



*Tasmanian Association of  
Vocational Rehabilitation Providers  
Incorporated*

**Code of Principles and Practice**

**01/06/2006**

## Purpose

The following code was drawn up by the Membership sub-committee of the Tasmanian Association of Vocational Rehabilitation Providers Inc.

This Code of Principles and Practice provides professional guidance to the members of the Tasmanian Association of Vocational Rehabilitation Providers Inc (TAVRP). The Code is primarily intended to be self-regulatory and promotes the highest ethical and professional standards of conduct for members of TAVRP and for the occupational rehabilitation industry in general.

While this Code sets out the overarching principles and practices to be followed by occupational rehabilitation providers, it is underpinned by the objective competency standards set out in the Competency Standards and Guidelines for Occupational Rehabilitation Professionals.

## Introduction

Occupational Rehabilitation utilises the workplace and the knowledge and skills of a number of professions to shape the rehabilitation process.

The occupational rehabilitation provider should be committed to the most timely and complete physical, social, psychological, vocational and economic recovery of the injured person. This would be achieved through the integration of professional and work activities, where relevant, with the support of the injured person, employer, treating doctors, paying authority and relevant other stakeholders.

The provider must have a commitment to encouraging the earliest possible referral to rehabilitation and return to work (RTW). This RTW must be commensurate with the advice of medical practitioners and other treating professionals, injured person and employer.

The challenge of occupational rehabilitation is to use the best combination of professional skills to achieve optimum outcomes for ill or injured persons.

The following principles focus on the most important aspects of practice to ensure successful occupational rehabilitation. The key principles are:-

1. Professional ethics
2. Professional practice
3. Commitment to workplace-based rehabilitation
4. Effective practice management.

## Definitions of Rehabilitation and Occupational Rehabilitation

**Rehabilitation** is a process by which ill or injured people are restored to their optimal physical, psychological, social, vocational and economic status.

**Occupational Rehabilitation** is the process of speedily reinstating ill or injured persons to their previous employment or optimum status commensurate with medical and professional advice. Occupational rehabilitation addresses the physical, psychological, social and vocational components of injury and incapacity with a planned and co-ordinated strategy, utilising work activities wherever possible to achieve optimum outcomes.

### Other Definitions

**Provider** means occupational rehabilitation provider;

**Injured Person** means the person who has suffered illness or injury, whether through their employment or other circumstances, and to whom occupational rehabilitation services are delivered by the provider;

**Privacy Amendment (Private Sector) Act 2000 (Commonwealth)** is referred to as the *Privacy Act*.

**Referral** means any notification received by the provider from any key stakeholder, advising the provider of the need of an injured person for occupational rehabilitation services;

**Stakeholder** refers to any of the main parties involved in the injury management process following the sustaining of an injury or illness by an injured person. This primarily includes the injured worker, his/her employer, treating doctor(s), paying authority (eg, insurer) and provider. Others may be involved depending on the individual situation;

**Workplace** includes all locations and situations associated with the normal or potential alternative duties of the injured person.

# PRINCIPLES

## 1 PROFESSIONAL ETHICS

High standards of professional conduct and practice are expected of all providers. Standards of professional practice will take account of all relevant statutory requirements.

### 1.1 Professional Qualifications for Providers

Occupational Rehabilitation Services should only be provided by individuals who comply with the *Code of Principles and Practice* and who are eligible for full membership of the TAVRP Incorporated. Associate Members under supervision (as specified in the *Competency Standards & Guidelines for Occupational Rehabilitation Professionals*) may also provide occupational rehabilitation services.

### 1.2 Demonstration of Competence

Providers should be prepared to demonstrate their competence as stated in this Code of Principles and Practice and in accordance with TAVRP Competency Standards and Guidelines for Occupational Rehabilitation Professionals.

Providers must acknowledge the limitations of their service capacity and never work outside that scope.

### 1.3 Respect for Diversity

Providers must be sensitive to injured persons' needs irrespective of their age, disability, colour, culture, race, ethnic group, gender, marital status, sexual orientation, religion or socio-economic status.

### 1.4 Injured Persons' Rights and Responsibilities

Providers need to inform injured persons of the purpose, goals, techniques, limitations, potential risks and benefits of the occupational rehabilitation process. As part of this process, providers must clearly advise injured persons of their rights and responsibilities as well as the possible consequences of not meeting these responsibilities.

Injured persons have the right to request access to those records which contain their personal information, held by their provider. Providers must have procedures in place to provide this access when it is appropriate to do so.

## 1.5 Open and Honest Communication

Providers need to actively facilitate an open, honest and objective communication process to achieve a balanced occupational rehabilitation outcome.

## 1.6 Conflict of Interest

Any situation, relationship or other activity undertaken by the provider that, by virtue of its continuance, potentially prejudices the objective outcome of professional rehabilitation practice, would be seen to be a conflict of interest. Any conflict of interest must be declared and an agreed position accepted by the relevant stakeholders.

## 1.7 Ongoing Professional Development

Providers must have a commitment to continuing education in order to maintain a high level of awareness of current best practice and new developments in their professional fields. Providers must aim to continually develop insights from such relevant information in order to improve competence and meet continually rising industry standards.

## 1.8 Privacy

Providers must ensure that their practice conforms with the provisions of the Privacy Act and any other related legislation.

# 2 PROFESSIONAL PRACTICE

## 2.1 Referrals to Occupational Rehabilitation

Referrals to an occupational rehabilitation provider can only be accepted by the provider when there is agreement and support from the injured person, relevant employer, paying authority and treating doctor.

Providers must respond to referrals in a timely fashion consistent with professional best practice.

Providers should only provide occupational rehabilitation services within the scope of the approval given by the paying authority.

## 2.2 Involvement of Key Stakeholders

Effective rehabilitation is goal oriented, and requires the expertise of a range of professionals with medical, allied health and occupational rehabilitation backgrounds, as well as input from the main involved parties including the injured person, employer and paying authority (where relevant). This process is co-ordinated by the provider.

## 2.3 Consent of the Injured Person

The provider should obtain the written consent of the injured person before establishing contact with any involved treating health professional and obtaining or releasing information pertaining to the injured person. Injured persons should be advised of their right to withdraw their consent.

## 2.4 Active Participation of the Injured Person

Providers must encourage the active and ongoing participation of the injured person in the development, implementation and monitoring of their rehabilitation programme.

## 2.5 Involvement of Treating Professionals

Effective communication between the provider and the treating professionals is essential to achieving effective occupational rehabilitation outcomes.

Any rehabilitation activity developed by the provider must be within the medical management guidelines as set down by the treating doctor.

The treating doctor must be kept informed by the provider of key aspects of the injured person's occupational rehabilitation progress. The treating doctor must be consulted in regards to the injured person's capacity and restrictions concerning any proposed return to work plan for that injured person.

Providers should be aware of available services and related competencies to ensure that an appropriate mix of professional skills are utilised to facilitate the best management of injury or illness.

Providers should promote the exchange of information with others involved in each case to enable provision of appropriate services to the injured person.

## 2.6 Involvement of the Paying Authority

The paying authority, usually the insurance company, must be reported to on a regular basis according to the appropriate standards existing between the provider and the paying authority.

The paying authority should also be consulted in regard to significant developments in the occupational rehabilitation plan, and approval sought for any new initiatives being proposed.

The provider must respect the role of the paying authority and at no time engage in any practice or communication which could be interpreted as action likely to influence the management of the claim.

## 2.7 Involvement of the Employer

Providers must enlist the active involvement of appropriate people in the workplace to facilitate rehabilitation of the injured person (refer Principle 3).

## 2.8 Confidentiality

Providers are responsible for securing the safety and confidentiality of any personal records they create, maintain, transfer or destroy, whether the records are written, taped, computerised or stored in any other medium.

Case records must be kept confidential, and are for the exclusive use of the provider. Where an employer in-house rehabilitation service exists, case records must be kept confidential and separate from human resource records.

## 2.9 Case Acceptance for Assessment and Rehabilitation

All appropriate cases referred to a provider should be accepted for assessment and, where relevant, subsequent occupational rehabilitation. This is subject to the provider's capacity to provide the required services and approval by the relevant paying authority for the related occupational rehabilitation costs.

Cases not accepted for assessment or inappropriate for rehabilitation should be discussed with the referring agent and any other relevant parties.

## 2.10 Rehabilitation Plan

Providers will develop a rehabilitation plan with the input of the injured person and key stakeholders, identifying agreed goals, strategies, estimated time frames and costs.

Providers must regularly monitor and review the rehabilitation plan. If at any time the agreed occupational rehabilitation goals are determined to be no longer achievable, the provider must ensure that appropriate consideration is given to alternative directions and a new plan developed.

If there are no alternatives within the capacity of the provider's scope of service, the provider must close involvement and negotiate with the key stakeholders to determine an alternative management strategy for the injured person.

Providers must ensure the rehabilitation plan clearly shows the responsibilities of those stakeholders actively involved in the injured person's occupational rehabilitation.

## 2.11 Case Records and Reports

Providers need to provide sufficient documentation (eg, file notes, rehabilitation plans, return to work plans, reports) in a timely and professional manner. Such documentation should include factual information necessary for rendering professional services to injured persons as required by relevant laws and regulatory authorities.

Providers shall only provide pertinent information to employers, paying authorities, medical practitioners or WorkCover Tasmania. All reports should be discussed with and made available to the injured person.

## 2.12 Interpreter Services

Providers should use approved or other professional language interpreter services when necessary. Providers should not rely on the relatives or friends of the injured person for interpreting within the occupational rehabilitation process due to the increased risk of inaccuracy.

## 2.13 Case Closure

The provider's involvement should cease when the occupational rehabilitation objectives have been achieved or when no further cost effective benefit is likely to be achieved. In the latter situation, the provider should make specific recommendations regarding further assistance to the injured person. Key stakeholders should agree on the appropriateness of case closure.

# **3 COMMITMENT TO WORKPLACE-BASED REHABILITATION**

Providers must be committed to utilising the work environment and workplace-based activities in recognition of the principle that the normal pre-injury environment is the most effective and positive influence in achieving optimum occupational rehabilitation outcomes.

Providers need to understand and be familiar with the injured person's workplace environment in order to facilitate the rehabilitation process.

### 3.1 Utilisation of Work and the Workplace

Providers, in consultation with the injured person, treating practitioners, employer and others in the workplace as well as paying authority and relevant union if appropriate, should aim to utilise the injured person's workplace within the rehabilitation programme as far as possible, commensurate with medical advice and within the constraints of the workplace environment.

Providers should visit the workplace as often as is necessary to facilitate the earliest return to work of the injured person. Once this has been achieved, the provider will regularly monitor the injured person's progress, modifying the rehabilitation plan as appropriate.

### 3.2 Knowledge of Occupational Health and Safety Practices in the Workplace

Providers should become familiar with the occupational health and safety practices and procedures in the workplace environments they visit.

Providers must be familiar with the work activities, work environment, workplace materials and equipment so that the rehabilitation plan is relevant to the work environment.

Providers should be aware of and recognise workplace hazards so that alternative or modified duties do not endanger the injured person or other persons. Providers who become aware of unsafe practices or hazards in the workplace should advise the management of that workplace.

### 3.3 Communication with Employers and Employee Representatives

The provider must be aware of the organisational structure, industrial arrangements and communication channels which affect the workplace.

Providers should understand the industrial relations, rehabilitation policies and procedures applying to the workplace so as to design rehabilitation programmes which are correspondingly relevant.

Providers should develop effective communications with significant people in the organisation, including union representatives, human resources management, occupational health and safety staff and supervisors, as well as management.

Providers must be sensitive to the industrial principles, awards and general conditions of employment in the workplace. The values and attitudes of employers, employees and unions, and their roles and functions in the workplace need to be recognised and understood.

Providers must be aware of industrially sensitive issues associated with the occupational rehabilitation process.

### 3.4 Alternate Employment

Providers must understand the workers' perceptions of the quality and status of different jobs in the workplace so that advice on suitable alternative duties reflects these factors.

Providers must ensure that alternative employment options are realistic, consistent with medical and vocational guidelines and are likely to provide meaningful and sustainable employment.

## 4 EFFECTIVE PRACTICE MANAGEMENT

Providers must have efficient methods of management in their occupational rehabilitation practice.

### 4.1 Effective and Responsive Services

Providers must clearly define their operational goals and responsibilities. Management processes will facilitate effective and responsive services.

Providers will have adequate resources and support systems to ensure efficient communication and record management.

### 4.2 Quality Management

Providers must have procedures that allow for evaluation of their services. This will include information systems that collect stakeholder feedback and data required for the efficient monitoring of occupational rehabilitation process and outcomes in order to improve service performance.

Providers should be willing to participate in any industry and/or government approved national or state based data collection system with regard to occupational rehabilitation outcomes.

### 4.3 Sound Financial Management

Providers must have adequate financial resources to meet professional practice standards.

Providers should meet acceptable accounting standards.

#### 4.4 Service Fees

Providers must provide only reasonable and appropriate services which should be delivered in a cost effective manner. The provider must establish and maintain billing records that accurately reflect the services provided, the time required and the relevant hourly rate (where applicable). The records must also clearly identify the consultant who provided the service.

#### 4.5 Promotion

Providers may discretely promote their services to inform potential clients and referral agencies on a factual basis of the services provided. Any promotion should be consistent with the general standards applying to advertising by professional groups.

#### 4.6 Risk Management

Providers should be aware of the risks associated with managing their occupational rehabilitation practice and adopt appropriate risk minimisation strategies such as holding appropriate insurances and complying with relevant legislation, regulations and mandated codes.

#### 4.7 Dispute Resolution

Providers must have a mechanism for resolving disputes which may arise between the provider and any party involved in the occupational rehabilitation process.

TAVRP may assist providers in resolving disputes by acting in an advisory capacity.