Mr Michael Crandon MP
Chair, Finance and Administration Committee
Parliament House
George Street
Brisbane Qld 4000

3 September 2012

Dear Mr Crandon



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Re: Inquiry into the operation of Queensland's workers' compensation scheme

Thank you for inviting AMA Queensland to make a submission to the Inquiry into the operation of Queensland's workers' compensation scheme.

As the State's peak medical advocacy body with over 5600 member, representing General Practitioners and Specialists, many of whom provide treatment to patients under the workers' compensation system, we welcome the Committee's commitment to consult with the medical profession regarding this issue.

AMA Queensland notes that the inquiry will explore a range of different aspects of the workers' compensation scheme. AMA Queensland's area of experience and expertise is in advocating for high-quality and efficient health care. As such, AMA Queensland's submission deals solely with the first consideration: the performance of the scheme in meeting its objectives under section 5 of the Workers Compensation and Rehabilitation Act 2003, and in particular, the scheme's effectiveness in delivering 'injury management, emphasising rehabilitation of workers, particularly for return to work' as required by subsection (2)(f).

The Queensland workers' compensation scheme

The Queensland workers' compensation scheme (the scheme) aims to provide injured workers with fair and reasonable benefits at the lowest possible premium to employers. It promotes rehabilitation and early return to work, through funding for medical and other rehabilitative treatment. The return to work rate achieved by the scheme is excellent and has improved from 95.3% in 2010-11 to 98.5% in 2011-12.

The scheme also plays an important role in injury prevention, encouraging improved health and safety in workplaces.

The Queensland scheme is a 'short tail' scheme whereby the maximum period of time a worker can receive benefits is five years. Workers also retain the rights to claim common law damages where negligence or other liability exists. The scheme's main insurer, WorkCover, is currently in a very strong financial position and the scheme is fully funded.

Medical and rehabilitative treatment under the Queensland workers compensation scheme

One of the aims of the scheme, set out in s5(2)(f) of the Workers Compensation and Rehabilitation Act 2003 is to provide injury management, emphasising rehabilitation of workers, particularly for return to work'. The scheme does this by providing injured workers with medical and other rehabilitative care by registered professionals. Payment for the care is made directly to the professional from the insurer at rates determined by Q-Comp. AMA Queensland notes that Q-Comp has recently decided to accept the AMA list of medical services and fees as the basis for payment rates.

Medical practitioners play an important role in certifying the type and severity of injury and in planning the treatment and rehabilitation process. It is important that the clinical judgement of medical practitioners guides available treatments for injured workers; that treatment is not limited by the desire to save money.

Early intervention promotes rehabilitation and return to work

Interaction between the clinician and injured worker is a very important part of an effective therapeutic process and optimal outcome. AMA Queensland finds that the scheme's current operations effectively provide rapid access to the most appropriate clinician and the best and most appropriate treatment. These factors dramatically improve the speed of rehabilitation of injured workers. The effectiveness of the current system is borne out by the rehabilitation success rate of 98.5%.

While AMA Queensland's members do report occasional difficulty in accessing treatment for their patients, it is recognised that, on the whole, the scheme provides injured workers with timely access to medical treatment. Our workplace relations team reports that they receive few queries or concerns in relation to WorkCover, and that WorkCover, in general, communicates clearly and easily with clinicians.

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AMA Queensland observes that the success and cost-effective nature of the scheme is

underpinned by an injured worker's ability to quickly access medical treatment from highly

trained clinicians. AMA Queensland would be concerned that if the scheme were altered in a

way that would reduce timely access to clinical care, contact and treatment choices. Such a

move would inevitably result in a decline in rehabilitation and return to work rates - at

significant cost to both the scheme and the economy.

The scheme must recognise that the clinician, in conjunction with the injured worker, is best

able to make an assessment of the treatment necessary. Any attempt to interfere with the

current highly effective therapeutic relationship is likely to result in some AMA Queensland

members withdrawing support from the scheme. This would not only impact on the high

rates of success in rehabilitation but could also lead to a rise in the premium paid by

employers as well as leaving injured workers with greater rates of injury and lower chances

of reintegrating into the workforce.

In summary, AMA Queensland finds that the current scheme reports to be effective in

achieving its goal of the rapid and complete rehabilitation of injured workers in the vast

majority of cases. The scheme reports to be cost-effective in delivering the best treatment to

injured workers by the best clinicians available. One key element to this success is that the

choice of the clinician is given to the injured worker. AMA Queensland recommends therefore

that the delivery of scheme in the context of section 5 continue unchanged.

AMA Queensland wishes to assist your committee in any way it reasonably can to inform the

Committee's report to Parliament.

Please contact our Policy Advisor, Emily Cotterill, in relation to any inquiry.

Yours sincerely,

Dr Alex Markwell

President

AMA Queensland