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## Introduction

In Tasmania, Workplace Rehabilitation Providers (WRPs) must be accredited by the WorkCover Tasmania Board (the Board) to deliver workplace rehabilitation services as per the *Workers Rehabilitation and Compensation Act 1988* (the Act).

The Heads of Workers Compensation Authorities (HWCA) endorsed a Nationally Consistent Approval Framework for Workplace Rehabilitation Providers (the NCAF) in July 2010. The Board subsequently adopted, with some modifications, the NCAF for the accreditation of WRPs in Tasmania.

In December 2018, HWCA made the decision to discontinue the NCAF and decided instead to develop a set of principles of practice for WRPs for jurisdictions to adopt in their own accreditation frameworks.

The principles were developed following extensive consultation with industry. There are seven principles that support WRPs in delivering services to support workers with a compensable injury or illness\*.

\* From this point forward, any references to "a worker" means a worker with a compensable injury or illness and may not be written in full.

The final principles were endorsed by HWCA in October 2019. It is intended that the principles (either fully or partially) be incorporated into the final Tasmanian accreditation framework.

Consequently, the Board has directed WorkSafe Tasmania staff to develop a new fit for purpose accreditation process.

An extensive review process has been undertaken, however, further consultation is sought from a wider range of stakeholders.

This paper outlines the scope of the review and the issues on which WorkSafe Tasmania (on behalf of the Board) is seeking comment and further information.

#### Context

WRPs are accredited by the Board to deliver workplace rehabilitation services. A WRP helps workers to remain at work, or return to work, by providing expert advice and/or services. This is done in consultation with workers, employers, insurers, treating practitioners, and must be tailored to the worker's specific circumstances.

A WRP identifies and addresses critical physical, psychological, social, environmental and organisational risk factors that may have an impact on a worker's ability to successfully remain at or return to work.

## Purpose

The purpose of the accreditation framework is for WorkSafe Tasmania to implement, on behalf of the Board, a fit for purpose and contemporary accreditation process for WRPs operating within the Tasmanian workers compensation and rehabilitation scheme (the Tasmanian scheme).

The aim of the framework is to ensure WRPs operating within the Tasmanian scheme are following best practice and therefore ultimately providing the best possible service for workers in accessing workplace rehabilitation services in Tasmania.

WRPs are accredited by the Board to deliver prescribed workplace rehabilitation services as per  $\underline{s3}$  of the Act, that is:

- Initial workplace rehabilitation assessment
- Assessment of the functional capacity of a worker
- Workplace assessment
- Job analysis
- Advice concerning job modification
- Rehabilitation counselling
- Vocational Assessment

Workplace rehabilitation does not include the following activities under the Act:

- Work conditioning
- Treatment (including therapeutic counselling)
- Overseeing/monitoring of an injured worker's treatment
- Determining worker's ongoing entitlements
- Case management, i.e. oversight of the injury management process
- Claims management
- · Assessment of daily living

When considering the issues presented in this paper, it is important to note that prescribed workplace rehabilitation services differ in jurisdictions. As mentioned above, in Tasmania, case management and treatment are not prescribed services of a WRP under the Act.

It is also important to note that in Tasmania, there is a unique role of an Injury Management Coordinator (IMC), under <u>\$143C</u> of the Act. An IMC is responsible for co-ordinating and overseeing the entire injury management process, including medical and other treatments, return to work, and all aspects of return to work plans and injury management plans.

A WRP can also perform the role of an IMC, however, they must have successfully completed the approved course of <u>training</u> for an IMC and be appointed to the role of IMC for the worker.

## Terms of Reference

The Board will examine the advantages and disadvantages of the proposed accreditation framework for workers and stakeholders operating within the Tasmanian scheme and how accreditation processes can be effectively managed by WorkSafe Tasmania staff.

The following four outcomes form the terms of reference, which will be considered by the Board in making their decisions:

1. The framework meets the requirements and objects of the *Workers Rehabilitation and Compensation Act 1988*, the *Workers Rehabilitation and Compensation Regulations 2021*, and WorkCover Tasmania Board Guidelines.

- 2. That accredited workplace rehabilitation providers are suitably qualified and experienced to provide effective workplace rehabilitation services to workers with an injury or illness.
- 3. The availability of qualified allied health professionals to provide workplace rehabilitation services locally and nationally.
- 4. That the scale of the framework, including accreditation processes, can be effectively and efficiently managed by WorkSafe Tasmania staff and the Board.

The Board will draw on public submissions and consultation with key stakeholders to inform their decisions.

## How to have your say

Written submissions may be lodged by:

Email to: haveyoursay@justice.tas.gov.au or

Mail to: WRP Accreditation Framework Review

WorkSafe Tasmania

PO Box 56

**ROSNY PARK TAS 7018** 

Submissions should address the terms of reference.

Submissions close at 5pm on Friday, 22 April 2022.

Submissions will be published on Department of Justice website.

No personal information other than an individual's name or the organisation making a submission will be published.

#### Issues

The issues on which WorkSafe Tasmania (on behalf of the Board) is seeking comment and further information on are broken down into four key areas:

- 1. Membership and qualifications of workplace rehabilitation providers;
- 2. The accreditation application process;
- 3. Ongoing monitoring; and
- 4. Complaints handling.

Please go to the next page.

#### Note:

Appendix A provides the reader with a summary of a number of acronyms and abbreviations that are used throughout the document plus several words that provide further definition or information.

## 1. Membership and qualifications of Workplace Rehabilitation Providers

#### 1.1. Full membership, accreditation or registration

#### **Proposal**

The proposed framework requires individuals providing workplace rehabilitation services (that is working for an accredited provider) to acquire and maintain <u>full</u> membership, accreditation or registration with one of the following professional associations or Australian Health Practitioners Regulation Agency (AHPRA) registration boards:

- Australian Association of Social Workers
- Australian Society of Rehabilitation Counsellors (ASORC)
- Exercise and Sports Science Australia
- Medical Board
- Nurses Registration Board
- Occupational Therapy Board of Australia
- Physiotherapy Board of Australia
- Psychology Board of Australia
- Rehabilitation Counselling Association of Australia
- Speech Pathology Australia

<u>And</u> 12 months or more recent experience (that is, within the last 5 years) delivering workplace rehabilitation services.

Where an individual has less than 12 months recent experience delivering workplace rehabilitation services, a comprehensive induction program must be completed with professional supervision provided for at least 12 months.

#### Other membership levels

In addition to full membership, accreditation or registration the proposed framework also allows for ASORC associate and affiliate membership types, AHPRA provisional registration for psychologists, and the consideration of AHPRA limited registration for overseas applicants in some situations, these are explained in more detail below.

#### ASORC Associate and Affiliate membership

In addition to ASORC full membership, the proposed framework also allows for associate and affiliate membership types as a pathway towards full membership.

The lowest level of ASORC membership is affiliate membership. Affiliate members have a qualification in psychology or behavioural sciences but do not have any work experience.

Affiliate membership is time limited to three years from date of membership confirmation. In order to achieve associate membership status, twelve (12) months supervision must be completed by the affiliate member.

Associate membership is also time limited to three years from date of membership confirmation. In order to achieve full membership status, a period of 6 - 12 months supervision must be completed by the associate member.

Supervisors must be a full ASORC member and supervision programs must commence within 3 months of the date of confirmation as an ASORC affiliate or associate member.

The duration of the supervision period will be formally determined and communicated by ASORC at the time an applicant is confirmed as an affiliate or associate member.

In order to undertake ASORC Supervision, the supervision candidate must be working in a rehabilitation counselling or related role, whereby they gain exposure to ASORC Competencies.

The intention of the ASORC supervision program is to ensure new members of the Society reach sufficient academic and clinical experience standards prior to becoming full members. It is based on achievement of the ASORC Competencies for Rehabilitation Counsellors, whilst being supervised by an ASORC full member, in conditions that best suit the member at the workplace. The ASORC Supervision Contract and Supervision Details form, must be approved by ASORC prior to commencing the program.

Given the minimum qualification and supervision program, there is value in recognising ASORC's affiliate membership as a pathway towards associate and then full membership.

Western Australia (also a privately underwritten scheme) has recently evaluated and subsequently added ASORC affiliate membership to their scheme.

#### AHPRA Provisional Registration (psychologists)

In addition to AHPRA general registration, the proposed framework also allows for provisional registration for psychologists. This type of registration is for practitioners who have completed an accredited qualification in their profession, but are required to undertake a period (usually 12 months) of supervised practice or internship to be eligible for general registration.

Again, given the minimum qualification and supervision program, there is value in recognising AHPRA provisional registration leading to general registration.

#### **AHPRA Limited Registration (overseas applicants)**

Overseas applicants when they are applying for AHPRA registration in Australia, cannot automatically receive full general registration, and are offered "limited" registration.

The relevant health professions that apply to WRPs are physiotherapy, occupational therapy, nursing, medicine, and psychology.

There are 4 sub-types of limited registration:

- 1. Limited registration for postgraduate training or supervised practice
- 2. Limited registration for area of need
- 3. Limited registration for teaching or research
- 4. Limited registration in the public interest

WorkSafe Tasmania recommends accepting limited registration for postgraduate training or supervised practice (option 1).

This type of registration may be granted to overseas trained practitioners who hold qualifications in the profession, but who are required by the National Registration Board to practice under supervision or to sit an examination or assessment, to qualify for general registration.

Applicants can apply for 12 month's limited registration with AHPRA and this may not be renewed more than three times.

An individual must provide evidence to WorkCover Tasmania that they have 12 months or more recent experience (that is, within the last 5 years) delivering workplace rehabilitation services. Meaning that if an applicant opts to sit an examination or assessment to qualify for general registration, instead of practice under supervision, the applicant must still provide evidence of 12 months or more recent experience delivering workplace rehabilitation services.

#### Summary

A summary of the prescribed workplace rehabilitation services against the required qualification and proposed levels of membership, registration, or accreditation are provided as a table in Appendix B.

#### **Transition Period**

WRPs not holding membership, accreditation or registration with their relevant professional associations, will be required to obtain these, including additional qualifications if required.

If ASORC associate and affiliate membership types, AHPRA provisional registration for psychologists, and AHPRA limited registration for overseas applicants are approved by the Board under the new framework, individuals should already have the minimum qualifications. A transition period of 2 years is proposed for individuals to acquire the minimum level of membership, accreditation or registration.

In the event that only full membership, accreditation or registration is approved a transition period of 4 years whilst actively studying to achieve the required qualifications is proposed.

#### **Benefits**

There are significant benefits to members acquiring and maintaining membership, accreditation or registration with their relevant professional association (see list above):

- All WRPs will undertake regular professional development and therefore applying bestpractice.
- All WRPs will be linked to professional associations that have a Code of Conduct or Code
  of Ethics, and complaints handling and investigation processes, and therefore operating
  within these parameters.
- Professional associations will assess whether individuals meet membership requirements, as opposed to WorkSafe Tasmania staff making such an assessment regarding eligibility criteria.
- Professional associations will have oversight of supervision programs, so members progress to the next level of membership.
- It is in line with most of the other Australian jurisdictions, meaning local WRPs are required to meet the same requirements as their counterparts in other jurisdictions.
- It aligns well with the <u>Rehabilitation Competency Framework</u> (RCF) created by the World Health Organisation. The RCF communicates expected or aspired performance of the rehabilitation workforce across profession, specialisation and setting to enable quality care and service delivery. The five broad areas are practice, research,

- professionalism, learning and development, and management and leadership, all of which are supported by membership with professional associations.
- It also aligns well with the <u>National Return to Work Strategy 2020-2030</u>, which outlines
  the importance of WRPs in the return to work (RTW) process, indicating the importance
  of qualification and competency in the WRP profession.

In addition to full membership, accreditation or registration with their relevant professional association, there are also benefits with the inclusion of ASORC associate and affiliate membership plus AHPRA provisional and limited registration in assisting to address the low availability of allied health professionals currently practising in the field of workplace rehabilitation.

#### Differences to current framework

The existing framework requires individuals to have a qualification that is <u>eligible</u> to be recognised, accredited or registered by one of the professional associations or registration boards and 12 months or more experience delivering workplace rehabilitation services. The Board did not require the individual to obtain the membership, accreditation or registration with the identified associations or registration boards – only to demonstrate that they can satisfy the eligibility requirements.

#### Questions

Please answer referencing the terms of reference

Go to Section 2.2 Application process for specific questions around the transition period.

- 1. Do you have any specific concerns with the proposed levels of membership, accreditation or registration of the listed professional associations?
- 2. Are there other professional associations that you would like included? Your answer should address whether the association has a Code of Conduct or Code of Ethics, requires regular continuous professional development, and has a complaints handling and investigation process.

- 3. Given the existing framework did not require individuals to obtain or maintain membership, accreditation or registration with professional associations, does this pose any issues for those that may have let their membership, accreditation or registration lapse?
- 4. In the Tasmanian framework, designated professional groups may only deliver certain workplace rehabilitation services. Please provide any comments where you think services should be expanded or removed for a professional group.

Comments may also be added to the table provided in Appendix B.

#### 1.2. Inclusion of new professions

#### **Proposal**

Consideration is being given to the addition of two new professions, osteopaths and chiropractors to deliver the following prescribed workplace rehabilitation services:

- Initial workplace assessment
- Functional capacity assessment
- Workplace assessment
- Job analysis
- Job modification

These professions have recently been included by WorkSafe Victoria in their framework.

Both professions require tertiary qualifications and registration with either the Osteopathy Board of Australia or the Chiropractic Board of Australia, both of which are national registration boards and members of AHPRA. Like the other professional associations listed in section 1.1, both Boards have in place:

- a code of conduct
- practice guidelines
- continuous professional development requirements, and
- a supervised practice framework.

#### More information required

Traditionally osteopaths and chiropractors have been solely involved as "treating parties" in Tasmania.

WorkSafe Tasmania is seeking further information from industry stakeholders as to whether they believe these new professions meet the training requirements and understanding of the biopsychosocial model of injury management, to deliver the above listed workplace rehabilitation services effectively.

#### Questions

Please note that "treatment" and "case management" are not prescribed workplace rehabilitation services in Tasmania under the Act.

1. Do you have any concerns that either osteopaths or chiropractors are not qualified to deliver the listed prescribed workplace rehabilitation services? If so, please explain why.

Comments may also be added to the table provided in Appendix B.

#### 1.3. Working with Vulnerable People (WWVP) Registration

A suggestion from some stakeholders, following initial consultations last year, was to introduce mandatory WWVP registration for individuals providing workplace rehabilitation services.

WWVP registration does offer a higher level of protection and reassurance for clients, however, given the recommendation to **acquire** membership, accreditation or registration with professional associations, it appears that either: national police checks already form part of this process; it is a requirement of some professional associations; or a requirement of some employers.

We propose that WWVP registration is a desirable but not an essential requirement for individuals providing workplace rehabilitation services.

#### Questions

1. Would you like WWVP registration added as an essential requirement for all individuals providing workplace rehabilitation services? If so, please explain.

#### 1.4. Supervision Plans

#### **Proposal**

Where an individual has less than 12 months recent experience delivering workplace rehabilitation services, a comprehensive induction program is to be completed and/or a professional supervision practice plan undertaken, for at least 12 months.

This is the same as the current existing framework with the exception of "recent" experience (that is within the last 5 years) being a requirement and increased oversight by WorkCover Tasmania.

#### When a supervision plan is required

Individuals are required to have a minimum qualification <u>and</u> 12 months or more **recent** experience in delivering workplace rehabilitation services.

Supervision practice plans are applicable if:

- returning to practice after an absence of greater than 5 years;
- significant change to scope of practice;
- limited registration for postgraduate training or supervised practice when practice is required, and/or;
- the WRP holds less than 12 months experience.

#### **Supervision Programs**

The supervision practice plan should be the plan submitted to the individual's professional membership/association.

In the event that a professional association does not have a supervision framework, a WorkCover Tasmania supervision practice plan template should be used.

A good supervision program should provide but is not limited to:

- guidelines for the supervisor with examples of suitable activities and an explanation of what 'good evidence' is
- the supervisor screening cases to check for suitability to the individuals experience and qualifications
- a mechanism for regular feedback, e.g. fortnightly reviews
- be competency based, enabling the supervisor to provide and validate evidence to demonstrate competency, and
- cover matters like:
  - client confidentiality
  - o privacy legislation
  - understanding of RTW hierarchy
  - o RACP's Health Benefits of Good Work
  - report writing
  - o stakeholder management
  - communication skills

#### **Supervisors**

Supervision must be provided by someone who has the appropriate skills to do so.

This must be a person with at least 12 months or more recent experience (that is within the last 5 years) delivering workplace rehabilitation services. This is likely to be either:

- a person where the individual under supervision works, that is, at an accredited workplace rehabilitation provider organisation, or
- a member of their professional association, for example, ASORC supervision plans must be supervised by a full ASORC member, or
- for a sole practitioner, this will be either a member of their professional association or an external person with recent experience delivering workplace rehabilitation services.

#### **Evidence**

The proposed framework asks that a copy of the supervision practice plan agreed upon with the individual's professional association or employing organisation is provided to WorkCover Tasmania.

WorkCover Tasmania may request evidence of supervision plans as part of annual self-evaluation submissions or during periodic audits.

For an accredited WRP the responsibility for ensuring that staff have the appropriate qualifications and experiences sits with the person within the management structure, of that employing organisation, who has at least 5 years' relevant experience.

#### **Comments**

Please provide any comments or concerns that you may have with the proposal.

## 2. Accreditation application process

#### 2.1 Provider numbers

#### **Proposal**

The proposed framework requires **organisations** (refer Appendix A for definition) to apply for accreditation as a workplace rehabilitation provider. This is the same as the existing framework.

Significant debate and consideration has been given to the external consultant's recommendation of accrediting each individual that wishes to deliver prescribed workplace rehabilitation services as opposed to the organisation.

The primary reason for recommending that individuals be accredited is to minimise unqualified personnel working under an "umbrella" WRP provider number, where the organisation employs both IMCs and WRPs.

However, the responsibility of staff qualifications and membership, and working within scope, rests with the employing organisation not WorkCover Tasmania.

For a sole trader, this responsibility rests with them. For employing organisations, the responsibility sits with the person within the management structure with at least 5 years' experience, as per the governance processes within HWCA's Principles of Practice.

The consultant's recommendation for accrediting individuals was also based on Comcare's model that previously issued consultant ID numbers. Comcare have since advised that as part of their legislation the WRP organisation has always been responsible for ensuring their consultants meet Comcare's criteria and conditions of approval. Comcare stopped issuing consultant ID numbers in August 2021.

The proposed framework for Tasmania addresses the concern of individuals operating without the required qualifications/membership and working within scope, through increased monitoring and oversight by WorkCover Tasmania via self-evaluation submissions and periodic audits conducted by WorkCover Tasmania's auditor (refer Section 3 – Ongoing Monitoring).

#### List of qualified and experienced individuals

Initial feedback from some stakeholders is that there is value in having a list of individuals who have been "assessed" as having the required qualifications and experience to perform certain workplace rehabilitation services. This is an option without necessarily "accrediting" the individual.

The list could potentially include the individual's name, profession, and the prescribed workplace rehabilitation services that they can provide. This would provide an open and transparent list for insurers, self-insurers, State Service agencies, IMCs, and other interested parties.

The obvious drawback of such a list is the ability to maintain its currency, so that is useful for stakeholders. This is particularly so given the mobility of staff within the industry.

Further feedback is sought from stakeholders as to whether this would be a valuable resource.

## Questions

1.	Do you agree with the proposal to accredit the WRP organisation (this includes sole traders), as opposed to each individual that wishes to provide workplace rehabilitation services?
2.	In the event that the framework allows for WRP organisations to be accredited as opposed to individuals, would a list of individuals with the required qualifications and experience to perform certain workplace rehabilitation services, published on WorkSafe Tasmania's website, be valuable to industry stakeholders?
3.	Please state any other concerns or comments you have.

#### 2.2 Application process

#### **Proposal**

A new application form for applicants will be developed to assess the suitability of the applicant to deliver safe and high-quality workplace rehabilitation services.

One application form will be developed and used by new applicants and currently accredited providers, who will need to address the new accreditation framework criteria, if they wish to remain operating with the Tasmanian scheme.

As part of the application process applicants will need to provide (but is not limited to):

- a staff details sheet outlining which particular staff member of the organisation will be providing which prescribed workplace rehabilitation services;
- evidence of professional registration, accreditation or membership for each staff member;
- evidence of experience, by the way of CVs or supervision plans for each staff member;
- a Statement of Commitment to the Conditions of Approval, including the Principles of Practice; and
- may include (to be determined) statements addressing some of the HWCA's Principles of Practice.

#### **Transition of currently accredited WRPs**

All currently accredited providers will need to address the new framework criteria, if they wish to continue operating within the Tasmanian scheme, however, we expect the application and transition process to be simple and streamlined.

As per  $\underline{\mathsf{s77D}(1)}$ , once a WRP is accredited by the WorkCover Tasmania Board, accreditation remains in force until it is revoked or surrendered under the Act. However is not to be taken to be in force during any period in which the accreditation is suspended.

All currently accredited WRPs will need to meet the requirements of the new accreditation framework. Section  $\frac{77C(1C)}{1}$  of the Act allows for the Board to amend the Board's requirements for accreditation.

If a previously accredited organisation meets the new framework's criteria there will be no lapse in accreditation.

In the event where existing staff do not meet the new criteria of minimum qualifications or membership requirements the following transition periods are proposed:

- In the event that only full membership, accreditation or registration is approved, a
  transition period of 4 years whilst actively studying to achieve the required qualifications
  and undertake supervision programs.
- In the event that all other recommended membership or registration types are approved by the Board, individuals should already have the minimum qualifications. A transition period of 2 years is therefore proposed for individuals to acquire the minimum level of membership, accreditation or registration.

## Questions

1.	In the event that only full membership is approved, is a transition period of 4 years whilst actively studying to achieve the required qualifications and undertake supervision programs sufficient?
2.	In the event that all other recommended memberships are approved, do you have any concerns with the 2 year transition period to acquire the proposed minimum levels of membership, accreditation or registration with the listed professional associations (given that all staff should meet the minimum qualification requirements)?
3.	Please provide any other comments or concerns that you have with the application process

## 3. Ongoing monitoring

The proposed framework allows for monitoring the performance of accredited WRPs via annual self-evaluation submissions, measurable outcomes, complaints records, audits, and quality improvement plans resulting from audits.

Options are still being considered for how extensive self-evaluations and audits will need to be and how often.

#### 3.1 Outcome measures

The introduction of measurable outcomes is being considered to align with Principle 5 of the HWCA <u>Principles of Practice</u>. Principle 5 requires WRPs to demonstrate service delivery effectiveness, that is, services that result in a measurable benefit to the worker and employer.

Examples of objective measures are listed in the Principles of Practice.

However, in Tasmania WRPs are accredited by the Board to deliver only limited prescribed workplace rehabilitation services as per <u>\$3</u> of the Act, that is:

- Initial workplace rehabilitation assessment
- Assessment of the functional capacity of a worker
- Workplace assessment
- Job analysis
- Advice concerning job modification
- Rehabilitation counselling
- Vocational Assessment

Workplace rehabilitation does <u>not</u> include the following activities under the Act:

- Work conditioning
- Treatment (including therapeutic counselling)
- Overseeing/monitoring of an injured worker's treatment
- Determining worker's ongoing entitlements
- Case management, i.e. oversight of the injury management process
- Claims management
- Assessment of daily living

Given that some accredited WRPs only provide very specific one-off single services, which are only a small part of the worker's overall return to work journey, it is not clear as to what measurable outcomes can be applied to WRPs in the Tasmanian scheme that are fair, reasonable, transparent and relevant in those circumstances.

We are therefore **seeking suggestions** from industry stakeholders as to what measurable outcomes could be implemented for your profession providing specific services that are considered fair, reasonable, transparent and relevant.

The overall objective of having measurable outcomes is to monitor performance and in turn improve service delivery outcomes for employers and workers.

Possible outcome measures:

- worker's experience with services

- employer's or insurer's satisfaction with provider
- number of substantiated complaints

## Comments

Please provide suggestions of objective measurable outcomes that could be implemented.

#### 3.2 Self-evaluations

Proposed self-evaluations will move away from the HWCA self-evaluation tool format towards a checklist with questions around conformance with compliance items and reporting activity, this may include items such as:

- compliance with outlined outcome measures
- reporting of any adverse events, complaints, or breaches in confidentiality, or ethical issues to professional associations
- compliance with keeping personal and private information in accordance with the Privacy Act 1988
- adherence to HWCA Principles of Practice
- undertaking continuous professional development
- operating within scope of workplace rehabilitation services currently approved to provide, and
- reporting the number and type of prescribed services provided during a 12 month period in the Tasmanian jurisdiction

Sole traders are responsible for reporting against each criteria for themselves and an organisation employing staff, will be required to report against each criteria for each of their staff.

#### **Comments**

Please provide any comments you have in relation to self-assessment.

#### 3.3 Audits

The proposed framework recommends periodic on-site audits by WorkSafe Tasmania staff. Audits may include checks of the following items:

- The provider is complying with their Conditions of Approval
- The provider is adhering to HWCA's Principles of Practice:
  - 1. Adopting a biopsychosocial approach to services
  - 2. Empowering the worker and employer to achieve the goals of return to work
  - 3. Delivering outcome driven workplace-based services, by identifying tailored goals and supporting cost effective goal achievement
  - 4. Applying an evidence-based approach to service design and delivery
  - 5. Delivering services that result in a measurable benefit to the worker and employer
  - 6. That staff are competent and maintain professional standards
    - checking current membership
    - checking that supervision plans are in place, are appropriate, that reviews are occurring regularly, and progress is being made to successfully complete the plan
    - checking staff are undertaking continuous professional development
  - 7. For organisations employing staff, that appropriate governance structures and processes are in place
- Staff are operating within their approved scope
- Staff have an appropriate work load to deliver services effectively and in a timely manner
- Insurers are invoiced using the correct WRP service codes

#### **Comments**

Please provide any concerns or comments you have in relation to audits

## 4. Complaints handling

It is proposed that a complaints handling framework be developed to handle complaints received by WorkCover Tasmania.

In the first instance, the WRP would be notified of the complaint. The appointed Injury Management Co-ordinator (IMC) may also be informed of the complaint made against the WRP to see if they can resolve the issue. If potential breaches are identified or concerns about the WRPs behaviour or standards of professional practice are identified then the IMC will refer the matter back to WorkCover Tasmania to direct the complaint to the appropriate person or body to investigate depending on the nature of the complaint.

- Complaints about a WRPs behaviour or standards of professional practice will be referred to the individual's professional association relevant to their membership, accreditation or registration.
- Complaints about potential breaches of the Workers Compensation and Rehabilitation Act 1988 may be investigated by WorkSafe Tasmania Inspectors
- Complaints about potential breaches of a WRP's conditions of approval will be investigated by WorkSafe Tasmania staff and referred to the WorkCover Tasmania Board depending on the circumstances.

#### Comments

Please provide any feedback or comments you have in relation to complaints handling.

# Appendix A: Acronyms, abbreviations, definitions

Act	Workers Rehabilitation and Compensation Act 1988
AHPRA	Australian Health Practitioners Regulation Agency
Board	WorkCover Tasmania Board
Framework	Accreditation framework for workplace rehabilitation providers
HWCA	Heads of Workers Compensation Authorities
IMC	Injury management co-ordinator
NCAF	HWCA's Nationally Consistent Accreditation Framework
Organisation	A corporation, partnership, sole-trader or some other type of business with an Australian Business Number (ABN)
Principles	HWCA's Principles of Practice for Workplace Rehabilitation Providers
RACP	Royal Australasian College of Physicians
Staff	Employees and contractors
Tasmanian scheme	Tasmanian workers compensation and rehabilitation scheme
Worker	A worker with a compensable injury or illness
WRP	Workplace rehabilitation provider
WWVP	Working with vulnerable people

## Appendix B: Workplace rehabilitation services/professions

In the Tasmanian framework, designated professional groups may only deliver certain workplace rehabilitation services. The below table lists the prescribed workplace rehabilitation services as per <u>s3</u> of the Act against the required qualification and proposed levels of membership, registration, or accreditation.

- Please add comments where you think certain services should be expanded or removed for a professional group. Please explain why.
- Please add comments where you think certain services should not be performed by particular membership levels. For example, if you think specific services should not be performed by an ASORC member with associate or affiliate membership or a provisionally registered psychologist. Please explain why.

Workplace rehabilitation services	Qualification plus membership, registration, or accreditation required to deliver services	Comments
Initial Workplace Assessment	<ul> <li>Rehabilitation Counsellor:         <ul> <li>Australian Society of Rehabilitation Counsellors (full, associate, or affiliate membership)</li> <li>Rehabilitation Counselling Association of Australia (full membership)</li> </ul> </li> <li>Occupational Therapist (registered)</li> <li>Physiotherapist (registered)</li> <li>Exercise Physiologist - Exercise and Sports Science Australia (AEP full or provisional accreditation)</li> <li>Chiropractors (registered)</li> <li>Osteopaths (registered)</li> <li>Psychologist (registered - full or provisional)</li> <li>Speech Pathologist: Speech Pathology Australia (membership)</li> <li>Social Worker: Australian Association of Social Workers (membership)</li> <li>Medical Practitioner (registered)</li> <li>Nurse (registered)</li> </ul>	
Functional Capacity Assessment	<ul> <li>Occupational Therapist (registered)</li> <li>Physiotherapist (registered)</li> <li>Exercise Physiologist: Exercise and Sports Science Australia (AEP full or provisional accreditation)</li> <li>Chiropractors (registered)</li> <li>Osteopaths (registered)</li> </ul>	

Workplace rehabilitation services	Qualification plus membership, registration, or accreditation required to deliver services	Comments
Workplace Assessment	<ul> <li>Occupational Therapist (registered)</li> <li>Physiotherapist (registered)</li> <li>Exercise Physiologist: Exercise and Sports Science Australia (AEP full or provisional accreditation)</li> <li>Chiropractors (registered)</li> <li>Osteopaths (registered)</li> </ul>	
	For <i>psychological</i> components of Workplace Assessments:  Rehabilitation Counsellor:  Australian Society of Rehabilitation Counsellors (full, associate, or affiliate membership)  Rehabilitation Counselling Association of Australia (full membership)  Psychologist (registered - full or provisional)  Social Worker: Australian Association of Social Workers (membership)	
Job Analysis	<ul> <li>Occupational Therapist (registered)</li> <li>Physiotherapist (registered)</li> <li>Exercise Physiologist: Exercise and Sports Science Australia (AEP full or provisional accreditation)</li> <li>Chiropractors (registered)</li> <li>Osteopaths (registered)</li> </ul>	
	<ul> <li>For psychological components of Job Analysis:</li> <li>Rehabilitation Counsellor:         <ul> <li>Australian Society of Rehabilitation Counsellors (full, associate, or affiliate membership)</li> <li>Rehabilitation Counselling Association of Australia (full membership)</li> </ul> </li> <li>Psychologist (registered - full or provisional)</li> <li>Social Worker: Australian Association of Social Workers (membership)</li> </ul>	
Advice: Job Modification	<ul> <li>Occupational Therapist (registered)</li> <li>Physiotherapist (registered)</li> <li>Chiropractors (registered)</li> <li>Osteopaths (registered)</li> <li>Medical Practitioner (registered)</li> <li>Nurse (registered)</li> </ul>	

Workplace rehabilitation services	Qualification plus membership, registration, or accreditation required to deliver services	Comments
Rehabilitation Counselling	<ul> <li>Rehabilitation Counsellor:         <ul> <li>Australian Society of Rehabilitation Counsellors (full, associate, or affiliate membership)</li> <li>Rehabilitation Counselling Association of Australia (full membership)</li> </ul> </li> <li>Psychologist (registered - full or provisional)</li> <li>Social Worker: Australian Association of Social Workers (membership)</li> </ul>	
Vocational Assessment	<ul> <li>Rehabilitation Counsellor:         <ul> <li>Australian Society of Rehabilitation Counsellors (full, associate, or affiliate membership)</li> <li>Rehabilitation Counselling Association of Australia (full membership)</li> </ul> </li> <li>Psychologist (registered - full or provisional)</li> <li>Social Worker: Australian Association of Social Workers (membership)</li> </ul>	