



AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.
ABN 91 028 693 268

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The Hon Vickie Chapman MP
Attorney-General
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Dear Ms Attorney

Motor Accident Injury Assessment Scheme Accreditation Panel

Thank you for your letter seeking the opinion of the AMA(SA) in relation to the current functions of the above Panel being formally transferred to and undertaken by the CTP Regulator.

We have consulted with our Reference Group on this matter and considered the implications of the above suggestion. We do not support a transfer of the role and functions of the Panel to the Regulator and support the retention of the Motor Accident Injury Assessment Scheme Accreditation Panel (MAIAS Panel) in its current form with suitable resourcing. Including maintaining a medically qualified Chair.

The roles and functions of the MAIAS Panel and that of the Regulator differ in important areas and we do not see the broadening of the role of the Regulator into the area of accreditation of medical practitioners or assessing quality of medical reports to be appropriate.

In fact, we would see the transfer of the functions of the Panel to the Regulator as a seriously adverse step to the functioning of the CTP scheme, not only in relation to ISV Medical Assessments and the process of assessor accreditation and management, but also with regards to the support and maintenance of the integrity of the Accreditation Scheme and ISV Medical assessments.

The South Australian Compulsory Third Party (SACTP) scheme has a particularly complex arrangement that is substantially different from the ReturnToWorkSA (RTWSA) framework. In fact, the SACTP scheme is different from any other jurisdiction in Australia. Accredited assessors use the AMA5 tool in a different way from the ReturnToWorkSA and uniquely provide opinions in relation to ISV item numbers. The Scheme regulates the Report format and Questions.

The AMA(SA) recognises and wishes to acknowledge the MAIAS Panel as well as the leadership of its Chair, Dr Andrew Sutherland, in achieving an implementation that brought along key stakeholders and provided a supportive process of information and education to accredited healthcare providers. The MAIAS Panel has so far stewarded an initial process of quality assurance. The value and success of the Panel is self-evident and we see that further benefits can be delivered with its continuance.

It is our firm view that the Scheme is at a critical juncture. Since the passing of the relevant Act in 2013, the initial claims undergoing ISV medical assessment have been simpler and less complex in nature. We are now at a time in the Scheme where increasingly complex claims, particularly those involving multiple trauma and injury, with concurrent physical, medical and psychological conditions, are now undergoing assessment.

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There is also the circumstance where the ReturnToWorkSA Scheme, to which the CTP Accreditation Scheme has tied itself, is undergoing changes with regards to its accreditation. This close link has significant impacts by limiting the opportunity for new assessors to enter the CTP Scheme, significantly impacting on the available assessor pool. This has a direct flow on impact on assessments given the differences between work injury versus motor vehicle accident injury and how the ISV items influence the use of AMA5.

The AMA (SA) considers that it is an important principal that regulators and government have the input from expert and essential stakeholders. We are in full support of the current approach to overseeing this process. We strongly hold the view that it is essential that the medical profession is represented through the AMA SA as the peak body and is seen as the appropriate profession to Chair the Panel.

We see no benefit in removing the broad expertise and representation that is delivered through the Panel. We do not see this expertise in the body of the Regulator nor do we believe it should reside in that entity.

Whilst firmly supportive of the MAIAS Panel, this should not be seen as limiting the consideration of a wider advisory group with improved terms of reference, such as in the way that the Ministerial Advisory Committee supports the minister in ReturnToWorkSA matters.

Amongst our concerns with the proposal is the potential for the regulator to devalue the role of assessors, reduce the process of interaction and feedback and undervalue the resource and input of key stakeholders such as the legal profession and medical practitioners.

This will be of increasing concern given the changes in RTWSA presenting a challenge of recruiting doctors to maintain accreditation and the medical workforce necessary to support the scheme. Future decisions to address these challenges and ensure increased access for future accreditation are matters which the Panel should address.

In relation to the oversight and quality of reports, it is important that there is combined expertise to oversee the quality process meeting the legal, medical and administrative requirements of the scheme. The Panel delivers the necessary and appropriate mechanism for this activity.

Finally, it was never intended that the Regulator would oversee the quality of reports and the accreditation of medical practitioners participating in the scheme. The role of the Regulator is to oversee the quality and behaviour of the insurers involved in the scheme. The AMA(SA) respects and supports that role and does not see any justifiable cause to expand the Regulators responsibilities into those currently undertaken by the Panel.

The AMA(SA) therefore urges for the continuation of the Panel and we are keen to provide a nomination for a future Medical Practitioner as Chair of the Panel as it undertakes its next term.

Yours sincerely



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CHIEF EXECUTIVE