

**INQUIRY INTO THE EXERCISE OF THE FUNCTIONS OF
THE LIFETIME CARE AND SUPPORT AUTHORITY AND
THE LIFETIME CARE AND SUPPORT ADVISORY
COUNCIL - FOURTH REVIEW**

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**Parliament of New South Wales
Standing Committee on Law and Justice**

**Eleventh Review of the MAA and the MAC and Fourth
Review of the LTCSA and the LTCSAC**

Submission by

Australian Medical Association (NSW) Limited



THE VOICE OF THE PROFESSION

1. Introduction

AMA is a medico-political organisation that represents over eight thousand doctors in training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice.

AMA (NSW) welcomes the opportunity to make a submission on the important issue of the operation of the Motor Accidents Authority, the Motor Accidents Council, and the Lifetime Care and Support Authority and Advisory Council.

Any questions regarding this submission should be directed to:

Background

Medical Practitioners in NSW often become involved in the various motor accident compensation schemes, by virtue of their treatment of patients who have been injured in a motor accident.

Medical practitioners recognise the value of such schemes, primarily as they allow patients to receive appropriate and timely medical treatment, and often receive compensation to allow them to cope with their injuries and disabilities through their life.

Operation of the Schemes generally

Medical practitioners in NSW note that the LTCSA operates to cover those who are catastrophically injured in a motor accident, regardless of fault. AMA (NSW) supports the notion that those who suffer injuries in motor accidents, catastrophic or not, should be able to access compensation schemes to assist them to recover from their injuries, have medical treatment funded, and fund the necessary equipment or modifications they may need taking into account their injuries and disabilities.

We note that currently in NSW, for non catastrophic injuries, where no fault on behalf of another driver, or where you are the driver at fault, you will not be eligible for the motor accident compensation scheme. Similarly, where an accident occurs on the road but is not necessarily deemed to be a motor accident, the scheme will not cover you (for example cyclists, pedestrians struck by cyclists, projectile accidents, and some unregistered vehicle accidents).

AMA (NSW) is concerned that these gaps in the operation of the compensation schemes will mean that patients may not receive compensation that would assist them in living with their injury or disability. AMA (NSW) welcomes the Federal Government's intention to introduce a national disability insurance scheme, which would presumably address these current gaps in the compensation scheme. AMA (NSW) merely notes these concerns, and trusts they will be addressed shortly.

Medical Assessment Tools used

AMA (NSW) notes that during the last review of the LTCSA, a recommendation was made to evaluate the current medical assessment tools used to assess eligibility.

Whilst AMA (NSW) has not had any concerns raised by medical practitioners in relation to the tools, we would be interested to know the outcome of the evaluation in order that we may consult with medical practitioners on this issue.

Motor Accidents Compensation Regulation 2005 costs indexation

We note that in 2010 the regulation setting the maximum fees payable to medical practitioners was revised for the first time since 2005.

In January 2010 AMA (NSW) president at the time, Dr Brian Morton wrote to the Authority raising various concerns with the cost setting regime for motor accidents matters. In particular, AMA NSW believes that by setting medico legal fees at appropriate levels, you will ensure the quality of the contribution the treating doctor in particular is able to make.

Those issues remain unaddressed and still remain a concern to the Association. We would be grateful to discuss this issue more fully with the Authority.

LTCSA- Care by family and friends

We note that currently family and friends are able to receive reimbursement as paid carers in unusual circumstances, and it is proposed that this be removed.

For those in regional areas in particular, finding paid carers to assist them may be difficult. Further there may be circumstances where for cultural reasons, it is more appropriate that family or friends provide care. AMA (NSW) would therefore oppose the removal of family and friends receiving reimbursement as a carer.