

Submission  
No 16

**SEVENTH REVIEW OF THE EXERCISE OF THE  
FUNCTIONS OF THE MOTOR ACCIDENTS AUTHORITY  
AND THE MOTOR ACCIDENTS COUNCIL**

**Organisation:**

**Name:** Ms Robyn Brown

**Telephone:**

**Date Received:** 30/03/2006

---

**SUBMISSION TO THE COMMITTEE ON LAW AND JUSTICE FOR THE  
NSW PARLIAMENTARY INQUIRY INTO THE FUNCTION OF THE NSW MOTOR  
ACCIDENTS AUTHORITY AND THE MOTOR ACCIDENTS COUNCIL**

**MY POINT** The point of my submission is to highlight that in my case the Motor Accidents Authority (MAA) does not provide the services as stated under the act and within their own vision and role as stated in their Guarantee of Service. In my case the MAA failed to provide me with the support necessary to achieve the objective of the act.

**The object of the Act is to:**

**“encourage early and appropriate treatment and rehabilitation to achieve optimum recovery from injuries sustained in motor accidents, and to provide appropriately for the future needs of those with ongoing disabilities,”**

I thought the basis of this new Legislation was that people didn't get big payouts – but that they got rehabilitated. That was all I ever wanted.

I thought that the Medical Assessment Service (MAS) was there to ensure that this happened.

**MOTOR ACCIDENT AUTHORITY'S (MAA) GUARANTEE OF SERVICE**

Rehabilitation doesn't appear to be the main focus of the Motor Accident Authority. In their **Guarantee of Service** it states that their vision “is to lead and support a CTP Scheme that minimizes the impact of motor vehicle accidents.”

Point 2 of their stated role is “to promote appropriate treatment of injured persons”. **Why doesn't the MAA see their role as one that oversees and ensures that optimum and quick rehabilitation is carried out? If it isn't their role – then whose role is it to ensure that this happens?**

The document also states that “You can expect us to provide an efficient and professional service .....If you write to us by letter or email we will respond within 10 working days of receiving your letter/email. If we cannot fully answer your enquiry in that time, we will give you an interim response.” In my case 10 days turned into 9½ months. **Why isn't there a monitoring system in place to ensure that these delays don't happen?**

**KEY ISSUES**

1. The Medical Assessment Service (MAS) doesn't work - the MAS process actually prevented me from getting the treatment I needed.
2. Costs with no benefit to the injured person - there was a lot of money spent on assessments and reports – rather than necessary treatment for my rehabilitation.
3. The culture of the MAA is not a supportive, caring one designed to achieve rehabilitation of the injured person. There is no sense that when dealing with injured people, delays can cause serious deterioration of injuries. The attitudes and treatment I have received seemed to be based on a presumption that most claimants are making fraudulent claims.
4. In the guidelines for Medical Assessors, the MAA has included a section on the goals that are to be achieved by the Motor Accidents Compensation Act 1999. The guidelines stress that the Act is:
  - a. **“set out in clear and unambiguous terms .....to keep premiums affordable, in particular, by limiting the amount of compensation payable for non-economic loss in cases of relatively minor injuries.”**How do Medical Assessors apply economic priorities when assessing an injured person – shouldn't their assessment be based on medical criteria alone? Yet in these same guidelines there is no mention of object of the Act (as quoted above).
5. It is not possible to have an impartial medical assessor. Many areas of medical specialties and dentistry have practitioners who don't agree on the optimum approach to treatment.

6. Because there is no record of the assessment process (such as a video) Assessors are not accountable for what they put in reports.
7. A person's abilities cannot be properly assessed in a one-off meeting. These reports have a crucial bearing on the rest of the injured person's life – it is absolutely imperative that an accurate conclusion is reached.
8. The MAA does not have a grievance handling process for internal or external complaints that would attempt to sort things out when they go wrong. (As the Insurance Ombudsmen does not handle CTP complaints there is no one else to approach.) I rang the MAA to complain and was given the number of the Insurance Enquiries Complaints Service, who gave me the number of the Insurance Ombudsmen who informed me that they handle every form of insurance except CTP, they gave me a number to call – it was the MAA.

### **CONCLUSION**

My experience of the MAS showed me that MAS either does not understand its role and responsibilities or it does and is not prepared to do what is necessary. This is no small matter given what is at stake for the injured person. In my case it has meant that the aim and intent of the Legislation was not met because early and appropriate rehabilitation was not achieved. The process actually prevented me from getting the treatment I needed and I lost any chance of regaining the life I had.

### **QUESTIONS I WOULD LIKE ASKED AT THE PARLIAMENTARY INQUIRY**

1. Whose role is it to ultimately ensure that the requirements of the Legislation regarding optimum and timely rehabilitation of the injured person are being met? As the MAA do not feel it is necessary to have legal representation, how is this done?
2. What is the General Manager's role if the MAS process fails? Is it his or any ones role to monitor if MAS is working and intervene if necessary?
3. Why doesn't MAS have any grievance handling procedures – for both internal and external complaints?
4. Why is there is no provision in either the Legislation or MAS Guidelines for interim payments (to enable the injured person to pay for their own rehabilitation) in either the Legislation or MAS Guidelines?
5. How do Medical Assessors apply economic priorities when assessing an injured person
6. How can people in MAS who do not have qualifications in the Medical Assessor's field be capable of reviewing a Medical Assessor's draft report for factual errors or decide whether a report has material errors that have affected the Assessor's decision?
7. How many people who have been injured in green slip motor vehicle accidents are represented on committees and boards of the MAA?
8. The psychiatric and physical assessments both impact on my functioning in combination – why are they separated for the percentage of whole person permanent impairment?

Robyn Brown  
March 30, 2005

Written with the assistance of Vashti Taverner from Head East, Eastern Sydney Acquired Brain Injury Community Access Service and Janice Campbell