



Comcare

AUSTRALIA'S *Safety* WORKPLACES

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Ms Cheryl Scarlet
Secretary
Standing Committee on Employment and
Workplace Relations
Australian Parliament House
CANBERRA ACT 2600

Dear Ms Scarlet

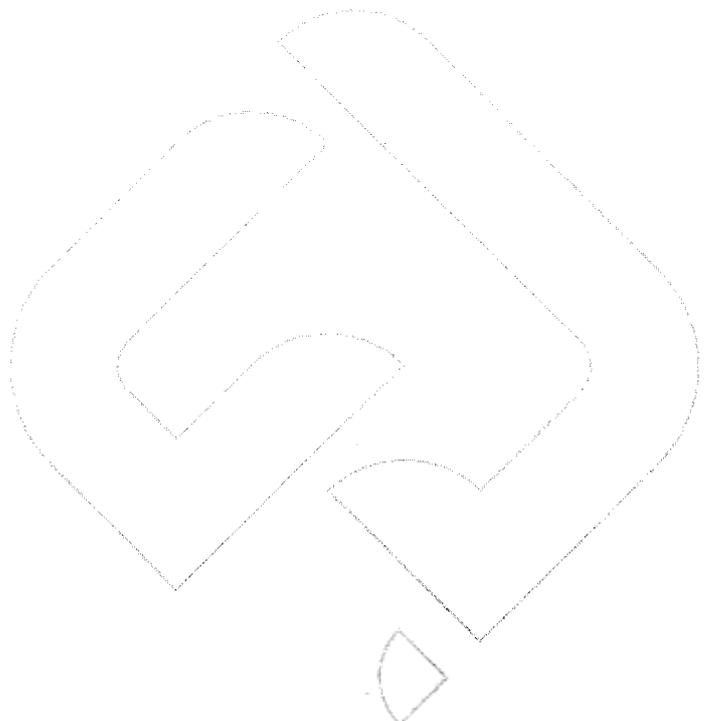
Thank you for bringing to our attention the evidence given by the RSI and Overuse Injury Association of the ACT on 16 October 2002, and the questions raised by the Hon Mr Bevis, MP in relation to the *Occupational Overuse Syndrome: Stressors and the Workplace Report*.

The attached paper provides further information in relation to the occupational overuse report. It also outlines Comcare's policy and practice in relation to injury management and the use of medical practitioners.

If I can assist with any further information, please do not hesitate to contact me.

Yours sincerely


BARRY LEAHY
25 November 2002



ATTACHMENT

Occupational Overuse Syndrome: Stressors and the Workplace Report

Points of clarification (transcript pages 30 and 34), and background to the report

The summary report referred to was the outcome of a co-operative project that was commissioned by Comcare and undertaken by two research psychologists (Lyndall Strazdins and Monika Reinhart). Two Commonwealth agencies participated in the project. The management of the project was monitored by a steering committee consisting of representatives of Comcare and the two agencies, with attendance from the consultants as required.

- The research did not involve an ACT Government agency as suggested by the RSI Association.

The research was undertaken during 1998-1999, and involved a review of the literature as well as a survey. The survey was undertaken by way of a self-report questionnaire distributed to approximately 2,000 staff in the two Commonwealth agencies—1,005 responses were received.

Mr BEVIS—'Looking at some of the survey responses, it is a bit different from the summary and—maybe this is something we need to raise with Comcare to get answers for—the respondents add up to more than 100 per cent. I am looking at tables 2 and 3 on pages 5 and 6 of the report ... On table 3 it asks people to identify why they did not lodge a claim, and obviously people were given the opportunity to identify more than one reason. I just wonder if you are aware of any further detail on the survey, because there are a couple of startling responses there as to why people are afraid to put in a claim even though they were eligible to and suffer some injury' (transcript page 34).

The survey asked respondents whether, 'during the last six months', they had experienced any of a number of listed symptoms of 'overuse syndrome' 'in the upper part of their body while working'. The list of symptoms were: 'pain', 'aching', 'stiffness', 'cramp', 'swelling', 'soreness', 'weakness', 'tingling' and 'numbness'. Respondents were asked to indicate whether these symptoms were experienced 'never', 'sometimes', 'many times' or 'continuously'.

Respondents who indicated that they had experienced symptoms of overuse were asked whether they had sought treatment. Respondents who said that they did not see doctors were asked if this was because they were concerned that:

- they would have to take time off work;
- they would lose the respect of their colleagues;
- they would lose the respect of their supervisor;

- they would only have to work harder when they returned to work;
- they knew that if managed properly, it would go away;
- they had started a new job;
- it would affect their career prospects;
- they did not want to be a burden on anyone;
- they would lose money;
- they would lose their job;
- other (please specify).

Respondents were asked to place a tick in either the 'yes' or 'no' box in relation to every item in the above list except the last. Table 2 on page 5 of the summary report shows the percentage of respondents who replied 'yes' to each particular item/statement—in descending rank order. From the choices available, the most common reason for not seeking medical treatment was that the respondent believed that 'if managed properly, it would go away' (51 per cent of respondents to this question). The percentages total more than 100 because some respondents ticked 'yes' in relation to more than one statement—indicating that there was more than one reason for their decision.

Respondents who indicated that they had experienced symptoms of overuse were also asked whether they had lodged a workers' compensation claim or were likely to lodge a claim in future. Those who had not submitted workers' compensation claims were asked whether this was because they were concerned that:

- they would have to take time off work;
- they would lose the respect of their colleagues;
- they would lose the respect of their supervisor;
- they would only have to work harder when they returned to work;
- they knew that if managed properly, it would go away;
- they had started a new job;
- it would affect their career prospects;
- they did not want to be a burden on anyone;
- they would lose money;
- they would lose their job;
- they did not want a court case;
- other (please specify).

Respondents were asked to place a tick in either the 'yes' or 'no' box in relation to every item in the list except the last. Table 3 on page 6 of the summary report shows the percentage of respondents who replied 'yes' to each particular item/statement—in descending rank order. From the choices available, the most common reason for not lodging a claim was that the respondent believed that 'if managed properly, it would go away' (51 per cent of respondents to this question). The percentages total more than 100 because

some respondents ticked 'yes' in relation to more than one statement—indicating that there was more than one reason for their decision.

It should be noted that the survey asked respondents only if they had experienced any of a number of symptoms of 'overuse syndrome' while working. Questioning the respondents about the cause of their symptoms would not have produced reliable responses as a medical diagnosis would be necessary to establish causality. It should not be assumed that all of those respondents who reported one or more symptoms of overuse syndrome had necessarily developed or aggravated those symptoms through their work, and were therefore eligible to make a workers' compensation claim.

Mr BEVIS—...I am assuming this is an executive summary. Do you know if the report is published? ... We will try to track it down (transcript page 35).

A full report was never published. Comcare recommended to the Safety, Rehabilitation and Compensation Commission (SRCC) that it release a summary report of the research:

- to ensure wider access to the report's findings—the summary report was presented in 'plain English', rather than the technical terminology used in the research report;
- to reduce the chances of the report's findings being misunderstood—for example, by extrapolation beyond the conclusions reached by the researchers; and
- because of methodological problems with some aspects of the study—for example, the statistical tools used for analysis of responses derived from the self-report questionnaire provided for the establishment of relationships, not causality. As noted above, medical evidence would be necessary to establish causality.

The Safety, Rehabilitation and Compensation Commission agreed to the release of a summary report and that the full report should not be distributed. The summary report was published on Comcare's website in early 2000 and distributed to Commonwealth agencies.

When the summary report was distributed, agencies were advised that the study could assist them to understand the possible drivers of occupational overuse syndrome. Agencies were cautioned that it was not possible to know, on the basis of the research, whether the relationships identified between occupational overuse and workplace stressors were causal. It was noted that the study took place at a time of considerable organisational change in the two organisation involved, and that it was also a time of significant change across Commonwealth employment. Agencies were advised that it was not possible to be certain that the two agencies surveyed were representative of Commonwealth employment as a whole. However, they were advised that

the results of the survey highlighted issues that should be considered by all Commonwealth employers and employees.

Comcare and OOS claims

Ms Thomson—This injury is being taken really seriously in other parts of the world. ... But in Australia they just seem to be ignored (transcript page 30).

Occupational overuse syndrome (OOS), sometimes referred to as repetitive strain injury (RSI) or regional pain syndrome, is a recognised form of work related injury. Claims relating to such injuries are treated no differently by Comcare from other types of claims that it receives.

OOS claims represent a small, but significant proportion of the claims received by Comcare:

- for the period 1999/2000, Comcare received 6,765 claims of which 784 (or 12 per cent) were OOS claims;
- for the period 2000/2001, Comcare received 6,549 claims of which 752 (or 11 per cent) were OOS claims.

The great majority of OOS claims are accepted by Comcare and a range of treatments approved:

- for the period 1999/2000, 91 per cent of OOS claims were accepted by Comcare; and
- for the period 2000/2001, 89 per cent of OOS claims were accepted by Comcare.

As is also the case with other types of claim, ongoing monitoring of the claimant's progress is an important part of the rehabilitation process and successful claims management.

Use of specialist medical reports (transcript pages 32-33, 40-41)

Comcare, during the last financial year, used the services of over 700 different medical specialists. The total cost of these services was \$1.08M. This cost comprised payments to treating medical specialists—usually the claimants preferred providers—and also medical specialists chosen by individual Comcare claims managers.

Wherever possible Comcare prefers to use the services of the relevant treating specialist, but in some cases further expert advice may be sought. Comcare claims managers use a range of medical specialist services—from audiologist, cardiologist, cardiothoracic surgeons, dermatologists, neurosurgeons, occupational physicians, pathologist, psychiatrists, rheumatologists, urologist, and neurologists to medico legal consultants.

Rheumatologists are non-surgical musculoskeletal disease experts, who deal with soft tissue and muscle injuries, including OOS. They are generally well suited to manage treatment of OOS because of experience and knowledge about patient education, rehabilitation and drug therapy. Neurologists may be consulted where the injury involves the spinal cord or the nerves.

In September 1998 Comcare established within its intranet, a list of specialists that are available in these fields. This list was based on specialists that had been used in the past by Comcare. Periodically, names are added or deleted when Comcare is advised of new specialists being used or becoming available.

The list is a reference point only to assist Comcare claims managers. It is by no means considered to be comprehensive, nor is it mandatory to use specialists from the list. The decision to refer a claimant to a particular specialist rests with the individual Comcare claims manager. A claims manager will determine a specialist based on considerations such as the relevant speciality required, availability, response time and, importantly, geographical location.

Comcare does not have contracts or memorandums of understanding with any treating specialists, nor does it have a panel of providers (like other workers' compensation jurisdictions). Individual claims managers maintain their own list of possible specialists for referral, but tend to use the services of medical/legal companies that are familiar with the requirements of the Safety, Rehabilitation and Compensation Act.

Ms Beckett's evidence in relation to her meeting with a Comcare claims manager (transcript page 38)

Ms Beckett's file has been reviewed, including a fairly detailed file note of what we believe to be the meeting in question. The record does not accord fully with Ms Beckett's account. As the staff member in question has since left the organization, it is not possible to clarify further details with her. However, there is nothing within the record of the meeting to suggest that the Comcare claims manager acted inappropriately. The claims manager did, as Ms Beckett indicates, move not long after the meeting. This was a normal change of job and was anticipated at the time of interview. The move had nothing to do with performance issues.

Under Comcare's return to work model, employers are required to determine whether injured employees, once they have been off work for ten days or more, should undertake an occupational rehabilitation program. If this assessment recommends such a program, a structured return to work plan is developed in consultation with an approved rehabilitation provider. Comcare's rehabilitation model aims to ensure a sustainable return to work. Graduated return to work is sometimes used to ensure the employee is not re-injured by returning to work too soon.

As emphasized in Comcare's submission (at page 39), the best outcomes in rehabilitation are achieved when the employee, employer, approved rehabilitation provider and treating doctor are all focused on a common goal—that is, making it possible for an individual to remain in their job or return to productive employment following a work-related injury. The model emphasizes the need for early intervention, workplace-based rehabilitation, and purposeful relationships based on ongoing monitoring and consultation between all relevant parties.

Within this process, Comcare's claims managers are encouraged to act professionally and are provided with extensive training and support to assist them in this area. Upholding and promoting the corporate and APS values set out under the *Public Service Act 1999* are core elements of the performance assessment arrangements for all Comcare employees. These values include delivering services fairly, effectively, impartially and courteously and in a way that is sensitive to the diversity of the Australian public. Comcare wishes to place on record that, should it be established that a Comcare claims manager acted in an abusive, threatening or overbearing way, the matter would be considered very seriously and action would be taken in relation to the staff member concerned.