

NSW supplement

*Supplement to the Guide:
Nationally consistent approval
framework for workplace
rehabilitation providers*

**State Insurance
Regulatory Authority
April 2019**

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1. Purpose of the NSW supplement

The *Guide: Nationally consistent approval framework for workplace rehabilitation providers* (Guide) outlines the approval framework for workplace rehabilitation providers (providers) working in Australian and New Zealand workers compensation systems. Developed by the Heads of Workers Compensation Authorities (HWCA), the agreed framework seeks to ensure minimum standards are consistently met in the delivery of services to workers and employers.

The Guide and other nationally consistent approval documents can be found on the HWCA website at www.hwca.org.au/projects.php.

The NSW State Insurance Regulatory Authority (SIRA) *Supplement to the Guide: Nationally consistent approval framework for workplace rehabilitation providers* (NSW supplement) supports the nationally consistent framework and outlines specific requirements for providers approved to deliver workplace rehabilitation services in NSW.

The NSW supplement should be read in conjunction with the Guide. References to relevant NSW workers compensation legislation are also included in Appendix A.

2. Approval and renewal processes in NSW

2.1 Initial approval

Applicants seeking approval as a workplace rehabilitation provider in NSW¹ need to complete the *Application for approval as a workplace rehabilitation provider* form located on the HWCA website at www.hwca.org.au/projects.php.

The completed form and supporting information can be emailed to claims.design@sira.nsw.gov.au or posted to:

Claimant Outcomes
State Insurance Regulatory Authority (SIRA)
Locked Bag 2906, Lisarow NSW 2252

SIRA prescribes an initial application fee of \$2,000. If the application is not approved, 50 per cent of the fee is refunded.

Outcome of assessment

If an application for approval is successful, SIRA will issue a *Certificate of Approval* (also known as an *Instrument of Approval*) for a maximum three-year period (until 30 June of the third year of the approval period). A *Certificate of Approval* is subject to the provider's continued conformance with the *Conditions of Approval*.

The *Certificate of Approval* will contain:

- the name of the provider business
- the date of issue and expiry
- a statement of approval as a workplace rehabilitation provider.

References to a *Certificate of Approval* for advertising purposes should be limited to the information contained on the approval certificate. Where a statement is made, it should read as follows:

'This organisation is approved by SIRA to provide workplace rehabilitation services within the NSW workers compensation system.'

If an application is not approved, the applicant will be provided with an outcome of assessment letter detailing the *Conditions of Approval* that were not met.

¹ In accordance with section 52(4)(c) of the *Workplace Injury Management and Workers Compensation Act 1998*.

Appeals

If an applicant wishes to appeal the outcome of assessment, they must submit a written appeal. The appeal should address the issues raised in the outcome of assessment letter, with specific reference to the *Conditions of Approval* that have not been met.

Appeal correspondence should be addressed to the Director, Claimant Outcomes and emailed to claims.design@sira.nsw.gov.au. Alternatively applicants can post their appeal to:

Director
Claimant Outcomes
State Insurance Regulatory Authority (SIRA)
Locked Bag 2906, Lisarow NSW 2252

The appeal will be assessed by an independent review officer who was not involved in the original assessment decision. The applicant will be advised of the outcome and reasons for the appeal decision in writing.

2.2 Additional sites

Providers approved to deliver services in NSW are not required to complete a new approval application in order to open additional sites. An approval number for a new site can be obtained by emailing the following information to claims.design@sira.nsw.gov.au:

- the address of each additional site
- staff list including each staff member delivering services at the new site
- an explanation of how the site complies with Condition 9 (relating to provider facilities) in the Guide.

2.3 Renewal of approval

In order to maintain their *Certificate of Approval* after the initial three-year period, providers must complete a *Renewal application for approval as a workplace rehabilitation provider*. This form is located on the HWCA website at www.hwca.org.au/projects.php.

The renewal application must include a signed *Statement of commitment to the Conditions of Approval*. This constitutes a legally binding declaration of conformity to the *Conditions of Approval* under the Workers Compensation Regulation 2016 – part 7, clause 32.

The completed form and supporting information can be emailed to claims.design@sira.nsw.gov.au or posted to:

Claimant Outcomes
State Insurance Regulatory Authority (SIRA)
Locked Bag 2906, Lisarow NSW 2252

Renewal fee

The renewal fee is calculated according to the total payments made to the provider for workplace rehabilitation services (invoiced as OR01, OR02, OR03 and OR04) in the financial year prior to notification of commencement of the renewal process. SIRA workers compensation scheme data is used to determine this fee. See the table below for more information.

Provider category	Renewal fee (\$)
A. Providers that have received payments of \$4 million or above	\$5,000
B. Providers that have received payments of \$1.5 million or above	\$3,000
C. Providers that have received payments less than \$1.5 million	\$1,000

Providers will be notified (via email) of their applicable category and the associated renewal fee on commencement of the renewal process. A provider can request a review of their category and the associated renewal fee by applying in writing and providing evidence to support their claim (see Appeals section).

3. Cancelling a Certificate of Approval

The following section outlines the process for cancelling a *Certificate of Approval* in NSW. This information is in addition to that provided on page 14 of the Guide.

After the provider is notified of SIRA's intention to cancel their *Certificate of Approval*, the provider will be given an opportunity to submit evidence outlining why their *Certificate of Approval* should not be cancelled. The response will be reviewed to determine if cancellation of approval should proceed or whether corrective action by the provider is considered likely to ensure conformance with the *Conditions of Approval*.

If it is determined that cancellation is to proceed, a recommendation for cancellation will be made to the Executive Director, Workers & Home Building Compensation Regulation, SIRA. Then, if the recommendation is endorsed by the Executive Director, the provider will be notified of the cancellation of their certificate.

For additional information, see the Workers Compensation Regulation 2016 - part 7, clause 33: 'Cancellation or suspension of certificate' at www.legislation.nsw.gov.au.

Approved providers who wish to cease or withdraw from delivering workplace rehabilitation services must notify SIRA at the earliest opportunity and return their *Certificate of Approval* to:

Manager, Provider Strategy & Supervision
State Insurance Regulatory Authority (SIRA)
Locked Bag 2906, Lisarow NSW 2252

Providers must also ensure the continuity of care for both open and closed claims in consultation with the relevant insurer, and contact SIRA on 13 10 50 to advise of these arrangements.

3.1 Appeals

Appeals against the cancellation of a *Certificate of Approval* must be lodged in writing and include any new information as well as the reasons for requesting an appeal. Appeals should be sent to:

Director
Claimant Outcomes
State Insurance Regulatory Authority (SIRA)
Locked Bag 2906, Lisarow NSW 2252

Following a review of the appeal submission, the resulting decision and reasons will be provided to the applicant in writing.

4. Conditions of Approval

NSW has additional requirements and/or information relating to some of the *Conditions of Approval*. Where applicable, this additional information has been provided below each condition.

4.1 Condition 2

The provider must ensure that all services are delivered in accordance with the workplace rehabilitation model by persons who hold the minimum qualification 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.

Minimum qualifications and descriptions for services in NSW

The minimum qualifications outline the necessary period of supervision and training required to deliver each service.

Where there is a requirement for supervision and training, a formal learning plan must be developed. Supervision must be provided by an appropriately qualified and experienced trainer who meets the minimum qualifications to deliver the relevant service.

The provider must deem staff competent against relevant practice standards prior to the commencement of independent service delivery and retain evidence of this assessment for future reference. Ongoing supervision is required until the person meets the minimum qualifications to deliver the service.

For workers with a psychological or cognitive injury, behavioural, communication or hearing disorder, specific workplace rehabilitation services (for example, functional or workplace assessments, advice concerning equipment and workplace modification) may be performed by a qualified rehabilitation consultant who has experience appropriate to the worker's needs (this might be a psychologist, rehabilitation counsellor or speech pathologist). Evidence to support how the persons qualifications meet the specific needs of the worker for services where this is performed, should be retained.

Workplace rehabilitation consultant

The Guide outlines the necessary qualifications for a person to deliver workplace rehabilitation services.

Australian Society of Rehabilitation Counsellors (ASORC) Affiliate membership

ASORC's Affiliate membership category does not meet the minimum qualifications to work as a workplace rehabilitation consultant. However, SIRA does recognise ASORC Affiliate membership as a pathway towards meeting the minimum qualifications, and as such allows ASORC Affiliates to work in the industry under the supervision of a workplace rehabilitation consultant. The following conditions apply to this arrangement:

- the ASORC Affiliate must be supervised by a person meeting the minimum qualifications of a workplace rehabilitation consultant
- must adhere to ASORC's Affiliate member requirements
 - implement a learning plan with their employer to develop their industry skills and knowledge (about the NSW workers compensation system)
 - where consultants have less than 12 months' experience delivering workplace rehabilitation services, a comprehensive induction program and professional supervision provided for the period they remain an Affiliate member.

The provider must retain evidence of the supervision of the ASORC Affiliate for the period the person remains an ASORC affiliate member.

Psychologists with provisional registration

Psychologists with provisional registration meet the minimum qualifications to work as a workplace rehabilitation consultant.

Alternate approval pathway

This approval pathway no longer exists however individuals approved via this means remain approved and must cite their approval number.

Workplace and functional assessments

Refer to Appendix 5 of the Guide for service description and practice standards.

Qualifications

To deliver workplace and/or functional assessments, individuals must meet the minimum qualification requirements of a workplace rehabilitation consultant, and be either:

- a registered occupational therapist, or
- a registered physiotherapist, or
- an exercise physiologist accredited with Exercise & Sports Science Australia (ESSA) who has:
 - successfully completed their degree from an ESSA accredited course under the new ESSA EP standards - this information is located on the ESSA website at <https://www.essa.org.au/education-providers/course-recognition-for-aep-graduates-meeting-sira-nsw-requirements/>
 - gained ESSA certification to deliver workplace/functional assessments.

They must also have at least 12 months' experience delivering workplace and/or functional assessments, or work under the supervision of a consultant who meets the minimum requirements and is experienced in the delivery of workplace/functional assessments.

Vocational assessment and counselling

Refer to Appendix 5 of the Guide for service description and practice standards.

Qualifications

To deliver vocational assessment and/or counselling in the NSW workers compensation system, individuals must meet the minimum qualification requirements of a workplace rehabilitation consultant, and be:

- a rehabilitation counsellor under:
 - ASORC (full member), or
 - RCAA (full member),
- a psychologist with general registration.

They must have at least 12 months' experience delivering workplace rehabilitation services or work under the supervision of a consultant who meets the minimum requirements to deliver vocational assessment and counselling.

Associate members of ASORC and provisionally registered psychologists do not meet the minimum qualifications to deliver vocational assessments and counselling services; however, they may deliver these services under the following conditions:

- They must design and implement a learning plan to develop vocational assessment and counselling skills for the NSW workers compensation system. The plan should include the observations and review of a consultant meeting the minimum qualification requirements and experienced in the delivery of vocational assessments and counselling.
- They must adhere to the professional member requirements such as undergoing a period of individually tailored professional supervision. While the individual remains an ASORC Associate member, the provider must retain evidence of the supervision the individual completes.
- They must work under the supervision of a consultant who meets the minimum requirements to deliver vocational assessment and counselling.

Advice concerning equipment and workplace modification

Before providing advice regarding equipment and/or workplace modification, the workplace rehabilitation consultant must have specific qualifications so they can adequately perform activities related to this service. These activities include:

- assessing the need for equipment and/or workplace modifications in consultation with the worker, employer and other relevant parties
- determining the most appropriate and cost-effective option to meet worker and employer needs
- organising supply and/or installation
- ensuring the worker and employer can safely utilise any equipment provided, and that the supply and/or installation effectively meets the assessed need.

Qualifications

To deliver advice concerning equipment and workplace modification in the NSW workers compensation system, individuals must:

- meet the minimum qualifications to deliver workplace and/or functional assessments (see above), or
- be a registered nurse with the equivalent of a post graduate diploma in safety science, workplace health and safety and/or ergonomics, or
- be a registered occupational physician or rehabilitation medical specialist.

Rehabilitation counselling

Before providing rehabilitation counselling to help a worker recover at/return to work, the workplace rehabilitation consultant must have specific qualifications so they can adequately perform activities related to this service. These activities include:

- identifying barriers to recovery and return to work, or
- supportive, educational and motivational counselling conducted throughout service delivery, or
- assisting the worker to maximise function, manage disability and adverse events, or
- counselling to identify suitable job options when vocational counselling is not required as the worker's transferable skills clearly match an appropriate job option.

Qualifications

To deliver rehabilitation counselling an individual must meet the minimum qualifications. They must be a qualified:

- rehabilitation counsellor (full member of ASORC or RCAA), or
- psychologist with general registration, or
- social worker (full member of Australian Association of Social Work), or
- rehabilitation consultant who has undertaken additional training in counselling.

Job seeking advice or assistance

In order to provide job seeking and job placement advice or assistance to a worker, consultants must have specific qualifications so they can perform activities related to this service. These activities include:

- identifying job seeking needs and strengths
- developing a job seeking plan
- liaising with employers and relevant parties
- teaching job seeking skills to optimise a worker's capacity to seek jobs independently
- job searching and negotiating placements (both employment and vocational programs)
- providing post-placement support to ensure placement goals are achieved.

Qualifications

To deliver this service a person must:

- be a rehabilitation counsellor (full member of ASORC or RCAA), or
- be a workplace rehabilitation consultant who has undergone training in job seeking and using labour market information, instructing job seekers in job seeking skills, locating jobs, negotiating placement with employers, and using vocational rehabilitation programs and other incentive programs for employers, or
- have at least 12 months' proven track record in placing disadvantaged job seekers with a new employer (minimum of five placements in this period) and work under the supervision of a qualified rehabilitation consultant.

4.2 Condition 6

The provider must maintain the minimum return to work rate as set by the workers compensation authority.

The main focus of the NSW workers compensation system is supporting workers to return to work following a workplace injury. Consequently the primary outcome measure for providers is the return to work rate following the provision of workplace rehabilitation services. Work status codes are used to record provider outcomes (see Appendix B - Work status codes).

The minimum return to work rates that providers must obtain to maintain approval in NSW are located on the SIRA website www.sira.nsw.gov.au. Consultation with the workers compensation industry including providers will occur, however the responsibility to set the rate for the industry rests with SIRA.

Providers should consult the SIRA website for information and resources to assist with calculation of the return to work rate outcome measures.

4.3 Condition 8

The provider must deliver services in compliance with the *Code of Conduct for Workplace Rehabilitation Providers*.

The *Code of Conduct for Workplace Rehabilitation Providers* (Appendix 4 of the Guide) contains information regarding conflict of interest.

Where a conflict of interest is identified which has the potential to, or has resulted in an impact on workers and employers in NSW, the provider's appointed contact person (see section 5 Communication with SIRA) may seek advice regarding proposed mitigation strategies by phoning SIRA on 13 10 50.

5. Communication with SIRA

All workplace rehabilitation providers must appoint a contact person from within their organisation to communicate with SIRA.

The contact person is required to:

- ensure general queries are addressed, in the first instance, within the provider organisation
- support their organisation's internal quality assurance and improvement processes
- distribute relevant authority and/or case information within their organisation
- communicate any issues to SIRA.

Provider staff should forward queries that are likely to be escalated to SIRA to their contact person. If, after careful consideration, the contact person is unable to address the query, they may forward it to SIRA using the contact details below.

Issue	SIRA contact details
General enquiries	Customer Service Centre: 13 10 50 or contact@sira.nsw.gov.au
Queries regarding approval, renewal and cancellation	Claimant Outcomes: claims.design@sira.nsw.gov.au
Issues relating to vocational programs and payments	vocprograms@sira.nsw.gov.au

6. Complaints management

6.1 Complaints from a workplace rehabilitation provider

In the first instance, any complaints or issues should be discussed with the relevant insurer.

If providers are not satisfied with the insurer outcome, the matter may be raised with the SIRA Customer Service Centre on 13 10 50 or email contact@sira.nsw.gov.au.

6.2 Complaints regarding a workplace rehabilitation provider

On receipt of a complaint, SIRA may (where appropriate):

- obtain the complainant's consent to raise their complaint with the workplace rehabilitation provider
- ensure the complaint has been raised with the workplace rehabilitation provider and obtain a response
- advise the insurer of the complaint
- determine the full details of the complaint and evaluate the complaint against the *Nationally consistent approval framework*
- determine appropriate action.

If a complainant's consent is not obtained, then no further action can be taken about that complaint. However, the complaint will be recorded against the provider on SIRA's internal complaints register which is reviewed regularly for themes and emerging trends.

7. Processes

7.1 Referral for workplace rehabilitation

Where workplace rehabilitation services are indicated, an employer may nominate a provider as per their return to work program (refer to the Workers Compensation Regulation 2016, part 6, clause 16). A doctor may also recommend a provider, however it is the insurer's role to engage a provider. This is to take place in consultation with the worker, prior to the commencement of any recover at/return to work services as the worker must have the opportunity to refuse or request a change in provider, refer to the [Guidelines for RTW Programs](#).

Workplace rehabilitation costs are recorded as a claims cost.

7.2 Invoicing

The payment classification system includes payment items for all services and benefits made against a worker's compensation claim in NSW. It is a SIRA requirement that providers present invoices before payment can be made.

Invoices must include the following:

- worker's first name, last name and claim number
- payee details
- ABN
- name of the service provider who provided the service
- SIRA provider approval number
- date of service
- workers compensation payment classification code
- service cost for each workers compensation classification code
- service duration (if applicable).

If you are seeking recovery of an overdue invoice payment and send a duplicate invoice (copy of an unpaid invoice), it must be clearly marked as a copy.

Goods and services tax (GST)

Medical and treatment services provided to an individual are generally GST-free while workplace rehabilitation services are not.

In order for insurers to claim GST paid, they are required to 'engage' the service provider to deliver services. Providers are required to obtain insurer approval before commencing service provision, this will guarantee payment and allow the input tax credit to be claimed.

7.3 Payment classification codes

The following payment codes have been developed for providers when invoicing the insurer with the cost of services carried out as part of the approved return to work strategy.

The provider must ensure services are provided and invoiced in accordance with the approval framework in the Guide and NSW supplement (in particular the service description and payment classification code).

Pre-payment for services delivered to a worker by a workplace rehabilitation provider is not permitted under the workers compensation legislation.

OR01 – Single rehabilitation service

A single workplace rehabilitation service must meet an insurers specific request for one of the following service descriptors:

- workplace assessment
- vocational assessment
- functional assessment
- assessment and development of a job seeking strategy (where the insurer case manager will manage the implementation of the strategy)
- assessment and development of a SIRA vocational program proposal and strategy (where the insurer case manager or employer will manage the implementation).

Any other workplace rehabilitation service not included in the above description needs to meet the workplace rehabilitation model and must be coded as:

- OR02 if the service provision is for a worker returning to work with the same employer, or
- OR03 for a worker returning to work with a new employer.

OR02 – Return to work – same employer services

As outlined in the Guide, same employer services are those that assist a worker to recover at work with their pre-injury employer.

If a recover at work case with the same employer progresses to a return to work case with a new employer, this is treated as a new employer case. For reporting purposes, associated costs (including all workplace rehabilitation payments) would fall under the OR03 payment code.

OR03 – Return to work – new employer services

This code refers to services (as outlined in the Guide) that assist a worker to return to work with a new employer.

OR04 – Travel

This code applies to provider travel costs directly related to the delivery of workplace rehabilitation services.

In line with the *Principles of Workplace Rehabilitation*, noted in the Guide, specifically section 4.1.3: ‘Effective service provision at an appropriate cost’.

Consideration should be given to the cost-effectiveness of this service. For example, where a provider conducts three workplace visits at different settings on one day, the travel should be apportioned between each case. The provider’s closest office location to the place of service provision should be used for billing purposes. Travel costs of the worker are not included within this payment code.

Interstate code

A provider approved in their home jurisdiction and/or Comcare may, with confirmation from the insurer, be able to manage a one-off case under the NSW workers compensation system without going through the full application/approval process. In this instance the provider should use the payment classification code 999 on their invoice to the insurer.

Non-rehabilitation services

Services that do not constitute workplace rehabilitation as outlined in the Guide (see Workplace rehabilitation) are not to be invoiced using the payment classification codes above.

Reporting

A template spreadsheet to assist with calculation and reporting of performance can be found on the SIRA website. Single rehabilitation services that progress into return to work services within three months of the initial referral must be included as either ‘return to work – same employer services’ (OR02) or ‘return to work – different employer services’ (OR03).

Payment for durable job placement 13-week confirmation

When the provider considers that the worker’s employment is likely to be durable, the provider will advise the worker that they will make contact in 13 weeks to confirm durability of employment. The Provider will notify the insurer and invoice the insurer for future advice regarding the confirmation of employment durability (equal to 20mins/WRP hourly rate).

On receipt of this information the insurer will update the work status code, and enter a workplace rehabilitation service provision end date.

Appendix A: Legislative references

The following legislative references are relevant to workplace rehabilitation and providers. This information is provided as a reference only. Providers are encouraged to visit the source site www.legislation.nsw.gov.au to ensure currency of legislation.

<i>Workers Compensation Act 1987</i>	
Division 3 Compensation for medical, hospital and rehabilitation expenses etc	
Section 59	Definitions of workplace rehabilitation service
Section 60	Compensation for cost of rehabilitation
Section 63A	Rates applicable for workplace rehabilitation services
Section 64B and 64C	Return to work assistance
<i>Workplace Injury Management and Workers Compensation Act 1998</i>	
Chapter 3 Workplace Injury Management	
Section 48	Return to work obligations of worker
Section 49	Employer must provide suitable work
Section 52	Workplace rehabilitation
Section 53	Vocational re-education provided by Authority (vocational rehabilitation programs)
<i>Workers Compensation Regulation 2016</i>	
Part 6	Return to work programs
Part 7	Approval of workplace rehabilitation providers Outlines requirements relating to: <ul style="list-style-type: none">• application for <i>Certificate of Approval</i>• determination of an <i>Application for Approval</i>• requirements for a holder of a <i>Certificate of Approval</i>• cancellation or suspension of a <i>Certificate of Approval</i>

Appendix B: Work status codes

The SIRA *Claims Technical Manual – Nominal Insurer and Claims Technical Manual* - self and specialised insurers outlines the requirements for insurers in relation to the submission of claims data. The work status codes are used by insurers and workplace rehabilitation providers to record the current work status of a worker. This primarily relates to whether a worker is **Working** or **Not Working**.

To maintain approval to deliver workplace rehabilitation services in NSW, providers are required to record an outcome code using the work status codes below for closed cases. This will enable performance and compliance with minimum return to work rates (set by SIRA) to be monitored.

Working

Code	Work status	Definition
01	Working same employer – full work capacity	Working with same employer with full work capacity in pre-injury employment.
02	Working same employer – current work capacity	<p>Working with same employer in employment for which the worker is currently suited, but not in their pre-injury employment due to a reduced capacity.</p> <p>This may be due to the worker working fewer hours than prior to the injury/disease or the same hours in a job with lower remuneration, or working suitable employment with full income and full hours.</p> <p>This also includes those claimants who are working less than 15 hours and earning less than the amount specified in the current <i>Workers Compensation Benefits Guide</i> to be used as the amount in sections 38, 40 and 41 of the <i>Workers Compensation Act 1987</i>.</p>
03	Working different employer – full work capacity	Working with a different employer with full work capacity and assessed work capacity as pre-injury employment status.
04	Working different employer – current work capacity	<p>Working with a different employer in employment in work for which the worker is currently suited but not in their pre-injury employment due to a reduced capacity.</p> <p>This may be due to the worker working fewer hours than prior to the injury/disease or the same hours in a job with lower remuneration, or working suitable employment with full income and full hours.</p> <p>This also includes those claimants who are working less than 15 hours and earning less than the amount specified in the current <i>Workers Compensation Benefits Guide</i> to be used as the amount in sections 38, 40 and 41 of the <i>Workers Compensation Act 1987</i>.</p>

Not working

Code	Work status	Definition
06	Not working - no current work capacity	Not working and has no current work capacity.
08	Not working - has current work capacity	Not working but has current work capacity.
09	Not working - not entitled to weekly benefits	Not working and not entitled to weekly benefits. This includes where a worker exceeds the second entitlement period but does not meet the criteria specified in section 38, where weekly payments have ceased due to the application of section 39, and where a worker's claim has been resolved by way of a Commutation/Redemption/Common Law/WID settlement.
10	Not working - retired	Weekly payments ceased due to retirement limitation.
13	Not working - worker deceased	Not working as worker is deceased due to work related or non-work related cause.

Note: Work status codes are not consecutive. Some codes have retired over time.

Appendix C: Glossary of terms

The following definitions are provided in addition to those in the Guide:

Alternate approval pathway (SIRA)	If a person did not meet the minimum qualifications to deliver a specific workplace rehabilitation service in the NSW workers compensation system, they were able to submit an application to SIRA for approval via an alternate approval pathway. If approved, individuals were provided with a SIRA approval number for each specific service including as a rehabilitation consultant, for workplace and functional assessments and vocational assessments. This approval pathway no longer exists however individuals approved via this means remain approved and must cite their approval number.
ASORC	Australian Society of Rehabilitation Counsellors.
Certificate of Approval	The document of approval of workplace rehabilitation providers issued by SIRA.
Conflict of interest	A situation in which someone in a position of trust has competing professional or personal interests that could make it difficult to fulfil their duties impartially. A conflict of interest may improperly influence the performance of professional duties and responsibilities.
ESSA	Exercise and Sports Science Australia.
Functional assessment	Involves the objective measurement of a worker's current work capacity against specific and relevant work demands.
Nominal Insurer	The Nominal Insurer is a legal entity established under the <i>Workers Compensation Act 1987</i> that functions as a licenced workers compensation insurer for all NSW employers except self insurers and those covered by specialised insurers. The Nominal Insurer contracts insurance agents to manage policies and claims on its behalf.
RCAA	Rehabilitation Counselling Association of Australasia.
Recover at work plan	A statement of goals and objectives (and services required to achieve them) to assist a worker to recover at/return to work.
Registered	Where the term 'registered' is used this means registered with the Australian Health Practitioner Regulation Agency.
Return to work coordinator	An appropriately qualified and experienced individual appointed by the employer, who is responsible for the practical development and implementation of the organisation's return to work policy and procedures.
Scheme Agent	An organisation appointed to act as agent for the Nominal Insurer in connection with the exercise of any of the functions of the Nominal Insurer.

Self and specialised insurer	Self and specialised insurers are an integral part of the NSW workers compensation system. Their status is derived from the <i>Workers Compensation Act 1987</i> which allows (subject to meeting certain criteria) employers to be licensed and carry their own underwriting risk. Specialised insurers are licensed to insure employers of a particular industry type. Self and specialised insurers take responsibility for the payment of their claim liabilities and for the management of those claims.
Site	A physical location where a provider delivers services and a worker attends (where necessary). Where an organisation visits a geographical region, the site is defined as the physical location from which the provider's staff member is managed and reports.
Workplace assessment	An on-site assessment of a worker performing pre-injury duties and/or suitable work options with the same or different employer.
Vocational assessment	An assessment that identifies suitable and sustainable vocational options, and recommends strategies to identify realistic vocational options.



Disclaimer

This publication may contain information that relates to the regulation of workers compensation insurance, motor accident third party (CTP) insurance and home building compensation in NSW. It may include details of some of your obligations under the various schemes that the State Insurance Regulatory Authority (SIRA) administers. However to ensure you comply with your legal obligations you must refer to the appropriate legislation as currently in force. Up to date legislation can be found at the NSW Legislation website www.legislation.nsw.gov.au.

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