Workplace Rehabilitation Provider
Annual Monitoring and Compliance Report (Self-Assessment)

WORKCOVER BOARD Tasmania

The *Annual Monitoring and Compliance Report* is a self-assessment undertaken by workplace rehabilitation providers (WRPs) accredited to deliver workplace rehabilitation services under section 77C of the *Workers Rehabilitation and Compensation Act 1988 (the Act).*

In accordance with section 77C (1B) of the Act, the requirements for accreditation are documented in the *Accreditation Requirements for Workplace Rehabilitation Providers in Tasmania (the Tasmanian Requirements)* document, which imposes conditions of accreditation. *Condition 10* requires WRPs to participate in annual self-reporting and WorkCover Board audits to demonstrate conformance with the conditions.

Self-assessments must be submitted using this template and must be signed by an authorised senior manager.

Please email your completed self-assessment to workcover.tasmania@justice.tas.gov.au

WRP's legal name:

Trading name (if different):

Name and position of authorised senior manager completing this report:

Self Assessment Checklist

Please check you have attached the following documents and signed page 10 and 12.

- ☐ Copies of current Certificates of Currency
  - ☐ Professional indemnity insurance
  - ☐ Public liability insurance
  - ☐ Tasmanian workers compensation insurance
- ☐ Updated Staff Details Sheet
- ☐ Supervision plans [1]
- ☐ Supervision reports [2]
- ☐ Corrective action plans and progress reports (if applicable)
- ☐ Authorised manager signed Declaration of Compliance statement
- ☐ Authorised manager signed Commitment to the Approval Criteria and Conditions of Accreditaton

1 For new staff/contractors that commenced in the last 12 months under supervision (if not previously submitted).

2 For staff/contractors that have completed their supervision period in the last 12 months (if not previously submitted).

Personal Information Protection Statement

The personal information we collect from you will be used by the WorkCover Board for the purposes of auditing your accreditation as a workplace rehabilitation provider and may be used for other purposes permitted by the *Workers Rehabilitation and Compensation Act 1988* and associated laws. Failure to provide this information may result in your accreditation being revoked or cancelled, or records not being properly maintained. Your personal information may be disclosed to contractors and agents of the WorkCover Board, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service.

Person(s) in the management structure that holds a relevant qualification, professional membership and is able to demonstrate five years' recent and relevant workplace rehabilitation experience.

This person is responsible for managing staff (including contractors) that deliver workplace rehabilitation services.

Person 1

Name

Title

Daytime contact number

Mobile number

Email

If this person has changed in the last 12 months, attach copies of relevant:

- ☐ Qualification/s
- ☐ Professional membership/s
- ☐ Resume

Person 2 (if applicable)

Name

Title

Daytime contact number

Mobile number

Email

If this person has changed in the last 12 months, attach copies of relevant:

- ☐ Qualification/s
- ☐ Professional membership/s
- ☐ Resume

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

	Yes	No
1. Has your organisation provided workplace rehabilitation services to injured Tasmanian workers in the last 12 months?	☐	☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

	Yes	No
2. Has there been any corporate changes in the last 12 months, as set out in condition 18, that were not reported to the WorkCover Board in advance or as soon as practical? If yes, provide explanation and details of changes:	☐	☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

3. Has there been any professional misconduct or criminal proceedings taken (or are pending) against the organisation, owner/s and/or management, and/or any person employed or engaged to deliver workplace rehabilitation services? If yes, provide details and action/s taken to address the matter/s:	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

4. Has there been any breaches of the *Privacy Act 1988*, the *Personal Information Protection Act 2004*, or the *Workers Rehabilitation and Compensation Act 1988* in relation to its activities as a workplace rehabilitation provider? If yes, provide details of any breach/es and action/s taken to address the breach/es:	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

5. Has there been any breaches of the WRP's cyber security in the last 12 months? If yes, provide details of any breach/es and action/s taken to address the breach/es:	Yes ☐	No ☐
If more space is needed, attach additional pages clearly labelled for the question that you are answering.		

6. Has there been any instance of conflict of interest, real or perceived, identified in the last 12 months? If yes, provide details of the conflict of interest and details of action/s being taken to manage the conflict:	Yes ☐	No ☐
If more space is needed, attach additional pages clearly labelled for the question that you are answering.		

7. Has the WRP maintained a record of all disputes/complaints and their resolutions/ outcomes and complied with internal and external disputes/complaints resolution policies and procedures? If no, provide details and any action/s to ensure ongoing compliance:	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

8. Has the WRP received any disputes/complaints in the last 12 months? If yes, provide details about the nature of the dispute/complaint and any actions to resolve the issue. Alternatively, attach a copy of your complaints register.	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

9. In Tasmania, only designated professional groups can deliver specific workplace rehabilitation services. Has the WRP undertaken a review to check that staff (including contractors) are only providing workplace rehabilitation services within the scope of their profession? • If no, provide details of actions that will be implemented to ensure that reviews occur: • If yes, provide details of any instances where staff provided services outside their scope and action/s taken to ensure that this does not occur again:	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

10. Have there been any instances where the WRP has identified that staff have a workload that impedes the effective and timely delivery of services? If yes, provide details and any actions to allievate the issue:	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

11. Has the WRP complied with the *Heads of Workers' Compensation Authorities (HWCA) Principles of Practice* subject to any amendments stipulated in the Tasmanian Requirements? Please review client files with activity during the last 12 months. Number of files to be reviewed: • 10% but no more than 20 files • If you have less than 20 files, review 50%. A mix of files should be reviewed, such as, files managed by different staff, different workplace rehabilitation services delivered and different Tasmanian regions/ locations. Provide details of any non-compliance/s and action taken to address the non-compliance/s:	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

12. Has the WRP complied with all Approval Criteria and Conditions of Accreditation in this reporting year? If no, provide details of any non-compliance/s and action taken to address the non-compliance/s:	Yes ☐	No ☐
If more space is needed, attach additional pages clearly labelled for the question that you are answering.		

13. Have corrective action/s identified either during the WRP's self-assessment and/or WorkCover Board audit/s been addressed? If no, provide reasons and action taken:	Yes ☐	No ☐
If more space is needed, attach additional pages clearly labelled for the question that you are answering.		

14. Has the WRP implemented any new initiatives this reporting year aimed at improving service delivery outcomes for workers with an injury? If yes, provide details (optional):	Yes ☐	No ☐

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

I, the undersigned, declare that _____ (organisation name) has complied with the Approval Criteria and Conditions of Accreditation imposed by the WorkCover Board's Instrument of Accreditation.

Signature (Authorised Senior Manager) _____

Date _____

Recommitment to the Statement of Commitment to comply with the Approval Criteria and Conditions of Accreditation

Read and sign the below statement acknowledging your commitment to comply with the Approval Criteria and Conditions of Accreditation:

1. The WRP must comply with the Approval Criteria and Conditions of Accreditation as specified in the WorkCover Board's Accreditation Requirements for Workplace Rehabilitation Providers in Tasmania (the Tasmanian Requirements).
2. The WRP must comply with the Heads of Workers' Compensation Authorities (HWCA): Principles of Practice for Workplace Rehabilitation Providers (the Principles of Practice) subject to any amendments stipulated in the Tasmanian Requirements.
3. The WRP must ensure that all workplace rehabilitation services are delivered by persons who have and maintain relevant professional registration or membership as defined in the Tasmanian Requirements.
4. The WRP must ensure that all workplace rehabilitation services are only delivered by designated professional groups as defined in the Tasmanian Requirements.
5. The WRP must ensure that all workplace rehabilitation services are delivered by persons with 12 months or more experience delivering workplace rehabilitation services or is completing a comprehensive induction and learning plan with at least 12 months' supervision.
6. The WRP's management structure must include at least one person who holds a qualification listed in the Tasmanian Requirements and who is able to demonstrate five years' relevant workplace rehabilitation experience. Sole practitioners or an organisation that does not employ other staff or contractors to deliver workplace rehabilitation services are exempt from this requirement.
7. The WRP must operate in an ethical manner, complying with the code of conduct associated with their professional registration or membership, including operating within the limits of their acquired level of expertise.
8. The WRP must meet any minimum performance and service standards as defined by the WorkCover Board.
9. The WRP must provide data to the WorkCover Board consistent with the Conditions of Accreditation.
10. The WRP must participate in annual self-reporting and WorkCover Board audits to demonstrate conformance with the Conditions of Accreditation.
11. The WRP'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 work health and safety legislation.
12. The WRP must remain financially solvent.
13. The WRP must maintain appropriate insurances, including professional indemnity, workers compensation and public liability.
14. WRPs must meet relevant state and commonwealth legislative requirements for operating a business and delivering services, including records management, privacy, confidentiality, work health and safety, and the *Workers Rehabilitation and Compensation Act 1988*.
15. The WRP must comply with section 75 (2A) of the W*orkers Rehabilitation and Compensation Act 1988*, meaning the WRP must not charge a fee that is higher than what they would normally charge for that service if that service were provided for a matter not connected with a claim for workers compensation.
16. The WRP must invoice insurers using the WorkCover Board's service codes for the specific workplace rehabilitation services for which they deliver.
17. The WRP must have customer feedback and complaints management systems in place to ensure outcome and customer focused service delivery.
18. The WRP must notify the WorkCover Board in advance, or as soon as practical, if any of the following situations arise, and accept that the WorkCover Board will review the status of accreditation and determine whether the proposed arrangements conform with the Conditions of Accreditation:
    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 WRP has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings
viii. there is any professional misconduct or criminal proceedings being taken against the WRP or any individuals employed or engaged by the WRP

19. The WRP must accept that the WorkCover Board may:
    i. initiate an evaluation at any time during the period of the accreditation which may involve an evaluation of conformance to the Conditions of Accreditation
    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 accreditation status if the above conditions are not met.

I/we have read, understand and accept that I/we meet and will continue to conform to the Approval Criteria and Conditions of Accreditation.

I/we give consent to the collection, disclosure and release of information with other jurisdictional workers compensation authorities, where the provider delivers workplace rehabilitation services.

I/we understand and are aware that any breach of the Approval Criteria and Conditions of Accreditation may result in the Instrument of Accreditation being revoked by the WorkCover Board.

Organisation name

Name and title of authorised signatory	Name and title of authorised signatory
Signature of authorised signatory	Signature of authorised signatory
(Please print and sign, if digital signature is unavailable)	
Date	Date

WORKCOVER BOARD Tasmania

WorkSafe TASMANIA

Tasmanian Government

For more information contact:
WorkSafe Tasmania
Phone: 1300 366 322 (within Tasmania)
(03) 6166 4600 (outside Tasmania)
Email: wstinfo@justice.tas.gov.au