

**Submission  
No 80**

## **INQUIRY INTO NSW WORKERS COMPENSATION SCHEME**

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**Joint Select Committee on the NSW Workers Compensation Scheme**

**Parliament House**

**Macquarie St**

**Sydney NSW 2000**

**15<sup>th</sup> May 2012**

**Honourable Members**

The current review of the NSW Workers Compensation Scheme provides the opportunity to amend significantly the current system that has proved both expensive and ineffective in comparison with other schemes in Australia. I would encourage the Committee to take the opportunity to overhaul the current system that has manifestly failed to return a significant proportion of injured workers to pre-injury health.

Injured workers deserve early intervention with evidence-based care to achieve improved return to work and health outcomes. In summary, I believe that there should be a redirection of financial and health resources to improved "front end" care to reduce the economic, social, and health burdens associated with long-term ("tail end") claims. Accordingly, I make the following recommendations:

1. Reduce benefits associated with failure to return to work and failed intervention. Instead, redirect such expenditure to improve outcomes from early and evidence-based interventions.
2. Instigate a rigorous process within which Workcover can collect reliable and meaningful data regarding injured workers' health outcomes.

Many of the following points are predicated upon the assumption that meaningful data (outcomes) will be collected under the revised Workcover scheme.

3. Treatment providers should be held accountable for outcomes (that are submitted in current documentation, such as management plans and medical certificates).
4. Accredite treatment providers on both an initial and ongoing basis according to defined criteria that reflect expertise in the management of injured workers. It is a fallacious argument that all qualified health care providers have such skills.
5. Only refer injured workers for management under accredited health care practitioners.
6. Even for accredited providers, providers whose outcomes for injured workers are objectively inferior to care provided by other treatment providers should be assessed by an appropriate expert panel. There is a range of methods and outcomes that could be used to identify outlier health care providers with respect to effectiveness of service delivery.
7. Return to work outcomes should be determined according to medical evidence and accepted medical guidelines.
8. Instigate a process of mandatory review of workers by expert practitioners if return to work outcomes have not been achieved within an appropriate duration since date of injury. For instance, review of progress should occur well before a claimant's condition can be defined as chronic (which according to the medical literature occurs 3 months from the date of injury).
9. Claimants who have not returned to work by 6 months should undergo review by an Independent consultant and/ or examiner as the case demands.
10. Increase the range of practitioners who are able to provide medical certification for fitness for work.

11. Reduce legal involvement in the health-care management of claimants. For instance, benefits associated with assessments of whole person impairment contribute to chronicity and poor health outcomes.
12. Revise the Workers Compensation Commission such that determinations regarding reasonably necessary care are made by expert health practitioners from the relevant fields, rather than by legal officers without an understanding of evidence based practice. Currently the Commission applies a legal interpretation to health care needs, which is not necessarily in the best health interests of injured workers.

Finally, the revised scheme should reflect the role of rehabilitation, which is to provide appropriate care to expedite recovery to pre-injury duties; and if that is not possible, to optimise recovery to reduce ongoing burden to the health care system while improving the claimant's quality of life. Health care provided under the current scheme has failed to deliver such outcomes given that approximately 34% of current claimants have chronic injuries.

I have been an Independent Physiotherapy Consultant for Workcover and a reviewer of care provided for injured workers within the New South Wales scheme for 8 years. In addition, I have had an ongoing role in education of Allied Health Providers for Workcover that has included design and implementation of the current Workcover Soft Tissue Injury Guidelines. As a result of my experiences, I am a strong advocate for change. I wish the Committee well with its deliberations.

Yours sincerely

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