

*RACGP response to the  
review of the Safety,  
Rehabilitation and  
Compensation Act 1988*

November 2024



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## 1. Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a response to independent review of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act), the legislation which underpins the Comcare workers' compensation scheme.

When workers are injured or ill because of work, General Practitioners (GPs) play a pivotal role in supporting them back to optimum function and employment. Handling an overwhelming 80–90% of workers compensation cases, the role of the GPs extends far beyond initial assessments and certificates of capacity, encompassing ongoing care, coordination with specialists, allied health, employers and insurance companies, and facilitation of return-to-work processes.

The RACGP is therefore well positioned to comment on challenges, opportunities and recommendations as part of this review.

In providing our response, the RACGP aims to highlight areas of opportunity to address challenges GPs face when supporting patients interacting with workers' compensation scheme. These primarily relate to non-legislative systems that need to be put in place to ensure the intent of the SRC Act and the Comcare scheme are realised.

While relevant to the SRC Act and Comcare, these challenges, opportunities and recommendations can also be applied to other work-injury schemes in Australia. The RACGP sees the review of the SRC Act as an opportunity for leadership in positive change in the work injury scheme landscape nationally.

The RACGP is supportive of strategies to make work injury scheme administration nationally consistent. The RACGP enthusiastically participated in the National Certificate of Capacity Proof of Concept pilot project launched in 2022 and was disappointed when it did not progress past pilot, however, will continue to be a champion for engagement in this space, acknowledging the value of this collaborative work.

At the core of effective social insurance systems lie trust and cooperation. It is essential to prioritise the humanity of the impacted person over the financial efficiency of the insurer.

In summary the RACGP recommends:

- employees always have the option of using their usual GP for the treatment and management of their workplace injury
- GPs are appropriately supported by increasing service items, raising awareness of billable service items and, by developing education and a digital schedule of service items downloadable into a practice's clinical information system (CIS)
- expedited review of requests by treating GPs for escalation of investigations and referrals to non-GP specialists and other healthcare providers
- investment into education and development of guidance and clear escalation protocols and flowcharts with timeframes for review and approval
- investment to integrate with all common general practice clinical information system products

- the scheme encourages and supports communication between GP specialists, non-GP specialists and allied health professionals and invests in mechanisms to support collaboration including through use of secure digital communication
- the scheme addresses the challenges in mental health referrals and treatment through better utilisation of GP mental health skills
- investment in proactive campaigns for both employers and workers, to reduce workplace injuries culturally and linguistically diverse workers and raise awareness of their rights at work, including in the event of injury
- the scheme framework supports employees with diverse needs and experiences, including consideration of the impact of gender.

## 2. About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population. We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs.

We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues affecting their practices. We are a point of connection for GPs serving communities in every corner of the country.

Australia's GPs see more than two million patients each week, and support Australians through every stage of life. The scope of general practice is unmatched among medical professionals. Patient-centred care is at the heart of every Australian general practice, and at the core of everything we do.

## 3. Consultation response

### Challenges, opportunities and recommendations

#### 3.1. Access to GP care

One of the most significant hurdles GPs face interacting with the workers' compensation system is the conflict between the time required for proper patient care and the financial realities of being a GP. The time required for comprehensive assessment, management planning and administration of work injury cases - immediately and ongoing - requires longer appointments.

The current fee-for-service model encourages a high-volume, quick-turnover approach to patient care. However, a thorough initial review of a workers' compensation patient typically requires at least 30 minutes – equivalent to a Medicare Level C (item 37) or D (item 44) long consultation.

An additional challenge is that work-related injuries and, timeline requirements around commencing a workers compensation claim, often requires the patient to seek immediate care.

The scheme should support patients to choose their usual treating GP. The patient's usual GP will have an established relationship with their patient enabling them to manage any workplace injuries in line with any other health concerns.

Where a patient sees a GP who is not their usual provider for the management of their work-related injury/illness, mechanisms must be in place to ensure these providers report back to the patient's usual GP to minimise fragmentation of care.

*Opportunity:*

Appropriately remunerating the time and expertise of GPs will remove one barrier for GP participation in workers' compensation schemes and provide well deserved recognition for the pivotal role GPs play in this space.

By allowing GPs the time and resources to provide thorough, quality care, injured workers are more likely to receive appropriate treatment, leading to better health outcomes and faster return-to-work times.

While initially requiring greater investment, this could lead to long-term cost savings. Comprehensive initial assessments and treatment plans can prevent the escalation of injuries and reduce the likelihood of prolonged disability.

Increasing awareness and visibility of non-regular billable service items could lead to greater utilisation and encourage appropriately remunerated, high-quality care.

*The RACGP recommends:*

- service items be increased – at a minimum service items should align with the [AMA Fees List](#)
- increasing awareness of billable service items by developing a digital schedule of service items downloadable into a practice's clinical information system (CIS)
- education be developed around the use of regular and non-regular service items to increase their uptake to support appropriately remunerated, high-quality care
- employees always have the option of using their usual GP for the treatment and management of their workplace injury.

This relates to Terms of reference 5(f), 7(c)(e)

### **3.2. Escalating investigations and referrals**

GPs report difficulties and delays in progressing investigations (for example MRIs) and consultations with non-GP specialists and allied health referrals because the necessary permission

from the insurer is not forthcoming in a timely manner. These investigations can be expensive, and patients should not be financially responsible.

*Opportunity:*

Timely review of requests for escalation of investigations and referrals by the insurer can aid in early diagnosis and treatment, leading to better patient outcomes, while reducing additional psychosocial distress in relation to claim delays.

*The RACGP recommends:*

- expedited review of requests by treating GPs for escalation of investigations and referrals to other healthcare providers
- development of clear escalation protocols and flowcharts with maximum timeframes for review and approval.

This relates to Term of reference 2(a)(b)(c)(d), 5(f), 6(a), 7(a).

### **3.3. Navigating complex systems**

Navigating workers' compensation systems is complex, especially for GPs with limited experience supporting this cohort of patients, and clear guidance on what is expected of them is lacking. GPs may be supporting multiple patients participating in different schemes, adding to the complexity.

A disconnect exists between what the workplace injury system wants to achieve and what is feasible within the constraints of most GP practices. For instance, employers expect injured workers will have rapid access to GPs who will facilitate return-to-work outcomes. However, this also requires a supporting framework which supports employees access their GP and other services such as allied health.

The lack of clear guidance, supporting infrastructure and services, leads to frustration and inefficiencies and GPs struggle to meet unclear or unrealistic expectations. These issues act as a disincentive to GP participation.

*Opportunity:*

Providing GPs with clear guidance and expectations on their role in supporting workers will facilitate GP participation. Clear guidelines, improved communication, and streamlined administrative processes would reduce frustration and inefficiencies, allowing all parties to focus on what matters most – the health and recovery of the injured worker.

By making workers' compensation cases more manageable for GPs, more doctors may be willing to take on these cases, increasing access to care for injured workers.

*The RACGP recommends:*

- that when a claim is submitted to the scheme, the persons' usual treating GP is immediately notified of all persons involved in the claim with whom they may interact, including their name, position and contact details

- that when a claim is submitted to the scheme, the treating GP is provided with clear guidance for their role in the matter and has an opportunity to contribute to the treatment plan and discuss realistic expectations for their involvement, including timelines
- that there is investment in high quality education on the role of medical practitioners in workers compensation cases and consideration is given to how medical training, from undergraduate to specialty fellowship, covers the topic.

This relates to Term of Reference 2 (a)(b)(c)(d), 5(f), 7(e).

### **3.4. Administrative burden and payment delays**

The administrative load associated with workers' compensation cases is significantly higher than that of regular patient care. GPs and the practice team often spend considerable time navigating paperwork, communicating with insurers, and following up on treatment approvals.

This increased administrative burden takes time away from patient care and adds stress to already busy practices. Moreover, many GP practices report significant delays in receiving payments from insurers for workers' compensation cases.

These delays can stretch into months, forcing practices to allocate valuable staff resources to chase outstanding payments. This not only impacts the financial stability of practices but also creates a disincentive for GPs to take on workers' compensation cases.

GPs may be interacting with a number of workers compensation systems, each with their own intricacies and expectations, including around billing and paperwork, adding to frustrations.

#### *Opportunity:*

By making workers' compensation cases more manageable and financially viable for GPs, more doctors may be willing to take on these cases, increasing access to care for injured workers.

#### *The RACGP recommends:*

- service items be increased to account for the additional administrative load involved in workers compensation cases (see 3.1 - *Access to GP care*)
- expedited payment of invoices for services provided as part of the ComCare scheme, irrespective of whether they are submitted digitally, via email or post, with a minimum requirement to pay an invoice within 28 days of receipt.

This relates to Terms of Reference 5(d)(f), 7(e).

### **3.5. Software and technology limitations**

Each compensation system in Australia has different capacity to integrate with GP computer information systems (CIS). The lack of tailored software and interoperability with GP CIS is an impediment to effective and efficient practice and a hinderance to the administrative management of a work injury claim for practices. As GPs may be supporting multiple patients participating in different schemes, the frustrations are magnified.

Furthermore, the GP CIS and the schemes software do not facilitate the sharing of information between relevant parties as part of work injury management.

*Opportunity:*

Effective integration of work injury claims management within general practice CIS would reduce frustration and streamline GP navigation of scheme administration.

*The RACGP recommends:*

- investment to integrate with all common general practice CIS products.

This relates to Terms of Reference 5(f), 7(e).

### **3.6. Collaboration and communication with allied health professionals**

Effective treatment of work-related injuries often requires a multidisciplinary approach.

However, many GPs report limited opportunities for collaborative care discussions and two-way communication with allied health professionals, particularly psychologists.

The lack of consistent feedback from these professionals hinders GPs ability to provide coordinated, comprehensive care to injured workers.

Furthermore, GPs in rural and remote communities face challenges when referring patients to non-GP specialists and allied health colleagues due to a lack of access. Telehealth can assist in these circumstances but will not always be appropriate.

*Opportunity:*

Support for collaboration and timely two-way secure electronic communication between treating GPs and allied health professionals, can improve health outcomes for injured workers and reduce claim induced distress and secondary mental health conditions.

It is essential that any mechanism aiming to increase access does not also fragment care and undermine continuity of care with a patient's usual GP.

*The RACGP recommends:*

- the scheme encourages and supports communication between GP specialists, non-GP specialists and allied health professionals, and invests in mechanisms to support collaboration including through use of secure digital communication.

This relates Term of reference 2(a)(c)(d),5(f).

### **3.7. Underutilisation of GP expertise**

#### **a) Mental health referrals**

The current model of care for mental health issues in workers' compensation cases often involves direct referrals to psychologist, without the involvement of the treating GP.



GPs often have long-standing relationships with patients and a comprehensive understanding of their health history but are not adequately utilised in this process.

*Opportunity:*

GPs are adept at supporting diagnosis and management of work-related mental health conditions and the RACGP has endorsed [clinical guidelines](#) to support this.

*The RACGP recommends:*

- the scheme addresses the challenges in mental health referrals and treatment through better utilisation of GP mental health skills
- better support for workers with both physical and psychological injuries, potentially reducing the duration and severity of these often-complex cases
- leveraging the unique knowledge and perspective GPs have regarding their patients' overall health and work capacity to create more tailored and successful return-to-work strategies.

#### **b) Independent medical examinations**

The use of Independent Medical Examinations (IMEs) comes at a significant cost burden to the scheme. IME providers are often not trained in the speciality of the injury at hand, their use often bypasses the specialist skill set of GPs, and GPs have reported their input being disregarded and disrespected in the process.

*Opportunity:*

Independent GPs with an interest and experience in occupational health and work injury management are well placed to carry out IMEs.

*The RACGP recommends:*

- the scheme recognises the unique skill set of GPs in this space
- the scheme supports appropriate GPs to undertake the work of IMEs and be appropriately remunerated.

This relates to Terms of Reference 1(b), 2(a)(b)(c)

### **3.8. Supporting culturally and linguistically diverse workers**

Several factors exist predisposing culturally and linguistically diverse workers to higher rates of workplace injury. These include overrepresentation in high-risk industries, language barriers leading to limited understanding of safety instructions and communicating hazards, a varied understanding of safety culture and (often unquestioned) respect for authority, and precarious employment and fears for loss of employment.

Injured workers may also lack an understanding of their rights in seeking compensation following a workplace injury. Discrimination and racism in the workplace are more common for workers of

culturally and linguistically diverse backgrounds and may lead to both increased mental health problems and lack of support following a workplace injury.

Workers on temporary, or no visas such as asylum seekers, may have precarious work situations making them at risk of exploitation. If injured, they may fear loss of employment and potential deportation. Furthermore, asylum seekers without access to Medicare have further lack of access to usual GP and other health services as a fall back if there are barriers to their workers compensation claim.

The current system does not adequately address the needs of culturally and linguistically diverse workers.

There is a lack of support to ensure timely access to in-language or interpreter services for health providers working with patients with low English proficiency or where there is a lack of language concordance, that would ensure that injured workers can communicate effectively with their healthcare providers, potentially leading to misunderstandings, misdiagnoses, and suboptimal treatment plans.

*Opportunity:*

Opportunities exist to reduce the overrepresentation of culturally and linguistically diverse workers in workplace injuries by addressing the factors that predispose them through proactive campaigns and working with both employers and employees in high-risk industry. To be successful these campaigns must work with culturally and linguistically diverse communities and consider the health literacy and languages of their target audiences. Using easy read documents, video and pictorial information are often helpful.

In the wake of injury, providing culturally and linguistically appropriate supports to navigate the compensation scheme and access high quality healthcare will support better health outcomes. Removing delays in accessing tests and investigations which can lead to delayed diagnoses and treatment and more chronic complications, is also important.

*The RACGP recommends:*

- investment in proactive campaigns for both employers and workers, to reduce workplace injuries in culturally and linguistically diverse workers and raise awareness of their rights at work, including in the event of injury
- dedicated management of claims by workers with specific skills in managing claims from culturally and linguistically diverse workers
- in-language assistance with understanding rights, navigating the compensation scheme and accessing culturally and linguistically appropriate healthcare for workers
- the development of in-language easy read documents, video and pictorial information for culturally and linguistically diverse workers
- collection of data relating to culturally and linguistically diverse workers and workplace injury, to identify and address rates of injury by criteria. These may include country of birth, date of arrival, cultural background, preferred language and the need for interpreter.

This relates to Term of reference 1(b), 2(a)(b)(c)(d)(e), 7(a).

### **3.9. Supporting female workers**

Females comprise 48% of the workforce<sup>1</sup> and are predominantly in fields such as healthcare (where they make up 74% of the workforce)<sup>2</sup>, childcare, teaching, retail and administration.

Females commonly work in casualised working conditions, a reflection of the common need to balance duties of formal paid employment and non-paid primary care for children and increasingly, care of aging parents. The vulnerabilities of casualisation may include lack of job security and increased pressure, lack training opportunities, fatigue and overwork, and no access to sick leave entitlements. There may be a reluctance by casual workers to report a work injury or submit a claim for fear of job loss or reduced future earnings.

Loss of income through work injury has significant implications on females and their families including for their superannuation, increasing the risk of poverty in retirement. Workplace injury also has a significant impact on an individual's ability to continue providing care for family outside of paid employment.

Furthermore, the [2024 National Pain Report](#) indicates that women experience physiological pain that is not well recognised. The report also found females are often reluctant to report pain/injury due to the stigma associated with having a problem, with 1 in 5 respondents reporting stigma from their employers or colleagues. Delays in reporting are in many cases accompanied by more progressed symptoms when the patient does finally present for healthcare.

The risk profile (and therefore preventative controls) in female dominated industries is starkly different to that of male dominated industries where there is a focus on safety around machinery and the use of Personal Protective Equipment (PPE). These may include:

- ergonomic injury from prolonged periods of sitting
- ocular health issues from prolonged screen use
- manual handling injuries (particularly in healthcare)
- slips, trips and falls
- mental health injury through burnout, vicarious trauma (particularly in social services) and bullying and harassment.

#### *Opportunity:*

A one-size-fits-all approach to workplace health and safety does not work, and by addressing the specific risks in a workplace, significant progress in reducing work injuries and creating safer, more supportive workplaces could be made.

#### *The RACGP recommends:*

- investment in proactive campaigns for both employers and workers, to raise awareness of work injuries and ensure the scheme framework supports employees with diverse needs and experiences, including consideration of the impact of gender
- investment in proactive campaigns for both employers and workers, to raise awareness of the impacts of bullying and harassment and the need for mentally healthy workplaces.

This relates to Terms of Reference 2(a)(b)(c)(d)(e).

### **3.10. System-induced psychosocial distress**

The workers' compensation system, with its inherent delays and disputes, often inadvertently contributes to increased psychosocial distress among injured workers. This systemic issue creates a cascading effect that significantly impacts GP consultations.

As workers navigate the complex and sometimes frustrating claims process, they may experience heightened anxiety, stress, and demoralisation as consultations become longer and more complex, requiring a higher level of skill to manage patients who are often frustrated or disheartened by their experiences with the system.

These extended consultations demand that GPs not only address the physical aspects of the work-related injury but also manage the psychological toll of dealing with the compensation process itself.

Effective GPs must employ advanced communication skills and empathy to reassure patients, explain delays, and maintain a therapeutic alliance despite system-induced setbacks.

This additional layer of care, while crucial for the worker's overall wellbeing, is rarely recognised or compensated adequately within the current fee structure.

The increased emotional labour and time investment required from GPs in these situations further strains their already limited resources.

#### *Opportunity:*

Through investment in system process improvement, there is an opportunity to reduce the mental burden and psychosocial distress for work scheme claimants and their treatment team, and possibly reduce secondary claims bought on from system induced distress and optimise return to work outcomes.

#### *The RACGP recommends:*

- specific guidance is developed for GPs on providing psychosocial support for patients participating in the scheme
- GPs and their patients are provided with clear expectations and updated communications on expected timelines of a claim, so that all parties have aligned expectations
- the scheme is better resourced to efficiently and thoroughly process claims.

This relates to Terms of Reference 1(b), 2(a)(b)(c)(d), 7(b).

### **3.11. Prohibitions on the use of My Health Record in compensable cases**

Accessing a patient's My Health Record as part of providing health care in the context of workers compensation claims is prohibited, with punitive action a possibility.

While the RACGP supports insurers not having access to a person's My Health Record, in these cases the GP's role is in supporting better outcomes, not being an investigator for the insurer. Therefore, the RACGP believes GPs should not be prohibited from accessing information within My Health Record where there is patient consent, to assist in the management of their injury.

*Opportunity:*

The mandatory uploading of pathology and diagnostic imaging to My Health Record from 2025 will significantly increase the value of My Health Record for treating practitioners, by providing timely access to information and giving more of a whole patient picture.

Allowing access to My Health Record for treating practitioners as part of supporting an injured worker can lead to better treatment pathways and outcomes.

*The RACGP recommends:*

- GPs are able to access My Health Record as part of their provision of care for an injured worker, just as they would for any other patient.

This relates to Terms of Reference 5(f), 7(e).

**3.12. System focus on injury management over prevention**

While understandably a workers' compensation scheme focuses on supporting people post injury, it should always be the intent to prevent injury and illness in the workplace.

*Opportunity:*

An injury prevented, is a claim prevented.

*The RACGP recommends:*

- further investment in proactive campaigns to reduce workplace injuries, ensuring coverage across work settings with different risk profiles, languages and cultural backgrounds of workers.

This relates to Term of Reference 2(a), 4(b).

**4. Conclusion**

General Practitioners (GPs) play a pivotal role in supporting injured workers back to optimum function and employment, however they are required to navigate complex, time-consuming systems in doing so. GPs have a unique skill set to supporting injured workers both physically and mentally, but their contributions must be recognised.

Acknowledging the challenges GPs face when interacting with workers' compensation schemes is vital as a first step to improving the system for better patient outcomes and to encourage more GPs to participate.

We thank you for the opportunity to provide input into the review of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act), the legislation which underpins the Comcare workers' compensation scheme. The RACGP looks forward to contributing to further discussions and consultation on this topic.

Should you have any questions or comments regarding the RACGP's submission, please contact Ms Joanne Hereward, Program Manager Practice Technology and Management at [joanne.hereward@racgp.org.au](mailto:joanne.hereward@racgp.org.au).

## 5. Additional comments:

*The RACGP supports the [It Pays to Care](#) initiative, and [Principles on the role of the GP in supporting work participation](#) both led by the [Royal Australasian College of Physicians \(RACP\)](#) [Australasian Faculty of Occupational and Environmental Medicine](#).*

## 6. References

1. Australian Government. Australian Institute of Family Studies. Employment of men and women across the life course. Canberra, AIFS 2024. Available at: <https://aifs.gov.au/research/facts-and-figures/employment-men-and-women-across-life-course> Accessed 18 November 2024.
2. Australian Government. Australian Institute of Health and Welfare. Health workforce. Canberra, AIHW 2024. Available at: <https://www.aihw.gov.au/reports/workforce/health-workforce> Accessed 18 November 2024.