Royal Australian and New Zealand College of Psychiatrists

Comments on Civil Contractors Federation submission

This raises the important issue of the relationship between the roles of independent assessors and the Nominated Treating Doctors (NTD). The role of NTDs is often misunderstood by some of the parties involved.

The treatment is usually co-ordinated by the general practitioner, sometimes by another NTD, often a practitioner who has known the person for some time. The principal concern and focus of the NTD is, and should be the interest and welfare of the patient. The NTD is expected to assess the injured worker and to issue work cover certificates as appropriate. In cases where the worker does not consider himself/herself fit to return to work, or request continuing treatment or further referral, the NTD is placed in a difficult position and might be in a position of conflict of interest. We have seen cases of NTDs inappropriately issuing continuing certificates, failing to disclose pre-existing pathology, or even knowingly providing an incorrect diagnosis that better fits the description of work injury.

We agree that there should be some separation between injury treatment and assessment and preparation or revision of treatment plans by an independent assessor. We welcome discussion on this important issue.

We agree that early intervention is the key to getting the people quickly back to safe and durable work. This was emphasised in evidence to the inquiry by myself and by the representatives from the Australian Psychological Society. We also pointed out that there seems to be a greater problem in achieving the goal of early intervention and treatment with respect to claims for psychological injury, particularly “stress” claims, with injured workers sitting at home for long periods of up to two years without an appropriate treatment plan.

In relation to the details of the proposal, three days seems too short a time frame to be practicable. Perhaps three weeks to one month. Many injured workers return to work during this time period. There should certainly be an independent review before three months, and again at intervals of three months or other appropriate trigger points. It is also important that the reviewer or review panel would be qualified and that proposed treatment should be according to an evidence-based model. It might be appropriate to have one assessor to review the work capacity and treatment plan at an early stage, in a case where the assessor in a specialist providing an expert opinion on diagnosis, work capacity and treatment plan devised by a general practitioner, with the specialist offering a supportive approach. Medical panels as suggested by the Australian Medical Association might be a useful to prevent unnecessary treatments and over-servicing. This is particularly important in psychological/psychiatric claims, with many cases of continuing “counselling” or inappropriate treatments for prolonged periods with no improvement in the injured worker’s complaints, with perhaps a hope that there will be improvement with the passage of time, or prolonging the same ineffective treatment for an even longer period.

As I have stated in giving evidence to the inquiry, many workers who have made claims for psychiatric/psychological injury receive no treatment for prolonged periods, or receive inappropriate treatment without monitoring of their situation, leading to dissatisfaction and greatly reducing the prospect of a durable return to work. The Civil Contractors Federation has expressed concerns about structural problems in the present scheme and has proposed a framework to address these problems. We welcome discussion of these issues. We agree with many of the points made, and hope that the problems will be addressed.

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