



# ***Rehabilitation and return to work plan guideline – for insurers***

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## Contents

|  |    |
|--|----|
| 1. Introduction .....  | 3  |
| 2. Rehabilitation and return to work process .....   | 4  |
| 3. Background.....   | 5  |
| 3.1 What is the purpose of a RRTW plan?.....   | 5  |
| 3.2 Who needs a RRTW plan?.....  | 5  |
| 3.3 Who needs to be involved in a RRTW plan? .....   | 6  |
| 3.4 Is this approach supported by evidence?.....   | 8  |
| 4. Developing a RRTW plan.....   | 9  |
| 4.1 When should a RRTW plan be developed? .....  | 9  |
| 4.2 What are the initial steps to develop a RRTW plan? .....   | 11 |
| 4.3 What does a RRTW plan look like?.....  | 12 |
| 4.4 Primary and secondary psychological claims .....   | 15 |
| 4.5 Who needs to receive a copy of the RRTW plan? .....  | 16 |
| 5. Reviewing RRTW plans.....   | 16 |
| 6. Measuring success .....   | 16 |
| 7. Records management .....  | 17 |
| 8. Compliance.....   | 17 |
| 9. References .....  | 19 |
| <b>Appendix A:</b> Better practice guide to level of detail recommended in assessing RRTW needs and documenting a RRTW plan..... | 20 |
| <b>Appendix B:</b> Example RRTW plan template.....   | 22 |
| <b>Appendix C:</b> Example of a RRTW plan for a psychological injury claim .....   | 27 |

# 1. Introduction

The [Workers' Compensation and Rehabilitation Act 2003](#) (the Act) says that insurers must coordinate the development of a rehabilitation and return to work plan (RRTW plan) for all workers who have been injured at work. The Act defines a RRTW plan as a written plan that:

- outlines the rehabilitation objectives for an injured worker and the steps required to achieve these objectives; and
- is developed in consultation with a worker, their employer and registered persons treating the worker.

This guideline will help you, the insurer, to meet your legal obligations, and support better practice rehabilitation and return to work (RRTW) across the scheme. It sets out:

- the purpose of a RRTW plan
- who needs a RRTW plan
- the evidence to support RRTW planning
- who needs to be involved in developing a RRTW plan
- what a RRTW plan looks like, including the five fundamental areas you must consider, elements you may consider in each of these areas, and useful RRTW plan templates.

You can use a range of reasonable options to coordinate the development and maintenance of a RRTW plan for a worker who has sustained an injury, including internally preparing the plan in line with the requirements of this guideline, or referring the development of the plan to a workplace rehabilitation provider.

While it is recommended you adopt the approach for RRTW planning set out in this guideline, you can use a different evidence-based approach or system as long as:

- you follow the guidance on [Who needs a RRTW plan](#)
- your RRTW plans meets the minimum requirements and considers the five fundamental areas outlined in [What does a RRTW plan look like](#)
- your approach or system for RRTW planning is documented in your Accredited rehabilitation and return to work program (ARRTW program).

## Note:

- Where applicable, terms and words used in this guideline have the same meaning as defined under the Act. For more information, see [Understanding rehabilitation and return to work terms, roles and responsibilities](#).
- It is recommended that workplace rehabilitation providers either meet the requirements in the [Principles for practice for workplace rehabilitation providers](#)<sup>1</sup> published by the Heads of Workers' Compensation Authorities (HWCA), or be engaged for services under WorkCover Queensland's *Return to Work Services Table of Costs*, which provides extensive quality assurance requirements for delivering RRTW services.

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<sup>1</sup> HWCA 2019.

## 2. Rehabilitation and return to work process

In Queensland, the [Act](#) and the [Workers' Compensation and Rehabilitation Regulation 2014](#) establish the law in relation to workers' compensation and RRTW. Under the Act, insurers and employers have distinct and separate responsibilities for supporting workers who sustain a work-related injury to return to meaningful work early and safely, or to maximise their independent functioning.

Licensed self-insured employers must maintain actual and structural separation of their roles and responsibilities as an employer and as an insurer, including ensuring that workers' compensation documents are treated confidentially and not provided or used for a purpose relating to a worker's employment ([section 572A](#) of the Act). Non-compliance with section 572A is an offence.<sup>2</sup>

Insurer, employer and worker responsibilities for RRTW planning, and how these interact, are outlined below.<sup>3</sup>



**Figure 1: Responsibilities for RRTW planning**

<sup>2</sup> The maximum penalty for an employer using workers' compensation documents for a purpose relating to a worker's employment is 100 penalty units. One penalty unit equates to \$143.75, under the [Penalties and Sentences Regulation 2015](#) (current as at February 2023).

<sup>3</sup> For more information, see: [Rehabilitation roles and responsibilities | WorkSafe.qld.gov.au](#)

## 3. Background

### 3.1 What is the purpose of a RRTW plan?

A RRTW plan is a claims management tool that helps you develop a tailored approach to the RRTW of injured workers, taking into account a worker's and their workplace's individual needs and circumstances. A RRTW plan is not only a planning tool that sets out the various steps involved in a worker's rehabilitation, but a communication tool that supports successful outcomes. You may wish to consider a RRTW plan as a reference document or roadmap to manage a worker's recovery and return to work.

You must coordinate the development of a RRTW plan in collaboration with an injured worker, their employer and treating health providers to develop a shared understanding of:

- roles, responsibilities and actions
- steps and timeframes
- injury details and the treatment plan
- a worker's goals, capabilities and restrictions
- work duties and workplace supports to be provided to support a worker's recovery.

### 3.2 Who needs a RRTW plan?

Workers' compensation laws say that a RRTW plan is required for all workers who have been injured at work. In practice, the type of RRTW plan required will depend on the nature of the claim.

A documented RRTW plan is important wherever there is a need to:

- understand the individual needs and circumstances of a worker
- agree on the steps required to achieve recovery and return to work
- set out the relevant timeframes
- set out the responsibilities and actions needed by the relevant stakeholders (a worker and their employer, treating doctor and health providers, and you, the insurer).

Workers with 'Medical expenses only' claims, who lost no time from work, will usually continue at work without any intervention or special arrangements.

Similarly, workers who need a few days off work after an injury, but are medically certified fit to return to their full pre-injury duties within a week of their injury, will usually return to work without intervention or special arrangements.

In these cases, a documented file note with individual and specific details and dates (where applicable) can replace a documented RRTW plan (see **Appendix A** for a comprehensive guide to the level of detail recommended in assessing RRTW needs and documenting a RRTW plan).

A documented RRTW plan is needed where a worker:

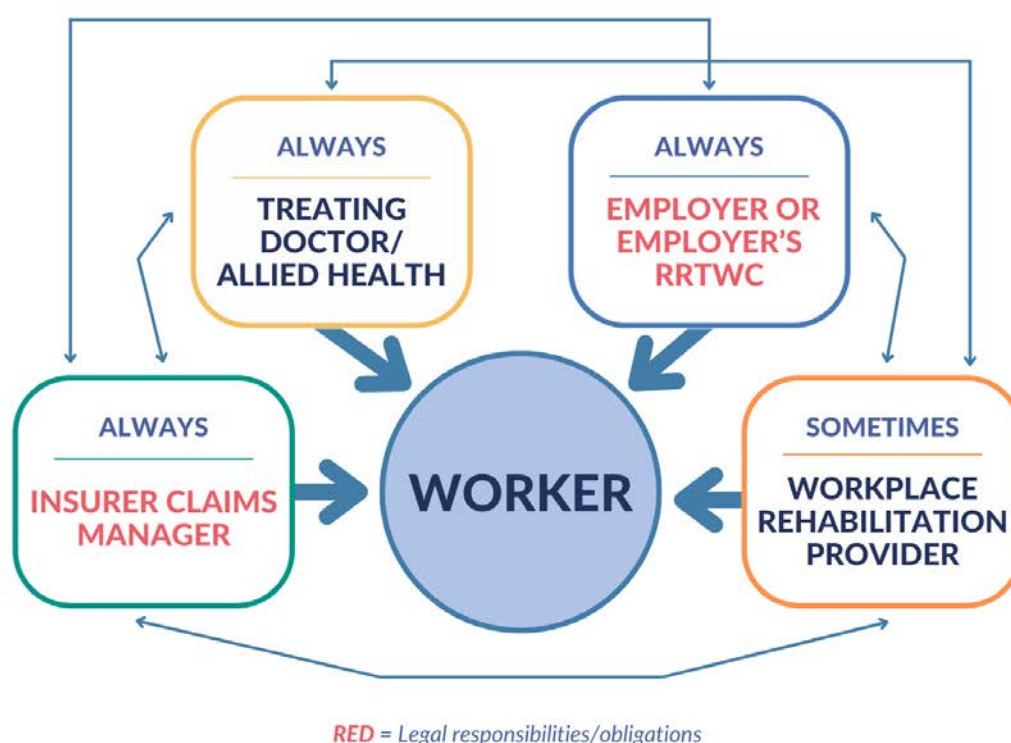
- is medically certified unfit for work or partially fit for work for a week or more following the injury
- is medically certified as partially fit to return to work, but requires modified duties and/or hours for a period
- may be permanently unable to return to their pre-injury role. In these cases the RRTW plan also needs to clarify the rehabilitation goal (for example, return to a different job with the same employer, or to a new employer).

### 3.3 Who needs to be involved in a RRTW plan?

Workers' compensation laws require that you must develop a RRTW plan in consultation with an injured worker and their employer and registered persons treating the worker.

Evidence<sup>4</sup> suggests when all parties work towards a shared goal, return to work is more likely. A RRTW plan is a roadmap for recovery and can help achieve a shared goal. Research also suggests that positive communication between stakeholders improves RTW outcomes.<sup>5</sup>

There are often many lines of communication between these different parties (some of whom have legislated responsibilities), as illustrated in **Figure 2** below. For this reason it is useful for all stakeholders to have a RRTW plan that sets out the agreed steps to achieve RRTW, and who is doing what to support it.



**Figure 2: Communication between stakeholders involved in RRTW of an injured worker**

#### **Worker**

An injured worker must be placed at the centre of RRTW planning, recovery and return to work. The RRTW plan is a way of communicating to all parties that this has occurred.

You place a worker at the centre of RRTW planning by using a person-centered approach. Being person-centred occurs when you work in collaboration with an injured worker, rather than telling or doing things to them.<sup>6</sup>

Better practice is for the RRTW plan to be tailored to the individual needs of a worker with specific detail, strategies, stakeholder actions and goals. It may be helpful to consider a RRTW plan as a roadmap to a worker's recovery and return to work rather than a compliance tool focused on worker obligations.

<sup>4</sup> AFOEM 2022, 15.

<sup>5</sup> AFOEM 2022, 19.

<sup>6</sup> National Disability Practitioners 2016.



Injured workers are empowered and more likely to participate in their rehabilitation when they have control and influence in their recovery and understand the:

- roles and responsibilities of each person assisting in their recovery
- [health benefits of good work](#)
- processes involved with a planned and graded return to work
- goals and objectives linked to return to work.

They are also more likely to participate in their RRTW when they:

- are consulted about their injury, individual circumstances and needs
- have the opportunity to raise concerns and see that these have been addressed
- can see their return to work tasks and risk of re-injury have been considered.

Research<sup>7</sup> confirms a strong link between effective early intervention and positive recovery and return to work outcomes.

You can empower an injured worker to manage their injury and be engaged in developing their RRTW plan by asking:

- When do you think you will recover?
- Do you feel supported in your recovery?
- What do you need to recover and return to work safely?

In some cases, especially those involving psychological injury, a worker may be apprehensive about returning to work and fear it may make their condition worse. Collaborating with you to develop their RRTW plan provides an opportunity for a worker to identify their individual needs and raise concerns they may have about returning to the workplace, and for you to work with their employer or other stakeholders to develop strategies to address these. Noting that it is not always possible to address all worker concerns, it is important that their employer (usually the supervisor and rehabilitation and return to work coordinator (RRTWC)) is aware of them.

### **Insurer**

You are responsible for coordinating the development of a RRTW plan for each accepted claim. This includes facilitating and guiding the RRTW process by maintaining collaborative communication with all stakeholders involved.

### **Employer**

An employer must provide rehabilitation to facilitate early and safe return to work for an injured worker, including developing a suitable duties program for a worker with reduced capacity who is unable to return directly to their pre-injury role.

While the ongoing management of an injured worker's rehabilitation is facilitated by you, employers benefit by playing an active role in assisting a worker's recovery. Early intervention programs where assistance and treatment is offered to an injured worker are an opportunity to reduce long term workplace absences. Support and early intervention by the employer in developing and implementing a suitable duties program is key to a successful outcome.

Australian research<sup>8</sup> shows that workers who consider their employer's response to injury to be fair and constructive have, on average, considerably higher return to work rates than those who don't (43 per cent higher for physical injury claims, and 52 per cent higher for psychological injury claims).

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<sup>7</sup> AFOEM 2022, 63.

<sup>8</sup> Wyatt and Lane 2017.

The [Guidelines for standard for rehabilitation \(second edition\)](#) aim to help employers understand their role in supporting RRTW and provide guidance in how to fulfill their responsibilities. This includes establishing seven principles that detail key steps they can take to assist in a worker's successful RRTW and satisfy their legal obligations, and explaining how the responsibilities of an insurer and an employer interconnect.

### **Treating health provider**

Treating health providers such as doctors, medical specialists, and allied health providers may provide treatment or support to an injured worker at any point throughout their RRTW.

Treating health providers may provide input regarding an injured worker's RRTW plan, suitable duties program and workplace accommodations required, and alert you to any concerns with discharging a worker's RRTW plan. They can also:

- provide advice regarding a worker's capacity for work
- arrange appropriate treatment referrals and monitor treatment
- provide a [Work capacity certificate - workers' compensation](#) to the worker for all periods of total or partial incapacity and treatment.

In practice, it is sometimes difficult to consult with the treating doctor and other treating health providers. Where you have consulted with a worker and their employer, and a RRTW plan has been developed that is consistent with the current medical certification, one option is to forward the RRTW plan to the treating health providers and invite their comment.

Evidence confirms the benefits of engaging with doctors in RRTW planning and emphasises that the quality of the relationship between an injured worker and their treating health providers may impact their RRTW outcomes.<sup>9</sup>

## **3.4 Is this approach supported by evidence?**

Yes.

[Research](#)<sup>10</sup> undertaken by Monash University under The Compensation Policy and Return to Work Effectiveness (COMPARE) project showed that having a RRTW plan has been directly associated with improved return to work outcomes in multiple studies. It set out associations between return to work outcomes and return to work plans, specifically:

- Workers who reported having a return to work plan had increased odds of return to work.
- While in the first 30 days after the claim, having a written or unwritten plan did not impact return to work, it was significantly better than having no return to work plan.
- After 30 days, having a written plan increased the odds of return to work 3.4 times. Having an unwritten plan increased the odds of return to work 2.2 times.

The research concluded that return to work planning can be a simple, yet effective return to work intervention.

The [Taking Action](#)<sup>11</sup> report from Safe Work Australia confirmed that collaborative, goal-oriented discussions about return to work planning were key to maintaining a positive relationship with an injured worker and achieving positive return to work outcomes. It highlighted that discussions may involve an injured worker, their employer and medical professionals, with an injured worker an active contributor.

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<sup>9</sup> AFOEM 2022, 108.

<sup>10</sup> Sheehan, Lane, Gray, Beck and Collie 2018.

<sup>11</sup> Safe Work Australia 2018.



Return to work planning was proven to have a direct effect on return to work rates, particularly for short term claims. The [It Pays to Care](#)<sup>12</sup> report outlined an intervention in Canada involving return to work planning that led to a fifty per cent decrease in disability duration. The report also highlighted that setting return to work goals and mapping out a return to work plan with an injured worker and their supervisor were key elements for better outcomes.

[Realising the Health Benefits of Work](#)<sup>13</sup> found that good outcomes were more likely when injured workers were empowered to take responsibility for their own situation, while understanding the health benefits of work.

Monash's comprehensive [analysis of the literature](#)<sup>14</sup> found that return to work outcomes were improved when there was coordination of medical recommendations, health service providers, and workplace modifications. The analysis identified three broad domains of intervention (health-focused, service coordination, and work modification) and found:

- strong evidence that duration away from work for both musculoskeletal or pain-related conditions and mental health conditions was significantly reduced by multi-domain interventions encompassing at least two of the three domains
- moderate evidence that these multi-domain interventions had a positive impact on cost outcomes
- strong evidence that cognitive behavioural therapy interventions that did not also include workplace modifications or service coordination components were not effective in helping workers with mental health conditions in returning to work
- evidence of better outcomes for people with anxiety and depression, with less time lost from work, when traditional treatment methods were combined with service coordination involving early liaison between employers, insurers and treating health providers, and work modifications.

A more recent [analysis of psychological response to injury and successful return to work](#)<sup>15</sup> concluded that:

- Positive psychological reactions identified to improve a worker's return to work outcomes included positive return to work expectations, organisational support, and control/empowerment regarding return to work processes and planning.
- An absence of accommodations to support an injured worker to return to work was commonly associated with worse psychological outcomes.
- Modifiable factors shown to improve a worker's return to work included workplace support, role accommodations, low stress working environments, and empowering worker decision-making or control of return to work processes.

Research<sup>16</sup> has also indicated that an employer's attitude towards a returning worker was often a critical influence on the outcome. The RRTW plan is an opportunity for you to influence an employer.

## 4. Developing a RRTW plan

### 4.1 When should a RRTW plan be developed?

Once a claim is accepted, you may contact a worker to start developing a RRTW plan within a reasonable timeframe.

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<sup>12</sup> AFOEM 2022.

<sup>13</sup> AFOEM 2010.

<sup>14</sup> Cullen, Irvin and Collie et al. 2018.

<sup>15</sup> Brough, Chan, Wishart, Spedding and Raper 2021.

<sup>16</sup> Isles and Collie 2021.

Scharf, Angerer, Mütting and Loerbroks 2020.

White, Green, Ferguson, Anderson, Howe, Sun, and Buys 2019.

In practice, this means that a written RRTW plan may be developed and provided to a worker and their employer, treating doctor and health providers within 20 business days of acceptance of a claim. Where this is not possible, you may keep written file notes of the progress, reasons for the delay, and scheduled date for developing the RRTW plan.

In general, best practice is to start discussing the development of a RRTW plan with a worker and employer as early as possible after injury. This provides a worker with an early opportunity to discuss any concerns, and ensures that both a worker and their employer are aware that planning is underway. This early planning is particularly important for psychological injury claims and severe physical injury claims where the ability of a worker to return to the same job may be in question.

It is not necessary to wait until all medical information is received before developing a RRTW plan. An initial RRTW plan can be updated later if new information is received which alters it. The development timeframe and complexity of a RRTW plan depends on the nature and circumstances of the claim. In general:

| <b>Claim type and injury duration (known or anticipated)</b>   | <b>Action required</b>  | <b>Development timeframe</b>  |
|--|---|---|
| Medical expenses only – no time lost   | A documented <i>file note</i> with details and dates, as listed at Appendix A.  | ASAP after claim acceptance.  |
| Certified fit to return to full pre-injury duties within one week (seven calendar days) of injury  | A documented <i>file note</i> with details and dates, as listed at Appendix A.  | ASAP after it is confirmed that a worker has returned to work.  |
| Certified unfit for more than one week (seven calendar days), or certified fit for partial work duties   | Discuss RRTW plan with worker and employer.<br><br>Develop initial RRTW plan and send to worker, employer and treating doctor.  | ASAP after claim acceptance.<br><br>Usually within 20 business days.  |
| Claims for psychological injury<br><b>and/or</b><br>Claims for severe physical injury where ability to return to the same job may be in question | Contact worker on notification of injury to discuss support needs, provide an opportunity to raise concerns, and to confirm the need to develop a RRTW plan after claim acceptance. | Contact worker and discuss RRTW planning as soon as claim is notified.<br><br>Start developing the RRTW plan after claim acceptance. The appropriate timing will depend on a worker's condition and advice from their treating health provider/s may be required. |

**Figure 3: RRTW plan development timeframe and actions for different types of claims**

## 4.2 What are the initial steps to develop a RRTW plan?

As soon as possible after receipt of a claim, contact an injured worker to let them know that it is your role as an insurer to develop their RRTW plan, and that you will consult with them in developing their RRTW plan.

On acceptance of a claim:

- Start developing the RRTW plan in a reasonable timeframe (see [When should a RRTW plan be developed](#)).
- Consider the skills, training and experience of your claims managers. The [It Pays to Care](#) report lists attributes and skills of an effective claims manager, including:
  - interpersonal skills
  - ability to influence
  - return to work focus and attitude
  - return to work facilitation skills
  - assessment skills
  - cultural safety and awareness skills
  - language skills
  - trauma-informed style and awareness skills
  - organisational and administrative skills
  - problem solving skills
  - conflict resolution skills
  - time management skills.<sup>17</sup>
- Consider the skills, training and experience of your claims managers to determine their capability to support complex claims, involving, for example:
  - total or partial incapacity for work for more than seven calendar days
  - a diagnosis of multiple conditions; a complex physical condition; a physical condition with a secondary psychological condition
  - uncertainty whether a worker can return to pre-injury duties
  - a likely requirement for graded return to work and/or workplace accommodations
  - a previous failed attempt at return to work
  - an unclear return to work goal, or a return to work goal of 'new employer'.For complex cases, you may wish to engage a workplace rehabilitation provider to assist in developing and/or implementing the RRTW plan. You will remain responsible for ensuring the RRTW plan meets legislative requirements.
- Assess a worker's individual rehabilitation and other needs<sup>18</sup>, which may include:
  - their physical, social, environmental and psychological needs
  - their personal psychosocial factors<sup>19</sup> (for example, a non-English speaking background, low self-efficacy, or low literacy)
  - their risk factors for injury and illness
  - perceived enablers and barriers
  - concerns about RRTW or risks to a successful outcome
  - any additional services they may require, such as:
    - vocational assessments
    - worksite assessments
    - functional capacity evaluations
    - vocational counselling
    - transferable skills assessments

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<sup>17</sup> AFOEM 2022, 70-71.

<sup>18</sup> Assessing a worker's needs may involve varying degrees of consultation with stakeholders depending on the complexity of the case and information available. See the [Accredited rehabilitation and return to work program guideline – for insurers](#) for more information on what may be included in an assessment of RRTW needs. See **Appendix A** for a better practice guide to the level of detail recommended in assessing RRTW needs.

<sup>19</sup> AFOEM 2022, 27.

- job placement services
- suitable duties programs
- host placement
- assistance with sourcing alternative employment; reskilling or retraining.
- Many workers, especially those with psychological injuries, may be apprehensive about returning to work or may fear that returning to the workplace may make their condition worse. This is why it is important to discuss their concerns and fears and work collaboratively with their employer to address these as far as is possible. For psychological injury, a barrier to recovery at work is often a perception that psychosocial hazards (such as conflict, work-related violence and aggression, high job demands and/or bullying) may still be present or not effectively addressed.

### 4.3 What does a RRTW plan look like?

The [Act](#) does not prescribe a 'one size fits all' RRTW plan. A person-centred approach requires that the RRTW plan be specifically tailored to the individual needs and circumstances of a worker and their workplace, and recognises that the level of detail in a RRTW plan may vary for each worker depending on the complexity of their injury and their individual rehabilitation needs.<sup>20</sup>

Useful RRTW plan templates are included in **Appendices B to D** of this guideline.

As a minimum:

- Ensure the RRTW plan is written clearly and can be understood by an injured worker (e.g. arrange an interpreter if required; provide access to a screen reader for a visually impaired worker if required, etc.).
- Ensure the RRTW plan outlines the rehabilitation objectives for the worker and the steps required to achieve the objectives.
- Develop the RRTW plan in consultation with an injured worker and their employer and registered persons treating the worker.
- All RRTW plans must consider five fundamental areas:
  1. Roles, responsibilities and actions.
  2. Steps and timeframes.
  3. Injury details and treatment plan.
  4. Goals, capabilities and restrictions.
  5. Work duties and workplace supports.

Under each of these areas, you may consider including the following elements.

#### 1. Roles, responsibilities and actions

- Names and contact details of all stakeholders involved in a worker's rehabilitation. This may include the:
  - worker (including their job title and work location);
  - employer
  - claims manager

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<sup>20</sup> For workers diagnosed with a mine dust lung disease, there are [expert medical guidelines](#) to assist with decisions on safe return to work. The guidelines include what levels of dust exposure are appropriate and requirements for ongoing health monitoring. The guidelines provide a best practice and evidenced-based framework that considers the individual circumstances of the worker's mine dust lung disease, including its severity and the best outcome that can be achieved.

- RRTWC
- worker's direct supervisor
- treating doctor
- other treating health provider/s<sup>21</sup>
- a worker's support person
- any other parties (with the consent of a worker).
- Details of the roles and responsibilities of each stakeholder involved in a worker's RRTW, and the actions they will take.
- Any plans for case conferencing or referral to a workplace rehabilitation provider.

## 2. Steps and timeframes

- The steps that will be taken to achieve RRTW, who is responsible, and timeframes. Where timeframes are still unknown and cannot be estimated (for example, where the timing of the steps will depend on a worker's rate of recovery and medical certification), it is sufficient to set out the steps required and leave timeframes as 'to be advised'.
- The RRTW plan duration, review date/s and expected recovery timeframe. Where the recovery timeframe is still unknown and cannot be estimated, it is sufficient to leave timeframes as 'to be advised' and nominate a date for review of the plan.
- The 'stages' of return to work as recommended by a worker's treating health providers.

## 3. Injury details and treatment plan

- Details of the date and nature of the injury and diagnosis.
  - For psychological claims, include details of the nature of the claim (e.g. bullying, trauma, workload pressures, interpersonal conflict, occupational violence, etc).
- Details of current and planned medical treatment and reviews, including details of the treating health provider/s, and timeframes for reviews.
  - For psychological claims it is important to note whether a worker has been referred for specialist treatment (psychologist/psychiatrist/counsellor), and whether they have accessed this treatment, and if not, reasons why (e.g. waiting list; failure to follow-up; reluctance to obtain treatment).
- Details of medical or other information that is pending, and date this was requested.
- Consideration of whether a case conference, independent medical assessment and/or workplace assessment is required. (This may not be clear in the initial RRTW plan but is a relevant consideration when plans are updated.)

## 4. Goals, capabilities and restrictions

- Details of any medical restrictions.
- A worker's overall return to work goal, considering the RRTW hierarchy<sup>22</sup> (see [section 40](#) of the Act) – for example, return to work in the same job; return to work in a different job with the same employer; return to work with a different employer; undertake training/skills development, etc.

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<sup>21</sup> Note that a worker has a right to choose their own treating health provider/s, and does not need to attend the company doctor for treatment.

<sup>22</sup> The purpose of rehabilitation is to return a worker to their pre-injury duties. If this is not feasible, in line with the return to work hierarchy, the purpose is to:

- return a worker, either temporarily or permanently, to other suitable duties with their pre-injury employer; or
- if this is not feasible, return a worker, either temporarily or permanently, to other suitable duties with another employer; or
- if the above options are not feasible, maximise a worker's independent functioning.

- Details of a worker's individual needs, current capabilities and restrictions (these may be detailed in a worker's *Work capacity certificate – workers' compensation*) and timeframe for medical review of these.
- A worker's short and long term recovery goals, and steps to achieve these, including actions, who is responsible and timeframes. Ensure goals are SMART (specific; measurable; attainable; realistic; time-based) and tailored to an individual worker and their needs.
- Details of any concerns about return to work or barriers to return to work identified by a worker, and how these will be addressed in the RRTW plan (noting that it is not always possible to address all worker concerns, but it is important that their employer, usually the supervisor and RRTWC, is aware of them to ensure a safe return to work).
- Details of other relevant information concerning a worker and their individual circumstances (e.g. relevant health conditions) that may impact on their RRTW goals and objectives (if an injured worker consents to this information being shared).
- The claims manager's assessment of risks and potential barriers to successful RRTW, and strategies to address these to support a safe and early recovery and return to work.

## **5. Work duties and workplace supports**

- Details of a worker's current work status (not at work; at work with restricted hours/duties; at work with full duties and restricted hours; at work in a different role/team, etc.).
- Whether a worker requires or is likely to need suitable duties and if their employer has made these available, and from when. If the employer considers it is not practicable to provide the worker with meaningful suitable duties, they must provide you with written evidence that it is not practicable.
- Whether reasonable workplace modifications are needed/have been recommended to accommodate restrictions and prevent re-injury, and if so, whether the employer has made these accommodations, and from when.
- Details of the physical and mental demands of essential work duties and tasks and/or the recommendations of treating health providers regarding duties to be avoided or modified.
- Whether a worker requires assistance with reskilling or retraining.

## **Administrative considerations**

- The RRTW plan number (including the version number), claim number and date.
- Confirmation and date the RRTW plan is sent to relevant stakeholders.
- Date for review of RRTW plan (note, it may be reviewed before the review date if relevant information is received).
- Confirmation (and documented evidence) that stakeholders have been consulted and involved in developing the RRTW plan (including dates). (Note: If you are unable to consult with treating health providers, and a RRTW plan has been developed that is consistent with the current work capacity certificate, one option is to forward the RRTW plan to the treating health providers and invite their comment).
- Confirmation and date the RRTW plan is sent to relevant stakeholders, or at a minimum, that relevant stakeholders are notified that they may access the RRTW plan at any time on request.



## 4.4 Primary and secondary psychological claims

For psychological claims (primary and secondary), it is recommended to commence discussion about the RRTW planning process as soon as an injury is notified. However, for some workers who are acutely unwell, it may not be appropriate to start developing the RRTW plan immediately. It is important in these cases to provide support at the earliest opportunity and help ensure that a worker has access to appropriate treatment, in order to meet legislative requirements concerning early intervention ([section 232AB](#) of the Act).

In most cases it may be reasonable to contact a worker on notification of their injury to discuss support needs, explain the process, provide an opportunity to raise concerns, and to confirm the need to develop a RRTW plan following claim acceptance.

It is important to be supportive in early communications, and it is often helpful to follow up any verbal communications with an email, because some workers who are psychologically unwell may be overwhelmed by their experience and not remembering information provided verbally.

When appropriate, initiate a discussion about any concerns they may have about RRTW, as a way to start the planning process. Always check with a worker what information they are comfortable for the claims manager to discuss with their employer, and specifically who at the employer they will speak to.

If a worker feels unable to commence RRTW planning for more than two weeks, it may be useful, with a worker's consent, to involve the treating psychologist/psychiatrist/counsellor or their general practitioner (GP) to seek advice on when this can be discussed.

For psychological injury cases where a worker is quite unwell, it is sufficient for an initial RRTW plan to simply set out the broad steps involved without stating timeframes, and to liaise with the treating psychologist/psychiatrist/doctor to advise on when the return to work process can commence.

For psychological claims it is also often important to prepare the workplace for a worker's return. For example:

- What workplace accommodations must be made to support a safe and early return to work and minimise risk of psychological harm?
- What discussions need to take place with the supervisor and work team to ensure they understand the RRTW plan?
- What should they do (and not do) in order to support a worker's return to work?
- Is there a nominated co-worker who can be a support person or 'buddy' for a worker when they return to work?
- Has the employer nominated a person at work who will check how a worker is coping and whom the worker can report concerns to if they are having difficulty at work?

These details may be discussed with a worker and their employer, and if appropriate a worker's treating psychologist/psychiatrist, and the agreed actions included in the RRTW plan.

Consent and transparency are important principles to consider in relation to these discussions. It is important to discuss with a worker what information they are comfortable sharing with their employer, which may be different for the RRTWC, direct supervisor and work team.

In many cases involving psychological injury where there have been several weeks away from work, it may be useful to engage a workplace rehabilitation provider with the skills, expertise and training to undertake these discussions with a worker and employer and to develop an agreed RRTW plan.

## 4.5 Who needs to receive a copy of the RRTW plan?

Best practice is to send a copy of the RRTW plan to a worker and their employer and treating doctor (usually their GP). At a minimum, these stakeholders must be notified that they may access the RRTW plan at any time on request.

It is important to be clear who within an employer will receive the RRTW plan (usually a worker's direct supervisor and the RRTWC) and ensure that a worker is comfortable with this.

Where relevant, with a worker's consent, the RRTW plan may also be sent to other stakeholders, such as health and safety officers, other treating health providers, workplace rehabilitation providers, a worker's family, legal or union representatives, and support person.

For more information on privacy, see the Australian [Privacy Principles](#).

## 5. Reviewing RRTW plans

Best practice is that a RRTW plan is kept up to date.

You may exercise discretion regarding reasonable review timeframes for RRTW plans, taking into consideration the type of injury and individual worker factors. Best practice is that you revisit the RRTW plan if a worker's capacity changes, or you receive relevant new information, such as medical reports and correspondence.

Workers who have sustained complex injuries and/or secondary injuries may require more frequent communication and RRTW plan reviews as their recovery progresses.

## 6. Measuring success

Best practice claims management involves delivering worker-centric and goal-orientated approaches that focus on the individual needs of a worker and on influencing an employer to support RRTW appropriately. You can achieve this by:

- ensuring claims managers are trained and have skills in building trust and rapport, negotiation, dispute resolution, decision making, communication, and assessment and risk identification<sup>23</sup>
- appointing a single point of contact (ideally a consistent claims manager, but may be a consistent email contact e.g. a generic inbox) to assist a worker throughout their claim duration, and to manage their RRTW plan from start to finish
- appointing a claims manager with an appropriate level of authority, skills, training and experience<sup>24</sup> to support decision making as a RRTW plan progresses
- where appropriate, using a workplace rehabilitation provider to assist in developing and/or implementing the RRTW plan for complex cases<sup>25</sup>
- providing guidance and support for workers and others by setting expectations about how frequently a worker can expect to be contacted by their claims manager, and expected purpose of the contact

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<sup>23</sup> Safe Work Australia, 2018, p.25.

<sup>24</sup> See page 11 of this guideline for a list of attributes and skills of an effective claims manager.

<sup>25</sup> A complex case may involve:

- total or partial incapacity for work for more than seven calendar days
- a diagnosis of multiple conditions; a complex physical condition; a physical condition with a secondary psychological condition
- uncertainty whether a worker can return to pre-injury duties
- a likely requirement for graded return to work and/or workplace accommodations
- a previous failed attempt at return to work
- an unclear return to work goal, or a return to work goal of 'new employer'.

- practicing effective communication by maintaining regular contact with a worker and employer in accordance with expectations
- ensuring workers and employers know who to contact with queries and that there are processes in place to respond to in a reasonable timeframe
- explaining the roles, responsibilities and obligations of worker, insurer, employer and treating doctor
- applying knowledge of injury management appropriate to the injury and a biopsychological approach with a focus on return to work
- ensuring that a worker has opportunity to discuss their RRTW, any concerns they may have and/or barriers they perceive, and how these can be addressed in the RRTW plan
- managing disputes, reviews and investigations in a fair and transparent way.

There are a number of measures that you can use to evaluate RRTW plans, including worker feedback on their RRTW plan and experience, return to work outcomes and a worker's individual short and long term goal attainment.<sup>26</sup> This detail may be included in your RRTW plan template (see **Appendices B** and **C** for example templates).

## 7. Records management

Records must be stored in a confidential manner that aligns with your records management policies and procedures.

You must obtain an authority from an injured worker to share information about their injury and treatment with other parties. A copy of this authority must be retained on a worker's claim file.

Use version control to reflect the current version of a worker's RRTW plan. When a RRTW plan is changed, consider which stakeholders require an updated copy to ensure regular and effective communication and continuity of information and care.

Under [section 93](#) of the Act, self-insurers must keep documents relating to all claims made and other documents that may assist in assessing the quality and timeliness of the claims and rehabilitation management.

Importantly, self-insurers must also maintain actual and structural separation of their roles and responsibilities as an employer and as an insurer, including ensuring that workers' compensation documents are treated confidentially and not provided or used for a purpose relating to a worker's employment ([section 572A](#) of the Act). Non-compliance with section 572A is an offence.<sup>27</sup>

Self-insurers can also refer to [Retention and Disposal Schedule](#) for more information about document retention requirements.

## 8. Compliance

The Workers' Compensation Regulator is responsible for and will undertake compliance monitoring activities including audits to ensure legislative obligations are met and evidence is available to demonstrate compliance. This process also enables the opportunity to reinforce positive behaviours in relation to RRTW planning and identify opportunities for continuous improvement for scheme insurers.

<sup>26</sup> Safe Work Australia, 2018, p.55.

<sup>27</sup> The maximum penalty for an employer using workers' compensation documents for a purpose relating to a worker's employment is 100 penalty units. One penalty unit equates to \$143.75, under the [Penalties and Sentences Regulation 2015](#) (current as at February 2023).

To understand more about the principles, approaches and suite of compliance monitoring activities and tools, and the potential enforcement actions available to the Workers' Compensation Regulator, refer to the:

- [\*Workers' Compensation and Rehabilitation Act 2003 Compliance and Enforcement Policy\*](#)
- [\*Self-Insurer Performance and Compliance Framework\*](#)
- [\*Queensland Self-Insurer Audit Process\*](#).

**For more information**

Contact: [wcr.education@oir.qld.gov.au](mailto:wcr.education@oir.qld.gov.au) for more information.

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# APPENDIX A: Better practice guide to level of detail recommended in assessing RRTW needs and documenting a RRTW plan




This Appendix is a guide only to elements to include in a RRTW plan with examples for different types of claims and known or anticipated injury durations.

Insurers may choose to use another evidence-based approach to assess RRTW needs, and document this in their Rehabilitation and return to work program submitted for accreditation by the Workers' Compensation Regulator.

The information and level of detail included in a RRTW plan will vary for each worker, and will depend on the complexity of a worker's injury and their individual level of capacity and rehabilitation needs.

| Type of claim and injury duration<br>(known or anticipated)  | Criteria  | RRTW plan elements   | Stakeholders may include   | Benchmark                |
|--|---|--|--|--------------------------|
|  <p><b>MEDICAL EXPENSES ONLY</b><br/>(MEO)</p>  | <ul style="list-style-type: none"> <li>Accepted claim.</li> <li>No psychological injury claims.</li> <li>No time lost.</li> <li>Medical costs only.</li> <li>Clear goal of return to pre-injury role.</li> <li>Appropriate duties easily accommodated in the workplace in line with medical certificate.</li> </ul> | <ul style="list-style-type: none"> <li>A documented <i>file note</i> with details and dates (where applicable) that includes:               <ul style="list-style-type: none"> <li>Clear title/heading detailing the file note is in place of a documented RRTW plan.</li> <li>Injury details and diagnosis.</li> <li>Medical treatment provided and treating health provider details.</li> <li>Future medical treatment and/or medical reviews required (including timeframes and treating health provider details).</li> <li>RRTWC details.</li> <li>Formal confirmation that a worker acknowledges the plan and their rights and responsibilities, including date insurer communicated this information to a worker.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Injured worker.</li> <li>Insurer claims manager.</li> <li>Employer/supervisor/RRTWC.</li> <li>Treating health providers.</li> </ul> | File note on claim file. |
|  <p><b>TIME LOST CLAIM – LESS THAN 1 WEEK</b><br/>(7 calendar days) and certified fit to return to full pre-injury duties</p> | <ul style="list-style-type: none"> <li>Accepted claim.</li> <li>Time lost &lt;1 week (7 calendar days).</li> <li>Certified fit to return to full pre-injury duties.</li> <li>Clear goal of return to pre-injury role.</li> </ul>  | <ul style="list-style-type: none"> <li>A documented <i>file note</i> with details and dates (where applicable) as per MEO claim above.</li> </ul>  | <ul style="list-style-type: none"> <li>Injured worker.</li> <li>Insurer claims manager.</li> <li>Employer/supervisor/RRTWC.</li> <li>Treating health providers.</li> </ul> | File note on claim file. |



| Type of claim and injury duration<br>(known or anticipated)   | Criteria  | RRTW plan elements   | Stakeholders may include  | Benchmark                |
|---|---|--|---|--------------------------|
|  <p><b>TIME LOST CLAIM – 1 TO 4 WEEKS</b><br/>(7 to 28 calendar days unfit or partially fit for work)</p>              | <ul style="list-style-type: none"> <li>Accepted claim.</li> <li>Totally or partially unfit for work for more than 7 and less than 28 calendar days.</li> <li>Clear goal of return to pre-injury role.</li> <li>No indication of secondary psychological factors impacting return to work.</li> </ul>  | <ul style="list-style-type: none"> <li>A documented <i>RRTW plan</i>. An example of the level of detail the RRTW plan may require is at <b>Appendix B</b>.</li> <li>Comprehensive liaison with stakeholders and customisation of the RRTW plan as required.</li> <li>Consider the skills, training and experience of your claims manager, and whether you may wish to refer to a workplace rehabilitation provider, including for an assessment of RRTW needs.*</li> </ul>   | <ul style="list-style-type: none"> <li>Injured worker.</li> <li>Insurer claims manager.</li> <li>Employer/supervisor/RRTWC.</li> <li>Workplace rehabilitation provider (if required).</li> <li>Treating health providers.</li> </ul>  | RRTW plan on claim file. |
|  <p><b>TIME LOST CLAIM – MORE THAN 4 WEEKS</b><br/>(greater than 28 calendar days unfit or partially fit for work)</p> | <ul style="list-style-type: none"> <li>Accepted claim.</li> <li>Totally or partially unfit for work for more than 28 calendar days.</li> <li>Diagnosis: multiple conditions; complex physical condition; may include secondary psychological condition.</li> <li>May be unclear if can return to pre-injury duties <b>and/or</b>;</li> <li>Likely to require graded return to work and/or workplace accommodations <b>and/or</b>;</li> <li>Previous failed attempt at return to work <b>and/or</b>;</li> <li>Return to work goal is unclear <b>and/or</b>;</li> <li>Return to work goal is 'new employer'.</li> </ul> | <ul style="list-style-type: none"> <li>A documented <i>RRTW plan</i>. An example of the level of detail the RRTW plan may require is at <b>Appendices B</b> (physical injuries) and <b>C</b> (for secondary psychological injuries).</li> <li>Consider the skills, training and experience of your claims manager, and whether you may wish to refer to a workplace rehabilitation provider for an assessment of RRTW needs and development of the RRTW plan, or to modify an existing RRTW plan (if previously developed by the insurer).*</li> </ul>   | <ul style="list-style-type: none"> <li>Injured worker.</li> <li>Insurer claims manager.</li> <li>Employer/supervisor/RRTWC.</li> <li>Workplace rehabilitation provider (if required).</li> <li>Treating health providers.</li> </ul>  | RRTW plan on claim file. |
|  <p><b>PSYCHOLOGICAL CLAIM</b><br/>(with more than 7 calendar days totally or partially unfit for work)</p>           | <ul style="list-style-type: none"> <li>For psychological claims, it is recommended to make contact and discuss the need to undertake RRTW planning as soon as an injury is notified, initially to provide reasonable support services (e.g. mediation and/or counselling services)** and ensure access to treatment at the earliest opportunity. Development of the RRTW plan can commence once the claim is accepted.</li> <li>Diagnosis: psychological condition.</li> </ul>  | <ul style="list-style-type: none"> <li>A documented <i>RRTW plan</i>. An example of the level of detail the RRTW plan may require is at <b>Appendix C</b>.</li> <li>It may not be possible for the RRTW plan to be finalised while a worker is acutely unwell, but the purpose of the plan may be discussed and the expectation can be set early that a RRTW plan will be developed as soon as possible.</li> <li>Comprehensive liaison with stakeholders and customisation of the RRTW plan required.</li> <li>Consider the skills, training and experience of your claims manager, and whether you may wish to refer to a workplace rehabilitation provider for an assessment of RRTW needs and development of the RRTW plan, or to modify an existing RRTW plan (if previously developed by the insurer).*</li> </ul> | <ul style="list-style-type: none"> <li>Injured worker.</li> <li>Insurer claims manager.</li> <li>Employer/supervisor/RRTWC.</li> <li>Workplace rehabilitation provider (if required—see examples based on claim duration above).</li> <li>Treating health providers.</li> </ul> | RRTW plan on claim file. |

*More detail around requirements based on duration of claim is provided earlier in this table.*

\* It is recommended that workplace rehabilitation providers either meet the requirements in the [Principles for practice for workplace rehabilitation providers](#) published by the Heads of Workers' Compensation Authorities (HWCA), or be engaged for services under WorkCover Queensland's Return to Work Services Table of Costs, which provides extensive quality assurance requirements for delivering RRTW services.

\*\* See Section 232AB of the [Workers' Compensation and Rehabilitation Act 2003](#) for detail on reasonable support services to provide to a worker experiencing a psychiatric or psychological injury.

# APPENDIX B: Example RRTW plan template

This plan is an example of a best practice RRTW plan and is provided as a guide. It is recommended to adopt this template, or something similar.

The information and level of detail included in a RRTW plan will vary for each worker, and will depend of the complexity of the worker's injury and their individual level of capacity and rehabilitation needs.

|   |  |
|---|--|
| Rehabilitation and return to work plan number |  |
| Version number                                |  |

|              |  |
|--------------|--|
| Claim number |  |
| Date of plan |  |

## CLAIM AND STAKEHOLDER DETAILS

### Worker

Name Email Phone

### Insurer claims manager

The person who completed the plan. This helps demonstrate compliance with s.220(5) of the [Workers' Compensation and Rehabilitation Act 2003](#) (the Act) demonstrating the insurer has coordinated the development of the plan.

Name Email Phone

### Rehabilitation and return to work coordinator

Name Email Phone

### Injured worker's job title

### Injury diagnosis

### Mechanism of injury

### Direct supervisor

Name Email Phone

### Treating health provider/s

To be continually updated throughout the life of the claim. Also shows the plan was developed in consultation, demonstrating compliance with s.220(7)(b) of the Act.

Name Email Phone

### Workplace rehabilitation provider (if required)

Name Email Phone

### Injured worker's work location

### Date of injury

### Medical restrictions

Medical and allied health treatment provided

Functional capacity

## PLAN DETAILS

### Overall goal/s

|    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

### Plan duration

/  /  to  /  /

### Plan review date/s

*Supports that the plan is being maintained, required under s.220(5) of the Act.*

/  /   /  /   /  /   /  /

### Expected recovery timeframe

*May include additional considerations e.g. nature of work may extend timeframe for return to full pre-injury duties; worker's individual needs (physical/social/psychological).*

### Worker's current work status

*E.g. Not at work; At work restricted hours (provide details).*

### Requires suitable duties?

Yes No

### Referred to the insurer's Accredited rehabilitation and return to work program?

*If no, include reasons.*

### Referred to workplace rehabilitation provider?

*Yes/No, and reasons.*

## If suitable duties are required

Currently fit for suitable duties?

Yes No

Capabilities

Restrictions

Reasonable workplace modifications to accommodate restrictions and prevent re-injury?

Has employer made suitable duties available? From when?

Yes No

Date:

/  /

## If not currently fit for suitable duties

Expected date to return to work on suitable duties?

### Success measures

*E.g. short and long term goals achieved; return to work outcomes achieved; RRTW plan implemented and reviewed as scheduled.*

| OBJECTIVES  | STRATEGIES / ACTIONS (STEPS TO ACHIEVE OBJECTIVES) | RESPONSIBLE STAKEHOLDER | TIMEFRAMES |
|---|--|-------------------------|------------|
| <b>PREDETERMINATION SERVICES</b><br>For psychological injuries only.  |  |                         |            |
| <b>REHABILITATION</b><br>To ensure the worker's earliest possible return to work or to maximise the worker's independent functioning. |  |                         |            |
| <b>RETURN TO WORK</b><br>To achieve a level of functioning to be able to return to work in any capacity.                              |  |                         |            |
| <b>SUITABLE DUTIES</b><br>Identify suitable duties to enable return to work; develop suitable duties program.                         |  |                         |            |

|   | STRATEGIES / ACTIONS | RESPONSIBLE STAKEHOLDER | TIMEFRAMES |
|---|----------------------|-------------------------|------------|
| <b>RISKS OR BARRIERS TO RETURN TO WORK</b><br>Include worker concerns about return to work.   |                      |                         |            |
| <b>PREPARATIONS FOR RETURN TO WORK</b>  |                      |                         |            |
| <b>OTHER GOALS?</b><br><i>Provides flexibility to tailor the plan to the needs of an individual worker.</i><br>Ensure goals are SMART (specific, measurable, achievable, relevant and timely) and tailored to a worker. |                      |                         |            |

|   | PLANNED REVIEWS | TREATING HEALTH PROVIDER DETAILS | TIMEFRAMES |
|---|-----------------|----------------------------------|------------|
| <b>MEDICAL REVIEW/S</b>   |                 |                                  |            |
| <b>MEDICAL INFORMATION PENDING</b><br>Include worker concerns about return to work. | Date requested? |                                  |            |

|  |   |   |
|--|---|---|
| <b>Case conference required?</b><br>Yes      No      Not yet known | <b>Independent medical examination required</b><br>Yes      No      Not yet known | <b>Workplace assessment required?</b><br>Yes      No      Not yet known |
|--|---|---|

## Signature of stakeholders or Formal confirmation that stakeholders acknowledge the plan

*Demonstrates compliance with s.220(7) of the Act, showing the plan was developed in consultation with stakeholders. Note that consultation will be individual to each plan. While a case conference may be appropriate for a complex injury, for a minor injury it may be as simple as providing the plan to stakeholders for comment.*

### Worker

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Direct supervisor

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insurer claims manager

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Treating health provider/s

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RRTWC

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Plan to be reviewed on

*Note: RRTW plan may be reviewed before the review date if relevant information is received.*

|     |
|-----|
| / / |
|-----|

### Notes / comments

## Roles and responsibilities

### Worker responsibilities:

- Report concerns, difficulties or increases in symptoms to their treating doctor.
- Satisfactorily participate in their rehabilitation, as soon as possible after their injury occurs, and for the period they are entitled to compensation.
- Participate in planning their return to work with their employer.
- Ensure they understand their obligations.

### Insurer claims manager's role and responsibilities:

- Develop, lead, monitor, review and update the RRTW plan.
- Provide progress updates to all stakeholders when relevant or at completion of the plan.
- Keep all stakeholders advised of any changes to the plan.
- Ensure a worker and employer understand their obligations and the actions required to support the RRTW plan.

### RRTWC's responsibilities:

- Facilitate rehabilitation at the workplace by informing management of the RRTW plan.
- Develop specific suitable duties programs for a worker adhering to medical directions.
- Liaise with all parties including a worker and insurer throughout the RRTW process.
- Negotiate workplace accommodations as required.

### Employer/Direct supervisor responsibilities:

- Stay in contact with a worker until they recover and return to regular work activities.
- Support a worker by providing/facilitating appropriate and meaningful suitable duties where possible in accordance with their skills and abilities.

- Ensure a worker is treated respectfully while participating in return to work activities and provide reasonable reassurance to support them during their return to work.
- Establish an agreed approach to regularly review progress with a worker (e.g. check-in prior to starting shift and/or at end of shift).

### Treating health provider's role and responsibilities:

- Consider the health benefits of good work when considering a worker's capacity for work.
- Arrange appropriate treatment referrals and to monitor treatment.
- Provide a workers' compensation medical certificate to a worker for all periods of total or partial incapacity and treatment.
- Provide input regarding the RRTW plan and suitable duties programs/other workplace accommodations as requested.
- Alert the insurer to any concerns with discharging a worker's RRTW plan.





Medical and allied health treatment provided

Functional capacity

## PLAN DETAILS

### Overall goal/s

|    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

### Plan duration

/  to  /

### Plan review date/s

*Supports that the plan is being maintained, required under s.220(5) of the Act.*

/   /   /   /

### Expected recovery timeframe

*May include additional considerations e.g. nature of work may extend timeframe for return to full pre-injury duties; worker's individual needs (physical/social/psychological). In some cases, recovery timeframe cannot be estimated at the time of the initial RRTW plan but can be updated later based on psychologist/psychiatrist advice.*

### Worker's current work status

*E.g. Not at work; At work restricted hours (provide details).*

### Requires suitable duties?

Yes No

### Referred to the insurer's Accredited rehabilitation and return to work program?

*If no, include reasons.*

### Referred to workplace rehabilitation provider?

*Yes/No, and reasons.*

## If suitable duties are required

Currently fit for suitable duties?

Yes No

Capabilities

Restrictions

Reasonable workplace modifications to accommodate restrictions and prevent re-injury?

Has employer made suitable duties available? From when?

Yes No

Date:

/

## If not currently fit for suitable duties

Expected date to return to work on suitable duties?

### Success measures

E.g. short and long term goals achieved; return to work outcomes achieved; RRTW plan implemented and reviewed as scheduled.

| OBJECTIVES  | STRATEGIES / ACTIONS (STEPS TO ACHIEVE OBJECTIVES) | RESPONSIBLE STAKEHOLDER   | TIMEFRAMES  |
|---|--|---|---|
| <b>PREDETERMINATION SERVICES</b><br>For psychological injuries only.  |  | Counsellor .....<br>Injured worker .....  | Commence ASAP to claim determination  |
| <b>REHABILITATION</b><br>To ensure the worker's earliest possible return to work or to maximise the worker's independent functioning. |  | Psychologist .....<br>Injured worker .....<br>GP .....<br>Injured worker .....  | Weekly session through to GP review on [date .....]<br>As prescribed by GP and ongoing until other advised  |
| <b>RETURN TO WORK</b><br>To achieve a level of functioning to be able to return to work in any capacity.                              |  | GP .....<br>Injured worker .....<br>RRTWC .....<br>Psychologist .....<br>Injured worker .....<br>Insurer claims manager .....<br>Injured worker ..... | Clearance provided on [date .....]<br>for part time hours from [date .....]<br>Full-time clearance for duties outside of nominal work area provided on [date .....]<br>Completed<br>Ongoing through to [date .....] |
| <b>SUITABLE DUTIES</b><br>Identify suitable duties to enable return to work; develop suitable duties program.                         |  | RRTWC .....<br>RRTWC .....<br>Injured worker .....<br>Insurer claims manager .....  | Meeting scheduled for [date .....]<br>Goal of return to work on suitable duties from [date .....]   |

|   | STRATEGIES / ACTIONS | RESPONSIBLE STAKEHOLDER   | TIMEFRAMES |
|---|----------------------|---|------------|
| <b>RISKS OR BARRIERS TO RETURN TO WORK</b><br>Include worker concerns about return to work.   |                      | <i>Insurer claims manager</i> .....<br><i>Workplace rehabilitation provider</i> .....                       |            |
| <b>PREPARATIONS FOR RETURN TO WORK</b>  |                      | <i>Insurer claims manager</i> .....<br><i>Workplace rehabilitation provider</i> .....<br><i>RRTWC</i> ..... |            |
| <b>OTHER GOALS?</b><br><i>Provides flexibility to tailor the plan to the needs of an individual worker.</i><br>Ensure goals are SMART (specific, measurable, achievable, relevant and timely) and tailored to a worker. |                      |   |            |

|   | PLANNED REVIEWS | TREATING HEALTH PROVIDER DETAILS   | TIMEFRAMES   |
|---|-----------------|--|--|
| <b>MEDICAL REVIEW/S</b>   |                 | <i>GP</i> .....<br><i>Injured worker</i> .....<br><br><i>Psychiatrist</i> .....<br><i>Injured worker</i> ..... | <i>Next review [date .....]</i><br><br><i>Appointment [date .....]</i> |
| <b>MEDICAL INFORMATION PENDING</b><br>Include worker concerns about return to work. | Date requested? |  |  |

|  |  |  |   |  |  |   |  |  |
|--|--|--|---|--|--|---|--|--|
| <b>Case conference required?</b><br>Yes      No      Not yet known |  |  | <b>Independent medical examination required</b><br>Yes      No      Not yet known |  |  | <b>Workplace assessment required?</b><br>Yes      No      Not yet known |  |  |
|--|--|--|---|--|--|---|--|--|

## Signature of stakeholders or Formal confirmation that stakeholders acknowledge the plan

*Demonstrates compliance with s.220(7) of the Act, showing the plan was developed in consultation with stakeholders. Note that consultation will be individual to each plan. While a case conference may be appropriate for a complex injury, for a minor injury it may be as simple as providing the plan to stakeholders for comment.*

### Worker

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Direct supervisor

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insurer claims manager

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Treating health provider/s

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RRTWC

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Plan to be reviewed on

*Note: RRTW plan may be reviewed before the review date if relevant information is received.*

|     |
|-----|
| / / |
|-----|

### Notes / comments

## Roles and responsibilities

### Worker responsibilities:

- Report concerns, difficulties or increases in symptoms to their treating doctor.
- Satisfactorily participate in their rehabilitation, as soon as possible after their injury occurs, and for the period they are entitled to compensation.
- Participate in planning their return to work with their employer.
- Ensure they understand their obligations.

### Insurer claims manager's role and responsibilities:

- Develop, lead, monitor, review and update the RRTW plan.
- Provide progress updates to all stakeholders when relevant or at completion of the plan.
- Keep all stakeholders advised of any changes to the plan.
- Ensure a worker and employer understand their obligations and the actions required to support the RRTW plan.

### RRTWC's responsibilities:

- Facilitate rehabilitation at the workplace by informing management of the RRTW plan.
- Develop specific suitable duties programs for a worker adhering to medical directions.
- Liaise with all parties including a worker and insurer throughout the RRTW process.
- Negotiate workplace accommodations as required.

### Employer/Direct supervisor responsibilities:

- Stay in contact with a worker until they recover and return to regular work activities.
- Support a worker by providing/facilitating appropriate and meaningful suitable duties where possible in accordance with their skills and abilities.

- Ensure a worker is treated respectfully while participating in return to work activities and provide reasonable reassurance to support them during their return to work.
- Establish an agreed approach to regularly review progress with a worker (e.g. check-in prior to starting shift and/or at end of shift).

### Treating health provider's role and responsibilities:

- Consider the health benefits of good work when considering a worker's capacity for work.
- Arrange appropriate treatment referrals and to monitor treatment.
- Provide a workers' compensation medical certificate to a worker for all periods of total or partial incapacity and treatment.
- Provide input regarding the RRTW plan and suitable duties programs/other workplace accommodations as requested.
- Alert the insurer to any concerns with discharging a worker's RRTW plan.



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