



**Australian Government**  
**Department of Veterans' Affairs**

# **ELECTRONIC RECORDS**

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# Rehabilitation Program Consultant Registration

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DVA Rehabilitation Provider Training Series

# Background

- DVA works with a pool of contracted providers that have satisfied DVA's registration requirements.
- It is essential consultants are appropriately registered, informed about DVA's program and processes, and work under the conditions of their registration status. This knowledge and skill ensures the best outcome for DVA clients who often present with complex medical and physical conditions acquired as a result of their service.
- Managing and recording consultant registration is the responsibility of the provider organisation.

# Rehabilitation Consultants

- Consultants are qualified health professionals who are trained and experienced to provide occupational rehabilitation services and develop and implement an appropriate plan of rehabilitation services for DVA clients eligible for rehabilitation assistance.
- To work with DVA clients, consultants must be Comcare registered and must be working for a DVA contracted provider. Consultants must be registered with their provider.



# Requirements for a DVA Rehabilitation Consultant

To be DVA registered, Consultants **must** have the appropriate experience to work with DVA clients. This includes a minimum of:

- two years' hands on occupational rehabilitation experience, working across a broad cross-section of clients in the areas of vocational and psychosocial needs (including medical management);
- six months' experience working with DVA clients or other workers from a similar environment, such as police or emergency service personnel;
- six months' experience assisting clients with complex medical conditions; and
- six months' experience translating specific skills and qualifications to other industries and assisting clients to move to a new employer, to change careers and/or move into a new industry (only applies to consultants whose professional scope of practice includes completing vocational assessments).

# Requirements for a DVA Rehabilitation Consultant

- To be DVA registered, Consultants must also have successfully completed all four mandatory training modules.
- Consultants who do not meet the mandatory criteria, must be mentored by a fully registered DVA consultant until the required experience has been gained.

# Registration process

- Consultants must meet DVA's registration requirements before they can deliver rehabilitation services to DVA clients. It is the providers' responsibility to ensure that the consultant satisfies DVA's registration requirements as detailed in the Rehabilitation Consultant Registration Provider Procedural Guideline.
- Providers must record consultants who have satisfied DVA's registration requirements on the Rehabilitation Consultant Registration spreadsheet, and retain the necessary supporting documentation that verifies that the consultant does meet the requirements.



# Consultant registration

- Providers must maintain the **s 47E(d)** **s 47E(d)**, which captures all consultant registration details, including mentoring information.
- All sections of the **s 47E(d)** must be updated and completed at all times. The **s 47E(d)** may be requested at any time as part of a DVA audit, and/or the Quality Reporting process.
- Consultants must be registered with their providers BEFORE they can deliver rehabilitations services for DVA clients.





# Registration categories

## Full registration

- Consultant has demonstrated two years' experience in whole-of-person (psychosocial, medical-management and vocational) rehabilitation, and has a minimum of six months' experience:
- working with DVA clients or other workers from a similar environment,
- assisting clients with complex medical conditions, and
- translating specific skills and qualifications to other industries and assisting clients to move to a new employer, to change careers and/or move into a new industry (only applies to consultants whose professional scope of practice includes completing vocational assessments).

## Provisional registration

- Consultant is required to work under an employer based mentoring program until they have gained the relevant experience.
- Mentors must co-sign all rehabilitation assessments, plans and reports.

# DVA-specific requirements for approval to work with DVA clients

- When allocating DVA cases to consultants, providers must consider their consultants' experience and skill level in view of the client's condition, needs, and potential case complexity in order to achieve cost-effective, timely, and proactive outcomes.
- Providers must also ensure that the consultant has sufficient capacity to service the client based on their needs. Given the complexity of DVA clients' issues, providers must ensure that registered consultants:
  - are given an appropriate case load that allows them to be responsive to client needs and
  - maintain regular and sufficient work hours so that they can be reasonably contactable during business hours. Consultants who are employed casually (i.e. are not routinely or predictably contactable) are not suitable for DVA clients and should not be put forward for registration.

# Mentoring requirements

- Providers that have provisionally registered consultants working with DVA clients are required to have a documented mentoring program in place that ensures the provisionally registered consultant has appropriate support and supervision while they gain the necessary experience to meet DVA's requirements and assist DVA clients.
- Providers that do not have any staff requiring mentoring do not need to have a mentoring plan.
  - If the staffing situation changes and a provisionally registered consultant joins the organisation, providers must ensure a documented mentoring program is in place prior to the consultant commencing any work with DVA clients.

# Upgrading a Consultants' registration status

- Where a provisionally-registered consultant has gained sufficient experience to seek 'full registration' status, the provider must update the spreadsheet to ensure currency of registrations.
- As with new registrations, providers are required to verify the information, undertake due diligence and ensure the consultant's training is up to date.
- Due diligence should include obtaining formal confirmation from the consultants mentor that the consultant now has sufficient experience to meet DVA's full registration requirements.
- This information should be retained by the provider and is subject to audit form DVA

# Capacity

- It is the responsibility of the Provider to ensure DVA has up to date information on its capacity, location of services and service offerings.
  - For example: if a new consultant is registered and expands the logistical footprint of the provider and/or adds an additional service offering over and above what is already registered with DVA, it is the responsibility of the provider to advise DVA by emailing updated information to **s 47E(d)**
  - Additionally, it is the responsibility of the provider to advise DVA if their capacity, logistical footprint and/or service offerings reduce.



# GovTEAMS Community

- The DVA Rehab GovTEAMS SharePoint Community features all the latest updates and news about DVA's Rehabilitation Program, including upcoming events, provider training and other key documents, such as Provider Procedural Guidelines, Quick Reference Guides, Factsheets, etc.
- It is the DVA Rehabilitation Providers 'single source of truth' resource for information on the DVA Rehabilitation Program.
- It is a private site, which means that consultants need to be invited to join it.

# GovTEAMS Community

- Providers can request access to GovTeams for DVA registered Consultants, noting:
  - the provider must make the request not the Consultant and
  - only registered Consultants will be given access – administrative or support staff will not be given access, with the exception of a provider’s DVA Relationship Manager and Managing Director (or similar).
- Providers are responsible for notifying DVA when a Consultant needs to be added to the group.
- Provide the below information to **s 47E(d)** to have a Consultant added to the community:

First name	Last name	Email address	Registered consultant?
John	Smith	<a href="mailto:John.smith@dva.gov.au">John.smith@dva.gov.au</a>	Yes

# Key takeaways

- It is essential consultants are appropriately registered, informed about DVA's program and processes, and work under the conditions of their registration status.
- To work with DVA clients, consultants must be Comcare registered and must be working for a DVA contracted provider. Consultants must be registered with their provider.
- Consultants who do not meet the mandatory criteria, must be mentored by a fully registered DVA consultant until the required experience has been gained.





# Key takeaways

- Providers must maintain the **s 47E(d)** **s 47E(d)** which captures all consultant registration details, including mentoring information.
- It is the responsibility of the Provider to ensure DVA has up to date information on its capacity, location of services and service offerings.
- The GovTEAMS community is the DVA Rehabilitation Providers 'single source of truth' resource for information on the DVA Rehabilitation Program.



## **1 Introduction to Rehabilitation**

**Last amended**

4 June 2019

### **Rehabilitation providers**

DVA utilises Comcare approved or Military Rehabilitation and Compensation Commission (MRCC) endorsed rehabilitation providers to work with individual clients to develop whole-of-person rehabilitation plans tailored to their unique needs and circumstances.

Further information about rehabilitation providers can be found in [Chapter 11](#) of this Library.

### **1.4.2 Protocols of rehabilitation under the MRCA**

**Last amended**

4 April 2023

#### **Rehabilitation services**

19. Rehabilitation services, including assessment, are to be provided by approved rehabilitation providers only.

Approved rehabilitation providers are:

- providers approved by Comcare for the purposes of the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) or ; and
- providers with appropriate skills and expertise approved by the Commission.

## **2.4.2 Rehabilitation Definitions**

### **2.4 The Military Rehabilitation and Compensation Act 2004 (MRCA)**

#### **Approved program provider**

Section 41 of the [MRCA](#) [40] defines that an approved program provider means:

- (a) a person or body that is an approved program provider for the purposes of DRCA; or
- (b) a person nominated in writing by a rehabilitation authority, being a person the rehabilitation authority is satisfied has appropriate skills and expertise to design and provide rehabilitation programs.

### **3 The Rehabilitation Process**

Last amended

4 June 2019

#### **3.3.2 Issues to Consider When Making the Referral**

##### **Choosing a provider**

It is expected that Rehabilitation Coordinator will consider the skills, qualifications and experience of rehabilitation providers, when choosing who to refer the client to. It is also important that consideration is given to the specific and individual needs of the clients. For example, the client's service related condition(s), injury management requirements, whether specific assessments such as vocational assessments or testing, functional capacity assessments or psychosocial assessments have been requested, the client's location, gender, age or cultural background are likely to influence the choice of provider.

Rehabilitation providers delivering whole-of-person rehabilitation services to clients must meet DVA's requirements as specified in [chapter 11](#) of this library.

#### **3.5 Choosing a Service Provider**

Last amended

23 January 2017

DVA's Rehabilitation Coordinator ultimately has responsibility for the decision of who will provide what services. However, the choice of service providers will depend on the:

- local services available;
- specific needs of the client; and
- recommendations of the primary rehabilitation service provider, when they may need to obtain additional specialised assistance.

The provision and coordination of high quality rehabilitation services by a team of rehabilitation professionals and related organisations or individuals will hasten and enhance the recovery of veterans after a service injury or disease.

Selection of the most appropriate rehabilitation service provider will help to ensure positive rehabilitation outcomes for the veteran and is an important part of the rehabilitation process. DVA Rehabilitation Coordinators must refer to [chapter 11](#) and [section 11.5](#) of the Rehabilitation Policy Library for further information about choosing a rehabilitation service provider.

#### **3.6 Types of Service Providers**

Last amended

6 April 2023

##### **Rehabilitation Service Providers**

To work with DVA clients, rehabilitation service provider organisations need to:

1. be an [approved rehabilitation service provider](#); and
2. from 1 July 2016, satisfy a number of DVA-specific requirements.

Further information about rehabilitation service providers can be found in [Chapter 11](#).

**See Also**

[11 Rehabilitation Service Providers](#)

## 11 Rehabilitation Service Providers

4 June 2019

### WORK IN PROGRESS

*We are improving this policy library. While work is underway, content of this chapter may not be the most current information available. Please contact [rehabilitation@dva.gov.au](mailto:rehabilitation@dva.gov.au) if you have any questions*

To work with DVA clients, rehabilitation service provider organisations need to:

1. be an [approved rehabilitation service provider](#), specifically, a Comcare-approved rehabilitation provider or, in exceptional circumstances, a MRCC-approved provider; and
2. from 1 July 2016, satisfy a number of [DVA-specific requirements](#).

### 11.1 Approved Rehabilitation Service Providers

#### Last amended

13 April 2023

#### "Approved program provider"

"Approved program provider" is defined in section 41 of the *Military Rehabilitation and Compensation Act 2004* ([MRCA](#)) and section 34, 36 and 37 of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* ([DRCA](#)). An approved program provider will be Comcare approved, or in very unusual circumstances, may be approved by the Military Rehabilitation and Compensation Commission (MRCC).

Rehabilitation providers must also meet a number of additional requirements, as outlined in [section 11.2](#) of this library.

#### Comcare-approved providers

To work with DVA clients, rehabilitation service providers must be an approved Comcare provider. Comcare approved rehabilitation providers have been assessed as meeting Comcare-specific criteria and demonstrating an ability to achieve certain performance standards.

Comcare approved rehabilitation providers are accredited to deliver workplace rehabilitation services to help injured workers return to work. They have the employees who have the qualifications, experience and expertise appropriate to provide timely intervention, with services based on the assessed need of the worker and the workplace.

Further information about how to be approved and operate as a workplace rehabilitation provider under the Comcare arrangements can be found on the [Comcare website](#).

#### MRCC-approved providers

There is some flexibility under section 41 of [MRCA](#), for the relevant rehabilitation authority, either the [MRCC](#) or the Chief of the Defence Force (CDF), to approve non-Comcare approved rehabilitation providers to deliver rehabilitation services to DVA clients.

The approval of a service provider independent of the Comcare approval framework, however, would only occur in very specific and unusual circumstances where a client's needs cannot be accommodated using the existing Comcare approved providers, and where the MRCC (or CDF) is satisfied that the individual or organisation has the appropriate skills and expertise to design and provide the appropriate rehabilitation programs.

If DVA Rehabilitation Coordinators are experiencing difficulties in locating Comcare-accredited providers with the appropriate skills and expertise to support a specific client, they must contact the Rehabilitation Policy section for advice via email to the '[Rehabilitation](#)' inbox. This must be done before a referral is made to a provider who does not meet the Comcare approval requirements.

## 11.2 DVA-specific requirements for approved rehabilitation service providers

Last amended

18 November 2021

From 1 July 2016, to work with DVA clients, [approved rehabilitation service provider](#) organisations and their consultants also need to satisfy a number of DVA requirements. These requirements ensure that DVA clients have access to the best possible professional team, and also support providers through providing training about DVA's programs and clients. The DVA requirements are distinct from Comcare's approval criteria and operational standards.

### Summary of DVA requirements

There are five DVA rehabilitation provider requirements.

Summary of the five DVA rehabilitation service provider requirements

DVA Rehabilitation Service Provider Requirement	D9255 Staff Details Sheet Question No.
1. Experience in working with DVA clients or other workers from a similar environment such as police or emergency services personnel.	Question 3
2. Experience in assisting clients with complex medical conditions to move to a new job with a new employer, to change careers and/or move into a new industry.	Question 4
3. Experience in translating specific skills and qualifications to other industries.	Question 5
4. Completion of DVA e-learning courses demonstrating a knowledge of military culture and DVA services.	Question 6
5. Minimum of two years hands on experience working with clients in medical management, vocational and/or psychosocial areas. These three areas constitute DVA's 'whole of person' rehabilitation approach.	Question 7

Fulfilling the requirements does not of itself guarantee that rehabilitation providers will be engaged by DVA, as the selection of a rehabilitation provider by a DVA rehabilitation coordinator depends on a number of considerations including the specific needs of the client (including their preference), geographical location and the availability of types of services.

Further information relating to the selection of a rehabilitation provider by a rehabilitation coordinator can be found in [Chapter 11.5 Choosing the Right Rehabilitation Service Provider](#).

### **Forms submission**

Rehabilitation service providers may complete [DVA Form D9255](#) available on the [DVA Website](#). Completed forms should be submitted to the [Rehab Service Providers](#) mailbox.

### **Failure to fulfil a DVA requirement**

Depending on the needs of the client, the rehabilitation coordinator may engage a rehabilitation consultant who does not meet all of the requirements, however, further consideration and investigation by the rehabilitation coordinator will be necessary.

Guidance in relation to the failure to meet specific DVA requirements is outlined below.

- **Experience in working with DVA clients or similar**

Where a rehabilitation consultant has not had experience working with DVA clients or with those from a similar background (e.g. police or emergency services), the rehabilitation coordinator should consider whether the rehabilitation consultant can contribute to and manage a successful rehabilitation plan outcome taking into account their skills and background provided in their [DVA Form D9255](#) and attached CV. Where necessary, this requirement should be read in conjunction with the requirement to have two years hands on experience in whole-of-person rehabilitation.

- **Experience in assisting clients with complex medical conditions to move to a new job with a new employer, to change careers and/or move into a new industry; and**
- **Experience in translating specific skills and qualifications to other industries**

Where a rehabilitation consultant has not satisfied the above vocational requirements, rehabilitation coordinators should consider whether the rehabilitation consultant can contribute to and manage a successful rehabilitation plan outcome taking into account their skills and background provided in their [DVA Form D9255](#) Staff Details Sheet and attached CV.

In some circumstances, the vocational requirements will have no bearing in advancing a rehabilitation plan outcome, particularly where the client is not in need of vocational rehabilitation or the rehabilitation provider does not deliver vocational services (that is, job placements or vocational assessments).

In summary, where a rehabilitation consultant does not fulfil the vocational requirements rehabilitation Delegates should consider:

- whether the rehabilitation consultant can contribute to a successful rehabilitation plan outcome taking into account their skills and background and attached CV;
  - the nature of the services a rehabilitation provider delivers with consideration to the needs of the client.
- **Completion of DVA e-learning courses**

Without exception, all rehabilitation provider consultants working with DVA clients must have completed the following DVA e-learning courses:

- Non-Liability Health Care – Online Training
- Rehabilitation Online
- Understanding the Military Experience

- Rehabilitation Program (for consultants who register with DVA from mid-April 2017)

These e-learning courses, and information about how to access the modules, are available on the [DVA Website](#). As other appropriate courses become available, DVA will inform providers of details and timeframes for completion.

- **Minimum of two years' hands on experience working with clients in whole-of-person rehabilitation**

Where an individual rehabilitation provider consultant does not have two years' hands on experience in delivering whole-of-person rehabilitation, professional supervision through an employer-based mentoring program will need to be undertaken for the length of time it requires the individual to gain two years' experience.

Mentors must meet the DVA rehabilitation provider requirements; therefore, a mentor cannot be someone currently registered with DVA as being mentored. Mentors should co-sign rehabilitation reports and plans. At the end of the period of two years' experience, the mentor will need to provide DVA with a performance report certifying that the individual rehabilitation consultant meets DVA's requirements.

#### **Notification of change of staff circumstances**

##### **Submission of new consultants**

Should rehabilitation service provider organisations wish to submit the details of new consultants not previously registered with DVA, a [DVA Form D9255](#) may be completed and submitted to the [Rehab Service Providers](#) mailbox.

##### **Cessation of employment of existing consultants**

Should existing consultants who have been registered with DVA cease employment, the rehabilitation service provider organisation should advise of this change through sending an email to the [Rehab Service Providers](#) mailbox.

### **11.3 Selecting Rehabilitation Service Providers for DVA Clients in Rural or Remote Areas or Residing Overseas**

#### **Last amended**

8 August 2023

Management of a DVA rehabilitation program is by an Australian-based [approved rehabilitation provider](#) contracted to deliver DVA rehabilitation services where the DVA rehabilitation client resides, including:

- in rural and remote area of Australia; or
- an overseas location.

If a client's location provides a barrier to face-to-face interaction with their rehabilitation provider or rehabilitation activities, DVA may consider alternative forms of engagement, such as emails, skype and video conferencing.

A client residing at remote or overseas locations is subject to the same considerations as for any DVA rehabilitation client. These include the client's specific circumstances, assessment of the services they require and their willingness to engage with rehabilitation and their provider. This assists with determining the merits of providing engagement remotely, together with the cost effectiveness, safety and efficacy of the goals and activities in the client's whole-of-person [DVA rehabilitation plan](#).



### **Local service providers for specific activities**

If it is in the best interests of the client, and if an appropriate service can be locally sourced (e.g. where the client's place of residence is an overseas location), the DVA rehabilitation provider may utilise suitably qualified organisations in the client's local area to deliver specific activities identified in the client's approved rehabilitation plan.

The DVA rehabilitation provider sources the local service provider and includes this as a third party cost under the rehabilitation plan. There is no requirement for the local provider to be an accredited Comcare provider or subject to a DVA contract, because the client's overall DVA rehabilitation program remains managed by their DVA-contracted rehabilitation provider.

### **11.4 Types of Rehabilitation Service Providers**

#### **Last amended**

18 November 2021

[Section 11.1](#) and [section 11.2](#) of this chapter confirm that rehabilitation providers undertaking rehabilitation assessments and delivering rehabilitation programs must meet all of DVA's accreditation requirements. The exception is where a firm or individual is engaged by a DVA accredited rehabilitation provider to only deliver specific components of a rehabilitation program or to undertake specific assessments for specific services.

For example, if a DVA accredited rehabilitation provider is not skilled in job placement it may acquire these services through a specialist recruitment agency. The accreditation requirement does not apply to the recruitment agency as a sub-contracted provider.

This type of arrangement will generally only apply to a third party provider on a rehabilitation program, with the overall program still managed by a DVA accredited provider. Providers who are delivering specific services to clients as components of a rehabilitation program do not need to meet all of the DVA accreditation requirements. They do however, need to have the relevant skills and experience to deliver high quality services to clients.

There are a variety of rehabilitation service providers who can all contribute to a successful rehabilitation program outcome.

#### **Rehabilitation Counsellors**

Rehabilitation Counsellors have generally undertaken a specific post-graduate course of study in rehabilitation. Rehabilitation Counsellors/Consultants come from a variety of academic backgrounds which provide them with particular expertise to manage different client circumstances. Their academic training provides them with generalist skills to manage rehabilitation programs incorporating a client's whole-of-person medical management, psychosocial and vocational needs. Rehabilitation Counsellors who are managing a client's rehabilitation program must meet all of DVA's accreditation requirements, and be Comcare accredited.

#### **Occupational Physicians**

Occupational Physicians are medical specialists trained to assess the health of workers and the interaction with their workplace and work practices. They are experts in providing return to work guidance. They are frequently used to conduct medical assessments, assessing readiness for employment, and addressing barriers to returning to employment. Occupational Physicians may also conduct rehabilitation assessments.

#### **Occupational Therapists**

Occupational Therapists have expertise in matching a client's physical capabilities to work situations. They also conduct functional capacity evaluations, undertake worksite and ergonomic assessments and can assist clients to work towards vocational rehabilitation goals. Occupational Therapists are generally, but not exclusively, used to conduct activities of daily living assessments in a client's home for the purposes of assessing the need for household services and attendant care services.

### **Physiotherapists**

Some Physiotherapists work as Rehabilitation Consultants and perform a similar range of functions to those undertaken by Occupational Therapists. They also have additional skills in assessing treatment options and needs, as well as limitations to movement that may impact on a client's ability to undertake physical tasks, including domestic tasks in their home.

### **Exercise Physiologists**

Exercise Physiologists specialise in managing physical rehabilitation programs where the client needs to improve their physical capability following an injury. DVA clients would generally access the services of an Exercise Physiologist through their Veteran Card, and not through a rehabilitation program.

### **Psychologists**

DVA clients would generally access services from Psychologists through their Veteran Card. However Psychologists could be involved in assisting clients who are working towards vocational or psychosocial rehabilitation goals, and addressing barriers to establishing a life with purpose in the civilian community.

### **Social Workers**

Social Workers may be ideally suited to assisting a client to reach psychosocial rehabilitation goals such as adjusting to life and making connections in the civilian community.

### **Training Providers**

Training Providers include educational institutions or individual training providers accredited at the state or national levels. They may provide short-term vocational training, or training at the Certificate 1 level through to the post-graduate level, within the Australian Qualifications Framework (AQF).

### **Support Service Providers**

Support Service Providers include agencies or individuals who can provide:

- services that assist in job preparation skilling or job placement for rehabilitation clients seeking employment;
- household services;
- attendant care services; and
- services relating to the provision of rehabilitation aids and appliances, or alterations to a client's home.
- 

This is not an exclusive list but indicative of the types of services that can assist clients to reach their rehabilitation goals.

### **Links to more information**

[Comcare's website rehabilitation provider webpage](#)

[Comcare's Directory of approved rehabilitation providers](#)

## **11.5 Choosing the Right Rehabilitation Service Provider**

### **Date published**

Friday, December 5, 2014

### **Last amended**

1 March 2017

Rehabilitation providers must meet a number of requirements in order to work with DVA clients. These are outlined in sections [11.1](#) and [11.2](#) of the Rehabilitation Policy Library. In addition, DVA Rehabilitation Coordinators must choose a rehabilitation provider with the most appropriate skills and experience to assist an individual client to reach their rehabilitation goals. It is therefore important that the DVA Rehabilitation Coordinator utilises a whole of person approach and develops as broad an understanding as possible of the issues that the client is experiencing, their health status, and any indications of any potential barriers to rehabilitation, prior to making a referral for a rehabilitation assessment. This information will help determine which provider the client will be matched with.

### **Need to document choice of provider**

DVA is accountable for ensuring that our clients receive the best support possible from their rehabilitation provider in assisting them to reach their rehabilitation goals, and that value for money is achieved. It is therefore a mandatory requirement that whenever a referral is made to a specific rehabilitation provider, the DVA Rehabilitation Coordinator records their reasons for choosing that provider. The reason must be recorded as a note under the relevant assessment tab with the heading 'Choice of Provider' so that the information is easily identifiable. Information to be recorded can include the provider's expertise relevant to the client's identified needs or medical conditions, the provider's availability, past experience and outcomes achieved with other DVA clients. If relevant, the preferences of the client should also be documented if this has influenced the choice of provider.

### **Considering which provider to refer to**

It is important that the Rehabilitation Coordinator refers the client to the most appropriately skilled and qualified rehabilitation service provider relevant to the client's needs. For example:

- a medical management rehabilitation program that enhances a client's ability to manage their treatment and health needs indicates that a referral to a provider with excellent case management skills and the ability to support a client to become more able to ask questions of their health professionals and manage their treatment may be appropriate;
- a psychosocial rehabilitation program that focuses on a client's independent living needs may indicate referral to an Occupational Therapist may be appropriate;
- a psychosocial rehabilitation program that focuses on community involvement indicates that referral to a Social Worker may be most appropriate; and
- if a person requires a vocational rehabilitation program that may require vocational assessment, retraining and job seeking then this indicates that it may be appropriate to select a rehabilitation counsellor with specific skills in assisting clients to return to employment in a different role with a different employer, after injury or illness.

### **Timeliness of referral**

A referral to a DVA accredited rehabilitation service provider should be made at the earliest possible stage to keep the client moving forward and provide the best opportunity for them to start working towards their rehabilitation goals as quickly as possible. This is particularly important where a client is experiencing difficulties in making the transition from Defence to civilian life, and may therefore require a range of rehabilitation interventions to support them.

### **Client needs must be central**

Where a client is likely to require a range of rehabilitation assistance, wherever possible, it is preferable to select a single rehabilitation provider organisation who can provide the majority of services that a client requires. For example, if an organisation employs an Occupational Therapist, Social Worker and a Rehabilitation Counsellor then information can be shared between each of these individual providers, without the need for the client to retell their whole story if they require different types of assistance at different times. However, it is important to ensure that no conflict of interest arises and the client's best interests are always central and that each rehabilitation consultant's role is clearly understood and communicated to the client.

For example, if a rehabilitation service provider company provides clinical services, such as clinical counselling, then this may create a potential conflict of interest if the same individual rehabilitation consultant provides both treatment and medical management rehabilitation to the same client. This is because the role of a medical management rehabilitation provider is not to provide treatment or medical advice, but rather to support the client to remain on-track, and progress with their treatment. There is a risk in this scenario that the role of the rehabilitation consultant could become "blurred" and confused if they delivered both of these services at the same time to the client.

### **11.7 External Rehabilitation Service Provider Performance Standards and Guidelines**

#### **Last amended**

14 April 2023

Both Comcare and the Heads of Workers Compensation Authorities (HWCA) outline expected levels of service provision and requirements for approval as accredited service providers.

#### **Comcare**

Following link is to relevant Comcare information.

[Information for workplace rehabilitation providers](#)

#### **HWCA**

Following link is to relevant HWCA Guide information.

[National Consistent Approval Framework for Workplace Rehabilitation Providers Initiatives](#)

# Excerpts from the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*

## Part I—Preliminary

### 4 Interpretation

- (1) In this Act, unless the contrary intention appears:  
**approved program provider** has the same meaning as in section 41 of the MRCA.

## Part III—Rehabilitation

### 37 Provision of rehabilitation programs

- (1) A rehabilitation authority may make a determination that an employee who has suffered an injury resulting in an incapacity for work or an impairment should undertake a rehabilitation program.
- (1A) If:
- (a) an employee has made a claim under Part V in relation to an injury to the employee; and
  - (b) the relevant authority has not determined the claim; and
  - (c) the person is included in a class of persons determined in an instrument under subsection (1B); and
  - (d) the MRCC has determined, in writing, that this section applies to the person;
- a rehabilitation authority may make a determination that the employee should undertake a rehabilitation program.
- (1B) The MRCC may, by legislative instrument, determine a class of persons for the purposes of paragraph (1A)(c).
- (2) If a rehabilitation authority makes a determination under subsection (1) or (1A), the authority may:
- (a) provide a rehabilitation program for the employee itself; or
  - (b) make arrangements with an approved program provider for that provider to provide a rehabilitation program for the employee.
- Note: A rehabilitation program that is being provided to a person under this section might cease if the person is also provided with rehabilitation under the MRCA (see section 18 of the CTPA).
- (2A) A determination made by a rehabilitation authority under subsection (1) or (1A) is not a legislative instrument.
- (2B) A determination made by the MRCC under paragraph (1A)(d) is not a legislative instrument.
- (3) In making a determination under subsection (1) or (1A), a rehabilitation authority shall have regard to:
- (a) any written assessment given under subsection 36(8);
  - (b) any reduction in the future liability to pay compensation if the program is undertaken;
  - (c) the cost of the program;
  - (d) any improvement in the employee's opportunity to be employed after completing the program;

- (e) the likely psychological effect on the employee of not providing the program;
  - (f) the employee's attitude to the program;
  - (g) the relative merits of any alternative and appropriate rehabilitation program; and
  - (h) any other relevant matter.
- (4) The cost of any rehabilitation program provided for an employee under this section shall be paid by the relevant authority in relation to that employee.
- (5) Where an employee is undertaking a rehabilitation program under this section, compensation is not payable to the employee under section 19 or 31 but:
- (a) if the employee is undertaking a full-time program—compensation is payable to the person of an amount per week equal to the amount per week of the compensation that would, but for this subsection, have been payable under section 19 if the incapacity referred to in that section had continued throughout the period of the program; or
  - (b) if the employee is undertaking a part-time program—compensation is payable to the employee of such amount per week as the relevant authority determines, being an amount not less than the amount per week of the compensation that, but for this subsection, would have been payable to the employee under this Act and not greater than the amount per week of the compensation that would have been payable under paragraph (a) if the employee had been undertaking a full-time program.

Note: Subsection (9) provides that subsections (5) to (8) do not apply to an employee if a determination is made under subsection (1A) in relation to the employee.

- (7) Where an employee refuses or fails, without reasonable excuse, to undertake a rehabilitation program provided for the employee under this section, the employee's rights to compensation under this Act, and to institute or continue any proceedings under this Act in relation to compensation, are suspended until the employee begins to undertake the program.
- (7A) However, subsection (7) does not operate to suspend the employee's right to compensation for the cost of medical treatment that is payable under section 16.
- (8) Where an employee's right to compensation is suspended under subsection (7), compensation is not payable in respect of the period of the suspension.
- (9) If a rehabilitation authority makes a determination under subsection (1A) in relation to an employee, subsections (5) to (8) do not apply to the employee in connection with that determination.

## **Division 3—Administrative matters**

### **148 Rehabilitation programs**

Despite section 37, the MRCC or the Chief of the Defence Force as the rehabilitation authority for an employee in relation to a defence-related claim may make arrangements for the provision of a rehabilitation program for the employee by:

- (a) an approved program provider; or
- (b) a person nominated in writing by the MRCC or the Chief of the Defence Force, being a person the MRCC or Chief of the Defence Force is satisfied has appropriate skills and expertise to design and provide rehabilitation programs.

# Excerpts from the *Military Rehabilitation and Compensation Act 2004* (MRCA)

## Chapter 1 Introduction

### Section 5 – Definitions

*approved program provider* has the meaning given by section 41.

## Chapter 3 Rehabilitation

### 37 Simplified outline of this Chapter

This Chapter provides for the following for certain current and former members suffering a service injury or disease:

- (a) rehabilitation programs;
- (b) assistance in finding suitable defence or civilian work;
- (c) assistance in moving from defence service to civilian life.

This Chapter also provides for rehabilitation programs for certain current and former members who:

- (a) have made a claim for acceptance of liability by the Commission for a service injury or disease, where the claim has not been determined; or
- (b) have not made such a claim and who need not have a service injury or disease.

The capacity for rehabilitation of a person with a service injury or disease is assessed under Part 2. If the person is capable of rehabilitation, he or she may be required to undertake a rehabilitation program under that Part.

Part 2 also provides for rehabilitation for certain persons who have made a claim for acceptance of liability by the Commission for a service injury or disease, where the claim has not been determined.

Part 2A provides for a non-liability rehabilitation pilot for certain members or former members who have not made such a claim and who need not have a service injury or disease.

Under Part 3, a person who is undertaking a rehabilitation program, or a person who cannot undertake a program, can have his or her home or place of work etc. altered or an aid or appliance provided.

All members and former members who are incapacitated for service or work are assisted in finding suitable work under Part 4.

A case manager is appointed under Part 5 to assist a Permanent Forces member, a continuous full-time Reservist or a part-time Reservist move to civilian life if the person is likely to be discharged from the Defence Force.

### Section 41 Other definitions

(1) In this Chapter:

*approved program provider* means:

- (a) a person or body that is an approved program provider for the purposes of the *Safety, Rehabilitation and Compensation Act 1988*; or



- (b) a person nominated in writing by a rehabilitation authority, being a person the rehabilitation authority is satisfied has appropriate skills and expertise to design and provide rehabilitation programs.

### **Division 3—Provision of rehabilitation programs**

#### **51 Rehabilitation authority may determine that a person is to undertake a rehabilitation program**

- (3) If the rehabilitation authority for a person makes a determination under subsection (1) that a person is to undertake a rehabilitation program, the rehabilitation authority must make arrangements with an approved program provider for the provision of the program for the person.

Note: The person might also be entitled to have his or her home altered or aids or appliances provided under Part 3.

- (4) For the purposes of designing or providing a rehabilitation program:
  - (a) the rehabilitation authority or approved program provider concerned may seek the assistance of persons with suitable qualifications or expertise in the design or provision of rehabilitation programs; and
  - (b) the rehabilitation authority or approved program provider concerned may take into account any relevant information of which it is aware or that is brought to its attention.