Workers Compensation Regulation 2002

SL2002-20

made under the

Workers Compensation Act 1951

Republication No 41
Effective: 1 June 2022

Republication date: 1 June 2022

Last amendment made by SL2022-4
About this republication

The republished law

This is a republication of the Workers Compensation Regulation 2002, made under the Workers Compensation Act 1951 (including any amendment made under the Legislation Act 2001, part 11.3 (Editorial changes)) as in force on 1 June 2022. It also includes any commencement, amendment, repeal or expiry affecting this republished law to 1 June 2022.

The legislation history and amendment history of the republished law are set out in endnotes 3 and 4.

Kinds of republications

The Parliamentary Counsel’s Office prepares 2 kinds of republications of ACT laws (see the ACT legislation register at www.legislation.act.gov.au):

- authorised republications to which the Legislation Act 2001 applies
- unauthorised republications.

The status of this republication appears on the bottom of each page.

Editorial changes

The Legislation Act 2001, part 11.3 authorises the Parliamentary Counsel to make editorial amendments and other changes of a formal nature when preparing a law for republication. Editorial changes do not change the effect of the law, but have effect as if they had been made by an Act commencing on the republication date (see Legislation Act 2001, s 115 and s 117). The changes are made if the Parliamentary Counsel considers they are desirable to bring the law into line, or more closely into line, with current legislative drafting practice.

This republication does not include amendments made under part 11.3 (see endnote 1).

Uncommenced provisions and amendments

If a provision of the republished law has not commenced, the symbol ☑️ appears immediately before the provision heading. Any uncommenced amendments that affect this republished law are accessible on the ACT legislation register (www.legislation.act.gov.au). For more information, see the home page for this law on the register.

Modifications

If a provision of the republished law is affected by a current modification, the symbol ☑️ appears immediately before the provision heading. The text of the modifying provision appears in the endnotes. For the legal status of modifications, see the Legislation Act 2001, section 95.

Penalties

At the republication date, the value of a penalty unit for an offence against this law is $160 for an individual and $810 for a corporation (see Legislation Act 2001, s 133).
Workers Compensation Regulation 2002

made under the

Workers Compensation Act 1951

Contents

<table>
<thead>
<tr>
<th>Part 1</th>
<th>Preliminary</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of regulation</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Offences against regulation—application of Criminal Code etc</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 2</th>
<th>Interpretation generally</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Dictionary</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Notes</td>
<td>3</td>
</tr>
<tr>
<td>4A</td>
<td>Regular contractors and casuals—Act, s 11 (2) (c)</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Approval of medical guidelines</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Meaning of <em>clinically relevant research</em></td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Approval of clinically relevant research</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Meaning of <em>evidence-based methodology</em></td>
<td>6</td>
</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8A</td>
<td>Calculation of total wages—Act, s 7A, def <em>total wages</em></td>
<td>6</td>
</tr>
<tr>
<td><strong>Part 3</strong></td>
<td><strong>Medical assessments</strong></td>
<td></td>
</tr>
<tr>
<td>Division 3.1</td>
<td>How medical assessments must be done</td>
<td></td>
</tr>
<tr>
<td>8B</td>
<td>Doctor that may provide medical certificate for imminently fatal asbestos-related disease—Act, s 116 (2) (a)</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Using evidence-based methodology</td>
<td>7</td>
</tr>
<tr>
<td>Division 3.2</td>
<td>Medical specialists</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Assessment by medical specialist—request by other than nominated treating doctor</td>
<td>9</td>
</tr>
<tr>
<td>11</td>
<td>Specialist's report about assessment</td>
<td>10</td>
</tr>
<tr>
<td>12</td>
<td>Medical specialist as new nominated treating doctor</td>
<td>11</td>
</tr>
<tr>
<td><strong>Part 4</strong></td>
<td><strong>Medical referees</strong></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Consultation about appointment of medical referees</td>
<td>12</td>
</tr>
<tr>
<td>14</td>
<td>Medical referee to review medical evidence etc</td>
<td>12</td>
</tr>
<tr>
<td>15</td>
<td>Medical referee's report</td>
<td>12</td>
</tr>
<tr>
<td><strong>Part 5</strong></td>
<td><strong>Rehabilitation providers</strong></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Minister may approve rehabilitation providers</td>
<td>14</td>
</tr>
<tr>
<td>17</td>
<td>Procedure for approval of rehabilitation provider</td>
<td>14</td>
</tr>
<tr>
<td><strong>Part 6</strong></td>
<td><strong>Conciliation</strong></td>
<td></td>
</tr>
<tr>
<td>Division 6.1</td>
<td>Appointment and functions of conciliators</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Appointment of conciliators</td>
<td>15</td>
</tr>
<tr>
<td>37</td>
<td>Function of conciliators</td>
<td>15</td>
</tr>
<tr>
<td>Division 6.2</td>
<td>Conciliations</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>When must conciliation be held?</td>
<td>16</td>
</tr>
<tr>
<td>39</td>
<td>Action by conciliator</td>
<td>16</td>
</tr>
<tr>
<td>40</td>
<td>Particulars of matters in issue</td>
<td>16</td>
</tr>
<tr>
<td>41</td>
<td>Parties to attend conciliation</td>
<td>17</td>
</tr>
<tr>
<td>42</td>
<td>Parties must make genuine effort to agree</td>
<td>17</td>
</tr>
<tr>
<td>43</td>
<td>Medical referee and conciliation</td>
<td>17</td>
</tr>
<tr>
<td>44</td>
<td>Decision or recommendation by conciliator</td>
<td>17</td>
</tr>
<tr>
<td>45</td>
<td>Who pays for conciliation?</td>
<td>18</td>
</tr>
</tbody>
</table>

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au
Contents

47 Protocol about conciliation

Part 7 Arbitration
48 When may application for arbitration be filed?
49 Commercial Arbitration Act not apply
50 Representative committee already in existence
51 When must Magistrates Court arbitrate matter?
52 Committee may refer questions of law
53 Powers of Magistrates Court on arbitration
54 Medical referees
55 Only 1 medical referee for arbitration
56 Procedure on arbitration
57 Costs
58 Claim against arbitration award

Part 8 Compulsory insurance policies—contents
59 Definitions for pt 8
60 Insurer to indemnify employer
61 Insurer to notify renewal
62 Insurer to tell employer about certain obligations
62A Required information from employer in policy
63 Services to be provided under policy
64 Cancellation of insurance policy
65 Compliance with Act by employer
66 Result of under-reporting of wages by employer
67 Insurance policy may contain other provisions

Part 9 Licensed insurers
Division 9.1 Licensing of licensed insurers
68 Application for insurer licence—Act, s 145J (a)
69 Criteria for issuing insurer licence—Act, s 145J (b)
70 Particulars of insurer licence—Act, s 145J (b)

Division 9.2 Conditions on insurers
71 Insurer must have reinsurance—Act, s 145J (c)
72 Information about ability to meet liabilities etc—Act, s 145J (c) and (g)
## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>Insurer to provide information and pay costs of audit—Act, s 145J (c) and (f)</td>
</tr>
<tr>
<td>74</td>
<td>Information on working out premiums—Act, s 145J (c) and (e)</td>
</tr>
<tr>
<td>75</td>
<td>Principles for working out premiums—Act, s 145J (c)</td>
</tr>
<tr>
<td>76</td>
<td>Time for information to be given—Act, s 145J (c) and (g)</td>
</tr>
<tr>
<td>77</td>
<td>Record keeping by licensed insurers—Act, s 145J (d)</td>
</tr>
<tr>
<td>78</td>
<td>Action if rehabilitation provider’s approval suspended or revoked—Act, s 145J (c)</td>
</tr>
</tbody>
</table>

### Division 9.3  Action against insurers

<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>Notice of proposed action against licensed insurer</td>
</tr>
<tr>
<td>80</td>
<td>Action other than cancellation of insurer licence—Act, s 223 (2) (h)</td>
</tr>
<tr>
<td>81</td>
<td>Cancellation of insurer licence—Act, s 145J (h)</td>
</tr>
<tr>
<td>82</td>
<td>Effect of regulator suspension or cancellation of insurer licence—Act, s 145J (h)</td>
</tr>
<tr>
<td>83</td>
<td>When does cancellation make previous insurance policies not compulsory insurance policies?—Act, s 146 (3)</td>
</tr>
</tbody>
</table>

### Part 10  Self-insurers

#### Division 10.1  Issue of self-insurer licence by regulator

<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>84A</td>
<td>Application for self-insurer licence—Act, s 145U (a)</td>
</tr>
<tr>
<td>84B</td>
<td>Criteria for issuing self-insurer licence—Act, s 145U (b)</td>
</tr>
</tbody>
</table>

#### Division 10.2  Self-insurer licence conditions

<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>Licensed self-insurer to have reinsurance—Act, s 145U (c)</td>
</tr>
<tr>
<td>86</td>
<td>Information about workers compensation, vocational rehabilitation and occupational health and safety—Act, s 145U (c)</td>
</tr>
<tr>
<td>87</td>
<td>Record keeping by licensed self-insurers—Act, s 145U (d)</td>
</tr>
<tr>
<td>88</td>
<td>Action if rehabilitation provider’s approval suspended or revoked—Act, s 145U (c)</td>
</tr>
<tr>
<td>89</td>
<td>Self-insurer to provide information and pay costs of audit—Act, s 145U (c) and (f)</td>
</tr>
<tr>
<td>90</td>
<td>Self-insurer to maintain bank guarantee—Act, s 145U (c)</td>
</tr>
<tr>
<td>91</td>
<td>Self-insurer to maintain occupational health and safety management system—Act, s 145U (c)</td>
</tr>
</tbody>
</table>

#### Division 10.3  Action against licensed self-insurers

<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>Notice of proposed action against licensed self-insurer</td>
</tr>
<tr>
<td>93</td>
<td>Action other than cancellation of self-insurer licence—Act, s 223 (2) (h)</td>
</tr>
<tr>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td></td>
</tr>
<tr>
<td>71</td>
<td></td>
</tr>
<tr>
<td>76</td>
<td></td>
</tr>
<tr>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>

**Contents**

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
</tr>
<tr>
<td>44</td>
</tr>
</tbody>
</table>

### Part 10A Compliance and financial audits

<table>
<thead>
<tr>
<th>95A</th>
<th>Compliance audits—Act, s 145J (d) and (f) and s 145U (d) and (e)</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>95B</td>
<td>Financial audits—Act, s 145J (d) and (f) and s 145U (d) and (e)</td>
<td>47</td>
</tr>
<tr>
<td>95C</td>
<td>Appointment of auditors</td>
<td>47</td>
</tr>
</tbody>
</table>

### Part 11 Miscellaneous

<table>
<thead>
<tr>
<th>96</th>
<th>Diseases related to employment</th>
<th>49</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>Reviewable decision—Act, s 199 (b)</td>
<td>49</td>
</tr>
<tr>
<td>98A</td>
<td>Notice of reviewable decision—Act, s 199A (1)</td>
<td>49</td>
</tr>
<tr>
<td>98B</td>
<td>Internal review of certain decisions—Act, s 199B (1)</td>
<td>49</td>
</tr>
<tr>
<td>99</td>
<td>Court approved termination</td>
<td>49</td>
</tr>
<tr>
<td>100</td>
<td>Approved protocols about certain documents and information</td>
<td>50</td>
</tr>
<tr>
<td>101</td>
<td>Approved protocols for licensed insurers and licensed self-insurers—Act, s 223 (2) (k)</td>
<td>51</td>
</tr>
</tbody>
</table>

**Schedule 1 Diseases related to employment**

| 52   |

**Schedule 3 Reviewable decisions**

<table>
<thead>
<tr>
<th>64</th>
</tr>
</thead>
</table>

**Part 3.1 Reviewable decisions**

| 64   |

**Part 3.2 Internally reviewable decisions**

| 66   |

**Dictionary**

| 67   |

**Endnotes**

<table>
<thead>
<tr>
<th>70</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
</tr>
<tr>
<td>71</td>
</tr>
<tr>
<td>76</td>
</tr>
<tr>
<td>87</td>
</tr>
</tbody>
</table>

R41 Workers Compensation Regulation 2002 contents 5

Effective: 01/06/22

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au
Workers Compensation Regulation 2002

made under the

Workers Compensation Act 1951
Part 1 Preliminary

1 Name of regulation

This regulation is the Workers Compensation Regulation 2002.

2 Offences against regulation—application of Criminal Code etc

Other legislation applies in relation to offences against this regulation.

Note 1 Criminal Code

The Criminal Code, ch 2 applies to offences against this regulation (see Code, pt 2.1).

The chapter sets out the general principles of criminal responsibility (including burdens of proof and general defences), and defines terms used for offences to which the Code applies (eg conduct, intention, recklessness and strict liability).

Note 2 Penalty units

The Legislation Act, s 133 deals with the meaning of offence penalties that are expressed in penalty units.
Part 2 Interpretation generally

3 Dictionary

The dictionary at the end of this regulation is part of this regulation.

Note 1 The dictionary at the end of this regulation defines certain terms used in this regulation, and includes references (signpost definitions) to other terms defined elsewhere in this regulation.

For example, the signpost definition ‘clinically relevant research’—see section 6.’ means that the term ‘clinically relevant research’ is defined in section 6.

Note 2 A definition in the dictionary (including a signpost definition) applies to the entire regulation unless the definition, or another provision of the regulation, provides otherwise or the contrary intention otherwise appears (see Legislation Act, s 155 and s 156 (1)).

4 Notes

A note included in this regulation is explanatory and is not part of this regulation.

Note See the Legislation Act, section 127 (1), (4) and (5) for the legal status of notes.

4A Regular contractors and casuals—Act, s 11 (2) (c)

(1) For the Act, section 11 (2) (c), the following contracts are prescribed:

(a) a contract between the individual who is a bookable vehicle driver and the principal that prevents the individual from having an affiliated driver agreement with more than 1 transport booking service;

(b) if the individual is a bookable vehicle driver and does not have a contract mentioned in paragraph (a)—a contract of bailment between the individual and the principal under which the individual has the use of a bookable vehicle.
Part 2  Interpretation generally

Section 5

(2) In this section:

affiliated driver agreement—see the Road Transport (Public Passenger Services) Act 2001, section 36.

bookable vehicle—see the Road Transport (Public Passenger Services) Act 2001, section 29.

bookable vehicle driver—see the Road Transport (Public Passenger Services) Act 2001, section 29.

transport booking service—see the Road Transport (Public Passenger Services) Act 2001, section 28.

5 Approval of medical guidelines

(1) The Minister may approve medical guidelines about—

(a) the diagnosis of, or prognosis or treatment for, injuries; or

(b) how to assess the extent of an injury for the Act, part 4.4 (Compensation for permanent injuries).

Note  Power given under a regulation to make a statutory instrument (including medical guidelines) includes power to amend or repeal the instrument (see Legislation Act, s 46 (1)).

(2) If the work health and safety council sets up an advisory committee mentioned in the Act, section 206 (Minister must take advice), the Minister must consider any recommendation made by the committee about proposed medical guidelines.

(3) An approved medical guideline is a notifiable instrument.

Note  A notifiable instrument must be notified under the Legislation Act.
(4) An approved medical guideline may apply, adopt or incorporate an instrument as in force at a particular time.

Note 1 The text of an applied, adopted or incorporated instrument, whether applied as in force from time to time or as at a particular time, is taken to be a notifiable instrument if the operation of the Legislation Act, s 47 (5) or (6) is not disapplied (see s 47 (7)).

Note 2 A reference to an instrument includes a reference to a provision of an instrument (see Legislation Act, s 14 (2)).

(5) The Legislation Act, section 47 (5) does not apply to a medical guideline mentioned in subsection (1) (b).

6 Meaning of clinically relevant research

In this regulation:

clinically relevant research means research—

(a) recognised as clinically relevant by a specialist medical college; or

(b) approved by the Minister under section 7.

7 Approval of clinically relevant research

(1) The Minister may approve information (including information on an internet site) as clinically relevant research.

(2) An approval is a notifiable instrument.

Note A notifiable instrument must be notified under the Legislation Act.

(3) An approval may apply, adopt or incorporate an instrument as in force from time to time.

Note 1 The Legislation Act, s 47 (3) provides that a statutory instrument may apply an instrument as in force only at a particular time. Subsection (3) allows the approval to also apply, adopt or incorporate an instrument as in force from time to time.

Note 2 A reference to an instrument includes a reference to a provision of an instrument (see Legislation Act, s 14 (2)).
Part 2

Interpretation generally

Section 8

(4) The Legislation Act, section 47 (5) and (6) does not apply to an instrument mentioned in subsection (3).

Note The text of an applied, adopted or incorporated instrument, whether applied as in force at a particular time or from time to time, is taken to be a notifiable instrument if the operation of the Legislation Act, s 47 (5) or (6) is not disapplied (see s 47 (7)).

8

Meaning of evidence-based methodology

In this regulation:

evidence-based methodology means the application by a doctor of the doctor’s clinical expertise, and any relevant approved medical guidelines or clinically relevant research, to—

(a) identify the aetiology of an injured worker’s injury; and
(b) diagnose the injury; and
(c) give a prognosis for the injury; and
(d) make recommendations about medical treatment for the injury.

8A

Calculation of total wages—Act, s 7A, def total wages

The ACT Wages and Earnings Guide is prescribed for working out total wages.

Part 3  Medical assessments

Division 3.1  How medical assessments must be done

8B  Doctor that may provide medical certificate for imminently fatal asbestos-related disease—Act, s 116 (2) (a)

A doctor in any of the following fields of medical specialty is prescribed:

(a) oncology;
(b) respiratory medicine;
(c) cardio-thoracic surgery.

9  Using evidence-based methodology

(1) A doctor who does a medical assessment of an injured worker must do the assessment using evidence-based methodology.

Note  The Act, s 118 (2) provides that a medical certificate required to accompany a claim for weekly compensation must comply with the requirements for medical assessments under the regulations. If s 118 (2) is not complied with, for example, if a medical certificate about an injured worker is deficient because it does not refer to an approved medical guideline or clinically relevant research for that type of injury, under the Act, s 119 the insurer may tell the worker about the deficiency. The worker’s claim is not considered to have been made until the deficiency is fixed. If the insurer does not tell a worker about a deficiency, the claim is taken to comply with s 118 (2) (see the Act, s 119 (3)).

(2) The doctor must record the results of the assessment, including the following matters:

(a) the aetiology of the worker’s injury;
(b) the diagnosis of the injury;
(c) the prognosis for the injury;
(d) the recommended medical treatment for the injury.

Example—aetiology of injury
exposure to asbestos fibres

Example—diagnosis of injury
mesothelioma

Example—prognosis of injury
2 year life expectancy from date of diagnosis

(3) However, for a later medical assessment of an injured worker, the doctor who does the assessment need record a matter mentioned in subsection (2) only if the doctor considers that there has been a change in the matter.

(4) In this section:

initial medical assessment, of an injured worker, means the first medical assessment by the worker’s doctor for a medical certificate mentioned in the Act, section 116 (2) (Making claim for compensation).

later medical assessment, of an injured worker, means a medical assessment other than—

(a) an initial or second medical assessment of the worker; or
(b) if the worker’s nominated treating doctor is replaced by another nominated treating doctor—the first medical assessment of the worker by the new nominated treating doctor.

second medical assessment means an assessment mentioned in the Act, section 72 (Second assessments).
Division 3.2 Medical specialists

10 Assessment by medical specialist—request by other than nominated treating doctor

(1) This section does not apply to a request by an injured worker’s nominated treating doctor for a medical assessment of the worker by a medical specialist.

(2) The following (the requesting person) may request a medical assessment of an injured worker by a medical specialist:
   (a) the worker;
   (b) the worker’s lawyer;
   (c) the worker’s employer;
   (d) the employer’s insurer;
   (e) the DI fund manager.

(3) At least 2 weeks before the day of the medical assessment, written notice of the request must be given——
   (a) if the request is made by the worker or the worker’s lawyer—to the worker’s employer and the employer’s insurer; or
   (b) if the request is made by the worker’s employer or the employer’s insurer—to the worker and the worker’s lawyer.

(4) Subsection (3) does not prevent a medical assessment of the worker happening with less than the 2 weeks notice if the parties agree to the shorter notice.

(5) The notice must state——
   (a) the reasons for the request (including a brief description of any particular thing that led to the request); and
   (b) why the medical specialist is the appropriate specialist to do the medical assessment; and
(c) which of the following matters are to be assessed in relation to the injury:

(i) aetiology;
(ii) diagnosis;
(iii) prognosis;
(iv) recommended medical treatment.

Example for par (a)

An insurer disagrees with an injured worker’s nominated treating doctor’s assessment that the worker has suffered a relapse, and needs more time off work. The insurer considers that the time off does not relate to the injury.

(6) The requesting person, and the people to whom the requesting person must give notice under subsection (3), must give all medical evidence about the injured worker to the medical specialist at least 2 working days before the day of the medical assessment.

11 Specialist’s report about assessment

(1) A medical specialist assessing an injured worker must, when asked by someone (the requesting person) under section 10 (2), prepare a report about the medical assessment.

(2) If the medical specialist’s assessment differs from the medical evidence about the injured worker, the report must state—

(a) how the assessment differs and why; and
(b) why the medical specialist’s assessment is preferable.

(3) If there is no difference between the medical specialist’s assessment and the medical evidence, the report must say there is no difference.
(4) The requesting person must give a copy of the report to the people to whom the requesting person must give notice under section 10 (3) within 5 working days after the day the report is given to the requesting person.

*Note*  An injured worker’s nominated treating doctor may adopt (completely or partly) a medical specialist’s assessment about treatment for the worker’s treatment.

### 12 Medical specialist as new nominated treating doctor

(1) This section applies if the nominated treating doctor (the *treating doctor*) for an injured worker considers it appropriate that a medical specialist becomes the nominated treating doctor for the worker, and the worker agrees.

(2) The treating doctor may ask the medical specialist, in writing, to become the nominated treating doctor for the worker.

(3) If the medical specialist agrees in writing, the medical specialist becomes the nominated treating doctor for the worker instead of the treating doctor.
Part 4  

Medical referees

13 Consultation about appointment of medical referees

If the work health and safety council sets up an advisory committee mentioned in the Act, section 206 (Minister must take advice), the Minister may ask the committee to give advice about who should be a medical referee.

14 Medical referee to review medical evidence etc

(1) This section applies to a medical referee for a conciliation or arbitration.

(2) The medical referee must—

(a) review the medical evidence about the injured worker; and

(b) review any relevant approved medical guidelines or clinically relevant research about the worker’s injury; and

(c) apply the referee’s clinical expertise to the review under paragraphs (a) and (b); and

(d) do a medical assessment of the worker, unless the referee considers it unnecessary.

15 Medical referee’s report

(1) A medical referee’s report for a conciliation or arbitration must state—

(a) the results of the referee’s assessment of the aetiology or diagnosis of, or the prognosis or recommended medical treatment for, the worker’s injury; and

(b) if the referee’s assessment differs from the medical evidence about the worker’s injury—

(i) how the assessment differs and why; and
(ii) why the referee’s assessment is preferable; and

(c) if the referee considered it unnecessary to assess the worker—why the referee did not consider it necessary.

**Example of why assessment may differ**

The medical evidence does not take into account relevant approved medical guidelines or clinically relevant research.

(2) If there is no difference between the medical referee’s assessment and the medical evidence, the report must say there is no difference.
Part 5  Rehabilitation providers

16 Minister may approve rehabilitation providers

(1) The Minister may, in writing, approve a person as a rehabilitation provider.

(2) The Minister may approve a rehabilitation provider for not longer than 3 years.

17 Procedure for approval of rehabilitation provider

In deciding whether to approve a person as a rehabilitation provider, the Minister must act in accordance with the Guide—Nationally Consistent Approval Framework for Workplace Rehabilitation Providers as in force from time to time.

Part 6 Conciliation

Division 6.1 Appointment and functions of conciliators

36 Appointment of conciliators

(1) The Minister may appoint conciliators for this regulation.

Note 1 For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see Legislation Act, s 207).

(2) The Minister may appoint a person as a conciliator only if satisfied that the person has expertise in dispute resolution relating to workers compensation.

(3) If the work health and safety council sets up an advisory committee mentioned in the Act, section 206 (Minister must take advice), the Minister may ask the committee to give advice about who should be a conciliator.

37 Function of conciliators

(1) The function of a conciliator is to help injured workers and their employers to reach agreement about matters in issue arising from workers’ claims for compensation.

(2) The conciliator must encourage injured workers and their employers to reach agreements that allow injury management to continue.
Division 6.2 Conciliations

38 When must conciliation be held?

(1) A conciliation about a matter in issue arising from a worker’s claim for compensation must be held before arbitration of the matter only if—

(a) the worker and the worker’s employer agree to participate in the conciliation; and

(b) a conciliator is available.

(2) This section does not apply if the matter in issue is an insurer’s rejection of a worker’s claim for compensation.

39 Action by conciliator

(1) This section applies if a worker and the worker’s employer have asked a conciliator to help them reach agreement on a matter in issue arising from the worker’s claim for compensation.

(2) If the conciliator is available to help the worker and the worker’s employer, the conciliator must, as soon as practicable—

(a) set a time and place for the conciliation; and

(b) tell each party to the conciliation, in writing, about the time and place.

Note For how documents may be served, see the Legislation Act, pt 19.5.

40 Particulars of matters in issue

(1) Each party to the conciliation must, at least 7 days before the day for conciliation, give to each other party and the conciliator, written details of the matters in issue arising from the worker’s claim for compensation (the written details document).

Note For how documents may be served, see the Legislation Act, pt 19.5.
(2) The written details document must include information available to a party that the party believes on reasonable grounds would help the parties reach agreement about the matter.

41 Parties to attend conciliation

(1) The parties to a conciliation must attend the conciliation.

(2) A party’s representative may also attend the conciliation.

42 Parties must make genuine effort to agree

At conciliation, the parties must make a genuine effort to reach an agreement that allows injury management to continue for the injured worker.

43 Medical referee and conciliation

(1) With the agreement of the parties to the conciliation, the conciliator may ask a medical referee to prepare a report to help the parties to reach agreement.

Note Section 14 (Medical referee to review medical evidence etc) sets out what a medical referee must do for a conciliation and s 15 (Medical referee’s report) states what a medical referee’s report for a conciliation must contain.

(2) The medical referee must give a copy of the report to the conciliator.

(3) The conciliator must give a copy of the report to each party.

44 Decision or recommendation by conciliator

(1) The conciliator may, at any time, decide that a matter in issue arising from the worker’s claim for compensation is not suitable for resolution by conciliation.

(2) If agreement is reached on a matter in issue between the parties to the conciliation, the parties must, with the help of the conciliator, record the agreement in writing.
(3) If a matter in issue between the parties remains unresolved at the end of the conciliation, the conciliator may make a recommendation about the matter.

(4) The written details document mentioned in section 40 (1), evidence given during a conciliation, or anything said or done during conciliation, must not be admitted in evidence at an arbitration.

(5) However, any recommendation by the conciliator under subsection (3) may be admitted in evidence at an arbitration.

45 **Who pays for conciliation?**

(1) The insurer must meet all costs and disbursements of, and incidental to, the conciliation.

(2) If a party is represented at conciliation by a representative (including a lawyer), the conciliator may allow the representative to claim from the insurer reasonable costs and disbursements of, and incidental to, the conciliation.

47 **Protocol about conciliation**

(1) The Minister may approve a protocol about—

(a) the administration of conciliations; or

(b) costs and disbursements of, and incidental to, conciliations, including maximum amounts conciliators may allow under section 45 (Who pays for conciliation?); or

(c) the giving of information to the Minister by conciliators or other people about conciliations in a way that maintains the confidentiality of conciliations.

(2) An approved protocol is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.
Part 7  Arbitration

48  When may application for arbitration be filed?
(1) An injured worker or the worker’s employer may file an application for the arbitration of—
   (a) a matter in issue arising from the worker’s claim for compensation; or
   (b) the insurer’s rejection of the worker’s claim for compensation.
(2) However, if the injured worker and the employer must participate in a conciliation under section 38, the application for arbitration may be filed only if—
   (a) the parties have attended the conciliation; and
   (b) either—
      (i) the matter was not resolved at the conciliation; or
      (ii) the conciliator decided that the matter was not suitable for conciliation.

49  Commercial Arbitration Act not apply
The Commercial Arbitration Act 2017 does not apply to an arbitration.

50  Representative committee already in existence
(1) This section applies to a matter to be decided by arbitration if there is a committee.
(2) The matter must be decided by arbitration by the committee unless a party to the matter objects to the arbitration by written notice given to the other party before the committee meets to consider the matter.
(3) However, the committee may refer a matter it is required to arbitrate for arbitration by the Magistrates Court under this part if the committee considers it appropriate to do so.

51 **When must Magistrates Court arbitrate matter?**

The Magistrates Court must arbitrate a matter if—

(a) there is no committee; or

(b) there is a committee but—

   (i) a party to the matter objects to the matter being arbitrated by the committee; or

   (ii) the committee refers the matter to the court for arbitration; or

   (iii) the committee fails to decide the matter within 1 month after the day the claim the matter arises from is made.

52 **Committee may refer questions of law**

A committee may refer a question of law to the Magistrates Court.

53 **Powers of Magistrates Court on arbitration**

For a proceeding on an arbitration, the Magistrates Court has the same power to require the attendance of witnesses and the production of documents as it would have if the proceeding were an action in the court.

54 **Medical referees**

(1) The Magistrates Court or a committee may ask a medical referee to help the court or committee to assess a medical matter during an arbitration.

(2) The Magistrates Court or committee may ask a medical referee to report on a medical matter during, or arising from, an arbitration.
55 Only 1 medical referee for arbitration

(1) The same medical referee must help the Magistrates Court or a committee throughout an arbitration.

(2) However, another medical referee may help the Magistrates Court or committee if the medical referee is unavailable for any reason.

56 Procedure on arbitration

(1) This section applies to an arbitration unless the Act or rules expressly state otherwise.

(2) The Magistrates Court or a committee may decide its own procedures.

(3) The Magistrates Court or a committee need not act in a formal way and is not bound by rules of evidence.

(4) The Magistrates Court or a committee may inform itself about anything in the way it considers appropriate.

(5) The Magistrates Court or a committee must act according to equity, good conscience and the substantial merits of the matter being arbitrated, without regard to technicalities and legal forms.

57 Costs

(1) The successful party to an arbitration or related proceeding is entitled to be indemnified for party and party costs (including reasonable disbursements) by the unsuccessful party, unless the Magistrates Court or a committee otherwise orders.

(2) However, the Magistrates Court or committee must not award the costs of, or incidental to, an arbitration or related proceeding (including reasonable disbursements) against someone claiming compensation honestly in the arbitration or proceeding.
(3) The costs of, and incidental to, an arbitration or related proceeding are payable at 2/3 of the scale of costs prescribed by the rules applying to a civil proceeding in the Supreme Court, unless the Magistrates Court or committee otherwise orders.

(4) Costs must be taxed, unless the parties otherwise agree.

(5) Disbursements are payable in full.

58 Claim against arbitration award

(1) This section applies if a worker is paid an amount of compensation on arbitration.

(2) The worker’s lawyer or the lawyer’s agent may claim costs in relation to the arbitration, or claim a lien in relation to the costs, from the compensation only if, on application by the worker, lawyer or agent, the Magistrates Court or committee awards the lawyer or agent the costs.

(3) Costs to be awarded to the lawyer or the lawyer’s agent—

(a) are payable at 2/3 of the scale of costs prescribed by the rules applying to a civil proceeding in the Supreme Court, unless the Magistrates Court or committee otherwise orders; and

(b) must be taxed.
Part 8  Compulsory insurance policies—contents

59  Definitions for pt 8
In this part:

employer, in relation to a compulsory insurance policy, means the employer to whom the policy was issued.

insurer, in relation to a compulsory insurance policy, means the insurer who issued the policy.

60  Insurer to indemnify employer
(1) The compulsory insurance policy must provide that the insurer will indemnify the employer against any compensation the employer is liable to pay under the Act.

(2) However, the compulsory insurance policy must provide that the insurer will not indemnify the employer for any amount for which the Act expressly states that the employer is not to be indemnified.

Note  The employer is liable to pay any amount incurred between the time by which the employer must tell the insurer that an injury has happened and the time the employer tells the insurer that the injury has happened and may not be indemnified by the insurer for the amount (see Act, s 95).

61  Insurer to notify renewal
The compulsory insurance policy must provide that the insurer must notify the employer when the policy will end at least 30 days before the day the policy is to end.
62 Insurer to tell employer about certain obligations

(1) The insurer must tell the employer about the employer’s obligations under the sections of the Act mentioned in subsection (3) (the required information) in the compulsory insurance policy or in accordance with subsection (2).

(2) If the compulsory insurance policy does not contain the required information, the policy must provide that the insurer must tell the employer the required information within 14 days after the day the policy is issued.

(3) The sections of the Act are as follows:

(a) section 155 (Information for licensed insurers on application for issue or renewal of policies);

(b) section 155A (Employer must notify licensed insurer of certain corrected information);

(c) section 156 (Information for licensed insurers after renewal of policies);

(d) section 157 (Information for licensed insurers after end or cancellation of policies);

(e) section 158 (Information for new licensed insurers after change of licensed insurers).

62A Required information from employer in policy

(1) The compulsory insurance policy issued by an insurer to an employer must include the following information:

(a) the required information given by the employer to the insurer;

(b) the proportion of the premium payment for the policy that has been recovered from the employer to offset amounts paid by the insurer to the DI fund.
(2) In this section:

required information, given by an employer, means the information given by the employer under a provision of the Act mentioned in section 62 (3).

63 Services to be provided under policy

The compulsory insurance policy must include a description of the services to be provided under the policy and when they will be provided.

64 Cancellation of insurance policy

The compulsory insurance policy must include a statement that the policy may only be cancelled by the insurer in accordance with a protocol approved by the Minister.

65 Compliance with Act by employer

The compulsory insurance policy must include a provision that states that the employer must comply with the Act, chapter 5 (Injury management process) and section 126 (Action by employer in relation to claims).

66 Result of under-reporting of wages by employer

(1) The compulsory insurance policy must provide that the employer must pay the insurer the amount mentioned in subsection (2) if—

(a) the employer, to obtain insurance from the insurer, has told the insurer the employer is paying a stated amount of wages; and

(b) the amount of wages the employer is paying is at least 10% more than the amount the employer told the insurer.

(2) The amount payable to the insurer is the amount equal to double the difference between the premium the employer paid and the premium the employer would have paid if the employer had told the insurer the true amount of wages the employer was paying.
Part 8  Compulsory insurance policies—contents

Section 67

67 Insurance policy may contain other provisions

The compulsory insurance policy may contain any other provision the parties agree to if the provision is not inconsistent with the Act, this regulation or the rules.
Part 9  Licensed insurers

Division 9.1  Licensing of licensed insurers

68  Application for insurer licence—Act, s 145J (a)

(1) An application for an insurer licence by an insurer (the applicant) must—

(a) include evidence of an authorisation under the Insurance Act 1973 (Cwlth), section 12 to carry on an insurance business in Australia; and

(b) if the applicant is applying for a corresponding licence—include evidence of the application; and

(c) if the applicant has a corresponding licence—include evidence of the licence and any conditions on the licence; and

(d) include evidence that the applicant has adequate reinsurance, or other arrangements in place, to cover the applicant’s future liability under the Act; and

(e) comply with any protocol relating to applying for a licence.

(2) The regulator may, in writing, require further evidence from an applicant that demonstrates the applicant—

(a) is financially and prudentially sound; or

(b) will be able to meet any obligations as an insurer under the Act in relation to injury management programs and personal injury plans.

(3) In this section:

*corresponding licence* means a licence under a State law that has the same effect, or substantially the same effect, as an insurer licence.
Criteria for issuing insurer licence—Act, s 145J (b)

The regulator may issue an insurer licence only if satisfied the applicant for the licence—

(a) is financially and prudentially sound; and

(b) if licensed, will—

(i) be able to meet the applicant’s existing and expected liabilities under the Act; and

(ii) be able to meet the applicant’s obligations as an insurer under the Act; and

(iii) comply with any conditions on the licence.

Particulars of insurer licence—Act, s 145J (b)

An insurer licence must state the following:

(a) the insurer’s name;

(b) if the insurer operates the insurance service under another name—the insurer’s other name;

(c) the insurer’s ABN or ACN.

Division 9.2 Conditions on insurers

Insurer must have reinsurance—Act, s 145J (c)

It is a condition of an insurer licence that the insurer maintain reinsurance that is capable of meeting the insurer’s existing and expected liabilities under the Act.
72  **Information about ability to meet liabilities etc—Act, s 145J (c) and (g)**

(1) It is a condition of an insurer licence that the insurer give the regulator the following information, if requested in writing by the regulator:

(a) information about claims that have been made against the insurer under the Act;

(b) information to allow the regulator to assess—

   (i) the insurer’s continuing ability to meet the insurer’s existing and expected liabilities under the Act; and

   (ii) whether the insurer continues to be financially and prudentially sound; and

   (iii) the insurer’s continuing ability to meet its obligations under the Act.

(2) Information requested from an insurer in writing by the regulator must be reasonably necessary for the performance of the regulator’s functions.

73  **Insurer to provide information and pay costs of audit—Act, s 145J (c) and (f)**

It is a condition of an insurer licence that for an audit under part 10A, the insurer—

(a) complies with the reasonable requirements of the person conducting the audit; and

(b) allows the person conducting the audit access to the information reasonably required to conduct the audit; and

(c) pays reasonable fees and reasonable expenses for the audit.

*Note*  The Minister may approve a protocol about how a person who is subject to an audit must participate in the audit (see s 101 (2) (b)).
74 Information on working out premiums—Act, s 145J (c) and (e)

(1) It is a condition of an insurer licence that—

(a) on written request by the regulator, the insurer gives the regulator, in writing, any relevant information about how the insurer works out premiums for compulsory insurance policies; and

(b) the insurer must give information under paragraph (a) within the period stated in the request that is not less than 21 days after the day the regulator asked for the information.

(2) In this section:

relevant information means information the regulator is satisfied on reasonable grounds will help the regulator to decide whether premiums are being worked out in accordance with the principles for working out premiums under section 75.

75 Principles for working out premiums—Act, s 145J (c)

(1) It is a condition of an insurer licence that, in working out premiums, an insurer must—

(a) provide for sufficient (but not excessive) income from premiums to fully fund liabilities arising from policies of insurance to which the premiums relate; and

(b) ensure that premiums are structured to minimise, as far as reasonably practicable, the cross subsidisation of premium rating groups.

(2) For this section, there is sufficient income from premiums to fully fund the liabilities to which the premiums relate if the premiums are sufficient to do all of the following:

(a) fully fund claims liabilities arising from the insurance policies to which the premiums relate;
(b) pay all acquisition, policy administration and claims settlement expenses of the insurer;

(c) provide a profit margin after the payment of claims, costs and expenses that represents an adequate return on capital invested and compensation for the risk taken;

(d) provide for anything else that a prudent insurer should, in the circumstances, provide for;

(e) provide for contributions or other charges payable by the insurer under the Act.

(3) For subsection (2) (a), the amount of claims liabilities of the insurer does not include the treatment, care and support costs of a participant in the LTCS scheme.

Note LTCS scheme—see the LTCS Act, dictionary.

(4) An insurer is taken to have complied with subsection (1) (a) if the insurer provides for sufficient (but not excessive) income from premiums in accordance with actuarial advice about the liability arising from policies of insurance to which the premiums relate.

76 Time for information to be given—Act, s 145J (c) and (g)

(1) It is a condition of an insurer licence that any information required to be given to the regulator is given—

(a) within 14 days after the day the information is requested; or

(b) if a longer period is allowed by the regulator or provided for the giving of the information—within that period.

(2) This section does not apply to section 74 (Information on working out premiums—Act, s 145J (c) and (e)).
77 Record keeping by licensed insurers—Act, s 145J (d)

(1) It is a condition of an insurer licence that a licensed insurer must keep records about the licensed insurer’s policies, processes and decisions for the provision of an insurer service, in accordance with any protocol relating to the keeping of records.

(2) A record mentioned in subsection (1) must be kept for not less than 5 years after the day the record is made.

78 Action if rehabilitation provider’s approval suspended or revoked—Act, s 145J (c)

It is a condition of an insurer licence that the insurer must arrange for another rehabilitation provider to be responsible for a worker’s vocational rehabilitation under a personal injury plan if—

(a) the approval of the rehabilitation provider responsible for the worker’s rehabilitation under the plan has been suspended or revoked; and

(b) the insurer is responsible for the personal injury plan for the worker.

Division 9.3 Action against insurers

79 Notice of proposed action against licensed insurer

If the regulator proposes to take action (the proposed action) mentioned in section 80 (2) in relation to an insurer, or to cancel the insurer licence, the regulator must give the insurer written notice—

(a) stating the proposed action; and

(b) stating the grounds for the proposed action; and

(c) inviting the insurer to make written representations, within a stated period of not less than 14 days after the day the insurer is given the notice, about why the proposed action should not be taken.
80 Action other than cancellation of insurer licence—Act, s 223 (2) (h)

(1) This section applies to a licensed insurer if—

(a) the insurer—

(i) contravenes the Act, section 112 (Compliance by insurers, including DI fund) or another provision of the Act; or

(ii) is unable to meet the insurer’s existing and expected liabilities under the Act; or

(iii) no longer has unlimited reinsurance for a single event to cover the insurer’s expected liability under the Act; or

(iv) fails to comply with a condition on the insurer licence; and

(b) the regulator has given the insurer notice under section 79.

(2) After considering any written representations made by the insurer within the period for representations stated in the notice, the regulator may—

(a) do 1 or more of the following:

(i) order the insurer to pay to the Territory a financial penalty of not more than $1 000;

(ii) impose a condition on the insurer licence of the insurer (for example, by including a condition providing for increased supervision of the insurer by the regulator);

(iii) censure the insurer;

(iv) order the insurer to take remedial action; or

(b) suspend the licence for not longer than the period.
(3) The regulator must tell the insurer in writing about the decision—
   (a) if the decision is to take action other than suspension—by giving
       the insurer a reviewable decision notice; or
       Note: The requirements for reviewable decision notices are prescribed
       under the ACT Civil and Administrative Tribunal Act 2008.
   (b) if the decision is to suspend the insurer licence—in accordance
       with section 82 (Effect of regulator suspension or cancellation
       of insurer licence—Act, s 145J (h)).

(4) In this section:

proposed action—see section 79.

81 Cancellation of insurer licence—Act, s 145J (h)

(1) This section applies to an insurer licence if—
   (a) a matter mentioned in section 80 (1) (a) applies to the insurer; and
   (b) either—
       (i) the regulator has taken action under section 80 (2), but the
           matter continues or is repeated; or
       (ii) the regulator considers immediate action is required
           because of a serious circumstance; and
   (c) the regulator gives notice under section 79 that the regulator
       proposes to cancel the licence.

(2) After considering any written representation made by the insurer
    within the period for representations stated in the notice, the regulator
    may—
    (a) take action under section 80 (2); or
    (b) cancel the insurer licence.
(3) For subsection (1) (b) (ii), a *serious circumstance* includes a circumstance in which the insurer—

(a) fails to establish an injury management program under the *Act*, section 88 (Insurer to establish etc injury management program); or

(b) fails to give effect to an injury management program under the *Act*, section 89 (Insurer to give effect to injury management program); or

(c) fails to establish a personal injury plan for an injured worker under the *Act*, section 97 (Personal injury plan for worker with significant injury); or

(d) contravenes a direction under the *Act*, section 114 (Unreasonableness in stopping payment); or

(e) fails to comply with the regulator’s notice, or gives details that are false or misleading in a material respect, under the *Act*, section 164 (Provision of information to Minister).

(4) The regulator must tell the insurer, in writing, about the decision—

(a) if the decision is to take action other than suspension or cancellation—by giving the insurer a reviewable decision notice; or

Note The requirements for reviewable decision notices are prescribed under the *ACT Civil and Administrative Tribunal Act 2008*.

(b) if the decision is to suspend or cancel the insurer licence—in accordance with section 82.
82 Effect of regulator suspension or cancellation of insurer licence—Act, s 145J (h)

(1) If the regulator decides to suspend or cancel an insurer licence, the regulator must give written notice of the decision, including when the suspension or cancellation takes effect, to the insurer who holds the licence.

Note The regulator’s notice must comply with the requirements of the Act, s 199A.

(2) A suspension or cancellation must not take effect earlier than 7 days after the day the insurer is told about the decision.

(3) Subject to the Act, section 146 (Effect of cancellation or suspension of insurer licence), if the regulator suspends an insurer licence, the insurer is, during the suspension—

(a) taken not to be a licensed insurer; and

(b) disqualified from applying for a licence as an insurer.

(4) The regulator may, at any time, by written notice to the insurer, end or reduce the period of suspension of the insurer licence.

83 When does cancellation make previous insurance policies not compulsory insurance policies?—Act, s 146 (3)

(1) If an insurer licence is cancelled, a compulsory insurance policy issued before the cancellation is taken not to be a compulsory insurance policy only if a reason for the cancellation is the winding-up of the insurer.

(2) The compulsory insurance policy stops being a compulsory insurance policy 7 days after the day the cancellation takes effect.
Part 10  Self-insurers

Division 10.1  Issue of self-insurer licence by regulator

84A  Application for self-insurer licence—Act, s 145U (a)

(1) An application for a self-insurer licence by an employer (the applicant) must contain or be accompanied by the following:

(a) if the applicant is applying for a corresponding self-insurer licence—include evidence of the application;

(b) if the applicant has a corresponding self-insurer licence—include evidence of the self-insurer licence and any conditions on the licence;

(c) evidence that the applicant has unlimited reinsurance for a single event to cover the applicant’s existing and expected liability under the Act;

(d) a copy of the applicant’s audited financial statements (or, if it is not available, equivalent information) for each of the previous 3 years;

(e) an actuarial report in accordance with subsection (3);

(f) a guarantee from an authorised deposit-taking institution in favour of the DI fund for the guaranteed amount in a form that complies with any protocol relating to applying for a licence;

Note The guaranteed amount is defined in s (4).

(g) evidence that the applicant has in place an occupational health and safety management system that complies with any Australian or New Zealand standards in relation to safety mentioned in a protocol relating to applying for a licence;

(h) any other information or evidence mentioned in a protocol relating to applying for a licence.
(2) The regulator may, in writing, require further evidence from an applicant that demonstrates the applicant—

(a) is financially and prudentially sound; or

(b) will be able to meet any obligations as an insurer under the Act in relation to injury management programs and personal injury plans.

(3) For subsection (1) (e), the actuarial report must contain an estimate of the following information as if the applicant were a licensed self-insurer at the time of the application:

(a) the applicant’s existing outstanding liability in relation to compensable injuries;

(b) the applicant’s expected liability each year for the 2-year period beginning on the day the applicant applies for the licence;

(c) the total expected payments in satisfaction of the applicant’s liability for compensable injuries likely to be made each year for the 2-year period beginning on the day the applicant applies for the licence.

(4) For subsection (1) (f), the guaranteed amount is the greater of—

(a) $1 000 000; and

(b) an amount calculated by an actuary to be the estimate of outstanding claims liability at the balance date, plus a prudential margin of 50%.

(5) In this section:

corresponding self-insurer licence means a self-insurer licence under a State law that has the same effect, or substantially the same effect, as a self-insurer licence under the Act.
84B Criteria for issuing self-insurer licence—Act, s 145U (b)

The regulator may issue a self-insurer licence to the applicant only if satisfied—

(a) the applicant for the licence—

   (i) is financially and prudentially sound; and

   (ii) if licensed, will—

      (A) be able to meet the applicant’s existing and expected liabilities as a self-insurer under the Act; and

      (B) be able to meet the applicant’s obligations as a self-insurer under the Act in relation to injury management programs and personal injury plans; and

      (C) be able to comply with the applicant’s health and safety duties under the Work Health and Safety Act 2011; and

      (D) comply with the conditions on the self-insurer licence; and

(b) the issue of the self-insurer licence will not adversely affect the operation of the workers compensation scheme under the Act.

Division 10.2 Self-insurer licence conditions

85 Licensed self-insurer to have reinsurance—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer maintain unlimited reinsurance for a single event to cover the self-insurer’s existing and expected liability under the Act.
86 Information about workers compensation, vocational rehabilitation and occupational health and safety—Act, s 145U (c)

(1) It is a condition of a self-insurer licence that the employer give the regulator information, requested in writing by the regulator, about workers compensation, vocational rehabilitation and occupational health and safety related to the employer.

(2) Information requested from a self-insurer in writing by the regulator must be reasonably necessary to allow the regulator to assess the employer’s continuing suitability to be a licensed self-insurer.

87 Record keeping by licensed self-insurers—Act, s 145U (d)

(1) It is a condition of a self-insurer licence that the employer must keep records about the employer’s policies, processes and decisions for the provision of an insurer service, in accordance with any protocol relating to the keeping of records.

(2) A record mentioned in subsection (1) must be kept for not less than 5 years after the day the record is made.

88 Action if rehabilitation provider’s approval suspended or revoked—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer must arrange for another rehabilitation provider to be responsible for a worker’s vocational rehabilitation under a personal injury plan if—

(a) the approval of the rehabilitation provider responsible for the worker’s rehabilitation under the plan has been suspended or revoked; and

(b) the employer is responsible for the personal injury plan for the worker.
89 Self-insurer to provide information and pay costs of audit—Act, s 145U (c) and (f)

It is a condition of a self-insurer licence that the self-insurer, for an audit under part 10A—

(a) complies with the reasonable requirements of the person conducting the audit; and

(b) allows the person conducting the audit access to the information reasonably required to conduct the audit; and

(c) pays reasonable fees and reasonable expenses for the audit.

Note The Minister may approve a protocol about how a person who is subject to an audit must participate in the audit (see s 101 (2) (b)).

90 Self-insurer to maintain bank guarantee—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer maintain a bank guarantee in accordance with section 84A (1) (f).

91 Self-insurer to maintain occupational health and safety management system—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer maintain an occupational health and safety management system that complies with an Australian/New Zealand Standard on occupational health and safety referred to in a protocol relating to applying for a licence.

Division 10.3 Action against licensed self-insurers

92 Notice of proposed action against licensed self-insurer

(1) Before taking proposed action in relation to a self-insurer, the regulator must give the licensed self-insurer written notice in accordance with subsection (2).

(2) Written notice to a self-insurer must state the following:

(a) the proposed action;
(b) the grounds for the proposed action;

(c) the self-insurer may make written representations, within a stated period of not less than 14 days after the day the self-insurer is given the notice, about why the proposed action should not be taken.

(3) In this section:

proposed action means—

(a) action under section 93 (2); or

(b) action to cancel a self-insurer licence under section 95.

93 Action other than cancellation of self-insurer licence—Act, s 223 (2) (h)

(1) This section applies to a self-insurer if—

(a) the self-insurer—

(i) contravenes the Act, section 112 (Compliance by insurers, including DI fund) or another provision of the Act; or

(ii) is unable to meet the self-insurer’s existing and expected liabilities under the Act; or

(iii) no longer has unlimited reinsurance for a single event to cover the self-insurer’s expected liability under the Act; or

(iv) does not have the guarantee from an authorised deposit-taking institution mentioned in section 84A (1) (f); or

(v) fails to comply with a condition on the self-insurer licence; and

(b) the regulator has given the self-insurer notice under section 92.
(2) After considering any written representation made by the licensed self-insurer within the period for representations stated in the notice, the regulator may—

(a) do 1 or more of the following:

(i) order the licensed self-insurer to pay to the Territory a financial penalty of not more than $1 000;

(ii) impose a condition on the self-insurer licence (for example, by including of a condition providing for increased supervision of the licensed self-insurer by the regulator);

(iii) censure the self-insurer;

(iv) order the self-insurer to take remedial action; or

(b) suspend the self-insurer licence for not longer than the period.

(3) The regulator must tell the licensed self-insurer, in writing, about the decision—

(a) if the decision is to take action other than suspension—by giving the licensed self-insurer a reviewable decision notice; or

Note The requirements for reviewable decision notices are prescribed under the ACT Civil and Administrative Tribunal Act 2008.

(b) if the decision is to suspend the self-insurer’s self-insurer licence—in accordance with section 95.

94 Cancellation of self-insurer licence—Act, s 145U (g)

(1) This section applies to a licensed self-insurer if—

(a) a matter mentioned in section 93 (1) (a) applies to the self-insurer; and

(b) the regulator has taken action under section 93 (2), but the matter continues or is repeated; and

(c) the regulator gives notice under section 92 that the regulator proposes to cancel the self-insurer licence.
(2) After considering any written representation made by the licensed self-insurer within the period for representations stated in the notice, the regulator may—

(a) do 1 or more of the things mentioned in section 93 (2); or

(b) cancel the self-insurer licence.

(3) The regulator must tell the self-insurer, in writing, about the decision—

(a) if the decision is to take action other than suspension or cancellation—by giving the self-insurer a reviewable decision notice; or

Note  The requirements for reviewable decision notices are prescribed under the *ACT Civil and Administrative Tribunal Act 2008*.

(b) if the decision is to suspend or cancel the self-insurer licence—
in accordance with section 95.

---

95  **Cancellation or suspension of self-insurer licence by regulator—Act, s 145U (g)**

(1) If the regulator decides to suspend or cancel a self-insurer’s self-insurer licence the regulator must give written notice of the decision to the self-insurer, including when the suspension or cancellation takes effect.

*Note*  The regulator’s notice must comply with the requirements of the *Act*, s 199A.

(2) A suspension or cancellation must not take effect earlier than 7 days after the day the self-insurer is told about the decision.

(3) If the regulator suspends a self-insurer licence, the self-insurer is, during the suspension—

(a) taken not to be a licensed self-insurer; and

(b) disqualified from applying for another self-insurer licence.
(4) The regulator may, at any time, by written notice to the self-insurer, end or reduce the period of suspension of the self-insurer licence.
Part 10A Compliance and financial audits

Section 95A

Part 10A Compliance and financial audits

95A Compliance audits—Act, s 145J (d) and (f) and s 145U (d) and (e)

(1) The regulator may direct a compliance auditor to conduct a compliance audit of—

(a) a licensed insurer; or

(b) a licensed self-insurer.

*Note* A fee may be determined under the Act, s 221 for this provision.

(2) The compliance auditor must—

(a) conduct the compliance audit in accordance with any protocol approved by the regulator for the audit; and

(b) provide a written report to the regulator and the person audited, within the time set by the regulator.

*Note* The person audited must comply with the requirements of the person conducting the audit (see s 73 and s 89).

(3) In this section:

**compliance audit** means an audit of—

(a) compliance with the Act and this regulation; and

(b) for a licensed insurer—compliance with the conditions, under division 9.2, of a licence; and

(c) for a self-insurer—compliance with the conditions, under division 10.2, of a self-insurer licence; and

(d) compliance with a relevant protocol approved under section 101.

**compliance auditor** means a person appointed under section 95C to conduct a compliance audit.
Section 95B

**95B Financial audits—Act, s 145J (d) and (f) and s 145U (d) and (e)**

(1) The regulator may direct a financial auditor to conduct a financial audit of—

(a) a licensed insurer; or

(b) a licensed self-insurer.

*Note* A fee may be determined under the *Act*, s 221 for this provision.

(2) The financial auditor must—

(a) conduct the financial audit in accordance with any protocol approved by the Minister for the audit; and

(b) provide a written report to the regulator and the person audited, within the time set by the regulator.

*Note* The person audited must comply with the requirements of the person conducting the audit (see s 73 and s 89).

(3) In this section:

- **financial audit** means an audit of—
  
  (a) financial and prudential soundness; and

  (b) the ability to meet existing and expected liabilities under the *Act*.

- **financial auditor** means a person appointed under section 95C to conduct a financial audit.

**95C Appointment of auditors**

(1) The regulator may—

(a) appoint a suitably qualified person as a compliance auditor to conduct compliance audits under section 95A; and

(b) appoint an auditor as a financial auditor to conduct financial audits under section 95B.
Part 10A  Compliance and financial audits

Section 95C

(2) A person appointed under subsection (1) must be appointed for not longer than 3 years.

Note For laws about appointments, see the Legislation Act, pt 19.3.
Part 11  Miscellaneous

96  Diseases related to employment

For the Act, section 28 (Employment-related diseases), a disease of a kind mentioned in an item in schedule 1, column 2 is related to employment of a kind mentioned in the item, column 3.

98  Reviewable decision—Act, s 199 (b)

A decision mentioned in schedule 3, part 3.1, column 3, under a provision mentioned in column 2 in relation to the decision, is prescribed.

98A  Notice of reviewable decision—Act, s 199A (1)

An entity mentioned in schedule 3, part 3.1, column 4 in relation to a decision is prescribed for the decision.

98B  Internal review of certain decisions—Act, s 199B (1)

A reviewable decision mentioned in schedule 3, part 3.2, column 3 under a provision mentioned in column 2 in relation to the decision, is declared to be an internally reviewable decision.

99  Court approved termination

(1) This section applies if an insurer intends to apply to the Magistrates Court under the Act, section 132 (Rejecting claims from 1 year) for leave to end payments of weekly compensation to a worker.

Note: An insurer must apply to the Magistrates Court if the insurer wants to end payments of compensation 1 year or longer after the claim is made (see Act, s 132).

(2) The insurer must give the worker notice of the insurer’s intention to apply to the Magistrates Court for leave.
Part 11 Miscellaneous

Section 100

(3) The insurer must give a copy of a notice under subsection (2) to the DI fund manager as soon as practicable.

Maximum penalty: 5 penalty units.

(4) An offence against this section is a strict liability offence.

(5) If the Magistrates Court is satisfied that the worker is not entitled to receive weekly compensation, the court must give leave to the insurer to end payment of the compensation to the worker after a stated day that is at least 8 weeks after the day the insurer gave the worker notice under subsection (2).

100 Approved protocols about certain documents and information

(1) The Minister may approve a protocol about the requirements for or contents of—

(a) a form for a claim; or

(b) the register; or

(c) an injury notice; or

(d) any other document (other than approved forms) mentioned in the Act.

(2) The Minister may approve a protocol about the form in which information required under the Act or this regulation must be given.

(3) An approved protocol is a notifiable instrument.

Note A notifiable instrument must be notified under the Legislation Act.

(4) In this section:

injury notice—see the Act, section 93 (Early notification of workplace injury).

register—see the Act, section 92 (Register of injuries).
101 Approved protocols for licensed insurers and licensed self-insurers—Act, s 223 (2) (k)

(1) If a person is required or authorised to do something under the Act or this regulation, the Minister may approve a protocol about how the person must do the thing.

(2) Without limiting subsection (1), the Minister may approve a protocol about—

(a) how payments by a licensed insurer or licensed self-insurer to the DI fund required under the Act or this regulation must be made; and

(b) how a person subject to an audit under part 10A must participate in the audit; and

(c) how any of the following required under the Act or this regulation must be given:

(i) information in relation to a compulsory insurance policy;

(ii) information in relation to payments by a licensed insurer or licensed self-insurer to the DI fund, including information required to be given by a licensed insurer to an employer under section 62A (Required information from employer in policy).

(3) An approved protocol is a notifiable instrument.

Note A notifiable instrument must be notified under the Legislation Act.
Schedule 1 Diseases related to employment

(see s 96)

Note This table is derived from Deemed Diseases in Australia published by Safe Work Australia in August 2015. The report is accessible at www.safeworkaustralia.gov.au.

Part 7 of the report includes recommended guidance material on each disease itemised in the table. The material provides guidance on whether or not a claim might be appropriate given the current knowledge about the disease and its relationship to relevant exposures.

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anthrax</td>
<td>employment involving work with animals or animal carcasses (for example employment as an animal handler, pelt handler, abattoir worker, or meat inspector)</td>
</tr>
<tr>
<td>2</td>
<td>Brucellosis</td>
<td>employment involving work with animals or animal carcasses (for example employment as a veterinarian, farmer or farm worker, abattoir worker or laboratory worker)</td>
</tr>
<tr>
<td>column 1 item</td>
<td>column 2 disease</td>
<td>column 3 employment</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>3</td>
<td>Hepatitis A</td>
<td>employment involving contact with human waste (for example employment as a child care worker, carer of intellectually disabled people, worker in a rural or remote indigenous community, sewage worker or plumber)</td>
</tr>
<tr>
<td>4</td>
<td>Hepatitis B and C</td>
<td>employment involving contact with human bodily secretions (for example employment as a health care worker, embalmer, person who handles body substances, clinical laboratory staff, worker in long-term correctional facilities, police, member of the armed forces or emergency services worker)</td>
</tr>
<tr>
<td>5</td>
<td>HIV/AIDS</td>
<td>health care worker or laboratory worker who becomes HIV positive after a needlestick injury</td>
</tr>
<tr>
<td>6</td>
<td>Leptospirosis</td>
<td>employment involving work with animals or animal carcasses (for example employment as a farmer or farm worker, abattoir worker, forestry worker, hunter, veterinarian or livestock transport operator) or work with animal or human waste (for example employment as a plumber)</td>
</tr>
</tbody>
</table>
## Schedule 1  Diseases related to employment

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Orf</td>
<td>employment involving work with sheep or sheep carcasses (for example employment as a sheep farmer or farm worker, goat farmer or farm worker, abattoir worker or meat inspector)</td>
</tr>
<tr>
<td>8</td>
<td>Q fever</td>
<td>employment involving contact with animals or animal parts in a rural setting (for example an abattoir worker, stock worker, stock transporter, shearer, hide processor, farmer or veterinary practitioner)</td>
</tr>
<tr>
<td>9</td>
<td>Tuberculosis</td>
<td>employment involving contact with people or animals in situations where tuberculosis prevalence is likely to be significantly higher than the general community (for example employment as a health worker, clinical laboratory worker, funeral parlour staff, farmer or veterinary practitioner), or person with silicosis</td>
</tr>
</tbody>
</table>

### MALIGNANCY

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Salivary gland</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>item</td>
<td>disease</td>
<td>employment</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Nasopharynx</td>
<td>employment involving exposure to formaldehyde or wood dust</td>
</tr>
<tr>
<td>12</td>
<td>Oesophagus</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>13</td>
<td>Stomach</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>14</td>
<td>Colon and rectum</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>15</td>
<td>Liver</td>
<td>employment involving exposure to vinyl chloride monomer, Hepatitis B virus or Hepatitis C virus</td>
</tr>
<tr>
<td>16</td>
<td>Nasal cavity and para-nasal sinuses</td>
<td>employment involving exposure to ionizing radiation, leather dust, nickel or wood dust</td>
</tr>
<tr>
<td>17</td>
<td>Larynx</td>
<td>employment involving exposure to strong inorganic acid mist or asbestos</td>
</tr>
</tbody>
</table>
### Schedule 1  Diseases related to employment

<table>
<thead>
<tr>
<th>Item</th>
<th>Disease</th>
<th>Employment involving exposure to arsenic, asbestos, beryllium, bis(chloromethyl)ether, cadmium, chromium VI, diesel engine exhaust, environmental tobacco smoke, ionizing radiation, nickel, polycyclic aromatic hydrocarbons, Radon-222 and its decay products, silica dust (crystalline) or soot (chimney sweeping)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Lung</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>19</td>
<td>Bone</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>20</td>
<td>Skin (melanoma)</td>
<td>employment involving exposure to solar radiation or polychlorinated biphenyls</td>
</tr>
<tr>
<td>21</td>
<td>Skin (non-melanoma)</td>
<td>employment involving exposure to ionizing radiation, polycyclic aromatic hydrocarbons or solar radiation</td>
</tr>
<tr>
<td>22</td>
<td>Mesothelioma</td>
<td>employment involving exposure to asbestos</td>
</tr>
<tr>
<td>23</td>
<td>Breast (female)</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>24</td>
<td>Ovary</td>
<td>employment involving exposure to asbestos</td>
</tr>
</tbody>
</table>
### Diseases related to employment

<table>
<thead>
<tr>
<th>item</th>
<th>disease</th>
<th>employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Kidney</td>
<td>employment involving exposure to ionizing radiation or trichloroethylene</td>
</tr>
<tr>
<td>26</td>
<td>Bladder</td>
<td>employment involving exposure to 2-naphthylamine, benzidine, cyclophosphamide, ionizing radiation, ortho-toluidine, polycyclic aromatic hydrocarbons associated with aluminium production</td>
</tr>
<tr>
<td>27</td>
<td>Brain</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>28</td>
<td>Thyroid</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td>29</td>
<td>Leukaemia (excluding chronic lymphatic leukaemia)</td>
<td>employment involving exposure to benzene, butadiene, cyclophosphamide, formaldehyde, Hepatitis C virus or ionizing radiation</td>
</tr>
<tr>
<td>30</td>
<td>Non-Hodgkin's Lymphoma</td>
<td>employment involving exposure to ionizing radiation</td>
</tr>
<tr>
<td></td>
<td><strong>DISEASES OF THE NERVOUS SYSTEM</strong></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Parkinson's disease</td>
<td>employment involving exposure to manganese</td>
</tr>
</tbody>
</table>

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**Schedule 1**

R41 01/06/22 Workers Compensation Regulation 2002 Effective: 01/06/22

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au
### Schedule 1  
**Diseases related to employment**

<table>
<thead>
<tr>
<th>item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Peripheral neuropathy</td>
<td>employment involving exposure to metals (for example lead, mercury and arsenic), organic solvents (for example n-hexane, carbon disulphide and trichloroethylene), pesticides (for example organophosphates) or acrylamide</td>
</tr>
<tr>
<td>33</td>
<td>Noise induced hearing loss</td>
<td>employment involving exposure to persistent or intermittent noise above 85dB(A)</td>
</tr>
</tbody>
</table>

### RESPIRATORY DISEASES

<table>
<thead>
<tr>
<th>item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Occupational asthma (excluding pre-existing asthma worsened due to exposure to workplace irritants)</td>
<td>employment involving exposure to sensitising agents or irritants</td>
</tr>
<tr>
<td>35</td>
<td>Coal workers' pneumoconiosis</td>
<td>employment involving exposure to coal</td>
</tr>
<tr>
<td>36</td>
<td>Asbestosis</td>
<td>employment involving exposure to asbestos</td>
</tr>
<tr>
<td>37</td>
<td>Silicosis</td>
<td>employment involving exposure to silica</td>
</tr>
</tbody>
</table>
## Diseases related to employment

<table>
<thead>
<tr>
<th>column 1</th>
<th>column 2</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>Other pneumoconiosis</td>
<td>involving exposure known to occasionally cause pneumoconiosis (for example beryllium, tin, iron oxide, barium, aluminium, cobalt or tungsten)</td>
</tr>
<tr>
<td>39</td>
<td>Byssinosis</td>
<td>employment involving exposure to cotton, flax, hemp or sisal dust</td>
</tr>
<tr>
<td>40</td>
<td>Extrinsic allergic alveolitis</td>
<td>employment involving exposure to damp material of biological origin (for example mouldy hay, straw, grain and feathers)</td>
</tr>
</tbody>
</table>

### HEPATIC DISEASES

<p>| 41       | Non-infectious hepatitis | employment involving exposure to agents known to cause hepatitis (particularly organic solvents) |</p>
<table>
<thead>
<tr>
<th>column 1</th>
<th>column 2</th>
<th>column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>item</td>
<td>disease</td>
<td>employment involving contact with human bodily secretions (for example employment as a health care worker, embalmer, person who handles body substances, clinical laboratory staff, worker in long-term correctional facilities, police, member of the armed forces or emergency services worker) – for a person with known Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV), where the HBV or HCV was contracted through the employment</td>
</tr>
<tr>
<td>42</td>
<td>Chronic active hepatitis</td>
<td></td>
</tr>
</tbody>
</table>
### Diseases related to employment

#### Schedule 1

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>Hepatic cirrhosis</td>
<td>employment involving contact with human bodily secretions (for example employment as a health care worker, embalmer, person who handles body substances, clinical laboratory staff, worker in long-term correctional facilities, police, member of the armed forces or emergency services worker) – for a person with known Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV), where the HBV or HCV was contracted through the employment</td>
</tr>
</tbody>
</table>

#### SKIN DISEASES

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 disease</th>
<th>column 3 employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>Contact dermatitis (irritant and allergic)</td>
<td>employment involving exposure to sensitising agents or irritants</td>
</tr>
<tr>
<td>45</td>
<td>Occupational vitiligo</td>
<td>employment involving exposure to para-tertiary-butylphenol, para-tertiary-butylcatechol, para-amylphenol, hydroquinone, or the monobenzyl or monobutyl ether of hydroquinone</td>
</tr>
<tr>
<td>item</td>
<td>disease</td>
<td>employment</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>46</td>
<td>Raynaud's disease</td>
<td>employment involving exposure to vibration from powered tools and equipment</td>
</tr>
<tr>
<td>47</td>
<td>Bursitis (at the elbow or knee)</td>
<td>employment involving prolonged external friction or pressure or repetitive motion at or about the elbow or the knee</td>
</tr>
</tbody>
</table>

### MUSCULOSKELETAL DISEASES

<table>
<thead>
<tr>
<th>item</th>
<th>disease</th>
<th>employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Acute poisoning/toxicity (includes acute damage to the heart, lungs, liver, kidney, nervous system and blood)</td>
<td>employment involving exposure to acrylonitrile, alcohols, antimony, arsenic, benzene, beryllium, cadmium, carbon disulphide, chromium, copper, fluorine, glycols, hexane, ketones, lead, manganese, mercury, mineral acids, nitroglycerine or other nitric acid esters, osmium, oxides of nitrogen, ozone, pesticides consisting of organophosphate and organochlorine compounds, herbicides and related compounds, pharmaceutical agents, phosgene, phosphorus, selenium, styrene, thallium, tin, toluene, vanadium, zinc,</td>
</tr>
<tr>
<td>column 1</td>
<td>column 2</td>
<td>column 3 employment</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>item</td>
<td>disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>chemical asphyxiants (for example carbon monoxide, hydrogen cyanide, hydrogen sulphide or methylene chloride), benzoquinone and other corneal irritants, toxic halogen derivatives of aliphatic or aromatic hydrocarbons, toxic nitro- and amino-derivatives of benzene, and other less common, specific substances known to result in poisoning/toxicity that have not been named here</td>
</tr>
</tbody>
</table>
### Schedule 3  Reviewable decisions
*(see s 98, s 98A and s 98B)*

#### Part 3.1  Reviewable decisions

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 section</th>
<th>column 3 decision</th>
<th>column 4 entity</th>
<th>column 5 decision-maker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Act, 18 (3)</td>
<td>refuse to exempt principal from s 18 (2) (which makes commercial volunteers workers)</td>
<td>applicant for exemption</td>
<td>Minister</td>
</tr>
<tr>
<td>2</td>
<td>Act, 145D (1)</td>
<td>refuse to issue insurer licence</td>
<td>applicant for insurer licence</td>
<td>regulator</td>
</tr>
<tr>
<td>3</td>
<td>Act, 145E (2) (a)</td>
<td>include regulator condition on issue of insurer licence</td>
<td>applicant for insurer licence</td>
<td>regulator</td>
</tr>
<tr>
<td>4</td>
<td>Act, 145E (2) (b)</td>
<td>amend insurer licence to include regulator condition</td>
<td>licensed insurer</td>
<td>regulator</td>
</tr>
<tr>
<td>5</td>
<td>Act, 145E (3)</td>
<td>amend or revoke regulator condition included on insurer licence</td>
<td>licensed insurer</td>
<td>regulator</td>
</tr>
<tr>
<td>6</td>
<td>Act, 145O (1)</td>
<td>refuse to issue self-insurer licence</td>
<td>applicant for self-insurer licence</td>
<td>regulator</td>
</tr>
<tr>
<td>7</td>
<td>Act, 145P (2) (a)</td>
<td>include regulator condition on issue of self-insurer licence</td>
<td>applicant for self-insurer licence</td>
<td>regulator</td>
</tr>
<tr>
<td>column 1 item</td>
<td>column 2 section</td>
<td>column 3 decision</td>
<td>column 4 entity</td>
<td>column 5 decision-maker</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td>8</td>
<td>Act, 145P (2) (b) amend self-insurer licence to include regulator condition</td>
<td>licensed self-insurer</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Act, 145P (3)    amend or revoke regulator condition included on self-insurer licence</td>
<td>licensed self-insurer</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Act, 149 (4)     determine recovery amount</td>
<td>employer</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Act, 162A (3)    determine recovery amount</td>
<td>employer</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Act, 164D (2)    take regulatory action</td>
<td>licensee</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>16 (1)           refuse to approve person as rehabilitation provider</td>
<td>applicant for approval</td>
<td>Minister</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>16 (2)           approve rehabilitation provider for less than 3 years</td>
<td>applicant for approval</td>
<td>Minister</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>81 (2)           take action against licensed insurer</td>
<td>licensed insurer</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>82 (2)           cancel insurer licence</td>
<td>licensed insurer</td>
<td>regulator</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>93 (2)           take action against licensed self-insurer</td>
<td>licensed self-insurer</td>
<td>regulator</td>
<td></td>
</tr>
</tbody>
</table>
### Part 3.2  
**Internally reviewable decisions**

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 section</th>
<th>column 3 decision</th>
<th>column 4 entity</th>
<th>column 5 decision-maker</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>94 (2)</td>
<td>cancel self-insurer licence</td>
<td>licensed self-insurer</td>
<td>regulator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>column 1 item</th>
<th>column 2 section</th>
<th>column 3 decision</th>
<th>column 4 decision-maker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Act, 149 (4)</td>
<td>determine recovery amount</td>
<td>regulator</td>
</tr>
<tr>
<td>2</td>
<td>Act, 162A (3)</td>
<td>determine recovery amount</td>
<td>regulator</td>
</tr>
</tbody>
</table>
Dictionary

(see s 3)

**Note 1**

The *Legislation Act* contains definitions and other provisions relevant to this regulation.

**Note 2**

For example, the *Legislation Act*, dict, pt 1 defines the following terms:

- ACT
- AS/NZS (see s 164 (2))
- authorised deposit-taking institution
- contravene
- doctor
- director-general (see s 163)
- fail
- nurse
- Minister (see s 162)
- penalty unit (see s 133)
- reviewable decision notice
- the Territory.

**Note 3**

Terms used in this regulation have the same meaning that they have in the *Workers Compensation Act 1951* (see *Legislation Act*, s 148.) For example, the following terms are defined in the *Workers Compensation Act 1951*, dict:

- approved rehabilitation provider (see s 139 (1))
- asbestos-related disease
- auditor
- committee
- compensable injury
- compensation
- compulsory insurance policy
- cpi indexed (see s 20)
- DI fund
- DI fund manager
- disease
- imminently fatal asbestos-related disease
• injured worker
• injury management
• injury management plan
• insurer licence (see s 143A)
• licensed insurer (see s 143A)
• licensed self-insurer (see s 143A)
• medical referee
• nominated treating doctor
• personal injury plan (see s 85A)
• protocol
• self-insurer licence (see s 143A)
• weekly compensation
• workplace injury.

**approved medical guidelines** means medical guidelines approved under section 5 (Approval of medical guidelines).

**arbitration** means arbitration under the Act.

**audit**, under part 10A, means—

(a) a compliance audit conducted under section 95A; or

(b) a financial audit conducted under section 95B.

**clinically relevant research**—see section 6.

**conciliation** means conciliation under the Act.

**employer**—

(a) see the **Act**, dictionary; or

(b) for part 8 (Compulsory insurance policies—contents)—see section 59.

**evidence-based methodology**—see section 8.
insurer—
(a) see the Act, dictionary; or
(b) for part 8 (Compulsory insurance policies—contents)—see section 59.

medical evidence, for an injured worker, means a record (however described) made in relation to the worker’s injury by—
(a) a doctor; or
(b) a rehabilitation provider; or
(c) a dentist, chiropractor, psychologist, masseur, osteopath, physiotherapist, remedial kinesiologist or speech therapist.

medical specialist means a doctor—
(a) with specialist qualifications and experience in medicine recognised by the relevant Australian specialist medical college; and
(b) who practises within the specialty.

specialist medical college means a specialist medical college recognised by the National Specialist Qualification Advisory Council of Australia.

Endnotes

About the endnotes

Amending and modifying laws are annotated in the legislation history and the amendment history. Current modifications are not included in the republished law but are set out in the endnotes.

Not all editorial amendments made under the Legislation Act 2001, part 11.3 are annotated in the amendment history. Full details of any amendments can be obtained from the Parliamentary Counsel’s Office.

Uncommenced amending laws are not included in the republished law. The details of these laws are underlined in the legislation history. Uncommenced expiries are underlined in the legislation history and amendment history.

If all the provisions of the law have been renumbered, a table of renumbered provisions gives details of previous and current numbering.

The endnotes also include a table of earlier republications.

Abbreviation key

A = Act
AF = Approved form
am = amended
amdt = amendment
AR = Assembly resolution
ch = chapter
CN = Commencement notice
def = definition
DI = Disallowable instrument
dict = dictionary
disallowed = disallowed by the Legislative Assembly
exp = expires/expired
Gaz = gazette
hdlg = heading
IA = Interpretation Act 1967
ins = inserted/added
LA = Legislation Act 2001
LR = legislation register
LRA = Legislation (Republication) Act 1996
mod = modified/modification
NI = Notifiable instrument
o = order
om = omitted/repealed
ord = ordinance
orig = original
par = paragraph/subparagraph
pres = present
prev = previous
pi = part
r = rule/subrule
rel = relocated
renum = renumbered
school = relocated
s = section/subsection
sch = schedule
sd = subdivision
SL = Subordinate law
sub = substituted
underlining = whole or part not commenced or to be expired

Workers Compensation Regulation 2002
Effective: 01/06/22
R41
Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au
Endnotes

Legislation history
This regulation was originally the Workers Compensation Regulations 2002. It was renamed under the Legislation Act 2001.

Workers Compensation Regulation 2002 SL2002-20
notified LR 28 June 2002
s 1, s 2 commenced 28 June 2002 (LA s 75)
remainder commenced 1 July 2002 (s 2)
as amended by
Workers Compensation Amendment Regulations 2002 (No 1) SL2002-29
notified LR 25 October 2002
s 1, s 2 commenced 25 October 2002 (LA s 75 (1))
remainder commenced 26 October 2002 (s 2)
Workers Compensation Amendment Act 2003 (No 2) A2003-49 sch 2 pt 2.2
notified LR 3 December 2003
s 1, s 2 commenced 3 December 2003 (LA s 75 (1))
sch 2 pt 2.2 commenced 5 April 2004 (s 2 and CN2004-7)
Health Professionals Legislation Amendment Act 2004 A2004-39 sch 1 pt 1.11
notified LR 8 July 2004
s 1, s 2 commenced 8 July 2004 (LA s 75 (1))
sch 1 pt 1.11 commenced 7 July 2005 (s 2 and see Health Professionals Act 2004 A2004-38, s 2 and CN2005-11)
Workers Compensation Amendment Regulations 2004 (No 1) SL2004-27
notified LR 12 July 2004
s 1, s 2 commenced 12 July 2004 (LA s 75 (1))
remainder commenced 13 July 2004 (s 2)
Court Procedures (Consequential Amendments) Act 2004 A2004-60 sch 1 pt 1.75
notified LR 2 September 2004
s 1, s 2 commenced 2 September 2004 (LA s 75 (1))
sch 1 pt 1.75 commenced 10 January 2005 (s 2 and see Court Procedures Act 2004 A2004-59, s 2 and CN2004-29)
Endnotes

3 Legislation history

Statute Law Amendment Act 2005 A2005-20 sch 3 pt 3.74
notified LR 12 May 2005
s 1, s 2 taken to have commenced 8 March 2005 (LA s 75 (2))
sch 3 pt 3.74 commenced 2 June 2005 (s 2 (1))

Workers Compensation Amendment Regulation 2005 (No 1)
SL2005-43
notified LR 22 December 2005
s 1, s 2 commenced 22 December 2005 (LA s 75 (1))
remainder commenced 23 December 2005 (s 2)

Workers Compensation Amendment Act 2006 A2006-4 sch 2 pt 2.4
notified LR 22 February 2006
s 1, s 2 commenced 22 February 2006 (LA s 75 (1))
sch 2 pt 2.4 commenced 1 July 2006 (s 2 (2))

notified LR 12 August 2008
s 1, s 2 commenced 12 August 2008 (LA s 75 (1))
sch 3 pt 3.63 commenced 26 August 2008 (s 2)

ACT Civil and Administrative Tribunal Legislation Amendment
Act 2008 (No 2) A2008-37 sch 1 pt 1.110
notified LR 4 September 2008
s 1, s 2 commenced 4 September 2008 (LA s 75 (1))
sch 1 pt 1.110 commenced 2 February 2009 (s 2 (1) and see ACT Civil and Administrative Tribunal Act 2008 A2008-35, s 2 (1) and CN2009-2)

Work Safety Legislation Amendment Act 2009 A2009-28 sch 2 pt 2.15
notified LR 9 September 2009
s 1, s 2 commenced 9 September 2009 (LA s 75 (1))
sch 2 pt 2.15 commenced 1 October 2009 (s 2 and see Work Safety Act 2008 A2008-51, s 2 (1) (b) and CN2009-11)

Workers Compensation Amendment Act 2009 A2009-56 pt 3
notified LR 16 December 2009
s 1, s 2 commenced 16 December 2009 (LA s 75 (1))
s 50, s 51 commenced 1 July 2010 (s 2 (1))
pt 3 remainder commenced 17 December 2009 (s 2 (2))
Endnotes

Legislation history

Health Practitioner Regulation National Law (ACT) Act 2010 A2010-10 sch 2 pt 2.23
notified LR 31 March 2010
s 1, s 2 commenced 31 March 2010 (LA s 75 (1))
sch 2 pt 2.23 commenced 1 July 2010 (s 2 (1) (a))

Workers Compensation Amendment Regulation 2010 (No 1) SL2010-17
notified LR 20 May 2010
s 1, s 2 commenced 20 May 2010 (LA s 75 (1))
remainder commenced 21 May 2010 (s 2)

Administrative (One ACT Public Service Miscellaneous Amendments) Act 2011 A2011-22 sch 1 pt 1.178
notified LR 30 June 2011
s 1, s 2 commenced 30 June 2011 (LA s 75 (1))
sch 1 pt 1.178 commenced 1 July 2011 (s 2 (1))

Workers Compensation Amendment Regulation 2011 (No 1) SL2011-27
notified LR 1 September 2011
s 1, s 2 commenced 1 September 2011 (LA s 75 (1))
remainder commenced 2 September 2011 (s 2)

notified LR 14 December 2011
s 1, s 2 commenced 14 December 2011 (LA s 75 (1))
sch 1 pt 1.13 commenced 1 January 2012 (s 2 and see Work Health and Safety Act 2011 A2011-35, s 2 and CN2011-12)

Statute Law Amendment Act 2012 A2012-21 sch 3 pt 3.57
notified LR 22 May 2012
s 1, s 2 commenced 22 May 2012 (LA s 75 (1))
sch 3 pt 3.57 commenced 5 June 2012 (s 2 (1))

notified LR 20 May 2014
s 1, s 2 commenced 20 May 2014 (LA s 75 (1))
sch 3 pt 3.24 commenced 10 June 2014 (s 2 (1))

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au
Workers Compensation Amendment Regulation 2014 (No 1) SL2014-36
notified LR 19 December 2014
s 1, s 2 commenced 19 December 2014 (LA s 75 (1))
remainder commenced 20 December 2014 (s 2)

Lifetime Care and Support (Catastrophic Injuries) Amendment Act 2016 A2016-25 sch 1 pt 1.2
notified LR 12 May 2016
s 1, s 2 commenced 12 May 2016 (LA s 75 (1))
sch 1 pt 1.2 commenced 13 May 2016 (s 2)

Workers Compensation Amendment Act 2016 (No 2) A2016-27 pt 3
notified LR 15 June 2016
s 1, s 2 commenced 15 June 2016 (LA s 75 (1))
pt 3 commenced 1 July 2017 (s 2)

Road Transport (Taxi Industry Innovation) Legislation Amendment Regulation 2016 (No 1) SL2016-20 sch 1 pt 1.7
notified LR 26 July 2016
s 1, s 2 commenced 26 July 2016
sch 1 pt 1.7 commenced 1 November 2016 (s 2 (2))

Commercial Arbitration Act 2017 A2017-7 sch 1 pt 1.10
notified LR 4 April 2017
s 1A, s 1B commenced 4 April 2017 (LA s 75 (1))
sch 1 pt 1.10 commenced 1 July 2017 (s 1B and CN2017-1)

Workers Compensation Amendment Act 2017 A2017-49 pt 3
notified LR 12 December 2017
s 1, s 2 taken to have commenced 1 July 2017 (LA s 75 (2))
pt 3 commenced 13 December 2017 (s 2 (2))

Veterinary Practice Act 2018 A2018-32 sch 3 pt 3.16
notified LR 30 August 2018
s 1, s 2 commenced 30 August 2018 (LA s 75 (1))
sch 3 pt 3.16 commenced 21 December 2018 (s 2 and CN2018-12)

Work Health and Safety Amendment Act 2019 A2019-38 sch 1 pt 1.11
notified LR 31 October 2019
s 1, s 2 commenced 31 October 2019 (LA s 75 (1))
sch 1 pt 1.11 commenced 30 April 2020 (s 2 (1) and LA s 79)
Endnotes

Employment and Workplace Safety Legislation Amendment Act 2020
A2020-30 sch 1 pt 1.3 (as am by A2020-42 s 70)
notified LR 9 July 2020
s 1, s 2 commenced 9 July 2020 (LA s 75 (1))
sch 1 pt 1.3 commenced 9 January 2021 (s 2 (2) (as am by A2020-42 s 70) and LA s 79)

Justice Legislation Amendment Act 2020 A2020-42 s 70
notified LR 27 August 2020
s 1, s 2 commenced 27 August 2020 (LA s 75 (1))
s 70 commenced 28 August 2020 (s 2 (9))
Note This Act only amends the Employment and Workplace Safety Legislation Amendment Act 2020 A2020-30.

Workers Compensation Amendment Regulation 2020 (No 1)
SL2020-40
notified LR 10 September 2020
s 1, s 2 commenced 10 September 2020 (LA s 75 (1))
remainder commenced 11 September 2020 (s 2)

Workers Compensation Amendment Regulation 2021 (No 1)
SL2021-29
notified LR 24 November 2021
s 1, s 2 commenced 24 November 2021 (LA s 75 (1))
remainder commenced 25 November 2021 (s 2)

Workers Compensation Amendment Regulation 2022 (No 1) SL2022-4
notified LR 31 March 2022
s 1, s 2 commenced 31 March 2022 (LA s 75 (1))
s 6, s 8, s 11, s 15 commenced 1 June 2022 (s 2 (2))
remainder commenced 1 April 2022 (s 2 (1))
4 Amendment history

Name of regulation
s 1 am R8 LA

Offences against regulation—application of Criminal Code etc
s 2 om LA s 89 (4) ins A2003-49 amdt 2.44

Dictionary
s 3 am SL2022-4 s 4

Notes
s 4 (2), (3) exp 1 July 2004 (s 4 (3))

Regular contractors and casuals—Act, s 11 (2) (c)
s 4A ins SL2016-20 amdt 1.49

Approval of medical guidelines
s 5 am A2006-4 amdt 2.5; A2009-28 amdt 2.37; A2012-21 amdt 3.217; A2014-18 amdt 3.112, amdt 3.113; A2019-38 amdt 1.27

Approval of clinically relevant research

Calculation of total wages—Act, s 7A, def total wages
s 8A ins A2009-56 s 50

Doctor that may provide medical certificate for imminently fatal asbestos-related disease—Act, s 116 (2) (a)
s 8B ins A2016-27 s 22

Using evidence-based methodology
s 9 am A2016-27 s 23

Assessment by medical specialist—request by other than nominated treating doctor
s 10 am SL2002-29 s 5; ss renum R2 LA (see SL2002-29 s 6); A2016-27 s 24

Consultation about appointment of medical referees
s 13 am A2006-4 amdt 2.6; A2009-28 amdt 2.37; A2019-38 amdt 1.27

Rehabilitation providers
pt 5 hdg sub A2009-56 s 51

Preliminary
div 5.1 hdg om A2009-56 s 51
Minister may approve rehabilitation providers
s 16 sub A2009-56 s 51

Approval of rehabilitation providers
div 5.2 hdg om A2009-56 s 51

Procedure for approval of rehabilitation provider
s 17 sub A2009-56 s 51

Factors for approval as rehabilitation provider
s 18 om A2009-56 s 51

Application for approval as rehabilitation provider
s 19 om A2009-56 s 51

When may Minister approve rehabilitation provider?
s 20 om A2009-56 s 51

Conditions on rehabilitation providers
div 5.3 hdg om A2009-56 s 51

Ability to provide vocational rehabilitation
s 21 om A2009-56 s 51

Qualifications of rehabilitation providers and their employees
s 22 (4)-(6) exp 1 July 2003 (s 22 (6))
table renum R8 LA
am A2004-39 amdt 1.47, amdt 1.48; A2010-10 amdt 2.131
table am A2010-10 amdts 2.132-2.134
om A2009-56 s 51

Written records by rehabilitation providers
s 23 om A2009-56 s 51

Electronic records by rehabilitation providers
s 24 table renum R8 LA
om A2009-56 s 51

Giving information by rehabilitation providers
s 25 om A2009-56 s 51

Compliance with protocol by rehabilitation providers
s 26 om A2009-56 s 51

Establishing personal injury plan
s 27 om A2009-56 s 51

Other conditions on rehabilitation providers
s 28 om A2009-56 s 51

Role of approved rehabilitation provider and protocol
div 5.4 hdg om A2009-56 s 51
Endnotes

4 Amendment history

Role of approved rehabilitation provider—general
s 29 om A2009-56 s 51

Role of approved rehabilitation provider—establishing personal injury plan
s 30 om A2009-56 s 51

Protocol about vocational rehabilitation
s 31 om A2009-56 s 51

Action against rehabilitation providers
div 5.5 hdg om A2009-56 s 51

Notice of proposed action on rehabilitation provider’s approval
s 32 om A2009-56 s 51

Action other than revocation of rehabilitation provider’s approval
s 33 am A2008-37 amdt 1.569
om A2009-56 s 51

Revocation of rehabilitation provider’s approval
s 34 am A2008-37 amdt 1.570
om A2009-56 s 51

What if Minister decides to suspend or revoke rehabilitation provider’s approval?
s 35 am A2006-4 amdt 2.7; A2008-37 amdt 1.571
om A2009-56 s 51

Appointment of conciliators
s 36 am A2006-4 amdt 2.8; A2009-28 amdt 2.37; A2014-18 amdt 3.118; SL2014-36 s 4; A2019-38 amdt 1.27

When must conciliation be held?
s 38 am SL2014-36 s 5

Action by conciliator
s 39 sub SL2014-36 s 6

Particulars of matters in issue
s 40 am A2008-28 amdt 3.176

Who pays for conciliation?
s 45 sub SL2002-29 s 7

Review by Minister
s 46 am SL2002-29 s 8
exp 1 July 2006 (s 46 (3))

Protocol about conciliation
s 47 am SL2002-29 s 9; A2012-21 amdt 3.218

When may application for arbitration be filed?
s 48 sub SL2014-36 s 7

page 78 Workers Compensation Regulation 2002 R41
Effective: 01/06/22
01/06/22

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au
Commercial Arbitration Act not apply
s 49 hdg bracketed note exp 1 July 2004 (s 4 (3))
s 49 am A2017-7 amdtt 1.16

Representative committee already in existence
s 50 hdg bracketed note exp 1 July 2004 (s 4 (3))

When must Magistrates Court arbitrate matter?
s 51 hdg bracketed note exp 1 July 2004 (s 4 (3))

Committee may refer questions of law
s 52 hdg bracketed note exp 1 July 2004 (s 4 (3))

Powers of Magistrates Court on arbitration
s 53 hdg bracketed note exp 1 July 2004 (s 4 (3))

Medical referees
s 54 hdg bracketed note exp 1 July 2004 (s 4 (3))

Procedure on arbitration
s 56 hdg bracketed note exp 1 July 2004 (s 4 (3))

Costs
s 57 hdg bracketed note exp 1 July 2004 (s 4 (3))
s 57 am A2004-60 amdtt 1.704

Claim against arbitration award
s 58 hdg bracketed note exp 1 July 2004 (s 4 (3))
s 58 am A2004-60 amdtt 1.705

Insurer to tell employer about certain obligations
s 62 sub SL2002-29 s 10
am A2005-20 amdtt 3.464; A2006-4 amdtt 2.9; SL2021-29 s 4

Required information from employer in policy
s 62A ins A2006-4 amdtt 2.10
(3)-(5) exp 1 July 2007 (s 62A (5) (LA s 88 declaration applies))

Licensed insurers
pt 9 hdg sub SL2021-29 s 5

Licensing of licensed insurers
div 9.1 hdg sub SL2021-29 s 5; SL2022-4 s 5

Application for insurer licence—Act, s 145J (a)
s 68 am SL2005-43 s 4; SL2011-27 s 4
sub SL2021-29 s 5; SL2022-4 s 5

Applications made but not decided before commencement of s 68 amendment
s 68A ins SL2005-43 s 5
exp 23 January 2006 (s 68A (4))
Criteria for issuing insurer licence—Act, s 145J (b)
s 69 am SL2011-27 s 5
            sub SL2021-29 s 5; SL2022-4 s 5

Particulars of insurer licence—Act, s 145J (b)
s 70 sub SL2021-29 s 5; SL2022-4 s 5

Conditions on insurers
div 9.2 hdg sub SL2021-29 s 5; SL2022-4 s 6

Insurer must have reinsurance—Act, s 145J (c)
s 71 sub SL2021-29 s 5; SL2022-4 s 6

Information about ability to meet liabilities etc—Act, s 145J (c) and (g)
s 72 am SL2011-27 s 6
            sub SL2021-29 s 5; SL2022-4 s 6

Insurer to provide information and pay costs of audit—Act, s 145J (c) and (f)
s 73 sub SL2021-29 s 5; SL2022-4 s 6

Insurer to provide information and pay costs of audit
s 73A ins SL2011-27 s 7
            sub SL2021-29 s 5
            om SL2022-4 s 6

Information on working out premiums—Act, s 145J (c) and (e)
s 74 sub SL2021-29 s 5; SL2022-4 s 6

Principles for working out premiums—Act, s 145J (c)
s 75 am A2016-25 amdlt 1.16; ss renum R30 LA
            sub SL2021-29 s 5; SL2022-4 s 6

Time for information to be given—Act, s 145J (c) and (g)
s 76 sub SL2021-29 s 5; SL2022-4 s 6

Record keeping by licensed insurers—Act, s 145J (d)
s 77 sub SL2021-29 s 5; SL2022-4 s 6

Action if rehabilitation provider’s approval suspended or revoked—Act,
s 145J (c)
s 78 sub SL2021-29 s 5; SL2022-4 s 6

Action against insurers
div 9.3 hdg sub SL2021-29 s 5; SL2022-4 s 6

Notice of proposed action against licensed insurer
s 79 am SL2011-27 s 8
            sub SL2021-29 s 5; SL2022-4 s 6

Action other than cancellation of insurer licence—Act, s 223 (2) (h)
s 80 sub SL2021-29 s 5; SL2022-4 s 6
Cancellation of insurer licence—Act, s 145J (h)
s 81 hdg bracketed note exp 1 July 2004 (s 4 (3))
s 81 am A2006-4 amdt 2.11; A2008-37 amdt 1.572; A2014-18
amdt 3.119
sub SL2021-29 s 5; SL2022-4 s 6

Effect of regulator suspension or cancellation of insurer licence—Act,
s 145J (h)
s 82 am A2006-4 amdt 2.12; A2008-37 amdt 1.573
sub SL2021-29 s 5; SL2022-4 s 6

When does cancellation make previous insurance policies not compulsory
insurance policies?—Act, s 146 (3)
s 83 am A2006-4 amdt 2.13; A2008-37 amdt 1.574
sub SL2021-29 s 5; SL2022-4 s 6

When does cancellation make previous insurance policies not compulsory
insurance policies?
s 84 hdg bracketed note exp 1 July 2004 (s 4 (3))
s 84 sub SL2021-29 s 5
om SL2022-4 s 6

Self-insurers
pt 10 hdg sub SL2021-29 s 5

Issue of self-insurer licence by regulator
div 10.1 hdg sub SL2021-29 s 5; SL2022-4 s 7

Application for self-insurer licence—Act, s 145U (a)
s 84A ins SL2022-4 s 7

Criteria for issuing self-insurer licence—Act, s 145U (b)
s 84B ins SL2022-4 s 7

Self-insurer licence conditions
div 10.2 hdg sub SL2021-29 s 5; SL2022-4 s 8

Licensed self-insurer to have reinsurance—Act, s 145U (c)
s 85 om SL2021-29 s 5
ins SL2022-4 s 8

Information about workers compensation, vocational rehabilitation and
occupational health and safety—Act, s 145U (c)
s 86 am SL2002-29 s 11, s 12; A2006-4 amdt 2.14; A2009-28
amdt 2.32, amdt 2.33; SL2011-27 s 9, s 10; A2014-18
amds 3.120-3.123
sub SL2021-29 s 5
om SL2022-4 s 7
ins SL2022-4 s 8
Endnotes

4 Amendment history

Record keeping by licensed self-insurers—Act, s 145U (d)
 s 87 hdg        bracketed note exp 1 July 2004 (s 4 (3))
 s 87          am SL2004-27 s 4, s 5; A2009-28 amd 2.34; A2011-55
              amd 1.29
              sub SL2021-29 s 5
              om SL2022-4 s 7
              ins SL2022-4 s 8

Period of self-insurer licence
 s 87A         ins SL2021-29 s 5
              om SL2022-4 s 8

Action if rehabilitation provider’s approval suspended or revoked—Act, s 145U (c)
 s 88          sub SL2021-29 s 5; SL2022-4 s 8

Self-insurer to provide information and pay costs of audit—Act, s 145U (c) and (f)
 s 89          sub SL2021-29 s 5; SL2022-4 s 8

Self-insurer to maintain bank guarantee—Act, s 145U (c)
 s 90          sub SL2021-29 s 5; SL2022-4 s 8

Self-insurer to provide information and pay costs of audit
 s 90A        ins SL2011-27 s 11
              sub SL2021-29 s 5
              om SL2022-4 s 8

Self-insurer to maintain occupational health and safety management system—Act, s 145U (c)
 s 91          sub SL2021-29 s 5; SL2022-4 s 8

Action against licensed self-insurers
 div 10.3 hdg      sub SL2021-29 s 5; SL2022-4 s 8

Notice of proposed action against licensed self-insurer
 s 92 hdg        bracketed note exp 1 July 2004 (s 4 (3))
 s 92          sub SL2021-29 s 5; SL2022-4 s 8

Action other than cancellation of self-insurer licence—Act, s 223 (2) (h)
 s 93 hdg        bracketed note exp 1 July 2004 (s 4 (3))
 s 93          am A2008-37 amd 1.575; A2014-18 amd 3.124
              sub SL2021-29 s 5; SL2022-4 s 8

Cancellation of self-insurer licence—Act, s 145U (g)
 s 94 hdg        bracketed note exp 1 July 2004 (s 4 (3))
 s 94          am A2008-37 amd 1.576
              sub SL2021-29 s 5; SL2022-4 s 8

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Cancellation or suspension of self-insurer licence by regulator—Act, s 145U (g)
  s 95 hdg bracketed note exp 1 July 2004 (s 4 (3))
  s 95 am A2006-4 amdtt 2.15; A2008-37 amdtt 1.577
       sub SL2021-29 s 5; SL2022-4 s 8

Action against self-insurers
  div 10.4 hdg om SL2021-29 s 5

Compliance and financial audits
  pt 10A hdg ins SL2011-27 s 12
       sub SL2021-29 s 5

Compliance audits—Act, s 145J (d) and (f) and s 145U (d) and (e)
  s 95A hdg sub SL2022-4 s 9
  s 95A ins SL2002-29 s 13
       exp 11 September 2003 (s 95A (3))
       ins SL2011-27 s 12
       sub SL2021-29 s 5
       am SL2022-4 ss 10-12

Financial audits—Act, s 145J (d) and (f) and s 145U (d) and (e)
  s 95B hdg sub SL2022-4 s 13
  s 95B ins SL2011-27 s 12
       sub SL2021-29 s 5
       am SL2022-4 ss 14-16

Appointment of auditors
  s 95C ins SL2011-27 s 12
       sub SL2021-29 s 5; SL2022-4 s 17

Diseases related to employment
  s 96 hdg bracketed note exp 1 July 2004 (s 4 (3))

Prescribed offences and fines
  s 97 hdg bracketed note exp 1 July 2004 (s 4 (3))
  s 97 am SL2004-27 s 6
       om A2006-4 amdtt 2.16

Reviewable decision—Act, s 199 (b)
  s 98 am A2006-4 amdtt 2.17
       sub A2008-37 amdtt 1.578; A2009-56 s 52

Notice of reviewable decision—Act, s 199A (1)
  s 98A ins A2008-37 amdtt 1.578
       sub A2009-56 s 52

Internal review of certain decisions—Act, s 199B (1)
  s 98B ins A2009-56 s 52
Endnotes

4 Amendment history

Court approved termination
s 99 hdg bracketed note exp 1 July 2004 (s 4 (3))
s 99 am A2003-49 amdt 2.45; ss renum R5 LA (see A2003-49 amdt 2.46; A2006-4 amdt 2.18

Approved protocols about certain documents and information
s 100 am SL2011-27 s 13; A2012-21 amdt 3.218

Approved protocols about compulsory insurance
s 100A renum as s 101

Approved protocols for licensed insurers and licensed self-insurers—Act, s 223 (2) (k)
s 101 hdg sub SL2021-29 s 6; SL2022-4 s 18
s 101 orig s 101
om LA s 89 (3)
is SL2002-29 s 14
exp 1 July 2004 (s 102)
is A2004-39 amdt 1.49
exp 9 January 2009 (s 103)
pres s 101 (prev s 100A) ins SL2010-17 s 4
sub and renum as s 101 SL2011-27 s 14
am A2012-21 amdt 3.218; SL2021-29 s 7, s 8; SL2022-4 s 19;
pars renum R40 LA

Modification of regulation
pt 12 hdg ins SL2002-29 s 14
exp 1 July 2004 (s 102)
is A2004-39 amdt 1.49
exp 9 January 2009 (s 103)

Table 22
s 102 ins SL2002-29 s 14
exp 1 July 2004 (s 102)
is A2004-39 amdt 1.49
exp 9 January 2009 (s 103)

Expiry of pt 12
s 103 ins A2004-39 amdt 1.49
exp 9 January 2009 (s 103)

Transitional—Employment and Workplace Safety Legislation Amendment Act 2020
pt 13 hdg ins SL2020-40 s 4
exp 9 January 2021 (s 106)

Extension of exemption for self-insurers
s 104 ins SL2020-40 s 4
exp 9 January 2021 (s 106)
Extension of approval for approved insurers
s 105  ins SL2020-40 s 4
     exp 9 January 2021 (s 106)

Expiry—pt 13
s 106  ins SL2020-40 s 4
     exp 9 January 2021 (s 106)

Diseases related to employment
sch 1  am A2016-27 s 25; items renum R32 LA
     sub A2017-49 s 12
     am A2018-32 amdt 3.57, amdt 3.58

On-the-spot fines
sch 2  sub SL2004-27 s 7
     om A2006-4 amdt 2.19

Reviewable decisions
sch 3  sub A2008-37 amdt 1.579; A2009-56 s 53
     am A2011-22 amdt 1.498, amdt 1.499
     sub A2020-30 amdt 1.12
     am SL2021-29 s 9

Modification of Act, chapter 16
sch 4  ins SL2002-29 s 15
     exp 1 July 2004 (s 102)

Dictionary
dict  am A2011-22 amdt 1.500; SL2011-27 s 15; A2014-18
     amdt 3.125; SL2021-29 ss 10-12; SL2022-4 s 20, s 21
     def approved insurer om R8 LA
     def approved rehabilitation provider om R8 LA
     def audit ins SL2022-4 s 22
     def committee om R8 LA
     def compulsory insurance policy om R8 LA
     def exemption om SL2021-29 s 13
     def injured worker om R8 LA
     def injury management om SL2022-4 s 23
     def injury management plan om SL2022-4 s 23
     def medical referee om R8 LA
     def nominated treating doctor om SL2022-4 s 23
     def OH&S Council om A2009-28 amdt 2.35
     def personal injury plan om SL2022-4 s 23
     def protocol om SL2022-4 s 23
     def psychosocial factor om A2012-21 amdt 3.219
     def self-insurer om R8 LA
     def weekly compensation om R8 LA
     def workplace injury om R8 LA
     def work health and safety council ins A2019-38 amdt 1.28
Endnotes

4 Amendment history

def work safety council ins A2009-28 amdtd 2.36
sub A2011-55 amdtd 1.30
om A2019-38 amdtd 1.29
5 Earlier republications

Some earlier republications were not numbered. The number in column 1 refers to the publication order.

Since 12 September 2001 every authorised republication has been published in electronic pdf format on the ACT legislation register. A selection of authorised republications have also been published in printed format. These republications are marked with an asterisk (*) in column 1. Electronic and printed versions of an authorised republication are identical.

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Expired transitional or validating provisions

This Act may be affected by transitional or validating provisions that have expired. The expiry does not affect any continuing operation of the provisions (see Legislation Act 2001, s 88 (1)).

Expired provisions are removed from the republished law when the expiry takes effect and are listed in the amendment history using the abbreviation ‘exp’ followed by the date of the expiry.

To find the expired provisions see the version of this Act before the expiry took effect. The ACT legislation register has point-in-time versions of this Act.

6 Expired transitional or validating provisions

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