

APS Response to supplementary questions

The Australian Psychological Society (APS) has been requested by Mr. Mark Speakman MP to provide responses to the following sections as raised by the submission from the Civil Contractors Federation (#170).

8. In order to meet Scheme objectives by improving health outcomes and return to work outcomes, the conduct of Work Capacity Assessment should be separated from Injury Treatment.

The APS is in principle supportive of separation between Work Capacity Assessment and Injury Treatment, particularly where independent assessments are being sought. However, it should be noted that, in a clinical or treatment context, assessment and treatment are not readily separable concepts. Many, if not all, treating practitioners, including psychologists, are in a constant mode of re-assessment as part of their treatment regime. Therefore, it could be argued that at least some aspect of treatment is devoted to re-assessment. So the APS would make a distinction between independent assessments and ongoing goal review within treatment (see below).

9. In order to meet Scheme objectives by improving health outcomes and return to work outcomes, there must be more structure in the work capacity assessment management process. Clear lines of authority are required to ensure the focus remains on a timely return to work.

The APS reiterates the key features a renewed Scheme should contain (page 4 of APS submission). While the Nominated Treating Doctor (NTD) does get the assessment right much of time, there will be instances where specialist input is required (e.g. specialised psychologists or psychiatrists for claims for psychological injury). Again, the utilisation of best available evidence by both the treating practitioner and the Agent should be strongly encouraged by the Scheme. The Scheme should also be in a position to direct providers and Agents where the treatment plans are found contrary to established evidence (e.g. as it is currently for Independent Consultants under the Psychology Regulatory Framework).

10. In order to meet scheme objectives by improving health outcomes and return to work outcomes, the injured worker's exclusive right to select their NTD to do assessments and treatment should be removed.

The APS urges caution in denying choice to injured workers in accessing their NTD. However, where there is a clear conflict between the assessment and treatment plan recommended by the NTD and current available evidence, there must be capacity in the Scheme for either the Agent or the Scheme itself to step in and direct the assessment and treatment process. Once again, this depends on expertise both within the Scheme itself and among the Agents in the form of experienced clinicians utilising current evidence and research to justify their interventions.

11. In order to meet scheme objectives by improving health outcomes and return to work outcomes, Work Capacity Assessments must be undertaken at key benefit trigger points, and at regular periods throughout the life of a claim.

As stated above, providers such as psychologists, in the course of treatment, continually review progress against the established goals identified in the injured worker's treatment plan. If treatment proceeds beyond six sessions as defined in the injured worker's

Management Plan, Independent Consultants, who are highly experienced psychologists currently engaged from the profession are being used to ensure progress does not stall or become protracted. This is all in keeping with best practice. As stated during the hearing, the APS does not support ongoing interventions or treatment without appropriate clinical justification or evidence. Therefore, some form of built in review triggers would be a positive step in ensuring the return to work focus of treatment plans. However, this may not necessitate an independent assessment or review by a third party, but could rely on objective assessment of goal achievement by the treating practitioner. Of equal importance, it allows the Scheme and Agents to achieve "value for money" from providers who provide evidence-based services to injured workers.