ASIEQ
Assoc. SELF INSURED EMPLOYERS QLD

22 July 2022

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Dear Janene,

Please find following comments on the Rehabilitation and Return to Work guidelines for Insurers. These comments are a compilation of comments received from members of the Association of Self Insured Employers of Queensland. Please find attached:

- Appendix 1 – Comments on the Rehabilitation and Return to Work Plan
- Appendix 2 – Comments on the Accredited rehabilitation and return to work program guidelines – for insurers (version 3)
- Appendix 3 - Rehabilitation and return to work plan guideline – for insurers (version 1)
- Appendix 4 – Typographical and Grammatical comments on the above documents

We would like to thank the Workers' Compensation Regulatory Services for the opportunity to comment on these important documents.

Should you require any clarification on the points raised, please contact our office via email at admin@asieq.com.au or telephone 5429 8480.

Yours sincerely

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## Appendix 1 - Comments on the Rehabilitation and Return to Work Plan

| No. | Page | Reference | Query/Comment |
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| 1.1 | 1 | "Insurers must take all steps to coordinate the development and maintenance of a RRTW Plan for workers who have sustained an injury on *acceptance* of a claim" | Clarification needs to be made regarding the timeframe for a RRTW Plan to be developed. Is this the same day/date of acceptance, or following consultation with relevant parties as otherwise required which may take a number of days or even weeks?<br><br>Furthermore, is it the intention for the case officer who will be managing the claim to be best placed to create the RRTW Plan, or are you suggesting it is the case officer (possibly a different case officer) who determined/made the initial liability decision for claim acceptance to create the initial plan?<br><br>It is very onerous on the self-insurer to have a plan developed and distributed the same day/time as claim acceptance. Limited medical information may also be available at this time with the need for further clarification and consultation. We would recommend a RRTW Plan should be prepared as soon as sufficient information is available to the self-insurer and within 10 business days of acceptance of a claim. |
| 1.2 | 1 | "RRTW Plan" | A number of self-insurers have been referring to the RRTW Plan as an Injury Management Plan (IMP) in line with other states in Australia. This allows for national consistency. |
| 1.3 | 2 | "Section 220 of the Act stablishes *(sic)* when an injured worker must and may be referred to an insurer's ARRTW program. Not all workers with an accepted claim and a rehabilitation and return to work plan (RRTW plan) will be referred to an ARRTW program of an insurer" | Can guidance please be given on the requirement to refer an injured worker under s220 of the Act once a common law claim is lodged? |

| 1.4 | 3 | "The RRTWP should be regularly monitored and updated to reflect any changes or new information about a worker e.g., new medical information" | The terms "regularly monitored", "any changes", "new information" and "new medical information" may relate to a new workers compensation medical certificate being issued on a claim, with only a subtle change to an injured worker's restrictions. We propose that the obligation to complete a new RRTW Plan following "any changes" is highly onerous on the self-insurer and burdensome on behalf of the employer and medical providers. Medical providers also charge fees with regard to considering each new RRTW Plan and frequent changes to the plan would cause excessive delays, administration and associated costs. Not to mention a large influx of correspondence to the injured worker requiring them to print, sign and return each RRTW plan. We would therefore submit that the threshold of "any changes, new information or new medical information" should be considered by an insurer but a new plan not developed unless there is a considerable change to an injured worker's circumstances or medical information. It is proposed that a plan is revised and updated at a minimum of every 3 months unless there is a considerable change to an injured worker's circumstances or medical information. |
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| 1.5 | 4 | "Suitable duties program" | A number of self-insurers have been referring to a Suitable Duties Plan as a Return to Work Plan (RTW Plan). They would like to continue to refer to their suitable duties plan as a RTW Plan for national consistency. |
| 1.6 | 4 | "The terms return to work plan, suitable duties plan, injury management plan are sometimes used to describe a suitable duties program, however, these are not terms used with the Act" | Can clarification please be provided as to whether some existing and alternative names for RRTW Plans and Suitable Duties Plans can remain in place if there is a clear explanation in the self-insurer's ARRTW Program? It would be a significant administrative burden to need to change all existing forms, documents and plans when slightly different names are used by different self-insurers. |
| 1.7 | 5 | "Insurers are also responsible for developing a rehabilitation and return to work plan for each claim" | This statement is at odds with the RRTW Plan Guideline where a file note is only required for MEO claims. In MEO claims, does a file note constitute a RRTW Plan? |

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| 1.8 | 5 | "The insurer's claims manager is responsible for managing workers' compensation claims, including developing, leading, monitoring, reviewing and updating rehabilitation and return to work plans (RRTW plans); providing progress updates to all stakeholders when relevant or at completion of the RRTW plan; and keeping all stakeholders advised of any changes to the RRTW plan" | We do not believe that "all stakeholders" should be advised of any changes to the RRTW Plan. Only the key stakeholders including injured workers, medical specialists and the employer should be sent a RRTW Plan as they are the only parties signing the document. Should the injured worker wish to distribute their RRTW Plan to an allied health provider, lawyer, union or other parties, this should be the responsibility of the injured worker and at their discretion. This will also ensure privacy is protected and limit the administrative burden of distributing multiple plans on multiple occasions across the course of a claim. |
| 1.9 | 6 | "Treating Health Provider" | While we agree generally with the definition of "Treating Health Provider", we don't believe the RRTW Plan should be sent to all providers, and only to GP and treating specialist/s. |
| 2.0 | 7 | "Injured workers must be consulted in relation to the development of their rehabilitation and return to work plan to ensure they understand their obligations and that their opinions and any concerns are considered as part of the process." | While we agree there should be consultation between the insurer and the injured worker, we don't believe every plan requires prior approval before each plan is created. Sending a RRTW Plan to the injured worker and seeking any comments, should satisfy this step. The interaction/interplay between when a RRTW plan falls due and what type of prior consultation (if any) is required, should also be considered in more detail in the guidelines. |

## Appendix 2 – Comments on the Accredited rehabilitation and return to work program guidelines – for insurers (version 3)

| No. | Page | Reference | Query / Comment |
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| 1.1 | 3 | "An ARRTW program establishes how you, the insurer, will facilitate early rehabilitation and return to work. It must address how you will manage return to work processes for both statutory and common law claims" | Clarity has not been provided on the requirement to provide AARTW Program for common law claims. Following the legislative amendments in 2019, reference to common law claims was removed from the WCRA. To date, no official guidance has been given by WCRS for common law claims and the interaction of s220 WCRA (if any), despite earlier requests. |
| 1.2 | 8 | "Your ARRTW must explain:<br>When to refer for the assessment of RRTW needs:<br>• Requires varying degrees of consultation depending on the complexity of the case<br>• For all time lost claims, consider referring assessment of RRTW to a suitable qualified person (e.g. Certificate 4 in case management) if the insurer claims manager is not suitably qualified.<br>• For time lost claims greater than two weeks' duration, RRTW assessment by a suitably qualified person is strongly recommended." | Please provide further explanation and details regarding what constitutes "suitably qualified". The introduction of a specific certification is a new addition to these guidelines and has not been mentioned in any earlier parts of the consultation process. This requirement for certification of employees has not been raised previously with any self-insurers. It would not be economical to outsource all lost time claims to an external provider who may hold such qualifications or to regulate that current employees hold this formal qualification.<br><br>What are the implications for a self-insurer if the RRTW assessment is not referred to a "suitably qualified person"? What is the criteria for someone who is suitably qualified? |
| 1.3 | 9 | "Explain how you will engage with all relevant stakeholders, including the worker, their treating providers and employer, in developing and implementing the RRTW plan." | We disagree that all RRTW Plans should be sent to all treating providers. In some instances, it would only be appropriate to send to general practitioner and treating specialists. Sending RRTW Plans to a range of allied health professionals may create a significant administrative burden and will incur fees from each provider reviewing the plan. |

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| 1.4 | 9 | "Detail how you will consult with all relevant stakeholders to reach agreement on key milestones of the RRTW plan, and how you will document this process." | It would be incredibly burdensome to have to consult with all relevant stakeholders regarding each RRTW Plan, including all allied health professionals associated with a claim and more so if this is to also include union representatives and lawyers etc. This would create a significant administrative burden and will incur fees from some providers reviewing the plan. Such broad and widespread consultation would unnecessarily complicate a claim and provide limited benefit to the injured worker. |

## Appendix 3 - Rehabilitation and return to work plan guideline – for insurers (version 1)

| No. | Page | Reference | Query / Comment |
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| 1.1 | 1 | Rehabilitation and return to work plan guideline – for insurers (version 1) | This is the first time this plan has been circulated for consultation. This plan requires broader consultation within the scheme and all self-insurers prior to final version being published as it imposes ***significant*** administrative burdens on insurers. |
| 1.2 | 3 | "RRTWP" | The name of this plan should be broadened or varied as many employers and insurers often refer to suitable duties plans as RTW Plans. The reference of a RRTW Plan is a very similar name to a RTW plan and likely to cause confusion. |
| 1.3 | 3 | "(b) is developed in consultation with the worker, the employer supporting recovery at work and registered persons treating the worker." | With regard to "consultation" with a registered person treating the worker, is it sufficient to review a worker's compensation medical certificate to prepare the plan and then send to registered person for comment (if any)? Will that process satisfy the consultation process? Do all registered persons need to be consulted with at all times – GP, physio, surgeon? This is highly administrative and excessive, not to mention that their limited availability is likely to significantly delay achievement of consensus/approval and may disadvantage the worker in many instances.<br><br>Consultation with the worker - will it suffice if the self-insurer discusses the RRTWP as part of the initial statement template, plus RRTWP outlined in a fact sheet shared at the start of the claim? Further and based on the model currently adopted by one Self Insurer, the worker and stakeholders then have 5 days to provide a response for any suggested changes after the RRTWP is prepared and circulated. To date this model has been working well. |

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| 1.3 | 3 | "The Act requires that insurers must take all reasonable steps to coordinate the development and maintenance of a RRTW plan for workers who have sustained an injury (on acceptance of their claim*). However, the Act does not subscribe a 'one size fits all' RRTW plan. The format of the plan may vary, and the level of detail required will depend on the complexity of the worker's injury and their individual rehabilitation needs." | Please provide further clarity regarding the terms "reasonable steps" and "on acceptance of their claim". Is the "complexity of a claim" dependent on the amount of lost time? How is "complexity" measured – time lost, multiple injuries, likely claim costs? Are self-insurers meant to adopt all the different versions of plans listed in the Appendix, or are these version examples/suggestions only? Could a self-insurer reduce the number of versions to simplify the process, assuming each version contains the required information? |
| 1.4 | 3 | "The RRTWP should be regularly monitored and updated to reflect any changes or new information about a worker e.g., new medical information." | The terms "regularly monitored", "any changes", "new information" and "new medical information" may relate to a new workers compensation medical certificate being issued on a claim, with only a subtle change to an injured worker's restrictions. We propose that the obligation to complete a new RRTW Plan following "any changes" is highly onerous on the self-insurer and burdensome and behalf of the employer and medical providers. Medical providers also charge fees with regard to considering each new RRTW Plan and frequent changes to the plan would cause excessive administration and associated costs. We would therefore submit that the threshold of "any changes, new information or new medical information" should be considered by an insurer but a new plan not developed unless there is a considerable change to an injured worker's circumstances or medical information. It is proposed that a plan is revised and updated at a minimum of every 3 months unless there is a considerable change to an injured workers circumstances or medical information. |

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| 1.5 | 3 | "This guideline establishes the minimum requirements you, the insurer, must incorporate in a worker's individual rehabilitation and return to work plan (RRTW plan) to support rehabilitation and facilitate the worker's early, safe and successful return to work, or to maximise the worker's independent functioning following an injury." | As there are a number of different formats for the RRTW Plan and claims often change depending on recovery progress, how does a self-insurer know they are meeting "minimum requirements"? While we can see there has been some attempt to separate claims in Appendix A – this Appendix is unnecessarily complicated and doesn't reflect the fact a claim may fall in and out of the different categories at different times. If this does occur, does a new RRTWP need to be created in each instance? |
| 1.6 | 4 | Table setting out Accredited Rehabilitation and return to work program (ARRTW program) | Please refer to our earlier submissions regarding this table in the Appendix 1 Overview above. |
| 1.7 | 5 | "Key stakeholders may include the worker, employer and/or direct supervisor, insurer, rehabilitation and return to work coordinator (RRTWC), health and safety officers, treating health providers, as well as a worker's family, legal or union representatives, support person, and health and safety representatives." | We do not believe that "all stakeholders" should be advised of any changes to the RRTW Plan. Only the key stakeholders including injured workers, medical specialists and the employer should be sent a RRTW Plan as they are the only parties signing the document. Should the injured worker wish to distribute their Plan to an allied health provider, worker's family, lawyer, union or other party, this should be the responsibility of the injured worker. This will also ensure privacy is protected and limit the administrative burned of distributing multiple plans on multiple occasions across the course of a claim. |
| 1.8 | 6 | "On acceptance of a claim:<br>• Contact the worker to start developing a RRTW plan. The format of the plan may vary, and the level of detail required will depend on the complexity of the worker's injury and their individual rehabilitation needs. See Appendix A for a matrix to assist in determining the level of detail required in developing a RRTW plan." | The Guidelines indicate the RRTW Plans need to be sent on claim acceptance, but this part indicates you only start developing a RRTW Plan once you accept a claim. What is the permitted timeframe for this process? Furthermore, if you have to liaise with all stakeholders prior to developing a plan, this may significantly delay the development of a plan and cause a heavy administrative burden and associated costs.<br><br>Appendix A – this Appendix is unnecessarily complicated and doesn't reflect the fact a claim may fall in and out of the different categories at different times. If this does occur, does a new RRTWP need to be created in each instance? |

| 1.9 | 6 | "Communicate with the workplace health and safety representative and rehabilitation and return to work coordinator (RRTWC) to ensure the incident has been investigated and risk factors have been addressed as far as reasonably practicable." | This requirement should only apply on a case by case basis and is not required for all claims. |
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| 2.0 | 6 | "Determine whether you will engage a WRP (workplace rehabilitation consultant) to assist in developing and/or implementing the RRTW plan. (You will remain responsible for ensuring the RRTW plan meets legislative requirements.)" | This proposed step in developing a plan will greatly depend on what constitutes a "suitably qualified" person to complete a plan. The introduction of a specific certification (e.g. Certificate 4 in case management) is a new addition to the draft guidelines and has not been mentioned in any earlier parts of the consultation process. This requirement for certification of employees has not been raised previously with any self-insurers. It would not be economical nor beneficial to outsource all lost time claims to an external provider who may hold such qualifications. Self-insurers have a close relationship with their employer and are best suited to working collaboratively to plan and reach return to work goals. Involving a third party or WRP should be at the full discretion of the insurer in instances where they believe 3rd party involvement will assist the injured worker.<br><br>What are the implications for a self-insurer if the RRTW assessment is not referred to a "suitably qualified person"? What is the criteria for this qualification?<br><br>It would be incredibly burdensome and costly to refer all time lost claims to a WRP. There is no evidence that involvement of a WRP would improve a workers' outcome in a claim. If anything, it would unnecessarily involve another person in a claim without any proven benefit. |

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| 2.1 | 6 | "Ensure the RRTW plain is written clearly and can be understood by the injured worker (e.g. you will arrange an interpreter if required; you will provide access to a screen reader for a visually impaired worker, etc.)" | This step should only be considered on a case by case basis (if required) and not routinely advised on all plans as it over complicates plans. |
| 2.2 | 6/7 | Elements of a RRTW Plan. | Is it possible to clarify whether it is at the insurer's discretion how many of the elements are included in each RRTW plan?<br>The list of elements of a RRTW Plan includes many items that would be useful for some cases but over the top for others (e.g. functional and psychological demands of the pre-injury role).<br><br>Details of other health conditions that may impact on rehabilitation. With regard to medical treatment, do you need to list previous treatment or only ongoing treatment?<br><br>With regard to the job tasks and restrictions – can you refer to the separate suitable duties or RTW Plan developed by the employer.<br><br>With regard to "details of physical and mental demands of essential duties and tasks" – how would this be addressed?<br><br>With regard to "…the provider will be monitored and assessed" – how do you propose this is done and how is this evidenced?<br><br>Given the RRTW Plan will be widely distributed, there are concerns about privacy / confidentiality if the plan lists other health conditions that the worker has. |

| 2.3 | 8 | Reviewing RTW Plans | This requirement seems fairly broad to begin with (- i.e. reasonable review timeframes) but then becomes very specific and burdensome when an insurer is expected to update a RRTW Plan "when new information such and medical reports and correspondence is received". This is confusing and a highly onerous task for self-insurers to complete. Please refer to our earlier submissions regarding what constitutes "new medical information" etc. Is it a new medical certificate being issued each and every time?<br><br>Furthermore, with appointing a single point of contact, while this is desirable, it's not always possible and insurers should not be penalised for this. This requirement appears to be very prescriptive and not acknowledging that different businesses manage rehabilitation and return to work and self-insurance in different ways that suit their operations. |
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| 2.4 | 8 | Measuring Success | Do the measures/results need to be included in the RRTW Plan? |
| 2.5 | 8 | Records Management | Mentions that an *authority is required* – is the approved claim form considered enough of an authority for the insurer, or is there an assumption that further authorities would be obtained?<br><br>Generally, what happens if the worker doesn't agree with the RRTW plan outlined? We cannot see anywhere in the document where it says it needs approval of all parties or signatures. Is it sufficient that a copy is provided FYI of these documents, and to invite the worker or other stakeholder to get in touch within a specified timeframe to discuss if they have any concerns? |

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| | | | For privacy reasons many insurers limit disclosure of the RRTW Plan to GP, employer and treating specialist and obtain relevant consent. The blanket approach to send RRTW plans to all "relevant" stakeholders who meet your definition is at odds with this requirement. It would be incredibly burdensome for the self-insurer to obtain additional consent forms from all stakeholders. Who decides who is a "relevant stakeholder" in a claim and for RRTW Plan purposes? Will a self-insurer be penalised if they don't include "all relevant stakeholders"? What happens when a treating practitioner or stakeholder has limited or infrequent involvement in a claim? |
| 2.6 | 10 | Appendix A | Hypothetically, if we were to implement what is suggested in Appendix A that could potentially require one file note script & 5 versions of a RRTW Plan within a short period of time. The administrative burden will be significant, cumbersome and expensive to implement.<br><br>- File note template for MEO with specific info recorded<br>- IMP 1 *TI <2 weeks/10 BD<br>- IMP 2 *TI 2 - 4 weeks/11 to 20 BD<br>- IMP 3 *TI > 4 weeks<br>- IMP 4 *Psych injuries<br>- IMP 5 *Physical/Secondary Psych |
| 2.7 | 10 | Appendix A "stakeholders" | With regard to Treating Health Providers - can this be treating medical providers or does it have to include Allied Health Providers too?<br>How are workers, employers and treating health providers meant to be advised about a file note on a claim file for a MEO claim? We don't believe they need to be advised, but this is unclear in the Appendix. |
| 2.8 | 10-12 | Appendix A - Expectation rehabilitation and Return to work elements. | For a simple MEO claim, why would a case officer need to type out a file note with contact details for all the providers? All of this information is readily available on a claim file and doesn't need to be spelled out again in a file note. This is unnecessarily burdensome for a simple MEO claim and serves no purpose. |

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| | | | For time lost claims greater than 2 weeks it refers to RRTW Plan *may* be referred to a WRP. Can you confirm that it is a self-insurer's choice not to refer to a WRP (Certificate 4 in case management")? Further examples in Appendix B refer to appointing of WRP "if required". This requirement appears inconsistent across Appendix A and Appendix B. It is our submissions that self-insurers should make their own decisions as to when they would like to use the services of a WRP to assist with rehabilitation and return to work planning. It should not be a requirement for particular time lost claims prescribed in the guidelines and has no legislative basis. Furthermore, there has been no prior consultation, agreement, legislative or policy decisions that self-insurers must employ/utilise case officers who hold formal qualifications of a Certificate 4 in Case Management or that they must refer cases to a WRP in certain instances. |
| 2.9 | 15-32 | Appendix B and C – signature of stakeholders / compliance with s.220(7) | Can a RRTW plan be sent to a worker and other stakeholders as part of consultation process, with the parties invited to make further submissions or raise concerns within 5 BD? Would this meet consultation requirements, or must there be a prior discussion/communication? What happens if the stakeholders don't sign the RRTW Plan? Can it be deemed accepted if no issues or concerns are raised to a draft within 5BD? In a predominantly paperless environment, many workers will be unable to print sign and a return a RRTW Plan. This step is too onerous and complicated for the workers. |

| 3.0 | | **Additional submissions from a self insurer and member of ASIEQ:**<br>1. The matrix at Appendix A sets out the level of detail required for six types of claims.<br>- Medical Expenses Only (MEO)<br>- Time lost – less than 2 weeks<br>- Time lost – 2 to 4 weeks<br>- Time lost – more than 4 weeks<br>- Primary mental health claims<br>- Physical with secondary mental health claim.<br>For each of the above six claim types, there are also other criteria listed for that claim type. It is not clear whether all those criteria must be met for a claim to qualify to be that type of claim. It needs to be clarified whether all the criteria must be met for a claim to be classed into one of the six claim types.<br><br>2. The guideline focuses mainly on the initial steps of developing a plan. It is not clear that as the claim changes (e.g. from time lost to MEO, or physical only to physical + psych), does the type of plan change accordingly?<br><br>3. Furthermore, with regards to the various durations mentioned in the claim types (e.g. Time lost 2 to 4 weeks), it is not clear whether this is based on predicted duration, the medical certification, or the duration that has transpired to date. This needs to be clarified.<br><br>4. It is noted that the guideline stipulates that the plan is to include "*Confirmation and date that the RRTW plan is sent to <u>all stakeholders</u>*" and that "*When significant amendments are made to a RRTW plan, a copy should be given to all relevant stakeholders to ensure continuity of information and care*". However, the document defines the stakeholders as follows: "*Key stakeholders may include the worker, employer and/or direct supervisor, insurer, rehabilitation and return to work coordinator (RRTWC), health and safety officers, treating health providers, as well as a worker's family, legal or union representatives, support person, and health and safety representatives.*" It is not practical or reasonable to give the plan to all these stakeholders. It should be limited to the worker, employer and/or direct supervisor, insurer, rehabilitation and return to work coordinator (RRTWC), and treating doctor. Could you please seek clarification that we do not have to give the plan to health and safety officers, treating health providers, as well as a worker's family, legal or union representatives, support person, and health and safety representatives. |
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# Appendix 4 – Typographical and Grammatical comments

## Overview of RRTW

Page 2 (typo) for "establishes"

Section 220 of the Act stablishes when an injured worker *must* and *may* be referred to an insurer's ARRTW program.

Page 3, bullet point 2 – preinjury is not consistent with other references with the hyphen included

Page 3 – workers' should be worker's

*A RRTW plan is a tool for insurers to coordinate effective planning, management and review of a workers' rehabilitation and return to work, and to promote collaboration and coordinate communication between all stakeholders involved in facilitating rehabilitation and return to work.*

Page 4 – wonder whether 'with' should be 'within' or 'in'?

*The terms return to work plan, suitable duties plan, injury management plan are sometimes used to describe a suitable duties program, however, these are not terms used with the Act.*

Grammar – should be 'worker's'

A *Work capacity certificate – workers' compensation* can be completed by doctors, nurse practitioners or dentists involved in treating the workers injury. In the following sentence, the italics are not consistent for the reference to the certificate.

Page 5 – paragraphs lack spacing

Page 5 - *Insurers are also responsible for developing a rehabilitation and return to work plan for each claim.* This doesn't include the previous caveats – are we assuming that it's only a "claim" once it's accepted – prior to that it's an application?

Pages 5 and 6 – would it make more sense to include all the employer roles together (e.g. employer, supervisor, RRTWC)?

Page 6 – might be useful to include psychologists/mental health workers under treating health professional list given the focus on psych claims/psychosocial risk mitigation. Why are we suggesting allied health providers can issue certificates?

Page 7, third paragraph – excess "."

## ARRTW Program Guideline – Revised June 2022

- ToC – formatting issues
- Page 3 – bullet point punctuation consistency
- Page 5 – reference to AARTW instead of ARRTW (on two occasions)
- Page 6 – Seems that the reference should be to a RRTW program if it hasn't been accredited? *For your ARRTW program to be accredited,*
- Page 6 – refers to definitions as per the Act and also references the document about roles and definitions, but not all of those stakeholders are referenced in said documents….

- Page 7 – communication and collaboration – looks like bullet point 3 should be 2 separate points?
- Page 8 – missing the word 'program' - *Your ARRTW must explain:*
- Page 8 – reference to getting extra input/Cert IV – what is considered "suitably qualified" for a claims manager?
  It is confusing why there seems to be an expectation for a formalised rehab assessment to develop a plan given the plan is required for every claim?
- Page 8 – final section - 'workers'' should be 'worker's'
- Page 9 – final bullet point of first list – missing ')'; alignment of first point of second list
- Page 10 – similar references to an accredited program being reviewed to become accredited….

General – the reference to having everything covered in one document may impact some self insurers where they had referred to different source documents forming part of their ARRTWP.

## RRTW Plan Guidelines – revised June 2022

Page 2 – alignment

Page 6 – bullet point 3 – this appears a lot more prescriptive suggesting external providers should be involved – this appears to be a new expectation

*See the Accredited rehabilitation and return to work program guideline – for insurers for more details on when to refer for the assessment of RRTW needs and what should usually be included in an assessment of RRTW needs.* ***Appendix A*** *also provides a matrix to assist in determining the level of detail required in assessing RRTW needs.*

Page 6 – reference to WRP being workplace rehab consultant – should be provider to be consistent with the definitions document and other docs (and the actual abbreviation)

Page 12 – criteria for 2-4 week TI suggests SDP can't be arranged without further input – need to clarify these are examples for relevant criteria – not an all or nothing….otherwise options where SDP is available but 2-4 weeks off first are not covered…

Page 14 – PPI's should be PPIs

Page 20 – Supervisor role – the first point refers to "you" whereas the rest of the references are to "worker"

Templates refer to "Injured Worker's" – was the historical preference not to move away from "injured worker" to "worker"?

Page 24 – the word "medical" seems superfluous – an independent medical psychiatrist/specialist

Page 28 – Cymbalta has incorrect spelling in the doc