



Australian Rehabilitation Providers Association
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Michelle Cannane
Manager, Health Policy
Health Policy, Prevention and Supervision
State Insurance Regulatory Authority
Via email: [REDACTED]

Dear Michelle

The NSW Council of the Australian Rehabilitation Providers Association (ARPA NSW) appreciates the opportunity to contribute to the consultation regarding the Draft State Insurance and Care Governance Amendment Regulation 2022.

Whilst ARPA NSW agrees with the aim of the legislation and the regulatory framework, it does have some serious concerns surrounding the proposed regulation. ARPA NSW concurs with the need to have appropriate, timely and cost effective healthcare being provided to workers with an injury and road users through the workers compensation and CTP schemes.

ARPA NSW agrees that SIRA does require the power to make a direction as per the proposed regulation, however, the following are a summary of our concerns:

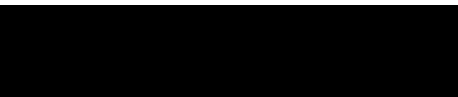
- How will this regulation work in with AHPRA (regulator of the allied health professionals); ASORC (professional body for Rehabilitation Counsellors) and the AMA (regulator of the medical professionals)? It isn't clear how this relationship will work and in what instances the draft State Insurance and Care Governance Amendment Regulation 2022 will play a role rather than the appropriate regulator.
- There is reference to guidelines that will support the draft State Insurance and Care Governance Amendment Regulation 2022, yet these guidelines have not been developed.
- Workplace Rehabilitation Providers (WRP) are listed along with allied health providers. WRPs are not treatment providers per se, and again, how will SIRA apply this regulation that is any different to the current accreditation guidelines?
- As part of the Enforcement Action, SIRA proposes to "Publish the providers name on the register with details regarding the direction made under s26D." this is concerning as there are instances where contractors/part-time staff may work across several providers. How will SIRA manage this situation and who will be published – the individual or the organisation? How will this impact on other providers that this individual may be working with? Will all providers be published that the individual works with?

- If an individual is issued a direction, does that impact all the providers that the individual may work with? How will SIRA manage this situation, especially for those individuals who work across many providers.
- ARPA NSW also seeks clarity regarding what will be deemed “claim related data” that SIRA will be seeking as an application of this regulation. Our concern is that much of the information that is client-practitioner confidentiality may be impacted. This will have major implications with respect to clinical trust and the ability to work openly and freely with the injured workers/road users. ARPA’s concern is that providers (WRP, medical or allied health) may share confidential information to facilitate an enquiry related to the professional conduct of a health practitioner who is under investigation due to this proposed regulation being applied. Ethical requirements of any health practitioner would warrant them having to disclose the release of private information to a third party, which may negatively impact the client. This point reinforces SIRA’s unnecessary powers to impose investigations concerning directives on health practitioners unless the matter is only administrative in nature.
- Section 4D – the path of recourse for the health practitioner, leading to the use of NCAT. Why would these matters not be directly referred to NCAT, would this proposed path of section 4D only delay the process of NCAT? In addition, the additional cost and time that this process will require of the health practitioner needs to be considered.

Whilst this may assist with non-approved providers working in the CTP scheme, it is a blanket regulation that has some serious implications for the work that is currently being carried out by accredited providers. By introducing this regulation it appears to be an additional layer of bureaucracy with the already established regulators, potentially leading to confusion and conflict. ARPA understands the need for SIRA to regulate the providers, and this is already part of the scheme for accredited providers (allied health, medical and treatment).

Again, ARPA appreciates the opportunity to respond to this consultation and would be pleased to contribute further if required.

Kind regards



Karen Castledine
President, ARPA NSW