



*The* **ROLE**  
*of the*  
**INJURY**  
**MANAGEMENT**  
**CO-ORDINATOR**





## Please note

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the *Workers Rehabilitation and Compensation Act 1988*, the *Workers Rehabilitation and Compensation Regulations 2001* and any other relevant legislation. Copies of the legislation can be purchased from Print Applied Technology: call (03) 6233 3289 or freecall 1800 030 940. It is also available on the Internet at [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au)

This guide was produced by staff from WorkCover Tasmania.

We welcome your feedback on this guide.  
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## INTRODUCTION

The successful implementation of the Tasmanian Return to Work and Injury Management Model (the Model) requires many of its key features to be incorporated in to the *Workers Rehabilitation and Compensation Act 1988* (the Act).

Amendments to the Act took effect from 1 July 2010 and provide the necessary legislative framework to implement the Model. These amendments introduce a number of changes for injury management and return to work, including the introduction of a new role — the Injury Management Co-ordinator.

This guide will help Injury Management Co-ordinators gain a clear understanding of their role and how it functions within the injury management process.

## WHAT IS AN INJURY MANAGEMENT CO-ORDINATOR?

An Injury Management Co-ordinator (IMC) is a person appointed by the insurer or employer. Their role is to co-ordinate and oversee the entire injury management process, including medical treatment, return to work and all aspects of Return to Work Plans and Injury Management Plans.

As represented in the diagram below, an IMC facilitates effective communication between key parties by acting as a liaison or contact point. The introduction of this role aims to streamline the injury management process, particularly for more complex and/or high risk cases.



## WHEN IS AN IMC TO BE APPOINTED?

An IMC is to be appointed where an injured worker suffers a significant injury that is likely to result in total or partial incapacity for more than five working days, and/or requires (or is likely to require) ongoing medical treatment.

## LEGISLATIVE REQUIREMENTS

The Act sets out the following legislative provisions for the role of the IMC:

<b>IMC Appointment</b>	Section 143B requires an insurer or employer to appoint an IMC and to assign any workers who have suffered a significant injury to the appointed IMC as soon as practicable
<b>IMC Responsibilities</b>	Section 143C states that an IMC is responsible for co-ordinating and overseeing the injury management of the worker assigned
<b>IMC Certification</b>	An IMC is required to undertake training approved by the WorkCover Tasmania Board

## WHAT ARE THE FUNCTIONS OF AN IMC?

An IMC ensures the injury management process runs smoothly by co-ordinating and planning the injury management process.

This is achieved by ensuring that:

- contact is made with the worker, the employer and the worker's Primary Treating Medical Practitioner, as soon practicable after the worker is assigned
- injury management plans and return to work plans for the worker are developed, reviewed, modified and implemented, as agreed with the worker or determined by the Tribunal and in consultation with key parties (see *Further Resources* on page 12)
- the work capacity of the worker is regularly reviewed and options for the worker's retraining or redeployment are investigated and arranged
- if required, Workplace Rehabilitation Providers are appointed
- the following people are involved in managing the worker's injury and return to work:
  - the worker, the worker's employer and the employer's insurer
  - the Primary Treating Medical Practitioner and other treating medical practitioners
- the following people are, if necessary or desirable, involved in managing the worker's injury:
  - Workplace Rehabilitation Providers
  - the Return to Work Co-ordinator
  - supervisors and line managers
  - allied health professionals
- medical information is collated
- relevant documentation is maintained
- attempts are made to resolve any disputes
- information on injury management is provided to the worker and the worker's employer.

## WHAT KNOWLEDGE AND SKILLS DOES AN IMC REQUIRE?

It would be expected that those responsible for appointing IMCs would consider people with:

- sound knowledge and experience and understanding of workers compensation claims/case management, workers compensation, injury management and return to work processes and associated legislation
- high-level interpersonal skills, including written and oral communication, ability to liaise effectively with a wide range of stakeholders and establish and maintain effective networks
- analytical and problem solving skills and the ability to resolve disputes by adopting standard practices and/or developing new approaches consistent with the organisation's strategies and objectives
- demonstrated investigative and research ability, with the capacity to demonstrate initiative and innovation, and work within legislative timeframes
- working knowledge of medical and legal terminology and the ability to apply this knowledge in the management of workers compensation claims/cases.

## HOW MANY IMCS SHOULD BE APPOINTED?

An insurer or employer is to assess and determine the number of IMCs required for its organisation, based on the likely number and complexity of its claims history. Other factors such as the nature and scale of the organisation should also be considered.

## **WHO IS TO APPOINT AN IMC?**

Where an employer has developed its own injury management program, it is to appoint its own IMC. However, it is anticipated that more often than not, the IMC will be appointed by the insurer and reside outside the workplace; in which case the employer will use an insurer-developed injury management program.

## **CAN THE ROLE OF THE IMC BE OUTSOURCED?**

Some organisations may find they do not have the expertise or adequate resources to manage the more complex cases handled by IMCs, and so may outsource the role of the IMC. The person(s) appointed must have completed the required approved course of training and it is expected that a service level agreement would be established to clearly define and set expectations about the services that are to be provided.

It is important that when the role of the IMC is outsourced, is not viewed as an independent service or as a 'washing of hands' exercise. Rather, the external provider should be considered as simply an extended member of the organisation's team.

Another alternative to ensure that the injured worker receives the right level of support can be to partially outsource some or all the IMC's functions, provided that there is an in-house IMC appointed within the organisation. In such circumstances it is not necessary for the provider of the outsourced functions to have undertaken the required training given that the responsibility for these functions remains and ultimately rests with the in-house IMC. The IMC will oversee the performance of these functions and will need to clearly communicate to the provider their role and functions (both verbally and in writing) to ensure there is a shared understanding of how they will work together in returning the injured worker to work.

## HOW IS AN IMC INTEGRATED INTO AN ORGANISATION?

An insurer or employer can identify existing roles or establish new positions within its organisational structure that are best placed to undertake the functions of an IMC.

For example, an insurer may choose to use an existing case manager who is currently responsible for co-ordinating and ensuring claim outcomes are achieved, and whose current functions align to those of an IMC.

Alternatively, the insurer may see an opportunity to facilitate the professional development of less-experienced staff (such as claims officers). Consequently, case loads may need to reduce, to allow these officers to perform a co-ordinating and overseeing role, in addition to maintaining a processing role within the organisation.

Whatever the approach, it is vital that systems are in place to ensure roles and responsibilities of all participants in the injury management process are made clear.

# WHAT QUALIFICATIONS DOES AN INDIVIDUAL NEED TO BE AN IMC?

## Form and issuing of qualification

The WorkCover Tasmanian Board has approved nine units of competency (recognised within the Australian Qualifications Framework) that are required in order to be appointed as an IMC.

These units focus on the skills required to fulfil the functions of an IMC, including:

- /// developing and implementing rehabilitation and return to work strategies
- /// providing effective case management
- /// facilitating workplace assessments
- /// managing effective relationships
- /// resolving disputes
- /// contributing to quality injury management systems
- /// assisting workers with job placements
- /// applying specialist terminology.

Upon completion of the units, participants will be issued with a Statement of Attainment which details the list of units completed, together with the administrative requirements of the Australian Qualifications Framework.

## Recognition of prior learning

Although the Act facilitates the appointment of an IMC where WorkCover is satisfied that an individual has obtained a qualification and/or undertaken a training course that is at least equivalent to IMC training, no specific qualifications or courses have been recognised by WorkCover.

For this reason recognition of prior learning is to be sought through a Registered Training Organisation.

For more information, get your free copy of *Guidelines for Injury Management Co-ordinator Training Requirements*. See *Further Resources* on page 12 for details.

# HOW DOES THE ROLE OF THE IMC RELATE TO THE RETURN TO WORK CO-ORDINATOR AND THE WORKPLACE REHABILITATION PROVIDER?

As represented in the diagram below, the roles of the Return to Work Co-ordinator, the Workplace Rehabilitation Provider and the IMC are separate and undertake different functions. However, they all play a pivotal role in the injury management and return to work process through their collaboration and their commitment to returning the injured worker to early, safe and sustainable return to work.

Depending on the needs of the organisation, and assuming the person is suitably qualified, experienced and their workload is appropriate, it may be deemed viable for someone to undertake more than one of these roles.



## Functions of the Return To Work Co-ordinator

In all cases, the Return to Work Co-ordinator provides the injured worker with workplace-based support and assistance throughout the injury management and return to work process by:

- assisting in developing and implementing timely return to work plans and injury management plans
- assisting in identifying timely, suitable and meaningful duties
- assisting the injured worker to carry out their designated duties in a safe and appropriate manner
- providing the injured worker with moral support in the form of reassurance and encouragement in their treatment and return to work
- monitoring the injured worker's progress
- actively promoting injury management and return to work processes and positively influencing worker perceptions
- providing input into workplace health and safety, and preparing and maintaining injury management programs, such as developing an injury management policy and associated processes
- training and educating line managers, supervisors and workers about injury management and return to work processes
- assisting in regular monitoring and evaluating the effectiveness of workplace injury management programs against outcomes
- collating and maintaining relevant documentation.

For more information, get your free copy of *The Role of the Return to Work Co-ordinator*. See *Further Resources* on page 12 for details.

## **Services provided by a Workplace Rehabilitation Provider**

A Workplace Rehabilitation Provider is an organisation that provides prompt and necessary professional rehabilitation services to Injured workers, particularly in more complex and difficult cases to injured workers.

A Workplace Rehabilitation Provider must be accredited by the WorkCover Tasmania Board in order to provide the following services:

- /// initial workplace rehabilitation assessment
- /// assessment of the functional capacity of a worker
- /// workplace assessment
- /// job analysis
- /// advice concerning job modification
- /// rehabilitation counselling
- /// vocational assessment
- /// advice or assistance in relation to job seeking
- /// advice or assistance in arranging vocational re-education or retraining
- /// any other service that is prescribed by the regulations.

For more information, get your free copy of *The Role of the Workplace Rehabilitation Provider*. See *Further Resources* on page 12 for details.

## FURTHER RESOURCES

There are other publications available from WorkCover that explain injury management processes and the people involved:

- *A Guide to Workers Compensation in Tasmania* GB112
- *Guideline for an Employer Injury Management Policy* (internet only)
- *Guideline for Developing Return to Work Plans and Injury Management Plans* (internet only)
- *Guideline for Injury Management Co-ordinator Training Requirements* (internet only)
- *Injury Management: Making it Work* GB197
- *Injury Management: Making it Work poster*
- *The Role of the Primary Treating Medical Practitioner* GB257
- *The Role of the Return to Work Co-ordinator* GB229
- *The Role of the Workplace Rehabilitation Provider* GB256.

For your free copies of any of these and other useful guidance material, go to [www.workcover.tas.gov.au](http://www.workcover.tas.gov.au) and search for the code numbers listed above. Alternatively, call WorkCover Tasmania on 1300 776 572.

If you are an employer, your insurer will also be able to help you.



**1300 776 572** [www.workcover.tas.gov.au](http://www.workcover.tas.gov.au)

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