Occupational Diseases and Environmental Medicine, 2026, 14(1), 31-49
https://www.scirp.org/journal/odem
ISSN Online: 2333-357X
ISSN Print: 2333-3561

Patient-Centred Rehabilitation in NSW: How Provider Choice Shapes Experience, Engagement, and Outcomes

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How to cite this paper: Lim, E.C.N., Hung, J.S.Y. and Lim, C.E.D. (2026) Patient-Centred Rehabilitation in NSW: How Provider Choice Shapes Experience, Engagement, and Outcomes. *Occupational Diseases and Environmental Medicine*, **14**, 31-49.
https://doi.org/10.4236/odem.2026.141004

Received: December 3, 2025
Accepted: December 22, 2025
Published: December 25, 2025

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Abstract

In New South Wales (NSW), injured workers and motor accident victims navigate complex compensation schemes that emphasize rehabilitation and return to function. A key figure in this process is the rehabilitation coordinator—often an accredited workplace rehabilitation provider—who plans and oversees the injured person's recovery and return-to-work journey. Under NSW law, claimants have the right to nominate their own rehabilitation provider rather than accept one appointed by the insurer. This article provides an overview of the workers' compensation and Compulsory Third Party (CTP) claim process in NSW, the legislative and regulatory framework, and the rights of injured persons within these schemes. We discuss the role of rehabilitation coordinators and compare the benefits of claimant-nominated versus insurer-nominated rehabilitation providers from both the patient's and the general practitioner's (GP) perspectives. Challenges in the current system, including potential conflicts of interest and variations across Australian jurisdictions, are examined. A comparative analysis with other states (notably Victoria and Queensland) highlights differences in how rehabilitation services are coordinated and chosen. We present a timeline of the typical claims process and tables summarizing the governing bodies in NSW and the comparative benefits of provider choice. Finally, we identify ongoing challenges and future directions, emphasizing the importance of patient-centered approaches in improving rehabilitation outcomes.

Keywords

Workers' Compensation, CTP Scheme, Rehabilitation Provider, Return-to-Work, Provider Choice, Injury Management

1. Introduction

Injury compensation schemes in NSW—including the workers' compensation system for work-related injuries and the Compulsory Third Party (CTP) motor accidents scheme—are designed to support injured individuals through medical treatment, rehabilitation, and return to work. An integral part of these schemes is the rehabilitation coordinator [1], typically an accredited workplace rehabilitation provider, who orchestrates the injured person's recovery plan. The rehabilitation coordinator (also referred to as a rehabilitation provider or consultant) works with all stakeholders—the injured person, their treating doctors, the employer, and the insurer—to facilitate a safe and durable return to employment and function. Ensuring the rehabilitation process remains effective and impartial is crucial for positive outcomes. For this reason, NSW legislation grants injured persons the right to choose their own rehabilitation provider rather than simply accepting one appointed by the insurance company. This right is intended to empower claimants, uphold their preferences, and avoid potential conflicts of interest [2] in the rehabilitation process.

Despite legislated rights, many injured workers are unaware that they can nominate their preferred rehabilitation coordinator. In practice, insurers often engage a provider on the claimant's behalf soon after a claim is accepted. Research reveals that, while workers can theoretically select their rehabilitation providers, practical obstacles significantly limit this option [3]. This article examines the role of rehabilitation coordinators in the NSW schemes and why the choice of provider can influence recovery outcomes. An overview of the NSW claims process and the legal framework governing workplace and injury rehabilitation is provided. The rights of injured persons are outlined, with a focus on the entitlement to select treating doctors and rehabilitation providers. The core responsibilities of rehabilitation coordinators are discussed, followed by an analysis of the benefits of a patient-nominated provider versus an insurer-selected provider from both the patient's and the GP's viewpoints. Challenges in the current system are also addressed—such as potential insurer bias or a lack of awareness—and the NSW approach is compared with other Australian jurisdictions, such as Victoria and Queensland. Future directions and reforms aimed at strengthening patient-centered rehabilitation and improving return-to-work outcomes are discussed.

2. Methodology

This review was developed by examining current NSW legislation, regulatory guidelines, and recent literature on compensation scheme rehabilitation practices. Sources from government bodies (e.g., the State Insurance Regulatory Authority and SafeWork NSW), legal analyses, and academic studies were reviewed to develop a comprehensive understanding of the roles and regulations governing rehabilitation coordinators. A comparative approach was used to contrast NSW's system with those in other states, drawing on cross-jurisdictional reports. To strengthen the academic foundation of this review, a structured literature search

was undertaken across PubMed, Scopus, Google Scholar, and PsycINFO. Key search terms included combinations of: "*workplace rehabilitation provider*," "*return-to-work coordination*," "*workers' compensation*," "*provider choice*," "*occupational rehabilitation*," "*rehabilitation coordinator role*," "*psychological injury rehabilitation*," and "*insurer influence clinical practice.*" Reference lists of included studies were also examined to identify additional relevant literature. Only peer-reviewed articles, government reports, and statutory/regulatory documents relevant to Australian or comparable jurisdictions were included.

3. Overview of the Claim Process in NSW

In NSW, the process of claiming workers' compensation or CTP benefits involves multiple steps from injury to recovery. Figure 1 summarizes the typical sequence of events in a claim. The journey often begins with the injury itself and initial medical care, followed by notification and lodgment of a claim, insurer assessment, and then rehabilitation and return-to-work planning.

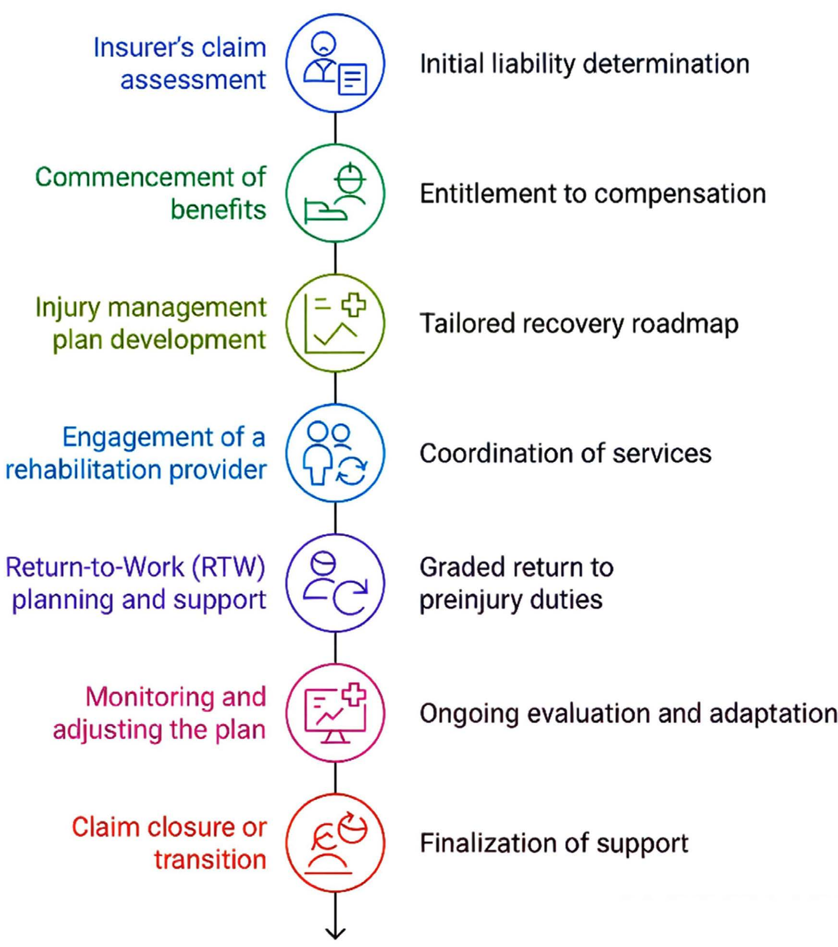

Figure 1. Navigating the worker's compensation journey.

1) Injury and Initial Medical Consultation: When an injury occurs (at work

or in a motor vehicle accident), the injured person should seek prompt medical attention. They have the legal right to choose their own doctor as their nominated treating doctor. The doctor assesses the injury, provides treatment, and issues a *Certificate of Capacity* (for workers' comp) or similar medical certificate, detailing the diagnosis and work capacity status. This certificate is required to commence a claim.

2) Notify Employer and/or Insurer: The injury should be reported to the employer (for workplace injuries) as soon as possible. Early reporting triggers support—employers must provide the insurer's details on request. For motor accidents under CTP, the injured person should notify the CTP insurer of the at-fault vehicle or lodge an accident notification if applicable. Prompt notification is important for accessing benefits.

3) Lodging the Claim: The claimant (or their employer for a worker) submits a formal claim form to the insurer along with the medical certificate. In workers' compensation, employers often assist with the claim form or have hotlines for reporting injuries. In the CTP scheme, an application with injury details and medical evidence is sent to the relevant motor insurer. The claimant should keep copies of all documents.

4) Insurer's Claim Assessment: The insurer (workers' comp insurer or CTP insurer) registers the claim and makes an initial liability determination. In NSW workers' comp, insurers often commence provisional payments for wages or treatment while assessing the claim, to avoid delays in support. The insurer then formally decides to accept or deny the claim within the required timeframes. The outcome is communicated in writing. If a claim is not accepted, the injured person has avenues to dispute the decision (such as seeking a review or assistance from the Independent Review Office).

5) Commencement of Benefits: If the claim is accepted, the injured person becomes entitled to compensation benefits. These include weekly income support if unable to work, medical and hospital expenses, and rehabilitation services, among others. Under NSW law, workplace rehabilitation services are explicitly covered as a compensable expense (as "reasonably necessary" services). The insurer will start paying approved treatments and wages as applicable.

6) Injury Management Plan Development: With an accepted claim, the insurer, in consultation with the employer, injured person, and treating doctor, will develop an Injury Management Plan or rehabilitation plan. This plan outlines the steps for recovery and return to work, coordinating medical treatment, workplace adjustments, and services to support the injured person. The plan is tailored to the worker's condition and employment situation, providing a roadmap for rehabilitation. All parties are expected to comply with the plan to achieve the best outcome.

7) Engagement of a Rehabilitation Provider: To implement the injury management plan, a workplace rehabilitation provider (rehabilitation coordinator) is engaged. At this stage, the injured person has the right to nominate their preferred rehabilitation provider (approved by SIRA), or otherwise the insurer will appoint

one. Many workers initially end up with the insurer's chosen provider by default, often not realizing they could choose an alternative. The rehabilitation provider's role is to coordinate services that help the injured person recover and resume work duties safely. They liaise regularly with the injured person, the treating GP, the employer, and the insurer to monitor progress.

8) Return-to-Work (RTW) Planning and Support: The rehabilitation coordinator assesses the worker's functional abilities and the workplace demands. They may conduct workplace or ergonomic assessments and recommend suitable duties or adjustments. A graded return-to-work plan is developed, often starting with modified duties or reduced hours and scaling up as recovery allows. The provider collaborates with the GP to ensure duties align with medical recommendations. Regular case conferences or communication keep everyone updated on the worker's progress. If the pre-injury employer cannot offer suitable duties, the provider and insurer explore alternatives such as redeployment to a new employer or vocational retraining.

9) Monitoring and Adjusting the Plan: Throughout the rehabilitation, the coordinator updates all parties on the injured person's status. Plans are adjusted as needed—for example, if recovery is slower or faster than expected, or if new treatment is required. The insurer covers the cost of rehabilitation services as long as they are "reasonably necessary" and part of the approved plan. The goal is a safe, durable return to work. According to SafeWork Australia data, early access to rehabilitation significantly increases the likelihood of returning to work within 3 months and reduces the risk of long-term disability. This highlights the importance of timely and effective coordination.

10) Claim Closure or Transition: A claim may close when the injured person has achieved maximum recovery and either returned to their original job or an alternate role, or if a lump-sum settlement/finalization is reached. In the case of serious injuries, some support (like medical expenses or income for the seriously impaired) can continue for extended periods under the scheme. If at any point services are denied by an insurer as "not reasonably necessary," the injured person can seek review or help from the Independent Review Office and, if needed, the Personal Injury Commission for dispute resolution. Throughout the process, the injured person's rights and participation—particularly the choice of doctors and rehabilitation providers—are protected by scheme legislation.

4. Legislative and Regulatory Framework in NSW

NSW's workers' compensation and CTP schemes are governed by legislation and overseen by regulatory bodies to ensure injured individuals receive proper support (see Table 1). In the workers' compensation system, the primary statutes are the *Workers Compensation Act* 1987 [4] and the *Workplace Injury Management and Workers Compensation Act* 1998 [5]. These laws define compensation benefits and impose obligations on employers and insurers to facilitate injury management and return-to-work. For example, insurers must establish injury management plans for workers who are incapacitated for more than 7 days, and all parties

(employer, worker, insurer, doctors) are required to cooperate in implementing these plans. The law also mandates that workers nominate a treating doctor and permits them to choose or change that doctor freely. Crucially, NSW law affirms an injured worker's entitlement to rehabilitation services and allows the worker to nominate their preferred rehabilitation provider, who must be approved by the regulator. Insurers cannot force a worker to use a provider they select if the worker wishes to choose another qualified provider. Similarly, under the *Motor Accident Injuries Act* 2017 [6], which governs the CTP scheme, claimants are expected to participate in rehabilitation and have the right to select a suitable rehabilitation service provider in coordination with the insurer. In both schemes, the cost of approved rehabilitation services is covered as part of the compensation entitlements.

Table 1. Key governing bodies in NSW compensation schemes and their roles.

Body	Role/Description
State Insurance Regulatory Authority (SIRA) [7]	Regulator of NSW's personal injury schemes, including workers' compensation and CTP. Sets scheme rules, approves rehabilitation providers, and monitors insurer compliance. SIRA was formed in 2015, assuming insurance regulatory functions from the former WorkCover authority. It issues guidelines on injury management, provider approvals, and claimant rights.
SafeWork NSW [8]	Workplace health and safety regulator in NSW. Oversees injury prevention and employer safety obligations. While not directly managing claims, SafeWork NSW can be involved if workplace incidents raise safety compliance issues. It works alongside SIRA to promote safe return-to-work practices.
Insurance and Care NSW (icare) [9]	A NSW government entity that acts as the main workers' compensation insurer for most employers (the Nominal Insurer). Manages insurance funds and claims through scheme agents. Also administers certain CTP-related funds (e.g., Lifetime Care and Support for severe injuries). icare and other insurers must support injured workers' recovery and ensure benefits are delivered.
Self-insurers and Specialised Insurers	Large employers granted a license to self-insure, and niche insurers for specific industries (e.g., NSW mining industry). They fulfill the role of insurer for their employees or sector. They must follow the same laws and guidelines, providing injury management and rehabilitation support under SIRA's oversight.
Nominated Treating Doctor (NTD)	The doctor (usually a GP) chosen by the injured worker to coordinate treatment. The NTD certifies capacity, liaises with the insurer and rehab provider, and guides medical care. The worker has full freedom to choose their NTD, which plays a central role in recovery.
Workplace Rehabilitation Providers (WRPs)	Organisations approved by SIRA to deliver occupational rehabilitation services in NSW. They employ rehabilitation consultants (coordinators) who provide return-to-work services—assessing needs, planning rehab, and coordinating with all parties. WRPs must meet SIRA's standards and follow its Workplace Rehabilitation Provider Approval Framework.
Independent Review Office (IRO) [10]	An independent statutory office that manages complaints and inquiries from injured people about insurers. IRO (formerly WIRO for workers' comp) can investigate issues like delays or denials of service and ensure insurers comply with proper procedures. It also funds free legal advice for injured workers to dispute insurer decisions. IRO covers both workers' compensation and motor accident claim complaints.
Personal Injury Commission (PIC) [11]	An independent tribunal that resolves disputes in NSW's personal injury schemes. Established in 2021, the PIC handles workers' compensation disputes (e.g., on liability or benefits) and CTP motor accident disputes. It replaces former separate dispute bodies with a single, accessible forum. If a worker or claimant disagrees with an insurer's decision (e.g., claim denial or rehab service denial) and cannot resolve it through IRO or internal review, they can apply to the PIC for a determination.

5. Rights of the Injured Person in NSW Compensation Claims

Injured people in NSW's compensation schemes have specific rights aimed at empowering them in their recovery. Foremost is the right to choose one's treating medical practitioners and rehabilitation providers. From the outset of a claim, a worker can nominate their own treating doctor (usually their GP) as the Nominated Treating Doctor, who will coordinate care. The insurer or employer cannot dictate which doctor the worker must see for treatment, aside from independent assessments. This ensures the patient trusts the treating practitioner managing their recovery. The treating doctor regularly reviews the injury, provides the Certificate of Capacity, and liaises with the insurer about ongoing treatment needs. Having a trusted GP in this role is associated with better communication and outcomes.

Similarly, as introduced earlier, NSW law provides the injured person the right to nominate a rehabilitation provider of their choice for workplace or accident rehabilitation services. This often-overlooked entitlement means the injured worker is not obligated to simply accept the insurer-appointed rehabilitation coordinator. If a particular rehab provider is already assisting (perhaps one engaged by the insurer without the worker's input), the worker can request to switch to another approved provider whom they feel more comfortable with. This right exists in both the workers' comp and CTP schemes. The rationale is to ensure the injured person receives rehabilitation support that aligns with their preferences and needs. Reasons an injured person might exercise this right include concerns that a provider is not impartial or is prioritizing the insurer's interests, poor communication or personality clashes, or a lack of progress in recovery. Olwen (2021) found that worker-chosen providers generated more positive outcomes, though the worker's ability to choose can be constrained by systemic factors [3]. Another study further confirmed that choice matters, influencing rehabilitation outcomes, occupational bonds, and financial results [2]. Kilgour (2015) highlighted that supportive, patient-centered interactions are crucial, and workers often perceive insurer-appointed providers as potentially misaligned with their interests [12].

Beyond provider choice, injured persons have the right to be actively involved in their rehabilitation planning. They should be consulted when setting return-to-work goals and identifying suitable duties, ensuring these plans consider their own feedback and capacities [13]. They also have the right to confidentiality and respectful treatment throughout the process. Rehabilitation discussions and any case conferences with doctors should occur with the worker's knowledge and, ideally, participation. If a worker ever feels pressured by any party (e.g., an insurer or rehab consultant pushing for an early return to work against medical advice), they have the right to voice concerns or refuse unsafe proposals. For instance, an injured worker can decline to attend a case conference if they believe the purpose is to pressure their doctor to change medical restrictions inappropriately. Protecting the worker's well-being is paramount.

Another important right is access to support and advocacy. NSW provides re-

sources, such as the Independent Review Office (IRO) [10], to help injured workers free of charge if they encounter issues with their claim. Workers can contact IRO or a union/advocate if an insurer is not meeting its obligations or if they need advice on their entitlements. Workers also have the right to seek a second medical opinion or specialist treatment, subject to the insurer's approval of the cost (the insurer must reasonably consider such requests as part of medical entitlements). If an insurer denies a particular treatment or service, the worker can appeal that decision through dispute mechanisms, during which time their rights are protected.

In summary, NSW's scheme architecture strives to give injured people agency: the choice of doctor and rehab provider, participation in planning, and avenues to challenge decisions are all rights designed to center the recovery process around the person's best interests. When these rights are exercised, the injured person is more likely to feel in control and supported in their rehabilitation, thereby improving engagement and outcomes. A 2023 study found that when workers perceived they had a say in choosing providers and treatments, they reported better rehabilitation outcomes and fewer disputes [2]. The following sections delve deeper into the role of the rehabilitation coordinator and how the choice of provider can impact both patients and treating clinicians.

6. Role of the Rehabilitation Coordinator (Workplace Rehabilitation Provider)

A rehabilitation coordinator in the context of NSW claims is typically a consultant from a SIRA-approved Workplace Rehabilitation Provider (WRP). Their primary role is to manage the injury recovery and return-to-work process for the injured person. Rehabilitation providers are professionals with expertise in occupational rehabilitation, which can include backgrounds in physiotherapy, occupational therapy, psychology, rehabilitation counseling, or related fields. They operate as neutral facilitators (in principle) to ensure all parties collaborate effectively for the injured person's benefit.

Key responsibilities of the rehabilitation coordinator include:

- **Assessment of Needs:** The coordinator conducts an initial needs assessment to understand the injured person's medical condition, job requirements, and any barriers to returning to work. This may involve reviewing medical reports and directly assessing the worker's functional abilities. They often perform *Worksite Assessments* to evaluate the workplace and identify necessary modifications or suitable duties.
- **Rehabilitation Planning:** Based on the assessment, the coordinator develops a tailored rehabilitation plan. This plan outlines what treatments, therapies, or support services are needed and maps out a graded return-to-work schedule. The plan is crafted in consultation with the injured person, their treating doctor, and the employer to ensure it is realistic and safe. For example, the plan may specify reduced hours or light duties initially, with progressive increases

as tolerated. It will also set rehabilitation goals, such as achieving certain functional milestones.

- **Coordination of Services:** Rehabilitation coordinators act as the *point of coordination* for all services. They arrange and liaise with physiotherapists, occupational therapists, psychologists, or any other allied health services required for recovery. If the injured person needs re-skilling or vocational training because they cannot return to their old job, the coordinator helps facilitate those services. They ensure that providers are aware of the work goals so that therapy is oriented towards return-to-work where possible. Regular case conferences may be organized, bringing together the treating GP and therapists to discuss the injured person's progress and to adjust the plan if needed.
- **Communication and Liaison:** A crucial part of the coordinator's job is to maintain open communication between the injured person, employer, insurer, and treating practitioners. They update the employer about any work restrictions and help negotiate suitable duties. They inform the treating doctor about workplace offerings so the doctor can make informed recommendations. They also report to the insurer on progress and any issues. By keeping everyone on the same page, they help prevent misunderstandings. This liaison role is often described as "forging the link" between stakeholders to keep the focus on recovery and return to work [13].
- **Problem Solving and Support:** Rehabilitation providers also address any challenges that arise. For instance, if suitable duties are not available with the pre-injury employer, the coordinator works with the insurer to explore alternatives like host employment or new job placement [13]. If the injured person has psychological barriers (e.g., fear of re-injury or low confidence), the coordinator might bring in counseling support and gradually reintroduce work tasks to build confidence. They play an advocacy role too—ideally ensuring the injured person's needs are heard by the employer and insurer. Notably, the coordinator should be impartial and focus on what is medically and vocationally best for the individual, rather than simply pushing cost-saving measures.
- **Monitoring Progress:** As the return-to-work program is implemented, the coordinator monitors the injured person's progress against the plan. They might schedule weekly or fortnightly check-ins. If the worker experiences setbacks (e.g., pain flare-ups when performing certain tasks), the coordinator will adjust the duties or pace accordingly, in consultation with medical advice. They document improvements in capacity or any ongoing limitations. This monitoring continues until the worker has either successfully returned to their full pre-injury role, reached a maximal recovery where further improvement is unlikely, or the claim is otherwise finalized.

In fulfilling these duties, a skilled rehabilitation coordinator can greatly enhance the injured person's recovery experience. They act as a guide through the compensation system's requirements and ensure the various parts (medical treatment, workplace adjustments, insurer processes) come together in a cohesive way. The

ideal outcome of the coordinator's involvement is a *durable return to work*: the injured person resumes employment in a capacity that is safe and sustainable, preventing long-term disability or job loss. Research consistently shows that good rehabilitation coordination—especially when started early—leads to faster return-to-work times and better health outcomes for injured workers.

7. Choosing a Rehabilitation Provider: Patient-Nominated vs. Insurer-Nominated

One of the pivotal decisions in the rehabilitation process is the selection of the rehabilitation provider (coordinator). In NSW, while insurers often initiate a referral to a rehab provider, injured individuals have the right to choose an approved provider they prefer. This choice can have significant implications for the recovery journey. Below, we compare the scenario where the patient (injured person) nominates their own provider versus when the insurer appoints the provider, considering both the patient's and the treating doctor's (GP's) point of view (see **Table 2** for a summary).

7.1. Patient's Perspective—Benefits of Own Choice

When patients nominate their own rehabilitation provider, they tend to select someone they trust or who is recommended by their doctor or peers. This usually leads to greater satisfaction [14], confidence and comfort in the rehabilitation process. The patient may feel the provider is "on their side" rather than chiefly serving the insurer. As a result, communication is often more open [12]—patients are more likely to voice their concerns, pain levels, or personal hurdles, rather than fearing that honesty might jeopardize their benefits. A sense of trust can foster better compliance with rehabilitation plans, with better psychosocial outcomes [2]. Importantly, an independent provider is perceived as more impartial. Many injured workers worry that insurer-appointed providers might downplay their complaints or rush them back to work prematurely to reduce claim costs. By contrast, a chosen provider is expected to advocate primarily for the patient's well-being. This can translate into more personalised care: the provider will tailor the return-to-work plan to what the patient can realistically handle, rather than arbitrary timelines. There is evidence that when workers feel they have choice and control in their rehab, it leads to better psychosocial outcomes and even improved occupational ties (they remain more positively connected to the workforce) [2]. Additionally, having a provider that the patient selected can reduce disputes—the injured person is less likely to contest the provider's recommendations or require legal intervention, since they had a hand in the decision [2]. Overall, exercising choice can empower the patient and increase their satisfaction with the process.

7.2. Patient's Perspective—Drawbacks of Insurer's Choice

If the insurer appoints the rehab provider without input from the patient, the injured person may start with a degree of skepticism or mistrust. They might view

the provider as an agent of the insurer first and foremost. A study found that insurers can be perceived as "enforcers" rather than allies, which negatively impacts rehabilitation [15]. Such experiences understandably erode an injured person's trust in the rehab process and can lead to anxiety or conflict. The patient may feel their own recovery feedback is ignored if the provider appears to side with the insurer's targets. Furthermore, if an insurer-chosen provider is not working out (due to personality mismatch or lack of progress), the injured person might feel stuck or not know they can request a change, prolonging a poor rehabilitation experience. This can hinder recovery, as stress, frustration, and feeling unheard are known to negatively affect rehabilitation outcomes [12].

7.3. GP's Perspective—Benefits of Patient's Own Provider

The nominated treating doctor (GP) plays a central role in guiding the patient's recovery, and their collaboration with the rehab provider is critical [16]. From a GP's perspective, a patient-selected rehab provider can mean a more harmonious partnership. Often, the GP might even recommend a reputable local rehabilitation service to the patient, leveraging prior positive experiences. When the GP trusts the rehab coordinator's competence and intentions, coordination is smoother [16]. There is likely to be a mutual respect for each other's expertise [17]—the GP's medical judgment and the rehab consultant's vocational rehabilitation expertise. The GP can more freely communicate about the patient's medical limitations, knowing the provider will use that information to set appropriate boundaries at work (rather than override them). Indeed, one of the fears GPs have is that external providers push back on the restrictions they prescribe. With a patient-nominated provider, GPs report feeling that the provider is working with them, not against them, to support the patient. This can result in more timely report sharing, joint problem-solving when complications arise, and fewer adversarial interactions. Additionally, a trustworthy rehab coordinator who keeps the GP updated and handles many return-to-work arrangements can significantly reduce the GP's administrative burden. In essence, the GP is confident that the patient's interests are being advocated, which aligns with the GP's duty to the patient.

7.4. GP's Perspective—Challenges with Insurer's Provider

On the other hand, when an insurer-appointed provider is involved, some GPs approach with caution. If a rehabilitation provider questions the GP's recommendations or pushes for increased work hours contrary to the GP's medical opinion, it can strain the professional relationship [18] [19]. GPs may become defensive of their clinical authority, and communication can suffer. The GP might then be less willing to engage in open dialogue, fearing that the provider's goal is primarily to save costs for the insurer. This adversarial undertone is detrimental to patient care [19]. The patient may sense the conflict between their doctor and the provider, leading to confusion or loss of confidence. Furthermore, GPs sometimes find insurer-aligned providers inundate them with paperwork or frequent requests that

do not genuinely benefit the patient, consuming precious consultation time. In worst cases, if a GP feels a rehab provider is acting in a way that could harm the patient (for example, pushing for return to heavy work too soon), the GP might advise the patient to refuse certain recommendations—essentially a breakdown in the rehabilitation plan. All of this highlights why it is important for patients to exercise their right to choose a reputable rehab provider throughout their recovery journey, ideally one with a collaborative ethos.

7.5. Employer's Role and Benefits of Supporting Provider Choice

Employers also play a critical role in supporting injured workers to exercise their right to choose their own rehabilitation coordinator. Under NSW legislation, employers must cooperate with injury management processes and act in good faith when facilitating rehabilitation. This includes ensuring workers are aware of their entitlements, particularly the right to nominate a preferred workplace rehabilitation provider rather than automatically accepting the insurer's default appointment. When employers proactively communicate this option (for example, as part of their early injury response protocols or return-to-work documentation), workers feel more empowered, respected, and engaged in the rehabilitation journey [2] [17]. Importantly, employer support for genuine choice can yield tangible organisational benefits. Workers who feel they have agency and trust the rehabilitation process demonstrate higher levels of engagement, faster functional improvement, and earlier durable return-to-work outcomes [2] [17]. A collaborative relationship among the employer, worker, GP, and an independent-feeling rehabilitation provider also reduces conflict, miscommunication, and adversarial escalation, leading to fewer disputes, lower absenteeism, and improved workforce morale [1]. For employers, these improvements translate into reduced disruption to business operations, fewer prolonged claims, better retention of skilled staff, and enhanced compliance with SIRA-regulated injury management obligations. In this way, supporting workers in exercising provider choice is not only legislatively consistent but also a pragmatic strategy that strengthens workplace culture and promotes timely and sustainable recovery.

In essence, giving the injured person a voice in choosing their rehabilitation coordinator usually promotes a more collaborative and patient-centered rehabilitation process [2] [20]. It aligns with the broader trend in compensation scheme management toward a person-centred approach, as highlighted by a 2023 NSW review [21] that called for more individualized support and engagement of claimants in decisions about their recovery. When the patient, their doctor, and the rehab provider form a united front, the insurer's role also becomes easier—rather than policing a reluctant claimant, the insurer can focus on facilitating the agreed plan (authorizing necessary treatments, covering wages, etc.). This does not mean all insurer-appointed providers are problematic; many are dedicated professionals. The critical difference is the injured person's perception of fairness and control [22] [23]. When that is ensured, cooperation follows [22] [23].

Table 2. Comparison of Patient-Nominated vs. Insurer-Nominated Rehabilitation Providers.

Aspect	Patient-Nominated Provider (Own Choice)	Insurer-Nominated Provider (Default Choice)
Patient Trust & Comfort	Higher trust—patient often selects someone they feel comfortable with or who comes recommended. Leads to openness and honest reporting of symptoms. Patient feels the provider is impartial and *their* advocate.	Trust may be lower—patient may view provider as aligned with insurer's interests. This can cause guarded communication or fear that reporting problems will be seen as "resistance".
Personalization of Care	Provider likely tailors the rehab plan closely to patient's needs and pace, since building a good outcome maintains their professional reputation with patient/doctor. Plans accommodate patient preferences (within medical reason), improving adherence.	Plan may be more standardized or driven by insurer targets (e.g., return to work by a set date). If the patient's input is undervalued, the plan might be less realistic or feel imposed, risking non-compliance.
Impartiality & Advocacy	Seen as a neutral or patient-leaning advocate. Will more readily challenge the insurer if, for example, more treatment is needed or return-to-work should be slower, thereby safeguarding patient's health. Patient has confidence that advice is unbiased.	Potential conflict of interest—patient may suspect the provider's recommendations (e.g., to increase work hours) are influenced by insurer pressure to cut costs. There is documented use of tactics by some insurer-hired providers to expedite work resumption at the expense of thorough recovery.
GP Collaboration	Often positive—GP likely knows or can easily communicate with the chosen provider. The provider respects GP's medical opinions, creating a teamwork approach. GP feels supported as the provider echoes appropriate restrictions and keeps the GP informed. Fosters mutual trust between GP and rehab provider.	Can be strained—if provider frequently challenges GP's assessments (e.g., pushing to declare patient fit against GP's judgment), GP may become defensive or less cooperative. Case conferences might turn adversarial, with GP feeling pressured. This can delay consensus on the plan and stress the patient.
Outcome & Satisfaction	Higher likelihood of smooth return-to-work and satisfaction. Studies show that worker choice is linked to better outcomes (occupational re-engagement, fewer disputes). Patient feels empowered, which can improve mental outlook during recovery. If issues arise, patient is more comfortable requesting adjustments or even changing provider if needed, without formal complaints.	Risk of slower or problematic recovery if trust breaks down. Patient may become disengaged or resistant if they feel unheard, potentially prolonging time off work. Disputes are more likely—for instance, if the patient believes the provider's report misrepresents their condition, they might involve lawyers or Independent Review Office (IRO). Overall satisfaction tends to be lower when patients have no say in their rehab provider.

8. Challenges in the Current System and Future Directions

Despite a robust framework, the NSW rehabilitation and return-to-work system faces several challenges. One major challenge is raising awareness and implementing the right to choose a rehabilitation provider. While injured workers sometimes perceive insurers as primarily cost-driven, it is important to acknowledge that insurers also have legitimate responsibilities for quality assurance, scheme integrity, and prudent management of public and private insurance funds. These functions include ensuring that rehabilitation services are evidence-based, appropriately targeted, and compliant with SIRA guidelines. When implemented well, these

oversight mechanisms help prevent overtreatment, delayed return to work, and inconsistent service quality. The challenge for the system is balancing these regulatory and financial imperatives with rehabilitation models that remain firmly person-centred and honour the worker's right to choose their provider.

Many injured workers either do not know they can nominate a different rehab coordinator or fear that doing so might antagonize the insurer. This knowledge gap means the default insurer-appointed providers remain unchallenged in most cases. Increasing awareness through claimant education (for example, SIRA's guides for injured workers or information provided with claim acceptance letters) is needed so that individuals understand their choices from the start. Some jurisdictions handle this proactively—in Victoria, for instance, WorkSafe agents are required to offer injured workers a choice among at least three approved rehabilitation providers when services are initiated [24]. NSW could consider similarly formalizing the process of offering provider choice, rather than putting the onus on workers to object or change later.

Psychological injury claims present an additional layer of complexity within NSW's rehabilitation system. Unlike physical injuries, successful recovery from conditions such as work-related stress, anxiety, PTSD, or bullying/harassment often depends heavily on the therapeutic alliance, a consistently strong predictor of treatment adherence and clinical improvement [12] [18]. In these cases, the ability to choose a rehabilitation coordinator or psychologist with whom the injured worker feels safe and understood becomes particularly critical. When an insurer-appointed provider is perceived as aligned with scheme or cost-containment priorities, trust can be compromised, leading to disengagement, slower functional recovery, and a higher likelihood of disputes. Ensuring genuine provider choice, therefore, has heightened significance for psychological injury claimants, supporting better rapport, continuity of care, and outcomes that are sensitive to the individual's psychological needs.

Another challenge is the perceived partiality of insurer-managed rehabilitation. In this context, a conflict of interest refers to situations where a rehabilitation provider's professional judgement may be influenced—consciously or unconsciously—by external pressures or incentives that do not align with the injured worker's optimal recovery. This may include financial incentives linked to reducing claim duration, performance expectations set by the insurer (such as meeting return-to-work targets), or organisational policies that prioritise administrative efficiency over individualised rehabilitation needs. These conflicts can undermine trust and compromise clinical recommendations, highlighting the importance of transparent processes and safeguards that reinforce impartial, patient-centred practice. This not only harms individual outcomes but erodes confidence in the system at large. To address this, regulators could strengthen oversight of rehabilitation providers' conduct. SIRA's 2025 independent evaluation of workplace rehabilitation providers (WRPs) found generally positive outcomes but noted variability in effectiveness and some administrative burdens [25] [26]. One observation was that services need better tailoring and timing—hinting that a one-size-fits-all or overly

insurer-driven approach might not serve everyone optimally. SIRA accepted several recommendations from that evaluation, aiming to streamline and modernize return-to-work programs. A focus on *person-centred practice* is a key future direction, meaning rehabilitation plans should adapt to the individual's context, and communication should be empathetic and two-way. Ensuring rehab coordinators maintain impartiality—possibly through updated Codes of Conduct or monitoring—will be important. Providers should be reminded that their role is not to please the referrer (insurer) but to achieve the best sustainable outcome, which ultimately benefits all stakeholders.

From the perspective of GPs and specialists, a challenge is effective collaboration within time constraints. Busy medical practitioners may struggle to attend long case conferences or respond to frequent insurer/provider queries, yet their input is crucial. Future improvements could include more efficient communication channels (e.g., secure digital updates instead of meetings) or involving practice nurses in the process. Training programs or resources for GPs about the NSW schemes should be expanded. When doctors better understand the role of rehab providers and trust the fairness of the system, they can more confidently encourage their patients to engage in rehabilitation efforts.

A systemic challenge lies in variation across different insurers and jurisdictions. Not all insurers are equally proactive or skilled in injury management—some may delay engaging a rehab provider or approve services sparingly, which can slow recovery. Consistent enforcement of SIRA's injury management standards is needed so that every injured worker receives timely rehab support. The 2023 Law & Justice Committee Review of the NSW scheme [21] pointed out issues in claims handling and recommended earlier intervention and more tailored support, especially for complex injuries. SIRA's planned Return to Work roadmap for 2026-29 will likely incorporate these principles, pushing insurers toward better practices.

Comparatively, differences between states suggest some directions for improvement. For example, Queensland's workers' compensation system (WorkCover Queensland) uses panels of accredited rehab providers and typically allows the worker to select from the panel in their area, ensuring choice within a structured framework [26]. Such an approach could be examined for NSW to formalize choice while maintaining quality control. In Victoria, as mentioned, there is a clear procedure to offer choice, and if the worker doesn't respond, only then does the agent assign a provider [24]. Emerging evaluation data from these jurisdictions provide early insight into the potential benefits of structured provider choice. Victorian reviews of occupational rehabilitation have reported higher worker satisfaction and fewer disputes when workers are actively offered a choice among providers, particularly in the early stages of rehabilitation [24]. In Queensland, WorkCover's panel-based model has been associated with more consistent service quality and improved communication between providers and treating practitioners [26]. While outcomes vary, these experiences suggest that embedding provider choice within a regulated framework can enhance engagement and contribute to smoother, earlier return-to-work trajectories. NSW could mirror this to reinforce workers'

rights in practice. Interstate comparisons also reveal innovative programs—for instance, some states have specialized return-to-work programs for psychological injuries or pilot programs for early intervention. Adopting best practices nationally, guided by Safe Work Australia's National Return to Work Strategy 2020-2030 [27], will likely be a focus of future policy.

Another challenge is addressing any conflicts of interest head-on. Rehabilitation providers being paid by insurers can create an unconscious bias to favor the payer's expectations. To counter this, transparency and checks are needed. Injured workers should be encouraged (and given avenues) to give feedback on their rehab services. SIRA could implement a feedback mechanism or audit where workers rate their experience with providers, and any consistent issues trigger a review of that provider's approval status. In fact, SIRA's 2025 Workplace Rehabilitation Provider Evaluation indicated a willingness to refine provider approval and performance monitoring. This is a positive step: by holding rehab providers accountable not just for cost metrics but for worker-centric outcomes (like sustained return-to-work rates and satisfaction), the system can incentivize truly supportive rehabilitation.

Finally, there are cultural and knowledge challenges [28]. For instance, some workers (especially in precarious employment) might feel intimidated about asserting their rights, or they might lack the health literacy to navigate choices. Ongoing education campaigns, plain-language guides, and perhaps peer support networks (injured worker support groups) could empower more people. The involvement of unions and worker advocacy groups remains important—historically, unions in NSW have helped inform workers of rights like choosing their own doctor or rehab provider. Strengthening these outreach efforts is a future direction to ensure no injured person falls through the cracks due to lack of information.

Technology also presents an important future opportunity. Telehealth, secure messaging platforms, and digital return-to-work tools can streamline communication between insurers, employers, clinicians, and rehabilitation providers. These technologies are particularly valuable for regional and remote claimants, who often face limited access to local allied health or rehabilitation services. Improved digital connectivity can reduce administrative delays, facilitate timely case reviews, and support more flexible, continuous engagement throughout the recovery process.

In conclusion, the NSW rehab coordination system is evolving. Reviews and stakeholder feedback have illuminated both its strengths (a solid legislative foundation, a range of approved providers, improving return-to-work rates) and its weaknesses (inconsistent application of rights, occasional adversarial practices). The future points toward a model where the injured person's voice is central: by embracing patient choice, enhancing impartial support, and fostering collaboration, the system can improve recovery experiences and outcomes. As one rehabilitation provider organization put it, greater worker choice and involvement can "enhance psychological outcomes and lessen the financial burden" of injuries by

reducing disputes and improving commitment to rehabilitation. These are goals well worth pursuing in the next phase of NSW's injury management strategy.

9. Conclusion

In NSW's workers' compensation and CTP schemes, rehabilitation coordinators play a pivotal role in guiding injured individuals back to health and employment. The ability for injured persons to choose their rehabilitation provider is a legally supported right that carries practical benefits for trust, engagement, and outcomes. A patient-nominated rehabilitation coordinator often leads to a more collaborative and person-centered recovery process, aligning with treating doctors and focusing on the individual's needs. By contrast, default insurer-appointed providers can sometimes introduce tension or perceived bias, underscoring the importance of maintaining impartiality and patient confidence. NSW's current legislation and regulatory bodies provide a strong framework to support injured people, but ongoing challenges, such as awareness of rights, consistency in application, and eliminating conflicts of interest, remain. Comparisons with other Australian states suggest that formally integrating choice and focusing on early, tailored intervention are effective strategies. Future improvements in NSW will likely concentrate on enhancing the claimant's voice and experience—from enforcing the offer of provider choice to adopting a more holistic, person-focused approach in claims management. By continuing to refine the system towards greater transparency, support, and stakeholder cooperation, NSW can further improve return-to-work outcomes and ensure that injured workers and accident victims truly feel supported in their rehabilitation journey.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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