



Australian Rehabilitation Providers Association
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State Insurance Regulatory Authority
Via email: healthpolicyandsupervision@sira.nsw.gov.au

To Whom It May Concern

ARPA NSW Feedback: Consultation – Provision of Relevant Services (Health and Related Services)

The NSW Council of the Australian Rehabilitation Providers Association (ARPA NSW) thanks SIRA for the opportunity to provide feedback regarding the draft guidelines for relevant services (health and related services). Following our attendance via video on 17 February 2023 in combination with review of the guidelines, we have the following feedback to provide for SIRA's review and consideration:

- Section 21c – criminal or civil offence – ARPA NSW is of the opinion that this requires further elaboration within the guidelines. Consideration should be given to:
 - AHPRA approved allied health professionals are required to declare as part of their registration whether any criminal proceeding or civil proceedings have occurred which dictates whether registration is provided / reviewed on an annual basis. As such, if AHPRA has made the determination that the clinician based on prior offences is able to undertake services without restrictions – would SIRA also have the same view.
 - Is there a statute of limitations for the clinician based on civil or criminal charges (e.g. within the last 10 years) for criminal or civil charges OR is full registration without conditions from AHPRA sufficient to confirm the individual's capability to perform treatment services with SIRA.

- Section 31 (Telehealth Services)
 - Section a: as articulated in the consultation session on 17 February 2023, ARPA NSW has highlighted a number of concerns in regard to the requirement to deliver a face-to-face session with the injured person once every 12 months in regard to psychological treatment. The following concerns have been highlighted:
 - There is a significant shortage of SIRA approved psychologists throughout NSW which has resulted in the delivery of Telehealth services for injured workers in poorly resourced locations where the clinician may be based in a metropolitan region servicing an individual in a regional or remote location. It is not feasible in this scenario to see an injured worker face-to-face. That is, travel is cost prohibitive to both the clinician, SIRA and the referring agent.
 - In many regions throughout NSW wait lists are exceptionally long for psychologists, which does not enable the injured worker to access care in a reasonable timeframe. Through the implementation of a once annual face-to-face requirement, we are concerned that injured workers will not be able to access necessary care as required.

- With the introduction of COVID vaccine mandates, a number of SIRA approved clinicians have opted to deliver services via telehealth through their own personal choice regarding vaccination requirements. If working for an organisation which has a vaccine mandate, we are concerned that the requirement to undertake one face-to-face session per year, per worker may impact on the SIRA approved psychologist who may be precluded from doing so from a vaccination mandate perspective. That is, this may have an impact on their employed role and further limit the availability of SIRA psychologists in NSW. Inversely, if an injured worker is not comfortable attending a face-to-face session with a psychologist not vaccinated, we are concerned this could have an impact on the therapeutic relationship (e.g. injured worker is immune compromised).
- Although not mentioned within the draft guidelines, ARPA NSW also wishes to highlight the difficulty experienced with non-SIRA approved allied health professionals working with First Responders under “exempt legislation”. There are a number of non-SIRA accredited allied health professionals treating First Responders who do not align with SIRA approved guidelines which has a detrimental impact on the ability of workplace rehabilitation providers to adequately communicate and support injured workers with their recovery and return to work, which ultimately has a significant impact on the worker and their recovery and return to work pathway. Ideally, ARPA NSW would like to see First Responder allied health treatment providers be SIRA approved and delivering services as per allied health framework set to ensure the best possible therapeutic, recovery and return to work outcome.
- Section 40 Invoices for relevant services rendered
 - Section b)vi requires providers to include the SIRA approval number, *plus*: AHPRA number, professional association accreditation/membership number, on invoices.
 - Could SIRA provide clarification on whether all of these additional numbers are required per Consultant on an invoice?
 - In some cases, there may be multiple Consultants providing different services to a client, however, currently, WRPs send one invoice with their SIRA provider number. Individual Consultant numbers are not included. We are very concerned about the unintended consequences in terms of administration burden and significant IT changes to be able to meet this requirement, which would appear to add no real value to the payer.
 - This requirement seems excessive as WRPs already go through accreditation and annual self-evaluations which cover strict adherence to approved allied health qualifications.
 - Provision of an individual professional body membership numbers would appear to be a breach of privacy for the Consultant.

Yours sincerely



Karen Castledine
President, ARPA NSW