

4 April 2018

Professor David Peetz

Via email: wcpolicy@oir.qld.gov.au

88 L'Estrange Terrace
Kelvin Grove 4059

PO Box 123
Red Hill 4059

Ph: (07) 3872 2222
Fax: (07) 3856 4727

amaq@amaq.com.au

ACN: 009 660 280
ABN: 17 009 660 280

Dear Professor Peetz

Thank you for providing AMA Queensland with the opportunity to provide feedback on the performance of the Workers Compensation Scheme (WCS).

AMA Queensland consulted with our Council of General Practice (CGP) to provide this response. The CGP's feedback was as follows.

For many GPs who have dealt with Workcover, there was a view that while some aspects of the WCS were positive, such as the straightforward claims process and the ability for GPs to have telephone conversations with case managers, there were other aspects which made it difficult for general practitioners to do their job effectively.

Most of this difficulty stemmed from claims being rejected prematurely because of a report made by the Independent Medical Examiner (IME), which appeared to be given more weight than the GP's diagnosis. This often occurred when dealing with complex or chronic injuries. This led the CGP to question the objectivity of the IMEs and whether they had a conflict of interest as a result of needing to meet certain KPIs or risk losing WCS work in the future.

Managing this conflict of interest, perceived or otherwise, will admittedly be difficult to resolve. As you discussed with Dr Kidd during your meeting with him on 22 March 2018, there are a number of potential options you may wish to consider as part of the review process.

Firstly, an escalation and/or mediation system could be implemented in circumstances where a GP feels that a claim has been improperly rejected, or where the IME report has overlooked any important factors. It is our understanding that this happens relatively infrequently, so creating a process such as this should not be overly burdensome to the WCS.

Involving both the GP and the IME in this process, which would not require the patient to be present, would allow for the sort of collaboration between medical professionals which is commonplace in the health system. This would help both the IME and the GP to understand each other's views, helping to manage perceptions of conflict of interest and resulting in better outcomes for patients.

Another potential avenue to consider would be reviewing the KPIs of IMEs and claim managers so that the focus was less about getting people back to work and closing claims, and more about managing the injury so that a return to work, perhaps with lighter or different duties, could occur while keeping the claim open if necessary. Changing KPIs so as not to put undue pressure on claim managers to close as

many cases as quickly as possible should not only help manage any conflicts of interest but would lead to better outcomes for all concerned.

The CGP also noted that Workcover must work with employers to foster culture change over time which would allow this to occur. Many employers appear to prefer putting employees off rather than providing light duties as instructed by the patient's GP. The current Workcover campaign, which argues that there's "nothing like getting back to work for getting better", will fail unless it targets the public, doctors in addition to employers.

The CGP also discussed the level of experience IMEs had within the primary care sector. The CGP questioned whether many IMEs understood the role general practitioners play in patient care. As we discussed during our meeting with Professor Peetz, AMA Queensland would appreciate any advice you could provide regarding the number of GPs who perform in the role of an IME.

In regards to emerging issues, the CGP has suggested that GPs could use more support from the WCS around psychological claims. The CGP discussed how many claims that related to psychological injuries, such as those that may be sustained by police officers, were rejected by IMEs when the claim was submitted by a GP. There was a perception that they would rather follow a specialist's advice rather than a GPs when it came to psychological claims, which made it more difficult for GPs to do their job and care for their patients. It would appear the WCS needs to provide more support for and alter their perception of how GPs treat and manage psychological injuries.

At your meeting with Dr Kidd, it was also suggested that a program be developed in partnership between the Queensland Government, AMA Queensland and the medical colleges which would aim to develop a CPD accredited program which would be required to perform the duties of an IME. AMA Queensland would be happy to assist in the development of such a program.

In closing, AMA Queensland appreciated the opportunity to provide a submission on this issue. If you require further information or assistance in this matter, please contact Mr Leif Bremermann, Senior Policy Advisor, on 3872 2200.

Yours sincerely

A handwritten signature in black ink that reads "Bill Boyd". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dr Bill Boyd
President
Australian Medical Association Queensland