



2019 RACP Congress RACP Productivity Commission Submission: Veteran Compensation and Rehabilitation

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RACP
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Disclaimer

- This presentation cleared by AFOEM Senior Policy and Advocacy Officer
- Views expressed are mine alone

Background

- 28 Mar 18: PC Inquiry announced
 - Examine whether Australian Defence Force (ADF) compensation and rehabilitation system fit for purpose
 - Also reviewed Department of Veteran's Affairs (DVA) governance, admin processes and service delivery
- 02 Jul 18: Draft Report submissions due
- 14 Dec 18: Draft Report released
- 11 Feb 19: Final Report submissions due
- 30 Jun 19: Final Report due for release

Aim

To describe the RACP submission to the Productivity
Commission draft Report:

‘A Better Way to Support Veterans’

Available at:

<https://www.pc.gov.au/inquiries/current/veterans#draft>

...and the RACP public hearing statement on 12 Feb 19

Draft Report Key Points

- Veterans' compensation and rehabilitation system requires fundamental reform
- Fails to focus on the lifetime wellbeing of veterans and families
- Generous workers' comp scheme but lacks effectiveness

Draft Report Key Points

- More focus on transition from military to civilian life
- More attention to prevention and rehabilitation
- New governance and funding arrangements
- Annual premium levied on Defence
- Continue Veteran Centric Reform program, but include these reforms

Draft Report Key Points

- Simplify current three Acts – two schemes
 - Scheme 1 should cover older veteran cohort based on modified Veterans' Entitlements Act 1986 (VEA)
 - Scheme 2 should cover all other veterans, based on modified Military Rehabilitation and Compensation Act 2004 (MRCA)

RACP Submission

- Draft report proposed multiple ‘enabling’ models, but no overarching strategic model
- ADF compensation claim incidence rates could be **12** times that for comparable civilian roles
 - Highly unlikely that these / other differences ascribable to different eligibility criteria / entitlements
- >80% of ADF work-related injuries **not** reported
 - Compensation liability not determined by DVA until claims submitted – often years after injury occurrence
 - Collecting this information *at point of treatment* essential
- ADF Rehabilitation Program not particularly effective

We advocated...

- Introducing a best practice occupational-health-based overarching strategic model
- Moving towards a single DVA compensation scheme
- Utilise Expert Medical Advisory Panels to provide OEM advice to strategic-level WH&S committees
- Comprehensive workplace injury reporting system
- Submitting compensation claims at time of injury
- Facilitate ADF commander compliance with *WHS Act*
- Specialist access for workplace-based clinical treatment, rehabilitation and compensation claim assessments

Opportunities...

- Clinical roles?
- Fitness for duty and other assessments?
- EMAP / other strategic health policy roles?

- OEM / rehab physicians within Defence and/or DVA?
- Trainee positions?



Thank You

Questions?

This is a draft report prepared for further public consultation and input. The Commission will finalise its report after these processes have taken place.