



Guide: Nationally consistent approval framework for workplace rehabilitation providers

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1. INTRODUCTION

1.1 HEADS OF WORKERS COMPENSATION AUTHORITIES

The Heads of Workers Compensation Authorities (HWCA) is a group comprising the chief executives (or their representatives) of the peak bodies responsible for the regulation of workers compensation in Australia and New Zealand. This includes Australia's 10 workers compensation authorities (six states, two territories and two commonwealth) and the New Zealand Accident Compensation Corporation.

The purpose of the HWCA is to promote and implement best practice in workers compensation arrangements in Australia and New Zealand in the areas of policy and legislative matters, regulation and scheme administration¹.

At the HWCA workshop meeting on return to work in September 2005, a reference group was assigned the task of outlining a nationally consistent approval system for workplace rehabilitation providers (providers).

During 2006 and 2007, the reference group agreed to a nationally consistent framework whereby approval to operate as a provider is required by workers compensation authorities. The group recommended to the HWCA that providers would apply to a workers compensation authority for initial approval and demonstrate their ability to meet organisational capability standards, return to work service model principles and mandatory qualifications. If approved in one workers compensation authority, other workers compensation authorities would recognise this status and ensure additional approval requirements were minimal.

The purpose of a nationally consistent approval framework for providers is intended to:

- provide a robust approval system across the participating workers compensation authorities
- enable the objective measurement of provider performance against the *Conditions of Approval*
- establish standards designed to deliver high quality workplace rehabilitation services to workers, employers and insurers.

The benefits of a nationally consistent approval framework for providers include:

- an agreed and understood model of workplace rehabilitation
- increased uniformity of workplace rehabilitation service definitions and expectations of providers
- a more robust exiting system that assures credibility of the approval framework
- increased understanding of the expected standards of workplace rehabilitation
- provider performance for employers, workers and insurers
- reduced administrative costs and complexity for providers who are approved to deliver workplace rehabilitation services for more than one workers compensation authority
- for employers and insurers – reduced costs and complexity for those who operate in more than one workers compensation jurisdiction.

The nationally consistent approval framework for providers is a national system but does not reduce the responsibility of the insurer, provider and employer to observe the purchasing and workplace rehabilitation service delivery requirements appropriate to the individual workers compensation authority.

1 Heads of Workers Compensation Authorities home page www.hwca.org.au/vision.php

2. NATIONALLY CONSISTENT APPROVAL FRAMEWORK FOR WORKPLACE REHABILITATION PROVIDERS

This guide outlines the nationally consistent approval framework for providers and fulfils the needs of the participating authorities.

The role of the authority as the approval body for providers is to ensure minimum standards are consistently met in the delivery of services to workers and employers. The authority is responsible for maintaining an approval framework that:

- seeks to ensure provider conformance with the *Conditions of Approval*
- creates an efficient and effective system for providers to operate within
- promotes collaboration and delivers return to work outcomes to all stakeholders
- promotes innovation and continuous improvement in recovery and return to work solutions.

2.1 CONDITIONS OF APPROVAL AND PRINCIPLES OF WORKPLACE REHABILITATION

The *Conditions of Approval* (see section 6) are the overarching requirements to operate as a provider. The *Principles of Workplace Rehabilitation* (see section 4) are the foundation elements of the organisation's service delivery model and define service provision, organisational and administrative infrastructure, staffing and quality principles.

2.2 WORKPLACE REHABILITATION PROVIDER APPROVAL

The following outlines a nationally consistent approval process for providers. Approval by an authority does not imply automatic approval to provide services in another authority (see section 5.2 Cross jurisdictional application for approval).

The application and evaluation processes outline how an organisation may apply to become a provider and, once they are approved, how to maintain that approval through conformance with the *Conditions of Approval*. In summary an organisation wishing to be approved as a provider:

- applies to the desired workers compensation authority. The application outlines how the organisation will meet the *Conditions of Approval*. If the application is approved, the provider is granted a three year *Instrument of Approval*.
- after the first 12 months of approval the provider may be required to undergo an independent evaluation at the discretion of the workers compensation authority.
- during the three years of approval, the provider must complete annual self-evaluations and may be required to undergo a periodic evaluation and/or exception evaluation by an independent evaluator, initiated at the discretion of the authority.
- if the provider seeks to renew their *Instrument of Approval*, they are required to submit a renewal application to the workers compensation authorities from whom the renewal is sought prior to the expiration of the three year approval period.
- an application must include a signed *Statement of Commitment to the Conditions of Approval* and a *Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers*.

3. WORKPLACE REHABILITATION

Supporting a worker to recover at or achieve a safe and timely return to health and work is a central feature of workers compensation systems.

There is considerable evidence to support the concept that an offer of suitable work/employment and the engagement of key parties (worker, employer, doctor, insurer and other providers) in implementing worker's recovery at, or return to work, significantly reduces the duration and associated costs of claims², including improving social and health outcomes for the worker concerned.

Providers identify and address the critical physical, psychological, social, environmental and organisational risk factors which may have an impact on a worker's ability to successfully recover at work.

Workplace rehabilitation does not include:

- work conditioning
- treatment (including therapeutic counselling)
- overseeing/monitoring of a worker's treatment
- determining a worker's ongoing entitlements
- claims management
- assessment of daily living.

Whilst providers may have the skills to perform some or all of these services, they are not considered workplace rehabilitation services.

3.1 WORKPLACE REHABILITATION PROVIDERS

Providers in the field of workplace rehabilitation have the qualifications, experience and expertise appropriate to provide services in accordance with the following definition based on NOHSC (1995)³:

Workplace rehabilitation is a managed process involving timely intervention with appropriate and adequate services based on assessed need, and which is aimed at maintaining injured or ill employees in, or returning them to, suitable employment.

Providers are engaged to provide specialised expertise in addition to that generally available within the employer and insurer's operations. Providers are also engaged for those workers where return to work is not straightforward. Service provision is largely delivered at the workplace by:

- facilitating the worker's timely recovery at, or return to work
- identifying and designing duties for the worker to assist employers to meet their obligations in providing their workers with suitable employment
- identifying and coordinating rehabilitation strategies that ensure workers are able to safely perform their duties
- forging the link between the insurer, employer and treatment providers to ensure a focus on work
- arranging appropriate retraining and placement in alternative employment when the worker is unable to return to pre-injury employment.

2 Institute of Health and Work, 2004. *Workplace-based Return-to-work interventions: A Systematic Review of the Qualitative and Quantitative literature*. Ontario.

3 NOHSC: 3021 (1995), Guidance noted for Best Practice Rehabilitation Management of Occupational Injuries and Diseases, April 1995.

3.2 RECOVER AT WORK

One of the key principles of workers compensation legislation is to promote recovery at work. For most people with a workplace injury, time off work is not medically necessary⁴. There is strong evidence to indicate an unnecessary delay in returning to work is often associated with delayed recovery, and the longer a worker is away from work, the less chance they have of ever returning⁵.

Supporting a worker to stay at work in some capacity provides the best chance of a good outcome following their work injury and is better for the workplace. Where a worker has been unable to return to work, injury management and rehabilitation should be focused on determining and supporting the most direct path back to work with the same employer or, where necessary, with a new employer.

Connecting	Planning	Working
Communication and staying connected with the workplace enables a collaborative approach to achieving safe and early recovery at work.	Establishing capacity, identifying suitable work options and setting goals is essential to successful recovery at work.	Recovering at work speeds healing, reduces symptoms, promotes an active lifestyle, and fosters connectedness with the workplace and community.

Providers have an important role in educating and assisting key stakeholders to provide support for workers and employers in line with evidence based recover at work principles.

Safe work is good for workers. Work makes up a large part of our daily physical and social activity. By offering the opportunity in recovering through work it helps a worker to stay active and recover sooner by speeding the healing process, preventing de-conditioning, and maintaining social interaction.

'Working to recover' identifies that work:

- is more effective than conventional clinic-based treatment programs in terms of reducing perceived pain and disability, improving functional capabilities and preventing further work disability⁶
- minimises many of the psychosocial problems associated with separation from the work routine, peer group and/or employer⁷
- provides opportunity to use tasks to improve the worker's functional abilities and actually contribute to their recovery.

3.3 WORKPLACE REHABILITATION MODEL

Providers will use a service delivery model of workplace rehabilitation aimed at an early and safe recovery at, or return to work for workers who are injured at work.

Workplace rehabilitation is a service delivery model that involves a designated workplace rehabilitation consultant responsible and accountable for coordinating services that are designed to achieve a cost effective, safe, early and durable recovery at, or return to work for the worker. Workplace rehabilitation is delivered on a service continuum of assessment of need, planning, active implementation, review and evaluation. This requires effective communication, decision-making, financial accountability and informed purchasing of services and resources.

4 Waddell G, Burton AK. Is work good for your health and wellbeing? Department of Work and Pensions, HMGovernment. The Stationery Office. 2006.
 5 Waddell G and Burton, K, Is work good for your health and wellbeing? Department of Work and Pensions, HMGovernment, The Stationery Office, London, 2006.
 Black Dame C, Dame Carol Black's review of the health of Britain's working age population; Summary of evidence submitted, Health, Work and Well-being Program www.workingforhealth.gov.uk 2008. Australasian Faculty of Occupational and Environmental Medicine, Realising the health benefits of work; A position statement, Australasian Faculty of Occupational and Environmental Medicine, 2011.
 6 Cheng and Hung. Randomized Controlled Trial of Workplace-based Rehabilitation for Work-related Rotator Cuff Disorder. J Occup Rehab (2007) 17:487-503.
 7 Waddell G, Burton AK. Is work good for your health and wellbeing? Department of Work and Pensions, HMGovernment. The Stationery Office. 2006.

3.4 WORKPLACE REHABILITATION SERVICE DELIVERY CONTINUUM

Assessment of need

Early, accurate identification of risks and needs ensures the most appropriate intervention is applied to achieve a safe recovery at, or return to work.

Assessment of need continues throughout the course of service delivery as new information is received.

Return to work planning

Return to work planning is required to assist a worker to:

- recover at, or return to work with the pre-injury employer
- undertake physical upgrading or transitional duties with a host employer prior to return to work with the pre-injury employer
- find a new job.

Return to work planning will:

- involve setting Specific, Measurable, Achievable, Relevant and Time-bound (SMART) return to work goals
- specify strategies that address the identified risks, needs, strengths and capacities having regard for the worker's medical status, capacity for work, vocational status, psychosocial concerns, employer requirements, workplace issues and any other return to work barriers
- take place in consultation with the worker, the treating doctor, the employer (if the worker is still employed) and the union (if involved), to align expectations of key parties
- be consistent with the insurers injury/case/claim management plan
- take into account the most direct way back to work for the worker but not at the expense of the worker's needs or the employer's capacity
- consider personnel management and industrial issues in the workplace and adopt strategies to address these issues if they are barriers to the worker's recovery at, or return to work.

Active implementation and review

Implementing workplace rehabilitation services involves:

- using work to improve health and assist recovery
- coordination and timely mobilisation of services and resources
- cost effective service delivery that avoids unnecessary duplication, is integrated with other treatment services and provided in a timely manner
- regular, timely and active reviews of the worker's recovery at, or return to work strategy, conducted to:
 - gather evidence of progress towards outcomes
 - review the impact of interventions on identified return to work needs
 - consider and act on new information
 - maintain contact, and align expectations, with all relevant parties.

Durable return to work

Achieving durable return to work includes:

- setting expectations, developing agreed goals and defining the extent and the type of workplace rehabilitation services needed to support the worker
- advising on the need for ongoing workplace rehabilitation services and negotiating these with the insurer, employer or treating doctor, if such are required to support the workers recovery
- confirmation of durability of employment (if employed).

Recover at work – same employer

Workplace rehabilitation services that assist a worker to recover at, or return to work with the same (pre-injury) employer may involve:

- early, accurate identification of risks, needs and abilities of the worker and workplace through worksite visits, consultation with the worker, employer, treating professionals, workplace assessment and/or vocational assessment
- designing and implementing return to work interventions to address the risks and match the needs and abilities of the worker and workplace (return to work planning and monitoring)
- negotiating, monitoring and adapting duties matched to the workers capacity, with the goal of upgrading to pre-injury duties
- assisting the worker, employer and nominated treating doctor to manage the workers compensation system in order to achieve a safe return to work for the worker
- advising on workplace or work process modifications
- organising the supply of assistive equipment and ensuring the worker can safely utilise the equipment
- coordinating and mobilising required workplace rehabilitation intervention, services and resources
- rehabilitation counselling and support to maintain the worker's motivation to recover at, or return to work
- regularly and actively renewing the goals and progress towards return to work
- recommending, coordinating and monitoring on the job training or formal training if returning to a new job with the same employer
- setting expectations, developing agreed goals, and defining the extent and type of workplace rehabilitation services needed with the insurer, employer and treating doctor (if appropriate).

Return to work – new employer

Workplace rehabilitation services that assist a worker to return to work with a new employer may involve:

- assessing the worker's vocational capacity and potential through vocational assessment and counselling
- negotiating a job placement strategy that outlines the job placement services to meet the worker's needs
- preparation of the worker to seek and obtain a new job
- facilitating job search and placement support for job seekers
- assisting key parties to manage the workers compensation system to ensure a safe return to work
- assessing potential worksites to ensure the suitability of a new job or work trial placement
- advising on workplace or work process modifications
- organising the supply of assistive equipment and ensuring the worker can safely utilise the equipment
- mobilising services and resources such as on the job or formal training
- negotiating with employers regarding the use of employer incentive schemes
- rehabilitation counselling and support to maintain the worker's motivation to return to work
- regularly and actively renewing the goals and progress towards return to work
- setting expectations, developing agreed goals, and defining the extent and type of workplace rehabilitation services needed to support return to work.

4. PRINCIPLES OF WORKPLACE REHABILITATION

The *Principles of Workplace Rehabilitation* are the foundation elements of the organisation's model of workplace rehabilitation service delivery and define workplace rehabilitation service provision, organisational and administrative infrastructure, staffing arrangements and quality framework.

In their application for approval, providers must demonstrate how they will conform to these principles initially and throughout the period of approval.

4.1 SERVICE PROVISION PRINCIPLES

Providers deliver services to workers and employers in a cost effective, timely and proactive manner to achieve a safe and durable return to work.

4.1.1 A focus on recovery at, or return to work

- a. Expectations that a SMART return to work goal, and the services required, are established with relevant parties at the commencement and throughout service provision (relevant parties include worker, employer, insurer and other service providers).
- b. Appropriate services are identified and delivered to maximise recovery at, or return to work.
- c. Services focus initially on recovery at work in the worker's pre-injury employment or, if that is not possible, return to work with another employer.

4.1.2 The right services provided at the right time

- a. Workers receive prompt attention and intervention appropriate to their needs.
- b. Barriers, risks and strengths are identified and strategies promptly implemented.
- c. Service is actively coordinated and integrated with other injury management, recovery and return to work activities.

4.1.3 Effective service provision at an appropriate cost

- a. Needs of the worker and employer are identified by means of adequate and appropriate assessment.
- b. Service levels match the worker and employer needs.
- c. Service costs match the range and extent of service provision.

4.1.4 Effective communication with all relevant parties

- a. Respectful, open and effective working relationships established and maintained between workers, employers and other relevant parties.
- b. The provider acts as the link between treatment providers and the workplace to translate functional gains into meaningful work activity.
- c. Progress towards the return to work goal is communicated to interested parties throughout service provision.
- d. Durability of employment is confirmed 13 weeks after placement.

4.1.5 Evidence based decisions

- a. Assessments demonstrate the need for intervention and appropriateness of the return to work strategies.
- b. The extent of workplace rehabilitation intervention and/ or the type of service selected is the most appropriate and cost effective of those available to achieve the return to work goal.

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- c. An equitable and consistently applied approach to recommending commencement and cessation of service delivery is undertaken.
 - d. Consideration is given to workplace industrial relations and human resource matters that may affect the worker's recovery at, or return to work.

4.2 ORGANISATIONAL AND ADMINISTRATIVE PRINCIPLES

Business, governance and administrative arrangements provide an appropriate infrastructure for reliable and consistent service provision to workers, employers, insurers and other relevant parties.

4.2.1 Comprehensive and robust corporate governance infrastructure

- a. Systems of probity that avoid conflict of interest as well as prevent, manage and report malpractice/fraud.
- b. Appropriate financial administration including accurate accounting.
- c. Maintenance of appropriate and adequate insurances, including professional indemnity, public liability and workers compensation.
- d. Data collection, analysis and reporting of provider performance including return to work status and durable return to work rates.

4.2.2 A records management system meeting state and commonwealth legislation requirements

- a. Comprehensive, accurate and accessible records pertaining to all clients, staff and business operations.
- b. Security of storage of records in accordance with legislative requirements.

4.2.3 Privacy and confidentiality practices meeting relevant privacy legislation requirements

- a. Systems that incorporate privacy and confidentiality requirements within all aspects of the organisational and administrative arrangements.

4.2.4 Safe work practices as well as return to work and injury management policies

- a. Systems that comply with relevant injury management and workers compensation legislation.
- b. Systems that comply with local workplace health and safety legislation.

4.2.5 Organisational management structure requirements

- a. At least one person in the management structure with a qualification recognised as being sufficient to satisfy the requirements of a workplace rehabilitation consultant and who is able to demonstrate at least five years' relevant workplace rehabilitation experience (also refer to 4.4.1a. minimum workplace rehabilitation consultant qualifications).

4.3 QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT PRINCIPLES

4.3.1 Quality model

- a. Quality systems that ensure customer focused service delivery and collect, analyse and monitor qualitative and quantitative data to identify areas of strength and opportunities for systems and service improvement.

4.3.2 Quality assurance

- a. Implementation of appropriate review mechanisms (for example, self- evaluations and peer reviews) to assure compliance with the *Conditions of Approval*.
- b. Implementation and documentation of corrective and preventative actions and monitoring and review of their effectiveness.

4.3.3 Customer focus

- a. System to collect, review, analyse and action solicited and unsolicited feedback from customers.
- b. Implementation of an effective complaints management system.

4.3.4 Continuous improvement

- a. Systems for analysing information and data to identify opportunities for improvement.
- b. Planning, piloting, refining and implementing improvement strategies.
- c. Monitoring and reviewing the effectiveness of any improvement strategies.

4.4 STAFF MANAGEMENT PRINCIPLES

4.4.1 Qualifications, knowledge and experience

- a. Systems for ensuring that workplace rehabilitation consultants have the minimum qualifications (as outlined below) and the qualifications are verified.

Workplace rehabilitation consultants will have a qualification recognised, accredited or registered by one of the following associations or Australian Health Practitioner Regulation Agency (AHPRA) registration boards (however described):

- Rehabilitation counsellor:
 - Australian Society of Rehabilitation Counsellors (recognised), or
 - Rehabilitation Counselling Association of Australasia (recognised)
- Occupational therapist (registered)
- Physiotherapist (registered)
- Exercise physiologist:
 - Exercise and Sports Science Australia (accredited as an Exercise physiologist).
- Psychologist (registered)
- Speech pathologist:
 - Speech Pathology Australia (recognised)
- Social worker:
 - Australian Association of Social Workers (recognised)
- Medical practitioner (registered)
- Nurse (registered).

Note 1: A workplace rehabilitation consultant will be taken to satisfy 4.4.1 (a) if they will be eligible for full membership on completion of a current period of required supervised professional practice (as determined by the relevant professional association or registration board).

Note 2: ASORC's Affiliate category of membership does not meet the minimum qualifications to work as a workplace rehabilitation consultant. However some jurisdictions recognise ASORC's Affiliate category of membership as a pathway towards meeting the minimum qualifications and as such allow Affiliate members to work in the industry under the supervision of a workplace rehabilitation consultant. Providers should check with the local workers compensation authority as to their position of ASORC Affiliate membership.

AND 12 months or more experience delivering workplace rehabilitation services.

Where workplace rehabilitation consultants have less than 12 months experience delivering workplace

rehabilitation services, a comprehensive induction program will be completed and professional supervision provided for at least 12 months.

Note 3: Some workplace rehabilitation services can only be delivered by designated professional groups. The minimum qualifications to deliver these services are included in the description of the workplace rehabilitation services as specified by each jurisdiction.

See Appendix 5 for a nationally consistent description of practice standards for workplace assessments, functional assessments and vocational assessment and counselling.

- b. Workplace rehabilitation consultants have the appropriate skills, knowledge, and experience to deliver workplace rehabilitation services.
- c. Workplace rehabilitation consultants have knowledge of injury management principles and workers compensation legislation, policy and procedures.
- d. All staff interacting with workers and workplaces have current checks and clearances where appropriate (police, security, WHS and child protection).

4.4.2 Induction, ongoing learning and development

- a. A robust induction and continuous learning and development program to support the acquisition and maintenance of staff skills and knowledge.
- b. Staff have access to, and understand, all current policies and procedures relevant to their work.
- c. Staff have appropriate supervision and support and participate in peer review processes.
- d. Staff members are compliant with the professional code of conduct relevant to their particular qualification.

4.4.3 Adequate staff resourcing

- a. Caseload management systems that efficiently allocate cases to staff with the experience and skill level to match the workers injury, needs and potential case complexity.
- b. Handover practices where cases are reviewed and all relevant parties informed to maintain continuity of care for the worker.

5. APPROVAL PROCESS

Outlined below is a summary of the provider approval process.

5.1 APPLICATION FOR APPROVAL

Organisations wishing to be approved as a provider will submit an application to the jurisdiction in which they are seeking approval demonstrating their capacity to meet the *Conditions of Approval*. An application must be submitted using the application form with the following supporting documentation attached:

- business and ownership details including association or connection with other organisations supplying services within the workers compensation industry
- details of their model of workplace rehabilitation service delivery
- a *Statement of Commitment to the Conditions of Approval for Workplace Rehabilitation Providers*
- a *Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers*
- staff details sheet
- two referee contact details.

A completed application must be accompanied by the prescribed fee, where appropriate (see Appendix 1 – Fees).

For detailed information regarding the application process and application requirements specific to each jurisdiction, see the application form *Application for approval as a workplace rehabilitation provider* on each workers compensation jurisdiction's website.

5.2 CROSS JURISDICTIONAL APPLICATION FOR APPROVAL

Where an organisation has already been issued with an *Instrument of Approval*, they may seek approval from other workers compensation authorities where they wish to provide workplace rehabilitation services. Those workers compensation authorities may require supplementary information prior to granting the applicant approval in their jurisdiction.

Providers seeking concurrent approval by more than one workers compensation authority will 'apply' to the workers compensation authorities where approval is sought. However, the 'home jurisdiction' (see Appendix 5 – Glossary of terms) will assess the provider's application against the *Conditions of Approval*. The home jurisdiction will advise the organisation of the outcome of the assessment. The provider will send this advice (email, letter, *Instrument of Approval*, etc) to the other jurisdictions in which approval is sought. The other workers compensation authorities will use the outcome of the assessment made by the home jurisdiction to complete their approval process. They may also specify additional jurisdictional requirements.

5.3 MONITORING OF PROVIDER PERFORMANCE

During each three year approval period, the workers compensation authority may conduct an independent evaluation to determine the provider's conformance with the *Conditions of Approval*.

Consideration may also be given to reviewing provider performance by analysing data from the workers compensation authority's database (including throughput, return to work outcomes, duration and cost), complaints records, provider annual self-evaluation reports, any quality improvement plans resulting from the provider self-evaluations and information supplied to the workers compensation authority.

The information will identify trends across the system, as well as identify individual providers performing outside the workplace rehabilitation industry average. Trend data will assist the workers compensation authority to determine possible initiatives to improve the system and to identify practices that are working well.

Information about individual provider performance may trigger further investigations by the workers compensation authority through interviews with insurers and the provider and/or may initiate a periodic or exception evaluation being arranged to assess the provider's conformance with the *Conditions of Approval*.

For further information about the evaluation methodology that may be adopted by the workers compensation authority refer to Appendix 2 – Evaluation methodology.

5.3.1 Provider annual self-evaluations

To demonstrate ongoing compliance with the *Conditions of Approval*, an organisation that has been approved by a workers compensation authority must agree to participate in annual self-evaluations using the workers compensation authority evaluation tools. It is recommended the annual self-evaluation will be carried out, and a declaration of conformity signed, by a person or persons who:

- have successfully completed an auditor training course
- have a supervised period of training in practical assessment and auditing
- have at least five years experience related to the workplace rehabilitation industry
- are not personally responsible for the aspects of the business that they evaluate, in particular they should not evaluate case records if they have been involved in workplace rehabilitation service delivery associated with those cases or, if evaluating staff files, they should not be involved in supervision and training associated with those staff members.

5.3.2 Cross jurisdictional monitoring of provider performance

For administrative efficiency for both the organisation and the workers compensation authorities where the organisation is approved, the authorities may collaborate in the monitoring of provider performance.

Where a need to conduct an independent evaluation is identified, the workers compensation authorities will collaborate in designing an evaluation plan and consult with the provider in the development of that plan.

5.4 APPLICATION FOR RENEWAL OF APPROVAL

Providers must apply for a renewal of approval prior to expiration of their three year *Instrument of Approval* by submitting a renewal application demonstrating their capacity to meet the *Conditions of Approval*. An application must be submitted using the application form with the following supporting documentation attached:

- business and ownership details including association or connection with other organisations supplying services within the workers compensation industry
- a signed *Statement of Commitment to the Conditions of Approval for Workplace Rehabilitation Providers*
- a signed *Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers*
- current staff details
- a signed *Declaration of Conformity to the Conditions of Approval* from the provider's most recent annual self-evaluation
- a copy of the most recent annual self-evaluation report
- copies of any quality improvement plans implemented to address non-conformities identified in this self-evaluation or independent evaluation conducted by the workers compensation authority
- the prescribed fee where appropriate (see Appendix 1 – Fees)
- any other information or documentation required by the workers compensation authority as part of a renewal application.

A completed renewal application is submitted direct to the relevant workers compensation authority.

For detailed information regarding the renewal application process, see the application template *Renewal application for approval as a workplace rehabilitation provider*.

5.5 CROSS JURISDICTIONAL RENEWAL OF APPROVAL

Providers approved by more than one workers compensation authority will 'apply' for renewal of approval to all workers compensation authorities where renewal is sought. However, the home jurisdiction will assess the provider's renewal application against the *Conditions of Approval*. The home jurisdiction will advise the organisation of the outcome of the assessment. The provider will send this advice (email, letter, *Instrument of Approval*, etc) to the other jurisdictions in which approval is sought. The other workers compensation authorities will use the outcome of the assessment made by the home jurisdiction to complete their approval process. They may also specify additional jurisdictional requirements (including payment of a prescribed fee where appropriate).

For further information about cross jurisdictional renewal of approval refer to 5.4 Application for renewal of approval.

5.6 CANCELLING AN INSTRUMENT OF APPROVAL

The workers compensation authority may cancel a provider's *Instrument of Approval* at any time for non-conformity with the *Conditions of Approval* including where the provider has failed to inform the workers compensation authority of a notifiable event).

5.6.1 Grounds for cancelling an *Instrument of Approval*

Grounds for cancellation a provider's *Instrument of Approval* may include, but is not limited to, the following circumstances:

- not conforming to the *Conditions of Approval*
- not meeting minimum performance measures associated with the *Conditions of Approval*
- failure to maintain staffing with qualifications at levels that enable adequate service provision
- not advising the workers compensation authority of a change of business arrangements that may impact on approval under the *Conditions of Approval*
- making false declarations
- criminal conviction
- financial impropriety
- professional misconduct
- evidence of a serious health and safety risk to, or coercion of, injured workers
- demonstrated conflict of interest.

5.6.2 Process for cancelling an *Instrument of Approval*

Where a provider has failed to meet the *Conditions of Approval* and then failed to address their non-conformance in accordance with the evaluation methodology in Appendix 2, the workers compensation authority will advise their intention to cancel the *Instrument of Approval*, the reasons for this decision and the appeals process relevant to the workers compensation authority.

Providers whose *Instrument of Approval* is cancelled must return it to the workers compensation authority and cooperate in the transfer of current cases to another provider. Where the provider is approved by more than one workers compensation authority, the other authorities will be advised that the *Instrument of Approval* has been cancelled and take appropriate action.

5.7 PROVIDER CEASING OR WITHDRAWING FROM SERVICE DELIVERY

Providers who wish to cease or withdraw from delivering workplace rehabilitation services in a particular jurisdiction must inform the relevant workers compensation authority and immediately return the *Instrument of Approval*. The workers compensation authority will cancel the provider's *Instrument of Approval* and will request the provider to cooperate in the transfer of current cases to other providers. Where the provider is approved by more than one workers compensation authority, the other workers compensation authorities will be advised that the *Instrument of Approval* has been cancelled and take appropriate action.

5.7.1 Regaining approval after withdrawing or having approval cancelled

Providers who withdraw or have their approval status cancelled by a workers compensation authority will not be eligible to apply again for approval until they can demonstrate, to the workers compensation authority's satisfaction that the reasons for cancellation or withdrawal no longer exists.

5.8 CROSS JURISDICTIONAL INFORMATION SHARING

Where providers operate in more than one workers compensation jurisdiction, information may be exchanged across jurisdictions for the purposes of approving, renewing, evaluating and monitoring a provider's performance.

5.9 FALSE DECLARATIONS

The provision of false or misleading information is a serious offence and may nullify an application for approval, any application for renewal or any *Instrument of Approval* issued as a result of an application or renewal application (see 5.6 Cancelling an *Instrument of Approval*).

6. CONDITIONS OF APPROVAL

The following conditions apply to *Instruments of Approval* as a provider:

1. The provider must comply with the *Principles of Workplace Rehabilitation*.
2. The provider must ensure that all services are delivered in accordance with the workplace rehabilitation model by persons who hold the minimum qualifications as defined in the *Principles of Workplace Rehabilitation* and in accordance with service descriptions appropriate to the workers compensation authority where the approval is being sought.
3. The provider's management structure must include at least one person who holds a rehabilitation consultant qualification outlined in the *Principles of Workplace Rehabilitation* and who is able to demonstrate five years' relevant workplace rehabilitation experience.
4. The provider must participate in annual self-evaluations and in independent evaluations as required by the workers compensation authority to demonstrate conformance with the *Conditions of Approval*.
5. The provider must demonstrate management of 12 cases (excludes assessment only cases) of workplace rehabilitation within any workers compensation jurisdiction for each 12 month period within the three year approval period. (Due consideration will be given to providers servicing rural and remote areas).
6. The provider must maintain the minimum return to work rate as set by the workers compensation authority.
7. The provider must provide data to the workers compensation authority consistent with the *Conditions of Approval*.
8. The provider must deliver services in compliance with the *Code of Conduct for Workplace Rehabilitation Providers*.
9. The provider's facilities at all locations where services are delivered, must provide an accessible and appropriate environment for workers, staff and visitors and comply with local workplace health and safety legislation.
10. The provider must remain financially solvent.
11. The provider must notify the workers compensation authority in advance, or as soon as practical, if any of the following situations arise, and accept that the workers compensation authority will review the status of approval and determine whether the proposed arrangements conform with the *Conditions of Approval*:
 - i. the business is sold or the controlling interest in the business is taken over by a new shareholder(s), owner(s) or director(s)
 - ii. the business changes its trading name or location of premises
 - iii. the business supplies or has connections with other suppliers of services within the workers compensation industry
 - iv. a new chief executive officer or director or head of management is appointed
 - v. there is a major change in the service delivery model and/or staff which may impact on the delivery of the workplace rehabilitation services
 - vi. there is any other change that affects, or may affect, the provider's service quality and procedures
 - vii. the provider has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings
 - viii. there is any professional misconduct proceedings being taken against the provider or any individuals employed or engaged by the provider.
12. The provider must accept that the workers compensation authority may:
 - i. initiate an evaluation at any time during the period of the approval which may involve an evaluation of conformance to the *Conditions of Approval*

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- ii. consult with the relevant professional or industry associations in determining what are reasonable expectations regarding performance
 - iii. impose additional requirements
 - iv. exchange information with other workers compensation authorities on provider performance
 - v. cancel approval status if the above conditions are not met.

APPENDIX 1 – FEES

Each workers compensation authority will charge fees for applications and evaluations according to their application fee schedules.

APPENDIX 2 – EVALUATION METHODOLOGY

Workers compensation authority evaluation of provider conformance with the *Conditions of Approval*. The primary objective of an independent evaluation conducted by a workers compensation authority is to determine conformance with the *Conditions of Approval* and may be conducted by the authority according to the following timeline:

First evaluation at 12 months

An independent evaluation may be conducted for providers 12 months after initial approval.

Periodic evaluation

Providers may undergo a periodic evaluation during each three years of approval.

The workers compensation authority will advise the provider of the intention to carry out an evaluation at least one month prior to the scheduled evaluation date.

Evaluation by exception

Providers may undergo an evaluation by exception during each three year approval period. Factors that will initiate an evaluation by exception may include public safety, previous and current provider performance, information obtained about provider activity during insurer reviews and complaints about provider performance.

Criteria for evaluators

Independent evaluations may be performed by workers compensation authority staff and/or an external professional evaluator/auditors engaged by the authority for that purpose.

The evaluation team where possible, will include members with the following:

- successful completion of a ISO9001 lead assessor training course (or equivalent)
- a supervised period of training in practical assessment and auditing
- ability to demonstrate understanding of the *Conditions of Approval* for workplace rehabilitation providers
- at least five years' experience related to the workplace rehabilitation industry
- qualifications as per the workplace rehabilitation consultant qualification outlined in the *Principles of Workplace Rehabilitation*.

Pre-evaluation requirements

In preparation for an onsite evaluation, the workers compensation authority may review the following:

- staff employed by the provider within the last 12 months
- number of cases managed by the provider within the last 12 months and the number of current cases
- provider's annual performance data from the workers compensation authority's corporate data repository
- number and nature of any complaints about the provider received by the workers compensation authority within the current approval period
- number and nature of any non-conformities recorded in the previous evaluation quality assurance improvement plans in response to the previous evaluation
- outcome of, and actions taken in response to, the provider's most recent annual self-evaluation

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- certification against other standards obtained by the provider and verified by a recent audit report (may reduce sample size or recognise compliance with some of the *Principles of Workplace Rehabilitation*)
 - remedial action since the last evaluation.

The provider will be advised of the evaluation plan and a timeframe for the completion of the evaluation.

Evaluation process

Evaluation will consist of the combined evidence of:

- existence and maintenance of systems and documented policy and procedures that address the *Conditions of Approval*
- evaluation of conformance with the application of these systems.

Evaluation of conformance with the *Conditions of Approval* may include:

- desktop review of documented policy and procedures.
- verification of the provider's self-evaluation.
- obtaining feedback from stakeholders, which may include worker interviews, staff interviews, employer, doctor, insurer interviews and/or other workers compensation authorities.
- examination of provider documents and records that demonstrate the application of systems that enable the provider to meet the *Conditions of Approval*.
- examination of a sample of worker case records (samples will be representative of the organisation's caseload and categories. The sample size will be no less than 10 and no more than $0.6 \times$ square root of the number of cases closed in the previous 12 months plus current open cases).

Whatever means of demonstrating conformance is used, the evaluator shall ensure that there is verifiable objective evidence of achievement of the required outcomes.

The evaluation methodology and preparation of the evaluation plan will be developed on a case by case basis and made available to the provider one month prior to the onsite evaluation. The case records/files identified for review will be made available to the provider two working days prior to the onsite evaluation.

Evaluation by exception, in response to serious concerns, will not adhere to this timetable.

Assessing conformity with the *Conditions of Approval*

In order to determine whether conformance with the *Conditions of Approval* has been achieved and is being maintained, the evaluator will assess the degree, the nature and the significance of any nonconformity.

All *Conditions of Approval* must be met to maintain an *Instrument of Approval*. However compliance with Condition 1 – *The Principles of Workplace Rehabilitation* is scored as follows to allow for improvement.

Assessing conformity with the *Principles of Workplace Rehabilitation*

Each principle and its indicator(s) will be assessed as either complying or non-complying.

Complying – The requirements of the principle are met.

Non-complying – The requirements of the principle are not fully met.

The following conformity ratings will also apply to principles and each of the indicators.

Conformity – level 1

95 per cent compliance with all indicators.

Conformity – level 2

At least 85 per cent compliance with all indicators.

Nonconformity

Less than 85 per cent compliance with all indicators.

Impact of conformance ratings on the *Instrument of Approval*

Conformity – level 1, no remediation plan required. Approval is maintained.

Conformity – level 2, evidence of implementation of corrective actions is to be submitted to the workers compensation authority within three months from the date the evaluation report is received. Failure to provide evidence of the correction within three months will result in automatic reclassification to nonconformity.

Nonconformity – a corrective action plan is to be submitted to the workers compensation authority within 30 working days and on-site re-evaluation will be conducted within six months. Failure to correct non-conformance within the agreed specified timeframe will result in automatic cancellation of an *Instrument of Approval*.

Multi-site provider evaluations

For the purpose of approval, a multi-site organisation is one with:

- a single caseload management system
- one system of management control over all sites (if sites or regions are autonomous then they must be evaluated separately)
- central management reviews and evaluations in accordance with the provider's internal evaluation processes.

The following conditions apply to multi-site organisations:

- The head office of the provider will be included in the evaluation sample.
- Selection of sites for evaluation will be in part random and in part targeted. A representative sample will be selected taking into consideration:
 - results and reports of self-evaluations
 - the number of sites
 - geographical dispersion of the sites
 - results and coverage of previous evaluations
 - variations in the size of the sites
 - variations in working practices and activities undertaken
 - spread of the organisation's personnel over the sites
 - previously mentioned considerations when planning an evaluation.

- sampling formula for site numbers for a single period is as follows:

Number of sites within the organisation	Number of sites to be evaluated
1 – 3	1
4 – 6	2
7 – 11	3
12 – 16	4
17 – 25	5
25 – 36	6
37 – 49	7
50 or more	The square root of the number of sites (rounded up)

Should one site be assessed as nonconforming, a multi-site provider will be at risk of losing their *Instrument of Approval*.

Cross jurisdictional evaluations

A workers compensation authority identifying a need to conduct an evaluation of a cross jurisdictional provider may collaborate with other workers compensation authorities in the design of the evaluation plan and exchange of information.

APPENDIX 3 – CUSTOMER FEEDBACK AND COMPLAINTS MANAGEMENT

Feedback about workplace rehabilitation providers

Providers will outline their customer feedback policy and procedures for managing complaints (see Principle 4.3.3a).

Providers will outline a complaints management approach that is consistent with international standards⁸ for effective complaints handling and includes the following:

- customer access to an open, easy to use and responsive complaints handling process
- resolution of complaints in a consistent, timely, systematic and responsive manner
- identification of trends and the proactive elimination of causes for complaint
- a customer focused approach to complaint resolution, including improving the skills of personnel in working with customers
- continual review and analysis of the complaints handling process, the resolution of complaints and process improvement
- management commitment and involvement.

8 [International standard ISO 10002:2004(E)]

APPENDIX 4 – CODE OF CONDUCT FOR WORKPLACE REHABILITATION PROVIDERS

The *Code of Conduct for Workplace Rehabilitation Providers* (the *Code*) has been prepared to assist providers in achieving a professional standard of practice. It is the responsibility of providers to make certain that they act in accordance with the *Code* and the trust placed in them by the community.

The *Code* describes the responsibilities and standards of behaviour required of any person or organisation approved as a provider by a workers compensation authority.

The *Code* has been developed in accordance with the following principles of ethical decision-making:

- respect for the law
- respect for the system of government
- respect for the community and other people
- integrity
- diligence
- efficiency
- accountability.

The *Code* deals with situations where a provider may be unsure of the appropriate course of action. The *Code* is also a guide to assist in taking responsible decisions. The *Code* will be reviewed and re-issued periodically by the workers compensation authorities.

COMPLIANCE WITH THE CODE IS A PART OF THE CONDITIONS OF APPROVAL

Where a person or organisation approved by a workers compensation authority is providing services to more than one workers compensation authority, an offence in one area can lead to disciplinary action across all areas of approval. Any breach of the *Code* may lead to suspension, cancellation or prosecution.

PART 1

1.1 ETHICAL AND PROFESSIONAL BEHAVIOUR

Ethical behaviour means that providers are fair and honest when dealing with other people.

Providers are viewed as public officials by the community and must act accordingly. All decisions a provider makes must show good judgement and be justifiable. Providers must show professional behaviour at all times during the conduct of their duties.

The *Code* provides guidance to assist providers in deciding on the appropriate course of action in a number of specific situations. However, it is not possible for the *Code* to describe all the circumstances that may require the exercise of ethical behaviour.

In difficult situations, providers will need to be guided in their actions and decision-making by referring to the principles that underpin the *Code* (see Introduction) and by considering the following issues:

- is the action/decision lawful?
- is the action/decision consistent with the spirit and intent of the *Code* and other workers compensation authority materials?
- is the action/decision consistent with the spirit and intent of the workers compensation system that the provider is a part of?
- what are the consequences of the action/decision for the public? For the workers compensation authority? For the integrity of the provider?
- can the action/decision be justified? To the workers compensation authority? To an independent person?

Providers must take all relevant facts into consideration when making a decision and must not consider irrelevant facts. Services must be efficiently organised to minimise disruption and avoid unnecessary costs to clients and their workplaces.

All services must be delivered to the performance standards described in the *Conditions of Approval*.

1.2 MODEL OF PUBLIC DUTY

The NSW Independent Commission Against Corruption (ICAC) has developed a Model of Public Duty. This model has been adopted by the workers compensation authorities as part of the nationally consistent approval framework for providers and as such providers must act in accordance with the following:

1.2.1 Serving the public interest above all else. This is demonstrated by:

- not serving own interests
- managing conflicts of interest.

1.2.2 Acting with integrity through the values below:

Honesty

- obeying the law
- following the letter and spirit of policies and procedures
- fully disclosing actual or potential conflicts of interest
- observing codes of conduct
- recording reasons for decisions
- establishing audit trails
- submitting to scrutiny
- keeping proper, accessible records.

Objectivity

- being fair to all
- considering only relevant matters
- being fully informed
- dispassionately assessing without fear, favour or deference
- giving reasons for decisions, where appropriate
- revealing all appeal avenues available
- giving all relevant information
- communicating with clarity and sensitivity
- reporting and dealing with suspected wrongdoing
- acting ethically above loyalty to colleagues or supervisors.

1.2.3 Showing leadership. This is demonstrated by:

- illustrating the worth of these values by example
- promoting these values to others
- striving for excellence.

1.3 BRIBES, GIFTS AND BENEFITS

A bribe is any offer of money, gifts, services or benefits that is offered to persuade a person to act other than according to their normal duties.

Providers must not accept any offer of money, gifts, services or benefits that would cause them to act other than according to the *Code*.

Providers must inform any person who offers them such money, gifts, services or benefits that it is against the workers compensation authority *Code of Conduct for Workplace Rehabilitation Providers* to make such an offer.

To protect the integrity of providers, the workers compensation authority requires that an attempt to bribe providers must be reported to the workers compensation authority.

1.4 COMPETENCE

Providers are approved on the basis of their professional expertise. It is expected that providers maintain a high level of competence. This may be done through further training and study, refresher courses, attendance at industry association and professional association activities, and through a variety of work experiences. The workers compensation authority may revoke the approval of a provider if there is evidence of deterioration in the service provider's standard of competence.

1.5 CONFLICT OF INTEREST

Conflict of interest is a situation where a provider could be (or could be perceived to be) influenced by a personal/professional interest in carrying out their provider duties. A conflict of interest can occur where someone in a position of trust has competing professional or personal interests. Such competing interests could make it difficult for an individual to fulfil their duties impartially, and could improperly influence the performance of their professional duties and responsibilities.

Comprehensive and robust systems and processes must be in place to ensure all conflict of interest issues are considered and mitigated. Providers must ensure they maintain accurate record keeping demonstrating sound decision making and judgments of all conflict of issue matters. This would be taken into account during the management of a complaint.

In assessing potential or actual conflict of interest consideration should be given to:

- personal, professional or business-to-business financial gain or benefit
- existing provider/client relationship or familial relationship
- businesses in which the service provider, friends or family have an interest
- worker preference or choice
- a worker's location (such as, rural and remote, availability of services)
- disclosing sensitive or confidential information gained through employment to another organisation
- any financial or other personal interest that could directly or indirectly influence or compromise the provider in performing services.

Some examples of conflict of interest are provided below:

1. A provider routinely receives direct referrals from an employer/return to work (RTW) coordinator who also has affiliations with the provider – for example, a staff member of the provider. In this situation, the provider is receiving a financial gain/ benefit from their duties as a RTW coordinator and this could improperly influence their performance in either role.
2. A worker is undergoing workplace rehabilitation activities and is referred for treatment, such as psychological or physical treatment, within the same provider's business. In such situations it is essential that the provider has in place appropriate policies and procedures to ensure that the rights of all parties are protected. The worker should be offered a choice of practitioner and there should be full financial disclosure to the worker, the doctor and the insurer/employer.

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3. Arranging a work placement where there is either a professional or personal relationship between the proposed host and the trainee, such as a provider-client relationship or a familial relationship. Where a potential conflict of interest is identified the provider will consider and implement suitable mitigation strategies.

1.51 Managing conflict of interest

Providers are required to have systems in place to effectively identify and address potential or actual conflicts of interest. Staff training must include the identification, disclosure and mitigation of conflicts of interest. Strategies may include discussion with peers, management, professional associations, industry contacts and/or the organisation's senior staff contact person.

Where a conflict of interest has been identified and suitable mitigation strategies implemented, these arrangements should be included in the worker's recovery at work plan to demonstrate the issue has been identified and adequately addressed.

1.52 Provider responsibility

The circumstances of an approved provider may change during an approval period potentially creating a conflict of interest. In this instance the provider should advise the workers compensation authority in that jurisdiction and outline proposed strategies to mitigate the conflict of interest. For example, where a provider creates or purchases a treatment arm of their business they should notify the workers compensation authority of this change and mitigation strategies.

Further information on conflict of interest can be found in the Australia Research Council *Guidelines for Disclosure of Interests and Confidentiality Obligations* at www.arc.gov.au

1.6 OTHER EMPLOYMENT

Providers must not undertake other employment that may compromise the integrity of services provided on behalf of a workers compensation authority. Other employment can provide opportunities for conflicts of interest, corrupt conduct, and misuse of resources and information.

If a provider has any doubts about whether a conflict of interest exists, they can contact the workers compensation authority for advice.

1.7 DRUGS AND ALCOHOL

A provider's capacity to exercise sound judgement must not be impaired by the use of alcohol, drugs or other substances.

Workplace rehabilitation services must never be provided under the influence of drugs and alcohol.

A breach of this condition will result in immediate cancellation of a provider's approval.

1.8 DISCRIMINATION

When performing services, a provider must comply with anti-discrimination legislation and not discriminate against other people on any grounds covered by anti-discrimination legislation (such as sex, marital status, pregnancy, age, race, ethnic or national origin, disability, sexual preference, sexual harassment, religion or political belief).

1.9 POLITICAL PARTICIPATION

As members of the community, providers have the right to enter into public debate. However, providers must ensure that any participation in political matters does not result in conflict with their duties as a service provider. This is important in order to maintain public confidence in the impartiality of the services and decisions of providers.

1.10 PUBLIC COMMENT

As members of the community, providers have the right to take part in public debate on issues of public concern. However, providers must be careful that public comments made as a private individual do not appear to be an official comment on behalf of a workers compensation authority or the government.

If elected or nominated as a spokesperson for a professional or community association, providers are entitled to make public comments about relevant issues. In making such statements, providers must clearly acknowledge that those comments are made on behalf of that association.

PART 2

2.1 PARTICIPATION IN BRIEFING SESSIONS

From time to time, a workers compensation authority will request that providers attend briefing sessions designed to advise them of changes to the workers compensation system or other matters. The workers compensation authority will advise if attendance at these events is compulsory.

2.2 DANGEROUS WORK PRACTICES

Providers must immediately cease an activity if it could lead to the client or other persons being placed in danger or injured.

Providers must advise the workers compensation authority immediately if an activity that they are participating in promotes an unsafe work practice.

2.3 IDENTIFICATION AS A WORKERS COMPENSATION AUTHORITY PROVIDER

Proof of identity as a provider allows for verification of approval as a workers compensation authority provider. It must be shown to each client and other people who need to confirm that the workers compensation authority has approved the provider.

2.4 COLLECTING WORKERS COMPENSATION AUTHORITY FEES

Providers must not collect any fees or funds under the auspices of the workers compensation authority.

PART 3

3.1 FALSE DECLARATIONS

A provider must not make false or misleading declarations in their dealings with the workers compensation authority or during the performance of their workplace rehabilitation service activities. A declaration may be misleading if information is omitted or presented in a manner that enables a misleading view of a situation to be formed. This includes:

- failure to comply with reporting requirements
- falsifying records or other documents.

Providers must not collude with clients or other parties with the intention of providing false or misleading information. Providers must take all measures to maintain the integrity of the services they provide and their records.

3.2 COOPERATION WITH THE WORKERS COMPENSATION AUTHORITY

It is a condition of approval that providers agree to be reviewed by the workers compensation authority as required. Providers must cooperate fully with officers of the workers compensation authority who are undertaking review and verification activities. This includes:

- responding honestly to questions
- ensuring availability of records
- cooperating fully with officers of the workers compensation authority conducting approval and verification activities such as information gathering, observation, monitoring, audits and reviews.

Providers must be professional, polite and cooperative in their dealings with officers of the workers compensation authority at all times.

Obstructive and unreasonable behaviour may result in approval being denied or disciplinary action.

3.3 NOTIFICATION

The workers compensation authority has a record of each provider's details. From time to time, the workers compensation authority will contact providers regarding new initiatives, changes to workplace rehabilitation services, documents, material requirements, *Conditions of Approval*, changes in legal requirements, etc.

Providers must advise the workers compensation authority of any of the notifiable events, as specified in the *Conditions of Approval*, or other requirements as determined by the workers compensation authority from time to time at their discretion.

3.4 REPORTING BREACHES OF THE CODE

Providers must report any known or suspected corrupt behaviour or breach of the *Code* to the workers compensation authority.

3.5 DISCIPLINARY ACTION

Providers play a vital part in delivering workplace rehabilitation services to improve the health, well-being and safety of workers. The competence and integrity of providers are essential to the success of the workers compensation system.

To ensure that providers comply with the Code, the workers compensation authority may periodically review their behaviour and performance. This review process may include, but is not limited to, observation, monitoring, audits and reviews.

The workers compensation authority will also investigate any complaints made against a provider in relation to their performance or behaviour.

Where a review or investigation by the workers compensation authority reveals a breach of the *Conditions of Approval*, the workers compensation authority will take action depending upon the nature and severity of the breach. These actions may include:

- issuing a warning letter
- convening a counselling interview
- convening a 'show cause' interview
- reviewing a provider's approval
- suspending a provider's approval
- cancelling a provider's approval
- applying a fine or penalty
- commencing prosecution action.

Criminal proceedings may also be taken where fraud is suspected.

3.6 REVIEW OF THE WORKERS COMPENSATION AUTHORITY DECISION

Providers may appeal against any workers compensation authority decision. The workers compensation authority can provide more information on their review and appeal processes.

PART 4

4.1 PROFESSIONAL INDEMNITY

The workers compensation authority requires providers to have all appropriate insurance coverage for their operation. This includes professional indemnity and public liability.

4.2 HEALTH AND SAFETY COMPLIANCE

The workers compensation authority requires providers to comply with all Work Health and Safety (WHS), injury management and workers compensation legislation. This includes providing workers compensation insurance coverage for all employees and developing safe work practices and procedures.

4.3 COPYRIGHT

Except as expressly provided in the *Copyright Act 1968*, no part of a workers compensation authority publication may be reproduced by any means (including electronic, mechanical, microcopying, photocopying, recording or otherwise) without prior written permission from the workers compensation authority.

Providers need to obtain permission from the workers compensation authority if they intend to use the workers compensation authority publications in any way other than as approved by the workers compensation authority. For example, a provider cannot reproduce for sale, guides that have been published by the workers compensation authority.

4.4 CONFIDENTIALITY

Providers are bound by privacy legislation and must treat all information obtained as a provider as confidential.

This means that information collected must only be used for the purpose for which it was originally collected.

All information related to clients must be kept in a secure manner. Providers must have a secure storage system for their records.

Information related to clients can only be disclosed to other persons with written authority from the workers compensation authority.

Client information may also be disclosed if law requires the disclosure or when there is reason to believe that the use or disclosure is reasonably necessary for:

- reducing or preventing a serious or imminent threat to an individual's life, health or safety, or preventing a serious threat to public health or safety
- preventing, detecting, investigating, prosecuting or punishing of criminal offences and other breaches of the law that attracts a penalty
- protection of public revenue
- preventing, detecting, investigating or remedying of seriously improper conduct or proscribed conduct
- the preparation or conduct of proceedings before any court or tribunal.

Further information on national and state privacy laws may be obtained from www.privacy.gov.au/links/index.html

4.5 FURTHER HELP

Providers can contact the workers compensation authority for further advice and assistance regarding the *Code*.

APPENDIX 5 – PRACTICE STANDARDS

a. WORKPLACE ASSESSMENT

Purpose

A workplace assessment is an on-site assessment of a worker performing pre-injury duties and/or suitable work options with the same or different employer for the purpose of:

- identifying tasks that are within a worker’s current work capacity
- designing a recovery at work plan that is precisely matched to the worker’s current capacity
- providing for safe upgrading of tasks commensurate with improving work capacity.

Description

Activity includes:

- identify all potential pre-injury and other available work tasks, and the associated critical physical, psychological, social, environmental and organisational demands and risks
- assess a worker performing pre-injury duties and any other available tasks that may be within their current work capacity
- identify methods of temporarily or permanently modifying/mitigating work demands to maximise work capacity and facilitate recovery at, or return to work
- match a worker’s assessed work capacity with compatible work tasks
- identify tasks that can be utilised as part of a worker’s rehabilitation to increase work capacity over time
- collaborate with the employer to finalise recommendations regarding suitable work options
- communicate assessment findings and recommendations to relevant parties to facilitate a worker’s recovery at, or return to work.

A workplace assessment can range from a brief to a more comprehensive assessment depending on the needs of a worker and employer.

Practice standards

1. Plans the assessment

- 1.1 Demonstrates knowledge of the indicators for a workplace assessment.
- 1.2 Establishes the purpose of the assessment with the referrer.
- 1.3 Obtains and utilises relevant information relating to the worker, employer, work and work environment to plan an effective assessment approach.

2. Explains the assessment

- 2.1 Communicates the purpose of the assessment to the worker and employer to gain informed consent and facilitate engagement and participation in the assessment process.
- 2.2 Educates and influences the worker and employer regarding their legislative obligations and evidence regarding factors influencing recovery and return to work on commencement and throughout the assessment.

3. Identifies and assesses work duties and tasks

- 3.1 Performs a preliminary assessment of the worker to ensure safety and refine the assessment methodology if necessary.
- 3.2 Collects data from multiple data sources (for example, worker, co-workers, employer, work environment) using multiple collection methods (interview, observation, measurement) to ensure information collected is credible and dependable.
- 3.3 Identifies pre-injury duties and/or available duties, and justifies excluding available duties from the assessment where relevant.
- 3.4 Assesses pre-injury and/or available work tasks to determine critical work demands (physical, psychosocial, cognitive and environmental/organisational) and performance criteria.
- 3.5 Assesses the worker performing pre-injury and/or available work tasks with reference to identified performance criteria.
- 3.6 Identifies, justifies and negotiates appropriate methods of modifying work demands including:
 - work tasks (for example, intensity, volume, frequency)
 - work practices (for example, task rotation, teamwork)
 - work environment (for example, equipment, aids and/or workplace modifications).
- 3.7 Identifies workplace health and safety issues and proposes appropriate solutions where indicated.
- 3.8 Analyses assessment findings to identify available work duties/tasks that can be utilised to support the worker to recover at, or return to work.

4. Identifies and negotiates workplace-based strategies to build capacity over time

- 4.1 Identifies and justifies the need for provision of instruction, coaching, training or education to increase capacity and/or perform work tasks.
- 4.2 Identifies tasks that can be utilised as part of a worker's rehabilitation to increase work capacity and contribute to overall recovery over time.

5. Justifies, documents and communicates assessment decisions

- 5.1 Provides evidence based recommendations and conclusions that:
 - address the purpose of the assessment
 - clearly identify the most direct path back to work
 - clearly outline and justify duties/tasks that are suitable to support recovery at, or return to work.
- 5.2 Outline strategies to assist the worker to build capacity over time with reference to their work goal.
- 5.3 Identifies barriers to progress? and, where appropriate, recommends and communicates appropriate solutions.
- 5.4 Communicates assessment outcomes to relevant parties (may include worker, employer, treating doctor, insurer) in a way that addresses the needs of each party.

b. FUNCTIONAL ASSESSMENT

Purpose

A functional assessment involves objective measurement of a worker's current work capacity against specific and relevant work demands for the purpose of:

- identifying pre-injury duties and suitable work options that are within a worker's current work capacity
- facilitating communication and agreement regarding a worker's return to work goal and/or what constitutes suitable employment for the worker.

A functional assessment can be performed as a component of a workplace assessment, or as a stand-alone assessment **when a workplace is not available**.

Description

Activity includes:

- identify work tasks relating to a worker's pre-injury job and/or suitable work options with their pre-injury employer where an onsite workplace assessment cannot be conducted
- identify work tasks relating to proposed employment option(s) where a worker is unable to return to work with their pre-injury employer
- identify the critical physical, psychological, social, environmental and organisational demands of all relevant work tasks
- assess a worker's performance of actual or simulated work tasks to determine current work capacity for relevant work tasks
- identify functional restoration strategies that may optimise a worker's capacity to meet the performance criteria of the available tasks or proposed employment option(s)
- communicate assessment findings and recommendations to relevant parties to facilitate a worker's recovery at, or return to work.

Practice standards

1. Plans the assessment

- 1.1 Demonstrates knowledge of the indicators for a functional assessment.
- 1.2 Establishes the purpose of the assessment with the referrer.
- 1.3 Obtains relevant existing information to assist in planning an effective assessment approach including:
 - worker's injury, history and medically certified capacity
 - available and/or potential suitable job options and work tasks.
- 1.4 Determines measures of work demands (including physical, psychological and cognitive, social and environmental demands) against which the worker's function can be assessed.
- 1.5 Constructs an assessment that uses multiple data sources and collection methods (for example, interview, observation, measurement).

2. Administers the assessment

- 2.1 Communicates the purpose of the assessment to the worker to gain informed consent and facilitate engagement and participation in the assessment process.
- 2.2 Performs a preliminary assessment of the worker to ensure safety and refine the planned assessment methodology.
- 2.3 Assesses the worker's functional capacity for work tasks or work related activities against identified performance criteria.
- 2.4 Collects evidence of performance in relation to three or more levels of function and/or job levels.
- 2.5 Collects data from multiple data sources using multiple collection methods (for example, interview, observation, measurement) to ensure information collected is credible and dependable.

3. Analyses and interprets evidence in relation to performance criteria

- 3.1 Identifies and analyses factors affecting performance (biomechanical, psychosocial, cognitive and environmental factors).
- 3.2 Establishes and discusses the inter-relationships of factors affecting performance in relation to the worker's ability to perform work duties and/or tasks through triangulation of data collected.
- 3.3 Identifies areas of performance requiring functional restoration, and areas of performance that are not amenable to functional restoration.

4. Identifies functional restoration strategies to optimise the worker's ability to meet performance criteria

- 4.1 Identifies, justifies and negotiates appropriate methods of modifying work demands including:
 - work tasks (for example, intensity, volume, frequency)
 - work practices (for example, task rotation, teamwork)
 - work environment.
- 4.2 Identifies and justifies the need for provision of instruction, coaching, training or education to increase capacity.
- 4.3 Identifies and justifies the need for provision of equipment, aids and/or workplace modifications.

5. Justifies, documents and communicates assessment decisions.

- 5.1 Explains and justifies assessment methods including data sources and collection methods.
- 5.2 Describes available and/or potential suitable job options and associated work tasks.
- 5.3 Provides evidence based recommendations and conclusions that:
 - address the purpose of the assessment
 - clearly outline and justify the worker's functional abilities in relation to the performance criteria for available and/or potential suitable job options and work tasks
 - clearly identify and justify job option(s) providing the most direct path back to work
 - identify barriers to return to work and outline appropriate solutions.
- 5.4 Communicates assessment outcomes to relevant parties (may include worker, employer, treating doctor, insurer) in a way that addresses the needs of each party.

c. VOCATIONAL ASSESSMENT AND COUNSELLING

Purpose

To identify suitable and sustainable vocational options, and recommend strategies to achieve realistic vocational options identified.

Description

Activity includes:

- Analyse a worker's work profile which includes a description of the worker's transferable skills, abilities, aptitude, interests, preferences, restrictions and work capacities.
- Analyse job options with consideration of factors such as work environment, work requirements and culture to identify a match with the worker's profile. The worker's pre-injury wage and status is also considered when making the match.
- Consider skills acquisition through practical or formal training if the match between work requirements and worker's profile is incomplete.

Vocational assessments can range from brief vocational screening through to comprehensive vocational assessment and counselling, depending on the worker's circumstances.

Practice standards

1. Plans the assessment

- 1.1 Demonstrates knowledge of the indicators for vocational assessment and counselling.
- 1.2 Establishes the purpose of the assessment with the referrer.
- 1.3 Obtains relevant information to plan an effective assessment approach. For example obtains information from the worker, treating doctor, health professionals, employer and insurer.
- 1.4 Identifies the need for vocational assessment and counselling intervention relevant to the worker's circumstance. For example the worker has limited self and/or occupational awareness; unrealistic expectations for return to work goals; biopsychosocial barriers impacting on the return to work process and/or requires assistance to achieve decision-making regarding suitable job options.
- 1.5 Identifies the need to modify the assessment process where necessary to meet worker need and modifies the assessment process accordingly.
- 1.6 Communicates the assessment purpose and procedure to the worker and relevant parties to gain informed consent and facilitate engagement and participation in the assessment process.

2. Conducts the assessment

- 2.1 Demonstrates that the assessment process is conducted with adherence to ethical standards.
- 2.2 Evaluates multiple components in relation to the worker's capacity, including the worker's education, training, employment and a vocational activity history, individual work profile, potential work environment, potential labour market, biopsychosocial and other factors affecting return to work.
- 2.3 Collects data from varied sources according to the context, purpose and objectives of the assessment and needs of the worker (including interview and observation, reports prepared by other practitioners, assessment tools, occupational literature, worksite and job analysis measurement).

2.4 Demonstrates application of a range of vocational counselling methods used to:

- engage the worker in the vocational assessment process
- counsel a worker in adjusting to change and transition to alternate employment
- counsel a worker to adjust to their new circumstances/disability.

Vocational counselling methods include: relationship building, active listening, intentional, motivational and solution focused interview skills.

2.5 The assessment is discontinued where necessary and appropriate. The reasons for discontinuing are clearly documented, appropriate actions described and recommendations made.

The reasons may include, but are not limited to:

- contraindications related to the injury or condition
- further assessed needs of the worker.

3. Identifies suitable, achievable employment option(s) and return to work strategy

3.1 Analyses and interprets the information collected in collaboration with the worker considering the workers injury/medical condition and impact of disability, biopsychosocial factors, the workers education, training, employment and a vocational activity history, the workers individual work profile, the workers potential work environment, labour market analysis and any other factors affecting return to work.

3.2 Identifies suitable employment options as defined by the relevant legislation.

3.3 Demonstrates that the principles of the most direct way back to work are considered when determining suitable employment options.

3.4 Identifies areas requiring vocational development and recommends an appropriate return to work/ retraining strategy to optimise the worker's readiness for the proposed employment option(s).

3.5 Demonstrates knowledge of vocational programs, guidelines and indicators to optimise a worker's readiness for the identified employment option(s). These may include:

- WorkCover vocational programs
- job seeking skills training
- support services for specific disability groups
- community services and resources
- other counselling services (for example, family, financial)
- other reference sources (for example, advice on mandatory courses for particular employment).

3.6 The inter-relationship of the factors affecting the worker's capacity and readiness for work are established and discussed in relation to the worker's ability to perform the expected work duties and/or tasks. This is achieved through a professional synthesis of data collected and provision of justification to support the recommendations of the assessment.

3.7 Obtains agreement to the identified suitable employment option(s) from the worker and treating medical practitioner.

4. Justifies, documents and communicates assessment decisions

- 4.1 Outlines and justifies the return to work strategy that is suitable to support recovery at, or return to work.
- 4.2 Provides evidence based recommendations and conclusions that:
 - address the purpose/objective of the assessment
 - outline the process used to reach the conclusions documented
 - identify the worker's readiness for work in relation to the worker's ability to meet the criteria for the proposed employment option(s)
 - identify the labour market availability for the proposed option(s)
 - identify barriers to progress and appropriate solutions
 - clearly identify the most direct path back to work
 - outline the return to work strategies, return to work goal, to inform the return to work plan
- 4.3 Communicates assessment outcomes to relevant parties involved in the worker's return to work in a way that addresses the needs of each party. This may include worker, employer, treating doctor, insurer.
- 4.4 Sources of data are clearly identified with author/originator, name of source and date.

APPENDIX 6 – GLOSSARY OF TERMS

Code of Conduct for Workplace Rehabilitation Providers – Describes the responsibilities and standards of behaviour required of any person or organisation approved by a workers compensation authority to provide workplace rehabilitation services. The *Code* deals with situations where a provider may be unsure of the appropriate course of action and it also acts as a guide to assist in taking responsible decisions. Also known as the *Code*.

Compliance – The act of adhering to the *Conditions of Approval*, the *Principles of Workplace Rehabilitation* and the *Code of Conduct for Workplace Rehabilitation Providers*.

Conditions of Approval – The overarching requirements that a provider needs to satisfy prior to a workers compensation authority issuing an *Instrument of Approval* as a provider. The *Conditions of Approval* also includes the requirements associated with the *Principles of Workplace Rehabilitation* and the *Code of Conduct* for providers unless otherwise stated.

Competency – The level at which performance is acceptable.

Conformity – Fulfilment of the *Conditions of Approval*.

Critical work demands – Essential demand or skill required to perform a role.

Declaration of conformity – Commitment and demonstration to adherence to the *Conditions of Approval* through provider annual self-evaluation.

Evaluations by exception – Independent evaluations conducted by the workers compensation authority in response to specific information obtained or received by the workers compensation authority.

Functional capacity – The extent to which a person is able to carry out tasks/activities.

Home jurisdiction – The workers compensation authority with responsibility in the state or territory where the provider organisation is registered for Australian Business Number (ABN) purposes. However, where the organisation does not intend to deliver services in that state or territory, the home jurisdiction is the workers compensation authority where they intend to deliver the majority of the services.

Independent evaluations – Systematic, independent and documented process undertaken or commissioned by a workers compensation authority for obtaining evidence to determine the extent to which the *Conditions of Approval* are fulfilled.

Instrument of Approval – The document issued by the workers compensation authority that has approved the provider. This may be called a certificate, agreement or instrument depending on the particular workers compensation authority.

Insurer – Organisations that manage workers compensation policies and claims. They include self and specialised insurers and contracted scheme agents.

Jurisdiction – Workers compensation authority responsible for legislation and policy in their area of legal authority.

Non-compliance – The act of failing to adhere to the *Conditions of Approval*.

Non-conformity – Failure to fulfil the *Conditions of Approval*.

Notifiable event – Any event, circumstance or situation that is required to be notified to the workers compensation authority.

Performance criteria – Defined standards specifying the minimum requirements which need to be met to be competent with a task.

Periodic evaluation – Independent evaluations scheduled by a workers compensation authority within the provider's three year approval period.

Principles of Workplace Rehabilitation – The foundation elements of the provider’s service delivery model that define workplace rehabilitation service provision, organisational and administrative infrastructure, staffing and a quality framework.

Provider – Refers to a workplace rehabilitation provider.

Provider annual self evaluation – Evaluation undertaken by a provider to demonstrate their compliance with the *Conditions of Approval*.

Services – Refers to workplace rehabilitation services.

Statement of commitment to the Conditions of Approval – A signed commitment by the organisation at the time of submitting the initial or renewal application to accept and conform to the *Conditions of Approval*.

Statement of commitment to the Code of Conduct for Workplace Rehabilitation Providers – A signed statement by the organisation at the time of submitting the initial or renewal application to accept and conform to the code of conduct.

Suitable work/employment – Employment in work for which the worker is suited in relation to the worker’s capacities, age, education, skills, work experience and place of residence for purpose of workplace rehabilitation.

Work duties – the main activities undertaken as part of a job, consists of several related work tasks.

Work task – a necessary step or part of the performance of a work duty.

Workplace rehabilitation – A managed process involving timely intervention with appropriate and adequate services based on assessed need, aimed at maintaining injured or ill employees in, or returning them to, suitable employment.

Workplace rehabilitation consultant – Suitably qualified health/behavioural science professional employed by a provider to provide workplace rehabilitations services.

Workplace rehabilitation services – The types of services referred to in the workplace rehabilitation model that may assist a worker to recover at, or return to work with the same (pre-injury) employer or a with a new employer.

Workplace rehabilitation provider – An organisation who has been approved by a workers compensation authority to provide workplace rehabilitation services to assist workers to recover at, or return to work following a workplace injury. Where appropriate within the context of workplace rehabilitation service provision, a reference to a workplace rehabilitation provider also includes a reference to a workplace rehabilitation consultant.

Workers compensation authority/workers compensation authorities – The body/bodies responsible for workers compensation legislation and policy covering designated employers and their employees within their area of legal authority.

