
8 February 2018

**Submission: Australian and New Zealand
Society of Occupational Medicine SA Branch**

Thank you for the opportunity for input with regards to the Terms of Reference and ReturnToWorkSA Act Review.

The Australian and New Zealand Society of Occupational Medicine is an organisation that consists of medical practitioners, allied health and other disciplines with an interest in occupational health. Our membership includes general practitioners, occupational and environmental specialist physicians, other medical specialties, occupational health nurses and other disciplines. The experience of our group spans many industries, occupations, clinical activities and work environment circumstances.

The Terms of Reference and the report provided from ReturnToWorkSA were circulated to our South Australian membership for comment. The following consolidated response is offered for the itemised terms of reference.

6. Changes in return to work rates at key milestones, outlining factors influencing any improvement or deterioration.

It is too early to fully evaluate the impact of the changes to the Scheme, in part because of the recency of the transition. When comparisons are made, it would be important to provide trend data and to compare with interstate benchmarks. There is an overall impression that return to work rates have improved and that from a medical perspective the collaborative process relating to injury management and return to work operate more effectively than under the preceding Act.

Measures should include data after the resolution of a claim and also past the two year period. In circumstances where there is successful return to pre-injury duties or some form of long-term modification of duties, potential issues at the workplace or casual forms of employment may see some workers vulnerable to work loss or work reduction. Some injuries and medical conditions require significant treatment beyond two years. These include staged surgery, burns for example. This group should also be surveyed to understand outcomes and applicable resource needs.

Data pertaining to participation in reskilling and job services for those past two years would assist in evaluating resource provision and outcomes.

7. The factors contributing to non-seriously injured workers failing to achieve return to work within the two years.

It is known that the likelihood of return to work decreases rapidly in relation to the amount of lost time from work. This is seen in the South Australian circumstance, but also in other jurisdictions. Partly, this is influenced by medical factors and partly influenced by a range of complex factors that relate to work environment, the compensation system itself, social and psychosocial factors.

Some work injuries would benefit from coordinated interdisciplinary management, which involves a range of medical specialist input, allied health practitioners and facilitated coordination of both communication and process. Whilst there are quality resources available in South Australia, these initiatives are often not readily available or applied soon enough, or are difficult to evolve and develop without resourcing and the support of stakeholders, claims agents and insurers.

Workers in rural communities have the greatest disadvantage with complex injuries and when complex services are required. There are demonstrated positive outcomes for pain education, functional and workplace rehabilitation. This represents an important concurrent or alternative option to pain pharmacotherapy or interventional based treatments,

8. any additional recommendations regarding reskilling services to assist return to work outcomes;

There are situations early in the course of a work injury where low-cost skilling, or training initiatives could be considered, in order to develop possible options with rehabilitation and work opportunity. The consideration of training at times, is noted to be deferred before a medical model or the achievement of a certain level of work capacity or the expiry of options of return to work to the pre-injury employer to pre-injury duties.

10. Any other recommendations, based on your review of the administration and operation of The Act, which you consider appropriate and consistent with the objects of The Act.

A number of our members have commented in relation to mobile case managers/return to work coordinators. In the main, the feedback is positive. There are occasions where the separation of the medical consultation and worker doctor interaction is not clear and transparent from the subsequent case dialogue.

Case conferencing is materially different to a consultation between a doctor and a patient/client. The case conference is intended to progress the care or management of an injured worker by engaging a range of participants and structuring the ongoing approach. Information management is important, including establishing privacy and clinical boundaries. Such boundaries and

role clarity blur further where claims discussion and claims determination may intrude. Having a code of conduct for these activities may well be helpful for all parties.

Management of health data in the worker's compensation setting is also considered important. It is noted that there is an increased amount of correspondence through email.

Permanent Impairment Assessment (PIA)

In the ReturnToWorkSA review, the Authority discusses the financial status of the Scheme and makes reference to circumstances in relation to Permanent Impairment Assessments and how the Scheme operates. In the detail it refers to the bulk of assessments being done by a small group of assessors (1,524 out of a total of 3,443 assessments being completed by six assessors since 1 July 2015).

The effective operation of the Permanent Impairment Assessment process is important, given that the scheme operates thresholds for physical injury of 5% whole person impairment and then 30% whole person impairment. The latter influences both ongoing medical and income maintenance. There are significant discordances between whole person impairment ratings, work ability and ongoing medical treatment needs. Conditions often of minimal impact on work ability, for example, the appearance of a scar, the presence of indigestion or constipation, or a confluence of minor complaints can often combine with relatively moderate musculoskeletal impairment to reach a threshold. For other injured workers, because of a different year of injury for different injuries, they may fall below the threshold. Injured workers with a significant condition such as a spinal fusion may well fall below the threshold simply because the scar was not prominent or a sequela was not added, identified or did not develop.

A significant level of disputation is noted around Permanent Impairment Assessments. It would benefit of the Scheme to consider the process overall and mechanisms to improve assessments and dispute resolution for Permanent Impairment Assessments. Such a process would involve multiple stakeholders and potential a greater role for technical experts or accredited medical advisors (IMAS).

The Scheme, broadly, provides for one and only one PIA. Potentially, this leaves the situation of the lack of contestability, potential error and may be open to other factors that may influence the assessment outcomes.

At times, there are significantly divergent views in relation to the assessment of permanent impairment. One option may be to consider a much deeper review to understand how effectively and accurately the Permanent Impairment Assessment process is operating. Currently a programme of limited QA exists with the undertaking of a technical review. According to the Scheme (from other sources), there have been no disciplinary actions to date in relation to assessor performance. It would be reasonable to consider the development of benchmarks to improve the consistency of assessments and provide additional assessor training and support. There are aspects within the AMA5, as well as in the Guidelines that may be open to clarification. It would be reasonable to consider the use of a technical advisory expert group to resolve or clarify specific issues.

Yours with regards,

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