

## Opinion piece

### Improving the workers compensation claims process

28 October 2016

As an occupational physician, I have seen first-hand how workers compensation claims can be an emotional and stressful time for patients. For the majority of cases – particularly the less complex ones – everyone does the right thing and the vast majority of claims are well managed.

However, this is not always the case, as was recently highlighted in an investigation by the Victorian Ombudsman into the management of complex workers compensation claims.

According to the report, “in the area of complex claims the current system has failed some particularly vulnerable people.” The report provides details of some agents “cherry picking” evidence, poor disclosure with independent medical examiners (IMEs) and simply “working the system.”

As President of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) the issues raised by the Ombudsman are of serious concern to AFOEM members, regardless of the jurisdiction in which we work. Despite the complexity of the claim, every single injured worker should be treated professionally and their claim should be managed ethically.

Occupational physicians are at the coal face of this issue, sometimes as the treating doctor and other times in the role of IME. We have specialist training and expertise in the management of complex work-related injuries and we are well aware of the potential adverse effects on our patients from the complexities of compensation systems.

Importantly, we understand that unethical management of claims has dire consequences on patients, many of who are among society’s most vulnerable. Agents engaging in these activities, regardless of the state or territory in which they work, should be criticised in the strongest possible terms.

As individual stakeholders in the claims process we also have roles and responsibilities. In May, AFOEM released the updated version of [‘Ethical Guidelines for Occupational and Environmental Physicians.’](#) As President, I have urged AFOEM members to understand the document and to practice its recommendations.

Similarly, I encourage all parties involved in the compensation claims process to adhere to their own code of conduct or ethical guidelines. If they do not already have ethical guidelines, they should be developed.

AFOEM will continue to strive for the highest standards of patient care. We will also continue to work with government agencies, insurers and workers to implement improvements to injury management, rehabilitation and compensation systems throughout Australia and New Zealand.

**A/Prof Peter Connaughton**  
**President AFOEM**

**Ends**

**Media contact:** David Walsh ph: 0401 164 537 [david.walsh@racp.edu.au](mailto:david.walsh@racp.edu.au)

Follow the RACP on Twitter: <https://twitter.com/TheRACP>

**About The Royal Australasian College of Physicians (RACP):** The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.