

**Date of Schedule:** 4 Feb 13

## SCHEDULE 16

### SUPPORT FOR WOUNDED, INJURED OR ILL - FRAMEWORK OF ROLES AND RESPONSIBILITIES

#### Cover Sheet

#### **Description of Services/Agreement:**

This Schedule sets out the framework of key roles and responsibilities within the Support Continuum, the coordinated and integrated system of support for wounded, injured or ill ADF Members that extends across both Departments.

The Schedule is designed to promote a broad understanding, within both Defence and DVA, of the accountabilities and key responsibilities, the primary interrelationships and key information flows involved in the provision of effective care and support.

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**Expiry Date:** 3 Feb 18

**Date of Schedule: 4 Feb 13**

**SUPPORT FOR WOUNDED, INJURED OR ILL -  
FRAMEWORK OF ROLES AND RESPONSIBILITIES**

This Schedule sets out the framework of key roles and responsibilities within the Support Continuum as agreed by the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA).

This Schedule must be signed by both Parties and takes effect on the date at the top of the Schedule. Once signed, this Schedule incorporates the provisions, and forms part, of the MoU.

**Schedule No: 16**

**Title: Support for Wounded, Injured or Ill - Framework of Roles and Responsibilities**

**Description of Services/Agreement:**

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The Schedule is designed to promote a broad understanding, within both Defence and DVA, of the accountabilities and key responsibilities, the primary interrelationships and key information flows involved in the provision of effective care and support.

**Start Date: 5 Feb 13**

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## Glossary of Specific Terms

1. For the purposes of this Schedule, the following definitions apply:
  - a. **Career Management Agency or Personnel Management Agency (CMA/PMA)** is the single service agency responsible to the relevant Service Chief for personnel management within that Service.
  - b. **Commander.** A military member who, by virtue of rank or appointment, exercises command over subordinates. Responsibilities include health, welfare, morale and discipline of assigned personnel.
  - c. **Competent, Credentialed and Authorised Health Professional (CCAHP).** Within Defence, The term Competent, Credentialed and Authorised Health Professional refers to a variety of allied health professionals including:
    - (1) a Defence Medical Officer,
    - (2) a Nurse Practitioner, or
    - (3) a Rehabilitation Consultant.
  - d. **Defence Medical Officer** means a registered medical practitioner authorised to provide medical services to the ADF. A Defence Medical Officer may be civilian, military or contracted staff.
  - e. **Medical Employment Classification (MEC)** describes a member's employability within the ADF, including any restrictions. A MEC is determined according to each Defence member's primary military occupation. This assessment is made with consideration of the employment environment in which that occupation is performed. The allocation and management of MEC will therefore differ depending on the employment environment.
  - f. **Medical Employment Classification Review (MECR)** is a review conducted by a CCAHP to determine the Defence member's medical status with respect to employment.
  - g. **Medical Employment Classification Review Board (MECRB)** is a formal Board convened by the relevant CMA/PMA to enable an employment review to be conducted that properly informs the MECRB Chair of the relevant matters to be considered when:
    - (1) assessing the employability of a Defence member;
    - (2) endorsing, amending or allocating a MEC as required;
    - (3) endorsing, amending or allocating employment restrictions appropriate to a Defence member's MEC; and
    - (4) determining whether to issue a termination notice on the basis that a Defence member is no longer employable on medical grounds.
  - h. **Nurse Practitioner.** A Nurse Practitioner is a Registered Nurse who has completed specific advanced nursing training and education, is authorised to function autonomously and collaboratively in an advanced and extended clinical role and is

registered as a Nurse Practitioner with the relevant registration authority. For the purposes of this Schedule a Nurse Practitioner must be appropriately accredited and authorised as competent by Commander Joint Health or delegate to perform specific extended roles.

- i. **Process Owner.** For the purposes of this Schedule, a process owner is the appointment that is accountable for the overarching policy governing the effective and efficient operation of a particular process or sub-process. The process owner may not necessarily be involved in the actual operation of the process and/or the delivery of a particular service or support but remains responsible for the manner in which the process operates. In some cases, ownership may be spread across a number of appointments.
- j. **Sub-process Owner.** For the purposes of this Schedule, a sub-process owner is the appointment responsible for the effective and efficient operation of that sub-process. The sub-process owner may not necessarily be in the same management chain as the owner of the associated process but operates in accordance with the high level guidance provided by the process owner.
- k. **PMKeyS** is Defence's core management information system for personnel management and is the authoritative management record for all Defence personnel.

## PART A: SUPPORT CONTINUUM –DESCRIPTION AND KEY PROCESSES

### Background

2. Under the 2010 Support for Injured or Ill Project (SIIP), Defence conducted an audit of the systems supporting injured and ill ADF members. While the SIIP report concluded that the support systems were effective, it noted that arrangements were complex and support stove-piped and that further improvements could be made. To that end, the report recommended the development of a coordinated and integrated system of support that extends across both Defence and DVA. This coordinated and integrated system of support is now referred to as the Support Continuum.
3. The SIIP report made 31 recommendations which are being implemented under the retitled Support for Wounded, Injured or Ill Program (SWIIP), a joint Defence/DVA body of work.
4. Included in the 31 recommendations was a recommendation (REC 8.1) that Defence and DVA develop a “comprehensive and interrelated roles and responsibilities framework”<sup>1</sup> which “must include the functions each role performs and the handoff between the roles”<sup>2</sup>.
5. This recommendation is linked to Recommendation 1.1, which requires the appointment of an ‘owner’ to oversight the Support Continuum. Noting that the responsibility for the delivery of care and support to wounded, injured or ill members, and their families, is shared between Defence and DVA, two Business Process Owners (BPOs) have been appointed, one for each Department. The two BPOs provide effective oversight of, and ensure appropriate coordination across, the Support Continuum.

### Purpose

6. This Schedule sets out the framework of key roles and responsibilities within the Support Continuum in order to promote a broad understanding, within both Defence and DVA, of the accountabilities and key responsibilities, the primary interrelationships and key information flows involved in the provision of effective care and support.

### Scope

7. This Schedule is not intended to be a definitive description of all processes, roles or accountabilities/responsibilities within the Support Continuum but instead is designed to be descriptive summary concentrating on the high level processes and key sub-processes critical to the successful delivery of care and support.
8. This Schedule limits discussion to appointments that have either a key function to undertake in support of wounded, injured or ill members or direct involvement in the governance<sup>3</sup> of the Support Continuum.
9. While recognising that there are a number of other agencies and not-for-profit organisations who provide support to ADF members, the framework described in this Schedule is limited to the processes that occur within, and between, Defence and DVA.
10. Last, this Schedule reflects only those accountabilities or responsibilities **associated with the Support Continuum** and not the full range of accountabilities or responsibilities that rest with any individual appointment.

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<sup>1</sup> SIIP Final Report, para 12.2.2

<sup>2</sup> *ibid*

<sup>3</sup> In the context of this Schedule, governance involves those activities required to ensure the ongoing effectiveness and validity of the Support Continuum and includes policy development, effective decision making (empowerment) and appropriate monitoring (evaluation).

## 11. SWIIP SUPPORT CONTINUUM

12. The Support Continuum comprises the seven key processes, within Defence and/or DVA, which are involved in the delivery of care and support to wounded, injured or ill members:

- a. Prevention
- b. Health Care and Recovery
- c. Liability Determination
- d. Member Support.
- e. Return to Work
- f. Transition
- g. Post Transition Care and Support

13. The Support Continuum is represented by the following model:

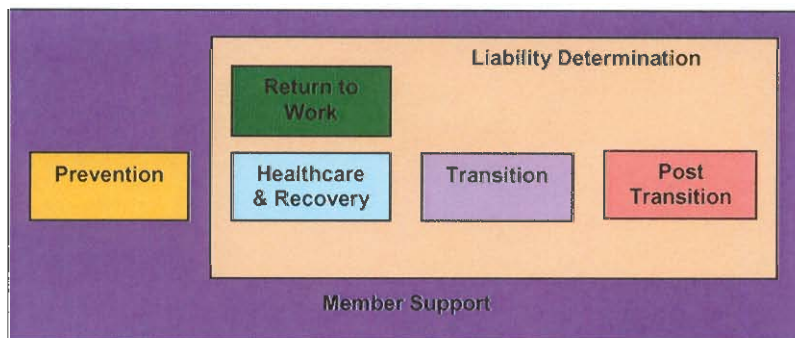


Figure 1

### Key Processes

14. **Prevention.** The Prevention process reflects those activities within Defence that are aimed at establishing an environment where people work together to improve capability by preventing injury and illness and effectively managing the impact on people, reputation, recruitment and retention should an injury or illness occur. While the majority of the activity within the Prevention process occurs outside the Support Continuum, there are three relevant elements that have been included within the Prevention Process; two are within the Work Health and Safety (WHS) system (**policy** and **practice**), which aims to identify and prevent risks but ensures appropriate reporting and mitigation against future occurrence should an incident occur, and the third is routine **health surveillance** provided by Joint Health Command. These three elements have been included as they play a key role in reducing the flow through the Support Continuum. For the purposes of this Schedule, **ownership** of Prevention process is split between **Deputy Secretary Defence People** (policy), **Service Chiefs/Group Heads** (practice) and **Commander, Joint Health** (health surveillance).

15. **Healthcare and Recovery.** From a Support Continuum perspective, the Healthcare and Recovery process involves the provision of acute care immediately after wounding or injury, or the relevant medical treatment following the diagnosis of an illness, and the rehabilitation required to return a wounded, injured or ill member to maximum effectiveness within the ADF environment or, if this is not possible, the civilian environment. For the purposes of this Schedule, **ownership** of the Healthcare process rests with **Commander, Joint Health**.

16. **Liability Determination.** Liability Determination encompasses those activities required for DVA to assess a member's claim and make a determination as to whether there is a liability on the Commonwealth and, if so, what that liability is in terms of support and compensation. For

the purposes of this Schedule, **ownership** of the Liability Determination process rests with **First Assistant Secretary, Rehabilitation and Support**.

17. **Member Support.** The Member Support process encompasses all the administrative support activities necessary to ensure a member's, and their family's, ongoing wellbeing as they deal with the issues arising from their health condition. The Member Support process underpins the other six processes and, within the ADF, remains a **Command** responsibility. For the purposes of this Schedule, **ownership** of the Member Support process rests with **Chiefs of the Single Services**.

18. **Return to Work.** The Return to Work process encompasses those activities **outside** the Healthcare and Recovery process that are required to return a member to the ADF work environment, either to their normal duties (with or without restriction) or to alternate duties which may involve retraining. For the purposes of this Schedule, **ownership** of the Return to Work process rests with **Chiefs of the Single Services**. The Return to Work process is supported by the occupational rehabilitation services provided by Joint Health Command (see Healthcare and Recovery) These related responsibilities are IAW DI(G)PERS 16-22, The ADF Rehabilitation Program, with delegated responsibilities from Service chiefs, or the Chief of the Defence Force, to Joint Health Command staff.

19. **Transition.** The Transition process encompasses those activities required to transition a member, who is separating from the ADF on medical grounds, into civilian life. Depending on the nature and/or severity of the health condition, the Transition process may extend for up to five years. The Transition process may involve retraining, or other forms of education and reskilling, but does not include any activities under Healthcare with the exception of a separation health care examination and the effective handover of responsibility for healthcare and occupational rehabilitation were appropriate. For the purposes of this Schedule, **ownership** of the Transition process rests with **Deputy Secretary Defence People**.

20. **Post Transition Care and Support.** The Post Transition Care and Support (or DVA Case Management) Process encompasses those activities required to maintain and enhance the wellbeing, self sufficiency and quality of life of members, and their dependants, after they have transitioned from the ADF. This is achieved through the provision, by DVA, of health, and other care and support services, that promote early intervention, prevention, treatment and self-reliance.<sup>4</sup> For the purposes of this Schedule, **ownership** of the Post Transition Care and Support process rests with **First Assistant Secretary, Health and Community Services**.

### **Key Sub-processes**

21. These seven key processes comprise numerous, and often interrelated, sub-processes. The key sub-processes within each of the seven high level processes are detailed in Figure 2 below. This table is not a definitive list of sub-processes but instead, sets out the 24 key sub-processes that are deemed critical to the effective operation of the Support Continuum.

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<sup>4</sup> In defining this process, the authors recognise that some members will transition from Service due to health conditions for which there is no liability on the Commonwealth and thus no ongoing involvement by DVA : however, noting that the Support Continuum is defined as a coordinated and integrated system that extends across Defence and DVA , only those activities that are the responsibility of one or the other Department are included.



Prevention	Healthcare and Recovery	Member Support	Liability Determination	Return to Work	Transition	Post Transition Care and Support
Routine Health Care	Acute Health Care	Member and Family Welfare Support	Claims Submission	Health Review	Health Review	Member and Family Health and Welfare
WHS Policy	Rehabilitation	Member Support Coordination	Determination	Employment Review	Employment Review	Rehabilitation
Hazard Identification			Appeals	Return to Primary Duties	Representation	
Risk Assessment			Compensation	Vocational Reintegration	Transition from the ADF	
Risk Mitigation						
Reporting						

Figure 2

22. Details of these sub-processes are set out in the following paragraphs under the heading of the relevant key process.

### Prevention

23. Within the Prevention Process, there are six key sub-processes:

- a. **Routine Health Care** comprises those aspects of health care aimed at the routine surveillance of member's health to assist in the maintenance of their wellbeing; to ensure, from a health perspective, that they are appropriately prepared for deployment; and to allow the early detection of illness. Director General Garrison Health Operations is responsible for this sub-process with the surveillance provided by Competent, Credentialed and Authorised Health Professionals (CCAHPs).
- b. **WHS Policy Development** guides the implementation of the Defence WHS Strategy and provides whole-of-Defence corporate WHS products and services to assist Services and Groups to minimise the incidence and severity of work-related injury, illness and disease. This sub-process also includes the implementation, management and maintenance of a Defence-wide WHS management system. Head, People Policy and Culture is responsible for this sub-process with the work undertaken by Director-General Work, Health and Safety.
- c. **Hazard Identification** is a command/management responsibility and involves the identification of hazards within a workplace, or associated with a work activity, that could cause injury or illness to allow subsequent assessment and mitigation.
- d. **Risk Assessment** is the assessment of the hazards identified in order to allow for the development of safe practices and/or subsequent risk mitigation. Risk assessment is a command/management responsibility.

- e. **Risk Mitigation** is the subsequent action taken to mitigate the risks associated with any identified hazards to the lowest practical level. Risk Mitigation includes evaluation and review to ensure that the actions have eliminated or reduced the risks to the appropriate level and have not introduced any new hazards. Risk mitigation is a command/management responsibility.
- f. **Reporting** involves the formal documentation and reporting of all incidents that occur in a workplace to ensure that the incident is recorded to help reduce the potential for future occurrences, to allow for trend analysis and, in certain cases, to meet Defence's legal obligations. Reporting, which is a command/management responsibility, may also contribute evidence required during liability determination.

### Healthcare and Recovery

24. Within the Healthcare and Recovery Process, there are two key sub-processes:

- a. **Acute Health Care** which is the initial health response to, and treatment of, a wounding, injury or illness. The acute phase can last weeks or months and has the highest co-ordination burden. Director General Garrison Health Operations is responsible for this sub-process within Australia and on non-operational postings overseas with the care provided by CCAHPs. JO7, Joint Operations Command, is responsible for this sub-process on operations with the care provided by deployed Australian and Allied CCAHPs.
- b. **Rehabilitation**, which is the restoration to normal form and optimal functional level in all areas of activity after illness or injury. There are two major elements of rehabilitation – clinical and occupational. Both of these elements overlap in a member's recovery, with clinical rehabilitation preceding occupational rehabilitation. It may also include psycho-social rehabilitation services. In this phase, the patient's condition is stable and most support mechanisms are in place. Some troubleshooting of issues and barriers to rehabilitation may be required. Director General Garrison Health Operations is responsible for this sub-process with the care, rehabilitation and support provided by CCAHPs.

### Member Support

25. Within the Member Support Process, there are two key sub-processes:

- a. **Member and Family Welfare Support** comprises the provision of such support necessary to ensure the member's, and their family's, ongoing wellbeing. Member and Family Welfare Support runs concurrent with a number of other processes and is focused on the administrative, non-health, aspects of support. The Member and Family Welfare Support sub-process is the responsibility of command/management but commanders/managers may draw on the support offered by other agencies or individuals including, but not limited to, the Defence Community Organisation and Service Chaplains.
- b. **Member Support Coordination** involves the provision of dedicated support, coordination and facilitation to an individual member, and their family, who is facing complex circumstances as a result of a health condition. Member Support Coordination, which is a formalised and individually-tailored version of Member and Family Welfare Support, remains a command responsibility.

## Liability Determination

26. Within the Liability Determination Process, there are four key sub-processes:
- a. **Claims Submission** comprises the development and submission of a claim for a service-related injury or illness. The member submitting the claim is solely responsible for this sub-process but may seek information from a DVA On-Base Advisor or support and/or advice through an Advocate from one of the ex-Service organisations.
  - b. **Liability Determination** is the sub-process within DVA where a member's claim is assessed to determine whether there is a liability, under one or more of the relevant Acts, on the Commonwealth for compensation and rehabilitation. First Assistant Secretary, Rehabilitation and Support, is responsible for this sub-process.
  - c. **Appeals** is the sub-process that allows a member or ex-member to challenge the initial determination if they do not agree with the decision, are not satisfied with the reasons given for the decision, or have more evidence to support their claim. The Member is generally responsible for initiating the appeals process though, in certain circumstances, their Service Chief may also initiate an appeal. The appeal path will depend on the nature of the claim and/or the review path chosen by the Member; however, Assistant Secretary, Determination Support and Reviews, is responsible for the sub-process involved in staffing the appeal to the relevant authority for consideration and for advising the member of the outcome. The Veterans Review Board (VRB) can consider appeals for claims under either VEA or MRCA while the Military Rehabilitation and Compensation Commission (MRCC) can also reconsider original determinations made under MRCA. For claims under SRCA, a member may request that DVA reconsider their determination. A member also retains the right to refer the matter to the Administrative Appeals Tribunal should they be dissatisfied with the decision of the VRB or with the outcomes of the MRCC or DVA reconsideration.
  - d. **Compensation** includes those actions within DVA that follow the acceptance of a claim to determine what compensation and other benefits a claimant is entitled to. First Assistant Secretary, Rehabilitation and Support, is responsible for this sub-process.

## Return to Work

27. Within the Return to Work Process, there are four key sub-processes:
- a. **Health Review** comprises the initial and subsequent Medical Employment Classification Reviews (MECR) conducted by a CCAHP to determine a member's medical status with respect to employment and deployment. These Reviews inform a Medical Employment Classification Review Board (MECRB).
  - b. **Employment Review** comprises the formal consideration by a MECRB of a member's employability and deployability. Under the Return to Work process, the outcome of the MECRB is a Medical Employment Classification (MEC) of J1, J2, J3, J41 or J42. The Head of the relevant Service Career Management Agency/Personnel Management Agency (CMA/PMA) is responsible for this sub-process.
  - c. **Return to Primary Duties** comprises those activities required to reintegrate a member, who has been classified as MEC J1, J2 or J42 to their primary (normal) duties. This may include, but is not limited to, specialist training to re-familiarise, re-

condition or re-qualify a member in their primary role. Refresher training for aircrew is but one example. The Head of the relevant Service CMA/PMA is responsible for this sub-process; however, they are closely supported by Joint Health Command CCAHPs who have delegated powers from the Service Chiefs, or the Chief of the Defence Force, to provide occupational rehabilitation services to achieve durable return to work outcomes.

- d. **Vocational Reintegration** comprises those actions required to allow a member, who has been categorised as MEC J41, to re-enter service on alternate duties. Such actions include vocational training, group-specific induction, workplace assessments and/or ongoing health care. The Head of the relevant Service CMA/PMA is responsible for this sub-process; however, however, they are closely supported by Joint Health Command CCAHPs who have delegated powers from the Service Chiefs, or the Chief of the Defence Force, to provide occupational rehabilitation services to achieve durable return to work outcomes, including advice relevant to alternate employment options.

## Transition

28. Within the Transition Process, there are four key sub-processes:

- a. **Health Review** comprises the initial and subsequent MECR conducted by a CCAHP to determine a member's medical status with respect to employment and deployment. These Reviews inform a MECRB.
- b. **Employment Review** comprises the formal consideration by a MECRB of a member's employability and deployability. Under the Transition process, the outcome from the MECRB is either a classification of MEC J43, extended transition, or the issue of a termination notice and the administrative allocation as MEC J5. The Head of the relevant Service CMA/PMA is responsible for this sub-process.
- c. **Representation** is the sub-process that allows a member to represent against the decision of the MECRB if they do not agree with the decision. The Member is responsible for initiating the Representation process while the Head of the relevant Service CMA/PMA is responsible for ensuring that a review of the decision is properly conducted
- d. **Transition from the ADF** comprises those activities involved in preparing a member, and their family, for separation from the ADF and for ensuring all Defence administrative requirements associated with this separation are completed. The responsibility for planning and initiating transition action rests with the member; however, Director General Defence Community Organisation is responsible for the provision of effective transition support services through the relevant ADF Transition Centre. Director General Garrison Health Operations is responsible for the conduct of a separation health examination and for the effective handover of responsibility of healthcare and occupational rehabilitation where appropriate.

## Post Transition

29. Within the Post Transition Process, there are two key sub-processes:

- a. **Member and Family Health and Welfare** comprises the ongoing health and health related support and assistance provided to eligible ex-members and their dependants to allow them to mitigate the impact of their condition/s, improve their wellbeing and help them become self-reliant. First Assistant Secretary, Health and Community Services, is responsible for this sub-process.

- b. **Rehabilitation** comprises the medical, psychosocial and/or occupational rehabilitation services provided to eligible ex-members and, where appropriate, their dependants, to assist them to adapt and recover from an accepted injury or illness and, wherever possible, to re-enter the workforce. First Assistant Secretary, Rehabilitation and Support, is responsible for this sub-process.

## PART B: SUPPORT CONTINUUM - KEY APPOINTMENTS

### Introduction

30. Within the Support Continuum there are a range of appointments that are accountable and/or responsible for the delivery of the necessary care and support required to ensure the wellbeing of a member, and their family, through their recovery, rehabilitation and return to work or transition from service.
31. All the key appointments discussed in this Part of this Schedule sit within, and are accountable or responsible to, either Defence or DVA; none are dual-hatted and the lines of accountability do not cross Departmental boundaries.
32. As noted in the scope, this Schedule is not intended to provide an exhaustive list of appointments involved in the Support Continuum; instead, it concentrates on the key appointments whose involvement is critical to effectiveness and sustainability of the Support Continuum. Further, this Schedule reflects only those accountabilities or responsibilities **associated with SWIIP** and not the full range of accountabilities or responsibilities that rest with any individual appointment.
33. In documenting these key appointments, this Schedule details whether a specific appointment is **accountable** for process outcomes or **responsible** for sub-process outputs. For the purposes of this Schedule, **accountability** implies that the appointment is answerable for the correct and thorough completion of all tasks involved. This includes an obligation to ensure the ongoing evaluation of the process to ensure best practice and sustainable performance. **Responsibility** is the subordinate obligation to ensure that the task or process is undertaken in accordance with approved procedures.

### SUPPORT CONTINUUM GOVERNANCE

34. The governance arrangements that underpin the operation of the Support Continuum are set out in the Memorandum of Understanding between Defence and DVA for the Cooperative Delivery of Care and Support to Eligible Persons.
35. In brief, these arrangements consist of two principles committees; the **Defence DVA Executive Committee (DDEC)** and the **Defence DVA Links Steering Committee**.
36. The DDEC is the principle interdepartmental committee, **responsible** for setting the joint strategic direction. The DDEC membership includes the Chief of the Defence Force, the Secretary of the Department of Defence and Secretary of the Department of Veterans' Affairs.
37. Subordinate to the DDEC, the Defence DVA Links Steering Committee is co-chaired by the two Support Continuum Business Process Owners and is **responsible** for the:
- a. implementation of the joint strategic direction set by the DDEC through negotiated joint and agreed positions on both policy and programs applying to shared clients, and on implementation issues where appropriate; and
  - b. performance of the Support Continuum to ensure the delivery of care and support continues to meet the guidance set by the DDEC

### KEY APPOINTMENTS

#### Business Process Owners

38. As the accountabilities and responsibilities within each Department associated with the Support Continuum are spread across a number of internal organisational divisions, Defence and DVA have each appointed a Business Process Owner to provide the broad leadership and oversight required to manage the Support Continuum as a joint "system of systems".

39. Within Defence, the Business Process Owner is the Deputy Secretary Defence People, while within DVA, the Business Process Owner is the Deputy President of the Repatriation Commission.

40. The **Business Process Owners** are **responsible** for ensuring that the respective Departmental contributions to the Support Continuum are effectively managed and fully coordinated both within each Department and between the two Departments.

41. The Business Process Owners exercise their responsibilities jointly as the co-chairs of the Defence DVA Links Steering Committee and independently through established accountabilities and responsibilities within their respective Departments. The two Business Process Owners are also members of the DDEC.

42. The appointment of Business Process Owners does not remove or reduce the accountability or responsibilities of the individual process, and sub-process, owners, nor does it imply any superior authority in the delivery of care and support that is not resident in their normal range of responsibilities.

### **Prevention**

43. The key appointments within the Prevention process are:

a. **Service Chiefs and Group Heads**, who are **accountable** to the Chief of the Defence Force for the provision and maintenance of a safe work environment for members of the ADF.

(1) **Subordinate commanders and managers** at all levels who are **responsible** to their respective Service Chief, or Group Head, through the relevant command/management chains, for ensuring that their work places and work practices are safe, that the relevant risk assessments are completed, hazards identified and mitigated appropriately and that all incidents are reported, analysed and appropriate steps taken to prevent further occurrence.

(2) **Members**, who have an individual **responsibility** to take reasonable care of their own health and safety while at work, and ensure their acts, or omissions, do not adversely affect the health and safety of other persons in their workplace.

b. **Commander, Joint Health**, who is **accountable** to the Vice Chief of the Defence Force for the provision of routine health surveillance and care. Commander, Joint Health also has technical responsibility for the delivery of health surveillance and care for members deployed on operation. Commander, Joint Health is a member of the Defence People Committee and the Defence/DVA Links Steering Committee.

(1) **Director General Garrison Health Operations**, who is **responsible** to Commander, Joint Health for the delivery and management of quality, safe, efficient and effective health care to ADF members within Australia and on non-operational postings overseas.

(2) **JO7, Joint Operations Command**, who is **responsible** to Chief of Joint Operations through Director General Support, for the delivery and management of quality, safe, efficient and effective health care to ADF members deployed on operations.

(3) **Competent, Credentialed and Authorised Health Professionals**, who are **responsible** to the Director General Garrison Health Operations or the Task Group/Task Force Commander, for the day to day delivery of health care and occupational rehabilitation services.

c. **Deputy Secretary Defence People**, who is **accountable** to the Secretary and the Chief of the Defence Force for Work, Health and Safety (WHS) and Tri-service Personnel policy,

the collation and analysis of work place incident reports, advice on WHS trends within Defence and for the provision of relevant information to DVA to support liability determinations. DEPSEC DP is also Chair of the Defence People Committee, Co-Chair of the Defence/DVA Links Steering Committee and a member of the Defence/DVA Executive Committee.

- (1) **Head, People Policy and Culture**, who is **responsible** to Deputy Secretary, Defence People, for the development and maintenance of a safe Defence working environment, including management of the implementation of the Defence WHS Strategy. Head, People Policy and Culture is a member of the Defence People Committee and the Defence/DVA Links Steering Committee.
- (2) Within the People Policy and Culture Division, WHS policy, strategy and high level management is the **responsibility** of the **Director-General Work, Health and Safety**.

### Healthcare and Recovery

44. The key appointments within the Healthcare process are:

- a. **Commander, Joint Health**, who is **accountable** to the Vice Chief of the Defence Force for the provision of routine health surveillance and care. Commander, Joint Health also has technical responsibility for the delivery of health care for members deployed on operation. Commander, Joint Health is a member of the Defence People Committee and the Defence/DVA Links Steering Committee.
  - (1) **Director General Garrison Health Operations (DGGHO)**, who is **responsible** to Commander, Joint Health for the delivery and management of quality, safe, efficient and effective health care to ADF members within Australia and on non-operational postings overseas.
  - (2) **JO7, Joint Operations Command**, who is **responsible** to Chief of Joint Operations (CJOPS) through Director General Support, for the delivery and management of quality, safe, efficient and effective health care to ADF members deployed on operations.
  - (3) **Competent, Credentialed and Authorised Health Professionals (CCAHPs)**, who are **responsible** to the Director General Garrison Health Operations or Task Group/Task Force Commander, for the day to day delivery of health care and occupational rehabilitation services.

### Liability Determination

45. The key appointments within the Liability Determination process are:

- a. **First Assistant Secretary, Rehabilitation and Support**, who is **accountable** to the Secretary, DVA, for the development and implementation of the policies and procedures within Veterans' Affairs that underpin the Liability Determination process.
- b. **First Assistant Secretary, Health and Community Services**, who is **accountable** to the Secretary, DVA, for the development and implementation of the policies and procedures within Veterans' Affairs that underpin the provision of health and community services.
- c. **Deputy Commissioners**, who are **accountable** to either the Military Rehabilitation and Compensation Commission or the Repatriation Commission, depending on the nature of the claim, for the delivery of DVA services provided in their State or Territory.
  - (1) **On Base Advisors**, who are **responsible** to the relevant Deputy Commissioner for providing members with information on the services provided by Veterans' Affairs, including compensation, health services, rehabilitation and support.



- (2) **Liability delegates**, who are **responsible** to the relevant Deputy Commissioner for deciding whether the Commonwealth will accept or refuse liability for the client's death, injury or disease. The delegates must decide Commonwealth liability in a manner consistent with the legislation, policy and procedural instructions.
- (3) **Case Coordinators**, who are **responsible** to the relevant Deputy Commissioner and provide a single point of contact for clients who are identified as a risk and/or having complex needs to assist in navigating all DVA services and benefits.
- (4) **Service Coordinators**, who are **responsible** to the relevant Deputy Commissioner for the coordination of dependants' access to DVA entitlements and services and for assisting them to understand the support and services available from DVA and other government agencies and from ESOs and other service providers.
- (5) **Directors**, who are **responsible** to the relevant Deputy Commissioner for the management of relevant delegates involved in liability determination and the management of claims and ongoing benefits.

### Member Support

46. The key appointments within the Member Support process are:

- a. **Service Chiefs**, who are **accountable** to the Minister for the welfare of all members of their respective Service.
  - (1) **Commanders** at all levels who are **responsible** to the relevant Service Chief for the welfare and support of members within their command or Division, Branch or Directorate. This also includes those commanders who have administrative responsibility for members who are posted into appointments where there is no military commander in their normal management chain.
  - (2) **Member Support Coordinators**, who are **responsible** to the Commander of the wounded, injured or ill member they have been appointed to support for the effective coordination and facilitation of all necessary support.
  - (3) **Head, People Capability**, who is **responsible** to Deputy Secretary Defence People for the development and maintenance of tri-service policy on member and family support. Head of People Capability is a member of the Defence People Committee and the Defence/DVA Links Steering Committee.
  - (4) **Director General Defence Community Organisation**, who is **responsible** to the three Chiefs of Service for the provision of a broad range of programs and services to help promote the resilience of Defence families and ameliorate the negative impacts of mobility and absence from home.
  - (5) **Rehabilitation Consultants/Health Care Coordinators**, who, as CCAHPs, are **responsible** for the coordination the activities of the numerous health and psychosocial services involved in the treatment, rehabilitation and health care of the Member.
  - (6) **On Base Advisors** who are **responsible** to their respective Deputy Commissioner for providing members with information on the services provided by Veterans' Affairs, including compensation, health services, rehabilitation and support.

### Return to Work

47. The key appointments within the Return to Work process are:

- a. **Service Chiefs**, who are **accountable** to the Minister for the effective management of all members of their respective Service, including the conduct of Medical Employment Classification Review Boards (MECRBs).
  - (1) The Head of the relevant **CMA/PMA**, who is **responsible** to their respect Service Chief for ensuring that members are posted to positions that are compatible with the member's MEC and restrictions and the electronic record of MEC in PMKeyS is an accurate record of the Defence member's most recent Form PM 532.
  - (2) **Commanders and Managers**, who are **responsible** to the relevant Service Chief for ensuring that members under their command or management are employed within the limitations of their MEC restrictions.
  - (3) **Member Support Coordinators**, who are **responsible** to the Commander of the wounded, injured or ill member they have been appointed to support for the effective coordination and facilitation of all necessary support.
  - (4) **Members with medical and related employment restrictions**, who are **responsible** to their respect Service Chief for being aware of the nature of their restrictions and for advising their commander or manager when they believe a proposed task may be contrary to their employment restrictions detailed in Form PM 532.
- b. **Commander Joint Health**, who is **accountable** to the Vice Chief Of The Defence Force for developing health policy and procedures to support the MEC system, separation healthcare and return to work outcomes.
  - (1) **Competent, Credentialed and Authorised Health Professionals** who are **responsible** to Commander, Joint Health for:
    - (a) undertaking the Medical Employment Classification Reviews essential to the effective functioning of MECRBs, and
    - (b) for the occupational rehabilitation services IAW DI(G)PERS 16-22 that enable a timely and durable return to work.

### Transition

48. The key appointments within the Transition process are:
  - a. **Service Chiefs**, who are **accountable** to the Chief of the Defence Force for the effective management of all members of their respective Service who separate on medical grounds. This includes the appointment of a Transition Case Manager under s64 of the *Military Rehabilitation and Compensation Act 2004* (MRCA) and for ensuring that all elements of the separation process are completed prior to the separation date, including confirmation that DVA has made a determination on any, or all, claims submitted by the member,.
    - (1) The Head of the relevant **CMA/PMA**, who are **responsible** to their respect Service Chief for determining that a member is medically unfit for further service.
    - (2) **Director General Defence Community Organisation**, who is **responsible** to the relevant Service Chief, through Head, People Capability, for the provision of effective Transition support services through ADF Transition Centres.
    - (3) **Commanders and Managers**, who are **responsible** to the relevant Service Chief for ensuring that members under their command or management receive the necessary support during their transition.

- (4) **Member Support Coordinators**, who are **responsible** to the Commander of the wounded, injured or ill member they have been appointed to support for the effective coordination and facilitation of all necessary support.
  - (5) **Rehabilitation Consultants/Health Care Coordinators** who, as CCAHPS, are **responsible** for the effective transition/handover of the member's care to DVA or relevant civilian healthcare and/or rehabilitation service providers.
  - (6) **Members, who are separating on medical grounds**, are **responsible** to their respect Service Chief for completing all individual tasks and requirements necessary to ensure that they are prepared for separation, including the submission of any claims to DVA for determination.
- b. **Commander Joint Health**, who is **accountable** to the Vice Chief Of The Defence Force for developing health policy and procedures to support the MEC system and for the effective transfer of a member's healthcare and rehabilitation to the care of DVA where a liability on the Commonwealth has been established.
- (1) **Competent, Credentialed and Authorised Health Professionals** who are responsible to Commander, Joint Health for:
    - (a) undertaking the MECRs essential to the effective functioning of MECRBs;
    - (b) conducting separation health examinations; and
    - (c) where appropriate, for the effective transition of a member's healthcare and rehabilitation to DVA as the Rehabilitation Authority for ex-serving members

### **Post Transition Care and Support**

49. The key appointments within the Post Transition process are:
- a. **First Assistant Secretary, Rehabilitation and Support**, who is **accountable** to the Secretary, DVA, for the development and implementation of the policies and procedures within Veterans' Affairs that underpin the Liability Determination process.
  - b. **First Assistant Secretary, Health and Community Services**, who is **accountable** to the Secretary, DVA, for the development and implementation of the policies and procedures within Veterans' Affairs that underpin the provision of health and community services.
  - c. **Deputy Commissioners**, who are **accountable** to either the Military Rehabilitation and Compensation Commission or the Repatriation Commission, depending on the nature of the claim, for the delivery of DVA services provided in their State or Territory.
    - (1) **Case Coordinators**, who are **responsible** to the relevant Deputy Commissioner and provide a single point of contact for clients who are identified as a risk and/or having complex needs to assist in navigating all DVA services and benefits.
    - (2) **Service Coordinators**, who are **responsible** to the relevant Deputy Commissioner for the coordination of dependants' access to DVA entitlements and services and for assisting them to understand the support and services available from DVA and other government agencies and from ESOs and other service providers.
    - (3) **Treatment Approval Delegates**, who authorise the provision of required medical treatment as identified by the clients medical support team.
    - (4) **Rehabilitation Delegates**, who are **responsible** to the relevant Deputy Commissioner for the coordination of the initial contact, and the ongoing relationship, between the client and an approved rehabilitation service provider. This

partnership works collaboratively to design and develop a rehabilitation program based on the assessed needs of the client.

- (5) **Incapacity Payment Delegates**, who are **responsible** to the relevant Deputy Commissioner for approving payments, calculate payment amounts and for ensuring payments are effected. This role also manages the ongoing need for payments, obtains appropriate documentation and also works closely with the Rehabilitation Delegate to ensure payments are reflective of participation in, and any outcomes from, approved rehabilitation programs.
- (6) **Permanent Impairment Delegates**, who are **responsible** to the relevant Deputy Commissioner for arranging medical assessments for consideration of Permanent Impairment compensation payments. Once eligibility has been established, these delegates review assessment reports and calculate levels of payment.
- (7) **Directors**, who are **responsible** to the relevant Deputy Commissioner for the management of relevant delegates involved in liability determination and the management of claims and ongoing benefits.

50. Graphically, these accountabilities and responsibilities can be summarised as follows:

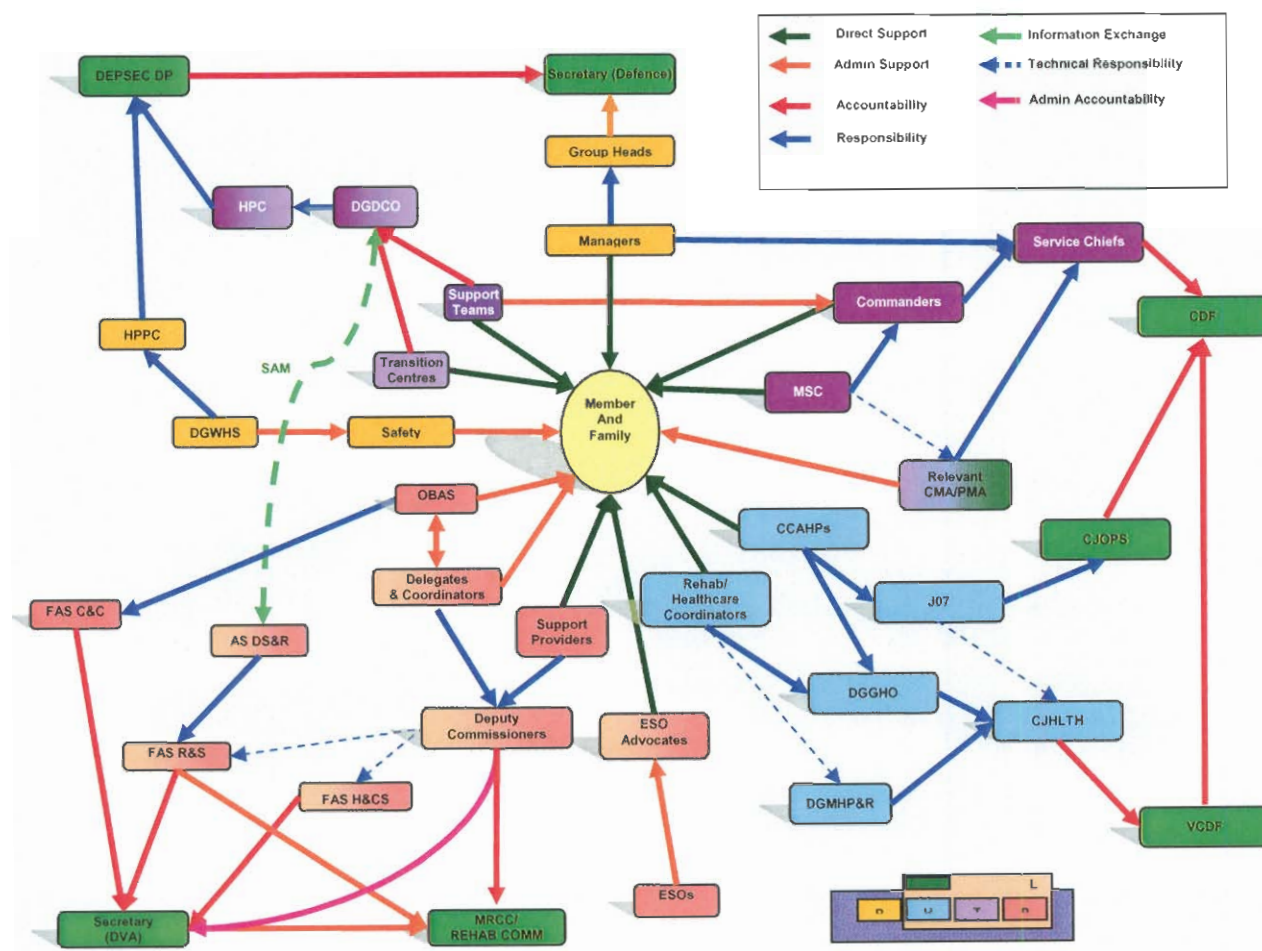


Figure 3

## **PART C: FACILITIES AND ACCOMMODATION REQUIREMENTS**

51. There are no facility or accommodation requirements associated with this Schedule.

## **PART D: FUNDING RESPONSIBILITY**

52. Noting that the Support Continuum is an integrated system that extends across both Departments, there is potential for either overlaps in the provision of care and support to occur or for confusion to arise over which Department is responsible for the funding and provision of a particular service. If not managed carefully, such overlaps and/or confusion could result in inefficiencies or, in the worst case, gaps in coverage.

53. In developing the DVA/Defence MOU, both Departments recognised the shared responsibility for the provision of care and support across the Support Continuum and set out in Provision 2.2 the relevant lead for the delivery of care and support at varying stages of a Member's service.

54. Recognising that the responsibilities for the delivery of care and support needed further clarification, provision 7.1 of the MOU obliges both Parties to ensure that the funding arrangements that support the wellbeing, treatment and rehabilitation of members are defined and understood.

55. To ensure that all members, regardless of the status of their service (full-time Member, CFTS, part-time Reservist or ex-members) receive the care and support they are eligible for and to meet the joint obligation under Provision 7.1, Table 1 sets out the schedule of services that may be provided to an eligible Member (depending on their needs and any associated determination) and defines which Department is responsible for funding and delivering that service.

### **Transition point**

56. Unless otherwise agreed, the point at which responsibility for the funding and delivery of services transitions from Defence to DVA is the date of discharge from full-time service.

57. Subject to mutual agreement, and to allow for support to be better tailored to a member's unique circumstances, the transition point for the funding and/or provision of some, or all, services may be adjusted in individual cases to the point at which DVA accepts liability.

### **Transfer of Departmental Responsibilities**

58. Where a permanent transfer of responsibility for the provision of care, or the delivery of a service, from one Department to the other is proposed, either as the result of a change in legislation or through mutual agreement, the financial liability associated with the transfer of responsibility is to be calculated by actuarial analysis and agreement reached on any associated guidance transfer before the transfer is effected.

### **Escalation**

59. Should a circumstance arise where there is uncertainty over funding responsibility for a particular case, the matter is to be referred to the Authorised Officers for clarification as a matter of urgency.

60. Should the Authorised Officers be unable to resolve the matter, the matter is to be referred for resolution between the relevant Deputy Secretaries or equivalent.

61. If the matter is still not resolved, the matter is to be referred for final resolution between the Secretaries of the Departments.

**Table 1 - Defence/DVA Schedule of Responsibilities for the Funding and Provision of Services and Entitlements**

	<b>Defence Responsibilities</b>	<b>DVA Responsibilities (once compensation liability is accepted)</b>
<p><b>Full Time ADF members and Reservists on CFTS</b></p>	<p>Defence is responsible for the funding and provision/conduct of the following:</p> <ul style="list-style-type: none"> <li>• Medical treatment and appliances;</li> <li>• As the Rehabilitation Authority (for both compensable and non-compensable cases):                             <ul style="list-style-type: none"> <li>• rehabilitation assessment and occupational rehabilitation programs as required, and</li> <li>• non-clinical aids and appliances identified by the rehabilitation assessment;</li> </ul> </li> <li>• Needs assessments to determine the need for attendant care and household services; and</li> <li>• Household Alterations (if non-compensable and meets entitlement).</li> </ul>	<p>DVA is responsible for the funding and provision/conduct of the following:</p> <ul style="list-style-type: none"> <li>• Incapacity payments,</li> <li>• Permanent Impairment payments,</li> <li>• Vehicle Modifications,</li> <li>• Household Alterations where identified by a Defence needs assessment,</li> <li>• Attendant care and household services where supported by an ADF Rehabilitation Program assessment report, and</li> <li>• Aids and appliances where the Rehabilitation Authority is transferred to DVA by Defence.</li> </ul>

	Defence Responsibilities	DVA Responsibilities (once compensation liability is accepted)
<p><b>Part Time Reservists (still serving in the ADF)</b></p>	<p>Defence is responsible for the funding and provision/conduct of the following;</p> <ul style="list-style-type: none"> <li>• Acute medical treatment.</li> <li>• As the Rehabilitation Authority (from 1 July 2013) for compensable cases: <ul style="list-style-type: none"> <li>• rehabilitation assessments and occupational rehabilitation programs as required, and</li> <li>• non-clinical aids and appliances identified by the rehabilitation assessment.</li> </ul> </li> </ul>	<p>DVA is responsible for the funding and provision/conduct of the following;</p> <ul style="list-style-type: none"> <li>• Incapacity payments;</li> <li>• Permanent Impairment payments;</li> <li>• Special Rate Disability Pension;</li> <li>• Vehicle Modifications;</li> <li>• Household Alterations where identified through a needs assessment;</li> <li>• Medical treatment and appliances (post liability determination)</li> <li>• Where the Rehabilitation Authority is transferred to DVA: <ul style="list-style-type: none"> <li>• rehabilitation assessments and occupational rehabilitation programs as required;</li> <li>• aids and appliances; and</li> <li>• rehabilitation assessment to identify the need for attendant care and household services;</li> </ul> </li> <li>• Attendant care and household services where supported by: <ul style="list-style-type: none"> <li>• rehabilitation assessment report; or</li> <li>• an ADF Rehabilitation Program rehabilitation assessment report (WEF 1 July 2013).</li> </ul> </li> </ul>



	Defence Responsibilities	DVA Responsibilities (once compensation liability is accepted)
<p><b>Ex serving Veterans (not Part Time Reserves)</b></p>	<p>Defence is not responsible for funding or providing any services to ex-serving veterans or members</p>	<p>DVA is responsible for the funding and provision/conduct of the following;</p> <ul style="list-style-type: none"> <li>• Incapacity payments;</li> <li>• Permanent Impairment payments;</li> <li>• Special Rate Disability Pension;</li> <li>• Vehicle modifications;</li> <li>• Household Alterations where identified through a needs assessment;</li> <li>• Medical treatment and appliances;</li> <li>• As the Rehabilitation Authority: <ul style="list-style-type: none"> <li>• rehabilitation assessments and occupational rehabilitation programs as required;</li> <li>• aids and appliances; and</li> <li>• rehabilitation assessment to identify the need for attendant care and household services and supply these if required</li> </ul> </li> </ul>

## **PART E: PERSONNEL REQUIRED**

62. The provision of personnel to meet the roles and responsibilities set out in Parts A and B remains the responsibility of the relevant Department.

63. Nothing in this Schedule prevents either Department from implementing organisational changes that impact the roles and responsibilities set out in Parts A and B; however, both Departments agreed to advise the other Department as soon as practical of any:

- a. proposed organisational change that has the potential to impact the framework of roles and responsibilities set out in this Schedule; or
- b. any proposed change in nomenclature for the appointments detailed in the Schedule that could cause confusion in determining who is either accountable, or responsible, for a process or sub-process.

64. Substantial changes to the roles and responsibilities set out in this Schedule will require the Schedule to be reviewed and updated as soon as practical after the implementation of such change to ensure its continued validity and accuracy.

## **PART F: MONITORING AND EVALUATION**

65. The Defence DVA Links Steering Committee is responsible for the performance of the Support Continuum. In discharging this responsibility, the Links Steering Committee is to monitor, evaluate and amend this Schedule to ensure that the framework set out in this Schedule remains accurate, effective and in line with the strategic direction set by the Defence DVA Executive Committee.

66. The Authorised Officers are responsible for ensuring that this Schedule is reviewed, and amended where required, at least annually from the commencement date to ensure its continued validity and accuracy. A summary of each review is to be provided to the Links Steering Committee.

## **PART G: PERFORMANCE MEASURES AND STANDARDS**

67. This Schedule was introduced to set out the framework of key roles and responsibilities within the Support Continuum in order to promote a broad understanding, within both Defence and DVA, of the accountabilities and key responsibilities, the primary interrelationships and key information flows involved in the provision of effective care and support. As such, there are no mandated performance measures or standards applicable to this Schedule; however, the Defence DVA Links Steering Committee may, from time to time, set specific performance measures or standards against which the performance of the framework of responsibilities may be measured.

68. Where the Defence DVA Links Steering Committee does specify performance measures or standards against which the performance of the framework of responsibilities is to be measure, the Authorised Officers are responsible for ensuring that the required data is collected and reported in line with the direction from the Committee.

69. Further, Schedule 19 to the MoU, once approved, will set out the Key Performance Indicators that support the Defence DVA Links Steering Committee's management of the Support Continuum.

**PART H: SPECIAL PROVISIONS**

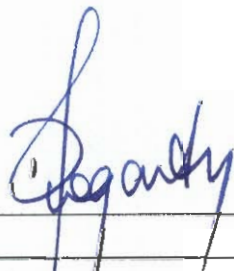
70. There are no special provisions applicable to this Schedule.

**PART I: AUTHORISED OFFICERS AND ADDRESSES FOR NOTICES**

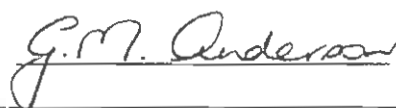
	Defence	DVA
Position	Head, People Capability Defence People Group	First Assistant Secretary Client & Commemorations
Postal Address	R1-1-C005 Russell Offices Department of Defence ACT 2600	GPO Box 9998 Canberra ACT 2600
Telephone	(02) 6265 6902	(02) 6289 6008
Fax	(02) 6265 6349	(02) 6289 6221
E-mail	<a href="mailto:gerard.fogarty@defence.gov.au">gerard.fogarty@defence.gov.au</a>	<a href="mailto:Gayle.anderson@dva.gov.au">Gayle.anderson@dva.gov.au</a>

**Signatures**

Signed for and on behalf of the Department of Defence by Major General G.P Fogarty, AM, Head, People Capability

 4/2/13

Signed for and on behalf of the Department of Veterans' Affairs by Ms Gayle Anderson, Acting First Assistance Secretary, Client and Commemorations Division.

 4/2/13

**Attachment:**

A: Sub-Process Summaries

**SUB-PROCESS SUMMARIES**

1. Parts A and B to Schedule 16 described the SWIIP Support Continuum, its key processes and sub-processes and the key appointments involved in its operation.
2. This Attachment aims to provide a summary of each sub-process that pulls this data together, and adds the major dependencies and associated information flows, to provide a more complete picture of that element of the Continuum. As set out in the scope, this summary is purposely kept at a high level and the detail is shown purely from a SWIIP perspective. These summaries are not intended as a full and detailed description of all support processes nor do they detail the broader responsibilities of the appointment mentioned.

**Prevention**

<b>Sub-Process:</b>	<b>Routine Health Care</b>
<b>Sub-Process Owner</b>	<b>Director General Garrison Health Operations</b>
<b>Description:</b>	<p>Comprises those aspects of health care:</p> <ul style="list-style-type: none"> <li>• aimed at the routine surveillance of member's health to assist in the maintenance of their wellbeing,</li> <li>• that allow the early detection of illness, and</li> <li>• that ensure, from a health perspective, that members are appropriately prepared for deployment</li> </ul>
<b>Associated, higher level Process:</b>	<b>Prevention (Health)</b>
<b>Process Owner:</b>	<b>Commander, Joint Health Command</b>
<b>Accountable to:</b>	<b>Vice Chief of the Defence Force</b>
<b>Associated appointments:</b>	Relevant Competent, Certified and Authorised Health Professionals responsible for the delivery of day to day health care.
<b>Key outcomes/deliverables:</b>	Member's medical status, health preparedness
<b>Key Dependencies</b>	Appropriate resourcing, both human and financial
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• Member's health information recorded to member's medical documents.</li> <li>• Health Status and currency reported in PMkeys</li> </ul>

<b>Sub-Process:</b>	<b>WHS Policy Development</b>
<b>Sub-Process Owner</b>	<b>Head, People Policy and Culture</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>Guides the implementation of the Defence WHS Strategy,</li> <li>Provides whole-of-Defence corporate WHS products and services to assist Services and Groups to minimise the incidence and severity of work-related injury, illness and disease, and</li> <li>Formulates and/or coordinates the design, development, implementation, maintenance, review and evaluation of a Defence-wide WHS management system.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Prevention (Policy)</b>
<b>Process Owner:</b>	<b>Deputy Secretary Defence People</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force / Secretary, Defence</b>
<b>Associated appointments:</b>	<b>Director General Work, Health and Safety</b> who is responsible to Head, People Policy and Culture, for WHS Policy and management of the WHS Management System
<b>Key outcomes/deliverables:</b>	Defence WHS Strategy, WHS Reports
<b>Key Dependencies</b>	Accurate, timely and complete reporting of all incidents by commanders and managers across Defence
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>Incident reporting to DVA in support of claims</li> </ul>
<b>Sub-Process:</b>	<b>Hazard Identification</b>
<b>Sub-Process Owner</b>	<b>Commanders/Managers</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>Involves the identification of hazards within a workplace, or associated with a work activity, that could cause injury or illness to allow subsequent mitigation.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Prevention (Practice)</b>
<b>Process Owner:</b>	<b>Relevant Service Chief or Group Head</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force / Secretary, Defence</b>
<b>Associated appointments:</b>	Subordinate executives/managers, members, APS
<b>Key outcomes/deliverables:</b>	A comprehensive summary of the hazards associated with a particular work place or work practice.
<b>Key Dependencies</b>	Leadership, WHS training and documentation, appropriate resourcing
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>Hazard reports to relevant Commander/Manager</li> </ul>

<b>Sub-Process:</b>	<b>Risk Assessment</b>
<b>Sub-Process Owner</b>	<b>Commanders/Managers</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>The assessment of identified hazards in order to allow for the development of safe practices and/or subsequent risk mitigation.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Prevention (Practice)</b>
<b>Process Owner:</b>	<b>Relevant Service Chief or Group Head</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force / Secretary, Defence</b>
<b>Associated appointments:</b>	Subordinate executives/managers, members, APS
<b>Key outcomes/deliverables:</b>	Risk Assessment
<b>Key Dependencies</b>	Hazard Identification, Leadership, WHS training and documentation, appropriate resourcing
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>Risk Assessments to relevant Commander/Manager</li> </ul>

<b>Sub-Process:</b>	<b>Risk Mitigation</b>
<b>Sub-Process Owner</b>	<b>Commanders/Managers</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>The subsequent action taken to mitigate the risks associated with any identified hazards to the lowest practical level. Risk Mitigation includes evaluation and review to ensure that the actions have eliminated or reduced the risks to the appropriate level and have not introduced any new hazards.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Prevention (Practice)</b>
<b>Process Owner:</b>	<b>Relevant Service Chief or Group Head</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force / Secretary, Defence</b>
<b>Associated appointments:</b>	Subordinate executives/managers, members, APS
<b>Key outcomes/deliverables:</b>	Standard Operating Procedures, Unit Instructions, appropriate protective equipment and guards.
<b>Key Dependencies</b>	Risk Assessment, Leadership, WHS training and documentation, appropriate resourcing
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>Risk Mitigation plans/amendments to or issue of new operating procedures</li> </ul>

<b>Sub-Process:</b>	<b>Reporting</b>
<b>Sub-Process Owner</b>	<b>Commanders/Managers</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>The formal documentation and reporting of all incidents that occur in a workplace to ensure that the incident is</li> </ul>

	recorded, to help reduce the potential for future occurrences, to allow for trend analysis and, in certain cases, to meet Defence's legal obligations.
Associated, higher level Process:	<b>Prevention (Practice)</b>
Process Owner:	<b>Relevant Service Chief or Group Head</b>
Accountable to:	<b>Chief of the Defence Force / Secretary, Defence</b>
Associated appointments:	Subordinate executives/managers, members, APS
Key outcomes/deliverables:	Defect, Hazard and Incident reports.
Key Dependencies	Leadership, WHS training and documentation, appropriate resourcing
Key Information Flows:	<ul style="list-style-type: none"> <li>• Incident, Hazard or Defect reporting through appropriate systems</li> <li>• Incident reporting to Comcare where required by law</li> <li>• NOTICAS, FATALCAS as appropriate</li> </ul>

## Healthcare and Recovery

Sub-Process:	<b>Acute Health Care</b>
Sub-Process Owner	<b>Director General Garrison Health Operations</b>
Description:	<ul style="list-style-type: none"> <li>• The initial health response to, and treatment of, a wounding, injury or illness. The acute phase can last weeks or months and has the highest co-ordination burden.</li> </ul>
Associated, higher level Process:	<b>Healthcare and Recovery</b>
Process Owner:	<b>Commander, Joint Health</b>
Accountable to:	<b>Vice Chief of the Defence Force</b>
Associated appointments:	CCAHPs responsible for the delivery of the initial response and treatment.
Key outcomes/deliverables:	Stabilised patient
Key Dependencies	Appropriate resourcing – both human and financial
Key Information Flows:	<ul style="list-style-type: none"> <li>• Referral to ADF Rehabilitation Program</li> <li>• Member's health information recorded to member's medical documents.</li> <li>• Health Status to PMKeyS</li> <li>• Status to Family and Command</li> </ul>



<b>Sub-Process:</b>	<b>Rehabilitation</b>
<b>Sub-Process Owner</b>	<b>Director General Garrison Health Operations</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>This is the restoration to normal form and optimal functional level in all areas of activity after illness or injury. There are two major elements of rehabilitation – clinical and occupational. Both of these elements overlap in a member’s recovery, with clinical rehabilitation preceding occupational rehabilitation. It may also include psycho-social rehabilitation services.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Healthcare and Recovery</b>
<b>Process Owner:</b>	<b>Commander, Joint Health</b>
<b>Accountable to:</b>	<b>Vice Chief of the Defence Force</b>
<b>Associated appointments:</b>	Director General Mental Health, Psychology and Rehabilitation, CCAHPs involved in the provision of rehabilitation services and health care.
<b>Key outcomes/deliverables.</b>	<ul style="list-style-type: none"> <li>Reduce the impact of injury or illness.</li> <li>The return of an injured or ill member to maximum effectiveness either within the ADF environment, or if this is not possible, the civilian environment.</li> </ul>
<b>Key Dependencies</b>	Appropriate resourcing – both human and financial
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>Member’s health information recorded to member’s medical documents.</li> <li>Health Status to PMKeyS</li> <li>Status to Family and Command</li> <li>Referral to ADFRP if a mandatory trigger is met</li> <li>Handover report to external Rehabilitation provider if member is separating from the ADF</li> </ul>

## Member Support

<b>Sub-Process:</b>	<b>Member and Family Welfare Support</b>
<b>Sub-Process Owner:</b>	<b>Command/Management</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>Comprises the provision of such support necessary to ensure a member’s, and their family’s, ongoing wellbeing. Member and Family Welfare Support runs concurrent with the relevant Health Care process and is focused on the administrative, non-health, aspects of support.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Member Support</b>
<b>Process Owner:</b>	<b>Relevant Service Chief</b>
<b>Accountable to:</b>	<b>Minister and Chief of the Defence Force</b>
<b>Associated appointments:</b>	Subordinate executives/managers, Director General Defence Community Organisation, Chaplains

Key outcomes/deliverables.	The provision of the necessary support to assist a member and their family deal with the issues arising from their injury or illness
Key Dependencies	Leadership, assessment of needs
Key Information Flows:	<ul style="list-style-type: none"> <li>• Medical status and rehabilitation program</li> <li>• Communications and coordination between the key appointments involved in the provision of member support.</li> <li>• Support needs</li> <li>• Specialist advice</li> <li>• Notification to relevant support service providers</li> <li>• Notification to CMA/PMA</li> </ul>

Sub-Process:	<b>Member Support Coordination</b>
Sub-Process Owner:	<b>Command</b>
Description:	<ul style="list-style-type: none"> <li>• Member Support Coordination is a more formal and tailored version of Member and Family Welfare Support and is individual-specific</li> <li>• Involves the provision of dedicated support, coordination and facilitation to a member, and their family, who are facing complex circumstances as a result of a health condition</li> </ul>
Associated, higher level Process:	<b>Member Support</b>
Process Owner:	<b>Relevant Service Chief</b>
Accountable to:	<b>Minister and Chief of the Defence Force</b>
Associated appointments:	Member Support Coordinator (MSC), CMA/PMA, Subordinate executives/managers, Director General Defence Community Organisation, Chaplains
Key outcomes/deliverables.	<ul style="list-style-type: none"> <li>• Dedicated and coordinated support and facilitation to a member, and their family, who is dealing with a complex set of circumstances resulting from their injury or illness.</li> <li>• Individual Welfare Plan that covers all aspects of a member's rehabilitation and support.</li> </ul>
Key Dependencies	Appointment of an MSC, Needs assessments by appropriate support agencies
Key Information Flows:	<ul style="list-style-type: none"> <li>• Medical status and rehabilitation program</li> <li>• Support needs</li> <li>• Specialist advice</li> </ul>

	<ul style="list-style-type: none"> <li>• Notification to relevant support service providers</li> <li>• Notification to CMA/PMA</li> </ul>
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## Liability Determination

<b>Sub-Process:</b>	<b>Claims Submission</b>
<b>Sub-Process Owner</b>	<b>Member</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• Comprises the development and submission of a claim/s for a service-related injury or illness.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Liability Determination</b>
<b>Process Owner:</b>	<b>First Assistant Secretary, Rehabilitation and Support</b>
<b>Accountable to:</b>	<b>Secretary, DVA</b>
<b>Associated appointments:</b>	On-Ease Adviser, MSC, Ex-Service Org Advocate, CCAHP
<b>Key outcomes/deliverables:</b>	Complete claim/s for compensation
<b>Key Dependencies</b>	Service records (health, incident and personal), access to specialist advice.
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• Submission of claim to DVA</li> </ul>

<b>Sub-Process:</b>	<b>Determination</b>
<b>Sub-Process Owner</b>	<b>Deputy Commissioners</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• The sub-process within DVA that considers a member's claim to determine whether there is a liability under one or more of the relevant Acts on the Commonwealth for compensation and rehabilitation.</li> <li>• Deputy Commissioners are accountable to either the MRCC or the Repatriation Commission for exercising their delegations and to the Secretary, DVA for the operation of their regional team.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Liability Determination</b>
<b>Process Owner:</b>	<b>First Assistant Secretary, Rehabilitation and Support</b>
<b>Accountable to:</b>	<b>Secretary, DVA</b>
<b>Associated appointments:</b>	MRCC, Repatriation Commission, relevant delegates, Director General Defence Community Organisation (Single Access Mechanism (SAM)),
<b>Key outcomes/deliverables:</b>	A determination on the claim
<b>Key Dependencies</b>	Timely access to the relevant records required to substantiate any claim
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• DVA requests for information from Defence through SAM</li> <li>• Records from Defence to DVA via SAM</li> <li>• Automatic flow of, or access to relevant information where supported</li> </ul>

	<ul style="list-style-type: none"> <li>• Advice to Defence</li> <li>• Advice to ComSuper and Centrelink where appropriate</li> </ul>
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<b>Sub-Process:</b>	<b>Appeals</b>
<b>Sub-Process Owner</b>	<ul style="list-style-type: none"> <li>• <b>Member (for raising the appeal)</b></li> <li>• <b>Service Chief (for raising the appeal in certain circumstances)</b></li> <li>• <b>Assistant Secretary, Determination Support and Reviews</b></li> </ul>
<b>Description:</b>	<p>The sub-process allows a member, or ex-member or Service Chief to challenge the initial determination if:</p> <ul style="list-style-type: none"> <li>• they do not agree with the decision,</li> <li>• are not satisfied with the reasons given for the decision, or</li> <li>• have more evidence to support their claim.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Liability Determination</b>
<b>Process Owner:</b>	<b>First Assistant Secretary, Rehabilitation and Support</b>
<b>Accountable to:</b>	<b>Secretary, DVA</b>
<b>Associated appointments:</b>	Veterans Review Board, MRCC, Administrative Appeals Tribunal
<b>Key outcomes/deliverables:</b>	Formal review and decision on the appeal
<b>Key Dependencies</b>	Claim Determination
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• Staffing of appeal to relevant Board or Commission for review</li> <li>• Notification of outcome to member</li> </ul>

<b>Sub-Process:</b>	<b>Compensation</b>
<b>Sub-Process Owner</b>	<b>Deputy Commissioners</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• Comprises those actions within DVA that follow the acceptance of a claim to determine what compensation and other benefits a claimant is entitled to.</li> <li>• Deputy Commissioners are accountable to either the MRCC or the Repatriation Commission for exercising their delegations and to the Secretary, DVA for the operation of their regional team.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Liability Determination</b>
<b>Process Owner:</b>	<b>First Assistant Secretary, Rehabilitation and Support</b>
<b>Accountable to:</b>	<b>Secretary, DVA</b>
<b>Associated appointments:</b>	MRCC, Repatriation Commission, relevant delegates
<b>Key outcomes/deliverables:</b>	Advice on compensation, care and support to be provided
<b>Key Dependencies</b>	Acceptance of a claim

Key Information Flows:	<ul style="list-style-type: none"> <li>• Advice on compensation to member</li> <li>• Advice on determination to Defence</li> </ul>
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## Return to Work

<b>Sub-Process:</b>	<b>Health Review</b>
<b>Sub-Process Owner</b>	<b>Director General Garrison Health Operations</b>
Description:	<ul style="list-style-type: none"> <li>• Comprises the initial and subsequent Medical Employment Classification Reviews (MECR) conducted by a CCAHP to determine a member's medical status with respect to employment and deployment.</li> <li>• These Reviews inform a Medical Employment Classification Review Board (MECRB)</li> </ul>
Associated, higher level Process:	<b>Return to Work</b>
Process Owner:	<b>Relevant Service Chief</b>
Accountable to:	<b>Chief of the Defence</b>
Associated appointments:	CCAHP
Key outcomes/deliverables:	Complete MECR
Key Dependencies	Substantial completion of ADFRP program (at least to the point at which a return to work can be considered)
Key Information Flows:	<ul style="list-style-type: none"> <li>• MECR to MECRB</li> <li>• Advice to Member</li> <li>• Information recorded in member's medical documents.</li> </ul>

<b>Sub-Process:</b>	<b>Employment Review</b>
<b>Sub-Process Owner</b>	<b>Relevant CMA/PMA</b>
Description:	<ul style="list-style-type: none"> <li>• Comprises the formal consideration by a Medical Employment Classification Review Board of a member's employability and deployability.</li> <li>•</li> </ul>
Associated, higher level Process:	<b>Return to Work</b>
Process Owner:	<b>Relevant Service Chief</b>
Accountable to:	<b>Chief of the Defence Force</b>
Associated appointments:	CCAHP, Member, Member's Commander, MSC
Key outcomes/deliverables:	Under the Return to Work process, the outcome of the MECRB is a classification of MEC of J1, J2, J3, J41 or J42.
Key Dependencies	Command/Management
Key Information Flows:	<ul style="list-style-type: none"> <li>• Advice to Member</li> </ul>

	<ul style="list-style-type: none"> <li>• Advice to Member's Commander</li> <li>• Information recorded in member's medical documents.</li> <li>• PMKeyS updated</li> <li>• Advice to DVA/ComSuper when appropriate</li> </ul>
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<b>Sub-Process:</b>	<b>Return to Primary Duties</b>
<b>Sub-Process Owner:</b>	<b>Relevant CMA/PMA</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• Comprises those activities required to reintegrate a member, who has been classified as either MEC J1, J2 or J42, to their primary (normal) duties.</li> <li>• This may include, but is not limited to, specialist training to re-familiarise, re-condition or re-qualify a member in their primary role. Refresher training for aircrew is but one example.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Return to Work</b>
<b>Process Owner:</b>	<b>Relevant Service Chief</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force</b>
<b>Associated appointments:</b>	Command/Management
<b>Key outcomes/deliverables:</b>	The member's return to primary duties
<b>Key Dependencies</b>	Space on, and timing of, required courses
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• MEC updated in PMKeyS</li> <li>• Advice to Member</li> <li>• Information recorded in member's medical documents.</li> </ul>

<b>Sub-Process:</b>	<b>Vocational Reintegration</b>
<b>Sub-Process Owner:</b>	<b>Relevant CMA/PMA</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• Comprises those actions required to allow a member, who has been categorised as MEC J41, to re-enter service on alternate duties. Such actions include vocational training, group-specific induction, workplace assessments and/or ongoing health care.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Return to Work</b>
<b>Process Owner:</b>	<b>Relevant Service Chief</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force</b>
<b>Associated appointments:</b>	CCAHPs
<b>Key outcomes/deliverables:</b>	Employment of member on alternate duties
<b>Key Dependencies</b>	Employment Review and recommendation for suitable alternate duties
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• Advice to Member</li> </ul>

- Posting/attachment authority

## Transition

<b>Sub-Process:</b>	<b>Health Review</b>
<b>Sub-Process Owner</b>	<b>Director General Defence Community Organisation</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• Comprises the initial and subsequent Medical Employment Classification Reviews (MECR) conducted by a CCAHP to determine a member's medical status with respect to employment and deployment.</li> <li>• These Reviews inform a Medical Employment Classification Review Board (MECRB)</li> </ul>
<b>Associated, higher level Process:</b>	<b>Transition</b>
<b>Process Owner:</b>	<b>Deputy Secretary, Defence People</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force</b>
<b>Associated appointments:</b>	CCAHP
<b>Key outcomes/deliverables:</b>	Complete MECR
<b>Key Dependencies</b>	Completion of ADFRP program
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• MECR to MECRB</li> <li>• Advice to Member</li> <li>• Information recorded in member's medical documents.</li> </ul>

<b>Sub-Process:</b>	<b>Employment Review</b>
<b>Sub-Process Owner</b>	<b>Relevant CMA/PMA</b>
<b>Description:</b>	<ul style="list-style-type: none"> <li>• Comprises the formal consideration by a Medical Employment Classification Review Board of a member's employability and deployability.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Transition</b>
<b>Process Owner:</b>	<b>Deputy Secretary, Defence People</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force</b>
<b>Associated appointments:</b>	CCAHP, Member, Member's Commander, MSC
<b>Key outcomes/deliverables:</b>	Under the Transition process, the outcome of the MECRB is a classification of MEC J43 or J5.
<b>Key Dependencies</b>	MECR
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>• Advice to Member</li> <li>• Advice to Member's Commander</li> </ul>

	<ul style="list-style-type: none"> <li>Information recorded in member's medical documents.</li> <li>Referral to Defence Transition Centre</li> <li>PMKeyS updated</li> <li>Advice to DVA/ComSuper when appropriate</li> </ul>
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<b>Sub-Process:</b>	<b>Representation</b>
<b>Sub-Process Owner</b>	<ul style="list-style-type: none"> <li><b>Member (Submission)</b></li> <li><b>CMA/PMA (Consideration/Review)</b></li> </ul>
<b>Description:</b>	<ul style="list-style-type: none"> <li>The sub-process that allows a member to represent against the decision of the MECRB if they do not agree with the decision.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Transition</b>
<b>Process Owner:</b>	<b>Deputy Secretary, Defence People</b>
<b>Accountable to:</b>	<b>Chief of the Defence Force</b>
<b>Associated appointments:</b>	Command/Management
<b>Key outcomes/deliverables.</b>	Formal consideration of, and a decision on, a member's representation
<b>Key Dependencies</b>	MECRB Classification of MEC J43 or J5
<b>Key Information Flows:</b>	<ul style="list-style-type: none"> <li>Response to Member</li> <li>Response to Commander/Manager</li> <li>Response recorded on member's personal record</li> <li>Advice to DVA/ComSuper when appropriate</li> </ul>

<b>Sub-Process:</b>	<b>Transition from the ADF</b>
<b>Sub-Process Owner</b>	<ul style="list-style-type: none"> <li><b>Member (Planning and Initiation)</b></li> <li><b>Director General Defence Community Organisation (Transition Support and Advice)</b></li> <li><b>Director General Garrison Health Operations (Separation health examination and transfer of health care and occupational rehabilitation)</b></li> </ul>
<b>Description:</b>	<ul style="list-style-type: none"> <li>Comprises those activities involved in preparing a member, and their family, for separation from the ADF, and for ensuring all Defence administrative requirements associated with their separation are completed. This includes a separation health examination and the effective transfer of healthcare and occupational rehabilitation responsibilities where appropriate.</li> </ul>
<b>Associated, higher level Process:</b>	<b>Transition</b>
<b>Process Owner:</b>	<b>Deputy Secretary, Defence People</b>



Accountable to:	<b>Chief of the Defence Force</b>
Associated appointments:	Command/Management, DVA
Key outcomes/deliverables:	Continuity in member's healthcare and occupational rehabilitation
Key Dependencies	MECRB Classification of MEC J43 or J5
Key Information Flows:	<ul style="list-style-type: none"> <li>• Response to Member</li> <li>• Response to Commander/Manager</li> <li>• Response recorded on member's personal record.</li> <li>• Advice to DVA to support effective transition of healthcare and occupational rehabilitation</li> <li>• Advice to DVA and Comcare as appropriate to achieve member's entitlements.</li> </ul>

## Post Transition Care and Support

Sub-Process:	<b>Member and Family Health and Welfare Support</b>
Sub-Process Owner	<b>First Assistant Secretary, Community and Health Services</b>
Description:	<ul style="list-style-type: none"> <li>• Comprises the ongoing health and health related support and assistance provided to eligible ex-members and their dependants to allow them to mitigate the impact of their accepted conditions, help improve their self-reliance and improve their wellbeing</li> </ul>
Associated, higher level Process:	<b>Post Transition Care and Support</b>
Process Owner:	<b>First Assistant Secretary, Community and Health Services</b>
Accountable to:	<b>Secretary, DVA</b>
Associated appointments:	Deputy Commissioners, relevant delegates, relevant health professional and other service providers.
Key outcomes/deliverables:	Provision of care and support commensurate with their accepted injury or illness
Key Dependencies	Accepted claim for compensation
Key Information Flows:	<ul style="list-style-type: none"> <li>• Advice to Member</li> <li>• Advice to ComSuper and Centrelink where appropriate</li> </ul>

Sub-Process:	<b>Rehabilitation</b>
Sub-Process Owner	<b>First Assistant Secretary, Community and Health Services</b>
Description:	<ul style="list-style-type: none"> <li>• Comprises those activities required to assist an ex-member to recover from their injury or illness and, wherever possible, return to suitable work at the earliest possible time.</li> </ul>

Associated, higher level Process:	<b>Post Transition Care and Support</b>
Process Owner:	<b>First Assistant Secretary, Community and Health Services</b>
Accountable to:	<b>Secretary, DVA</b>
Associated appointments:	Relevant professional healthcare providers
Key outcomes/deliverables:	Effective care and rehabilitation
Key Dependencies	Acceptance of a claim, confirmation of compensation
Key Information Flows:	<ul style="list-style-type: none"> <li>• Advice to Member</li> </ul>