

**INQUIRY INTO THE EXERCISE OF THE FUNCTIONS OF  
THE MOTOR ACCIDENTS AUTHORITY AND THE  
MOTOR ACCIDENTS COUNCIL - ELEVENTH REVIEW**

**Organisation:** Australian Physiotherapy Association NSW  
**Name:** Mr Gary Rolls  
**Position:** NSW Branch President

---



AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION

9 August 2011

The Director  
Standing Committee on Law and Justice  
Legislative Council  
Parliament House  
Macquarie St  
Sydney NSW 2000

Dear Ms Callinan

***Re: Eleventh Review of the MAA and the MAC***

Thank you for the opportunity to submit comment for this review of the Motor Accidents Authority (MAA) and the Motor Accidents Council (MAC).

The Australian Physiotherapy Association (APA) has around 12,000 members nationally, over 3,000 of whom are in NSW. In a similar way to the medical profession, there is now a recognisable hierarchy of physiotherapists: physiotherapists, APA Titled physiotherapists, and Specialist physiotherapists who are Fellows of the Australian College of Physiotherapy (ACP). The latter two levels represent and recognise increasing levels of expertise that have been independently assessed by the APA and the ACP respectively.

Many of our members treat victims of motor car accidents. Some of our members have developed particular expertise in managing injuries such as chronic whiplash<sup>1</sup>, complex neurological and musculoskeletal conditions, burns, and cardiorespiratory traumas in adults and children. The public, and medical and physiotherapy professionals who are managing those with injuries from motor vehicle accidents, are actively seeking physiotherapists who have specific expertise in the management of these conditions.

Our primary issue in regard to the MAA concerns payment to physiotherapists. Currently, reimbursement of physiotherapists' fees varies between insurers who act on behalf of the MAA. In the overwhelming majority of MAA cases, physiotherapists are paid at a rate lower than their normal rate of fees. This is despite the fact that there is additional time and expertise involved in treating such patients, as they often require more extensive assessment and treatment modification to deal with psychosocial issues, and because of the additional documentation and reporting required when compared with treating private patients.

This means that physiotherapists are currently required to subsidise the MAA system. This has the potential to disadvantage patients who may not get access to the physiotherapists most able to treat such patients.

To remedy this situation, we propose that physiotherapists be paid the fees that they would normally charge the general community for their effort and expertise. This will make it easier for patients to access the most highly-qualified practitioners relevant to their needs.

The APA is ready to work with the MAA to develop an appropriate reimbursement policy for its member physiotherapists.

Finally, it should be pointed out that physiotherapy services represent a small but important component in the overall cost structure of the MAA system. Without adequate reimbursement that recognises work performed and expertise, the provision of physiotherapy services in sufficient numbers and of sufficient expertise will be threatened, to the detriment of patients requiring these services.

We would be pleased to provide further assistance as required.

Yours sincerely

Gary Rolls  
NSW Branch President  
APA

---

<sup>1</sup> Guidelines for the Management of Acute Whiplash-Associated Disorders for Health Professionals (2007 2<sup>nd</sup> Edition)