



# *Government Gazette*

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# Anti-Discrimination Act 1977

## EXEMPTION ORDER

Under the provisions of section 126 of the *Anti-Discrimination Act 1977* (NSW), an exemption is given from sections 8 and 51 of the *Anti-Discrimination Act 1977* (NSW) to Essential Energy to advertise, designate and recruit up to 10 positions per year for Aboriginal and Torres Strait Islanders only in pursuit of a 6% Aboriginal and Torres Strait Islander workforce participation rate.

This exemption will remain in force for 10 years.

Dated 19 May 2022



Jackie Lyne  
**Manager, Governance & Advice**  
**Delegate of the President**  
**Anti-Discrimination NSW**

# Anti-Discrimination Act 1977

## EXEMPTION ORDER

Under the provisions of section 126 of the *Anti-Discrimination Act 1977* (NSW), an exemption is given from sections 25 and 51 of the *Anti-Discrimination Act 1977* (NSW) to Aristocrat Technologies Australia Pty Ltd to advertise, designate and recruit up to 10 positions per year in its Field Services division for women only.

This exemption will remain in force for 5 years.



Dated 19 May 2022

Jackie Lyne  
**Manager, Governance & Advice**  
**Delegate of the President**  
**Anti-Discrimination NSW**

# WORKERS COMPENSATION (ACCREDITED EXERCISE PHYSIOLOGY FEES) ORDER 2022

under the

## **Workers Compensation Act 1987**

I, Adam Dent, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 17 May 2022



Adam Dent  
Chief Executive  
State Insurance Regulatory Authority

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### Explanatory Note

Treatment by a remedial medical gymnast is medical or related treatment under the *Workers Compensation Act 1987* (the Act). For the purposes of this Order, the term “remedial medical gymnast” is interchangeable with “Accredited Exercise Physiologist”. This Order sets the maximum fees for which an employer is liable under the Act for any Accredited Exercise Physiology treatment related services provided to a NSW worker. For clarity this Order applies to an exempt worker or a worker receiving treatment outside of NSW under the Act.

Accredited Exercise Physiologists cannot bill for services set out in Schedule A in excess of the maximum fee, recovery may be sought for fees charged in excess of the maximum amount.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker’s work related “Severe injury” as defined in this Order. Rates for this treatment are negotiated between the practitioner and insurer.

### Workers Compensation (Accredited Exercise Physiology Fees) Order 2022

#### 1. Name of Order

This Order is the *Workers Compensation (Accredited Exercise Physiology Fees) Order 2022*.

#### 2. Commencement

This Order commences on 1 August 2022.

#### 3. Definitions

In this Order:

**the Act** means the *Workers Compensation Act 1987*.

**the Authority** means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

**Accredited Exercise Physiology services** refers to all treatment related services delivered by an Accredited Exercise Physiologist. Each service is to be billed according to Schedule A.

**Accredited Exercise Physiologist** means an exercise physiologist accredited by Exercise and Sports Science Australia (ESSA) to provide Accredited Exercise Physiology services.

Note: As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, an Accredited Exercise Physiologist must be approved by the Authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

For the purposes of this Order, the term “remedial medical gymnast” is interchangeable with “Accredited Exercise Physiologist”.

**Allied Health Recovery Request** means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker’s treatment, timeframes and anticipated outcomes.

**Case conference** means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker (including a support person, if requested by the worker), employer, workplace rehabilitation provider, insurer or other treatment provider/s delivering services to the worker. Discussion must seek to clarify the worker’s capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker’s recovery at work or return to suitable employment. If the discussion you have is with the worker either with or without their chosen support person, it must include another third party (apart from the worker’s support person) to be considered a case conference.

Discussions during Independent consultant reviews are not classified as case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and not case conferencing.

**Consultation C** – is for the management of workers with complex pathology and clinical presentations who require a matched intensity and relevance of treatment. Only a small number of workers will require treatment within this category. As workers progress in their recovery towards self-management and independence, it is expected there will be a reduction in Consultation C duration time, or transition to a subsequent consultation (EPA002). It is expected that two (2) or more evidence-based risk screening/standardised outcome measures relevant to the clinical presentation are documented to demonstrate the complexities of the case and form the basis for the clinical rationale for delivery of Consultation C. Practitioners are expected to measure and demonstrate effectiveness of Consultation C treatment outcomes.

Consultation C means a treatment session related to complex pathology and clinical presentations including, but not limited to:

- three (3) or more entirely separate compensable injuries or conditions
- extensive burns
- complex neurological/orthopaedic/pain/cardio-respiratory conditions

**Exempt worker** refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

**External facility** means an external facility such as a gymnasium or pool, where the facility is not owned or operated by the treatment provider or where the provider does not contract their services to the facility.

**Group/class intervention** occurs where an Accredited Exercise Physiologist delivers a common service to more than one person at the same time. Maximum class size is six (6) participants.

**GST** means the Goods and Services Tax payable under the GST Law.

**GST Law** has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

**Incidental expenses** means items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, disposable electrodes, walking stick). This does not apply to consumables used during a consultation or exercise handouts.

**Independent consultant review** means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker’s injury. The review must be completed by an Independent consultant approved by the Authority.

**Initial Allied Health Recovery Request** means the first Allied Health Recovery Request completed and submitted to the insurer for the claim.

**Initial consultation** means the first session, provided by the Accredited Exercise Physiologist in respect of an injury, or the first consultation in a new episode of care for the same injury and may include:

- history taking
- physical assessment
- tailored goal setting and treatment planning
- setting expectations of recovery and return to work
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and preparation of an Allied Health Recovery Request when indicated.

This definition applies to a service provided on a one-to-one basis with the worker for the entire session.

**Insurer** means the employer's workers compensation insurer.

**New episode of care** means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or a different practitioner.

**Normal practice** means premises in or from which an Accredited Exercise Physiologist regularly operates an exercise physiology practice and treats patients. It also includes facilities where services may be delivered on a regular or contracted basis, such as a private hospital, hydrotherapy pool or gymnasium.

**Report writing** occurs only when the insurer requests an Accredited Exercise Physiologist compile a written report, other than an Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

**Severe injury** means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65 per cent or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

**Subsequent consultation** means treatment sessions provided subsequent to the initial consultation and treatment and may include:

- re-assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording, and
- preparation of an Allied Health Recovery Request when indicated.

The subsequent consultation rate is to be billed by the Accredited Exercise Physiologist irrespective of the modality of treatment delivered during the consultation, provided it is on a one-to-one basis with the worker.

**Telehealth consultations** means delivery of consultations via video or telephone by an Accredited Exercise Physiologist. Consultations would be inclusive of any electronic communication to support the delivery of the treatment service. No additional fee (e.g. facility fees) can be charged in relation to the consultation.

**Three (3) or more distinct areas** means three (3) or more entirely separate compensable injuries or conditions, where assessment and treatment required for any one of the injuries or conditions is separate to the treatment required for any of the other injuries. e.g. treatment required for a neck condition, treatment for a wrist post-fracture, plus treatment for a knee ligament injury. A compensable injury with referred symptoms to another body area does not constitute more than one injury.

**Travel** rates can be claimed when the most appropriate clinical management of the worker requires an Accredited Exercise Physiologist to travel away from their normal practice. Clarification regarding application of travel costs is set out below in Clause 5(2), Maximum fees for Accredited Exercise Physiologists.

#### **4. Application of Order**

This Order applies to treatment provided on or after 1 August 2022, whether it relates to an injury received before, on or after that date.

#### **5. Maximum fees for Accredited Exercise Physiologists**

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by an Accredited Exercise Physiologist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for an Accredited Exercise Physiologist to provide a service of a type specified in any of items EPA001, EPA002 and EPA009 in Schedule A at a place other than the normal practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of service is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel involved). The rate per kilometre applies only to the number of kilometres of travel reasonably involved and directly related to the treatment. The rate per kilometre is specified for item EPA008 in Column 2 of Schedule A, where this service has been pre-approved by the insurer. Travel costs cannot be charged:
  - where the practitioner provides services on a regular or contracted basis to facilities such as a private hospital.
  - where a practitioner does not have, or is employed by a business that does not have, a commercial place of business for the delivery of accredited exercise physiology treatment services (eg. mobile practice).

Where multiple workers are being treated in the same visit to a facility or in the same geographical area on the same day, the reasonable travel charge must be divided evenly between those workers.

- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$38.70 (+ GST). This fee is payable only once (1 time) per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth consultations are to be billed according to the appropriate items EPA301 to EPA302 in Schedule A. No additional payment in relation to facility fees can be charged by the practitioner undertaking the consultation.

#### **6. External facility fees**

In the exceptional circumstance where approval is given for treatment to be provided at an external facility, the facility (and not the service provider) is to invoice the insurer directly under code OTT007. Where this is not possible, the service provider must clearly state the name, location and charge the cost price of the facility on their invoice and attach a copy of the facility's invoice to their account.

External facility fees only apply to the cost for the worker's entry. Fees payable for the entry of the Accredited Exercise Physiologist are a business cost and cannot be charged to the insurer.

An entry fee will not be paid where the facility is owned or operated by the treatment provider or the provider contracts their services to the facility.

#### **7. Goods and Services Tax**

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is

taken to be the amount fixed by this Order. This clause does not permit an Accredited Exercise Physiologist to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

**Schedule A**

**Maximum fees for Accredited Exercise Physiology services**

<b>Item</b>	<b>Column 1 Type of Treatment</b>	<b>Column 2 Maximum Amount (\$) (excl GST)</b>
EPA001	Initial consultation	\$125.00
EPA301	Initial consultation via telehealth ( <b>requires pre-approval by the insurer</b> )	\$125.00
EPA002	Subsequent consultation	\$84.80
EPA302	Subsequent consultation via telehealth ( <b>requires pre-approval by the insurer</b> )	\$84.80
EPA009	<p>Consultation C – treatment session related to complex pathology and clinical presentations including, but not limited to:</p> <ul style="list-style-type: none"> <li>• three (3) or more distinct areas</li> <li>• extensive burns</li> <li>• complex neurological/orthopaedic/pain/cardio-respiratory conditions</li> </ul>	\$16.40 /5 minutes (maximum 1 hour)
EPA004	Group/class intervention	\$60.10/participant
EPA005	<p>Incidental expenses e.g. strapping tape, theraband, exercise putty, etc.  <b>Note:</b> This code does not apply to external facility fees</p>	Cost price, including postage/freight
EPA006	Case conference	\$16.40/ 5 minutes
EPA007	Report writing ( <b>only when requested by the insurer</b> )	\$16.40/ 5 minutes (maximum 1 hour)
EPA008	<p><b>Travel (requires pre-approval by the insurer)</b></p> <p>As provided in Clause 5(2), the rate per kilometre applies only to the number of kilometres of travel reasonably involved and directly related to the treatment, where this service has been pre-approved by the insurer. Travel costs cannot be charged:</p> <ul style="list-style-type: none"> <li>• where the practitioner provides services on a regular or contracted basis to facilities such as a private hospital.</li> </ul>	<p>Reimbursed in accordance with the “Use of private motor vehicle” set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2020.</i></p> <p><i>Use of private motor vehicle:</i></p> <ul style="list-style-type: none"> <li>- 72 cents per kilometre</li> </ul>

	<ul style="list-style-type: none"> <li>where a practitioner does not have, or is employed by a business that does not have, a commercial place of business for the delivery of accredited exercise physiology treatment services (eg. mobile practice).</li> </ul> <p>Where multiple workers are being treated in the same visit to a facility or in the same geographical area on the same day, the reasonable travel charge must be divided evenly between those workers.</p>	
WCO005	Fees for providing copies of clinical notes and records.	<p>Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 (is payable for provision of all requested clinical records held by the practice). Inclusive of postage and handling. An allied health practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically.</p> <p>Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.</p>
OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	<p>\$38.70 (Initial AHRR per claim only)</p> <p>All other Allied Health Recovery Requests submitted are not subject to a fee.</p>

**PIPELINES ACT 1967**

**INSTRUMENT OF GRANT OF VARIATION OF LICENCE AREA  
FOR PIPELINE LICENCE**

**LICENCE NO. 16 – VARIATION NO. 20**

East Australian Pipeline Pty Limited (EAPL) (ACN 064 629 009), having been granted Pipeline Licence No.16 under Section 14 of the *Pipelines Act 1967* (the Act) on 28 May 1997, has applied in accordance with the provisions of Section 18 of the Act for a minor variation (s.18(5)) of the licence area by including additional lands as described in Schedule 1.

This application complies with the provisions of the Act and the Pipelines Regulation 2013. I, Matt Kean, Minister for Energy, pursuant to Section 19(1) of the Act, do grant Variation No. 20 to Licence No. 16 to EAPL, effective from my signing of this Instrument.

Signed this

19<sup>th</sup>

day of

May

2022.



**The Hon Matt Kean MP  
Treasurer and Minister for Energy**

## **SCHEDULE 1**

### **TO BE INCLUDED IN THE LICENCE AREA FOR PIPELINE LICENCE 16**

All the lands that are the subject of easements for a pipeline as described in Deposited Plans (DP) 1274770, 1265046, 1274772, and 1230628 as lodged and registered with NSW Land Registry Services.

PIPELINES ACT 1967

DECLARATION OF VESTING OF EASEMENTS OVER LANDS

PIPELINE LICENCE NO.16 – VARIATION NO. 20

I, Matt Kean, Minister for Energy, pursuant to Section 21(1) of the *Pipelines Act 1967*, hereby declare that the easements over lands described in Schedule 1 are vested in East Australian Pipeline Pty Limited (ACN 064 629 009) for the purposes of, and incidental to, the construction and operation of Pipeline Licence No.16.

Signed this 19<sup>th</sup> day of May . 2022.



The Hon Matt Kean MP  
Treasurer and Minister for Energy

## **SCHEDULE 1**

### **EASEMENTS FOR PIPELINE TO BE VESTED IN THE LICENSEE**

Easement over pieces or parcels of land as described in Deposited Plans (DP) 1274770, 1265046, 1274772, and 1230628 as lodged and registered with NSW Land Registry Services.

## ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of registration pursuant to section 80

TAKE NOTICE that **KOALA CONSERVATION AUSTRALIA INCORPORATED INCORPORATED) - Y0153013** became registered under the Corporations Act 2001 as **KOALA CONSERVATION AUSTRALIA LTD - ACN 634 823 368** a company limited by guarantee, on 9 June 2021, and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Terri McArthur  
Delegate of the Commissioner,  
NSW Fair Trading  
25 May 2022

## SUBORDINATE LEGISLATION ACT 1989

### Totalizator Regulation 2022

Notice is hereby given, under section 5 of the *Subordinate Legislation Act 1989*, that the Totalizator Regulation 2012 is proposed to be remade.

The proposed Totalizator Regulation 2022 remakes the Totalizator Regulation 2012, which is due for automatic repeal on 1 September 2022, with minor amendments.

The proposed Regulation aims to give full and proper effect to the *Totalizator Act 1997* and help secure the policy objectives of the Act by providing the necessary legislative support and administrative detail as required or permitted under the Act.

The proposed Regulation and Regulatory Impact Statement are available on the NSW Government 'Have your say' website at <https://www.haveyoursay.nsw.gov.au/betting-racing-totalizator-regulation>.

Anyone wishing to provide comments on the proposed Regulation is encouraged to do so via the 'Have your say' website. Alternatively, submissions can be made by email to [policy@liquorandgaming.nsw.gov.au](mailto:policy@liquorandgaming.nsw.gov.au) or by post to:

2022 Remake of the Totalizator Regulation  
Policy & Legislation  
Liquor & Gaming NSW  
GPO Box 7060  
SYDNEY NSW 2001

The consultation opened on Wednesday 25 May 2022. The closing date for submission of feedback is **5:00 pm 22 June 2022**.

## SUBORDINATE LEGISLATION ACT 1989

### Betting and Racing Regulation 2022

Notice is hereby given, under section 5 of the *Subordinate Legislation Act 1989*, that the Betting and Racing Regulation 2012 is proposed to be remade.

The proposed Betting and Racing Regulation 2022 remakes the Betting and Racing Regulation 2012, which is due for automatic repeal on 1 September 2022, with minor amendments.

The proposed Regulation aims to give full and proper effect to the *Betting and Racing Act 1998* and help secure the policy objectives of the Act by providing the necessary legislative support and administrative detail as required or permitted under the Act.

The proposed Regulation and Regulatory Impact Statement are available on the NSW Government 'Have your say' website at <https://www.haveyoursay.nsw.gov.au/betting-racing-totalizator-regulation>.

Anyone wishing to provide comments on the proposed Regulation is encouraged to do so via the 'Have your say' website. Alternatively, submissions can be made by email to [policy@liquorandgaming.nsw.gov.au](mailto:policy@liquorandgaming.nsw.gov.au) or by post to:

2022 Remake of the Betting and Racing Regulation  
Policy & Legislation  
Liquor & Gaming NSW  
GPO Box 7060  
SYDNEY NSW 2001

The consultation opened on Wednesday 25 May 2022. The closing date for submission of feedback is **5:00 pm 22 June 2022**.

## **ASSOCIATIONS INCORPORATION ACT 2009**

### **Cancellation of incorporation pursuant to section 74**

TAKE NOTICE that the incorporation of the following associations is cancelled by this notice pursuant to section 74 of the Associations Incorporation Act, 2009.

<b>IMPACT GLOBAL INCORPORATED</b>	<b>INC9878605</b>
<b>INGLEBURN RSL YOUTH CLUB INC</b>	<b>Y1178915</b>
<b>HEALTHY PEOPLE ILLAWARRA INCORPORATED</b>	<b>INC9889922</b>
<b>HELLENIC TENNIS ASSOCIATION INCORPORATED</b>	<b>INC9879850</b>

Cancellation is effective as at the date of gazettal.

Dated this 26<sup>th</sup> Day of May 2022

Megan Green  
Delegate of the Commissioner for Fair Trading  
Department of Customer Service

## **ASSOCIATIONS INCORPORATION ACT 2009**

Cancellation of registration pursuant to section 80

TAKE NOTICE that **TWYFORD HALL INCORPORATED - INC9893413** became registered under the Corporations Act 2001 as **THE TYWFORD HALL COMPLEX LIMITED - ACN 649 921 504** a company limited by guarantee, on 05 August 2021, and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Terri McArthur  
Delegate of the Commissioner,  
NSW Fair Trading  
25 May 2022