

# NON-WORK RELATED INJURIES OR HEALTH CONDITIONS IN THE WORKPLACE - MANAGEMENT PROCEDURE<sup>®</sup>

## KEY POINTS

- This procedure provides managers with procedural support to manage workers who have a non-work-related injury or health condition.
- Sydney Children's Hospitals Network (SCHN) supports provision of a safe Recovery at Work program where this is practicable and within reason.
- The primary mechanism for workers and managers to manage non-work-related injuries, illnesses or health conditions are the sick leave provisions contained in each industrial award. The information contained in the procedure is consistent with the following instruments:
  - NSW Government Department of Premier & Cabinet Procedures for Managing Non-Work-Related Injuries or Health Conditions ([M2010-018](#))
  - NSW Health [PD2024\\_046](#) Leave Matters for the NSW Health Service
  - NSW Health [PD2025\\_024](#) Work Health Safety: Better Practice Procedures

## CHANGE SUMMARY

- The whole document has been reviewed and multiple changes have been made in the document.

## READ ACKNOWLEDGEMENT

All SCHN managers are required to read and be familiar with this procedure.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> July 2025	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Associate Director	<b>Area/Dept:</b> People and Culture

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## 1 Policy Statement

The Sydney Children's Hospitals Network (SCHN) will manage workers with non-work-related injuries or health conditions using a consistent risk management approach. The primary goal and objective is to facilitate a safe and timely return to the worker's pre-injury status and approved duties within their defined role and hours, as outlined in this procedure.

The primary mechanism for workers and managers to manage non-work-related injuries or health conditions are the sick leave provisions contained in each industrial award and associated policies and procedures associated with NSW Health and SCHN.

SCHN provides processes for workers to return to work on suitable duties or reduced hours utilising a Return to Work Plan (RTW Plan) where it is practicable and within reason. However, due care must be applied to ensure that this does not aggravate or exacerbate a non-work-related injury or health condition, increase the risk of a workers compensation claim or put other staff at risk of injury. A RTW Plan must not be utilised as a substitute for insufficient sick leave.

When a worker with a non-work-related injury or health condition requests to return to work on suitable duties or reduced hours, the worker's circumstances are reviewed by their line manager with the support of the representative from the People Management and Advice Service Hub (PMASH). A RTW Plan must be in place for the duration of the suitable duties or reduced hours. Any agreement to provide a RTW Plan must be authorised by the delegated manager depending on the risk level identified in the risk assessment process.

### **Background**

The *NSW Government Department of Premier & Cabinet Procedures for Managing Non-Work-Related Injuries or Health Conditions* provides guidelines for all public sector agencies in applying a consistent approach in managing situations where a worker is suffering from a non-work-related injury or health condition which is impacting on their ability to perform the inherent requirement/s and demands of their position.

SCHN also has a duty of care under the *Work Health and Safety Act 2011* to manage risk and ensure the health and safety of the worker and others.

## 2 Confidentiality

It is important for confidentiality to be maintained throughout the process of managing a worker's RTW Plan. All parties should exercise sensitivity when managing matters relating to non-work-related injuries or health conditions.

## 3 Security of documentation

All parties must ensure the security and confidentiality of all records and secure against loss, unauthorised access or misuse.

## 4 Definitions

### **Non-work-related injury or health condition:**

An injury or health condition that is determined to be pre-existing or, to which the worker's work is not a substantial contributing factor i.e. an injury that is sustained outside of work. A pregnancy-related medical condition, supported by a medical certificate, is also included in this definition.

### **Workplace Adjustment:**

Previously referred to as a 'reasonable adjustment' a workplace adjustment is a modification to a work process, practice, procedure or setting that enables a person with a disability to perform their job in a way that minimises the impact of barriers they face at work. The circumstances of each person need to be considered. Adjustments make the workplace more inclusive by removing barriers.

Adjustments can be administrative, environmental or procedural. Workplace adjustments can be permanent or temporary, depending on the circumstances of the worker.

Workplace adjustments allow a person to:

- have equal opportunity in recruitment processes, promotion and ongoing development
- perform the inherent or essential requirements of their job safely in the workplace
- experience equitable terms and conditions of employment
- maximise productivity.

Adjustments are provided in consultation between the employer, the worker and relevant medical experts which lead to a mutually acceptable arrangement for employment. Any adjustments made must not adversely impact on the health and safety of others in the workplace.

Under the *Disability Discrimination Act 1992*, workplaces must provide workplace adjustments if requested. This Act provides an exception if the cost or difficulties of providing access will place an unjustifiable hardship on a person or organisation.

### **Reasonably Practicable:**

The requirement for an employer to make adjustments to the workplace is measured against reasonableness. Relevant factors might include practicality, complexity, effect on service delivery, the degree of disruption or benefit to the business or other people, cost, and time. Adjustments are not required where it would impose unjustifiable hardship on the employer or where it is not reasonable.

### **Return to Work Plan (RTW Plan):**

A documented, temporary, and time-limited plan aimed at assisting the worker to recover their physical and/or psychological capacity to enable them to fulfill the inherent requirements of their position description with no restrictions on duties and hours of work. The RTW Plan includes the details about suitable duties, work restrictions, work hours and is formulated in consultation with the injured worker, their health practitioner and Line Manager, in accordance with the medical certification.

**Line Manager:**

The Manager that the worker directly reports to in the organisational hierarchy and/or the [SCHN Delegations Manual](#).

**People Management Advice and Service Hub (PMASH):**

The People Management Advice & Service Hub (PMASH) operates as a Network-wide shared service resource, linking managers with a team of People and Culture experts providing advice on a wide range of people management matters, enquiries relating to general conditions of employment and workplace related policies (e.g. grievance management, regrading, and performance management, etc.) and provide guidance on relevant systems, practices and processes.

**People Management Advice and Service Hub Representative (PMASH Rep):**

The Representative from the PMASH that will be supporting the Line Manager with the Non-Work-Related Injury or Health Condition process.

**Principal Business Partner (PBP):**

The People and Culture Principal Business Partner (PBP) supports people leaders to manage individual team members more effectively, while also supporting people leadership capability.

The PBPs work with their client leaders to understand their needs and create tailored solutions using available resources and other People and Culture experts in Organisational Development, Health Safety and Wellbeing and the various employment services functions.

The PMASH team will respond to more routine enquiries and issues from managers and will act as a “first response triage” and a referral service as required for the relevant Principal Business Partner for the more complex issues and serious matters.

**Suitable Duties:**

Duties identified as suitable based on restrictions set out in a worker’s capability assessment or medical certificate. Restrictions can be physical and/or psychological. Suitable duties may relate to a worker’s usual or existing position. Unlike the provision of duties for compensable injuries/illnesses, suitable duties provided in this instance should always be against a funded position and be reasonably practicable.

**Case Conference:**

A meeting between two or more stakeholders (e.g. health practitioner) to discuss matters related to the non-work-related injury or health condition, injury management or recovery at work planning. A case conference can be held face-to-face, over the phone or by video link

**Chronology:**

The arrangement of events or dates in the order of their occurrence. A Chronology template is available, please see [Template 2](#).

**Worker:**

A worker is a person who carries out work in any capacity for a business or employer. They can be:

- an employee
- a trainee, apprentice or work experience student
- a volunteer or
- a contingent worker

## 5 Roles and Responsibilities

### 5.1 Worker

- Take responsibility for their own health, wellbeing and ability to perform the duties for which they are engaged. This is to be achieved by taking appropriate steps to address any non-work-related injury or health condition they may have developed, and informing their Line Manager as soon as possible if it impacts on their ability to safely fulfill the inherent requirements and demands of their position.
- Where applicable, utilise their sick leave entitlement appropriately to ensure they can manage their non-work-related injury or health condition.
- Provide evidence that would satisfy a reasonable person that the sick leave was for a legitimate purpose and provide notice as soon as practicable as per organisational policy requirements
- Keep their line manager regularly updated when on sick leave and provide up to date medical certificate/s.
- Advise their line manager as soon as a non-work-related injury or health condition affects their ability to fulfil the inherent requirements and demands of their position.
- Seek medical or other appropriate advice when directed to do so by their Line Manager in the case that the Line Manager has observed/identified a reduced capacity to safely perform the inherent requirements and demands of their position. Medical advice should include an estimated return to work timeframe and any medical restrictions and/or adjustments to their duties or work hours upon their return to work. It is important to note that any sick leave absences due to non-work-related injury or health condition is to be supported by medical certificates even if sick leave is exhausted and another type of paid or unpaid leave is used.
- Comply with their RTW Plan. This includes discussing the medical information obtained and appropriate duties and work hours identified by their Line Manager, as well as working within the conditions of the RTW Plan.
- Provide sequential capability assessments in relation to the RTW Plan. Any absence of a capability assessment for the timeframe can result in a worker being asked to be off work until a capability assessment is provided.
- Participate in case conferences and medical reviews as requested by the SCHN.

### 5.2 Line Manager

- Ensure, so far as reasonably practicable the health, safety and wellbeing of all persons at the workplace.
- Commence a Chronology once a non-work-related injury or health condition is known, using [Template 2](#) to ensure accurate documentation the sequence of actions, events and progress throughout.
- Observe/identify the capacity of the worker to perform the inherent requirements of their role and support the worker to return to preinjury duties in line with the non-work-related injury or health condition procedures.



- Engage with the worker and obtain information regarding the non-work-related injury or health condition that is impacting on their capacity to attend work and/or perform their duties. This includes:
  - Providing the worker with a letter, consent for information and capability assessment form [Template 3](#), [Template 4](#) and [Template 5](#) to give to their health practitioner
  - Once a completed capability assessment is received, review and assess the worker's roles and responsibilities, service needs and the medical advice to determine whether suitable duties can be accommodated as far as reasonably practicable.
  - Complete a risk assessment of the worker's non-work-related injury or health condition where it impacts on the worker's ability to safely perform the inherent requirements and demands of their position; and/or business continuity.
  - Contribute to development of the worker's RTW Plan in line with this procedure. The plan should be developed in conjunction with the PMASH Rep. The line manager should regularly review how the worker is managing their recovery at work, in line with the RTW Plan. If the worker is not coping with the plan, the line manager should report this to the PMASH Rep, so alternative strategies can be considered.
- For workers that hold professional registration, there may be a requirement to notify AHPRA depending on the circumstances and the requirements under the Health Practitioner Regulation National Law. The Line Manager should consult the relevant professional lead prior to making a notification.
- Provide information to the worker regarding the Employee Assistance Program (EAP) and other external support services available to the worker.

**NOTE:** The Line Manager has the delegation to request medical certification from a worker in any instances where a worker reports they will be absent from the workplace due to an injury or health condition for more than two days. Any instances where a worker indicates they will be absent from the workplace for more than one week, the Line Manager must request that the worker provides medical advice from their health practitioner regarding their circumstances.

### 5.3 PMASH Representative (PMASH Rep)

- Be the first point of contact and provide advice and support to managers in the management of non-work-related injuries or health conditions.
- Assist and support the manager in reviewing the worker's non-work-related medical restrictions and capacity to fulfill the inherent requirements of the position, both at the commencement and completion of the RTW Plan.
- Provide advice and support the line manager to determine suitable duties and facilitate the development of documented non-work-related RTW Plan as appropriate.
- Provide advice and support the line manager to regularly monitor and review non-work-related RTW Plan.
- Engage with the worker's treating health practitioner/s when it is deemed that insufficient medical information has been provided to make an assessment about the worker's capacity to perform their duties.

- Organise an Independent Medical Examination (IME), a Functional Capacity Examination (FCE) or a Vocational Assessment (VA), if required.
- Work collaboratively with Principal Business Partners, Nursing Workforce Managers and other Managers to manage cases involving mental health related conditions and/or other complex non-work-related injury or health conditions, that may have a long-term impact on the worker's capacity to fulfill the inherent requirements of their position.
- Refer line managers to the PMASH Team when they become aware of non-work-related injuries impacting on the capacity to perform the inherent requirements of a worker's position.
- Collaborate with the Line Manager and PBP on cases, including redeployment and medical retirement.
- Provide support and advice to line managers regarding issues such as impact on service delivery, budget considerations and governance of non-work-related management processes as appropriate.
- Review redeployment proposals and special leave in line with the [Leave Matters for the NSW Health Service Policy Directive](#) and [SCHN Delegations Manual](#) and provide support and advice where appropriate.

#### 5.4 Principal Business Partner (PBP)

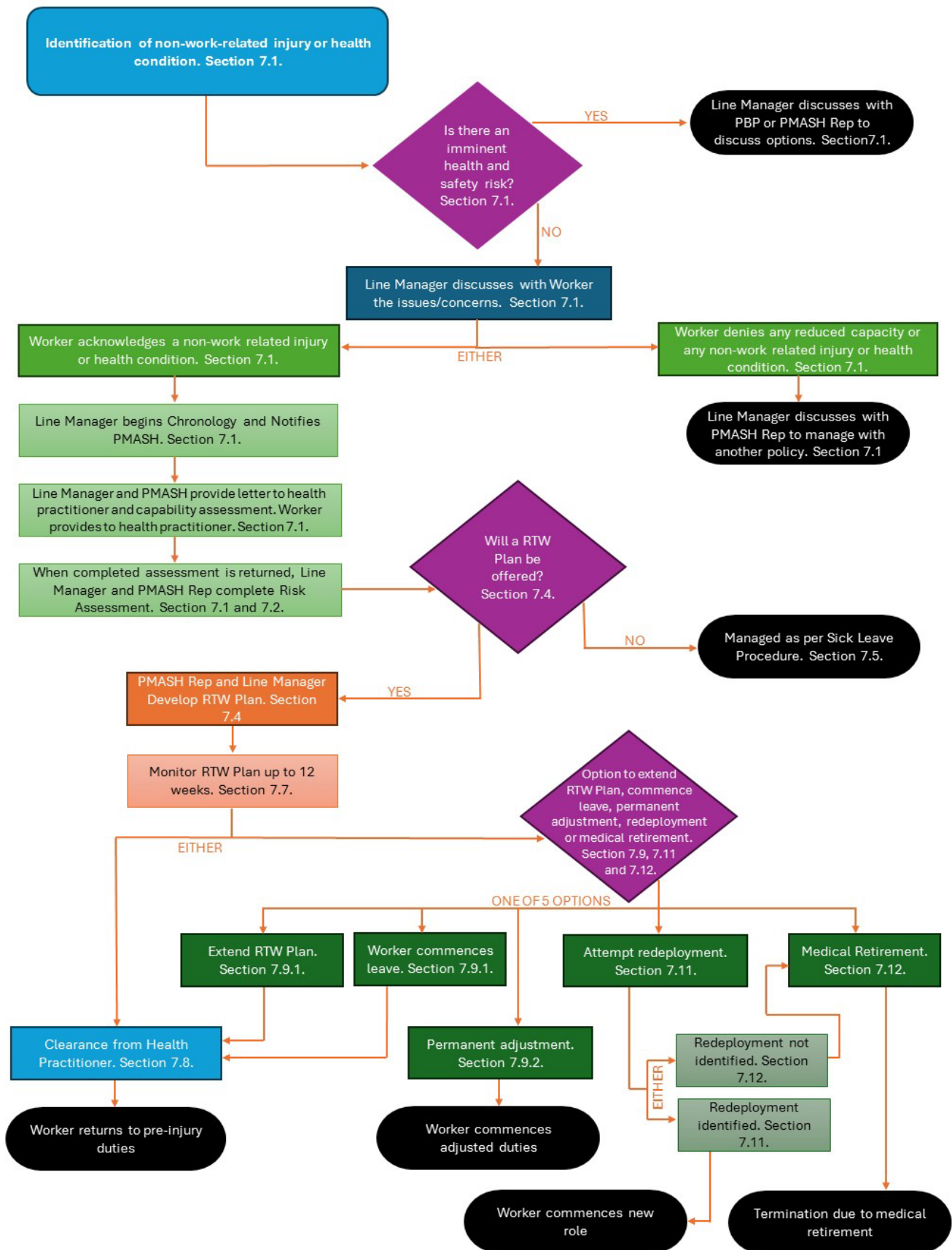
- Collaborate with the Line Manager and PMASH Rep and provide expert advice on complex cases, including redeployment and medical retirement.
- Review redeployment proposals and special leave in line with the [Leave Matters for the NSW Health Service Policy Directive](#) and [SCHN Delegations Manual](#) and provide support and advice where appropriate.
- Review and provide recommendations to the Tier 2 Manager, Tier 3 Manager and Chief Executive whether a worker is to be medically retired in line with the [SCHN Delegations Manual](#).

#### 5.5 Chief Executive (CE)

- Decide whether a worker is to be medically retired. Before making a final decision about medical retirement, the Chief Executive must:
  - be satisfied that the elements set out in the relevant legislation and policy have been met.
  - be clear on the medical basis on which the proposed medical retirement will be based.
  - be satisfied that the proposed medical retirement is the last resort, and the worker is genuinely unable to carry out the inherent requirements and demands of the position
  - be satisfied that reasonable attempts have been unsuccessful in identifying duties commensurate with identified medical restrictions, and there are no suitable alternative positions in which the worker can be placed.



## 6 Flowchart



## 7 Steps in managing a Non-Work Related Injury or Health Condition

### 7.1 Identification of non-work-related injury or health condition.

Identification of non-work related injuries or health conditions can occur when:

1. A worker who has a non-work-related injury or health condition which impacts on their ability to fulfill the inherent requirements and demands of their position (including hours of work), advises the Line Manager and submits a request to undertake suitable duties or a reduction/alteration in hours of work.
2. A Line Manager identifies that a worker has a non-work-related injury or health condition that is affecting (or may affect) their ability to fulfill the inherent requirements and demands and position.

The Line Manager is to consider and identify whether there is an imminent risk to the worker's health, safety and wellbeing or the health and safety of others at the workplace. This consideration may occur prior to or during an initial discussion with the worker.

If an imminent risk is identified, the Line Manager is to discuss with PMASH or the relevant PBP to determine whether the worker can remain at work or be directed to proceed on sick leave, as per the *Leave Matters for the NSW Health Service Policy Directive* ([PD2024 046](#)).

If there is no imminent risk identified, the Line Manager is to have a discussion with the worker regarding their non-work-related injury or health condition. They complete the Non-Work-Related Injury or Health Condition Notification Form ([Template 1](#)) and send to the PMASH Team [SCHN-PMASH@health.nsw.gov.au](mailto:SCHN-PMASH@health.nsw.gov.au). If the inherent requirements of the role are unable to be met, the Line Manager is also to begin a Chronology ([Template 2](#)).

If the worker is an Aboriginal employee, the Line Manager is to ensure considerations to offer an Aboriginal support person through the process. If an Aboriginal support person is requested by the Aboriginal employee, the Line Manager or PMASH Rep is to contact the Aboriginal Health Directorate for provision of further support.

A discussion will be held between the Line Manager and the PMASH Rep to determine the content to include within a Covering Letter for the worker's health practitioner.

The line manager will provide the Covering Letter, Capability Assessment Form and Medical Consent form ([Template 3](#), [Template 4](#) and [Template 5](#)) to the worker with a copy of their Position Description and Job Demands Checklist, requesting the worker to make an appointment to request completion from their health practitioner.

Following the return of the completed Capability Assessment Form, the Line Manager is to conduct a risk assessment ([Template 6](#)) with the worker in consultation with PMASH Rep, to determine the level of risk associated with the worker remaining at work whilst recovering. Based on the assessment, the worker will either be requested to remain on sick leave or will be directed to appropriate duties. If appropriate duties are available, these will be documented in a RTW Plan, in consultation with the PMASH Rep.

**NOTE:** In the instance that the Line Manager has observed/identified a reduced capacity in the worker to perform the inherit responsibilities of the role, and the worker denies any non-

work-related injury or health condition, the Line Manager is to discuss with the PMASH Rep the options for managing under other relevant frameworks or policies.

## 7.2 Risk Assessment

SCHN has a duty of care to ensure a safe workplace for the worker and others (may include other workers, patients and families) as well as ensuring any potential risks are mitigated. Any agreement to provide temporary, suitable or alternate duties or rostering by way of a RTW Plan for a non-work-related injury or health condition must only be made after careful consideration of the circumstances surrounding the request.

Following the return of the completed Capability Assessment Form, the line manager and PMASH Rep are to discuss an action plan and complete a Risk Assessment ([Template 6](#)).

The PMASH Rep and Line Manager need to review the information obtained from the worker, and their health practitioner.

The following points are to be reviewed and assessed:

- Nature of injury or health condition and the risk of further aggravation of the injury or health condition to the worker.
- The inherent demands of the worker's position as identified in the Position Description and Job Demands Checklist.
- What the impacts will be of the recommended work restrictions on the worker's performance as well as the performance of other departmental workers.
- Length of time for which suitable duties is requested/anticipated (medical prognosis).
- The potential need for additional staff to replace the worker.
- Current issues/concerns regarding the worker's employment and the employer's duty of care to the worker and others.
- Industrial or workforce implications about the worker's request.
- The availability of productive suitable/alternative duties.

The line manager must assess whether a RTW Plan can be accommodated practicably and within reason. Due care must be applied to ensure that this does not aggravate the non-work-related injury or health condition or increase any risks to the safety of the worker and others.

Should the Line Manager and PMASH Rep identify that suitable/alternative duties are not available or practicable to be offered as part of a RTW Plan following the completion of the risk assessment [Template 6](#), please see [Section 7.6](#).

## 7.3 RTW Plan parameters

RTW Plans shall not exceed twelve (12) weeks unless extension is required as per [Section 7.9.1](#). If a worker cannot return to pre-injury duties and hours after the 12 weeks, the worker may resume leave until they receive a full clearance to return to full duties and hours as per their employment contract, Position Description and Job Demands Checklist.

If the worker does not have access to sufficient sick leave to cover this time off work, other accrued leave options can be explored and discussed with the line manager in line with the *Leave Matters for the NSW Health Service Policy Directive* ([PD2024 046](#)).

Other options can be considered. Please see [Section 7.9.2](#), [7.11](#) and [7.12](#) for further details.

## 7.4 Authorisation to offer a RTW Plan

The Line Manager and PMASH Rep, and in complex cases the PBP collaborate to create the draft RTW Plan. The PMASH Rep forwards the draft RTW Plan [Template 7](#) to the Line Manager for review. The Line Manager in consultation with the worker must consider the risk to the worker against the risk to the department/service from the Risk Assessment. Refer to [Section 7.2](#).

If the risk is noted as “low” the Line Manager has the delegation to authorise and offer a RTW Plan, if the risk is deemed above “low” then the Risk Assessment will need to be referred to the manager that the Line Manager directly reports to, to review regarding approval to authorise and offer a RTW Plan.

If approved, the Line Manager then advises the worker of the approval of the RTW Plan. The Line Manager meets with the worker to ensure RTW Plan parameters and expectations are well understood and approved. If not approved, see [Section 7.5](#).

## 7.5 Decision not to offer a RTW Plan

Following a review and approval of the Risk Assessment by the manager that the Line Manager directly reports to, the Line Manager will communicate the decision to the worker.

Where the manager that the Line Manager directly reports to does not approve the initial proposal to offer a RTW Plan ([Section 7.4](#)), they are to advise the Line Manager of this decision and the reasons why. The Line Manager will communicate the decision to the worker.

The worker will then be managed as per the *SCHN Sick Leave Management Procedure (2019-004)* and is the responsibility of the Line Manager to manage and address any issues/concerns in consultation with the PMASH Team.

## 7.6 Chronic illness and medical conditions

Alternative arrangements such as shift/hour reduction can be considered on a case by case basis for an agreed temporary timeframe (up to 6 months) in instances where the following conditions apply:

- the worker has an illness or condition that is chronic (for example, undergoing treatment following a diagnosis of a terminal illness), and
- can work the inherent requirements of their role, and
- can work a full shift length, but
- requires a reduced number of shifts per week.

Should the worker require an extension of the alternative arrangements, a meeting is to be convened by the Line Manager in consultation with the PMASH Rep, PBP and the manager that the Line Manager directly reports to, to consider the feasibility of an extension of the arrangements or permanent adjustment ([Section 7.9.2](#)).

## 7.7 Monitoring the RTW Plan

Once the RTW Plan has been developed and approved by all parties, daily/weekly monitoring of the RTW Plan will be the responsibility of the Line Manager. Ongoing

consultation may be sought by the Line Manager with PMASH Rep and health practitioner. The Line Manager and PMASH Rep will review the progress on a four-weekly basis and/or the specific agreed return to work goal timeframe with the health practitioner as required. Following the reviews, adjustments to the RTW Plan will be made as necessary and in consultation with the Line Manager and PMASH Rep.

A medical certification to return to pre-injury duties from the worker's health practitioner is required at the completion of the RTW Plan ([Template 8](#)). Prior to the completion of the RTW Plan the Line Manager is to request the worker to visit their health practitioner to seek this ([Section 7.8](#)).

## 7.8 Certification to return to pre-injury duties

A worker may return to pre-injury duties and hours after having been certified as fit to return to those duties following review of the Position Description and Job Demands Checklist by the treating practitioner and noted in a clearance certificate [Template 8](#).

## 7.9 Unsuccessful completion of the RTW Plan

A RTW Plan is limited to twelve (12) weeks maximum, unless extension is required as per [Section 7.9.1](#). Should the worker be unable to return to full unrestricted duties and hours by the completion of the RTW Plan, a meeting is to be convened by the Line Manager in consultation with the PMASH Rep and the manager that the Line Manager directly reports to, to discuss and obtain further information as to why there was an unsuccessful completion of the RTW Plan and consider if the worker can meet the ongoing requirements of the role.

### 7.9.1 Consideration to extend the RTW Plan

Should the worker be unable to return to pre-injury duties at the conclusion of the twelve (12) weeks RTW Plan, but the prognosis clearly indicates return to pre-injury duties within a short-term timeframe, the Line Manager in consultation with the PMASH Rep and the manager that the Line Manager directly reports to may choose to extend the RTW Plan.

The details and duration of the RTW Plan will be developed following a review of all the relevant medical information and consultation has occurred with the relevant stakeholders.

Should the manager that the Line Manager directly reports to advise that an extension of the RTW Plan is unable to be accommodated, the worker will be advised to remain on leave until they are certified fit for pre-injury duties and hours. The worker may use their available leave entitlements.

### 7.9.2 Request for permanent reasonable adjustment

The Line Manager, PMASH Rep, PBP, Tier 3 Manager and/or delegated decision maker, and professional lead if required will meet to discuss the feasibility for permanent adjustment to the worker's substantive role. An assessment must consider the service demands of the department/ward, the impact on other staff, and the grading of the position (should the duties be materially altered).

Should permanent reasonable adjustment not be practicable or reasonable, the line manager should advise the worker of their options:

- Redeployment to an alternative position within SCHN (see [Section 7.11](#)), or



- Termination of employment contract on medical grounds (see [Section 7.12](#))

If the commencement of termination of employment contract on medical grounds is agreed between the stakeholders, the Line Manager, PMASH Rep and the relevant PBP will work in partnership to progress the medical retirement process. See [Section 7.12](#).

## 7.10 Initiating an Independent Medical Examination (IME)

The SCHN may need to seek medical advice on how to safely manage a non-work-related injury or health condition that is affecting a worker's ability to fulfill the inherent requirements and job demands of the position for which they were engaged.

If required, the Line Manager in consultation with the PMASH Rep can refer the worker for an Independent Medical Examination (IME).

The type of medical advice requested may relate to the worker's:

- Ability to safely carry out the inherent requirements and demands of the position that they were employed, in the short term or long term
- Safe return to work
- Medical restrictions that may apply in the workplace
- Temporary or permanent adjustments that may need to be made or considered to facilitate a safe return to work or to remain safely on duty.

In the first instance the SCHN must rely on the available medical evidence from the worker's health practitioner in relation to the health practitioner's assessment of their capacity for work. Additional advice may be sought by the SCHN where it is unclear or there are concerns about the practicality of implementing the health practitioner's advice. The Line Manager and PMASH Rep should discuss this with the worker first, and then request additional information or clarification from the worker's health practitioner.

If the information is not made available from the worker's health practitioner or is inconsistent with other available evidence, or inadequate, or would result in an unreasonable delay, the SCHN may seek independent medical advice from a nominated medical assessor through an IME. (It should be noted that appointments with specialists may take time depending on the availability of the specialist)

Such requests are arranged by the PMASH Rep in consultation with the Line Manager. The relevant department cost centre will be responsible for meeting the costs associated with the IME which includes the provision of any reasonable costs including travel, reports, accommodation, meals, and wages.

This IME will clarify the diagnosis, recovery and return to work timeframes – considering the permanent or temporary nature of medical restrictions. This information may be utilised to take into consideration any reasonable workplace adjustments that may need to be made.

**NOTE:** Other independent assessments may also be sought including functional, workplace, ergonomic and others as required. These assessments can also be referred to when assessing medical advice to clarify whether a worker can perform specific duties and functions.



### **7.10.1 IME Referral Documentation**

The referral documentation for an IME will be drafted by the PMASH Rep in consultation with the Line manager and must:

- Include a current and accurate Position Description which sets out the inherent requirements of the role and job demands of the position and if applicable the Statement of Duties.
- Provide available medical information including medical certificates and the initial Capability Assessment.
- If relevant, include any objective information in relation to how the workers performance has been affected and how this is preventing the worker from performing the inherent requirements of the role. This may include further sick leave or include objective evidence to support any assessment the Line Manager makes regarding the worker's ability to perform the work.
- If required, provide specific question(s) depending on the reason for the referral and the basis of the referral.

### **7.10.2 IME Consultation with the Worker**

Whenever a referral for an IME has been made, the worker must be consulted so that they can prepare for the IME.

The PMASH Rep will cc the worker into the referral correspondence to the independent medical assessor regarding the IME. The worker will not be cc'd into the correspondence when the IME Report is provided to SCHN.

The worker has the right to write to the IME assessor commenting on the information contained in the referral documentation. They can also provide additional information to the IME assessor at the time of the examination.

### **7.10.3 The IME Report**

Following the medical examination, the independent medical assessor will provide a report to the PMASH team and the worker's health practitioner which sets out the basis for the advice, this advice will depend on the reason for the referral, the basis of the referral and the SCHN's specific question(s).

The Line Manager, Tier 3 Manager, PBP and PMASH Rep will discuss the recommendations in the report and available options before meeting with the worker to discuss options the department/unit is able to offer.

The IME Report will be filed in the secure Case Management database file.

If the worker requests a copy of the IME Report, they are to make an appointment with their health practitioner who can provide a copy to and then discuss the report with them.

## **7.11 Redeployment**

A worker who is not able to upgrade to full unrestricted duties and hours by the completion of the RTW Plan or within an acceptable timeframe following this period may be redeployed.

The worker will immediately commence sick leave or utilise other accrued leave or sick leave without pay.

The worker, Line Manager and PMASH Rep will commence case management with internal and external job seeking. This will involve reviewing the SCHN internal vacancies and those across other NSW Health organisations for their suitability with the worker. Generally, job seeking will occur for a three (3) month period. There will be regular meetings with the worker throughout this time.

The appointment to a vacant suitable position is based on a merit process. If a vacant position requires an assessment of the worker's medical restrictions against the inherent position requirements, the worker and/or Line Manager of the potential role is to liaise with the PMASH Rep.

Should the worker not be redeployed in a suitable position within the 3-month period, retirement on medical grounds will be recommended ([Section 7.12](#)) The Line Manager will advise the Tier 2 Director via a brief ([Template 9](#)).

## 7.12 Retirement on Medical Grounds

Should the worker not be redeployed into a suitable position within the 3-month period, retirement on medical grounds will be recommended.

Sick leave entitlements will be reviewed during the retirement on medical grounds process in accordance with the relevant industrial instruments and policies.

In reaching agreement the following steps will take place

1. The PMASH Rep in consultation with the Line Manager will prepare handover documentation ([Template 9](#)) and will provide this to the PBP.
2. A meeting will be scheduled with the Line Manager, the manager that the Line Manager directly reports to, PBP and PMASH Rep to discuss the matter.
3. Other stakeholders may be engaged for advice such as Associate Director Workforce Services, Associate Director Health Safety and Wellbeing and other relevant People & Culture stakeholders.
4. When agreement is reached, the PBP and the Line Manager will progress the medical termination process.

**NOTE:** Retirement on Medical Grounds is also considered for Workers Compensation Claims. In this instance the following steps will take place:

1. The Recovery at Work Coordinator in consultation with the Line Manager and the PMASH Rep will prepare the handover documentation ([Template 9](#)) and provide this to the PBP.
2. A meeting will be scheduled with the Line Manager, the manager that the Line Manager directly reports to, PBP and PMASH Rep to discuss the matter.
3. Other stakeholders may be engaged for advice such as Associate Director Workforce Services, Associate Director Health Safety and Wellbeing and other relevant People & Culture stakeholders.
4. When agreement is reached, the PBP and the Line Manager will progress the medical termination process.

## 7.13 Managing Workers Compensation Claims

This procedure applies in instances during which a Workers Compensation claim where liability has been declined.

This procedure does not apply in instances during which a Workers Compensation claim where liability has been declined and has been disputed. Following a dispute resolution where the claim remains declined, this procedure will then apply.

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