



Australian Government
Safety, Rehabilitation and
Compensation Commission
Comcare

Injury Management System Supplementary Audit Report

Australian Postal Corporation

2-4 December 2009

Commercial-in-Confidence

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SCOPE OF AUDIT

Organisation	Australian Postal Corporation (Australia Post)
Site/Workplace	Level 4, 111 Bourke Street, Melbourne
Scope of Audit	The audit examined Australia Post's claims management and rehabilitation systems, processes and outcomes. The scope took account of the matters raised in the Terms of Reference of the <i>Senate Inquiry into Australia Post's treatment of injured and ill workers</i> announced on 29 October 2009.
Background	<p>Australia Post is a licensed self-insurer under the Comcare scheme for workers' compensation, rehabilitation and occupational health and safety. As such, Comcare is an interested party with regulatory oversight of a number of areas that are subject to the inquiry.</p> <p>Australia Post's current licence expires 30 June 2010, and its application for extension will be considered at the March 2010 meeting of the Safety, Rehabilitation and Compensation Commission (SRCC). In relation to this, Comcare undertook audits as part of the Licensee Improvement Program of Australia Post's injury prevention and management systems, using the SRCC's endorsed audit tools, in October 2009.</p> <p>On 29 October 2009, the Senate agreed to an inquiry into Australia Post's treatment of injured and ill workers. The Terms of Reference for the Senate Inquiry are particularly focused on Australia Post's use of Facility Nominated Doctors (FNDs) in dealing with injury management.</p> <p>Comcare is conducting a supplementary audit to complement the audit undertaken in October 2009. The supplementary audit also takes account of the relevant Terms of Reference of the Senate Inquiry (where these matters fell within the SRCC's regulatory responsibility).</p>
Overview of Australia Post's Injury Management System	<p>The Terms of Reference are designed to examine the injury management system at Australia Post, both before a claim for compensation is made under the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act), and afterwards – and in particular the interaction between 'non-statutory' processes and those made under provisions of the SRC Act. The use of FNDs can occur in both circumstances.</p> <p>Pre-liability injury management is detailed in Australia Post's <i>Injury Management (Early Intervention) Program</i> (IMEIP). Under this program, an employee with a work-related injury may be referred to an FND for medical treatment, or for a 'Fitness for Duty' (FFD)</p>

assessment. In isolation, this program is outside Comcare's area of regulatory responsibility. However, where employees accessing the IMEIP transition to workers' compensation, Comcare has jurisdiction.

Once a claim has been lodged under the SRC Act, a delegate may refer an employee to a medical examination under section 57 of the Act. The audit indicated that this referral is rarely made to a FND but rather the employee is more commonly referred to another medical practitioner or specialist..

If a claim is accepted, Australia Post is required under the SRC Act to provide suitable employment and rehabilitation assistance where necessary. This is detailed in Australia Post's *Rehabilitation and Return To Work Policy & Implementation Guidelines*. A rehabilitation delegate may, under section 36 of the SRC Act, refer an employee for an assessment of their capacity to undertake a rehabilitation program. This may be a medical practitioner (either a FND or another) or with a suitably qualified person such as an approved rehabilitation provider.

Methodology

An Audit Plan, mapped against the Terms of Reference, incorporating a document review and file audit criteria, was developed. The Audit Plan is at **Attachment A**.

Terms of Reference (b) and (c) were considered to be outside the scope of the supplementary audit.

90 cases (from approximately 3000 records with a date of injury in the past three years, across all states and territories) were selected at random for audit. In the time allowed, seventy-eight of those cases, comprising 78 claims management files and 78 rehabilitation files, were audited, including twelve cases (out of fourteen) nominated by the CEPU. (Two cases submitted by the CEPU were considered to be outside the scope of the Senate Inquiry Terms of Reference.) This supplementary audit is in addition to the regular scheduled audits of Australia Post that were held in October 2009 and which looked at a separate cohort of 100 claims and 30 rehabilitation files.

Of the 90 selected cases for this supplementary audit, 78 were audited against the audit criteria over the three days, including all twelve CEPU nominated files.

The audit also encompassed a review of all relevant policies and procedures as they relate to the Terms of Reference and any other relevant supporting documentation.

Where relevant, the findings of the recent audits conducted as part of the SRCC's Licensee Improvement Program have been referred to.

Overall findings are based on the identification of issues that are considered to be systemic rather than isolated incidents.

The summary of the file findings is at **Attachment B**.

Audit Criteria

This audit assessed the claims management system against five Terms of Reference:

- (a) Allegations that injured staff have been forced back to work on inappropriate duties before they have recovered from workplace injuries**
- (b) –(unable to be audited by Comcare)**
- (c) –(unable to be audited by Comcare)**
- (d) Allegations of compensation delegates using fitness for duty assessments from Facility Nominated Doctors to justify refusal of compensation claims and whether the practice is in breach of the Privacy Act 1988 and Comcare policies**
- (e) Allegations that Australia Post has no legal authority to demand medical assessments for injured workers when they are clearly workers' compensation matters**
- (f) The frequency of referrals to InjuryNet Doctors and the policies and circumstances behind the practices**
- (g) The comparison of outcomes arising from circumstances when an injured worker attends a Facility Nominated Doctor, their own doctor and when an employee attends both, the practices in place to manage conflicting medical recommendations in the workplace;**

Terms of Reference Outside of Scope

The following two Terms of Reference were not audited by Comcare as the issues fall outside the scope of the audit:

- (b) The desirability of salary bonus policies that reward managers based on Lost Time Injury management and the actions of managers to achieve bonus targets.**

Comcare does not review remuneration arrangements at Australia Post and therefore cannot verify or comment on this criterion.

- (c) The commercial arrangements that exist between Australia Post and InjuryNet and the quality of the service provided by the organisation.**

Commercial arrangements such as these are outside the regulatory responsibilities of Comcare.

<i>Ratings</i>	<p>The findings in the audit report have been classified and marked as follows:</p> <p>Systemic issue identified: indicates that there is a <i>systemic</i> issue of concern.</p> <p>No systemic issue identified: indicates that there is not a <i>systemic</i> issue of concern.</p> <p>Where there was no systemic issue of concern, but the auditor has identified a ‘once off’ situation or a ‘minor’ deviation from the documented management system or reference criterion, an Observation has been made.</p>
<i>Date(s) of audit</i>	2-4 December 2009
<i>Auditors</i>	Paul McInerney, Evan Hancock, Paul Sabo Self Insurance Section, Comcare
<i>Client contacts:</i>	Michael Halloran
<i>Record of audit:</i>	This report contains a summary of the audit outcomes. Detailed information is not recorded in the report. A record of the documentation and records sighted, persons interviewed, observations and auditor comments are retained on Comcare’s file.
<i>Acknowledgement:</i>	Comcare wishes to acknowledge the cooperation and assistance provided by the management and staff of Australia Post and thank them for their contribution to the audit process.
<i>Conflict of Interest</i>	The auditors declare that there is no conflict of interest between them and the organisation being audited, or those people representing the auditee.

EXECUTIVE SUMMARY

In October 2009, Comcare undertook audits of Australia Post's rehabilitation and claims management systems as part of the Safety, Rehabilitation and Compensation Commission's (SRCC) Licensee Improvement Program (LIP). Those audits found that Australia Post has a mature and high-performing injury management system in place. There was integration of the rehabilitation and claims management functions and Australia Post was considered to be committed to providing effective and fair claims management services to its employees. Australia Post has been a licensed self-insurer for two decades and this was reflected in the maturity of its systems and overall quality of claims management.

In relation to rehabilitation, Australia Post uses accredited in-house rehabilitation providers as well as external Comcare-approved rehabilitation providers. In larger facilities there are also some qualified personnel on-site to enable prompt intervention and tailored programs to be developed. Australia Post has tracked well against the SRCC rehabilitation indicators. Part of the success is linked to the *Injury Management (Early Intervention) Program* (IMEIP), where rehabilitation intervention occurs prior to liability in many circumstances. Facility Nominated Doctors (FNDs) assess capacity against knowledge of Australia Post workplaces and the type of work performed. Where FNDs were involved in rehabilitation matters under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act), it was because the FND had become the employee's treating doctor; or because a referral has been made under section 36 (Rehabilitation Assessment); or because a 'Fitness for Duty' (FFD) Assessment had been requested prior to the claim being determined.

However, the use of FNDs outside of the auspices of the SRC Act is outside the scope of the licence extension audits. For that reason, this supplementary audit, undertaken in December 2009, was limited to those matters raised in the Terms of Reference of the Senate Inquiry.

This audit did not identify any systemic issues with Australia Post's injury management system.

Where the FND had become the treating doctor, and this occurred often, the evidence analysed at audit showed appropriate certification, medical restrictions and capacity being identified, and their opinion being considered in developing an appropriate rehabilitation program. Most employees made a full and successful return to work. The continued use of FNDs by employees after the initial referral strongly implies that employees are satisfied with the program. There was some confusion where the FND involved in SRC Act rehabilitation used the documentation or language of the FFD assessment, but no evidence of FFD assessments being used as a matter of course in making liability decisions.

The audit did identify some individual cases where the system did not operate as designed, and these have been noted in the file summary (Attachment B). These matters are of legitimate concern to the individuals involved, but are considered to be isolated cases, and not indicative of any systemic problem. Further, most of these matters were resolved in the employee's favour at the reconsideration stage (and one at the Administrative Appeals Tribunal [AAT] stage) indicating that the built-in review mechanisms under the SRC Act were working appropriately.

The CEPU had initially put forward 14 matters to be included in this audit. Two of these were considered to be outside the scope of the audit - one, because the date of injury was more than three years ago, and the other because the matter was proceeding to the AAT and did not involve a FND.

Of the 12 remaining CEPU nominated files that were audited, there were six examples where the system did not work appropriately at the initial claim determination stage. Four of these involved claims being disallowed based on the opinion of a local manager and where the weight of evidence indicated liability did exist. All of these adverse decisions were overturned at the reconsideration stage and the employees made a successful return to work.

The CEPU had included these matters as evidence towards Terms of Reference (b) – which was not specifically audited by Comcare. Comcare can not verify the motivation, if any, for the managers’ submissions. Of the remaining two matters, one concerned a FND opinion being preferred over a treating specialist, and the other involved liability being denied based on an FND certificate that did not indicate an employment relationship.

In the other six matters raised, one was rejected on a medico-legal specialist opinion obtained under section 57 of the SRC Act, rather than an FND opinion; four did not identify any issue (in fact, the FNDs supported the employee) and one did not actually lodge a claim.

Errors were found on one of the non-CEPU files reviewed, where the employee’s manager did not understand Australia Post’s IMEIP.

There was no evidence of inappropriate or excessive referrals to either FNDs or other medical specialists under the IMEIP, section 57 or section 36.

In summary, the audit concluded that Australia Post’s injury management system works effectively to return injured employees back to work safely and quickly. Although there were a few instances where correct procedures were not followed, most were rectified by the internal review processes. Where there were errors they were not systemic but exceptions to an otherwise well functioning system.

IDENTIFIED SYSTEMIC ISSUES:

No systemic issues were identified during the audit.

OBSERVATIONS

Three observations were identified during the audit. They are:

Criterion	Observation
A	The opinion of a FND (who was a GP) was used to override the opinion of the employee’s treating specialist, and requested the employee to return to work a week earlier than the specialist had recommended.
D	Some confusion arises when a FND uses the language of ‘Fitness for Duty Assessment’ in other circumstances, such as a section 36 rehabilitation assessment.

	Where an FND becomes the treating doctor, and has issued an initial FFD certificate, further information on the employment relationship should be sought prior to a liability decision being made.
G	One case reviewed (referred by the CEPU) did indicate that the opinion of a FND (who was a GP) was used to override the opinion of the employee's treating specialist (see criterion A – this is the same file).

The auditors invite Australia Post to discuss any aspect of this audit report with Comcare.

Signed:

Signed:

Auditor name: Paul McInerney

Date: 15 January 2010

Auditor name: Evan Hancock

Date:

Signed:

Auditor name: Paul Sabo

Date:

TABLE OF CRITERIA

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Audit Element/Criterion Description	Criterion	Rating
TERMS OF REFERENCE A		
Allegations that injured staff have been forced back to work on inappropriate duties before they have recovered from workplace injuries	(a)	No systemic issues
TERMS OF REFERENCE D		
Allegations of compensation delegates using fitness for duty assessments from Facility Nominated Doctors to justify refusal of compensation claims and whether the practice is in breach of the <i>Privacy Act 1988</i> and Comcare policies	(d)	No systemic issues
TERMS OF REFERENCE E		
Allegations that Australia Post has no legal authority to demand medical assessments for injured workers when they are clearly workers' compensation matters	(e)	No systemic issues
TERMS OF REFERENCE F		
The frequency of referrals to InjuryNet Doctors and the policies and circumstances behind the practices.	(f)	No systemic issues
TERMS OF REFERENCE G		
The comparison of outcomes arising from circumstances when an injured worker attends a Facility Nominated Doctor, their own doctor and when an employee attends both, the practices in place to manage conflicting medical recommendations in the workplace	(g)	No systemic issues

TERMS OF REFERENCE A

Allegations that injured staff have been forced back to work on inappropriate duties before they have recovered from workplace injuries.

Finding: No Systemic Issues

Evidence:

- Injury Management (Early Intervention Program) v8, June 2006
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- The Workers Compensation & Rehabilitation Process Explained v3 October 2008 (43 pages)
- Induction ‘Welcome to Post’ (booklet)
- Claims Pack
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased)
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001
- Rehabilitation Management Systems Audit Report, Australian Postal Corporation 12-16 & 26-30 October 2009 (Comcare, 1/12/09)
- File audit

Comment:

All injured workers are offered, and expected to undertake, suitable duties within medical restrictions. The use of FNDs in this context, who have knowledge of the types of workplaces and the types of duties/tasks available, in the majority of cases examined, has contributed to the successful early and safe RTW of injured workers.

Line managers have been trained in their role in the RTW process, which also contributes to the successful RTW outcomes.

One case reviewed supported this allegation (see observation). However, there was no evidence of any systemic issue of injured employees being forced back to work without medical clearance, or to inappropriate duties. In the majority of cases the FND became the employee’s treating doctor, and was consulted in the development of the rehabilitation program.

There was no evidence of employee’s suffering from “aggravations” of their injuries in the files selected. There was positive evidence of employees having their rehabilitation programs re-evaluated when they indicated that they were having difficulty with some tasks.

Observations:

In one case reviewed (referred by the CEPU), the opinion of a FND (who was a GP) was used to override the opinion of the employee's treating specialist, and requested the employee to return to work a week earlier than the specialist had recommended.

TERMS OF REFERENCE D

Allegations of compensation delegates using fitness for duty assessments from Facility Nominated Doctors to justify refusal of compensation claims and whether the practice is in breach of the *Privacy Act 1988* and Comcare policies

Finding: No systemic issues

Evidence:

- Injury Management (Early Intervention Program) v8, June 2006
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- The Workers Compensation & Rehabilitation Process Explained v3 October 2008 (43 pages)
- Induction 'Welcome to Post' (booklet)
- Claims Pack
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased)
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001
- Rehabilitation Management Systems Audit Report, Australian Postal Corporation 12-16 & 26-30 October 2009 (Comcare, 1/12/09)
- Claims Management Systems Audit Report, Australian Postal Corporation 12-16 & 26-30 October 2009 (Comcare, 1/12/09)
- Current Claims Management Advice:
 - CMA63 Confidentiality of Claims Related Medical Information 24/1/97
 - 2008/10 Privacy Act Requirements 16/5/08
- File audit

Comment:

There was no evidence of this occurring. Australia Post's stated policy is that this should not occur, as a FFD report only assesses an employee's capacity to return to work and does not comment on causation (which is relevant to decide liability issues).

Australia Post policies and information given to employees does state that a FFD report may be used for compensation and rehabilitation purposes. Further, in almost all cases reviewed, a signed 'Medical Release Authority' was on file.

However, there is scope for some confusion in the use of language in some files reviewed; and in processes used under the SRC Act.

Of the cases nominated by the CEPU for this Term of Reference, none of them had had liability denied because of a FFD assessment from a FND. However, several had been referred to a medico-legal specialist (non-FND) under section 57 of the

SRC Act, and the liability decision had been made on the basis of this report.

In one other case, the employee had been referred to a FND under section 36 of the SRC Act for a rehabilitation assessment. The doctor had submitted the report on paperwork headed 'Fitness for Duty Report' – when, in fact, it was not. In any event, this report was not used to determine liability.

There was one instance where an employee saw an FND following an incident. Later, when they lodged a claim, it was denied because the FND certificate did not indicate the relationship to employment. The certificate was issued in accordance with Australia Post's IMEIP. As the FND became the treating doctor, the delegate should have requested further information rather than reject the claim.

Observations:

Some confusion arises when a FND uses the language of 'Fitness for Duty Assessment' in other circumstances, such as a section 36 rehabilitation assessment.

Where an FND becomes the treating doctor, and has issued an initial FFD certificate, further information on the employment relationship should be sought prior to a liability decision being made.

TERMS OF REFERENCE E

Allegations that Australia Post has no legal authority to demand medical assessments for injured workers when they are clearly workers' compensation matters

Finding: No Systemic Issues

Evidence:

- Injury Management (Early Intervention Program) v8, June 2006
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- The Workers Compensation & Rehabilitation Process Explained v3 October 2008 (43 pages)
- Claims Manager's Toolkit:- 2007/05 Best Practice Section 57 Process v1 04/05/07
- File audit

Comment:

No issues were identified.

All statutory requests under either section 36 or section 57 of the SRC Act were made by personnel holding appropriate delegation. There was no evidence of these types of assessments being requested more frequently than allowed for under the Act.

There was no evidence of any FFD assessments having been requested once a claim had been made.

TERMS OF REFERENCE F

The frequency of referrals to InjuryNet Doctors and the policies and circumstances behind the practices.

Finding: No Systemic Issues

Evidence:

- Injury Management (Early Intervention Program) v8, June 2006
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- The Workers Compensation & Rehabilitation Process Explained v3 October 2008 (43 pages)
- Claims Manager's Toolkit:- 2007/05 Best Practice Section 57 Process v1 04/05/07
- Claims Management Systems Audit Report, Australian Postal Corporation 12-16 & 26-30 October 2009 (Comcare, 1/12/09)
- File audit

Comment:

No issues were identified.

All statutory requests under either section 36 or section 57 of the SRC Act were made by personnel holding appropriate delegation. There was no evidence of these types of assessments being requested more frequently than allowed for under the Act (Section 57 is limited to once per month with the same practitioner; there are no limits on the number or frequency of section 36 referrals). The use of s36 assessments appeared to be appropriate in all the circumstances reviewed.

The previous audit also did not identify any examples where powers were incorrectly used. It did note that medico-legal examinations were used extensively as part of regular claims management processes - and in some cases, regularly on the same claim - but still within the parameters declared by the Minister.

It is possible that the CEPU are referring to the requirement to provide a medical certificate from their treating doctor to cover any period that they are claiming compensation. During a rehabilitation program where hours and duties are being progressively increased, this may require certificates at weekly or fortnightly intervals. In the majority of cases, the employees are using the FND as their own treating doctor.

There was no evidence of any FFD assessments having been requested once a claim had been made.

TERMS OF REFERENCE G

The comparison of outcomes arising from circumstances when an injured worker attends a Facility Nominated Doctor, their own doctor and when an employee attends both, the practices in place to manage conflicting medical recommendations in the workplace

Finding: No Systemic Issues

Evidence:

- Injury Management (Early Intervention Program) v8, June 2006
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- The Workers Compensation & Rehabilitation Process Explained v3 October 2008 (43 pages)
- Claims Manager's Toolkit:- 2007/05 Best Practice Section 57 Process v1 04/05/07
- Claims Management Systems Audit Report, Australian Postal Corporation 12-16 & 26-30 October 2009 (Comcare, 1/12/09)
- File audit

Comment:

No systemic issues were identified. Comcare is not in a position to compare outcomes between employees using a FND or their own doctor. In the majority of files reviewed, the FND was the employee's treating doctor, and almost all of these employees made a successful and full return to work.

In the few cases where there was conflicting medical opinions, most were between the treating doctor and the independent medical specialist utilised under section 57 of the SRC Act, rather than between a treating doctor and an FND.

One case reviewed (referred by the CEPU) did indicate that the opinion of a FND (who was a GP) was used to override the opinion of the employee's treating specialist (see criterion A).

One file indicated that a manager incorrectly understood Australia Post's IMEIP – they advised an employee that he could not see his own GP once he had seen a FND. However, this did not affect the outcome of the claim. One matter raised by CEPU also involved dissatisfaction by employee with FND opinion. However, no claim for compensation was lodged and the employee was returned to work under the IMEIP.

Observations:

One case reviewed (referred by the CEPU) did indicate that the opinion of a FND (who was a GP) was used to override the opinion of the employee's treating

specialist (see criterion A).

ATTACHMENT A – AUDIT PLAN

Term of Reference	Document Review	File Audit
<p>(a) Allegations that injured staff have been forced back to work on inappropriate duties before they have recovered from workplace injuries.</p>	<p><u>Rehab:</u></p> <p><i>1.2.1: The licensee’s rehabilitation management system recognised legislative obligations</i></p> <p><i>1.2.3: The licensee’s rehabilitation management system promotes communication of relevant information to employees</i></p> <p><i>3.5.1: The licensee takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.</i></p> <p>Review APC Policies on:</p> <ul style="list-style-type: none"> (a) Early Intervention (b) Rehabilitation & RTW (c) Provision of Suitable Duties (d) Injured workers unable to work on full-time hours 	<ul style="list-style-type: none"> • Has a worker been ‘punished’ for preferring treating doctor opinion to FND by: <ul style="list-style-type: none"> (a) Suspension under s37(7)? (b) Denial of incapacity • Do the suitable duties offered have regard to the employee’s: <ul style="list-style-type: none"> (a) Age, experience, training, language and other skills? (b) Medical restrictions? • Has a worker been directed to commence a RTWP under s37(1) where the treating doctor opinion differs from the FND? • Have any RTWPs resulted in a further claim for an “aggravation”? • Have RTWPs been developed, having regard to the factors listed in s37(3) – in particular, s37(3)(f) “the employee’s attitude to the program”? • Have there been any complaints about using FNDs by workers, and if so, how were they managed? • Are there file notes demonstrating how information was communicated to the employee?

<p>(b) The desirability of salary bonus policies that reward managers based on Lost Time Injury management and the actions of managers to achieve bonus targets.</p>	<p><u>Rehab:</u></p> <p><i>2.1.2: The licensee’s rehabilitation management system plans include objectives, targets and performance measures</i></p> <p><i>2.1.3: The licensee’s rehabilitation management system plans provide for effective rehabilitation</i></p> <p><i>3.10.1: The licensee maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management programs and legislative compliance.</i></p> <p><u>Claims:</u></p> <p><i>2.1.2: The licensee’s claims management system plans include objectives, targets and performance measures</i></p> <p><i>2.1.3: The licensee’s claims management system plans provide for equitable, efficient and effective claims management.</i></p> <p>Comcare does not review remuneration arrangements at Australia Post and therefore cannot</p>	<p><i>*Cannot be assessed via file audit</i></p>
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	verify or comment on this criterion.	
(c) The commercial arrangements that exist between Australia Post and InjuryNet and the quality of the service provided by the organisation	<p>*Commercial arrangements such as these are outside the regulatory responsibilities of Comcare.</p> <p>Question between APC and Senate</p>	
(d) Allegations of compensation delegates using fitness for duty assessments from Facility Nominated Doctors to justify refusal of compensation claims and whether the practice is in breach of the <i>Privacy Act 1988</i> and Comcare policies	<p><u>Rehab:</u></p> <p><i>1.2.3: The licensee’s rehabilitation management system promotes communication of relevant information to employees</i></p> <p><i>1.2.4: The licensee’s rehabilitation management system provides for internal and external accountability</i></p> <p><i>1.2.5: The licensee’s rehabilitation management system includes appropriate control structures to manage risk.</i></p> <p><i>2.1.1: The licensee’s rehabilitation management system plans provide for legislative compliance</i></p> <p><i>3.2.2: The licensee ensures that employees are aware of their</i></p>	<ul style="list-style-type: none"> • Before attending an examination with an FND, what information is provided to the employee regarding the purpose of the examination and the purpose of the information collected during the examination? – relates to IPP2. • Has a FFD report been used to: <ul style="list-style-type: none"> (a) Deny liability? (b) Deny entitlements incapacity? • If yes to question above, was the employee aware that the information contained within the FFD would be used for this purpose? • If yes to question above, then was a Treating Doctors opinion discounted and, if yes, were reasons for this provided to the injured worker in the determination denying liability / entitlements? <p><i>**Legal advice to be sought on Aust Post using Fitness for duty reports obtained under their employer rights and used without</i></p>

	<p><i>legislative rights and obligations in relation to rehabilitation</i></p> <p>3.3.1: <i>The licensee assesses the capability of its employees undertaking a rehabilitation program in accordance with the SRC Act</i></p> <p>3.9.1: <i>The licensee maintains the confidentiality of information and applies legislative requirements.</i></p> <p><u>Claims:</u></p> <p>1.2.3: <i>The licensee’s claims management system promotes communication of relevant information to employees</i></p> <p>2.1.1: <i>The licensee’s claims management system plans provide for legislative compliance</i></p> <p>3.2.2: <i>The licensee ensures that employees are aware of their legislative rights and obligations in relation to workers’ compensation</i></p> <p>3.3.1: <i>The licensee complies with the provisions of the SRC Act when making decisions on claims</i></p>	<p><i>consent for evidence in a workers comp claim</i></p>
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	<p><i>3.3.2: The licensee complies with the provisions of the SRC Act when using its powers under the Act</i></p> <p><i>3.9.1: The licensee maintains the confidentiality of information and applies legislative requirements.</i></p> <p>Review APC Policies on:</p> <ul style="list-style-type: none"> (e) Early Intervention (f) Claims Pack (g) Privacy & Confidentiality (h) Use of FFD reports in claims management <ul style="list-style-type: none"> • <i>Check how the transition from the IMP to SRC Act occurs in practice.</i> • <i>Check - Is there a policy whereby compensation information is released to FND for Fitness for Duty purposes?</i> 	
<p>(e) Allegations that Australia Post has no legal authority to demand medical assessments for injured workers when they are clearly workers' compensation matters</p>	<p><u>Rehab:</u></p> <p><i>3.2.2: The licensee ensures that employees are aware of their legislative rights and obligations in relation to rehabilitation</i></p> <p><i>3.3.1: The licensee assesses the</i></p>	<ul style="list-style-type: none"> • Has an employee been requested to undergo an examination with a FND by virtue of section 57 of the SRC Act? • Has a FFD report been requested after a liability decision has been made? • Has a worker been referred to FND for s36 assessments

	<p><i>capability of its employees undertaking a rehabilitation program in accordance with the SRC Act.</i></p> <p>Review APC Policies on:</p> <ul style="list-style-type: none"> (i) Section 57 Assessments (j) Section 36 Assessments 	<p>excessively?</p>
<p>(f) The frequency of referrals to InjuryNet Doctors and the policies and circumstances behind the practices.</p>	<p><u>Rehab:</u></p> <p><i>3.10.1: The licensee maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management programs and legislative compliance.</i></p> <p><i>*TOR(e) will also address TOR(f) in so far as SRC Act component.</i></p>	<ul style="list-style-type: none"> • Has a worker been referred to specialists under s57 at a rate more frequently than prescribed? • Has a worker been referred to FND for s36 assessments excessively? • Is there evidence of APC using a number of medical examinations seeking a certain outcome on file?
<p>(g) The comparison of outcomes arising from circumstances when an injured worker attends a Facility Nominated Doctor, their own doctor and when an employee attends both, the practices in place to manage conflicting medical recommendations in the workplace; and</p>	<p><i>Look at any policies or procedures that provide guidance to a claims manager when assessing conflicting medical evidence</i></p>	<ul style="list-style-type: none"> • Has a worker been directed to commence a RTWP under s37(1) where the treating doctor opinion differs from the FND? • Is there evidence of FNDs being favoured over a treating doctor when denying benefits? • Is APC following its stated policies and procedures?
<p>(h) Any other matter</p>		

