



Heads of Workers' Compensation Authorities

Australia and New Zealand

Nationally Consistent Approval Framework for Workplace Rehabilitation Providers

Below is a list of questions and feedback from the eight submissions received in response to the draft evaluation manual. The HWCA Working Group has considered the feedback and offered the following responses. Where appropriate, alterations to the evaluation manual have also been made.

STAKEHOLDER FEEDBACK/QUESTIONS	HWCA WORKING GROUP RESPONSES
Page 4 – 3.2 – Evaluation by exception – definition and clarification is required about what is meant by “information obtained about provider activity during insurer reviews”.	Evaluation by exception refers to any information/intelligence. That is, insurer reviews, complaints, data analysis, emerging issues, which results in WCA requiring assurances regarding the provider’s performance/compliance.
As XXXX is ISO 9001:2008 quality accredited and has been since 2002, does the annual certification report conducted by the external SAI evaluator suffice as evidence of appropriate evaluation?	The criteria used in the workplace rehabilitation provider evaluations are the Conditions of Approval and the Principles of Workplace Rehabilitation. If the ISO evaluation criteria include any of the Conditions of Approval or the Principles then the workers compensation authority evaluator team leader will take this into consideration when designing the scope of the evaluation.
Is ISO 9001:2008 valid as a quality assurance framework for the purpose of NCF?	Yes.
Page 5 – A more reasonable timeframe for the evaluation plan to be available to the provider is four weeks (not two weeks) and records for review to be notified to the provider two weeks prior (not two days).	Manual updated to include evaluation plan to be available for the provider three weeks before the evaluation. Maintain timeframes of two days for the list of records to be sent to the provider before the evaluation, as this timeframe is in line with sound auditing practices.
What is the timeframe for the evaluation in days?	Depends on the size of the organisation. NSW’s experience is that it takes ½ – 1 day to undertake a desk top review of the policy and procedures and ½ –1 day to review the application of the policy and procedures per site.
Page 7 – 3.7 – Self evaluation – Could it be an accredited person within the organisation? There needs to be a level of trust and professional ethics applied to this. This suggest that peers and competitors may potentially conduct evaluations which would not be appropriate due to business confidentiality, etc... five years experience in rehabilitation is onerous. Could the evaluator be trained in OR competencies without needing to make the workplace rehabilitation experience mandatory?	Out of feedback scope in relation to the draft evaluation manual – this was negotiated as part of the nationally consistent framework. However feedback is acknowledged and will be considered when the framework is evaluated. Please note though that the manual states ‘recommended’ not ‘must’.
Page 8 – 4.1 Clarification is required about Strategic Planning, Annual Planning and Evaluation Planning – perhaps a proforma could be developed for each of the stages?	It is the responsibility of the workplace rehabilitation provider to design their business planning processes. It is not the responsibility of the workers compensation authority to prescribe the process.
Page 9 4.2 – Include information about the evaluation team members’ names, backgrounds and years of relevant experience.	Out of feedback scope in relation to the draft evaluation manual – this was negotiated as part of the nationally consistent framework. However, feedback is acknowledged and will be considered when the framework is evaluated.
Page 10 – Two business days notification is unreasonable for notification of case records and we recommend two weeks notification.	Maintain timeframes of two days for the list of records to be sent to the provider before the evaluation, as this timeframe is in line with sound auditing practices.
Page 12 – Reporting two weeks for report not 30 days. Delays should not occur without good reason as this is anxiety provoking. Consideration should be given to negotiating a reasonable date at the debriefing meeting.	30 days is not intended as the norm but as the maximum in case of unforeseen circumstances. Manual updated by shifting the order of the sentence to, <i>as soon as practicable and within 30 days</i> .
Page 13 – Evaluation reports – Include OR provider right to appeal within one week of receiving report if problematic. To whom?	Workplace rehabilitation providers are required to respond to non-compliances and provide a plan of action to address the non-compliance within a specified timeframe. This provides organisations with an inbuilt opportunity to comment on whether they agree or disagree, provide reasons why and attach supporting evidence.

<p>Page 13 – Awareness Interviews – How will these be conducted by telephone? Letter? Face-to-face? Are XXXX's customer satisfaction surveys that are part of our internal QA system sufficient evidence?</p>	<p>Telephone interviews, face-to-face interviews and group feedback sessions are all forms of awareness interviews. Surveys are a form of evidence but are not considered an awareness interview.</p>
<p>Page 14 – Second paragraph – Please clarify what is meant by “Other sources of evidence can be used in addition the case records if necessary”.</p>	<p>All evidence that demonstrates the extent of compliance will be considered, eg workplace rehabilitation provider systems may differ and therefore the evidence may differ. The evaluator would not specify certain evidence in the interests of commercial competitiveness.</p>
<p>Page 14 – What is meant by “OHS and injury management assessment and actions”? This is unclear.</p>	<p>The actions taken after an assessment of adherence to the provider's OHS and injury management practices.</p>
<p>Page 15 – Awareness Interviews – Where will these be conducted? Can we have an example of the questions that are likely to be asked?</p>	<p>Telephone interviews, face-to-face interviews and group feedback sessions are all forms of awareness interviews that could be conducted from the provider's rooms. The types of questions posed may only be initiated in response to the findings of the day.</p>
<p>Conformance to Conditions of Approval Evaluation Tool</p> <ul style="list-style-type: none"> • Page 19 – 12. iii. Please quantify “additional requirements”. • Page 23 – 2. (a) Specify timeframes for promptness. • Page 24 – 2. (c) Clarify what is meant by this as it is unclear. • Page 25 – 3. (b) Clarify how we produce evidence of this. • Page 28 – 5. (c) Will a policy and procedure be sufficient evidence for this? What else is required? • Page 28 – 5. (d) Clarify what we are required to do here. 	<p>Out of feedback scope in relation to the draft evaluation manual – this was negotiated as part of the nationally consistent framework. However, feedback is acknowledged and will be considered when the framework is evaluated.</p>
<p>3.6 Cross Jurisdictional Evaluations “...and may exchange of information...” change to “...and may exchange information...”</p>	<p>Feedback noted. Manual updated accordingly.</p>
<p>Staff Management Principles.1. Qualifications, knowledge and experience.</p> <p>Minimum qualifications as outlined in the Guide...There is some contention around the wording of required qualifications, particularly whether “recognised by” is only when “accredited or registered”. XXX would prefer recognised by rather than accredited or registered. For a number of professional disciplines, delivering workplace rehabilitation services is not seen by the relevant professional association as supporting ongoing recognition (ie accreditation or registration) by that association. This means that an intern Psychologist that decides to focus on rehabilitation services is now unlikely to be registered as a Psychologist. An Exercise Physiologist, should they specialise in workplace rehabilitation, similarly will not retain their accreditation. It is already difficult for the industry to recruit and retain professionals, particularly to maintain a multidisciplinary approach, without requiring registration or accreditation of professional associations that do not recognise workplace rehabilitation services as their own core business. In the short term Affiliate Membership together with alternative pathways of ASORC may help with the difficulties where jurisdictions allow this although any variations do water down the benefits of a National framework. In South Australia the Rehabilitation Counselling post graduate courses have been shut down in the only university that ran it. This has shown how fragile the qualification list can be. We know there are similar issues in other places – eg ACT has no OT school... We are happy to have further discussions and understand why there is value in letting professional associations make the decisions about suitable qualifications. We just think it is important to recognise that many of those associations have no reciprocal commitment to Workplace Rehabilitation, which can leave the rehabilitation industry without suitable qualified and experienced staff.</p>	<p>Out of feedback scope in relation to the draft evaluation manual – this was negotiated as part of the nationally consistent framework. However, feedback is acknowledged and will be considered when the framework is evaluated.</p>
<p>The document suggests that only two business days' notification will be given regarding the files to be audited. Given that we may need to retrieve some files from our off site archiving company we suggest that three to four days would work better.</p>	<p>Maintain timeframes of two days for the list of records to be sent to the provider before the evaluation, as this timeframe is in line with sound auditing practices.</p>

<p>As part of our NSW internal audit systems we initially used the type of tool in Appendix 4 of your document. However, we found that it created a lot of unnecessary work in the audit process that did not add value to the overall result – ie identifying where there were shortfalls in our Quality systems and processes that need to be addressed to ensure all our staff are complying with the principles of rehab and our company is complying with the Condition of Approval. Our request/suggestion is that this tool acts as a guide rather than a required tool – to enable the audit process to be as efficient and effective as possible.</p>	<p>Feedback noted. Manual updated accordingly. As minimum providers should ensure they address the criteria of the evaluation – this includes the Conditions of Approval and the Principles of Workplace Rehabilitation.</p>
<p>Page 45 of Appendix 4 has a table set on top of another table – making this page illegible</p>	<p>Feedback noted. Manual updated accordingly.</p>
<p>We believe that two days' notice for provision of case records to be insufficient time for a multi-site organisation. In some instances the geographical location would not allow delivery of these records to the head office within two days. Also given the time period being audited it is likely that some records may be stored in an offsite facility (or with a consultant travelling remotely) and therefore two working days would not be sufficient time to obtain these files and provide for auditing purposes. We would consider that five working days would be a more appropriate timeframe for the request of case records given these circumstances.</p>	<p>Maintain timeframes of two days for the list of records to be sent to the provider before the evaluation, as this timeframe is in line with sound auditing practices.</p>
<p>For ease of use we would also recommend the repeated phrase "The workplace rehabilitation provider" be removed from the start of each box and placed at the start of the tool.</p>	<p>Feedback noted. Manual to be updated accordingly.</p>
<p>An area we would like potentially reviewed are the timeframes for Provider audits. We note under the proposed model, notification of an audit would be four weeks prior to audit, and all requested documents would need to be provided three weeks prior to audit. This would give the provider one week to organise all performance data and documents. We note this is substantially less than existing timeframes. Furthermore, it would be difficult to comply with those timeframes, especially for smaller providers, eg in the event of key managers being sick or having scheduled leave overlapping with that week period. We suggest a longer timeframe between notice of audit and submission of data and documents, eg three weeks.</p>	<p>Manual updated to include:</p> <ul style="list-style-type: none"> • Notice six weeks before the scheduled evaluation. • Providers to submit material four weeks before the evaluation. • Evaluation plan to be available for the provider three weeks before the evaluation. <p>Maintain timeframes of two days for the list of records to be sent to the provider before the evaluation, as this timeframe is in line with sound auditing practices.</p>
<p>Can I please confirm the following (mostly in relation to evaluating multi-site providers):</p> <ul style="list-style-type: none"> • Will NSW have any additional requirements for the evaluation process, beyond what is provided in the HWCA Evaluation Guide? • Will each State be reviewed independently/separately to other States? Regarding the sampling formula for site numbers, can we presume that for XXXX in NSW for example, we will always have four sites reviewed (as a result of having between 12-16 sites in NSW), or is this just a guide for the number of sites chosen? Also be aware that head office must always be included. • For our other States, will head office still need to be included in their onsite evaluations (considering our Head Office is in Sydney)? • How will each of the State's authorities communicate, if their onsite evaluations are conducted at different times throughout the three year approval period? Are you aware of whether Comcare will accompany each of the workers comp authorities when they conduct their onsite reviews? What will be the outcome if some authorities rate a site as non conforming? Will this then affect the overall XXXX Instrument of Approval or just affect the approval for that State's authority? 	<ul style="list-style-type: none"> • Not at this stage. • Yes – although as part of the Statement of Agreement between the jurisdictions we may share information about scheduling of evaluations and/or results of evaluations. Yes your calculations are correct and yes head office will always be included. • No. • The Statement of Agreement between the jurisdictions specifies that the communication is formal, the provider is aware of the communication and the communication will only be about the performance of the provider in relation to the Conditions of Approval. There is no specification about the timing of communication. That is not part of the evaluation methodology, however, NSW will be advising and inviting Comcare to attend the NSW evaluations. Just the approval for that jurisdiction, however, other jurisdictions may seek assurances if the non-compliance was a mandatory requirement, significant in nature and systematic.

<p>“The role of the Workers Compensation Authority as the approval body for workplace rehabilitation providers is to ensure minimum standards are consistently met in the delivery of workplace rehabilitation services to injured workers and employers” (page 2) – XXXX is concerned that, by setting a “minimum standard”, it detracts from a nationally consistent approach as it may allow each Workers Compensation Authority to set different standards for Workplace Rehabilitation Providers to meet in each state.</p>	<p>Out of feedback scope in relation to the draft evaluation manual – this was negotiated as part of the nationally consistent framework. However feedback is acknowledged and will be considered when the framework is evaluated.</p>
<p>To ensure consistency in our business operations and allow us to demonstrate compliance across not only the Nationally Consistent Approval Framework but also ISO, we would recommend that Workplace Rehabilitation Provider be afforded the choice of selecting pre-existing quality tools OR the “prescribed evaluation tools”, provided all objective, verifiable evidence is duly recorded. XXXX would request that HWCA consider flexibility in their approach to self evaluations and suggest that the evaluation tool be used to summarise results of the self evaluation but providers are able to develop their own audit tools to capture the evidence.</p>	<p>Feedback noted. Manual to be updated accordingly. As minimum, providers should ensure they address the criteria of the evaluation – this includes the Conditions of Approval and the Principles of Workplace Rehabilitation.</p>
<p>XXXX would request that any Workers Compensation Authority seeking feedback from stakeholders would first approach XXXX to advise that this feedback was being sought to ensure appropriate authorities have been obtained for the collection and release of this feedback to not only the Workers Compensation Authority but also XXXX.</p>	<p>Most workers compensation legislation enables the authorities to seek information in accordance with the Privacy Act.</p>
<p>To ensure transparency and consistency in the undertaking of evaluations by exception, and to enable optimum Workplace Rehabilitation Provider involvement in an evaluation, XXXX suggests that guidelines for evaluations by exception should be developed and communicated to all stakeholders.</p>	<p>Evaluations by exception do not follow the same rules as scheduled evaluations and are undertaken in extenuating circumstances. For example after receiving a complaint which required onsite evaluation to establish the facts, in such circumstance the workers compensation authority will have clear timelines in which to investigate complaints. Or if the issue was so significant that assurances were required as soon as possible.</p>
<p>XXXX would assume that the practical training provided as part of the SAI Global course, as well as our own internal auditing training, would be sufficient to meet the requirements of supervised period of training in practical assessment and auditing.</p>	<p>Yes that's correct.</p>
<p>XXXX would recommend that if this approach is taken, that some guidance around a tolerance level for the percentage of files that need to conform is given to ensure consistency of this scoring approach. XXXX also recommends that if this scoring methodology is used, that any areas of non-conformance are duly noted as service improvement opportunities to ensure continuous improvement.</p>	<p>The evaluation does not measure the number of files that conform but compliance with specific criteria. The information available within the Guide and the manual and the need for evidence-based evaluation should minimise the extent of subjective conclusions.</p>
<p>In relation to the minimum staffing qualifications there is one persistent area of concern. In summary, XXXX considers that overly stringent staffing requirements can create a significant barrier to entry to the workplace rehabilitation industry for suitably qualified health professionals (namely rehabilitation counsellors, persons with an undergraduate degree in psychology and nurses). This exacerbates an already significant and chronic skill shortage in the industry. The requirement for these allied health professionals to be registered and to be eligible for membership of their relevant association is considered unnecessary. This is especially considering that registration is aimed at developing and maintaining clinical skills most of which are irrelevant to the workplace rehabilitation industry. It is also noted that eligibility for membership for Associations such as ASORC also requires post graduate training and supervision.</p>	<p>Out of feedback scope in relation to the draft evaluation manual – this was negotiated as part of the nationally consistent framework. However, feedback is acknowledged and will be considered when the framework is evaluated.</p>
<p>XXXX supports the Evaluation Guide with just one qualification in relation to the use of the Evaluation Tool. While the Evaluation Tool sets an important minimum standard in relation to audit tools, XXXX recommends that HWCA allow some flexibility in the type of tool to be used for self audits to ensure the process is efficient and effective for all providers.</p>	<p>Feedback noted. Manual updated accordingly. As minimum providers should ensure they address the criteria of the evaluation – this includes the Conditions of Approval and the Principles of Workplace Rehabilitation.</p>