## Workers' compensation in Queensland

Insurers must give this statement to an employer if a workers' compensation claim is lodged.

In Queensland, it's mandatory to have workers' compensation insurance to cover workers who suffer work-related injuries or illnesses. This insurance offers financial support and assistance, allowing affected workers to focus on recovery and returning to work.

Helping injured workers return to work safely benefits your business by reducing retraining costs, lowering claims expenses and premiums, minimising staff turnover, and boosting staff morale. Most employers in Queensland are insured through WorkCover Queensland, while self-insured employers manage their own claims.

### Employer rights and responsibilities

#### Your rights

- Be treated with courtesy and respect.
- Seek advice from a workplace advisor, lawyer, registered Industrial organisation, or free support service.
- Seek an independent review of insurer or regulator decisions.
- Appoint a rehabilitation and return to work coordinator to support claims management and return to work.
- Request information from your insurer about how your premium is calculated.
- Report any non-compliance with workers' compensation laws including fraud.
- Apologise or express regret to the injured worker about their injury and under Queensland law. This is not treated as admitting liability.

#### Your responsibilities

- Treat insurer and regulator staff with courtesy and respect.
- Insure your workers against work-related injury and illness.
- Do not interfere with your worker's right to choose their own treating doctor.
- Do not attend your worker's medical treatment or contact their doctor without their genuine and informed consent.
- Do not prohibit your worker from seeking advice from a lawyer or their union.
- Do not influence a worker in deciding to make a workers' compensation claim by threatening to disadvantage or offering rewards to the worker or another person.
- Take all reasonable steps to provide rehabilitation for an injured worker including providing suitable and meaningful work duties where possible.
- Cooperate with the insurer by taking all reasonable steps to support the insurer's rehabilitation obligations.
- Do not dismiss a worker because they have a work-related injury, within 12 months of that injury.
- Do not obtain or use documents about a person's workers' compensation claim to decide whether to employ them or whether their employment should continue.

Workers' Compensation Regulatory Services  
workers.qld.gov.au



# Employer - Obligations

Provide suitable and meaningful work duties documented within a suitable duties program (SDP)



## Suitable Duties Program

Employers must provide suitable and meaningful alternative work duties wherever possible to support a worker to recover at work.

The suitable duties program in a RRTW plan details how an employer will provide suitable and meaningful work, including:

- tasks that an injured worker can safely perform at work while they recover.
- timeframes to ensure it remains appropriate to a worker's recovery, as needs and circumstances may change.
- any necessary or recommended workplace accommodations and other support measures (for example, regular rest breaks, reduce work hours, a "buddy" system. etc.).

A suitable duties program must be consistent with the *Guidelines for standard for a rehabilitation (second edition)*.

## EMPLOYER'S RESPONSIBILITY

Copyright





## Employer - Obligations

### Section 48 (Act)– Obligation to be insured

Every employer must, for each worker employed by the employer, insure and remain insured, that is, be covered to the extent of accident insurance, against injury sustained by the worker for— (a) the employer's legal liability for compensation; and (b) the employer's legal liability for damages.



# Employer - Obligations

## **133 Employer's duty to report injury**

- (1) An employer whose worker sustains an injury for which compensation may be payable must complete a report in the approved form and give the report to the insurer.*
- (2) The employer must complete and give the report to the insurer immediately after the first of the following happens—*
  - (a) the employer knows the injury has been sustained;*
  - (b) the worker reports the injury to the employer;*
  - (c) the employer receives the insurer's written request for the report.*
- (3) If an employer fails to comply with subsection (1) within 8 business days after the first of the circumstances mentioned in subsection (2) happens, the employer commits an offence, unless the employer has a reasonable excuse.*

*Maximum penalty—50 penalty units.*

**Section 133A** – Section 133A provides further requirements about reporting injuries to the insurer regardless if the worker is applying for compensation.





# Employer - Obligations

**Section 226** - Employer's obligation to appoint rehabilitation and return to work coordinator (if required under Regulation 115)

**Section 227** - Employer's obligation to have workplace rehabilitation policy and procedures

## **228 Employer's obligation to assist or provide rehabilitation**

(1) The employer of a worker who has sustained an injury must take all reasonable steps to assist or provide the worker with rehabilitation during the prescribed period for the worker.

Maximum penalty—50 penalty units.

(2) The rehabilitation must be of a suitable standard as prescribed by regulation.

(3) Without limiting subsection (1) or (2), the employer must cooperate with the insurer to enable the insurer to meet its obligations under section 220.

(4) If an employer considers it is not practicable to provide the worker with suitable duties programs, as mentioned in section 40(2)(a)(i), the employer must give the insurer written evidence that it is not practicable.

**Section 229 – Employer's failure in relation to rehabilitation** – The insurer may require the employer to pay an amount by way of penalty equal to the amount of compensation paid to the worker during the period of noncompliance by the employer.



# Employer - Obligations

Other obligations to be aware of

## Dismissal:

- You can't dismiss a worker for 12 months after their injury because they're not fit for employment **because of the injury.**
- However, if there are unrelated issues – such as behavioural problems – provided the proper steps are taken, this is separate from their injury, and steps can be taken.



# Employer -Rights

Employers' **rights** in relation to Workers' Compensation include:

- Employers may **request assistance** from their insurer
- Employers may also request a **review** of the decision made by the insurer, and then they may **appeal** the decision. *(See part 2 and part 3 of the Act).*
- Apologise or express regret. Under Qld law, this is not treated as an admission of liability.
- Employers may seek free and confidential advice through the Workers Compensation & Advisory Service for Employers.



# Supervisors

Immediate supervisors and managers play a critical role in ensuring the success of any workplace rehabilitation program and play a significant role during all stages of the process.

- Promote a stay-at-work and recover-at-work culture
- Ensure workers feel productive, supported and valued
- Determining appropriate suitable duties available
- Options in other departments, communicating across work areas
- Understanding restrictions on medical certificate
- Supervising and enforcing worker compliance with these restrictions



# Injured Worker - Obligations

- Entitlement for compensation: Must be a Qld worker, who has suffered an injury as a result of an event.

Workers' Compensation Regulatory Services

## Workers' compensation in Queensland

Insurers must give this statement to a worker if a worker's compensation claim is lodged.

### Worker rights and responsibilities

**Your rights**

- Be treated with courtesy and respect.
- Make a claim for any work-related injury or illness.
- Choose your own treating doctor.
- Privacy. You can choose who is present during medical treatment for your injury, including choosing whether your employer or the insurer is present.
- Privacy. Your employer must not contact your doctor without your consent.
- A rehabilitation and return to work plan that you have had a say in, including when it is reviewed.
- If you're not happy with the rehabilitation provider selected by the insurer, you can request a different one.
- Seek advice from a workplace advisor, union, lawyer, or free support service.
- Seek support from a friend or relative to assist you through the process.
- Your employer can not influence your decision to make a claim by threatening to disadvantage or offering rewards to you or another person.
- Your employer can not obtain or use documents about your workers' compensation claim to decide whether to employ you or whether your employment should continue.

**Your responsibilities**

- Treat insurer and regulator staff with courtesy and respect.
- Provide requested information to the insurer promptly so that a decision can be made.

- Be open and honest about your injuries (including any recent or significant pre-existing injuries).
- Take an active part in your rehabilitation and return to work. Your payments might be suspended if you don't take part in medical treatments, rehabilitation programs or host employment without a valid reason.
- Notify the insurer within 10 business days of returning to any form of work (whether paid, unpaid, volunteering, self-employed, or with an employer).

### What type of work-related injuries are covered?

**What is included?**

- All types of injury or illness including a psychological injury.
- Aggravated injuries or ongoing symptoms.
- Respiratory diseases or diseases contracted while doing your job (e.g. Q fever, silicosis).
- Industrial deafness.
- Fatalities.
- Some injuries travelling to or from work or on scheduled breaks.

**What is not included?**

- Injuries and illnesses that are not work-related.
- Psychological injury caused by reasonable management action taken in a reasonable way.
- Injury caused by your serious and wilful misconduct.
- Intentionally self-inflicted injuries.
- Injuries during travel to or from work if major delays, interruptions or deviations occurred during the journey.

WCRS  
Workers' Compensation Regulatory Services  
www.wcrs.qld.gov.au





# Injured Worker - Obligations

## ***Time limit for Applying - Section 131 (Act)***

- (1) *An application for compensation for an injury is valid and enforceable only if the application is lodged by the claimant within 6 months after the entitlement to compensation for the injury arises.*

We need to review section 141 of the Act to understand that more clearly.

## ***141 Time from which compensation payable***

- (1) *The entitlement to compensation for an injury arises on the day the worker's injury is assessed by—*
- (a) a doctor; or*
  - (b) if the injury is a minor injury—a nurse practitioner acting in accordance with the workers' compensation certificate protocol; or*
  - (c) if the injury is an oral injury and the worker attends a dentist—the dentist.*

*It is recommended that the worker attends a suitable practitioner and lodges a claim ASAP.*



# Injured Worker - Obligations

- The injured worker is required to participate in the rehabilitation and mitigate loss.

## ***232 Worker must participate in rehabilitation***

*(1) The worker must satisfactorily participate in rehabilitation—*

*(a) as soon as practicable after the injury is sustained; and*

*(b) for the period for which the worker is entitled to compensation.*

*(2) If the worker fails or refuses to participate in rehabilitation without reasonable excuse, the insurer may, by written notice given to the worker, suspend the worker's entitlement to compensation until the worker satisfactorily participates in rehabilitation.*

- Workers may also be prosecuted for giving false information.





## Injured Worker - Obligations

**Section 135** of the Act outlines that an insurer may at any time require a worker to submit to a personal examination by a registered person at a place reasonably convenient for the worker. Failing to do so may result in payments being suspended.

**Section 136** Worker must advise the insurer within 10 days of returning to work (Return in calling) This includes volunteer work, helping a friend and paid work etc.





# Injured Worker - Obligations

**The employee is responsible for:**

- Reporting any injury/ illness
- Filling in workers' claim forms
- Providing copies of Work Capacity Certificates
- Attending medical appointments
- Communicating openly and honestly
- Completing actions outlined in RTW programs
- Being an active and cooperative participant
- Notifying relevant parties about any changes in contact details or healthcare providers.





# Injured Worker - Rights

- The injured worker is the number one stakeholder and should be consulted regularly throughout the process.
- Sections 232B and s232C Workers can't be dismissed for a period of 12 months based on their injury.
- Workers may access dispute resolution services through the regulator and may appeal the outcome of decisions as per Parts 2 and 3 of the Act.
- Workers have the right to see their own treating Doctor or that of the companies. (They can't be forced to see the company doctor).
- They may contact the free Workers Compensation Information & Advisory Service for Workers and or the free Workers' Psychological Support Service.



**Workers'  
Compensation  
Information &  
Advisory Service**



**Workers' Psychological  
Support Service**



# Insurer

- The insurer develops the RRTWP, and the employer develops the SDP.
- Insurer must share the RRTWP with the worker, employer and treating doctor.



## Accredited Rehabilitation & Return to Work Program (ARRTW Program)

The approach or overall system outlining how an insurer will facilitate early RRTW.

### Rehabilitation and Return to Work Plan (RRTW Plan)

Insurers must take all reasonable steps to coordinate the development and maintenance of a RRTW plan for workers who have sustained an injury resulting in capacity for work.

A RRTW plan is a tailored written plan for an injured worker that:

- is developed with the worker.
- promotes communication between stakeholders involved in the RRTW process.
- sets out the responsibilities and actions required of a worker and their employer and treating doctor.
- identifies and focuses on a workers' goals and capacity.
- identifies concerns, risks and perceived barriers to return to work and agreed strategies to address these.
- is regularly reviewed.

**INSURER'S RESPONSIBILITY**

# Insurer

*Once a claim has been made, the Insurer will determine liability. This will include determining if;*

- The claim was made within the time limits,
- The person was employed at the time of the injury by the employer,
- The person is considered to be a worker,
- The injury was caused by a work-related event, and,
- The person was injured out of, or in the course of, employment if the employment is a significant contributing factor to the injury.



# Insurer

*The insurer and the Customer Advisor's role and responsibilities included the following;*

- Plan and monitor the overall rehabilitation process (*s220 of the Act - Rehabilitation Plan*)
- Develop a written RRTWP within 10 business days of a claim being accepted.
- Monitoring the overall progress of the claim
- Initiating referrals to Workplace Rehabilitation Providers as appropriate
- Supporting rehabilitation and return to work coordinators as required
- Arranging host employment for injured workers if the worker is unable to access suitable duties at their pre-injury workplace.
- Referring the worker for medical assessments to guide the claim (such as special assessments and Medical Assessment Tribunals (MATs). Note - Only the insurer can refer to MATs.



# Insurer

From 1 January 2025, workers' compensation insurers must give an injured worker and their employer an information statement approved by Qld WCRS

These statements are designed to help workers and employers navigate the workers' compensation process and understand their rights and obligations in the scheme.

Workers' Compensation Regulatory Services

## Workers' compensation in Queensland

**Insurers must give this statement to an employer if a worker's compensation claim is lodged.**

In Queensland, it's mandatory to have workers' compensation insurance to cover workers who suffer work-related injuries or illnesses. This insurance offers financial support and assistance, allowing affected workers to focus on recovery and returning to work.

Helping injured workers return to work safely benefits your business by reducing replacing costs, lowering claims expenses and premiums, minimising staff turnover, and boosting staff morale. Most employers in Queensland are insured through WorkCover Queensland, while self-insured employers manage their own claims.

### Employer rights and responsibilities

Your rights	Your responsibilities
<ul style="list-style-type: none"> <li>Be treated with courtesy and respect.</li> <li>Seek advice from a workplace adviser, lawyer, registered industrial organisation, or free support service.</li> <li>Seek an independent review of insurer or regulator decisions.</li> <li>Appoint a rehabilitation and return to work coordinator to support claims management and return to work.</li> <li>Request information from your insurer about how your premium is calculated.</li> <li>Report any non-compliance with workers' compensation laws including fraud.</li> <li>Appeal or express regard to the injured worker about their injury and under Queensland law. This is not treated as admitting liability.</li> </ul>	<ul style="list-style-type: none"> <li>Treat insurer and regulator staff with courtesy and respect.</li> <li>Insure your workers against work-related injury and illness.</li> <li>Do not interfere with your worker's right to choose their own treating doctor.</li> <li>Do not attend your worker's medical treatment or contact their doctor without their genuine and informed consent.</li> <li>Do not prohibit your worker from seeking advice from a lawyer or their union.</li> <li>Do not influence a worker in deciding to make a workers' compensation claim by threatening to disadvantage or offering rewards to the worker or another person.</li> <li>Take all reasonable steps to provide rehabilitation for an injured worker including providing suitable and meaningful work duties where possible.</li> <li>Cooperate with the insurer by taking all reasonable steps to support the insurer's rehabilitation obligations.</li> <li>Do not dismiss a worker because they have a work-related injury, within 12 months of that injury.</li> <li>Do not obtain or use documents about a person's workers' compensation claim to decide whether to employ them or whether their employment should continue.</li> </ul>

**WCRS**  
Workers' Compensation Regulatory Services  
www.qld.gov.au



Workers' Compensation Regulatory Services

## Workers' compensation in Queensland

**Insurers must give this statement to a worker if a worker's compensation claim is lodged.**

### Worker rights and responsibilities

- Be treated with courtesy and respect.
- Make a claim for any work-related injury or illness.
- Choose your own treating doctor.
- Privacy: You can choose who is present during medical treatment for your injury, including choosing whether your employer or the insurer is present.
- Privacy: Your employer must not contact your doctor without your consent.
- A rehabilitation and return to work plan that you have had a say in, including when it is reviewed.
- If you're not happy with the rehabilitation provider selected by the insurer, you can request a different one.
- Seek advice from a workplace adviser, union, lawyer, or free support service.
- Seek support from a friend or relative to assist you through the process.
- Your employer can not influence your decision to make a claim by threatening to disadvantage or offering rewards to you or another person.
- Your employer can not obtain or use documents about your workers' compensation claim to decide whether to employ you or whether your employment should continue.

### What type of work-related injuries are covered?

**What is included?**

- All types of injury or illness including a psychological injury.
- Aggravated injuries or ongoing symptoms.
- Compensable diseases or disorders contracted while doing your job (e.g. Q-flow, silicosis).
- Industrial deafness.
- Exhaustion.
- Some injuries travelling to or from work or on scheduled breaks.

**What is not included?**

- Injuries and illnesses that are not work-related.
- Psychological injury caused by **reasonable** management action taken in a reasonable way.
- Injury caused by your serious and willful misconduct.
- Intentionally self-inflicted injuries.
- Injuries during travel to or from work if major delays, interruptions or deviations occurred during the journey.

**WCRS**  
Workers' Compensation Regulatory Services  
www.qld.gov.au



# Medical Professionals

*Medical professionals, E.g., Doctors role includes;*

- Diagnosing the injury.
- Issuing work capacity certificates
- Providing ongoing treatment, including referral to other health professionals as required.
- Referral of the injured worker for specialist treatment or opinion when necessary.
- Review rehabilitation/suitable duties plans and their amendments and provide approval if required.
- Supplying medical reports as required.
- Communication with relevant parties to help manage barriers to the injured worker's return to work.

**Note:** Employers can't influence who the worker seeks treatment from and must have legitimate consent to attend the consultation. (WCRA 2003, section 208B)





# Workplace Rehabilitation Providers

Workplace rehabilitation providers (WRP) are organisations comprised of qualified health professionals who specialise in supporting the complex needs of workers and employers to achieve timely and sustainable return-to-work outcomes.

They are independent of other stakeholders and provide expert opinions and solutions to help resolve workplace injuries. They may also help address risk factors affecting a worker's ability to recover or return to work.

- The insurer arranges the services of the WRP
- The worker has a right to choose their WRP (s221AA)
- If the worker is dissatisfied with the provider, they may request a new provider. The insurer is to facilitate the request unless it would adversely affect the worker's rehabilitation. s221AA (5)



# Worker's Compensation Regulatory Services

The functions of the Regulator are outlined in s327 of the Act, including;

- Manage insurers' licenses and make sure they follow [workers' compensation laws](#)
- Settle disputes and complaints about workers' compensation decisions made by insurers
- Take legal action when workers' compensation laws are broken
- Facilitate [medical assessment tribunals](#)
- Promote [rehabilitation and return to work](#)
- Give training to medical practitioners
- Gather and analyse data about the workers' compensation scheme



# Medical Assessment Tribunals

- Medical assessment tribunals make independent, expert medical decisions about work-related injury or impairment.
- WCRS administers the MATs. There are many different tribunals, depending on the type of injury.
- Only a workers' compensation insurer can refer a worker to the medical assessment tribunal (the tribunal).

## **Workers may be referred to attend a tribunal hearing:**

- If the insurer has conflicting medical opinions about whether the injury was caused by employment.
- To decide if the worker has an ongoing incapacity for work due to the work injury.
- If the worker has a physical injury and disagrees with the assessment of permanent impairment.
- If the worker has a psychiatric injury and an assessment of permanent impairment is required.
- Only a tribunal can decide a degree of permanent impairment for a psychological injury.






## End of Section 4 | Summary:

- A wide range of stakeholders
- All with different duties and responsibilities
- Ensure you understand different responsibilities to get the most out of the process.





## Section 5 | Organisational Processes, Policies & Procedures



## When Should Rehabilitation & Return to Work Start?

If an organisation wants **active participants** rather than passive recipients in return for work (RTW), it must start at the commencement of employment.

### How?

- Set the expectations through all staff inductions and company policies and procedures.
- Get your suitable duties register, job task analysis ready and implemented into the organisation. (Injured workers' information pack)
- Reminders during toolbox talk sessions, team meetings, and intranet updates.



# Injured Worker Information Pack

When used correctly, the injured worker information pack can have a big impact on the RTW's success in the organisation.

**An injured worker's information pack may include;**

- Policies and procedures
- FAQ sheets & Flow charts
- Dear Doctor letter
- Authorisation form
- Job Task Analysis and or capability checklist
- Suitable Duties Register
- Suitable Duties Plan Template
- Incident Investigation form

Documents are needed to support the injured worker and also assist the medical practitioners in understanding what support and duties are available in the workplace.





# Workplace Rehabilitation Policy

## Stay At Work/Return to Work Policy statement.

Our Company recognises that helping workers to stay at work or make an early and safe return after an injury minimises the impact of injury on them and their families.

We support our injured workers by having a system of workplace rehabilitation and providing suitable duties for them while they are recovering.

We expect that all injured workers will return to work on suitable duties as soon as it is medically safe to do so.

We have appointed a Rehabilitation and return to work coordinator (RRTWC) to manage workplace rehabilitation for our injured workers.

As part of our system of workplace rehabilitation, we are committed to:

- Provide a safe and healthy work environment
- Encouraging the early reporting of injuries
- Making suitable duties available to injured workers as soon as possible after an injury occurs
- Consulting with injured workers to develop their suitable duties program
- Respecting the confidentiality of our worker's medical and rehabilitation information
- Reviewing our workplace rehabilitation policy and procedures at least every three years.

Company name:

Signature of the RRTWC or an authorised officer:

Print name:

Position in company:

Date:

To be reviewed in three years time on:

Experience shows that being back at work is an important part of recovering from a work related injury.



# Injured Worker Information Pack

## *Letter to a medical practitioner - Sample*

---

Date:

Re: **Return to work for .....**

Dear Dr.....

Thank you for seeing our employee in relation to their work-related injury; if the work-related injury prevents ..... from their usual occupation, we advise you that we are committed to providing a safe return to work with alternate suitable duties at your discretion. Please provide your medical advice on the restrictions that would apply to ... 's injury.

We are aware of the benefits of returning to work during the rehabilitation process. As such, we pride ourselves on having a range of meaningful duties that can accommodate most restrictions outlined in the suitable duties plan.

If the proposed plan meets your expectations for the return to work. Please sign the form and also indicate this in the Work Capacity Certificate. Alternatively, please feel free to make adjustments before your sign-off.

If the attached plan does not meet your approval for suitable duties, please amend and certify a plan based on what they can do rather than what suitable duties are available. If required, a return-to-work provider can be engaged to ensure any suitable duties are within the restrictions you deem necessary.

Should you wish to contact me to discuss the employee mentioned above? The proposed suitable duties plan or any other queries you may have, please do not hesitate to contact me on .....

Sincerely,

*Any correspondence to the treating practitioner should have a signed authority to accompany it.*



# Injured Worker Information Pack

## *Injured worker authorisation - Sample*

---

I (name): \_\_\_\_\_

Date of birth: \_\_\_\_\_ hereby give my consent for the following specified treatment providers to discuss with my employer's rehabilitation and return to work coordinator (name) \_\_\_\_\_ the injury information relevant solely to this specific worker's compensation claim for the sole purpose of assisting with my rehabilitation/suitable duties plan for this injury and my safe return to work.

Treating doctor (name): \_\_\_\_\_ Address: \_\_\_\_\_

Medical specialist (name): \_\_\_\_\_ Address: \_\_\_\_\_

Allied health professional (name): \_\_\_\_\_ Address: \_\_\_\_\_

Other (name): \_\_\_\_\_ Address: \_\_\_\_\_

Signature (worker): \_\_\_\_\_ Date: \_\_\_\_\_

The personal information collected as a result of this form may be used for the following purposes concerning this claim only:

1. The management of your rehabilitation/suitable duties plan.
2. To facilitate your safe return to work, and
3. Provide any ongoing workplace support services as required.

Your personal information will not be disclosed to any person or agency without your express consent. Your personal information may be disclosed to a health care professional in relation to the above purposes only. The personal information collected will not be included in your file.





# Suitable Duties Program template

Having a sample template in the 'pack' allows early discussions with the worker about what suitable duties are and what they may look like.

*(More information on SDPs will be provided later in the course)*

WorkCover  
QUEENSLAND

Suitable duties program  
For employers

Injured worker details		Plan details	
Worker		Goal - long term: _____	
Claim number		Plan completed by: <u>Employer/Provider/Insurer</u>	
Phone		Objective of this plan: _____	
Supervisor		Duration of this plan	
Phone		From: _____ To: _____	
Treating medical practitioner		Fit for suitable duties (restricted return to work)	
Phone		From: _____ To: _____	
		Job description: _____	

Task details		
Week	Duties	Restrictions
Week 1 - commencing: _____ Days: _____ Hours: _____		
Week 2 - commencing: _____ Days: _____ Hours: _____		
Week 3 - commencing: _____ Days: _____ Hours: _____		
Week 4 - commencing: _____ Days: _____ Hours: _____		

Treatment occurring during this plan (e.g. physiotherapy): _____	Training required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan to be reviewed on: _____	If 'Yes', given by: _____ Training given on: _____

Approved 2/10/07  
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PACK 1/2  
SECTION 1/1



## Job Task Analysis

- A **Job Task Analysis** (JTA) involves a comprehensive examination and breakdown of the demands specific to a particular **task** within a workplace.
- WorkSafe Qld has a range of JTAs and supporting documents that may assist

### Critical physical job demands and other task requirements

Critical job demand descriptor	% of time the task is performed	Task
Constant	>66%	<ul style="list-style-type: none"><li>• fine motor, e.g. computer work and writing</li><li>• sitting, e.g. computer work, phone calls and meetings</li></ul>
Frequent	34%-66%	<ul style="list-style-type: none"><li>• grip, e.g. phones, computer mouse work, stationery and equipment orders (completing, distributing and storing away)</li><li>• reaching/twisting, e.g. phones, computer mouse work</li></ul>
Occasional	5%-33%	<ul style="list-style-type: none"><li>• standing and walking, e.g. using the fax machine, interacting with clients</li></ul>
Rare	<5%	<ul style="list-style-type: none"><li>• carrying/pushing/pulling/bending/squatting, e.g. filing and stationery and equipment orders (completing, distributing and storing away), incoming and outgoing mail duties</li><li>• driving, e.g. driving duties to collect stock, completing mail requirements and deliver stock and documents</li><li>• lifting &lt;5kg, e.g. collecting and distributing mail, stationery and equipment orders (completing, distributing and storing away), putting boxes of paper away/carrying suitcases to and from meetings</li></ul>



## Return to Work Checklist

- The return to work checklists and plans can be given to the worker's treating medical practitioner to help them identify opportunities for their patient to return to work safely.









### Orderly : Return to Work Checklist and Plan

Please complete with your patient

Worker name: \_\_\_\_\_ Claim number: \_\_\_\_\_ Injury: \_\_\_\_\_

Worker will be able to participate in the duties as below from: / / to / /

Full time ☐ Part time ☐ \_\_\_\_\_ hours per day \_\_\_\_\_ days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace the worker will continue to be paid weekly compensation and WorkCover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the "health benefits of good work" and focus on what your patient can do.

Tick if suitable	Job Tasks	Limitations/Comments
	General cleaning tasks - the worker may be required to clean trolleys, vacuum, empty bins, clean bathrooms, dusting. This includes left/right handed work, push/pulling actions, wiping basins/trolleys/benches, kneeling or squatting, reaching etc.	
	Clean floors with a self-propelled ride on floor scrubbing machine. This involves operating equipment.	
	Move fresh/soiled linen bags. This involves lifting and carrying the linen bags.	
	Push patients in wheelchairs from different areas of the hospital. The weight of this duty will depend on the patient and involves walking and a pushing motion.	(weight restriction)
	Moving patient on beds - assisting in the movement of patients for example rolling the patient on the bed to assist with dressings, changing of linen etc.	
	Transfer patients - movement of patient on and off bed. Can be moving patient from bed to standing, from wheelchair to bed, from shower/toilet to chair etc.	
	<b>Psychological restrictions</b>	
	Liassing with colleagues & patients	
	Conflict management with patients, patients families & colleagues	
	Problem solving & negotiating in unexpected situations	
	Leadership and able to take direction in emergency situations	
	Ability to maintain concentration	
	Obtain new information and meet deadlines	
	Dealing with distressed/unpredictable people	
	<b>Hours of work</b>	
	Morning shift: YES / NO	Hours: _____
	Afternoon shift: YES / NO	Hours: _____
	Night shift: YES / NO	Hours: _____

Page 1 of 2



## Suitable Duties Register

- Develop a list of suitable duties in your workplace to assist with Return to Work planning should an injury occur in your workplace.

### Suitable duties register

This form can be completed at any time by looking around your workplace for duties that fit in the below categories or with the assistance of an allied health provider. Store the completed register in preparation for future use should an injury occur in your workplace.

WorkCover Queensland has a range of [return to work checklists for particular roles](#)\* on our website.

*NB: Use these duties to complete the return to work plan details on the following page, then send to the treating medical practitioner.*

ADMINISTRATIVE/SEATED DUTIES	NO LIFTING REQUIRED DUTIES
LIFTING LESS THAN 5KGS DUTIES	LIFTING 6-10KGS
LIFTING 11-15KGS	NO BENDING/TWISTING DUTIES
DRIVING/OPERATING MACHINERY	OTHER SUITABLE DUTIES

# Incident Investigation Form

Look at contributing factors and implement corrective actions to control the risk.

Incident investigation form

<b>Incident details</b>				
Name of person involved in the incident:			Date of incident:	
Location of incident:				
Incident investigation team:				
What task was being performed at the time of the incident?				
What happened? (e.g. 'employee tripped over box' or 'forklift hit wall')				
<b>What factors contributed to the incident?</b>				
<b>Environment:</b>		<b>Equipment/materials:</b>		
<input type="checkbox"/> Noise	<input type="checkbox"/> Layout / design	<input type="checkbox"/> Hiring equipment for the job	<input type="checkbox"/> Equipment failure	
<input type="checkbox"/> Lighting	<input type="checkbox"/> Dust / fume	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Material / equipment too heavy / awkward	
<input type="checkbox"/> Vibration	<input type="checkbox"/> Slip / trip / hazard	<input type="checkbox"/> Inadequate guarding	<input type="checkbox"/> Inadequate training provided	
<input type="checkbox"/> Damaged / unstable floor	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
<b>Work systems:</b>		<b>People:</b>		
<input type="checkbox"/> Hazard not identified	<input type="checkbox"/> No / inadequate risk assessment conducted	<input type="checkbox"/> Procedure not followed / no procedure exists		<input type="checkbox"/> Drugs / alcohol
<input type="checkbox"/> No / inadequate safe work procedure	<input type="checkbox"/> No / inadequate controls implemented	<input type="checkbox"/> Fatigue		<input type="checkbox"/> Time / production pressures
<input type="checkbox"/> Hazard not reported	<input type="checkbox"/> Inadequate training / supervision	<input type="checkbox"/> Change of routine		<input type="checkbox"/> Distraction / personal issues / stress
<input type="checkbox"/> Other		<input type="checkbox"/> Lack of communication		<input type="checkbox"/> Other
<b>Corrective actions:</b>				
Contributing factor (from above list)	What are we going to do to fix the problem?	Who	When	Completion date
<b>Issue fixed?</b>				
Name		Signature		Date
Person involved in incident:				
Manager:				



## Promote Worker Requirements at Work - Injured at Work Poster



**WorkCover  
QUEENSLAND**

**If you're injured at work**  
The sooner you contact us, the sooner we can help get you on the road to recovery.

-  **Ask for help immediately**  
So that you get the medical attention you need
-  **Tell your employer**  
As soon as you can
-  **Contact WorkCover Queensland**  
To make a claim

Making a claim is easy, and you can choose the best option to suit:

-  Online at [worksafe.qld.gov.au](https://worksafe.qld.gov.au)  
Call us on 1300 363 128
-  Fill out a claim form, then either:  
Upload using our online service at [worksafe.qld.gov.au/CR](https://worksafe.qld.gov.au/CR)  
Post to GPO Box 2459 BRISBANE QLD 4001



Scan the QR code to learn more about making a claim for workers' compensation.



**WorkCover  
QUEENSLAND**

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So that you get the medical attention you need
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Post to GPO Box 2459 BRISBANE QLD 4001



Scan the QR code to learn more about making a claim for workers' compensation.



## End of Section 5 | Summary:

- Develop a register of suitable duties.
- Start talking about the stay-at-work approach in inductions.



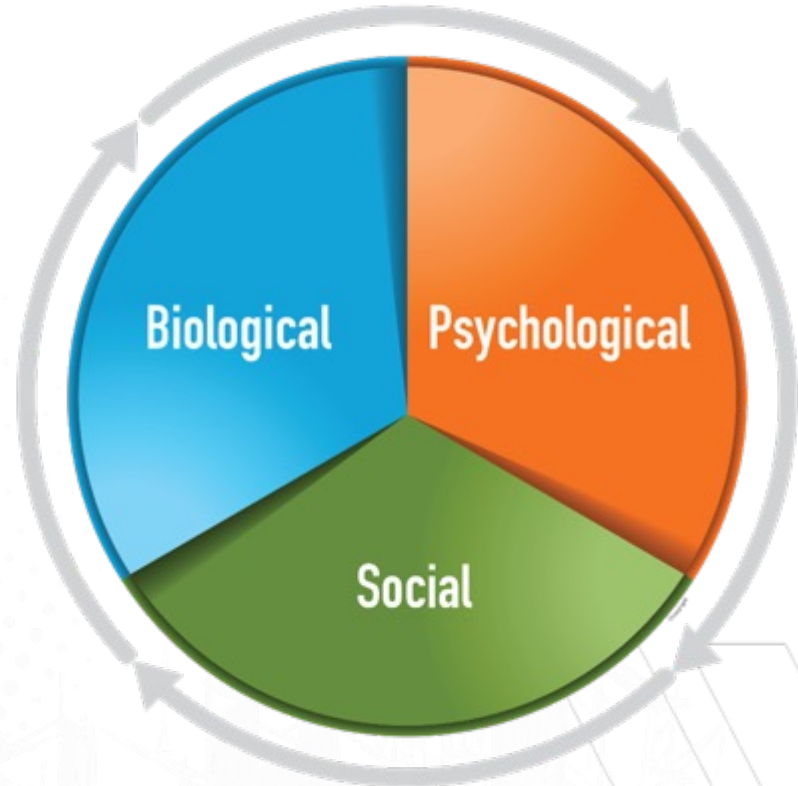


## Section 6 | Communication | Supporting Injured Workers

# Consultation & Communication

## Biopsychosocial Model

- The biopsychosocial approach examines biological, psychological, and social factors affecting an individual's return to work.
- The traditional biomedical approach ignores the person's thoughts, feelings &/or reaction to their injury.
- The biopsychosocial model is not new; it was coined in 1977 by George Engel; however, understanding its relevance to rehabilitation has been somewhat ignored until recently.





# Biopsychosocial Themes

## Biological Themes:

- Injury/pain/mobility impacting normal social and recreational activities.

## Psychological Themes:

- Poor expectations of full recovery
- Anxiety/depression resulting from injuries
- Anger and frustration resulting in poor coping abilities

## Social Themes:

- Disappointment in the therapy process – e.g. not listened to, family issues, financial concerns

Samoborec et al. – BPS Barriers affecting recovery 2019





## Consultation & Communication

- Consultation will form a large part of the RRTWC's role.
- RRTWC will be consulting with a diverse range of stakeholders, which means the way communication occurs will need to be tailored to each situation.



# Effective Consultation

## Effective consultation involves:

- Talking to one another
- Raising concerns and listening to concerns
- The seeking and sharing of views and information
- Everyone is able to put forward recommendations
- Considering what everyone has said before, any firm decisions are made
- Collaborative problem solving
- Negotiation.

## *When consulting;*

- Ensure supervisors are aware of their importance in return to work
- Be enthusiastic about the benefits of early return to work and support the needs of workers.



# Consultation & Communication

## A person-centred approach

- The injured worker is placed at the centre of the program and treated as a person first. The focus is on the person and what they **can** do, not their injury/condition or disability.
- Support should focus on achieving the person's aspirations and be tailored to their needs and unique circumstances.
- Ask – What do they need to be able to actively participate in a suitable duties program?
- Keep in touch with the insurer.

**Motivational interviewing** is seen as a great way to help the injured worker be seen as a person - The RRTWC is seeking to help the injured worker identify and own their own motivations and reasons for change, and their commitment to a rehabilitation goal.



# Consultation & Communication

It is important to maintain communication with workers throughout their claim to keep them informed of the progress of the claim, to keep them connected to the workplace, and to identify possible concerns that need to be addressed, e.g. more support.

- If a worker is unable to return to work due to their injury, it is important to ensure they are contacted regularly (e.g. set times during the week when they will receive a phone call)
- When contacting workers, consider additional support services they may need, e.g. adjustment to injury counselling.
- Could supervisors or fellow team members also contact the worker
- Do they have a strong support network? Ensure they are aware of the Workers' Psychological Support Service



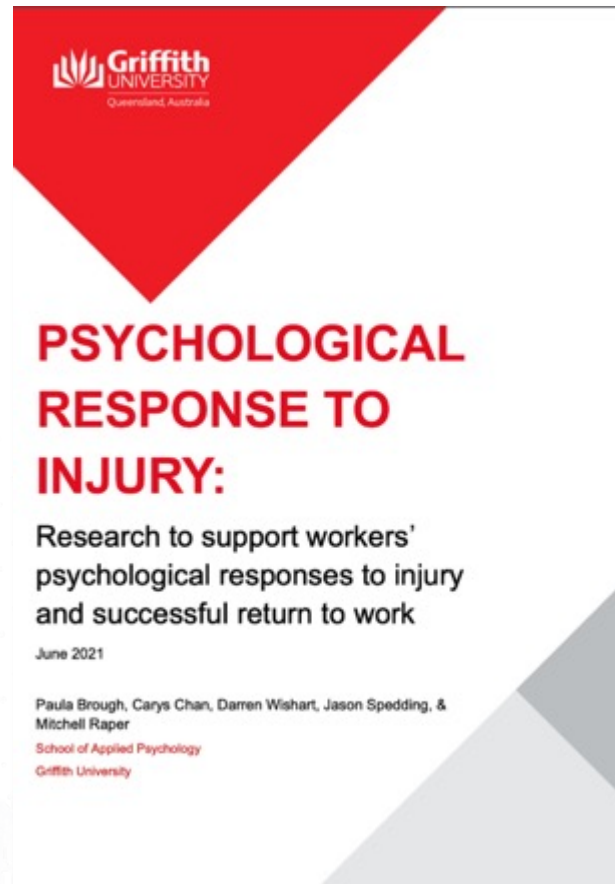


## Supporting injured workers

Psychological reactions that hinder return to work:

*Examples:*

- ✓ *Depressive symptoms:* 3.5 times less likely to RTW
- ✓ *Emotional distress and anxious symptoms:*  
Reduced perceptions of their capability to RTW
- ✓ *Fear - avoidant:* The fear of pain during movement/activity may be more disabling than pain itself
- ✓ *Work Stress:* E.g. high job demands are identified as a barrier to a timely RTW.
- Adjustment to injury counselling and open conversations with workers to remove perceived stressors is important.





# Supporting injured workers

## Psychological reactions that enable return to work:

### Examples:

- ✓ **RTW Self-efficacy:** The belief and confidence regarding the ability to overcome obstacles.
- ✓ **Social support:** Supportive reactions from the organisation and social integration during the recovery process.
- ✓ **Organisational support:** Structured communication, consultation, and provision of information and resources into RTW were beneficial in RTW outcomes.
- ✓ **Control of RTW processes:** Actively being involved in RTW processes is directly linked to increased RTW ability and self-efficacy.

PSYCHOLOGICAL RESPONSE TO INJURY & RTW

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**It Pays to Care**  
An imperative for change  
and call to action

# Supporting injured workers

Workplace factors significantly influence RTW outcomes—more influential, according to research and stakeholders, than scheme operation, case management, and the individual characteristics of the worker.

[Australian research](#) shows that workers who consider their employer's response to injury to be *fair* and *constructive* have, on average, considerably higher RTW rates than those who don't:

43% higher for physical injury claims; and

52% higher for psychological injury claims.

*It Pays to Care is an advocacy project to promote discussion about fair and efficient injury compensation schemes.*





## Johns Story - Video

Making the roads safer is Senior Constable John Kenworthy's passion – in fact, since joining the Queensland Police Service and becoming a motorcycle traffic officer, he has built a career around it.



# Fred –Case Scenario

- Fred is a 63-year-old maintenance worker at the organisation where you work.
- Fred has come to work and has been found dazed and confused after slipping on what he feels was oil, just after 6am. He was dropped off at the local emergency department by a security personnel member who didn't stay.
- You are a return-to-work coordinator, and when you arrive at work, you have been told to get down to the emergency to chat with Fred and get him back to work to avoid the dreaded lost-time injury (LTI).
- Fred hasn't had any contact from the workplace as yet.
- As a RRTWC you are to discuss the injury and return to work process with Fred.
- You have consent from the hospital to visit Fred in the Emergency department
- Fred has given genuine and informed consent for you to talk to him whilst the Doctor is writing up a report, however, Fred does not want you present when the doctor returns.





## End of Section 6 | Summary:

- Look for extra ways to support workers (ask them what they need)
  - BPS model – more than just the injury







## Section 7 | Common Injury Types



# Human Anatomy

Having a basic understanding of how the human body is designed and works can help the **RRTWC** in many ways, including;

- Interpreting medical reports.
- Understanding the type of injury a worker has.
- Risks some suitable duties may pose based on the range of movement/task performed.



# Human Anatomy - Video



# Injury Types

Common injuries that RRTWC may come across include;

***Examples:***

- Strain – overstretching of muscle
- Sprain – Wrenching or twisting of a joint with partial rupture of a joint structure (e.g. Meniscus, membrane, or bursa) or other attachments (e.g. ligaments)
- Dislocation – Displacement of a joint
- Partial fracture – A crack/fracture in which the break across the bone is incomplete
- Disc herniation – Centre of the intervertebral disc protrudes outside of the fibrous outer ring
- Psychological injury – Illness or condition that affects mood, feelings, thoughts or behaviour and has resulted from the person's job.

The RRTWC must review restrictions on the Work Capacity Certificate to design suitable duties in consultation with the worker, supervisor and other stakeholders as required.



# Psychological Injuries

**The Act (s32)** - a compensable psychiatric or psychological disorder sustained on or after 30 October 2019 to have arisen out of, or in the course of, employment if the employment is a significant contributing factor to the injury.

However, the Act specifically excludes psychiatric or psychological disorders arising out of, or in the course of:

- [Reasonable management action](#) taken in a reasonable way by the employer in connection with a worker's employment
- A worker's expectation or perception of reasonable management action being taken against the worker
- Action by the workers' compensation regulator or an insurer in connection with a worker's application for compensation.





# Psychological Injuries

## What is a psychological injury?

A work-related psychological injury is an illness or condition that affects your mood, feelings, thoughts or behaviour and has resulted from your job.

These can include (but aren't limited to) conditions such as:

- Depression
- Anxiety
- Adjustment disorder
- Post-traumatic stress disorder (PTSD)

These injuries can be caused by

- Being involved in or witnessing a traumatic event at work, such as violence or a mining accident.
- Develop over time as a result of a build-up of [psychosocial hazards and factors](#) at work, such as bullying or high or low job demands.



# Psychological Injuries

## Secondary psychological injury

Psychological injuries can also be connected to or arise later as a result of a physical injury at work.

Providing early and appropriate support to an injured worker via a biopsychosocial approach can reduce the likelihood of the worker developing a secondary psychological injury.

Adjustment to Injury Counselling (ATIC) is used to help a worker understand their injury better and to teach them coping strategies. It involves talking with a provider such as:

- A psychologist
- A rehabilitation counsellor
- A social worker with a tertiary degree in social work.

ATIC includes up to six (6) free sessions.





## Responding to a psychological injury

Offering support to workers with a psychological injury supports better recovery outcomes and helps your workers feel less isolated.

It also makes good business sense. Every \$1 invested in mentally healthy workplaces returns up to \$2.30 in reduced absenteeism and compensation. (Source [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au))

WCRS's [mental injury resources for employers](#).



[worksafe.qld.gov.au/guidingtheway](https://www.worksafe.qld.gov.au/guidingtheway)



# Maintain contact with the injured worker

Workers who've experienced a work-related psychological injury are less likely to be contacted by their **direct manager/supervisor** or other members of their workplace than those who have sustained a physical injury<sup>1</sup>.

This may be because some people lack confidence and feel nervous discussing mental health conditions.

However, all workers have better return to work outcomes when their employer, supervisor or rehab and return to work coordinator makes early, direct and meaningful contact after a work-related injury – and then maintains that contact.

[1] Social Research Centre, 2018, 'National return to work survey 2018', p.38 (In WCRS e-bulletin June 2022)

Apologies and expressions of regret provided to workers following a workplace injury are protected under s320(C) of the Workers' Compensation and Rehabilitation Act 2003 and excluded from being considered in determining liability for common law damages.



# Psychological Health Conversations

## Starting a mental health conversation - and keeping it going.

As an employer, touching base early with a worker who has a psychological injury – and keeping the conversation going while they're off work and as they return – is one of the most important things you can do for their recovery.

When the lines of communication are kept open, the worker is more likely to return to work successfully, and it's better for business.

There are many resources that may help you start or have an early, direct, and genuine mental health conversation.

<https://www.worksafe.qld.gov.au/claims-and-insurance/work-related-injuries/types-of-injury-or-illness/mental-injuries>





# Early Access to Treatment for Psychological Injuries

While a worker's claim is being assessed, they can usually access mental health treatment funded by the insurer. This treatment might include:

- GP appointments
- Counselling or psychology sessions
- Psychiatry appointments
- Medication such as antidepressants

If the claim is not accepted, funding for the above treatment will stop; however, the worker won't have to pay the costs back for treatment already received.






## End of Section 7 | Summary:

- Maintain contact with the injured
  - Statement of regret / sorry you got injured is not an admission of liability
  - Access to early treatment for psychological injury claims during claim determination



The background of the slide is a blue-tinted image of a construction site. In the foreground, a man with a beard, wearing a dark suit and tie, is leaning over and looking at a set of plans or documents. The background shows various construction elements like scaffolding, cranes, and building structures. There are also some abstract geometric patterns, like chevrons and dots, overlaid on the image.

## **Section 8** | Work Capacity Certificate & Suitable Duty Plans

# Return to Work Hierarchy

The hierarchy of return-to-work options that may assist if a worker is unable to return to their pre-injury duties immediately post-injury:

1. Same job/same employer
2. Similar job/same employer
3. New job/same employer
4. Same Job/new employer
5. Similar job/new employer
6. New job/new employer

The intention of the workers' compensation legislation is to return the worker to pre-injury duties where possible.



# Work Capacity Certificate

A suitable duties plan must be developed within the boundaries of the Work Capacity Certificate.

The injured worker, the supervisor, and the treating doctor (via the work capacity certificate) must be consulted in developing the SDP. If the insurer engages a workplace rehab provider, the worker may also be consulted.

**Work capacity certificate – workers' compensation** Form 10286 – Version 1  
(Workers' Compensation and Rehabilitation Act 2013)

**IMPORTANT INFORMATION:** Work is an important part of recovery. It is vital to return to work (or remaining at work) is beneficial for health and wellbeing. The injured worker should be encouraged to return to work as soon as possible. A suitable working condition support is there once more they are required to return to work. Consider the best interests of work when completing the patient's details.

**Part A – Patient details**  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Mailing number: \_\_\_\_\_ Claim number: \_\_\_\_\_ ☐ New claim ☐ Claim is report only  
Occupation (if known): \_\_\_\_\_ Patient's employer: \_\_\_\_\_

**Part B – Injury details**  
Date of examination: \_\_\_\_\_ Patient's stated date of injury: \_\_\_\_\_ Patient was first seen at this practice/hospital for this injury/disease on: \_\_\_\_\_  
The patient is/has suffering from (List all work-related diagnoses, if symptoms only, tick "Provisional diagnosis"): \_\_\_\_\_ Provisional diagnosis: \_\_\_\_\_  
Patient's stated mechanism of injury: \_\_\_\_\_ Is this consistent with your clinical findings? ☐ Yes ☐ Unclear  
Describe mechanism in detail: \_\_\_\_\_  
Pre-existing factors or condition aggravated? (if not previously supplied): \_\_\_\_\_

**Part C – Treatment plan**  
Patient requires/should treatment from: \_\_\_\_\_ No \_\_\_\_\_ to be reviewed again on: \_\_\_\_\_ No further review ☐  
Treatment: \_\_\_\_\_  
I have prescribed medication that may impede safe work, travel or cognitive function: ☐ No ☐ Yes  
Referrals: ☐ Diagnostic ☐ Allied health ☐ Specialist/GP Name/discipline: \_\_\_\_\_ Details (specify): \_\_\_\_\_

**Part D – Capacity for work (Choose one from the three options)**  
☐ The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F. ☐ If suitable duties available, can return to some form of work from: \_\_\_\_\_ ☐ No functional capacity for any type of work until: \_\_\_\_\_

**Complete below sections if you certified no functional capacity for any type of work**  
If no functional capacity, state why? (If no capacity for more than 6 days, the insurer may contact you to obtain more information) Estimated time to return to some form of work duties: \_\_\_\_\_ Estimated time to return to full duties: \_\_\_\_\_

**Part E – Functional ability (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)** No change since last certificate ☐  
Certification should be based on what CAN be done, NOT avoided duties. Consider what the patient can do, either at work or home.

Function/task (patient's stated functional ability)	No	Yes	Note any restrictions (if relevant)	What patient can do (if "Yes" box ticked)
Lower limb	<input type="radio"/>	<input type="radio"/>		
Upper limb	<input type="radio"/>	<input type="radio"/>		
Hand function	<input type="radio"/>	<input type="radio"/>		
Spinal function	<input type="radio"/>	<input type="radio"/>		
Cognition/psychosocial functioning	<input type="radio"/>	<input type="radio"/>		
Driving a car	<input type="radio"/>	<input type="radio"/>		
Operating machinery/heavy vehicle	<input type="radio"/>	<input type="radio"/>		
Manual tasks	<input type="radio"/>	<input type="radio"/>		
Other	<input type="radio"/>	<input type="radio"/>		

**Part F – Rehabilitation at work – return to work plan (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)**  
What workplace modifications are required to facilitate return to work? (e.g. work site assessment, psychosocial considerations): \_\_\_\_\_  
Other considerations or factors that may affect recovery (the insurer can arrange appropriate support): \_\_\_\_\_  
☐ I require a suitable duties program to be provided to me for approval  
I have discussed injury requirements and return to work options with the patient and: ☐ Employer ☐ Insurer ☐ Rehabilitation provider

**Part G – Medical/dental/nurse practitioner details and statement (or use prescriber/hospital stamp)**  
I have discussed the information contained in this certificate with the patient. I have provided the clinical information in this certificate.  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Practice/hospital: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Postal address: \_\_\_\_\_ Signature: \_\_\_\_\_

Further information: [www.worksafe.qld.gov.au/medicalsupport](http://www.worksafe.qld.gov.au/medicalsupport)  
All enquiries (medical/dental/nurse practitioners, patient, employer) go to yla 144

Under the Workers' Compensation and Rehabilitation Act 2013 (the Act), the workers' compensation insurer is authorised to collect the information on this form to provide the workers' compensation benefits. The information collected on this form is for the purpose of providing the workers' compensation benefits. The information collected on this form is for the purpose of providing the workers' compensation benefits. The information collected on this form is for the purpose of providing the workers' compensation benefits.





# Work Capacity Certificate - Video

**The Queensland work capacity certificate - workers' compensation**



Queensland  
Government





## What was the key change in focus on the new work capacity certificate?

What the worker **CAN DO** vs what they  
**CAN'T**.

How can this assist the RRTW Coordinator?

- It is easier to create a suitable duties plan knowing what the worker can safely do.
- RRTWC needs the work capacity certificate before a worker can start suitable duties.



# Recovery – Suitable Duties

Where possible, a **‘stay at work’** approach is best for rehabilitation. This approach is linked to the health benefits of good work (good work design), so it is important to understand its benefits.

- ✓ Duties and hours at work are just as important as other treatments
- ✓ Suitable duties allow people to develop confidence by:
  - Gradually increasing tasks back to their usual job demands
  - Build strength, endurance and activity tolerance
  - Maintaining social contact and support
  - Feeling valued for what they contribute
  - Creating a positive workplace culture
  - Contributing to productivity





# Suitable Duties

## Benefits for workers

- You're able to keep up a routine.
- You still have your income while you get better.
- You'll regain confidence in your work and get stronger gradually.
- You might develop or even learn new skills.

## Benefits for employers

- The effect on your insurance premium is reduced.
- The level of skill and expertise in your workforce stays the same or is strengthened.
- There is no need to train new staff, which takes extra resources.
- Enhances workplace culture



# Suitable Duties Template

Sample only

WorkCover  
QUEENSLAND

Suitable duties program

*For employers*

**Injured worker details**

Worker

Claim number

Phone

Supervisor

Phone

Treating medical practitioner

Phone

**Plan details**

Goal – long term:

Plan completed by: Employer/Provider/Insurer

Objective of this plan:

Duration of this plan

From: To:

Fit for suitable duties (restricted return to work)

From: To:

Job description:

**Task details**

Week	Duties	Restrictions
Week 1 – commencing: Days: Hours:		
Week 2 – commencing: Days: Hours:		
Week 3 – commencing: Days: Hours:		
Week 4 – commencing: Days: Hours:		

Treatment occurring during this plan (a.g. physiotherapy):

Plan to be reviewed on:

Training required: Yes ☐ No ☐

If 'Yes', given by:

Training given on:

Approved (PWSRP)  
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PHC30P/2  
REVIS 1/1





# A Sample Work Capacity Certificate

This section will look at Work Capacity Certificates and SDPs.

## Work capacity certificate – workers' compensation

Workers' Compensation and Rehabilitation Act 2003 Form 132M – Version 1

### Part A – Patient details

Name	John Smith	Claim number		Date of birth	17/05/1989
Mobile number	0412312358	✓ New claim	<input type="checkbox"/> Claim is report only		
Occupation (if known)	Carpenter	Patient's employer	Jim and Johns Building Services		

### Part B – Injury details

Date of examination	28.1.2020	Patient's stated date of injury	28.1.20	Patient was first seen at this practice/hospital for this injury/disease on	28.1.20
The patient is/has suffered from (List all work-related diagnoses. If symptoms only, tick "Provisional diagnosis") <input type="checkbox"/> L5/S1 disc protrusion					
Provisional diagnosis					
Patient's stated mechanism of injury	Lifting heavy boxes	Is this consistent with your clinical findings?	✓ Yes		
Describe mechanism in detail		Moving items from ute to site entrance			
Pre-existing factors or condition aggravated (if not previously supplied)		CA.			

### Part C – Treatment plan

Patient requires treatment from	28.1.2020	to	02.2.2020	to be reviewed again on	13.2.20	<input type="checkbox"/> No further review
Treatment	Physio and meds					
Have prescribed medication that may impede safe work, travel or cognitive function	✓ Yes					
Referrals	<input type="checkbox"/> Diagnostic	<input checked="" type="checkbox"/> Allied Health	<input type="checkbox"/> Specialist/GP			
Named discipline	Physiotherapist					

### Part D – Capacity for work (check one from the three options)

<input type="checkbox"/> The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F.	<input checked="" type="checkbox"/> If suitable duties available, can return to some form of work from	02.2.20	<input checked="" type="checkbox"/> No functional capacity for any type of work until	1.2.20
Complete this section if you certified no functional capacity for any type of work (If no functional capacity, state why? (If no capacity for more than 7 days, the insurer may contact you to obtain more information))				
Estimated time to return to some form of work duties	2.2.20	Estimated time to return to full duties	CA.	

### Part E – Functional ability (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.) No change since last certificate ☐

Certification should be based on what CAN be done, NOT available duties. Consider what the patient can do, either at work or home.

Function/task (patient's usual functional ability)	Is functional ability affected by injury/condition?	What patient can do (if "Yes" box ticked)
Lower limb	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Note any restrictions (if relevant)	
Upper limb	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	No bending twisting, alternate sit/stand max 20 min sit
Hand function	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Lift under 5kg if <u>not</u> required to bend
Spinal function	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	No bending twisting, alternate sit/stand max 20 min sit
Cognition/psychosocial functioning	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Lift under 5kg if not required to bend
Driving a car	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Operating machinery/heavy vehicle	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Manual tasks	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	No lifting over 5kg or if required to bend
Other	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Can lift under 5kg if not required to bend

### Part F – Rehabilitation at work – return to work plan (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)

(What workplace modifications are required to facilitate return to work? (e.g. work site assessment, psychosocial considerations))

Other considerations or factors that may affect recovery (the insurer can arrange appropriate support)	
<input type="checkbox"/> Max 4 hours a day in week 1, increase as tolerated	
<input type="checkbox"/> I require a suitable duties program to be provided to me for approval	
I have discussed injury requirements and return to work options with the patient and	<input type="checkbox"/> Employer <input type="checkbox"/> Insurer <input type="checkbox"/> Rehabilitation provider

### Part G – Medical/dental/nurse practitioner details and statement (or use practice/hospital stamp)

I have discussed the information contained in this certificate with the patient. I have provided the clinical information in this certificate.			
Name	Dr Peter Jones	Email	pgjones@pjohnes.com
Practice/hospital	PJ Medical Centre	Phone	18001546
Postal address	PO Box 123 Brisbane 4001	Signature	
		Date	28.1.20

# A Sample Suitable Duties Program (SDP)

The SDP sample outlines very general information – most programs would be more than one page.

<b>Injured worker details</b>		<b>Plan details</b>	
Worker:	John Smith	Phone number:	
Supervisor:	Mark Brown	Phone number:	
Treating medical practitioner:	Dr Peter Jones	Phone number:	
Job description: Assistant to Project Manager		Fit for suitable duties (restricted return to work?) From: 02/02/2020 to: 13/02/2020	
<b>Plan details</b> Goal – long term: Return to full-time construction duties as a carpenter Objective of this plan: To upgrade work hours performing administrative tasks Duration of this plan from: 02/02/2020 to 13/02/2020			
<b>Task details</b>			
<b>Week:</b>	<b>Duties</b>	<b>Restrictions</b>	
Week one commencing: 02/02/2020	Telephone and email ordering of construction materials.	No lifting over 5kg	
Hours: 4 hours per day (9.30am-1.30pm)	Days: Monday to Friday	No bending/twisting	
	Waiting with suppliers / construction supervisors.	Sitting for 20min periods, alternate with standing/walking	
	checking deliveries, completing necessary computer records relating to ordering		
Week two commencing: 09/02/2020	As per week 1	As per week 1	
Hours: 4 hours per day (9.30am-3.30pm)	Days: Monday to Friday		
Treatment during this plan: physiotherapy, gym strengthening program		Training required: yes	
		To be given by: Tony White, Project Manager on 02/02/2020	
Plan to be reviewed: 06/02/2020			
<b>Signatures</b>			
Name (treating medical practitioner):	Dr Peter Jones	Name (worker):	John Smith
Approval as per VWC medical certificate dated 02/02/2020 – 13/02/2020		I have been consulted about the content of this plan and agree to participate	
		Signature: J. Smith	Date: 30/01/2020
Name (supervisor): T.J. White	30/01/2020	Name (rehabilitation and return to work coordinator):	Maere Celeste
I agree to ensure this plan is implemented in the work area		I agree to monitor this plan	
Signature: T.J. White	Date: 30/01/2020	Signature: M.R. Celeste	Date: 30/01/2020

# A Sample Suitable Duties Program – Restrictions

Copy restrictions from the Work Capacity Certificate to the SDP

Part D – Capacity for work		Plan details	
<input type="checkbox"/> The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F. <input checked="" type="checkbox"/> If suitable duties available, can return to some form of work from 02.2.20 <input checked="" type="checkbox"/> No cap type		Goal – long term: Return to full -time construction duties as a carpenter Objective of this plan: To upgrade work hours performing administrative tasks Duration of this plan from: 02/02/2020 to 13/2/2020 Fit for suitable duties (restricted return to work?) From: 02/02/2020 to: 13/02/2020	
Complete this section if you certified no functional capacity for any type of work. If no functional capacity, state why? (if no capacity for more than 7 days, the insurer may contact you to obtain more information)			
Estimated time to return to some form of work duties	2.2.20	Estimated time to return to full duties	
Part E – Functional ability		Restrictions	
Certification should be based on what CAN be done, NOT available duties. Consider what the patient can do, what is functional ability affected by injury/condition? Function/task (patient's usual functional ability)		No lifting over 5kg No bending/twisting Sitting for 20min periods, alternate with standing/walking	
Lower limb	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No bending/twisting, alternate sit/stand max 20 min sit	
Upper limb	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No bending/twisting, alternate sit/stand max 20 min sit	
Hand function	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No lifting over 5kg or if required to bend	
Spinal function	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Cognition/psychosocial functioning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Driving a car	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Operating machinery/heavy vehicle	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Manual tasks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Part F – Rehabilitation at work – return to work plan		Training required: yes	
What workplace modifications are required to facilitate return to work? (e.g. work site assessment, psychosocial support) Other considerations or factors that may affect recovery (the insurer can arrange appropriate support) <input type="checkbox"/> Max 4 hours a day in week 1, increase as tolerated <input type="checkbox"/> I require a suitable duties program to be provided to me for approval		To be given by: Tony White, Project Manager on 02/02/2020	
I have discussed injury requirements and return to work options with the patient and <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Insurer <input type="checkbox"/> Other		Name (worker): John Smith I have been consulted about the content of this plan and agree to participate Signature: J. Smith Date: 30/01/2020	
Part G – Medical/dental/nurse practitioner details and statement		Name (rehabilitation and return to work coordinator): Maree Celeste	
I have discussed the information contained in this certificate with the patient. I have provided the clinical information in this certificate to the patient.		I agree to monitor this plan Date: 30/01/2020 Signature: M.R. Celeste Date: 30/01/2020	
Name: Dr Peter Jones Practice/hospital: PJ Medical Centre Postal address: PO Box 123 Brisbane 4001 Email: pjones@pjones.com Phone: 180015446 Signature:			

# Determining Workers' Capacity for Tasks

## Functional Capacity Evaluation

There are two broad types of functional capacity evaluation (FCE), one being more aligned to medico-legal and the other used to assist in determining suitable duties or determining ongoing physical capacity.

To assist in determining work capacity, liaise with your insurer regarding an FCE.

An FCE uses a series of tests to determine a worker's physical ability to meet the functional requirements of a role. There are many opportunities to utilise an FCE; some are listed below.

- To identify suitable duties
- To identify if a worker can perform their current role
- When the treating Doctor is unable to provide specific return-to-work guidelines
- Identifying ongoing capacity





## Options for Return to Work

Options for return to work if a worker can't complete their standard job tasks may include,

- Job redesign to align with the workers' restrictions
- Reduced hours
- Alternative duties
- Host employment





# Job Redesign

When assisting with job redesign and creating a plan for reduced hours and/or alternative duties, it is essential to consider all your information regarding the employee.

**This includes:**

- Their injury/illness
- Treatments being received
- Timeframe for recovery and return to work
- Their current role
- Their skills, knowledge and capabilities.



# Assisting with Job Redesign

**When redesigning a job, you must consider:**

- Frequency and duration of job tasks
- Strain/force that different tasks require
- Environmental hazards and risks
- Biomechanics – the body movements required of the employee and how this may impact upon them
- Appropriate support systems for the employee.





## Reduced Hours

- As part of their rehabilitation and return to work program, an employee may be able to return to work but not for the same number of weekly hours as before their injury/ illness occurred.
- Where this is the case, the employer should take reasonable steps to accommodate the employee's requirements for reduced hours, also factoring in input from health professionals and the workplace rehabilitation provider.



# Reduced Hours Considerations

It would be best if you also considered whether:

- Any reduced hours can be accommodated within business operations.
- During reduced hours, the employee can still complete meaningful job tasks.
- Reduced hours for employees returning to work will involve shift/ hour changes for other workers.
- Is it economical for the worker, considering their commute times and costs?
- Liaise with the insurer if unsure.



# Alternative Duties

## When considering alternative duties:

- Remember that the employee doesn't have to be fully recovered in order to complete purposeful tasks.
- Think about the size of the organisation and the different job roles available.
- Distinguish between alternative duties and those that are transitional.
- Remember that carefully chosen alternative duties can be beneficial to an employee's recovery.
- Think about the type of support network that may be needed.





# Host Employment – ‘Recover at Work’

## What is Recover at Work?

Injured workers may be temporarily placed at a 'host employer' through the Recover at Work program, which is also known as host employment.

This will be an employer who's able to provide suitable duties in their workplace and has a track record of successfully supporting their own injured workers through recovery.

The full cost of the wages when placed at a host is coded to the injured worker's employer's policy.

This type of program usually runs for approximately 3-6 weeks.

**Reminder:** Employers must provide the insurer with written evidence of the reasonable steps/inquiries they made to identify suitable duties before considering host employment.



# Other considerations

- **Regular breaks:** The breaks (rest pauses) are for therapy/rehabilitation and should be documented on the SDP for clarity
- **Buddy or support person:** Ensure someone is nearby to give support as required.
- **Task or job rotation:** Repeatedly performing the same task may not only be monotonous but could also cause further injury. Consider documenting specific times/durations when a worker will complete certain tasks before moving to another task/job.



# Suitable Duty Programs

**Consult:** Workers' buy-in and supervisor input are important. Consultation may be a lot broader than these two stakeholders.

**Workplace Rehabilitation Providers (WRP):** Consult with the insurer and the WRP if stuck, review functional capacity evaluations that may have been provided or seek their input.

**Doctor:** Review the Work Capacity Certificate and any medical reports in detail and contact the Doctor if needed. The insurer may assist in contacting the Doctor on your behalf.

**Duties and restrictions are to be specific and measurable:** Avoid statements like;

- "Light lifting/avoid heavy lifting". These are not measurable and are different from one person to the next.
- Broad duty statements –e.g. "light duties", "duties as tolerated". They add no clear direction.

**Make changes as required:** Suitable Duty Programs may require frequent updates, therefore ensure version control is accurate, and all relevant stakeholders receive updated copies



# Consulting with the Injured Worker to Develop their Suitable Duties Plan

Use information sources outlined earlier (e.g. JTA, training records, CV, etc.) to develop their suitable duties plan (SDP).

- A person-centred approach to RTW means the injured worker needs to have an active role in their RTW planning.
- Allow the worker to come up with their own solutions to problems.
- Provide regular opportunities to allow the injured worker to provide feedback on their progress.



# Barriers

Barriers can include social, personal and environmental factors that negatively impact a worker's ability to return to work successfully following an injury.

The most common barriers within rehabilitation and return to work include:

- Worker or employer's belief that the worker can only return to work once they have **fully** recovered from their injury
- Employer perceptions that the worker is exaggerating the impact of their injury
- The workers fear that they might re-injure themselves if they return to work
- The ongoing presence of, or inability to divert the worker away from workplace stressors
- Worker's perception that they lack the skills and abilities to do any form of work due to their injury





# Responding to Barriers

There are several ways an RTWC can work to limit the effect barriers have on the injured worker's RTW.

- Clearly outlined policies and procedures.
- Induction into rights/responsibilities.
- Motivational interviewing techniques to assist the injured worker wanting to return to work.
- Clearly defined return to work plan.
- Regular reviews.
- Ongoing communication with all stakeholders.
- More information on supporting workers to overcome barriers will be provided later in the course.





## Confidentiality

- It is essential that all information is handled confidentially and is only used for the effective rehabilitation of the injured worker **and not for employment-related reasons.**
- Stored securely and confidentially (E.g. Secure cloud-based folder, not in HR/personnel file)
- Released only with the consent of the injured worker





## End of Section 8 | Summary:

- Use the Work Capacity Certificate to design the suitable duties program
  - Ensure the new certificate is received prior to the SDP ending
    - Need 'clearance' before returning after injury





## Section 9 | Risk Management





# Risk Management

1. Identify hazards
2. Assess the risk
3. Control the hazard
4. Monitor/Review







## Risk Management

- Be cautious of increased work pressures on the injured worker colleagues.
- Identification of the root cause of the workplace injury is a necessary step in the identification of workplace hazards, which if not adequately controlled, can lead to re-injury to the worker or injure other workers.
- Consultation with workers on hazards, risks and controls is essential.





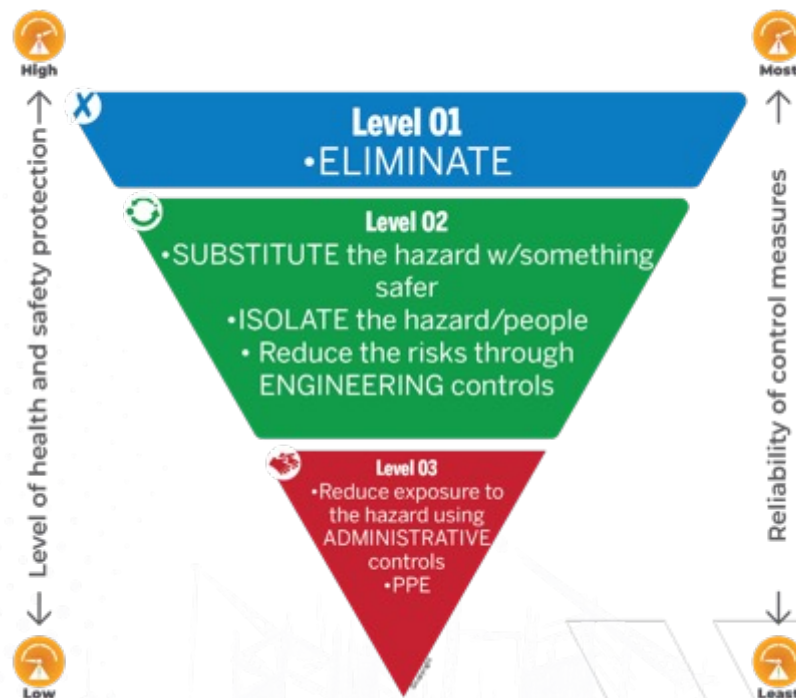
# Risk Management

## Hierarchy of Control

1. Eliminate
2. Substitute
3. Isolate
4. Engineer
5. Administrative
6. Personal Protective Equipment (PPE)

**Administration and PPE are backup controls.**

*Consult with subject matter experts to determine suitable controls*



# Monitor and Review

Once a control has been implemented, ensure it is monitored and reviewed.

## Monitoring:

- Has it had the desired initial effect? Has it introduced new hazards?
- Are people trained and competent with the new control?

## Review:

- Is the control working?
- Review at set periods, after an incident or if a HSR requests a review.

## Need more support?

- Consider self-referring to the Injury Prevention and Management Program (IPAM) to receive free, independent, and tailored advice on managing safety at your workplace.

## Resources:

[How to manage WHS risks Code of Practice](#)

[Managing the risk of psychosocial hazards at work Code of Practice 2022](#)

[Injury Prevention and Management Program \(IPAM\)](#)





## End of Section 9 | Summary:

- When creating suitable duties, consider risks to injured workers and others
  - Conduct risk assessments and consult with internal safety experts
- Seek assistance from the Injury Prevention and Management Program (IPAM)





The background of the slide is a blue-tinted photograph of a construction site. In the foreground, a man with a beard, wearing a dark suit, white shirt, and dark tie, is leaning forward and looking down at a set of plans or a tablet. The background shows the skeletal structure of a building under construction, with scaffolding and cranes visible. The overall aesthetic is professional and industrial.

## Section 10 | Case Notes



# Documenting Consultation & Communication

## Case Notes:

- A RRTWC should make notes after all interactions with stakeholders in the RTW process.
- Case notes should be kept succinct, use factual information, avoid emotion and, where relevant, be signed by relevant parties to acknowledge the agreement.
- Case notes can be used in appeals, so these must be accurate descriptors of discussions.



# Case Notes

The basic information to be included:

- Who:** List parties involved or actions
- When:** Date, time
- Where:** Where did the communication or action take place
- What:** What was communicated, or actions/decisions, and steps to be taken
- How:** How was information communicated, or action taken
- Why:** Why was information communicated, or action taken



# Case Notes Summary Example

The following is another option to capture case notes.

Date/ Time	Communication Type	Category (e.g. <i>Employer/Claimant/ Practitioner</i> )	Contact Name	Details
Dd/mm/yyyy 10.23am	Discussion – Phone Call (PC)	Practitioner- Physio (P)	James	PC received from P requesting copy of latest WCC and SDP Emailed copies of both to P at approx. 10.30am
Dd/mm/yyyy 13:10	Discussion – In person	Claimant (C)	Mel	Met C at workplace to discuss changes to SDP to suit current WCC. Hours increasing from 6 to 8 per day.





## End of Section 10 | Summary:

- Document all meetings/conversations via case notes.
  - Date/Time evidence
  - Confidential





## Section 11 | Implementing and monitoring SDP



# Starting the Suitable Duties Program

## Before the first day

- Confirm that the worker and supervisor understand the suitable duties program, including restrictions.
- Has the supervisor ensured the workplace is safe? *E.g. inspection/risk assessment*
- Are other workers/colleagues aware of the restrictions?
- Is there a buddy or support person nearby?



# Workers' first day back at work

The following broad guidance applies to all injured workers who are starting their first day of suitable duties. If a worker has been off work for some time, it is essential that their first day is well planned.

- Start slow on the first day, gradually increasing throughout the program
- Consider parking arrangements (is there parking close to the site entry)
- Meet the injured worker with their supervisor (and support/buddy person if relevant)
- Ensure the worker understands their duties and restrictions and knows how to report any concerns
- Meet with the injured worker at the end of their shift if possible.
- Plan future formal and informal reviews.



# Monitor & Review

- It is essential to undertake regular reviews with the injured worker.
- See what is working well and identify areas for improvement.
- Supervisors regularly monitor workers during the day – to ensure they are aware of their importance.
- Consider also the BPS model when communicating with workers.
- The RRTWC may also need to communicate progress updates with other stakeholders including the insurer, workplace rehabilitation providers and medical practitioners.



# Remedial Action

Sometimes, monitoring will identify possible improvement or rectification areas due to breaches or non-compliance.

## Remedial action may include such things as:

- Reviewing and amending policies and procedures
- Liaising with necessary parties, including the insurer
- Making additional modifications to the working environments
- Making changes to alternative duties
- Seeking advice and/or input from health professionals or the insurer
- Updating SDP
- Facilitating additional support
- More breaks throughout the day
- Additional training
- Workplace facilitated discussions – contact the insurer for more information.



# Regular Feedback & Communication

**Regular feedback and communication ensures that:**

- The injured/ill employee continues to feel supported.
- The return to work program continues to meet the requirements.
- The return to work program is carried out as agreed.
- All parties are kept informed at all times.
- Concerns and problems can be quickly identified and dealt with.
- Additional measures can be planned and implemented as needed.





# Ongoing Suitable Employment – Additional Services

To assist with the return to work in another capacity, the insurer may recommend or advise on a range of other services to support the worker.

- Functional capacity evaluation (FCE)
- Transferable skills analysis
- Vocational assessment
- Job Preparation
- Job placement



# Evaluating Programs – Overall Evaluation

Linking key stakeholders (supervisor, worker, rehab provider, insurer, etc) in an evaluation will assist with continual improvement.

**The following example questions should be asked or considered:**

- Were the collaboration and consultation processes effective?
- Was the employee agreeable to the program?
- Were dates and timeframes accurate?
- Was the program started at the right time?
- Were the modifications appropriate?
- Were alternative duties entirely suitable?
- Did any issues arise? If so, how were the issues addressed?
- Were reporting/ communicating mechanisms effective?
- What improvements could be made?
- Feedback from the insurer






## End of Section 11 | Summary:

- Monitor and review
  - Consider the end of the first day, the first week and then two days before the end of the plan
  - Act quickly on issues
    - Gain assistance from the insurer if needed
- Review and evaluate the whole program for improvements





## Section 12 | Summary



## Summary

### Learning outcomes covered:

- I. Initiate early communication.
- II. Provide overall coordination.
- III. Develop a suitable duties program.
- IV. Understand and liaise with key stakeholders.





# The Benefits of Good Work – A summary

The Royal Australasian College of Physicians (RACP) **Consensus Statement on the Health Benefits of Good Work** outlines several benefits of 'good work' relating to rehabilitation.

- Workers' overall health and well-being improvement
- Strengthens workplace culture -Workers feel valued and supported
- Increased job satisfaction
- Faster return to work
- Financial benefits for the worker
- Reduced costs for business (No need to replace staff)
- Lower workers' compensation premiums

## ***How does this relate to returning to work / developing an SDP?***

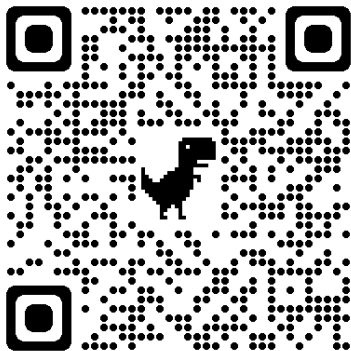
- ✓ Shows the importance of an early and safe return to work for all stakeholders.
- ✓ Results in shorter recovery times
- ✓ As an organisation, policies and systems must work towards promoting an early return to work, which is best for workers and businesses.



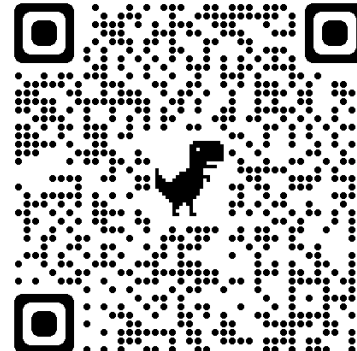
# Staying Up To Date

Stay updated with industry changes, best practice research, and practical tips by subscribing to key industry bulletins and attending key events, such as the Work Well Conference and Mentally Healthy Workplaces Workshops.

Rehabilitation and Return to Work e-bulletin



WCRS Facebook Page



# Assessment Guidance

## Case Overview:

- You will be tasked with several scenarios to manage Neville Iman's return to work after a cut to the hand.
- Neville is a grocery store worker from a non-English-speaking background (NESB).
- There are several resources to assist you in the practical elements, including a detailed case outline, Work Capacity Certificate, Job Task Analysis and capability checklist.





Thank you





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