



Nationally Consistent Approval Framework for Workplace Rehabilitation Providers

The expected benefits of a nationally consistent framework include:

- an agreed and understood model of workplace rehabilitation
- increased uniformity of definitions and expectations of workplace providers
- a more robust system for cancelling rehabilitation providers' approval, that ensures credibility of the approval framework
- increased understanding of expected standards of performance for employers, workers, providers and insurers
- reduced administrative costs and complexity for providers who work across jurisdictions
- reduced costs and complexity for employers and insurers who work across jurisdictions.

Below is a list of questions and feedback from the 15 submissions received in response to the draft position paper 'Nationally Consistent Approval framework for Workplace Rehabilitation Providers'. The HWCA Working Group has considered the feedback and altered the position paper where appropriate. Below is also a summary of the HWCA Working Groups' responses to the industry feedback.

Stakeholder Feedback/Questions	HWCA Working Group Responses
Individual jurisdictional approval not required (5).	This is the intention of the model. Clarified further within the paper.
Same employer and different employer accreditation should be separate (1).	Majority of jurisdictions approve to deliver rehabilitation in general and do not separate same from different. However each jurisdiction will monitor outcome performance measure of provider in the two categories.
Need to be able to identify rehabilitation providers who do not meet service standards (1).	Agree – the model is a step towards this.
One site not performing leading to cancellation across jurisdictions (4).	This is not the intention of the model. Clarified further within the paper – page 9.
Increased bureaucracy and complexity in approval process (2).	Intention of the model is to reduce bureaucracy for multi-jurisdictional providers, employers and insurers. Paper modified to reflect this.
Appeal process for cancellations (1).	Each jurisdiction has different appeals processes and obligations within their legislation.
Evidence required for cancellation (1).	Agree.



Heads of Workers' Compensation Authorities

Australia and New Zealand

Stakeholder Feedback/Questions	HWCA Working Group Responses
Approval process in all jurisdictions should be the same (1).	Jurisdictions to keep additional requirements to a minimum.
Minimum qualifications should be standard across jurisdictions (2).	Agree.
HWCA should prescribe induction requirements (1).	Out of scope.
Five year experience in workplace rehabilitation for one member of the management team is excessive (3).	Workplace Rehabilitation is complex and requires highly skilled professional staff.
Employment Consultants to provide specific services (2).	Guide only addresses minimum qualifications of professional staff employed as Rehabilitation Consultants.
Grandfather clause for staff already employed who do not meet minimum qualifications (2).	Not agreed.
Staff checks unnecessary (eg. police, security and child protection) (2).	Further clarified to include checks "where appropriate".
First evaluation at 12 months is too late for large providers, should be done according to case numbers (1).	Approach requires self-accountability of provider to ensure quality service provision.
Self evaluations - small rehabilitation providers need list of accredited evaluators (1).	Small providers may develop partnerships offering evaluation services to one another.
National benchmarks to be agreed by all to prevent insurers creating another layer (2).	Agree – potential part of phase 2 of project.
Have one level of performance reporting across all jurisdictions (4).	
Outcome measurements require more definition. Will rural and remote be taken into account? (2)	
Evaluations by exception must be based on factual info (1).	Agree.
Internal Auditor qualifications excessive (5).	Further clarified in paper – qualifications are recommendations only.
Self evaluation should be removed and WCA's should conduct the evaluations; integrity of rehabilitation provider's own data (2).	WCA initiated evaluations will verify provider self-evaluations in line with quality principles and principle of self-accountability.
How will rehabilitation providers be prevented from selecting less complex cases (1).	P21. Principle 1.1.d "an equitable and consistently applied approach to recommending commencement and cessation of service delivery" will be evaluated to address this.
Make provider service descriptions more specific (2).	Out of scope.



Heads of Workers' Compensation Authorities

Australia and New Zealand

Stakeholder Feedback/Questions	HWCA Working Group Responses
Definition of durability - role of rehabilitation provider in this phase? (1).	All jurisdictions require durable return to work outcome.
Need to ensure employers offers of suitable duties are genuine (1).	Out of scope.
Framework needs to encourage quicker move to different employer where same employer goal is not possible (1).	Agree – can be addressed via 1.2.a, page 20 “workers receive prompt attention and intervention appropriate to their needs”.
Cost savings - where are they? Not evident in document (3).	Requires jurisdictions to adopt national framework.
Application fees too high (5).	Fee schedule removed – each jurisdiction to charge at own fee schedule.
Should have national competency and ethical standards for RP's (2).	Out of scope.
Best practice not minimum standard (2).	Need to commence with an agreed set of minimum standards.
Document should include "Injured worker's representative" where applicable throughout (1).	Injured worker referenced throughout paper.
Rehabilitation Providers need to be independent from employers (1).	Agree – rehabilitation providers should be an advocate for rehabilitation process not a particular party.
Unions should be involved in approving and monitoring rehabilitation providers (1).	Evaluation process includes seeking feedback from relevant parties.
Definition of work conditioning should be in glossary (1).	Definition expanded in revised paper.
Hard for new providers to meet 12 case requirement (1).	The measurement includes 12 rehab activities (not rehabilitation programs) within all jurisdictions.
Restraint of trade –“if there's additional need for providers" (2).	Not intended – amended in paper.
HWCA should prescribe biopsychosocial model of rehab (1).	Clarified page 8.
Injured worker choice of provider should be included in doc (1).	Injured worker choice of provider not in all jurisdictions' legislation.
Principal(s) of rehabilitation providers should sign declaration of conformity (1).	Agree – paper changed to reflect this.