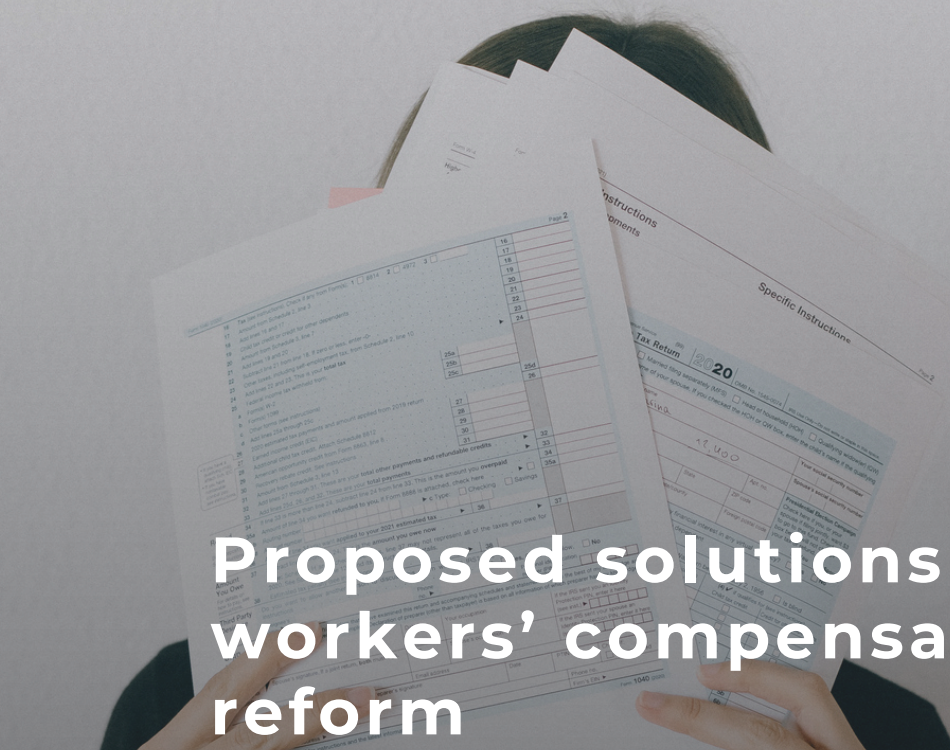
workers' voice



Proposed solutions for workers' compensation reform

Area #1 of 7:

Improving the collection and use of medical information

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Overview

This document outlines a **series of solutions** proposed by people with lived experience of Australia's workers' compensation systems. The full series will be available on workersvoice.com.au

These individuals have directly experienced the challenges of making a claim, accessing support, and navigating the system during recovery.

The solutions were developed through extensive consultation with the Workers' Voice **Lived Experience** Advisory Group, including input from a dedicated workshop held in November 2024.

What it includes

The document highlights **number one of the seven key areas for improvement.**

- **medical information (this document)**
- communication with claims managers
- navigating the system
- reducing financial burden
- mental health claims model of care
- pathways for scheme exit
- strengthen regulation

Each section begins with a brief problem statement (describing an issue faced by injured workers), followed by practical solutions that could improve outcomes and system fairness.

These insights reflect **real-world experiences** and offer concrete ideas for reform, grounded in the everyday realities of injured workers across Australia.

Problem Statement

Many injured workers regard their treating doctor as a trusted advocate and support during their claim.

They report that their treating doctors' opinion is often challenged or ignored by insurers when making claim-related decisions.

Injured workers also often report negative experiences with **Independent Medical Examinations (IMEs)** including that they find IMEs stressful, that they are used too often, have very little influence over the choice of examiner, and that the outcomes of examinations are often not communicated to workers or their treating doctors.

Proposed Solutions

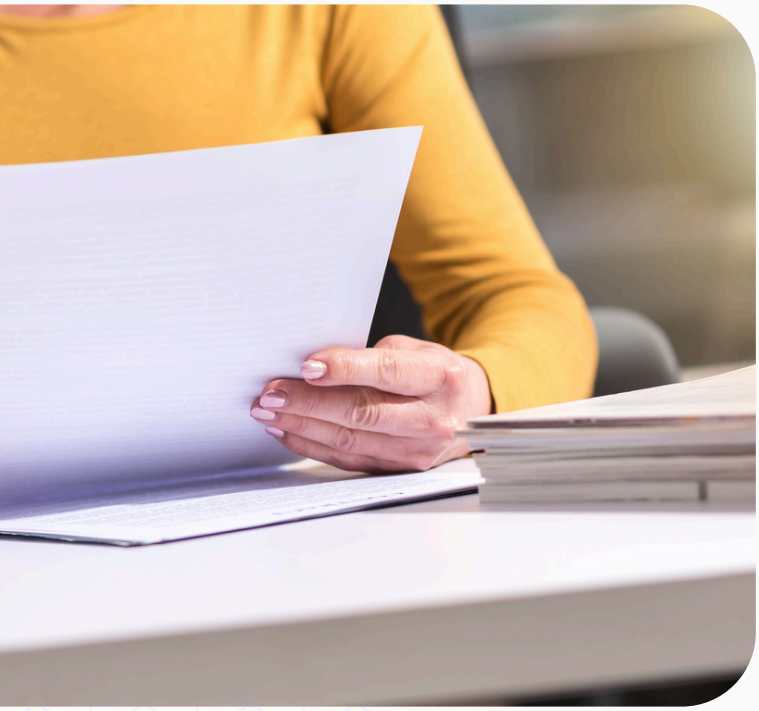
workers' voice

1.1 Place more emphasis on the treating doctor's opinion.

Insurers in workers' compensation schemes should place **more emphasis on the opinion and documentation** provided by injured workers' treating doctors, when they are making important claim-related decisions.

This includes **decisions regarding** whether to accept or deny a claim, treatment and rehabilitation funding decisions, and assessments of work capacity.

Administrative barriers to achieving this should be removed or reduced (e.g., requirements for additional assessment by a third party). This will enhance the focus on the therapeutic relationship between doctor and worker, and reduce the chances of a dispute or disagreement with the insurer.



1.2 Give General Practitioners greater autonomy.

Treating General Practitioners (GPs) should have more autonomy to **determine the duration of work incapacity** when completing certificates of capacity, rather than being bound to reviews at set intervals (e.g., every 4 weeks).

This will **reduce the number of GP appointments** focused on meeting the administrative requirements of workers compensation schemes, and ensure more appointments are focused on treatment and recovery.

1.3 Conduct examinations in a fairer and more transparent manner.

The injured worker should have **input into selecting** the independent medical examiner, which will increase the agency of workers, support their active participation in the examination, and likely increase their acceptance of the examination finding.

Granting injured workers some agency over the process makes it less likely that workers feel questioned or not believed.

Injured workers and their treating doctors **should always receive a copy** of the IME report.

Acknowledgement
This fact sheet was produced as part of the Workers' Voice project.

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