

Criteria and Operational Standards for Workplace Rehabilitation Providers 2015

made under sections 34D and 34E of the

Safety, Rehabilitation and Compensation Act 1988

**Compilation No. 1**

**Compilation date:** 1 January 2020

**Includes amendments up to:** F2019L01175

**Registered:** 21 January 2020

**About this compilation**

**This compilation**

This is a compilation of the *Criteria and Operational Standards for Workplace Rehabilitation Providers 2015* that shows the text of the law as amended and in force on 1 January 2020 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

**Uncommenced amendments**

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

**Application, saving and transitional provisions for provisions and amendments**

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

**Editorial changes**

For more information about any editorial changes made in this compilation, see the endnotes.

**Modifications**

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

**Self‑repealing provisions**

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

**Part 1 – Preliminary**

**1 Name**

This legislative instrument may be cited as the *Criteria and Operational Standards for Workplace Rehabilitation Providers 2015.*

**4 Authority**

(1) Part 2, Division 1 (criteria for approval, or renewal of approval) of this legislative instrument is determined under section 34D of the SRC Act.

(2) Part 2, Division 2 (operational standards) of this legislative instrument is determined under section 34E of the SRC Act.

**5 Definitions**

**Guide to this section**

The purpose of this section is to provide a list of every term that is defined in this legislative instrument.

Some terms that are used in this legislative instrument are defined in the SRC Act. Those terms have the same meaning as in the SRC Act. Those terms are not included in this section but can be found in section 4 of the SRC Act.

(1) Subject to contrary intention, terms used in the Appendices to this legislative instrument have the same meaning as set out in the HWCA Guide.

(2) In this legislative instrument, including Appendices:

***applicant*** means a person applying:

(a) under section 34B of the SRC Act for approval as a workplace rehabilitation provider; or

(b) under section 34J(1) of the SRC Act for renewal of such an approval.

***code of conduct*** means the HWCA endorsed code of conduct for workplace rehabilitation providers in the HWCA Guide.

***conditions of approval*** means the conditions that a workplace rehabilitation provider is subject to under section 34P of the SRC Act.

***criteria for approval*** means the criteria determined by Comcare under paragraph 34D(1)(a) of the SRC Act.

***criteria for renewal of approval*** means the criteria determined by Comcare under paragraph 34D(1)(b) of the SRC Act.

***Heads of Workers’ Compensation Authorities*** or ***HWCA*** is a group comprising the chief executives (or their representatives) of the peak bodies responsible for the regulation of workers compensation in Australia and New Zealand.

***HWCA conditions of approval*** means the HWCA endorsed conditions of approval as set out in Appendix 3.

***HWCA Guide*** means the HWCA document “Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers” published on the HWCA website www.hwca.org.au as at 28 August 2015.

***instrument of approval*** means an instrument of approval or renewal issued by Comcare in accordance with section 34P of the SRC Act.

***operational standards*** means operational standards determined by Comcare under subsection 34E(1) of the SRC Act.

***principles of workplace rehabilitation*** means the HWCA endorsed principles of workplace rehabilitation set out in Appendix 2 of this instrument.

***provider*** means a person (including a partnership or company) that is approved as a workplace rehabilitation provider under the SRC Act, and includes any principal of the provider.

***SMART return to work goal*** are recovery at work or return to work goals that are Specific, Measurable, Achievable, Relevant and Time‑bound (SMART).

***SRC Act*** means the *Safety, Rehabilitation and Compensation Act 1988* (Cth).

***worker*** has the same meaning as employee in the SRC Act.

***workers’ compensation authority*** means Comcare.

***workplace rehabilitation*** means a managed process involving timely intervention with appropriate and adequate services based on assessment need, aimed at maintaining injured or ill employees in, or returning them to, suitable employment.

***workplace rehabilitation consultant*** means a person employed or otherwise engaged by a provider who will participate in the provision of workplace rehabilitation services.

***workplace rehabilitation provider***  and ***WRP*** both have the same meaning as provider.

***workplace rehabilitation service continuum*** means that workplace rehabilitation is delivered on a service continuum of assessment of need, planning, active implementation, review and evaluation as set out at Appendix 1.

***workplace rehabilitation services*** or ***services*** meansthe type of services referred to in the workplace rehabilitation model that may assist a worker to recover at, or return to work with the same (pre‑injury) employer or with a new employer.

**Part 2 – Criteria and operational standards**

**Guide to this Part**

The purpose of this Part is to establish criteria and operational standards under which workplace rehabilitation providers seek Comcare approval and renewal. Such approval allows them to deliver rehabilitation services to injured workers consistent with the requirements set by the nationally consistent approval framework.

HWCA commissioned a working party to develop and implement a harmonised provider approval process which will operate in all jurisdictions and set minimum professional qualifications, and outline the best practice model for organisational capability and rehabilitation service delivery. The resulting nationally consistent approval framework for workplace rehabilitation providers was endorsed by all HWCA members (including Comcare) in June 2008, and commenced operation in Australian jurisdictions from 1 July 2010. The details of the approval framework are contained in the HWCA Guide. The HWCA Guide details all aspects of the national framework including the approval process, organisational capability standards, mandatory qualifications, workplace rehabilitation service model principles, conditions of approval and code of conduct. Comcare implemented the nationally consistent approval framework from 1 July 2010 through amendments the criteria and operational standards.

The criteria and operational standards set out in this legislative instrument do not comprehensively detail all requirements that workplace rehabilitation providers must comply with during the approval period. Applicants should also ensure they fully understand the framework contained in the HWCA Guide prior to making an application to become a workplace rehabilitation provider. As set out in more detail below, the criteria are requirements that Comcare must be satisfied an applicant meets at different stages of the approval process. The operational standards are requirements that Comcare must be satisfied that an applicant is likely to meet, or has met, at different stages of the approval process. Accordingly, applicants should refer to this Part to ensure that they are aware of all criteria and operational standards that must be satisfied to be approved as a workplace rehabilitation provider.

If an applicant is approved by Comcare as a workplace rehabilitation provider, an instrument of approval will be issued. This instrument of approval will contain the HWCA conditions of approval as well as any additional conditions that the workplace rehabilitation provider must comply with.

If a workplace rehabilitation provider breaches any of the conditions of an instrument of approval or any of the criteria or operational standards set out in this Part, Comcare may revoke the workplace rehabilitation provider’s approval pursuant to section 34Q of the SRC Act.

**Division 2 – Operational Standards**

**Guide to this Division**

The purpose of this Division is to determine certain aspects of the HWCA Guide as being operational standards. These operational standards will be taken into account by Comcare when making an initial approval decision under, a renewal decision and potentially when making a decision to revoke a workplace rehabilitation providers’ approval.

When making an initial approval decision, Comcare can only approve an applicant as a workplace rehabilitation provider if it is satisfied that the applicant is likely to comply with the operational standards.

When making a renewal of approval decision, Comcare can only approve the applicant as a workplace rehabilitation provider if the applicant has demonstrated compliance with the operational standards in force under section 34E since the applicant was initially approved or last renewed, and that the applicant is likely to be able to meet the operational standards in force under section 34E with effect from the renewal date.

If, at any time, Comcare is satisfied that were the provider to be applying for approval at that time, Comcare would not approve the provider, Comcare may revoke the approval pursuant to section 34Q of the SRC Act.

Notes:

1. The criteria for approval and criteria for renewal of approval are set out at Part 2, Division 1 of this legislative instrument.

2. The criteria for approval and criteria for renewal of approval are criteria that are capable of being demonstrated as at the date of the application for approval or the application for renewal of approval respectively. This is different to operational standards, as Comcare must assess the likelihood of compliance during the period for which the person is applying for approval, and whether compliance has been demonstrated during the approval period where the person applies for renewal of approval.

**10 Workplace rehabilitation service continuum**

It is an operational standard that all workplace rehabilitation services are provided in accordance with the workplace rehabilitation service continuum set out in full at Appendix 1.

**11 Principles of workplace rehabilitation**

*Service provision*

The principles set out at section 4.1 of the principles of workplace rehabilitation are operational standards, including the following principles and their indicators set out in full at Appendix 2:

(a) subsection 4.1.1 – a focus on recovery at, or return to work;

(b) subsection 4.1.2 – the right services provided at the right time;

(c) subsection 4.1.3 – effective service provision at an appropriate cost;

(d) subsection 4.1.4 – effective communication with all relevant parties; and

(e) subsection 4.1.5 – evidence based decisions.

Note: See section 6 of this legislative instrument for principles of workplace rehabilitation that are criteria for approval and criteria for renewal of approval.

**12 HWCA conditions of approval**

(1) The following HWCA conditions of approval are operational standards, as set out in full at Appendix 3:

(a) condition 4 ‑ self‑evaluation of performance; and

(b) condition 9 ‑ safe, accessible and appropriate environment for workers, staff and visitors.

Note: All HWCA conditions of approval are also conditions specified in the instrument of approval pursuant to section 34P of the SRC Act and must be complied with throughout the approval period. This includes meeting the Comcare return to work rate.

**APPENDIX 1**

## 3.4 WORKPLACE REHABILITATION SERVICE DELIVERY CONTINUUM

**Comcare note**: The workplace rehabilitation continuum is an operational standard pursuant to section 10 of this legislative instrument. Comcare must be satisfied that an initial applicant is likely to be able to comply with the operational standards presently in force. Comcare must be satisfied that a renewal applicant has demonstrate compliance with the operational standards since the applicant was initially approved **and** is likely to be able to meet the operational standards in force from the renewal date.

**Assessment of need**

Early, accurate identification of risks and needs ensures the most appropriate intervention is applied to achieve a safe recovery at, or return to, work.

Assessment of need continues throughout the course of service delivery as new information is received.

**Recovery at, Return to, work planning**

Return to work planning is required to assist a worker:

 recover at or return to work with the pre‑injury employer

 undertake physical upgrading or transitional duties with a host employer prior to return to work with the pre‑injury employer

 find a new job.

Return to work planning will:

 involve setting Specific, Measurable, Achievable, Relevant and Time‑bound (SMART) recovery at or return to work goals

 specify strategies that address the identified risks, needs, strengths and capacities having regard for the worker’s medical status, capacity for work, , vocational status, psychosocial concerns, employer requirements, workplace issues and any other return to work barriers

 take place in consultation with the worker, the treating doctor, the employer

 (if the worker is still employed) and the union (if involved), to align expectations of key parties

 be consistent with the insurer’s Injury/Case/Claim Management Plan.

 take into account the most direct way back to work for the worker but not at the expense of the worker’s needs or the employer’s capacity

 consider personnel management and industrial issues in the workplace and adopt strategies to address these issues if they are barriers to the worker’s recovery at, or return to, work.

**Active implementation and review**

Implementing workplace rehabilitation services involves:

 using work as an intervention to improve health and assist recovery coordination of services and resources

 timely intervention

 cost effective service delivery that avoids unnecessary duplication, is integrated with other treatment services and provided in a timely manner

 regular, timely and active reviews of the worker’s recovery at, or return to work strategy, conducted to:

o gather evidence of progress towards outcomes

o review the impact of interventions on identified return to work needs

o consider and act on new information

o maintain contact, and align expectations, with all relevant parties.

**Durable return to work**

Achieving durable return to work includes:

 setting expectations, and defining the extent and the type of workplace rehabilitation intervention and services needed to support the worker

 advising on the need for ongoing workplace rehabilitation intervention and negotiating these with the insurer, employer or treating doctor, if such are required to support the workers recovery

 confirmation of durability of employment (if employed).

**Return to work – same employer**

Workplace rehabilitation services that assist a worker to recovery at, or return to work with the same (pre‑injury) employer may involve:

 early, accurate identification of risks, needs and abilities of the worker and workplace through worksite visits, consultation with the worker, employer, treating professionals, workplace assessment and/or vocational assessment

 designing and implementing return to work interventions to address the risks and match the needs and abilities of the worker and workplace (return to work planning and monitoring)

 negotiating, monitoring and adapting suitable duties matched to the workers capacity, with the goal of upgrading to pre‑injury duties

 assisting the worker, employer and nominated treating doctor to manage the workers compensation system in order to achieve a safe return to work for the worker

 advising on workplace or work process modifications

 organising the supply of assistive equipment and ensuring the worker can safely utilise the equipment

 coordinating and mobilising required workplace rehabilitation intervention, services and resources

 rehabilitation counselling and support to maintain the worker’s motivation to recovery at, or return to work

 recommending, coordinating and monitoring on the job training or formal

 training if returning to a new job with the same employer.

**Return to work – new employer**

Workplace rehabilitation services that assist a worker to return to work with a new employer may involve:

 assessing the worker’s vocational capacity and potential through vocational assessment and counselling

 negotiating a job placement strategy that outlines the job placement services to meet the worker’s needs

 preparation of the worker to seek and obtain a new job

 facilitating job search and placement support for job seekers

 assisting key parties to manage the workers compensation system to ensure a safe return to work

 assessing potential worksites to ensure the suitability of a new job or work trial placement

 advising on workplace or work process modifications

 organising the supply of assistive equipment and ensuring the worker can safely utilise the equipment

 mobilising services and resources such as on the job or formal training

 negotiating with employers regarding the use of employer incentive schemes

 rehabilitation counselling and support to maintain the worker’s motivation to return to work.

**APPENDIX 2**

**4. PRINCIPLES OF WORKPLACE REHABILITATION**

The principles of workplace rehabilitation are the foundation elements of the organisation’s model of workplace rehabilitation service delivery and define workplace rehabilitation service provision, organisational and administrative infrastructure, staffing arrangements and quality framework.

In their application for approval, providers must demonstrate how they will conform to these principles initially and throughout the period of approval.

**4.1** **Service provision principles**

**Comcare note**: The service provision principles are operational standards pursuant to section 11 of this legislative instrument. Comcare must be satisfied that an initial applicant is likely to be able to comply with the operational standards presently in force. Comcare must be satisfied that a renewal applicant has demonstrate compliance with the operational standards since the applicant was initially approved **and** is likely to be able to meet the operational standards in force from the renewal date.

Providers deliver services to workers and employers in a cost effective, timely and proactive manner to achieve a safe and durable return to work.

**4.1.1 A focus on recovery at, or return to work**

a. Expectations that a SMART return to work goal, and the services required, are established with relevant parties at the commencement and throughout service provision (relevant parties include worker, employer, insurer and other service providers).

b. Appropriate services are identified and delivered to maximise recovery at, or return to work.

c. Services focus initially on recovery at work in the worker’s pre‑injury employment or, if that is not possible, return to work with another employer.

**4.1.2 The right services provided at the right time**

a. Workers receive prompt attention and intervention appropriate to their needs.

b. Barriers, risks and strengths are identified and strategies promptly implemented.

c. Intervention is actively coordinated and integrated with other injury management and recovery and return to work activities.

**4.1.3 Effective service provision at an appropriate cost**

a. Needs of the worker and employer are identified by means of adequate and appropriate assessment.

b. Service levels match the worker and employer needs.

c. Service costs match the range and extent of service provision.

**4.1.4 Effective communication with all relevant parties**

a. Respectful, open and effective working relationships established and maintained between workers, employers and other relevant parties.

b. The provider acts as the link between treatment providers and the workplace to translate functional gains into meaningful work activity.

c. Progress towards the recovery at, return to work goal is communicated to interested parties throughout service provision.

d. Durability of employment is confirmed 13 weeks after placement.

**4.1.5 Evidence based decisions**

a. Assessments demonstrate the need for intervention and appropriateness of the recovery at, or return to work strategies.

b. The extent of workplace rehabilitation intervention and/ or the type of service selected is the most appropriate and cost effective of those available to achieve the recovery at, return to work goal.

**4.2** **Organisational and administrative principles**

**Comcare note**: The organisational and administrative principles are criteria for approval and criteria for renewal of approval pursuant to section 6 of this legislative instrument. Comcare must be satisfied that both initial applicants and renewal applicants meet these criteria.

Business, governance and administrative arrangements provide an appropriate infrastructure for reliable and consistent service provision to workers, employers, insurers and other relevant parties.

**4.2.1 Comprehensive and robust corporate governance infrastructure**

a. Systems of probity that avoid conflict of interest as well as prevent, manage and report malpractice/fraud.

b. Appropriate financial administration including accurate accounting.

c. Maintenance of appropriate and adequate insurances, including professional indemnity, public liability and workers compensation.

d. Data collection, analysis and reporting of provider performance including recovery at, or return to work status and durable return to work rates.

**4.2.2 A records management system meeting state and commonwealth legislation requirements**

a. Comprehensive, accurate and accessible records pertaining to all clients, staff and business operations.

b. Security of storage of records in accordance with legislative requirements.

**4.2.3 Privacy and confidentiality practices meeting relevant privacy legislation requirements**

a. Systems that incorporate privacy and confidentiality requirements within all aspects of the organisational and administrative arrangements.

**4.2.4 Safe work practices as well as return to work and injury management policies**

a. Systems that comply with relevant injury management and workers compensation legislation.

b. Systems that comply with local workplace health and safety legislation.

**4.2.5 Organisational management structure requirements**

a. At least one person in the management structure with a qualification recognised as being sufficient to satisfy the requirements of a workplace rehabilitation consultant and who is able to demonstrate at least five years’ relevant workplace rehabilitation experience (also refer to 4.4.1a. minimum workplace rehabilitation consultant qualifications).

**4.3 Quality assurance and continuous improvement principles**

**Comcare note**: The quality assurance and continuous improvement principles are criteria for approval and criteria for renewal of approval pursuant to section 6 of this legislative instrument. Comcare must be satisfied both initial applicants and renewal applicants meet these criteria.

**4.3.1 Quality model**

a. Quality systems that ensure customer focused service delivery and collect, analyse and monitor qualitative and quantitative data to identify areas of strength and opportunities for systems and service improvement.

**4.3.2 Quality assurance**

a. Implementation of appropriate review mechanisms (for example, self‑ evaluations and peer reviews) to assure compliance with the conditions of approval.

b. Implementation and documentation of corrective and preventative actions and monitoring and review of their effectiveness.

**4.3.3 Customer focus**

a. System to collect, review, analyse and action solicited and unsolicited feedback from customers.

b. Implementation of an effective complaints management system.

**4.3.4 Continuous improvement**

c. Systems for analysing information and data to identify opportunities for improvement.

d. Planning, piloting, refining and implementing improvement strategies.

e. Monitoring and reviewing the effectiveness of any improvement strategies.

**4.4 Staff management principles**

**Comcare note**: The staff management principles are criteria for approval and criteria for renewal of approval pursuant to section 6 of this legislative instrument. Comcare must be satisfied both initial applicants and renewal applicants meet these criteria.

**4.4.1 Qualifications, knowledge and experience**

a. Systems for ensuring that workplace rehabilitation consultants have the minimum qualifications (as outlined below) and the qualifications are verified.

Workplace rehabilitation consultants will have a qualification recognised, accredited or registered by one of the following associations or Australian Health Practitioner Regulation Agency registration boards (however described):

 Rehabilitation counsellor:

o Australian Society of Rehabilitation Counsellors (recognised), or

o Rehabilitation Counselling Association of Australia (recognised)

 Occupational Therapist (registered).

 Physiotherapist (registered).

 Exercise physiologist:

o Exercise and Sports Science Australia (accredited as an exercise physiologist).

 Psychologist (registered).

o Speech pathologist: Speech Pathology Australia (recognised).

 Social worker:

o Australian Association of Social Workers (recognised).

 Medical practitioner (registered)

 Nurse (registered)

Note 1: A workplace rehabilitation consultant will be taken to satisfy 4.4.1 (a) if they will be eligible for full membership on completion of a current period of required supervised professional practice (as determined by the relevant Professional Association or Registration board).

Note 2: ASORC’s Affiliate category of membership does not meet the minimum qualifications to work as a workplace rehabilitation consultant. However some jurisdictions recognise ASORC’s Affiliate category of membership as a pathway towards meeting the minimum qualifications and as such allow Affiliate members to work in the industry under the supervision of a workplace rehabilitation consultant. Workplace rehabilitation providers should check with the local workers compensation authority as to their position of ASORC Affiliate membership.

**AND** 12 months or more experience delivering workplace rehabilitation services.

Where workplace rehabilitation consultants have less than 12 months experience delivering workplace rehabilitation services, a comprehensive induction program will be completed and professional supervision provided for at least 12 months.

Note 3: Some workplace rehabilitation services can only be delivered by designated professional groups. The minimum qualifications to deliver these services are included in the description of the workplace rehabilitation services as specified by each jurisdiction.

See Appendix 5 for a nationally consistent description of practice standards for workplace assessments, functional assessments and vocational assessment and counselling.

**Comcare Note**: The reference to Appendix 5 in this note is to Appendix 5 of the HWCA Guide.

b. Workplace rehabilitation consultants have the appropriate skills, knowledge, and experience to deliver workplace rehabilitation services.

c. Workplace rehabilitation consultants have knowledge of injury management principles and workers compensation legislation, policy and procedures.

d. All staff interacting with injured workers and workplaces have current checks and clearances where appropriate (police, security, WHS and child protection).

**4.4.2 Induction, ongoing learning and development**

a. A robust induction and continuous learning and development program to support the acquisition and maintenance of staff skills and knowledge.

b. Staff have access to, and understand, all current policies and procedures relevant to their work.

c. Staff have appropriate supervision and support and participate in peer review processes.

d. Staff members are compliant with the professional code of conduct relevant to their particular qualification.

**4.4.3 Adequate staff resourcing**

a. Caseload management systems that efficiently allocate cases to staff with the experience and skill level to match the workers injury, needs and potential case complexity.

b. Handover practices where cases are reviewed and all relevant parties informed to maintain continuity of care for the worker.

**APPENDIX 3**

**Comcare Note**: The twelve HWCA conditions of approval were developed by Comcare and other State and Territory Workers’ Compensation Authorities as part of the nationally consistent approval framework. They are the overarching requirements to operate as a workplace rehabilitation provider. The HWCA conditions of approval will be conditions on any instrument of approval issued by Comcare and must be complied with throughout the approval period.

**CONDITIONS OF APPROVAL**

The following conditions apply to instruments of approval as a workplace rehabilitation provider:

1. The workplace rehabilitation provider must comply with the Principles of Workplace Rehabilitation.

2. The workplace rehabilitation provider must ensure that all services are delivered in accordance with the workplace rehabilitation model by persons who hold the minimum qualifications as defined in the Principles of Workplace Rehabilitation and in accordance with service descriptions appropriate to the workers compensation authority where the approval is being sought.

3. The workplace rehabilitation provider’s management structure must include at least one person who holds a rehabilitation consultant qualification outlined in the Principles of Workplace Rehabilitation and who is able to demonstrate five years’ relevant workplace rehabilitation experience.

4. The workplace rehabilitation provider must participate in annual self‑evaluations and in independent evaluations as required by the workers compensation authority to demonstrate conformance with the conditions of approval.

**Comcare note**: This HWCA condition of approval is also an operational standard. See section 12 of this legislative instrument.

5. The workplace rehabilitation provider must demonstrate management of 12 cases (excludes assessment only cases) of workplace rehabilitation within any workers compensation jurisdiction for each 12 month period within the three year approval period. (Due consideration will be given to providers servicing rural and remote areas).

6. The workplace rehabilitation provider must maintain the minimum return to work rate as set by the workers compensation authority.

**Comcare note**: see www.comcare.gov.au for the minimum return to work rate set by Comcare.

7. The workplace rehabilitation provider must provide data to the workers compensation authority consistent with the conditions of approval.

8. The workplace rehabilitation provider must deliver services in compliance with the Code of Conduct for Workplace Rehabilitation Providers.

9. The workplace rehabilitation provider’s facilities at all locations where services are delivered, must provide an accessible and appropriate environment for workers, staff and visitors and comply with local workplace health and safety legislation.

**Comcare note**: This HWCA condition of approval is also an operational standard. See section 12 of this legislative instrument.

10. The workplace rehabilitation provider must remain financially solvent.

11. The workplace rehabilitation provider must notify the workers compensation authority in advance, or as soon as practical, if any of the following situations arise, and accept that the workers compensation authority will review the status of approval and determine whether the proposed arrangements conform with the conditions of approval:

i. the business is sold or the controlling interest in the business is taken over by a new shareholder(s), owner(s) or director(s).

ii. the business changes its trading name or location of premises.

iii. the business supplies or has connections with other suppliers of services within the workers compensation industry.

iv. a new chief executive officer or director or head of management is appointed.

v. there is a major change in the service delivery model and/or staff which may impact on the delivery of the workplace rehabilitation services.

vi. there is any other change that affects, or may affect, the provider’s service quality and procedures.

vii. the provider has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings.

viii. there is any professional misconduct proceedings being taken against the provider or any individuals employed or engaged by the provider.

12. The workplace rehabilitation provider must accept that the workers compensation authority may:

i. initiate an evaluation at any time during the period of the approval which may involve an evaluation of conformance to the conditions of approval

ii. consult with the relevant professional or industry associations in determining what are reasonable expectations regarding performance

iii. impose additional requirements

iv. exchange information with other workers compensation authorities on provider performance

v. cancel approval status if the above conditions are not met.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

**Abbreviation key—Endnote 2**

The abbreviation key sets out abbreviations that may be used in the endnotes.

**Legislation history and amendment history—Endnotes 3 and 4**

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

**Editorial changes**

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

**Misdescribed amendments**

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

|  |  |
| --- | --- |
| ad = added or inserted | o = order(s) |
| am = amended | Ord = Ordinance |
| amdt = amendment | orig = original |
| c = clause(s) | par = paragraph(s)/subparagraph(s) |
| C[x] = Compilation No. x | /sub‑subparagraph(s) |
| Ch = Chapter(s) | pres = present |
| def = definition(s) | prev = previous |
| Dict = Dictionary | (prev…) = previously |
| disallowed = disallowed by Parliament | Pt = Part(s) |
| Div = Division(s) | r = regulation(s)/rule(s) |
| ed = editorial change | reloc = relocated |
| exp = expires/expired or ceases/ceased to have | renum = renumbered |
| effect | rep = repealed |
| F = Federal Register of Legislation | rs = repealed and substituted |
| gaz = gazette | s = section(s)/subsection(s) |
| LA = *Legislation Act 2003* | Sch = Schedule(s) |
| LIA = *Legislative Instruments Act 2003* | Sdiv = Subdivision(s) |
| (md) = misdescribed amendment can be given | SLI = Select Legislative Instrument |
| effect | SR = Statutory Rules |
| (md not incorp) = misdescribed amendment | Sub‑Ch = Sub‑Chapter(s) |
| cannot be given effect | SubPt = Subpart(s) |
| mod = modified/modification | underlining = whole or part not |
| No. = Number(s) | commenced or to be commenced |

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| Criteria and Operational Standards for Workplace Rehabilitation Providers 2015 | 11 Nov 2015 (F2015L01777) | Pt 2 (Div 1): 1 Jan 2016 (s 2(1)) Pt 2 (Div 2): 1 July 2016 (s 2(2)) Remainder: 12 Nov 2015 |  |
| Safety, Rehabilitation and Compensation Act (Criteria for Approval and Renewal of Rehabilitation Program Providers) Determination 2020 | 10 Sept 2019 (F2019L01175) | s 5: 1 Jan 2020 (s 2) | — |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| **Part 1** |  |
| s 2 | rep LA s 48D |
| s 3 | rep LA s 48C |
| **Part 2** |  |
| Division 1 | rep F2019L01175 |
| s 6 | rep F2019L01175 |
| s 7 | rep F2019L01175 |
| s 8 | rep F2019L01175 |
| s 9 | rep F2019L01175 |