

Self Insurers of South Australia Inc

Information on SISA and self insurance

OCTOBER 2011



Safer workplaces, better outcomes

Information on SISA and self insurance

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About SISA

The Self Insurers of South Australia (SISA) is an incorporated association that represents most of South Australia's largest private and public sector employers that are self insured under the Workers Rehabilitation & Compensation Act. Our membership represents about 36% of the State's employment by remuneration.

SISA was first incorporated on 3rd August 1984 as the Employer Managed Workers Compensation Association (EMWCA). Although it was known as SISA for many years beforehand, the name was officially changed from EMWCA to SISA in November 2005.

SISA is recognised as the sole representative organisation for self insured employers. It provides its member organisations with assistance and support in their interactions with the workers compensation scheme and promotes best practice in the prevention and management of workplace injuries.

SISA's objectives are to promote, develop and support the interests of its members by communication and liaison with WorkCover, Government, unions and other organisations in regard to self insurance.

SISA Services

- To provide a single voice for self insurers and associate members, and promote, foster, develop and support the interests of members.
- To contribute to sustainable and efficient workers compensation and OH&S regimes on behalf of self insurers.
- To provide resources, information and a support network to members.
- To promote occupational health & safety and injury management best practice.
- To provide education and training to members in regard to occupational health & safety and injury management.
- To advocate improvements to legislation and occupational health & safety and injury management practices.

Why join SISA?

Self Insurers of South Australia (SISA) is an incorporated association that represents the interests of, and provides services to, employers that hold self insurer status under the South Australian Workers Rehabilitation and Compensation Act 1986. We represent South Australia's largest private sector employers, all State Government Departments and Statutory Authorities, totaling 36% of the State's employee remuneration.

SISA promotes best practice in injury prevention and injury management (claims and rehabilitation), and its objectives are to promote, develop and support the interests of its members in regard to employer managed workers compensation and OH&S.

SISA also provides information and advice to its members on legislative and regulatory matters, medical fees and schedules and matters of current interest. We provide a single voice when providing the views of self insurers to WorkCover, the State Government and Opposition. We also liaise with other employer and employee organisations on behalf of the membership.

The Association has bi-monthly general meetings which allow both full and associate members to network, share their experience and expertise, discuss current issues and exchange information and views. Each meeting has guest speakers who present relevant information in each discipline. SISA also facilitates training and holds seminars on topical issues.

SISA offers two types of membership, full and associate. Full membership is limited to organisations that actually hold self insured status.

Associate membership can be taken up by any organisation that:

- is eligible for, but has not yet obtained, self insured status under the Act, or
- is a company or Government department that provides services to exempt employers, or
- is listed on the employer location schedule of an employer who is a full member
- is an agency or instrumentality of the Crown

An associate member may attend all general meetings of the Association but does not have voting rights. Associate membership offers the full range of member services and benefits, as well as providing companies that supply goods and services with a commercial presence in a potentially large market.

By joining SISA, your organisation can:

- Become part of a respected voice in workers compensation and work health and safety in South Australia and nationally.
- Gain access to advice and member services.
- Be a part of a dynamic and progressive community.
- Contribute to, and benefit from, a wide range of shared knowledge, experience and expertise from some of the most capable OH&S and injury management practitioners in the State.

2011 - 2012 membership fees

Type	Full year, or join by end of Oct			Join 1 Nov - 28 Feb		
	Fee	GST	Total	Fee	GST	Total
Associate	\$1,366	\$136	\$1,502	\$683	\$68	\$751
Full (<1,000 employees)	\$2,597	\$259	\$2,856	\$1,298	\$129	\$1,427
Full (1,000+ employees)	\$3,621	\$362	\$3,983	\$1,810	\$181	\$1,991

- Should your organisation decide to join SISA before 1 November in any year, the full year's fee is payable and will run until the following 30th June.
- Should your organisation decide to join SISA between 1 November and 28 February in any year, the fee is 50% of the full year and will run until the following 30th June.
- Should your organisation decide to join SISA after 1 March any year, the full year's fee is payable and will run for the balance of that year and until 30th June of the following year.

Application for associate membership

Company Name		
Company Address	State	Postcode
Mailing Address	State	Postcode
Contact Name	Position	
Telephone Number	Fax Number	
Mobile Number	Email Address	

Brief description of the core services your company provides and the reason for applying for Associate Membership of SISA.

We hereby agree to abide by the Rules of the Association.

Name _____ Date _____

Signature _____

Executive committee approval

Name _____

Company _____

Signature _____ Date _____

Application for full membership

Company Name _____

Company Address _____ State _____ Postcode _____

Mailing Address _____ State _____ Postcode _____

No. of employees in SA _____ Date self insurance granted _____

Brief description of the primary business activities of your company.

Chief Executive or equivalent in SA

Contact Name _____ Position _____

Telephone Number _____ Fax Number _____

Mobile Number _____ Email Address _____

Work Health & Safety contact person

Contact Name _____ Position _____

Telephone Number _____ Fax Number _____

Mobile Number _____ Email Address _____

Injury management/RTW contact person

Contact Name _____ Position _____

Telephone Number _____ Fax Number _____

Mobile Number _____ Email Address _____

We hereby agree to abide by the Rules of the Association.

Name _____ Date _____

Signature _____

Executive committee approval

Name _____

Company _____

Signature _____ Date _____

A short history of self insurance

Self insurance has been a part of most Australian workers compensation schemes since their early development. The exception is Queensland, where it is a relatively recent addition.

Before the implementation of statutory workers' compensation arrangements in the late 1800s, injured workers seldom succeeded in actions against their employer for negligence.

The Employment Liability Act 1880 fell short of its intent and new 'no fault' laws began to appear in the early 20th century to improve conditions for injured workers. However, early no-fault coverage for workers' compensation was limited.

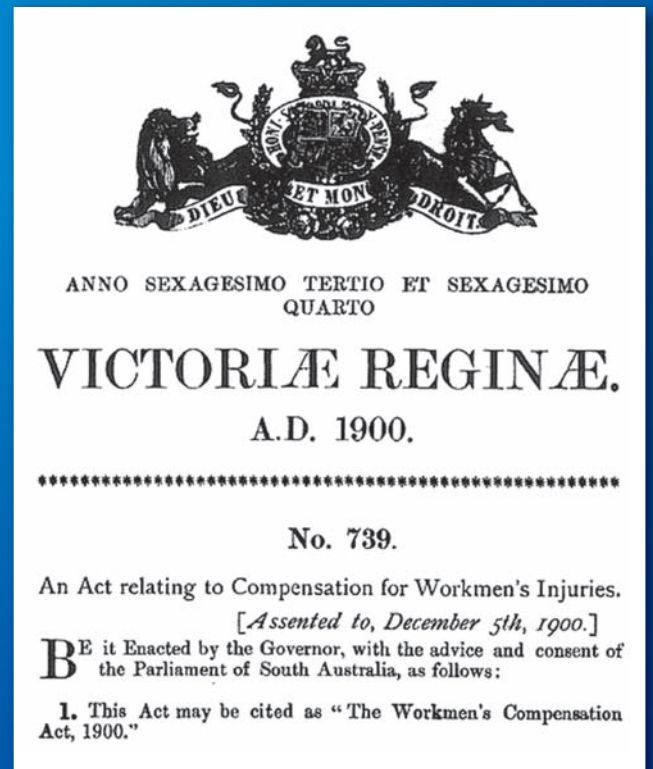
Some larger employers that sought to improve coverage for their employees were permitted to 'contract out' from this early legislation on condition that they would put in place workers compensation arrangements that were superior to those mandated by the legislation. These were later called 'exempt employers' because they were, in those times, exempted from the operation of the relevant Acts. One of the earliest of these Australian Acts was the South Australian Workmen's Compensation Act, 1900 (pictured right).

The important distinction between contracting out under the 1900 Act and the self insurance we have today is that contracting out was an option for workers as well. Employees of a company seeking to contract out could elect to be covered by the employer's scheme or remain covered by the Act, and employers were statute-barred from making its own scheme a condition of employment.

As the various Acts were changed and replaced over the 20th century, self insurance evolved from this notion of exemption from legislation to the self insurance we know today, where it is a self-funding arrangement within the legislation, rather than outside it.

Interestingly, the term 'exempt employer' was only excised from the South Australian Act in 2008. This is despite the fact that self insurance has for a long time been an employer status within that Act, and to which the Act generally applies. The term still appears in the WA Act.

Given that history, it is fair to say that self insurance has its genesis in a group of employers that wanted to look after their workers to a greater extent than the law of the time required. Exceeding the benchmark has been in the genes of Australian self insurance ever since.





Workers compensation self insurance

– the business model of choice for large employers in South Australia

Self insurance is a self-driven model for OH&S and return to work excellence. It allows employers to reap the rewards for their good OH&S practices and return to work outcomes. This is because the self insurer funds and manages its own workers compensation claims – the fewer and less severe the injuries, the lower the cost.

SISA is an incorporated association that represents most of South Australia's largest private and public sector employers that are self insured under the South Australian workers compensation legislation. It was first incorporated in 1984.

SISA provides its member organisations with assistance and support in their interactions with the workers compensation scheme and promotes best practice in the prevention and management of workplace injuries.

Guide to workers compensation terms

Tips for using legislation and
Glossary of workers
compensation terms



Tips for using legislation generally

The term 'legislation' refers to laws made by the Parliament (known as 'Acts') and the regulations and other binding requirements made under those laws.

The hierarchy of legislation generally is as follows:

At the highest level is the Act, which is normally divided internally into:

1. Parts, which are divided into:
2. Divisions, which are divided into:
 1. Sections, which may be divided into:
 - a. Sub-sections, which may be divided into:
 - i. Placita

Some of these elements may authorise the making of regulations, usually by using the word 'prescribed' (as in 'prescribed sum' or 'prescribed fee') or by simply stating that something must be done as set out in the regulations.

For example, a section of an Act may state that 'A report must be provided to the employer in the prescribed form upon payment of a fee set by regulation'. The supporting regulations would set out the required content of the report and would set the dollar value of the fee.

Regulations have the force of law (because they are authorised by an Act) but are not themselves Acts of Parliament. They are approved by Cabinet and published in the Government Gazette. They take effect as soon as they are published or on another date specified in the Gazette. In most cases however, either House of Parliament may move to disallow a regulation

within 14 sitting days of its publication. This is relatively rare.

There is also the concept of 'designation'. An Act may allow something to be 'designated' by a Minister or another person authorised to do so. For example, an Act may authorise a Minister to 'designate' the content of a particular form, or a scale of fees and charges. The difference between 'designation' and making a regulation is that designated things are only published in the Government Gazette. They do not have to be approved by Cabinet or published as regulations, but they still have force of law.

The reason for having regulations and designation is so that administrative changes can be made without having to ask Parliament to amend an Act, which is an uncertain process that can take months or years. In short, they are intended to allow for administrative flexibility.

There are some general principles for people reading or using legislation:

1. Individual sections, sub-sections or placita of Acts must not be read in isolation from the rest of the Act. Where a single one of these might appear on its own to take a particular meaning, that meaning will often be limited or expanded through its interaction with other sections. The same applies to regulations and designated items.
2. The operation or meaning of parts of legislation will often be affected by court precedents or judgments. Maintaining up to date understanding of these by decision-makers (usually via legal advice) is important if incorrect decisions are to be avoided.

3. The exercise of decision-making powers under legislation is usually limited to individuals who are legally authorised by, (in the case of self insurers), their employer to make those decisions. This authorisation is called 'delegation of powers'. A decision by a person who did not hold a relevant delegation can be legally invalid. In rare cases, making decisions beyond delegated powers can be an offence. The commonest forms of delegation are:

- The power to make decisions under an Act (for example, to accept or reject a claim for compensation).
- The maximum amount of money that can be authorised for payment, (for example a person may be delegated to pay lump sums under a section of an Act up to \$20,000. Amounts higher than that have to be authorised by a more senior person holding a higher delegation).

4. Most Acts and some regulations contain what are called 'defined terms'. These are words or phrases that have a specific meaning set out in the 'Interpretation' sections of the legislation or in some cases, in specific parts, divisions or sections of legislation. In published versions of Acts, defined terms are normally identified by italics and/or bold print. Any reading of legislation containing defined terms must include the definition.

5. When an Act or part of an Act is deleted by amendment in Parliament, the deleted part is said to be 'repealed', or 'struck out'. In some cases, repealed legislation can remain in operation for the purposes

of things done under the repealed legislation before it was repealed. In other cases, the Parliament may repeal legislation for all things it affects both before and after the effective date of the repeal. In that case, the decision is said to be 'retrospective'. Retrospectivity is usually avoided by Parliaments where its effects might be seen to be unfair or unjust.

6. When new legislation is made (or amendments are made to existing legislation that changes the operation of that legislation), the Parliament normally sets down rules under which the new legislation will take effect. These are called 'transitional provisions' and they will, for example:

- Set out the dates of effect of components of the new or amended legislation.
- Specify how and/or when the new or amended legislation will affect things done or decided prior to the effective date of the new or amended legislation.

7. The South Australian Workers Rehabilitation & Compensation Act 1986 (as amended) has extensive transitional provisions for various amendments made over the years. It is important to ensure that the copy of the Act that you use is the latest.

8. Current and previous versions of all South Australian Acts, regulations and other legislative instruments can be accessed at the State Attorney-General's website: www.legislation.sa.gov.au/index.aspx

Plain language glossary of workers compensation terms

- Items marked * are further defined in the WRCA
- Terms in **bold** are defined in this glossary

36	Jargon term sometimes used to describe a decision to reduce or cease income maintenance payments under section 36 of the WRCA .
43	Jargon term sometimes used to describe a lump sum entitlement under section 43 of the WRCA .
4th Schedule reporting (also known as EDI)	Claims data that self insurers are required to submit to WorkCover under the regulations.
Activities of daily living (ADL)	A term used (usually by Occupational Therapists) to describe the activities a person undertakes as part of everyday living. For example cooking, cleaning, driving, personal hygiene.
ACTU	See Australian Council of Trade Unions .
Actuary*	A specialised financial professional who analyses past claims data in order to forecast future claim trends and place an ultimate value on the total claims liability of a compensating authority .
ADL	See Activities of daily living .
Aggravation (of injury)	The worsening of an existing injury or symptoms.
Allied health (provider)	Services that assist in injury recovery and return to work that are not delivered by a doctor of medicine. Examples are physiotherapy, chiropractic treatment, massage.
ALR	See average levy rate .
AMA	Has two meanings – the Australian Medical Association (which represents the interests of doctors) or the American Medical Association (which publishes the AMA Guides)
AMA 5	The 5th edition of the American Medical Association Guides for the Assessment of Permanent Impairment (see 'AMA Guides'). AMA 5 is the version of the AMA Guides currently specified for use in South Australia.
AMA Guides	American Medical Association Guides for the Assessment of Permanent Impairment – publication setting out procedures and methodologies for permanent impairment assessors to allocate a whole person impairment (WPI) rating to a claimant for the calculation of a lump sum under section 43 of the Act. In South Australia, the AMA Guides must be used in conjunction with the WorkCover Guidelines for the Assessment of Permanent Impairment.
Australian Council of Trade Unions	The peak representative body of unions at the national level. Note that not all unions are affiliated with the ACTU.

Plain language glossary of workers compensation terms (continued)

Average levy rate	The average of all industry levy rates paid by insured employers in the workers compensation scheme.
Average weekly earnings*	The weekly rate of pay earned by a worker at the date of incapacity , as calculated under section 4 of the WRCA .
AWE*	See Average weekly earnings .
Board*	In the workers compensation context, usually refers to the Board of WorkCover SA , which manages the workers compensation scheme under the oversight of the responsible Government Minister.
Bonus	A reduction of levies payable by an insured employer earned by having lower claim numbers and/or costs than other employers in the same industry.
Bonus/penalty	The scheme by which WorkCover SA increases or reduces levies payable by an insured employer by reference to the employer's claim numbers and/or costs compared to other employers in the same industry.
Breach of mutuality	A breach of the obligation of mutuality that exists as part of a contract of service between a worker and an employer .
Business SA	Representative association of insured employers in SA.
Capacity	A measure of the ability of a person having a workers compensation claim to undertake work.
Case manager	A person employed by a compensating authority to coordinate the management of workers compensation claims.
Claim form	A form used by workers to claim compensation for injuries and diseases incurred in the workplace.
Claim/s liability	The likely future or ultimate total cost of a claim for compensation.
Claims Agent	A company contracted by WorkCover SA to manage workers compensation claims on its behalf.
Claims manager	See case manager .
Code of Claimants' Rights	A document published under section 123A of the WRCA setting out the standards of service to be extended by compensating authorities to workers with workers compensation claims. As at the date of publication of this Glossary, there was no Code of Claimants' Rights in effect.

Plain language glossary of workers compensation terms (continued)

Code of Conduct	A document published by WorkCover SA setting out the terms and conditions under which employers can become self insured employers and subsequently maintain that status.
Compensable (disability)*	A disability suffered by a worker in respect of which the worker is eligible for compensation under the WRCA .
Compensating authority	An organisation authorised under the WRCA to manage and fund workers compensation claims. Includes WorkCover SA and self insurers .
Compensation*	A monetary or other benefit paid under the WRCA .
Compensation Fund	The pool of money and assets from which all compensation payments on claims incurred by insured employers and the administration costs of WorkCover SA are paid.
Conciliation	The second stage of the formal process of resolving disputes over claims decisions, and the first stage of WCT involvement. Conciliation is in effect a conference at which a Conciliation Officer seeks to reach agreement between the parties to the dispute. Agreements reached at conciliation are made into consent orders by the WCT .
Conciliation Officer	A person appointed under Part 6 Division 5 of the WRCA to conduct conciliation proceedings within the WCT .
Confidentiality	The maintenance of personal and private information about workers and employers within a strict 'need to know' regime, subject to s.112, 112AA and 112A of the WRCA .
Consent orders	Orders made by the WCT in respect of a formal dispute that has been settled by conciliation . See s.92C of the WRCA .
Consumer Price Index*	A percentage increase in the cost of living as calculated by the Australian Bureau of Statistics.
Contract for service	An arrangement between a principal and a contractor or sub-contractor for specified work to be done. No wages are paid – payment is by rendering of a tax invoice for the work by the contractor.
Contract of service*	An arrangement where a worker is employed by an employer to do work as directed by the employer in exchange for the payment of wages.
Convenor	The head of Medical Panels SA . There is also a Deputy Convenor . See Part 6C Division 1 of the WRCA .
Corporation*	Where mentioned in the WRCA , usually refers to WorkCover SA .
CPI*	See Consumer Price Index .

Plain language glossary of workers compensation terms (continued)

Crown	In the workers compensation context, refers to the SA State public sector, which is deemed to be self insured under s.61 of the WRCA .
CRP	Contracted Rehabilitation Provider. See rehabilitation provider .
CTP	Compulsory Third Party motor vehicle personal injury insurance. All owners of registered vehicles pay a CTP premium as part of their registration fees to insure other people against injuries caused by negligent use of the vehicle.
Date of claim (lodged)	The date a claim for compensation is received by a compensating authority .
Date of incapacity	The date on which a worker first becomes incapacitated for work by a compensable disability .
Date of injury	The date on which a worker suffers a compensable disability .
Delegation (of power)	The mechanism by which a person is formally authorised to make decisions (or 'exercise powers') under a piece of legislation. A delegation may be authorised under a section of legislation, under certain types of commercial contract or by a written instrument of delegation. See the notes preceding this glossary.
Deputy Convenor	The deputy head of Medical Panels SA , who reports to the Convenor and acts as Convenor when that person is absent. See Part 6C Division 1 of the WRCA .
Deputy President (of WCT)	A Judge of the Industrial Relations Court of SA or a qualified legal practitioner appointed by the Minister to sit as a member of the WCT to hear and decide disputes . See s.80A of the WRCA .
Designated periods	The periods specified in the WRCA during which an incapacitated worker is entitled to weekly payments of compensation. See sections 35-35C of the WRCA .
Designated weekly earnings*	The amount a worker is earning or could earn while partially incapacitated for work. Should not be confused with average weekly earnings or notional weekly earnings . See s.35A of the WRCA .
Deterioration (of injury)	An increase in the extent of incapacity caused by a compensable injury or disease.
Determination	A decision made under a delegation of power .
Disabilities of gradual onset*	Injuries or diseases that have no identifiable origin in a specific trauma . Examples are hearing loss, rheumatic conditions and certain workplace-related cancers. See section 113 of the WRCA .
Disability*	A mental or physical injury, disease or disfigurement.
Discontinuance	The ceasing of weekly payments of income maintenance.

Plain language glossary of workers compensation terms (continued)

Discontinuance fee	An amount charged by WorkCover SA on employers ceasing to pay levies into the Compensation Fund . See s.76AA of the WRCA .
Disfigurement	The scarring or other marring of the appearance or function of a body part by a work-related injury or disease.
Dispute	A formal request to the WCT by a worker or employer to review a determination with which they disagree.
DP	See Deputy President .
Economic adjustments	Adjustments to monetary amounts paid under the WRCA made due to economic need. Examples are indexation using the CPI , changes to wages under employment awards etc.
EDI	Electronic Data Interchange. See 4th Schedule reporting .
EML	See Employers Mutual Ltd .
Employer*	A person or organisation who engages one or more workers under a contract of service .
Employer Report Form (ERF)	A form requiring information about a compensable disability and the worker who claimed compensation that must be completed by an insured employer and submitted to WorkCover SA or its claims agent along with the relevant claim form .
Employers Mutual Ltd (EML)	The current claims agent .
ENT	Ear, Nose & Throat specialist. Also known as an Otorhinolaryngologist.
Entitlement period	Has the same meaning as designated period .
Entitlements	Has the same meaning as compensation .
EOL	See Excess of loss .
ERF	See Employer Report Form .
Ergonomics	Ergonomics is employed to fulfill the two goals of health and productivity. It is relevant in the design of such things as safe furniture and easy-to-use interfaces to machines as a means of preventing injury through overuse of a body part, posture and so on. Sometimes also referred to as 'human factors'.
Exacerbation (of injury)	The worsening of an existing injury or symptoms.

Plain language glossary of workers compensation terms (continued)

Excess of loss (insurance – EOL)	Excess of Loss reinsurance that must be carried by a self insurer . Also known as catastrophe insurance’.
Exempt employer	The previous term for a self insurer . Was removed from the WRCA and regulations and replaced with ‘ self insurer ’ in 2008, but the term ‘exempt’ is still habitually used by some people.
Financial guarantee	A financial instrument provided by banks to self insurers (but held by WorkCover SA) that promises to pay a specified amount to WorkCover in the event that the self insurer is unable to pay its workers compensation claims due to insolvency.
FOI	Freedom of Information – a law that specifies the obligations of certain authorities to release information to other parties when so requested.
Full Bench	The highest level of appeal in a Court or the WCT . A Full Bench usually consists of 3 Judges or Deputy Presidents .
Fund	See Compensation Fund .
Funding ratio	The relationship between the amount of money and assets held in the Compensation Fund and the Fund’s claims liabilities . Usually expressed as a percentage. For example, if there is \$500 million in assets and \$400 million in liabilities, the funding ratio is 125%. See also unfunded liability .
GP	General Practitioner. Usually the first type of doctor an injured worker will see.
Gradual onset	See Disabilities of gradual onset .
Guidelines for assessment of permanent impairment	Publication of WorkCover SA that amends the operation of the AMA Guides in line with SA laws and medical practices.
House of Assembly (SA)	Part of Parliament composed of 47 Members, each representing a separate electorate. The House of Assembly electorates are fixed by the Electoral Districts Boundaries Commission to ensure equal representation for all South Australians. Also known as the Lower House .
ICMM	Injury & Case Management Manual setting out claims management policies and procedures published by WorkCover SA for the use of its claims agent’s case managers .
IME	See Independent Medical Examiner .
IMRS	See Income maintenance reimbursement slip.

Plain language glossary of workers compensation terms (continued)

Incapacity	The extent to which a worker is unable to work due to a compensable disability.
Income maintenance	Payments made to replace income lost by an injured worker due to a compensable disability . Also known as weekly payments and income replacement.
Income maintenance reimbursement slip (IMRS)	A form used by an employer that pays income maintenance directly to an injured worker to claim the income maintenance from WorkCover SA .
Independent Medical Examiner	A medical expert who is asked to provide an opinion on the status of an injured worker and who has not treated or examined the worker in the past. WorkCover publishes a list of approved Independent Medical Examiners.
Indexation	A mechanism (usually applied annually) to increase various fees and benefits to keep pace with inflation.
Industrial Court check	A check that is made against the records of the Industrial Court of South Australia prior to payment of a redemption or lump sum to ensure that the worker has not previously received lump sum compensation for the same injury.
Industry association	An association representing the interests of employers in a particular industry. Examples are the Motor Trades Association, the Master Builders Association and the Wine Industry Association.
Industry levy rate	The amount an employer within a certain industry pays to WorkCover SA for coverage under the workers compensation scheme. Levy rates are expressed as a percentage of remuneration (wages) paid to the employer's employees. For example, if an industry levy rate is 2%, then employers in that industry pay WorkCover \$2 for every \$100 of remuneration.
Injury & Case Management Manual	See ICMM .
Injury Recovery Care Plan (IRCP)	A plan completed by a treating doctor that sets out how the recovery and return to work process will be managed for an injured worker .
Insured employer	An employer registered with WorkCover SA under section 59 of the WRCA , which pays levies to WorkCover SA and whose claims are managed and paid by WorkCover SA . Often referred to as a 'registered' employer.
Insurer of last resort	Principle under which WorkCover SA acts as the final guarantor for all self insurer claim liabilities . If a self insurer was to stop operating and was unable to continue to pay its ongoing compensation liabilities, and its financial guarantee and other safeguards fell short of covering those liabilities, WorkCover SA would be required to fund the remainder. See section 50 of the WRCA .
IRCP	See Injury Recovery Care Plan .

Plain language glossary of workers compensation terms (continued)

Journey claim (or disability)	A claim or disability that arises while the worker is on a journey. For example, where a worker is driving a delivery vehicle on work time as part of normal duties.
Legally qualified medical practitioner (LQMP)	A person who is medically qualified doctor who is certified to practice medicine by a State or Territory Medical Board.
Legislative Council (SA)	The proportionally elected House of Parliament containing 22 members each of whom have to receive 8% of all votes preferentially cast in an election to win a seat. Also known as the Upper House .
Levies	The amount an employer pays to WorkCover SA for coverage under the workers compensation scheme. See also Industry Levy Rate .
Levy rate	See Industry Levy Rate .
Liability	See claims/s liability .
Loss of Earning Capacity (LOEC)	The periodic payment of an amount of money in lieu of weekly payments . Usually done annually, these arrangements are no longer authorised under the WRCA since section 42A was repealed in 2008. However, a few LOEC cases still exist and may be encountered from time to time.
Lower House (SA)	See House of Assembly .
LQMP	See Legally qualified medical practitioner .
Lump sum	A payment for non-economic loss under sections 43 to 43B of the WRCA .
MAC	See Motor Accident Commission .
Maximum Medical Improvement (MMI)	Where a worker's compensable disability has healed as far as it is ever going to. This is a prerequisite for conduction a permanent impairment assessment .
Medical certificate	See WorkCover Medical Certificate .
Medical expert	See Legally qualified medical practitioner .
Medical Panel	A panel of medical experts convened to provide an opinion on an injured worker under one or more medical questions referred to it by a compensating authority or the WCT . Medical Panels are created by Part 6C of the WRCA .
Medical question	A question set out in section 98E of the WRCA for the purposes of obtaining opinions from a Medical Panel .
Motor Accident Commission (MAC)	The South Australian authority that manages the State CTP scheme.

Plain language glossary of workers compensation terms (continued)

MPSA	Medical Panels SA – part of the Dept of Premier & Cabinet established to manage the proceedings of Medical Panels .
Mutuality*	See Obligation of mutuality .
Negligent 3rd party	A person or organisation other than the employer or worker whose actions caused or contributed to a compensable disability . For example, where a worker is injured in a car accident caused by another driver, that other driver is the negligent 3rd party.
NOD	See Notice of Disability .
Non-economic loss*	A permanent loss of body function caused by a compensable disability . A payment for non-economic loss under sections 43 to 43B of the WRCA . Sometimes referred to as ‘pain and suffering’, this description is not accurate, as this form of compensation is for permanent loss rather than short-term pain or discomfort.
Notice of disability	A document given to an employer by a worker who wishes to report to the employer that the worker has suffered a disability in the workplace. See section 51 of the WRCA .
Notice of Dispute	A form completed by a worker or employer who seeks to challenge a determination made by a compensating authority in the WCT .
Notional weekly earnings*	Either average weekly earnings or average weekly earnings as adjusted under an industrial award or by some other factor such as CPI .
NWE	See notional weekly earnings .
Obligation of mutuality*	The obligations of an injured worker to cooperate with reasonable directions by a compensating authority . For example, a worker can breach the obligation of mutuality by unreasonably refusing to attend a medical appointment or failing to meaningfully participate in rehabilitation. See also section 36(1a) of the WRCA .
Occupational Therapist	A professional concerned with promoting health and well-being through a person’s occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. In the workers compensation context, an OT may visit the workplace or home of an injured worker to assess what modifications are need to enable the injured worker to maximise function.
Onus of proof	The burden placed on someone to prove something (usually in a court).
Ortho or orthopod	Slang for orthopaedic surgeon.
OT	See Occupational Therapist .
Penalty	An increase of levies payable by an insured employer incurred by having higher claim numbers and/or costs than other employers in the same industry.

Plain language glossary of workers compensation terms (continued)

Permanent impairment*	A permanent loss of function of a body part caused by a compensable disability .
Permanent impairment assessor	A doctor who is approved by WorkCover SA to carry out assessments of permanent impairment using the AMA Guides and the Guidelines for assessment of permanent impairment .
PI	See permanent impairment .
PIAWE	Pre-injury average weekly earnings . The amount a worker was earning immediately before becoming incapacitated by a workplace injury or disease.
PL	See provisional liability .
PMC	See prescribed medical certificate .
Practitioner	A term usually used to describe a doctor or lawyer.
Prescribed	Set by an Act or regulation. Usually used to specify dollar values of fees, the content of forms and so on.
Prescribed allowance or prescribed benefits*	A component of earnings that is specifically included in, or excluded from, the calculation of weekly payments . See for example section 35A(6) of the WRCA .
Prescribed Medical Certificate (PMC)	A term now out of date but still frequently used. Refers to a form of medical certificate set in a regulation used specifically for workers compensation purposes that is completed by a doctor that certifies a worker's incapacity for work. The form of the workers compensation medical certificate is no longer prescribed by regulation. It is now a designated form. See also WorkCover Medical Certificate .
President	In the workers compensation context, refers to the President (or chief Judge) of the WCT .
Presidential Member	See Deputy President .
Provisional liability	A concept set out in section 32A and Part 4 Division 7A of the WRCA . It allows a worker to be paid medical and like expenses and weekly payments before the claim for compensation is determined. (In other words, payment without admission of liability).
Reconciliation	An end of financial year process in which all employers advise WorkCover SA of their actual remuneration for the year and the levies paid or payable. In effect, a 'balancing of the books' at the end of the year.

Plain language glossary of workers compensation terms (continued)

Reconsideration officer	A person appointed under section 91 of the WRCA . When a worker or employer chooses to dispute a reviewable decision in the WCT , the first mandatory step of the dispute process is for the compensating authority to reconsider its decision. All compensating authorities are required to formally appoint a person to carry out reconsiderations. That person cannot be the original decision maker. If, after reconsideration, the compensating authority changes its decision, the dispute may be formally ended.
Recovery	Has three meanings in the workers compensation context: <ol style="list-style-type: none"> 1. A worker's healing and restoration of capacity for work after injury or disease. 2. The taking back of money that has been paid in error. 3. Where a compensating authority gets its compensation claim costs paid by a negligent 3rd party or another insurance scheme. For example, where a worker is injured in a car accident caused by another driver, the compensating authority will recover the costs of the worker's claim from the CTP scheme.
Recurrence	Where a worker sustains an injury or disease that is identical to a previous injury or disease that was previously considered to have fully resolved.
Redemption	The making of a single payment to discharge a future obligation to make weekly payments to a worker or to cover the worker's medical costs.
Registered employer	A misleading term used to refer to an insured employer . In fact, all employers , including self insured employers , are registered with WorkCover SA .
Registrar	A person who manages the administrative processes of a court, tribunal or other deliberative body. Both Medical Panels SA and the WCT have registrars.
Rehabilitation	The delivery of a range of services designed to maximise the physical and mental recovery of a worker from the effects of injury or disease, and to restore the worker to work and the community to the greatest extent possible. Rehabilitation is addressed under sections 26 and 28A to 28C of the WRCA .
Rehabilitation & Return to Work Coordinator (RRTWC)	A person appointed by an employer under section 28D of the WRCA to be the workplace representative in the process of returning an injured worker to work. Under the regulations, all workplaces with 30 or more staff must appoint and train a RRTWC.
Rehabilitation & Return to Work Plan (RRTWP)	A formal plan for the delivery of rehabilitation services to an injured worker that is signed by the worker , the employer and the compensating authority . See section 28A of the WRCA for detail on when and how RRTWPs are developed.
Rehabilitation provider	A person or company that provides rehabilitation services.
Remuneration*	The wages or salary paid by an employer to its employees.

Plain language glossary of workers compensation terms (continued)

Reviewable decision*	A decision made by a compensating authority that can be disputed in the WCT . See section 89A of the WRCA for a more detailed definition.
Riverside (Centre)	Sometimes used as jargon to refer to the WCT , which is housed in the Riverside Centre on North Terrace in the Adelaide CBD.
RRTWC	See Rehabilitation & Return to Work Coordinator .
RRTWP	See Rehabilitation & Return to Work Plan .
RTW	Return to work.
Rules	The set of procedures and requirements that parties to a matter before a court or tribunal must comply with. Rules are set by the Chief Justice or President of the court or tribunal and have the same force and effect as regulations.
SA Unions	The peak representative body for South Australian unions affiliated with the ACTU . Formerly known as the United Trades & Labour Council (UTLC). Note that some unions are not affiliated with SA Unions.
Scale of entitlements	A sliding scale of percentage values used to convert a percentage of whole person impairment into a dollar amount for the purposes of making a lump sum payment for non economic loss under section 43 of the WRCA .
Scale of fees	A binding set of fees that a provider of services must use when charging a worker or compensating authority for those services. Scales of fees are set by WorkCover SA (and for legal fees, by a court or tribunal) and have the force of law. It is an offence for a provider to charge more for a service than is set in the relevant scale of fees.
Secondary disability*	A disability that results from the aggravation , acceleration, exacerbation , deterioration or recurrence of a prior disability. Where WorkCover SA determines that a disability is secondary, the costs of that disability are not allocated to the bonus-penalty component of the relevant employer's levies .
Self insurer or self insured employer	An employer that has met the financial and other criteria set by WorkCover SA and has been granted the right to manage and fund its own workers compensation claims. Sometimes still referred to as 'exempt employers', although that term was removed from the WRCA in 2008 and replaced with 'self insured employer'.
Self-employed worker*	A person who works independently rather than under a contract of service . Most self-employed workers are not covered by the WRCA , although section 103 of the WRCA does allow WorkCover SA the discretion to extend the coverage of the WRCA to them if they so apply.

Plain language glossary of workers compensation terms (continued)

Sequela or sequelae	A disability that arises as a result of a prior disability. In the workers compensation context, the commonest form of sequela is a psychiatric condition such as depression.
Serious & wilful misconduct	Behaviour by a worker that compromises that worker's rights to compensation under the WRCA . 'Serious and wilful' are terms that have been extensively analysed and defined by the WCT , and legal advice should be obtained before taking any action based on this concept.
SISA	Self Insurers of South Australia Inc – the representative association of self insurers .
Stakeholder	A person or organisation other than WorkCover SA and its claims agent that have a role or interest in the operation of the workers compensation scheme. Examples are the medical profession, unions and employer associations.
Statute, statutory	Law, of law. A requirement under a law is said to be a statutory requirement. A document authorised under a law is said to have statutory force.
Statute of limitations	A piece of legislation that sets a time limit on an action. For example, section 52(1)(b) and 52(7) require that a claim for compensation be lodged within 6 months after the day the right to claim arises. In most cases however, a relevant court or tribunal can grant an extension of time if there is no major disadvantage to another party.
Suitable duties or employment*	Duties or employment for which a worker with a compensable disability is fit to carry out, taking into account the factors listed in the definition in section 3 of the WRCA .
Territorial provisions	Set out in sections 6 and 6A of the WRCA . These define whether or not a worker is covered by the WRCA or the workers compensation Act of another state or territory where the circumstances of the worker's claim include cross-border issues. For example, truck drivers who move between states and territories on a regular basis.
The Corporation*	See WorkCover SA
Trauma*	An event or series of events that give rise to a compensable disability .
Treating doctor	A medical expert who treats a worker's injury or disease.
Tribunal	See Workers Compensation Tribunal .
Unfunded liability	The amount by which the total liability of current and future workers compensation claims exceeds the money and assets held in the Compensation Fund .
United Trades & Labour Council	See SA Unions .

Plain language glossary of workers compensation terms (continued)

Unrepresentative disability*	A compensable disability that arises outside the workplace. For example, attendance at training or for a medical appointment. Where WorkCover SA determines that a disability is unrepresentative, the costs of that disability are not allocated to the bonus-penalty component of the relevant employer's levies .
Upper House (SA)	See Legislative Council .
UTLC	See SA Unions .
Vocational rehabilitation	Rehabilitation specifically aimed at restoring an injured worker to work.
WCA	See WorkCover Corporation Act .
WCR	See work capacity review .
WCT	See Workers Compensation Tribunal .
Weekly payments	See income maintenance .
Whole Person Impairment	A percentage figure expressing the degree of loss of function of the entire body caused by a compensable disability . Used to calculate lump sums under section 43 of the WRCA .
WMC	See WorkCover Medical Certificate .

Plain language glossary of workers compensation terms

Work Capacity Review	A process undertaken by a compensating authority to assess capacity for work as part of determining whether a worker's entitlement to income maintenance should cease at 130 weeks. See sections 35A to 35C of the WRCA .
WorkCover Corporation Act	The South Australian WorkCover Corporation Act 1994. This Act creates and governs WorkCover SA .
WorkCover Guidelines	See Guidelines for assessment of permanent impairment .
WorkCover Medical Certificate	WorkCover Medical Certificate – the designated form of medical certificate used by doctors to certify a worker's incapacity for work.
WorkCover Ombudsman	A person appointed under Part 6D of the WRCA to investigate complaints against compensating authorities, carry out certain other specific functions and contribute to the improvement of the administration of the workers compensation scheme.
WorkCover SA	Known formally as the WorkCover Corporation of South Australia. WorkCover SA is the State-owned workers compensation insurer and regulator.
Worker*	A person who is employed by another under a contract of service or who is otherwise covered by the WRCA .
Workers Compensation Tribunal	A division of the Industrial Court of South Australia established specifically to hear and determine disputes arising from the administration of the WRCA .
Working director	A person who owns all or part of a business, but who is formally employed by, and paid a wage by, that business.
WPI	See whole person impairment .
WRCA	The <i>South Australian Workers Rehabilitation & Compensation Act 1986</i> . This is the law that establishes the South Australian workers compensation scheme.
WRCAC	Workers Rehabilitation & Compensation Advisory Committee. A committee established under Part 2 of the WRCA to provide advice to the Minister on matters bearing on the management of the workers compensation scheme.