



**2025 Comcare Licensee Audit**

**Australian National University**

**FINAL REPORT**

**Rehabilitation Management System Audit**

**Audit Date: 14 – 15 January 2025**

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**rehabilitation**

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## Scope of Review/Audit

<b>Organisation:</b>	Australian National University ('ANU')
<b>Site/Workplace:</b>	Review conducted remotely
<b>Scope of Audit:</b>	<p>The review/audit examined ANU's rehabilitation management system, processes and outcomes to validate that ANU is meeting its licence conditions and is complying with the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act) and the <i>Guidelines for Rehabilitation Authorities 2019</i> (the Guidelines).</p> <p>16 rehabilitation case files were examined by the auditors. These files were randomly selected from a list of 26 rehabilitation case files where some activity had occurred in the previous 12 months.</p> <p>Overall findings are based on the identification of issues that are considered to be systemic rather than isolated incidents.</p>
<b>Audit Criteria:</b>	<p>This review/audit assessed the rehabilitation management system against three elements:</p> <ol style="list-style-type: none"><li>2. Planning (1 criterion)</li><li>3. Implementation (10 criteria)</li><li>4. Measurement and Evaluation (1 criterion)</li></ol>
<b>Ratings:</b>	<p>The findings in the review/audit report have been classified and marked as follows:</p> <p><b>Conformance</b>—indicates that the criterion has been met.</p> <p><b>Non-conformance</b>—indicates that the criterion has not been met.</p> <p><b>Not able to verify</b>—indicates that the organisation has documented procedures in place however there are no cases to test that the organisation has followed those procedures. It is expected that this classification will only be used in limited circumstances and where applied, the reasons for the finding will be explained by the auditor.</p> <p><b>Not Applicable</b>—indicates that the criterion does not apply to the organisation.</p> <p>Where a criterion has been met but the auditor has identified a 'once off' situation or a 'minor' deviation from the documented management system or reference criterion, an <b>Observation</b> may be made. These findings, while representing a non-fulfilment of a requirement, are recognised as being of lower risk to the organisation.</p>
<b>Date(s) of Audit:</b>	14 – 15 January 2025
<b>Auditors:</b>	Sophie Anastasov and Ritu Barhmi, BRM Risk Management Pty Ltd ("BRM")

**Client Contacts:** Lisa McLoughlin, Senior Consultant Claims Management, ANU  
Ingrid Krauss, Manager Injury, Prevention & Wellbeing, ANU

**Record of Audit:** This report contains a summary of the review/audit outcomes. Detailed information is not recorded in the report. A record of the documentation and records sighted, persons interviewed, observations and auditor comments are retained on the auditor's file.

**Acknowledgment:** BRM Risk Management Pty Ltd wishes to acknowledge the cooperation and assistance provided by the management and staff of ANU and thank them for their contribution to the review/audit process.

## Executive Summary

Australian National University has held a self-insurance licence under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) since 1 July 2018. Their licence is due to expire on 30 June 2026.

The last review was undertaken by Comcare in July 2023. The Non-conformance (3.13) and Observation (3.9) noted from the last audit have been remediated.

BRM was requested to undertake a file audit only. It is important to note that this audit did not encompass a review of documented systems, procedures, or processes. Overall, the audit highlighted strong adherence to rehabilitation guidelines, with minor areas identified for improvement.

Upon receiving injury reports, immediate contact and review with the ANU Rehabilitation Case Manager were conducted. Comprehensive initial needs assessments were promptly organised to facilitate the employee's return to suitable duties.

Return-to-work plans and rehabilitation programs were collaboratively developed with the employee, the treating doctor, and the rehabilitation provider. Case notes indicated consistent communication with all parties, with prompt responses to emails and correspondence. All rehabilitation determinations included a notice of rights and obligations.

The audit confirmed adherence to Section 9 of the rehabilitation guidelines, with elements of Section 37(3)(a)-(h) documented and attached to each rehabilitation program. Suitable duties were provided where there was a capacity for employment, or support was offered when the employee was working with another employer.

The file audit demonstrated ANU's robust compliance with established guidelines and protocols.

A total of 16 files were reviewed; 3 of these files had findings.

The audit period reviewed was from 1 January 2024 to 31 December 2024.

This audit has been conducted against the file related criterion of Comcare's RMS audit workbook, version 3.0, February 2021.

### Non-Conformances

No non-conformances were identified during the review/audit.

## Observations

One observation was identified during the review/audit.

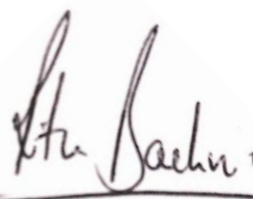
Criterion	Observation
3.7	Updated medical information to be included in documented section 37(3)(a)-(h) considerations.

In summary, for the 12 criteria within the rehabilitation management review/audit tool, the outcomes are:

	Number of criteria	% of assessed criteria
Conformance (with 1 Observation)	10	100%
Non-conformance	0	Nil
Not able to verify	2	
Not applicable	0	

The auditors invite ANU to discuss any aspect of this audit with the auditors.

  
Signed:  
**Sophie Anastasov**

  
Signed:  
**Ritu Barhmi**

Date: 21 January 2024

## Table of Criteria

Audit element/criterion description	Criterion	Rating
<b>2. Planning</b>		
Delegation schedule	2.1	Conformance
<b>3. Implementation</b>		
Employees are aware of rights	3.3	Conformance
Early intervention	3.5	Conformance
Rehabilitation assessments	3.6	Conformance
Rehabilitation programs	3.7	Conformance with 1 Observation
Suitable employment	3.8	Conformance
Determinations in accordance with the SRC Act	3.9	Conformance
Employee non-compliance	3.10	Not able to verify
Reconsiderations	3.11	Not able to verify
Privacy and confidentiality	3.12	Conformance
Reporting, records, documentation	3.13	Conformance
<b>4. Measurement and Evaluation</b>		
Monitoring provider performance	4.2	Conformance

## ELEMENT 2: Planning

### Administrative arrangements

#### Criterion 2.1

The rehabilitation authority has a delegation schedule, signed by the principal officer, as per section 41A of the SRC Act.

#### Finding: Conformance

<p><b>Evidence:</b></p> <ul style="list-style-type: none"><li>• ANU RMS Delegations Schedule, dated 19 May 2023</li></ul>
<p><b>Comment:</b></p> <p>The Delegation Schedule was signed by Brian Schmidt, Vice Chancellor of the Australian National University on 19 May 2023, and assigns the powers and functions of the rehabilitation authority under section 41A of the SRC Act to:</p> <ol style="list-style-type: none"><li>a. Chief People Officer</li><li>b. Deputy Chief People Officer (Safety and Wellbeing)</li><li>c. Manager Injury, Prevention and Wellbeing</li><li>d. Rehabilitation Case Manager</li></ol> <p>Powers and functions of the determining authority under section 62 of the SRC Act are delegated to:</p> <ol style="list-style-type: none"><li>a. Deputy Chief People Officer (Safety and Wellbeing)</li><li>b. Manager Injury, Prevention and Wellbeing</li></ol>
<p><b>File Audit:</b></p> <p>Of the ten files applicable to this criterion, file audit found confirmed compliance with this criterion. Rehabilitation determinations were signed by people with appropriate delegation.</p>

## ELEMENT 3: Implementation

#### Criterion 3.3

The rehabilitation authority communicates relevant information regarding the rehabilitation process to its employees including their rights and obligations.

#### Finding: Conformance

<p><b>File Audit:</b></p> <p>Of the 14 files applicable to this criterion, file audit confirmed compliance with this criterion. All determinations issued to employees were accompanied by a notice of rights and obligations. Return-to-work plans and rehabilitation programs were collaboratively</p>
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developed and signed by the employee. Case notes on file demonstrated consistent discussion and communication with the employee, providing evidence of promptly responded emails and correspondence.

## Early intervention

### Criterion 3.5

The rehabilitation authority implements an early intervention program, including the early identification and notification of injury.

### Finding: Conformance

#### File Audit:

File audit confirmed compliance with this criterion.

Upon receiving a report of injury, immediate contact and review with the Rehabilitation Case Manager are conducted. Following this, thorough initial needs assessments are promptly arranged with a rehabilitation provider to assist the employee return to appropriate and suitable duties. Copies of the assessment reports were sent to the employee.

## Rehabilitation assessments

### Criterion 3.6

The rehabilitation authority effectively uses the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.

### Finding: Conformance

#### File Audit:

File audit confirmed compliance with this criterion.

Section 36 assessments were conducted by approved workplace rehabilitation providers, with copies of the reports furnished to the employee. These reports comprehensively detailed the employee's work capacity, rehabilitation goals and timeframes, specific duties that could or could not be performed, barriers to returning to work, and whether a rehabilitation program was recommended.

All Section 36 determinations reviewed were made before the new provisions took effect on 30 October 2024. A "Section 36 Examination – Checklist" was provided, outlining the changes and steps to be followed in accordance with the "Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024."

## Rehabilitation programs

### Criterion 3.7

The rehabilitation authority provides rehabilitation programs in accordance with section 37 of the SRC Act and the Guidelines.

#### Finding: Conformance

##### **File Audit:**

Of the seven files applicable to this criterion, file audit found 2 individual findings:

- One finding where the most recent medical certificate information was not documented in the s37(3)(a)-(h) considerations.
- One finding where supervisor contact details was not completed in the rehabilitation program.

Overall, the file audit demonstrated compliance with Section 9 of the rehabilitation guidelines. The elements of Section 37(3)(a)-(h) were documented and attached to each rehabilitation program. The development of these programs clearly showed consultation with the employee, their treating doctor, and the rehabilitation provider, with all parties signing the final documents.

##### **Observation:**

Updated medical information to be included in documented section 37(3)(a)-(h) considerations.

## Suitable employment

### Criterion 3.8

The employer takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.

#### Finding: Conformance

##### **File Audit:**

Of the 11 files applicable to this criterion, the file audit identified one instance where suitable duties were not provided to the employee.

In this case, the employee possessed highly specialized skills and was unable to perform duties that required contact with the relevant supervisor. It appeared that alternative reporting arrangements had not been considered.

Apart from this exception, suitable duties were provided for all other claims where there was a capacity for employment, or support was offered when the employee was working with another employer.

## Determinations, Suspensions and Reconsiderations

### Criterion 3.9

The rehabilitation authority makes determinations in accordance with the SRC Act:

- (i) that are in writing and give adequate reasons;
- (ii) that are signed by the delegate;
- (iii) that are not retrospective.

### Finding: Conformance

#### Corrective Actions:

The last review found one Observation:

The University's system documentation is not in accordance with the SRC Act and the Guidelines as it still provides for issuing rehabilitation program closure determinations.

The requirement to issue such determinations ceased in 2019 when the amended Guidelines came into effect.

The Corrective Action Plan states:

Update Standard Operating Procedure – 'ANU Rehabilitation Manual' Section 6.11 to remove requirements for delegate signature.

Update rehabilitation closure form to remove requirements for signatures.

Advise Rehabilitation Case Managers of update to rehabilitation closure form.

The plan states this was completed 31 July 2023.

Section 6.11 of ANU's Rehabilitation Manual (v21.0, 17/10/2024) states "The RCM is to make the final decision to close the rehabilitation program and complete the Rehabilitation program cessation form detailing the rehabilitation outcomes achieved."

#### File Audit:

Of the seven files applicable to this criterion, file audit confirmed compliance with this criterion.

The file audit demonstrated that rehabilitation determinations were documented in writing, clearly outlining the terms of the determination, the reasons for the decision, and a statement of the right to reconsideration. The Rehabilitation Case Manager responsible for making these determinations possessed the necessary delegation and all determinations were signed prior to the program's commencement date.

Evidence on file clearly showed that consultation with the employee, treating doctor, and rehabilitation provider occurred prior to making any alterations to rehabilitation programs.

### **Criterion 3.10**

The rehabilitation authority makes determinations in relation to employee non-compliance in accordance with the SRC Act, the Guidelines and their written policy and procedures.

#### **Finding: Not able to verify**

##### **File Audit:**

File audit found no activity relevant to this criterion.

### **Criterion 3.11**

The rehabilitation authority complies with the provisions of the SRC Act when managing reconsiderations of determinations or reconsiderations of own motion (criterion applicable to licensees only).

#### **Finding: Not able to verify**

##### **File Audit:**

File audit found no activity relevant to this criterion.

## **Confidentiality**

### **Criterion 3.12**

The rehabilitation authority maintains the confidentiality of information and applies legislative requirements.

#### **Finding: Conformance**

##### **File Audit:**

File audit confirmed compliance with this criterion.

The files contained no records pertaining to other employees, ensuring confidentiality was maintained. Additionally, no information was requested or released without the appropriate authorisation, demonstrating strict adherence to privacy protocols.

## Document management

### Criterion 3.13

The rehabilitation authority maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management system and legislative compliance.

### Finding: Conformance

#### Corrective Actions:

The last review found one Non-conformance:

The file review demonstrated that The University did not maintain the relevant level of reporting resulting in discrepancies in the auditable trail.

The Corrective Action Plan states:

Update Standard Operating Procedure – 'ANU Rehabilitation Manual' Section 9.45 to specify requirements for Figtree code field update for correct Claims Data Warehouse (CDW) reporting:

'Return to Work Update – s36 Tab' M1 to M2 once a claim progresses from initial assessment to rehabilitation program.

Rehabilitation Case Managers to be advised about requirements for Figtree code update M1 to M2 'Return to Work Update – s36 Tab' once a claim progresses from initial assessment to rehabilitation program.

Rehabilitation Case Managers to update Figtree code (M1 to M2) for all rehabilitation programs where this has not occurred correctly.

The plan states this was completed 31 July 2023.

Reporting to the Commission Data Warehouse cannot be assessed by BRM.

Section 9.4.5 of ANU's Rehabilitation Manual (v21.0, 17/10/2024) states "If a program progresses to a s37 Rehabilitation Program, the Section 36 tab 's36 assessment type' drop down field needs to be updated to ensure that accurate Claims Data Warehouse (CDW) reporting occurs as part of the monthly submission to Comcare."

#### File Audit:

File audit confirmed compliance with this criterion.

Files are maintained on the Figtree system. The system provides for document tracking and protection from deletion.

## ELEMENT 4: Measurement and Evaluation

### Monitoring

#### Criterion 4.2

The rehabilitation authority monitors rehabilitation providers' performance in terms of quality of service delivery, costs, progress reports and outcomes.

#### Finding: Conformance

**File Audit:**

File audit confirmed compliance with this criterion.

Workplace rehabilitation providers were engaged in 15 of the 16 files reviewed. Case notes demonstrated regular communication between ANU and the rehabilitation provider regarding the employee's rehabilitation progress, as well as feedback provided to the rehabilitation provider. Each file also contained documented progress reports.