# Injury management consultant and



# authorised health practitioner application

Please note that this PDF may not be screen reader accessible on some devices. If you need help filling out this form, please contact SIRA toll free on 1300 656 919 or by email to providers@sira.nsw.gov.au.

Please complete this form to apply for approval as an injury management consultant in the NSW workers compensation system, or appointment as an authorised health practitioner in the NSW Compulsory Third Party scheme. To ensure you are applying for the right role, the descriptions are outlined below:

- Injury management consultants work in the NSW workers compensation system.
  - They are SIRA-approved registered medical practitioners (doctors) experienced in occupational injury and workplace-based rehabilitation.
  - They are facilitators who help the nominated treating doctor, worker, insurer, employer, and other service providers to progress a worker's recovery at/return to work and optimise health and work outcomes
  - You can learn more about this role by typing 'injury management consultant' into the search bar on the SIRA website.
- Authorised health practitioners work in the NSW Compulsory Third Party scheme.
  - They are health practitioners who are authorised to give evidence in court and other dispute resolution proceedings.
  - SIRA publishes details of authorised health practitioners on its website to assist injured persons, insurers, and legal representatives making referrals for medicolegal services.
  - You can learn more about this role by typing 'authorised health practitioner' into the search bar on the SIRA website.

If you are interested in either or both of these roles and believe that you meet the eligibility requirements, you may apply using this form, clearly indicating for which role(s) you are applying.

You will need to complete all relevant sections of the application and provide appropriate evidence where indicated. Information you provide will be managed by SIRA in accordance with the SIRA privacy statement. Please note the information provided in Section 2 will be made publicly available on the SIRA website.

Below is a table outlining the sections you will need to complete, depending on the role(s) for which you are applying. If you are applying for both roles, please complete all sections.

	Injury management consultant	Authorised health practitioner
Section 1	✓	✓
Section 2	✓	✓
Section 3	✓	✓
Section 4	✓	
Section 5		✓
Section 6	✓	✓
Section 7	✓	✓

Tips before starting the application:

- save the application form to your desktop
- have copies of all documents listed in the application checklist so you can attach them to your application
- have an internet connection so that you can email your completed application and supporting documents to SIRA.

**Injury management consultant** – approval in the workers compensation system

**Authorised health practitioner** – appointment in the Compulsory Third Party scheme

# Section 1: Your Details (for SIRA use only) All applicants must complete this section

	Injury management consultant	Authorised	health practitioner
Section 1	✓		✓
Title	First na	ame	
Middle name	Last na	me	
Postal address			
Suburb		State	Postcode
Email address (this is how SIRA will communicate directly with you)			
Contact phone			

Section 2: Your Details (for publication with your name on the SIRA public website) All applicants must complete this section

	Injury management consultant	Authorised health practitioner
Section 2	✓	✓

Profession, as recognised by the Australian Health Practitioner Regulation Agency (AHPRA)

Specialty, if applicable, as recognised by AHPRA

Specialist field(s), if applicable, as recognised by AHPRA

Endorsements (General or Specialist Registration), if applicable, as recognised by AHPRA Gender

# Practice details Practice 1 Street address Suburb State Postcode Contact phone Fax Email Practice 2 Street address Suburb State Postcode Contact phone Fax Email **Practice 3** Street address Suburb State Postcode Contact phone Fax Email Practice 4 Street address Suburb State Postcode

Fax

Practice details continued over...

State Insurance Regulatory Authority

Email

Contact phone

#### Practice 5

Street address

Suburb State Postcode

Contact phone Fax

**Email** 

**Note:** if you have more than five practice locations, please include the details of additional locations on a separate document and attach to this application.

# For injury management consultants only:

	Injury management consultant	Authorised health practitioner
Section 2	✓	

Special interest areas (please check all that apply)

Dermatological conditions Ergonomics/Manual Handling Head injuries

Musculoskeletal injuries Noise/Hearing Loss Occupational/
Overuse injuries

Pain Management Reproductive Respiratory conditions

Toxicology

I am willing to undertake referrals from the Workers Compensation Commission Yes No

### For authorised health practitioners only:

	Injury management consultant	Authorised health practitioner
Section 2		✓

I have completed training in the following permanent impairment body systems in the **motor accidents** scheme, to be listed on the SIRA website (please check all that apply)

Core	Cardiovascular	Dental	Dermatology
Digestive	Endocrine	ENT/ Hearing loss	Facial injury and impairment
Mental and behavioural	Musculoskeletal (lower limb)	Musculoskeletal (spine)	Musculoskeletal (upper limb)
Nervous system	Respiratory	Skin/Scarring	Urinary and reproductive

Vision Other (Please specify)

# Section 3: Eligibility criteria All applicants must complete this section

	Injury management consultant	Authorised health practitioner
Section 3	✓	✓

### 3.1 Registration

Please provide a copy of your General or Specialist registration with the Australian Health Practitioner Regulation Agency.

To be considered for the role, you must not have any conditions, undertakings, reprimands, limitations or restrictions on registration as a result of a disciplinary process, be subject to supervisory requirements or any other provisions that may adversely impact performance in the role.

Any conditions, undertakings, reprimands, limitations or restrictions on registrations imposed that are unrelated to a disciplinary process will be assessed on a case-by-case basis taking into account the level of risk the matter may pose to individuals or the scheme(s).

If you have conditions, undertaking, reprimands, limitations or restrictions on your registration, please provide a copy of the determination from your professional council and provide details of the reasons why they have been imposed below.

# 3.2 Clinical experience

	Injury management consultant	Authorised health practitioner
Section 3	✓	✓

Attach a copy of your résumé to this application, with dates included, showing at least 5 years' full-time equivalent relevant clinical experience.

Where your experience has been accumulated over a period in excess of five years (e.g. five and half years' experience with a six-month break), please outline this below.

Answer is limited to a maximum of 500 words. If you require more space, please add an attachment to the application.

# 3.3 High level communication skills

In addition to specific questions later in this application, your communication skills will be assessed through your responses in this application.

#### 3.4 Other criteria

	Injury management consultant	Authorised health practitioner
Section 3	✓	✓

In considering whether an applicant is to be approved/appointed, SIRA may consider any relevant information. This may include whether the applicant has within the last ten years:

- had any demonstrated breach of legislation, guidelines or fee schedules in any statutory insurance compensation system in any Australian jurisdiction
- been subject to a complaint made to insurance, compensation or health authorities, government agencies or statutory bodies regarding the applicant's conduct:
  - in any role in any insurance compensation system in any Australian jurisdiction and
  - in the provision of health services
- been convicted of any criminal offence or has any pending criminal charges
- demonstrated behaviour that a reasonable person would consider to affect the applicant's ability to undertake the role with impartiality and fairness or negatively impact the integrity of the personal injury compensation schemes in NSW.

Please provide information below if any of these matters apply to you, including the nature and extent of the matter, when it occurred, and what you have done to rectify it. You should attach additional information to this application as required.

Providing information here will not automatically lead to an approval not being granted. Applications are assessed on a case-by-case basis, taking into account the level of risk the matter may pose to individuals or the scheme(s).

# Section 4: Additional criteria for injury management consultant approvals

	Injury management consultant	Authorised health practitioner
Section 4	✓	

Complete this section if you are seeking approval as an injury management consultant

If you are seeking appointment as an authorised health practitioner only, proceed to Section 5

- 4.1 (a) Have been in clinical practice for 8 hours per week within the last three years OR
  - (b) Have completed at least five injury management consultations (including file reviews) per 12-month period within the last three years, as a SIRA approved injury management consultant.

Please provide information in the box below that shows how you meet the criteria.

4.2 Demonstrated working knowledge of the NSW workers compensation system and treatment and/or management of work-related injuries

	Injury management consultant	Authorised health practitioner
Section 4	✓	

Please provide a description of your working knowledge of the NSW workers compensation system by describing in detail your roles and experience with workers, insurers and/or employers in NSW to assist workers' recovery at work and injury management following a work-related injury. This must include clear evidence your experience involves the treatment and/or management of work-related injuries.

**Note:** This criterion will also be assessed via the provision of referee statements. You are required to provide two referees at 4.5 in this application.

# 4.3 High level communication and negotiation skills

	Injury management consultant	Authorised health practitioner
Section 4	✓	

Please describe below a time when you successfully negotiated with parties to reach an agreed outcome to assist a worker return to work and/or health.

**Note:** This criterion will also be assessed via the provision of referee statements. You are required to provide two referees at 4.5 in this application.

4.4 Had approval as an injury management consultant revoked in the last 10 years

	Injury management consultant	Authorised health practitioner
Section 4	✓	

In considering whether an applicant is to be approved as an injury management consultant, SIRA may consider any relevant information. This may include whether the applicant has within the last ten years, for previously approved injury management consultants, had their approval as an injury management consultant revoked by SIRA.

Please provide information below if this applies to you, including the nature and extent of the matter, when it occurred, and what you have done to rectify it. You should attach additional information to this application as required.

#### Referees 4.5

	Injury management consultant	Authorised health practitioner
Section 4	✓	

Provide two referees who are able to complete a written statement providing detail to support:

- your working knowledge of the NSW workers compensation system, and
- your high-level communication and negotiation skills.

SIRA will provide each referee with a Referee's Statement to complete. Please ensure they are aware you have provided their details to act as your referee.

Please choose your referees from the following categories:

<ul> <li>union</li> <li>employer</li> <li>A colleague/peer, your employer or a representative fro</li> </ul>	m a medicolegal organisation are not suitable referees
Referee 1	
Name	
Referee's role and their relationship to you	
Organisation	
Contact phone	Email
Referee 2	
Name	
Referee's role and their relationship to you	
Organisation	
Contact phone	Email



# Section 5: Additional criteria for authorised health practitioner appointments

	Injury management consultant	Authorised health practitioner
Section 5		✓

Complete this section if you are seeking appointment as an authorised health practitioner If you are seeking approval as an injury management consultant only, proceed to Section 6

# 5.1 Expert opinion

Please provide a description of how you provide expert opinion that is:

- high quality
- impartial
- only in the areas of your expertise.

Please do not attach examples of reports you have written. You will be evaluated by the response you provide in the box below only.



# 5.2 Experience in treatment and/or management of motor accident related injuries

	Injury management consultant	Authorised health practitioner
Section 5		✓

Please provide a description of your experience in, or understanding of, the treatment and/or management of motor accident related injuries.

# Section 6: Checklist All applicants must complete this section

	Injury management consultant	Authorised health practitioner
Section 6	✓	✓

# For all applicants

I have:

Provided additional details and examples where required in this application.

Attached a copy of my Australian Health Practitioner Regulation Agency registration.

Attached my résumé and evidence to support my clinical experience.

# For applicants seeking approval as an injury management consultant

	Injury management consultant	Authorised health practitioner
Section 6	✓	

#### I have also:

Read and understood the *Injury Management Consultant Approval and Regulatory Framework,* including the conditions of approval as an injury management consultant.

Provided two relevant referees to support my application, if required.

# For applicants seeking appointment as an authorised health practitioner

	Injury management consultant	Authorised health practitioner
Section 6		✓

### I have also:

Read and understood the *Motor Accident Guidelines: Authorised Health Practitioners*, including the terms of appointment and *Expert Witness Code of Conduct*.

Attached all permanent impairment training certificates obtained in the NSW motor accidents scheme relevant to my application (where applicable

# Section 7: Acknowledgement and declaration All applicants must complete this section

	Injury management consultant	Authorised health practitioner
Section 7	✓	✓

#### I acknowledge and understand that:

- failure to provide additional information requested by SIRA within the required timeframes, to assist SIRA in determining this application, may result in the application not being assessed
- approval as an injury management consultant or appointment as an authorised health practitioner by SIRA does not guarantee any work in the role
- by submitting an application, I consent to SIRA collecting information from other persons or bodies, including third parties, to determine whether I meet the eligibility requirements and (where relevant) whether I have adhered to all conditions of approval and terms of appointment, and
- I must notify SIRA within 7 days if I become aware that information provided in this application, including the declaration below, was incorrect or incomplete.

#### I declare that:

- the information provided in this application is true and correct
- I am the person named in the application and attached documents
- I have the relevant insurances required as part of my Australian Health Practitioner Regulation Agency registration as a health practitioner with appropriate coverage for my area(s) of practice
- · I have read the conditions of approval or terms of appointment relevant to the role I have applied for
- I have read SIRA's privacy statement, and
- if my application is successful, I agree:
  - to be bound by the conditions of approval or terms of appointment relevant to the role(s) I have applied for
  - to have my details as outlined in Section 2, and any other details relevant to the role I have applied for, published on the SIRA website

Signature

Date (DD/MM/YYYY) unless digitally signed

If you need assistance in setting up your digital signature, please click here. If you are on a mobile device, hold your finger over the panel until the sign option appears. If you are unable to sign digitally, you may print and sign the completed form before submitting electronically to SIRA.

# Section 8: Lodgement details

Please lodge this application by email to providers@sira.nsw.gov.au

#### Further information

For more information, contact SIRA toll free on 1300 656 919 email to <a href="mailto:providers@sira.nsw.gov.au">providers@sira.nsw.gov.au</a>, or online at sira.nsw.gov.au.

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