



Fitness for Work Guideline

1. Purpose

Under the [Work Health Safety Act 2020](#) (WSH Act 2020) and the [Work Health and Safety \(General\) Regulations 2022](#), the WA Country Health Service (WACHS) has a duty of care to provide a safe working environment. WACHS is committed to ensuring the safety of workers and others in the workplace by providing appropriate support to workers who have a non-compensable condition.

This guideline should be read in conjunction with the WACHS [Fitness for Work Policy](#). This guideline has been developed to offer a consistent approach when managing workers with a non-work-related injury or health condition which may impact their ability to safely perform the inherent requirements and/or demands of their role in accordance with the WACHS [Fitness for Work Policy](#).

The management of fitness for work is a shared responsibility between the worker and their manager, supported by WACHS Regional Work, Health, and Safety (WHS) teams, Regional Human Resources (HR), and if required, the Staff Health and Wellbeing Unit (SHWU) and Industrial Relations (IR). The objective is to support workers with a health-related condition or impairment to return to work safely and productively undertake the inherent duties of their position.

2. Guideline

2.1 Why is fitness for work important?

WACHS as the Persons Conducting a Business or Undertaking (PCBU) within the [WHS Act 2020](#) is to ensure, so far as is reasonably practicable, the health and safety of workers whilst in the workplace, and other persons from risk associated with that work. Additionally, under the [WHS Act 2020](#), WACHS has a duty of care to ensure workers are fit to perform the inherent duties of their position and to avoid harm to themselves and others.

It is a condition of employment that all workers perform the inherent requirements of their position in accordance with, but not limited to, the relevant Industrial Agreement (Agreement) or its instruments, codes of conduct, policy and procedural frameworks as stated in their Employment contract. Effective management of fitness for work (FFW) issues may assist in the development of a positive, productive, and supportive workplace culture.

2.2 What may constitute a fitness for work issue?

A FFW issue may arise when a worker:

- injures themselves outside of work
- develops an illness, disease or health condition impacting their ability to safely perform the duties of their position
- notifies their manager and provides a medical certificate stating they are unable to work as required by their contract of employment for medical reasons

- takes excessive personal leave or returns to work after extended personal leave where insufficient medical evidence has been provided
- is involved in repeated incidents at work, or struggles to perform the inherent requirements of their position
- does not have the ability to safely perform the inherent requirements of their position
- requests modified duties or declares they cannot perform the inherent requirements of their position or complete mandatory training
- experiences non-work-related stress or personal difficulties which negatively impact their ability to perform their position
- is unable to safely perform:
 - the requirements of their position: for example, being affected by alcohol or other drugs, or prescribed medication
 - the required shift work or overnight shifts/night duty as required by their contract of employment.
- is fatigued to the point that it impacts their work performance.

2.3 When a potential fitness for work issue is identified

Managers may become aware of a potential FFW issue through various means, including, but not limited to:

- self-reporting of a health issue or non-work-related injury by a worker
- direct observation of changes to work performance or workplace behaviour
- concerns reported by other workers
- monitoring trends in personal leave and [Safety Risk Report Forms](#) (SSRF) resulting in injuries or “near misses”
- medical certificate or advice from a worker’s treating medical practitioner regarding their work capacity.

Managers should consult with workers about an issue as soon as it is identified and seek to establish if FFW is, or may, potentially be impacted. Any discussions should be conducted in a confidential and supportive manner, with Regional Human Resources (HR) or Work, Health and Safety (WHS) assistance if required.

2.4 Managing a fitness for work issue

If the Manager has concerns that the worker is not fit to be in the workplace, the manager should discuss their concerns with the worker and request that they leave the workplace by taking leave where available until further health information can be obtained. Regional HR is to be consulted in circumstances where delegated authority is required in order to direct the worker from the workplace. Directing the worker away from the workplace is a shared responsibility between the Manager and Regional HR.

If it is confirmed that a worker has a FFW issue requiring further information from their treating practitioner, the Manager should complete the FFW referral form to seek guidance from WHS. The worker is to be asked to complete and sign the [Authority to Obtain and Release Medical Information](#) form. A detailed letter from the workers’ treating practitioner (i.e., general practitioner, physician, surgeon, or psychiatrist/psychologist) will be requested by WHS to outline the worker’s capability to perform the inherent requirements of their role. It is important that the worker’s Job Description Form (JDF) is included in the request letter, using the [Fitness for Work Request for Medical Information](#) template.

Please note that a medical certificate provides insufficient information for this process and therefore is not accepted.

The treating practitioner's letter needs to clearly describe any recommended restrictions and/or workplace modifications, and the expected timeframe for these to remain in place. Any costs associated with obtaining the fitness for work letter from the worker's treating practitioner is borne by the worker, as per the provisions of the relevant industrial agreement.

Once further information has been received, a meeting between the worker, Manager, regional HR representative, and regional WHS representative is required to discuss the contents and recommendation/s of the treating practitioner's letter. If the FFW issue is deemed to be simple in nature (see [Appendix A](#)), the workers Manager in collaboration with regional WHS and HR have responsibility for the ongoing management, with input from SHWU as required.

2.5 Accommodation of work capacity restrictions

Where restrictions and/or modifications are recommended by the worker's treating practitioner, the decision to accommodate these is made by the Manager on a case-by-case basis, with advice from WHS and HR. If the workplace can reasonably accommodate the recommended restriction(s) and/or modification(s), the regional Injury Management Coordinator (IMC) should be consulted to assist in the development of a Fit for Work Program and to monitor the worker closely until they are back to full fitness.

A decision to accommodate restriction(s) and/or modification(s) is to be reviewed at a minimum of every three months, in consultation with regional WHS and HR.

Where the worker's treating practitioner has recommended permanent restrictions and/or modifications the decision to accommodate these is made by the Manager on a case-by-case basis, with advice from WHS, HR in consultation with SHWU.

2.6 Referral to the Staff Health and Wellbeing Unit (SHWU)

If the FFW issue is deemed to be complex in nature (see [Appendix A](#)) or if requiring any guidance, the case should be referred to SHWU by regional WHS for advice and assistance. The following are required to be completed for the SHWU referral:

- completed [FFW referral](#) form
- create timeline of events with TRIM links
- [Authority to Obtain and Release Medical Information](#) form signed by the worker.

Upon receipt of the FFW referral, SHWU will triage and advise on the next steps in consultation with the worker's manager, regional HR and IR if required.

2.7 Independent Medical Examination (IME)

SHWU is to be consulted for all FFW cases potentially requiring an IME referral.

Regional WHS and/or SHWU may identify the requirement for the worker to be independently assessed by an Occupational Physician (OP). An IME can be beneficial for the following reasons:

- The worker's treating practitioner/s may only provide medical advice based on the information provided to them by the worker whereas an OP has a working knowledge of the workplace and will provide specific, practical recommendations.
- The OP will consider any medical or psychiatric conditions within the broader context of the workplace.
- With the worker's consent, the OP can request additional information from the workers treating practitioners.
- Utilising an OP demonstrates that WACHS is committed to the safety of its workers and ensures that WACHS has complied with their duty of care.
- Where a worker disagrees with the recommendations of an OP, SHWU is to be consulted.

Circumstances where an IME by an OP may be required include (but are not limited to):

- work restrictions recommended by the worker's treating practitioner are significant or likely to be long term
- uncertainty about a worker's fitness for work or whether restrictions can be accommodated
- to clarify prognosis, recovery time or treatment
- for recommendations on how to effectively manage a health condition or impairment in the workplace.

SHWU is responsible for booking all IME appointments. Further medical assessments may be required during the FFW process.

2.8 Work capacity restrictions unable to be accommodated

Workers should be consulted regarding the decision to accommodate work restrictions. Workers may be accompanied by a support person at any meetings arranged by the Manager. If the worker's treating practitioner or the IME recommend restrictions or modifications that are unable to be accommodated, an unfit worker is to remain off work until they are deemed fit to undertake the inherent requirements of their position. The worker is to utilise their personal leave entitlements and other leave types with the worker's approval once personal leave is exhausted. HR is to be consulted in this instance to provide advice on options available to the worker during this time.

2.9 Returning to work after a period of being unfit or after working with restrictions

Managers are to maintain regular contact with a worker who is deemed unfit for duties, or who is undertaking short term restricted duties, to monitor the worker's recovery and the agreed arrangements. Consultation between relevant stakeholders i.e., manager, WHS, HR, IMC and/or SHWU is to take place prior to a worker returning to full, unrestricted duties. Confirmation from the appropriate treating practitioner that the worker is fit to safely undertake the inherent requirements of their position is required. Should further concerns remain, the case is to be referred to SHWU.

3. Roles and Responsibilities

The **Workers** are required to:

- act professionally and present for work in a fit and healthy state to perform their inherent duties, for example, ensuring they are not fatigued or under the influence of alcohol or other drugs

- inform their manager as soon as possible if:
 - they are taking any medication which may impact their ability to safely undertake the inherent requirements of their position
 - there has been a change in their capacity or fitness, either on a temporary or permanent basis.
- notify their manager of any non-compensable condition preventing them from being able to safely undertake the inherent requirements of their position
- cooperate and provide reasonable medical evidence or documentation from their treating medical practitioner to assist in the determination of their FFW
- attend and actively participate in FFW processes such as meetings and IME's when reasonably directed to do so by WACHS
- actively participate in discussions around reasonable and practicable adjustments and modifications.

The **Line Managers / Supervisors** are required to:

- identify and address FFW issues within their work area in accordance with this policy, as soon as they become aware of such issues, including submitting a completed FFW referral form to WHS as required
- actively and openly engage with the worker in matters relating to potential and/or existing FFW issues
- offer appropriate support to workers, including the Employee Assistance Program (EAP), in accordance with the requirements of this policy
- undertake ongoing case management including:
 - monitoring progress and follow-ups
 - liaise with HR when:
 - a worker is deemed not fit for work and/or is directed to leave the premises
 - a change is required to contracted hours
 - issues arise related to pay, entitlements and contractual matters.
- consult with HR and WHS for guidance and support on technical advice, as required
- ensure they have the authority for any decisions or actions taken in compliance with the Authorisation Schedule.

Line Managers of students, contractors, agency, medical services agreement, unremunerated clinical observers, and external volunteers (non-WACHS Workers) are to refer to the WACHS [Fitness for Work Policy](#).

The **Regional Work Health, Safety teams** are required to:

- provide support to managers in assisting to accommodate reasonable and practicable adjustments and modifications, within scope of medical recommendations
- recommend referral for job demands assessment, ergonomic assessment, or other relevant assessment as required
- support managers in documenting a fit for work plan
- ensure appropriate notification is provided to the relevant Tier 4
- seek advice from SHWU as required
- refer complex FFW cases to SHWU and the Regional Work, Health, Safety and Security (WHSS) Manager for guidance and assistance
- provide guidance and support to managers and HR, as required.

The **Regional Human Resources teams** are required to:

- provide advice to managers and workers on:

- HR issues outside of FFW, including grievance and bullying pathways
- workforce matters such as code of conduct, utilising leave, delegation authority schedule and termination of employment as required.
- ensure appropriate notification is provided to the relevant Tier 4
- review available regional positions, role descriptions/requirements, establishment reports and other to assist with the selection of alternative roles/duties if operationally suitable
- under consultation with SHWU, correspond with medical practitioners and workers
- be responsible for seeking appropriate delegated authority to issue worker directives including directing away from work and directive to attend/participate in IME's
- forward any medical documentation to the SHWU team to maintain in accordance with [Corporate Recordkeeping Compliance Policy](#)
- consult with WHS for guidance and support on technical advice as required
- liaise with Industrial Relations as required.

The **Injury Management Consultants** are required to provide advice on and assist in the planning and management of fit for work plans including the accommodation of any modifications and/or restrictions.

The **Staff Health and Wellbeing Unit (SHWU)** are required to:

- provide advice and guidance to regions on FFW processes including the appropriateness of adjustments and modifications
- provide advice to managers and workers on managing FFW issues and options available to workers
- recommend referral for IME's
- support Regional HR and Regional WHS to manage complex FFW cases including all cases requiring an IME
- be responsible for booking and referral process for IME's
- discuss findings of medical reports with managers and workers to implement appropriate actions
- refer cases to WACHS Occupational Physician (where applicable).

The **Tier 4 Managers** are required to:

- provide support and guidance to the relevant manager
- approve the requirement for an IME referral in consultation with SHWU
- be responsible for employee directives in relation to FFW matters.

The **Industrial Relations team** are available to provide advice to HR when required.

All workers are required to work within policies and guidelines to ensure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

WACHS regional stakeholders are responsible for monitoring and ensuring their FFW process complies with this policy.

Stakeholders include, but are not limited to:

- Line Managers

- Regional Work Health and Safety Units:
 - Monthly and Quarterly Regional Work Health and Safety Reports
- WACHS SHWU:
 - Quarterly reporting on number of cases referred to unit and number of IMEs completed.

4.2 Evaluation

Evaluation and review of this policy is to be carried out by the Work Health and Safety Department every five years.

5. Compliance

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the [Documentation - Clinical Practice Standard](#).

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Government of Western Australia Child and Adolescent Health Service. (2018). *Managing a Non-Work Related Injury or Fitness for Work: Condition Management Resource*.

Available from:

<https://wahealthdept.sharepoint.com/sites/CAHSWHS/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FCAHSWHS%2FShared%20Documents%2FWHSW%20Documents%2FIM%20%2D%20MGR%20Guide%20Non%20Work%2DRelated%20Condition%2Epdf&parent=%2Fsites%2FCAHSWHS%2FShared%20Documents%2FWHSW%20Documents>

Government of Western Australia North Metropolitan Health Service. (2022). *NMHS GUIDELINE Fitness for Work – Workers*. Available from: [North Metropolitan Health Service Governance Policies](#)

[Work Health and Safety \(General\) Regulations 2022 \(WA\)](#)

7. Definitions

Term	Definition
Workplace modification	Modifying the working environment or making changes to the way a job can be performed
Workplace restriction	A guide on which duties the worker cannot perform

8. Document Summary

Coverage	WACHS-wide
Audience	All WACHS employees and workers providing services to WACHS
Records Management	Corporate Recordkeeping Compliance Policy
Related Legislation	<ul style="list-style-type: none"> • Work Health Safety Act 2020 (WA) • Disability Services Act 1993 (WA) • Equal Opportunity Act 1984 (WA) • Work Health and Safety (General) Regulations 2022 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0124/19 - Code of Conduct • Employment Policy Framework • Work Health and Safety Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Fitness for Work Policy • Hazard / Incident Management Procedure • Work Health and Safety Policy • Risk Management Policy
Other Related Documents	Nil
Related Forms	<ul style="list-style-type: none"> • Fitness for Work Referral Form • Authority to Obtain and Release Medical Information Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3137
National Safety and Quality Health Service (NSQHS) Standards	1.1a, 1.5, 1.6, 1.7c, 1.10, 1.10c, 1.22, 1.25
Aged Care Quality Standards	3, 7 and 8
Chief Psychiatrist's Standards for Clinical Care	2.13, 2.8, 2.6, 2.9, 2.12, 8.10, 8.7

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	15 April 2024	15 April 2024	New guideline
1.01	30 April 2025	15 April 2024	Minor amendment to roles and responsibilities.

10. Approval

Policy Owner	Executive Director People Capability Culture
Co-approver	Nil
Contact	Director Work Health Safety Wellbeing
Business Unit	Work Health and Safety
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This document can be made available in alternative formats on request.

Appendix A: Simple and Complex FFW issues

Simple	Complex
No restrictions or modifications recommended in treating practitioner's letter	Any case where an Independent Medical Examination is required
Work capacity restricted or modified for a finite period (e.g., 4 weeks)	Previously failed fit for work plan
Worker expected to make a full, uneventful recovery	Worker unable to return to full, substantive duties within the expected timeframe
Workplace restrictions and/or modifications can be reasonably accommodated	Complex medical/psychological conditions including terminal illnesses, multiple co-morbidities and/or changes to condition
	Worker refusing to sign the Authority to Obtain and Release Medical Information form
	Permanent workplace restrictions/accommodations recommended that are unable to be reasonably accommodated