



Insurer and Self-insurer Principles and Standards of Practice

A workers' compensation and injury management scheme that works for all



Acknowledgement of Country

We acknowledge the traditional custodians throughout Western Australia and their continuing connection to land, waters and community. We pay our respects to their cultures and to elders past and present.

Disclaimer

This publication contains information for insurers and self-insurers. It includes some of the obligations under the *Workers' Compensation and Injury Management Act 1981 (WA)*.

To ensure you comply with your legal obligation, you must refer to the appropriate legislation.

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What we do

WorkCover WA is the government agency responsible for managing the Western Australian workers' compensation and injury management scheme. It is a statutory authority accountable to the Minister for Industrial Relations. Our role includes:

- providing strategic policy advice to government regarding workers' compensation
- regulating workers, employers and service providers and monitoring compliance with the *Workers' Compensation and Injury Management Act 1981 (WA)* (the Act)
- educating workers, employers and others about workers' compensation and injury management, and
- providing an independent dispute resolution service.

How we do it

WorkCover WA regulates the performance of service providers to ensure a high standard of service is provided to workers and employers. The *Insurer and Self-insurer Principles and Standards of Practice (Principles and Standards)* reflect WorkCover WA's commitment to ensure Western Australian workers and employers have adequate workers' compensation and return to work support.

Insurers and self-insurers are expected to comply with the Act. As such, legal expectations are not referenced in this publication. While the Act is the primary instrument used to regulate the workers' compensation scheme, additional mechanisms ensure WorkCover WA is clear on priority areas, and what is expected from service providers.

The *Principles and Standards* clarify areas which, if not performed well, typically result in poor outcomes for injured workers and employers.

The *Principles and Standards* apply to all insurers and self-insurers from 1 July 2020.

Foreword



“ My aspiration is for insurers and self-insurers to introduce, improve and implement controls to ensure the *Principles and Standards* are achieved to maximise the workers’ compensation experience for workers and employers. ”

WorkCover WA’s *Principles and Standards* provide a cohesive set of service expectations to ensure insurers and self-insurers provide high quality service to injured workers and employers.

The Principles are guiding statements applicable to all aspects of service delivery and should be referred to for all issues not directly covered by the Standards of Practice. The Standards of Practice articulate six priority areas, identified by WorkCover WA, which have the greatest potential to impact on workers and employers.

My aspiration is for insurers and self-insurers to introduce, improve and implement controls to ensure the *Principles and Standards* are achieved to maximise the workers’ compensation experience for workers and employers.

To ensure effective claims handling, injury management, underwriting and administrative practices, I expect every insurer and self-insurer to commit to implementing the *Principles and Standards*.

Given the strong link between expectations and outcomes, we will continue to closely regulate and monitor insurer and self-insurer performance and compliance.

Chris White
CHIEF EXECUTIVE OFFICER
WORKCOVER WA

Introduction

WorkCover WA developed the *Principles and Standards* to:

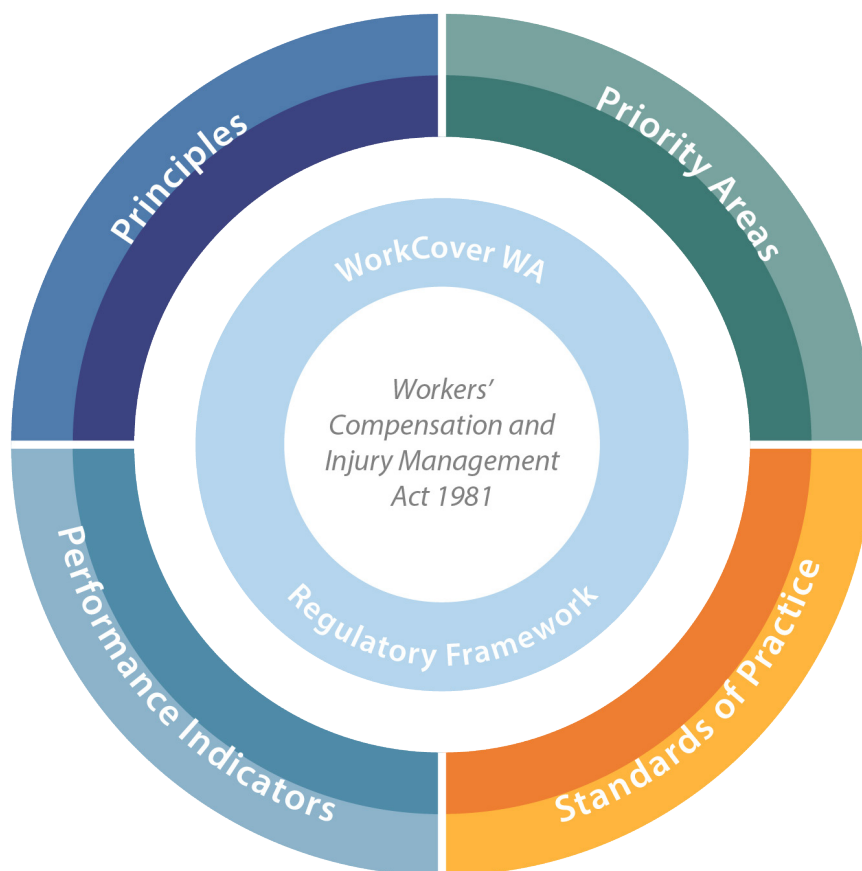
- ensure high standards of service are provided to employers and workers, and
- support effective claims handling, injury management, underwriting and administrative practices.

This publication should be read in conjunction with the Act, and is comprised of Principles, Priority Areas, Standards of Practice and Performance Indicators.

Monitoring

Insurers and self-insurers must comply with the *Principles and Standards* and are responsible for developing and implementing policies, procedures and practices consistent with them. Insurers and self-insurers can assist with compliance by raising awareness of the *Principles and Standards*, both internally and externally.

WorkCover WA will monitor insurer and self-insurer compliance against the Performance Indicators through audits, assessments, reviews and/or investigations. Outcomes will be reported to stakeholders to ensure transparency and accountability. The Standards will be managed in accordance with WorkCover WA's *Regulatory Framework* with a proportionate response to non-compliance.



Although the *Principles and Standards* focus on insurer and self-insurer practices, all stakeholders are expected to act in a professional and courteous manner.

Principles

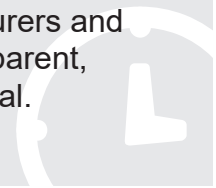
The Principles are overarching expectations for service delivery in the Western Australian workers' compensation scheme. They provide direction for insurers and self-insurers when providing services to workers, employers and other stakeholders in Western Australia.

The Principles guide decision-making in all aspects of workers' compensation and are particularly important for aspects of service delivery not covered by the Priority Areas or Standards of Practice.

Principle 1

Transparent
and Timely

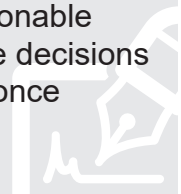
Decisions and processes made by insurers and self-insurers must be fair, timely, transparent, efficient and, where practicable, informal.



Principle 2

Reasonable
and Active

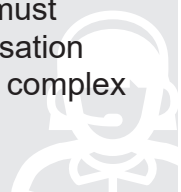
Insurers and self-insurers must take reasonable and proactive steps to be informed before decisions are made, and must not delay decisions once sufficient information is obtained.



Principle 3

Regular and
Responsive

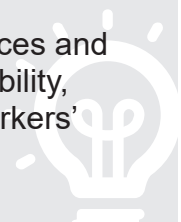
Regular and responsive communication must underpin the delivery of workers' compensation services, particularly where sensitive and complex issues exist.



Principle 4

Viable and
Accountable

Insurer and self-insurer processes, practices and systems should support the long term viability, accountability and performance of the workers' compensation scheme.



Priority Areas

The Principles guide all insurer and self-insurer services across the Priority Areas to ensure a fair and equitable workers' compensation experience for workers and employers. Each Priority Area has a set of standards.



Priority 1: Worker and Employer Experience

Insurer and self-insurer processes, systems and practices will ensure a fair workers' compensation experience for workers and employers.



Priority 2: Claims Management

Insurers and self-insurers will actively manage claims to avoid employer and worker disadvantage, evidenced and supported by prompt decisions, consultation, clear policies and practices.



Priority 3: Injury Management

Insurers and self-insurers will manage claims with a primary focus on supporting a worker's recovery and their return to work.



Priority 4: Underwriting

Insurer underwriting policies and practices will be transparent and fair.



Priority 5: Scheme Regulation and Administration

Insurers and self-insurers will comply with WorkCover WA regulatory and administrative requirements.



Priority 6: Records Management

Insurers and self-insurers will maintain records evidencing all key policies, processes and decisions.

Standards of Practice (Standards)

The Standards prescribe the minimum level of service workers and employers are to expect from insurers and self-insurers. While insurers and self-insurers must meet these Standards, they are also encouraged to improve on them.



Priority 1 Worker and Employer Experience

Insurer and self-insurer processes, systems and practices will ensure a fair workers' compensation experience for workers and employers.

- 1.1 Communication
- 1.2 Accessibility
- 1.3 Contact
- 1.4 Privacy and Consent
- 1.5 Education and Advice



Priority 2 Claims Management

Insurers and self-insurers will actively manage claims to avoid employer and worker disadvantage, evidenced and supported by prompt decisions, consultation, clear policies and practices.

- 2.1 Claim Lodgement
- 2.2 Decision-making
- 2.3 Pended Claims
- 2.4 'Without Prejudice' Payments
- 2.5 Weekly Payments
- 2.6 Investigations
- 2.7 Dispute Resolution – Insurer and Self-Insurer Process
- 2.8 Authority to Resolve Disputes
- 2.9 Settlements
- 2.10 Workplace Fatality
- 2.11 Worker's State of Connection
- 2.12 Refusal to Indemnify



Priority 3 Injury Management

Insurers and self-insurers will manage claims with a primary focus on supporting a worker's recovery and their return to work.

- 3.1 Return to Work Objectives
- 3.2 Return to Work Programs
- 3.3 Workplace Rehabilitation Provider Referrals
- 3.4 Return to Work Case Conferences
- 3.5 Medical Report Requests
- 3.6 Independent Medical Examinations
- 3.7 Treatment Approvals



Priority 4 Underwriting

Insurer underwriting policies and practices will be transparent and fair.

- 4.1 New Policies
- 4.2 Policy Renewals
- 4.3 Premium Transparency
- 4.4 Claim Costs
- 4.5 Premium Loadings
- 4.6 Certificates of Currency
- 4.7 Policy Cancellation



Priority 5 Scheme Regulation and Administration

Insurers and self-insurers will comply with WorkCover WA regulatory and administrative requirements.

- 5.1 Data Quality
- 5.2 Payments to Service Providers
- 5.3 Employer and Worker Reimbursement
- 5.4 Professionalism
- 5.5 WorkCover WA Policy
- 5.6 Scheme Viability



Priority 6 Records Management

Insurers and self-insurers will maintain records evidencing all key policies, processes and decisions.

- 6.1 Claims Management Recordkeeping
- 6.2 Injury Management Recordkeeping
- 6.3 Notifications
- 6.4 Underwriting
- 6.5 Administrative Expectations

Performance Indicators

Performance Indicators enable WorkCover WA to assess and monitor the extent to which insurers and self-insurers achieve outcomes and comply with the *Principles and Standards*. They also enhance the ability to transparently account to the community for performance.

WorkCover WA aims to ensure every worker and employer who engages with the workers' compensation scheme is treated fairly and equitably, irrespective of their location and circumstance. The Performance Indicators are used across all Priority Areas and Standards to measure how well insurers and self-insurers achieve this aim.

Additional Performance Indicators are listed, where required, specific to the respective Standards.



Performance Indicators

Performance Indicator 1: Number of Complaints



Identifies the number, nature, severity and outcome of complaints received by the insurer, self-insurer and WorkCover WA.

Performance Indicator 2: Number of Improvement Notices



Identifies the number, nature and severity of improvement notices issued by WorkCover WA resulting from Standards not being met.

Performance Indicator 3: Timely and Appropriate Resolutions



Reviews the timeliness and appropriateness of insurer and self-insurer response to findings from complaints, breaches and improvement notices.

Performance Indicator 4: Evidence of Documentation



Measures if all processes are documented, if files evidence actions taken, their timeliness, decisions made and the reasons for them.

Performance Indicator 5: Outcomes of Worker and Employer Surveys



Measures outcomes arising from surveys undertaken by insurers, self-insurers or WorkCover WA.

Performance Indicator 6: Outcome of Audits



Measures outcomes arising from audits and reviews undertaken by WorkCover WA.

Priority 1: Worker and Employer Experience



Insurer and self-insurer processes, systems and practices will ensure a fair workers' compensation experience for workers and employers.

Standards

1.1 Communication

Workers and employers will be kept informed on significant matters including determination of liability, financial entitlements, premiums, rehabilitation and return to work. Workers and employers will be informed of these matters within 5 days of a decision being made.

1.2 Accessibility

The cultural and linguistic needs of workers and employers will be considered. They will be informed of the availability of interpreter services, which will be made available on request.

1.3 Contact

Receipt of correspondence from workers and employers will be acknowledged within 5 days.

Insurers and self-insurers will initiate and document regular and responsive contact with workers and employers to ensure they are aware of claim status, next steps, and stakeholder responsibilities.

1.4 Privacy and Consent

The confidentiality of a workers' personal and health information is paramount. Identified misuse or unauthorised disclosure will have consequences. Consent authority is requested on the *Workers' Compensation Claim Form* and must always be given before collecting or disclosing personal information. If a worker refuses or withdraws consent, they must be informed of the potential impact on the progress of their claim.

Notice of representation is sufficient for insurers or self-insurers to release documents requested by legal practitioners in accordance with the Act.

1.5 Education and Advice

If workers require or would benefit from independent support and assistance, they will be referred to WorkCover WA. Insurers will make relevant educational resources available to employers to support them to meet their legal obligations and understand potential consequences of non-compliance. Insurers must report employer non-compliance to WorkCover WA.

Performance Indicator

In addition to the Performance Indicators on page 11, the following information will assist in assessing insurer and self-insurer compliance with Priority 1.

Additional Priority 1 Performance Indicator	
Enquiries to WorkCover WA	What is the number and nature of enquiries to WorkCover WA's Advice and Assistance Service for each insurer and self-insurer in comparison with the market share?

WorkCover WA will provide quarterly data to insurers and self-insurers.

Priority 2: Claims Management



Insurers and self-insurers will actively manage claims to avoid employer and worker disadvantage, evidenced and supported by prompt decisions, consultation, clear policies and practices.

Standards

2.1 Claim Lodgement

Insurers will actively educate employers and employer representatives to lodge claims with an insurer within the legislative timeframe.

2.2 Decision-making

Insurers and self-insurers will exercise due diligence in identifying and gathering information from workers, employers and relevant stakeholders to make timely, fair and informed decisions. Reasons for decisions will be communicated as outlined in *Standard 1.1 Communication*.

2.3 Pended Claims

When a claim is pended, it will be actively managed to ensure a decision is made in a timely manner and the injured worker is aware of the status and progress of the claim.

Where a claim is pended for greater than statutory timeframes, the insurer or self-insurer must document reasons for pending and provide evidence of a monthly review with the aim to progress the claim.

Communication with workers or their representatives is expected to increase in frequency when claims are pended.

On claims pended greater than 3 months, senior oversight is required and a monthly status report will be provided to WorkCover WA.

2.4 'Without Prejudice' Payments

Recognising the benefits of early treatment and injury management, insurers and self-insurers may consider paying for reasonable treatment and workplace rehabilitation without admission of liability.

The reasons for making payments without admission of liability will be documented.

2.5 Weekly Payments

Insurers will advise employers of their requirement to commence weekly payments within 14 days of liability being accepted. Self-insurers will commence weekly payments within 14 days of accepting liability. The first weekly payment will include backpay and leave adjustments.

Insurers must reimburse weekly payments to employers within 14 days of request. Direct payee arrangements may be agreed at the insurer's discretion, if not otherwise required under the Act.

2.6 Investigations

Factual investigations will only be conducted when evidence deems it necessary and will always be undertaken in a fair and ethical manner by trained or qualified professionals, employed or engaged by insurers or self-insurers.

Surveillance will only be used as a last resort and will be undertaken by licensed investigators in accordance with laws governing surveillance.

2.7 Dispute Resolution – Insurer and Self-insurer Process

Insurers and self-insurers will have timely, fair and readily accessible internal processes for resolving disputes. Insurers and self-insurers will make reasonable attempts to resolve disputes by negotiation before taking matters to WorkCover WA's Conciliation and Arbitration Services.

Insurers and self-insurers will publish and actively implement their *Internal Dispute Resolution Policy*.

2.8 Authority to Resolve Disputes

Prior to attending WorkCover WA dispute resolution proceedings, insurer and self-insurer representatives must consider potential outcomes which may resolve a dispute. Representatives must attend WorkCover WA proceedings with clear authority to make decisions.

2.9 Settlements

Financial settlements will be considered as a secondary option to a worker returning to work. Settlement offers should be based on principles of fairness, equity and objectivity. Unless delayed by third party involvement or otherwise agreed, insurers and self-insurers should process settlement payments within 14 days following registration of the agreement.

2.10 Workplace Fatality

Insurers and self-insurers will be guided by WorkCover WA's *Compensation for Workplace Fatality – Guidelines for Insurers/Self-insurers* publication and will report fatalities to WorkCover WA within 7 days.

Claims related to a workplace fatality will be managed as a priority, with empathy and respect.

2.11 Worker's State of Connection

Insurers will determine a worker's state of connection within legislative timeframes. If a claim is deemed in dispute on state of connection grounds, insurers will be required to demonstrate the delay obtaining information necessary to make a decision was not caused by insurer inaction or lack of diligence.

If a prompt assessment is unable to be made, *Standard 2.2 Decision-making* applies.

2.12 Refusal to Indemnify

When an insurer determines there may be grounds to refuse to indemnify an insured employer, WorkCover WA must be informed within 7 days.

Performance Indicators

In addition to the prescribed Performance Indicators on page 11, the following information will assist in assessing insurer and self-insurer compliance with Priority 2.

Additional Priority 2 Performance Indicators	
Number of pending claims	How many claims are pending, how long have they been pending for and why were they pending?
Proportion of pending claims accepted	How many pending claims deemed in dispute were subsequently accepted?
Percentage of pending claims subject to dispute proceedings	How many pending claims were subject to WorkCover WA's Conciliation and Arbitration Services dispute proceedings and what proportion were resolved in the worker's favour?
Use of Internal Dispute Resolution Policy	Is there evidence workers are aware of and being offered access to <i>Internal Dispute Resolution Policy</i> ? What proportion of complaints were processed through <i>Internal Dispute Resolution Policy</i> and how many were resolved?
Proportion of settlements	What proportion of claims resulted in a settlement agreement?
Nature of dispute	How many disputes were raised? What types of matters were disputed?
Use of legislative timeframes	What proportion of claims were lodged by employers within the legislative timeframe?

Priority 3: Injury Management



Insurers and self-insurers will manage claims with a primary focus on supporting a worker's recovery and their return to work.

Standards

3.1 Return to Work Objectives

Insurers and self-insurers will promote the benefit of timely return to work to all parties. If external rehabilitation is required, insurers and self-insurers will advise workers of their right to choose a WorkCover WA approved workplace rehabilitation provider. Employers will be provided education and assistance to support a worker's recovery and to facilitate their return to work as soon as medically appropriate.

Self-insurers will actively manage a worker's recovery and timely return to work. Injury management planning should begin from notice of injury to ensure timely treatment, rehabilitation and return to work.

3.2 Return to Work Programs

When an insurer or self-insurer is responsible for initiating or coordinating a return to work program, the plan must include the worker's input and be customised to their needs.

3.3 Workplace Rehabilitation Provider Referrals

Insurers and self-insurers will actively monitor and review return to work progress and when considered necessary, encourage referral to a workplace rehabilitation provider.

When an insurer or self-insurer receives notice of a workplace rehabilitation provider referral, the service will be arranged within 7 days. Insurers or self-insurers will enter the referral into WorkCover Online within 7 days of confirming a service arrangement, or if the claim has not been lodged with WorkCover WA, within 7 days of lodging the claim.

3.4 Return to Work Case Conferences

Insurers and self-insurers will promote case conferencing as an important step in supporting a worker to stay at work, or return to work, after a workplace injury.

Insurers will assist employers to prepare for and actively participate in the planned management of a worker's recovery and timely implementation of a return to work program. Employers will be advised of the worker's right to consult privately with their doctor prior to and during the case conference.

3.5 Medical Report Requests

Insurers and self-insurers must only request medical reports and health information relevant to assessing the nature, cause and extent of an injury, and developing treatment and return to work plans.

3.6 Independent Medical Examinations

When it is determined an independent medical examination is required, insurers and self-insurers must:

- seek the opinion of a medical practitioner who typically specialises in the worker’s area of injury when the independent medical examination is for the purpose of reviewing treatment
- engage a medical practitioner who is independent and objective
- document the reason for seeking the opinion of an independent medical examination and the reason for choosing the particular medical practitioner engaged, and
- provide the medical practitioner with complete, accurate, unbiased and objective information and questions to address.

Seeking multiple independent medical examinations of the same specialty is generally not appropriate and will require explanation.

3.7 Treatment Approvals

Following a request to approve treatment, an insurer or self-insurer will approve, reject or seek additional information within 7 days, including notice of the decision to the worker and the requesting health professional. Subsequent to receiving additional information, notice of the decision will be made within 5 days and if rejected, reasons will be provided to the worker.

Performance Indicators

In addition to the prescribed Performance Indicators on page 11, the following information will assist in assessing insurer and self-insurer compliance with Priority 3.

Additional Priority 3 Performance Indicators	
Return to work rate	What are the return to work and durability rates?
Disclosure of information	Was all information disclosed given with the worker’s consent?

Priority 4: Underwriting



Insurer underwriting policies and practices will be transparent and fair.

Standards

4.1 New Policies

Insurers will quote new business policy terms within 14 days of receiving a completed application for insurance.

4.2 Policy Renewals

Insurers will invite policy renewals at least 30 days prior to policy expiry. Full terms will be provided within 14 days of receiving required renewal documentation, and prior to policy expiry.

4.3 Premium Transparency

Insurers will have a documented methodology and reasons for charging the premium and will provide sufficient reasons to WorkCover WA and the employer on request.

4.4 Claim Costs

Insurers must make employers aware all claim costs are typically included in premium calculations. Insurers must provide a rationale for the value of estimated claims on request.

4.5 Premium Loadings

Insurers will apply to WorkCover WA to charge premium loadings in accordance with WorkCover WA policy requirements.

4.6 Certificates of Currency

A *Certificate of Currency* is evidence of a binding contract of insurance and must be issued by an insurer.

Insurers will inform employers of their legal requirement to keep a current policy of insurance and for them to have a *Certificate of Currency* available for inspection by WorkCover WA.

4.7 Policy Cancellation

WorkCover WA's *Workers' Compensation Policy Cancellation Request Form* must be completed for cancellation to be considered by WorkCover WA.

Performance Indicator

In addition to the prescribed Performance Indicators on page 11, the following information will assist in assessing insurer compliance with Priority 4.

Additional Priority 4 Performance Indicator	
Number of policies lodged within legislative timeframes	How many new, renewed and lapsed policies were lodged within legislative timeframes?

Priority 5: Scheme Regulation and Administration



Insurers and self-insurers will comply with WorkCover WA regulatory and administrative requirements.

Standards

5.1 Data Quality

Insurers and self-insurers will maintain effective quality assurance systems for all data supplied to WorkCover WA. Data maintained by the insurer and self-insurer and reported to WorkCover WA must be complete, accurate, timely and submitted in accordance with WorkCover WA specifications.

5.2 Payments to Service Providers

Before making payment, insurers and self-insurers are to review service provider invoices to ensure rates and items billed align with approvals, do not exceed maximum prescribed amounts and contain all relevant information. Insurers and self-insurers are to pay and record valid accounts within 14 days of receipt.

5.3 Employer and Worker Reimbursement

Insurers and self-insurers are to process and pay reimbursement requests within 14 days.

5.4 Professionalism

Insurers and self-insurers will act with integrity, diligence, transparency and confidentiality. All proceedings must be actively and professionally managed, including areas relating to customer service, dispute resolution, records management, conflicts of interest and risk management.

5.5 WorkCover WA Policy

Insurers and self-insurers will comply with all relevant policies issued by WorkCover WA.

5.6 Scheme Viability

Insurers and self-insurers are expected to make decisions with consideration given to the future viability and performance of the workers' compensation scheme.

Performance Indicators

In addition to the prescribed performance indicators on page 11, the following information will assist in assessing insurer and self-insurer compliance with Priority 5.

Additional Priority 5 Performance Indicators	
Record of attendance	Record of attendance at Insurance Council of Australia (WA) meetings and/or insurer and self-insurer meetings, as convened by WorkCover WA.
Solvency assessment	Quarterly Australian Prudential Regulation Authority (APRA) solvency assessment.

Priority 6: Records Management



Insurers and self-insurers will maintain records evidencing all key policies, processes and decisions.

Standards

6.1 Claims Management Recordkeeping

Insurers and self-insurers must record the following information:

- claim form and consent authority
- agreed contact plan
- case activity, including dates and summary of action
- liability decisions, including reasons
- pended claim reviews
- advice to workers of their right to access their case information, including personal and health information
- step-down in worker payments
- advice to the worker and employer after commencing weekly payments directly to the worker
- purpose and commencement of factual investigations, and
- purpose and approach of surveillance.

6.2 Injury Management Recordkeeping

Insurers and self-insurers must record the following information:

- advice to employers of their obligation to establish and implement a return to work program and injury management system, and their requirement to document the following, which otherwise is to be maintained by the insurer and self-insurer:
 - date of current plan
 - name of the worker and employer
 - contact with the worker and treating medical practitioner
 - return to work goals
 - actions to be taken, and by whom
 - worker consent with the content of the program
 - whether workplace rehabilitation is required, and date of commencement
 - a review date, and outcomes, no more than 4 weeks from consent
 - changes in worker capacity and restrictions, as advised by the treating medical practitioner, and
 - timeliness of actions listed in the return to work program.
- intent and reasons for case conferences, and
- reasons for decisions.

6.3 Notifications

Insurers and self-insurers must provide:

- pending claim notifications
- liability notices to the worker, employer and WorkCover WA, where relevant
- termination day notifications
- worker notification advising the prescribed amount for medical and other expenses has reached 60% of the total available
- discontinuance or reduction of weekly payments, and
- dependency claim notifications.

6.4 Underwriting

Insurers must record:

- policy holder contact details (including phone and email), claim information and wages
- evidence of premium quotes requested and provided, and
- compliance with the *Employer Indemnity Policy*, as endorsed by WorkCover WA.

6.5 Administrative Expectations

Insurers and self-insurers must ensure:

- records storage controls are documented
- number and severity of legislative and/or policy breaches are recorded
- data is complete, accurate and supplied to WorkCover WA within 14 days of the close of each calendar month, and
- data errors are corrected within 30 days of insurers and self-insurers being notified by WorkCover WA.

Glossary

Act	<i>Workers' Compensation and Injury Management Act 1981 (WA)</i>
Day	A calendar day, unless otherwise stated.
Dispute	A dispute over a workers' compensation claim by the parties involved, such as the insurer, employer or worker. A dispute can occur at any stage of a claim on many different matters.
Employer	An employer as defined in the Act, including a 'self-insurer', and if consistent with the context, the employer's authorised representative.
Insurer	An insurer approved in accordance with the Act.
Internal Dispute Resolution Policy	An internal policy or process to hear and resolve complaints.
Pended Claim	A claim where liability has not been accepted or declined by an insurer. In accordance with the Act, a pended claim is deemed in dispute if liability for the claim is not accepted or disputed within 10 days of it being pended.
Return to Work	The process of returning a worker to the position held prior to injury, or to a new position the worker is capable of performing.
Return to Work Program	A written plan designed to support injured workers' return to work.
Self-insurer	An employer exempted from the obligation to insure.
Stakeholder	Includes brokers, employers, insurers, legal representatives, medical practitioners, peak bodies, registered agents, self-insurers, unions, workers and workplace rehabilitation providers.
Worker	A worker as defined in the Act, including an injured worker, following a work-related injury or illness.
Workplace Rehabilitation Provider	An organisation approved by WorkCover WA to provide workplace rehabilitation and support for injured workers to return to work.

Acknowledgements

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Thanks are also extended to other stakeholders who provided input into the *Principles and Standards* during the community consultation phase.

Assistance

For further information about the Standards or their application, contact WorkCover WA's Regulatory Services Division on (08) 9388 5555.



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