WIRO

Workers Compensation
independent review office

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ANNUAL REPORT

2016

The Workers Compensation Independent Review Office 2015–16 Annual Report has been prepared in accordance with the relevant legislation for the Minister for Innovation and Better Regulation, the Hon. Victor Dominello MP.

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21 November 2016

The Hon. Victor Dominello, MP,
Minister for Innovation and Better Regulation,
Parliament House,
Macquarie Street,
SYDNEY NSW 2000

Dear Minister,

In accordance with section 27C of the *Workplace Injury Management and Workers Compensation Act* 1998, I have pleasure in submitting, for your information and presentation to Parliament, the Annual Report of the Workers Compensation Independent Review Officer for the period from 1 July 2015 to 30 June 2016.

Yours sincerely,

Kim Garling
Workers Compensation Independent Review Officer

MESSAGE FROM THE WORKERS COMPENSATION INDEPENDENT REVIEW OFFICER

In the second reading speech to introduce the Workers Compensation Legislation Amendment Bill 2012 in the Parliament, the then Treasurer, Mr Michael Baird, described this office:

> "The WorkCover Independent Review Officer will have the dual roles of dealing with individual complaints and overseeing the workers compensation scheme as a whole. It will be an important accountability mechanism for the workers compensation scheme."

Having regard to the functions of this office it plays a singularly important role in the operation of the workers compensation system in this State. The name of the office was changed with the 2015 amendments from the WorkerCover Independent Review Office to the Workers Compensation Review Officer (known as "WIRO").

The statutory functions of the office which are set out in section 27 of the *Workplace Injury Management and Workers Compensation Act* 1998 ("WIM Act") are:

(a) to deal with complaints about the conduct of claims by insurers;

(b) to review work capacity decisions of insurers;

(c) to inquire into and report to the Minister on such matters arising in connection with the operation of the Workers Compensation Acts as the Independent Review Officer considers appropriate or as may be referred to the Independent Review Officer for inquiry and report by the Minister,

(d) to encourage the establishment by insurers and employers of complaint resolution processes for complaints arising under the Workers Compensation Acts,

(e) such other functions as may be conferred on the Independent Review Officer by or under the Workers Compensation Acts or any other Act.

In addition, WIRO manages the Independent Legal Advice and Review Service (known as "ILARS") which funds the legal and associated costs for workers challenging decisions of insurers (other than work capacity decisions).

WIRO is also obliged by section 27C(4) of the WIM Act to provide an Annual Report which is to be tabled in Parliament which is to include the following information:

(a) the number and type of complaints made and dealt with under this Division during the year,

(b) the sources of those complaints,

(c) the number and type of complaints that were made during the year but not dealt with,

(d) information on the operation of the process for review of work capacity decisions of insurers during the year and any recommendations for legislative or other improvements to that process,

(e) such other information as the Independent Review Officer considers appropriate to be included or as the Minister directs to be included.

The information required by s.27C(4)(a)-(c) is published later in this Report as are my recommendations as required by s.27C(d).

While the Minister has not directed me to include any other information, I believe that it is important that I include the following information pursuant to s.27C(e):

(1) ICNSW (icare) has adopted a practice of offering to provide injured workers with assistance with their claims. This has great merit when liability for the claim is accepted and the assistance is being given for the purpose of providing benefits to the worker whether by way of weekly payments or medical treatment.

I am concerned that icare does not attempt to provide an injured worker with advice about their possible options following a denial of liability or a denial of approval for treatment. That would be a serious conflict of the fiduciary duty owed by icare and if the advice is not correct then the worker would be seriously misled.

My office regularly receives communications from injured workers or their lawyers with information provided by the case manager which is incorrect. It would be preferable if workers in that situation were referred to this office.

(2) The major reform during the year was the introduction of the 2015 amendments which enabled the separation of the regulator and insurer functions of the previous WorkCover Authority as recommended by the Standing Committee on Law & Justice of the Legislative Council in its report in September 2014.

There were three new entities created as part of that change being

The State Insurance Regulatory Authority (known as "SIRA") , Insurance & Care NSW (known as "icare") and Safework NSW. Each of these entities continued the functions previously conducted by the WorkCover Authority.

(3) There remain significant barriers for injured workers to obtain access to weekly benefits:

(a) Lack of understanding about the work capacity decision review process which is exacerbated by the effective prohibition on access to legal advice.

The Standing Committee on Law & Justice of the Legislative Council recommended in its Report issued on 17 September 2014 that:

Recommendation 10:

"that the NSW Government consider amending section 44(6) of the *Workers Compensation Act* 1987 to allow legal practitioners acting for a worker to be paid or recover fair and reasonable fees for the work undertaken in connection with a review of a work capacity decision of an insurer, subject to analysis of its financial impact."

In the 2014 WIRO Annual Report I recommended:

"WIRO recommends amending section 44(6) of the Workers Compensation Act 1987 to allow legal practitioners acting for a worker to recover fair and reasonable fees for work undertaken in connection with a review of a Work Capacity Decision of an insurer"

On 29 October 2015 SIRA released a discussion paper on the regulation of legal costs for work capacity decision reviews. Following the receipt of submissions SIRA published on 18 December 2015 a Submissions Summary, in which it stated that it would develop detailed regulatory options for consideration by government, with the view to finalising and implementing a new regulation by no later than June 2016.

As at the year end nothing had materialised.

The fundamental difficulty in considering the issue of legal costs for workers to assist in navigating the review process is that the work required is similar to that required for disputes in the Workers Compensation Commission but with the worker having limited time to obtain evidence to challenge the decision of the insurer.

(b) The process generally adopted by insurers is to collect the medical certificates issued by the worker's treating doctor and then have the worker assessed by a variety of experts including medical specialists, vocational assessors and rehabilitation providers. These reports may involve many pages and are couched in complex terms. The cost of these generally will involve expenditure in excess of $5,000.

This evidentiary material is then provided to the worker together with a formal work capacity decision notifying the worker that the weekly payments of compensation are to be reduced or terminated.

While the insurer is required to give three month's notice to the worker of this decision, the worker has only 30 days in which to seek an internal review by the insurer of the decision if the worker is to obtain the benefit of a stay of that decision pending the review.

In that period the worker has to assemble any contrary material in order to challenge the determination by the insurer. That is itself an enormous challenge.

Of the many hundreds of thousands of work capacity decisions each year there are about 2,000 – 2,500 requests for an internal review in each year. This is a miniscule number which would not exceed .01% of annual work capacity decisions.

The number of injured workers who then seek to proceed with a Merit Review is less than 750.

There are about 5,000 weekly payments disputes which commence the pathway through the dispute resolution process through the Workers Compensation Commission.

It is plain that the dispute pathway introduced in the 2012 reforms has been unsuccessful and does not provide a fair process for an injured worker.

I also note that I have not observed any attempt by insurers to issue a written decision in a language other than English. That presents a further barrier for an injured worker who may not have English language skills.

(c) In addition there is the confusion about whether a decision of an insurer is a denial of liability and justiciable in the Workers Compensation Commission or is a work capacity decision. This causes a dilemma for insurers and workers as well as Arbitrators in the Workers Compensation Commission and also at the Merit Review service where often a different approach is adopted as to that by the Supreme Court.

(4) Particular areas

(a) Section 59A – limit on entitlement to medical treatment

This section was amended in 2015. That amendment applied only to workers injured after 1 October 2012 or those injured before that date who were in receipt of weekly payments immediately before 17 September 2012. This was applied retrospectively.

The significant amendment was to relate an entitlement to medical treatment to a degree of permanent impairment. This is a misguided test for the need to receive medical treatment because in simple terms whether or not an injured worker requires treatment in order to support a return to work is unrelated to any permanent impairment received by the worker as a result of an injury.

This entitlement test has caused a significant burden for an injured worker because the worker is only ever entitled to one assessment of the degree of permanent impairment and if the worker has to obtain that assessment to determine whether she or he is able to receive medical treatment then the opportunity for a further assessment due to deterioration or the result of surgery is lost.

(b) Section 38 – limit on weekly payments after 130 weeks

Similarly an injured worker who has been in receipt of weekly payments and is nearing the 130 weeks timeframe may lose the weekly payment unless she or he is assessed as more than 20% permanent impairment.

(c) Return to work statistics

I am concerned that the quoted return to work statistics may have no relevant meaning. It appears from the information made available that the measure of "return to work" is based on a worker ceasing to receive weekly benefits. That certainly is not an indicator that the worker has returned to work. No measurement appears to be made of the time in which the worker should have returned to work.

Given that of 100,000 workplace incidents in each year the number of workers off work for less than one week is about 80%, then I would expect the statistics to exclude those workers altogether as not being at all representative.

(d) System Exit by workers

WIRO receives complaints from injured workers about the emotional distress and inconvenience associated with attending medical appointments for the insurer and submitting monthly work capacity certificates. The need for pre-approval of medical treatment causes additional distress.

Provision for workers to accept a lump sum payment and exit the scheme would alleviate this distress and minimise administration costs to the Scheme Agents and, by extension, the Scheme.

The year in review has also seen a variety of decisions by the Supreme Court , the Workers Compensation Commission and the Merit Review Service which have had to be carefully considered in determining the funding policy for the ILARS Service.

WIRO has continued its provision of the latest information on the system through its WIRO WIRE emails as well as through its city and regional seminar series which have been widely applauded.

I would draw attention to the remarkable efforts of all the employees in the office who strive to provide the best information and assistance to injured workers every day. The WIRO staff have at all levels performed extremely well and I thank them for their efforts.This office remains the only office in the whole workers compensation industry which collects and reviews information about disputed claims on insurers across the system.

KA Garling
Workers Compensation Independent Review Officer

WHO WE ARE

WIRO is a small office of about 35 staff headed by the Independent Review Officer. WIRO is divided into five functional groups.

- Solutions Group – which handles complaints by workers about insurers
- ILARS Lawyers
- Operations Group
- Procedural Review of Work Capacity Decisions Team
- Employer Complaints Team

WHAT WE DO

WIRO Seminar at Homebush

WIRO provides an important accountability mechanism for the NSW workers compensation system.

WIRO deals with complaints about insurers from injured workers as well as from employers and manages the provision of funding for legal assistance for injured workers.

SOLUTIONS GROUP

An injured worker may complain to WIRO about the conduct of an insurer in its handling of a claim by the worker. WIRO can then investigate the complaint and report to the insurer and worker with a recommendation which is not binding.

However it appeared to WIRO that it was in the interest of both the insurer and the worker to attempt to find a solution to the matters of concern raised by the worker. In addition it was important for a worker to be informed if WIRO considered the conduct by the insurer as reasonable.

Section 27C of the 1998 Act provides that the WIRO annual report must include the following information:

- The number and type of complaints made and dealt with;
- The sources of those complaints; and
- The number and type of complaints that were made during the year but not dealt with.

Complaints made

WIRO received 2,533 complaints during the year ended 30 June 2016. This represented a decrease of 133 complaints from the previous year. Some of those complaints raised multiple issues which explains why there were 4,029 types of complaint as set out in the following table.

Number and Types of Complaints

Types	No. of cases
2015 Lump Sum Regulation	1
Lack of Communication	165
Liability Denial or issues	411
Insurer management of claim	406
Medical issues	953
Rehabilitation	186
Weekly Benefits	1,104
Work Capacity	85
Lump sum compensation	717
Other	1
Grand Total	**4,029**

Sources of Complaints

In the vast majority of cases the injured worker contacts WIRO direct by telephone rather than through the website or email to make a complaint or make an enquiry. WIRO keeps a record of how injured workers tell us how they were referred to WIRO.

Referral source	No.
Lawyer	1,667
Web search	281
icare/SIRA	168
Insurer	107
Not provided	73
Word of Mouth	69
Union	67
Doctor	36
Workers Compensation Commission	13
Rehabilitation Provider	19
WIRO Campaign	17
Employer	11
Government Department	5
Total	2,533

Number and type of complaints not dealt with

At the beginning of the year WIRO had 49 complaints which had been received but not finalised. At the conclusion of the reporting period WIRO had 45 outstanding complaints. The types of complaints which WIRO had not dealt with at the conclusion of the year are set out in the following table.

Issue	Number
Communication	1
Delay	2
Insurer management of claim	3
Issues Relating to Liability	1
Medical costs/ treatment	8
Rehabilitation	1
Weekly Benefits	18
Work Capacity	1
Lump sum compensation	2
Other	8
Grand Total	**45**

The complaints outstanding at the conclusion of the year were finalised within 30 days.

In addition to the above complaints, the Solutions Group responded to 2,236 inquiries during the year.

Complaints Finalised

The solutions group finalised 2,537 complaints in the period to 30 June 2016. More information about the types of issues that were dealt with and the time taken to finalise complaints appears iin Appendix 1.

WIRO aims to resolve complaints within 2 business days. The majority of complaints received are finalised within 7 days. There were 14 complex Complaints (1%) which took longer than 30 days to finalise.

Examples of the successes of the Solutions Group, as well as some of the challenges WIRO faces when resolving complaints, can be found in Appendix 3 to this report.

Employer Complaints

Section 27(d) of the 1998 Act provides that WIRO is to encourage insurers and employers to establish processes for complaints arising under the Workers Compensation Acts.

There is no mechanism for an employer to challenge decisions of workers compensation insurers. Employers can only appeal decisions concerning the calculation of premium. However employers may have complaints about acceptance of liability or the general management of a claim where these issues have a deleterious impact on the employer's business.

In practice, WIRO accepts complaints from employers about insurers and attempts to resolve the issues in dispute.

This year most employer complaints were related to increases in premium because of a change in calculation by ICNSW (icare). For small experience rated employers the impact of a month's increase in weekly payments can have a larger impact on the employer's premium. On many occasions the employer has no control over the length of time an employee is on weekly payments.

Common scenarios received by WIRO

- The employer does not believe the injury was work related. This is more common when the injury is for a psychological claim;
- Late fees or penalties have been applied by scheme agents for unpaid premiums. WIRO has worked with employers and scheme agents to lodge appeals to icare seeking a refund of the fee or penalty;
- Disputed audit reports, particularly in relation to contractors being deemed workers. Employers are frustrated as they do not receive a copy of the audit report and their premium adjustment letter;

- Changes in WIC resulting in a large increase in premium. In one case the change in WIC caused the employer to become an experience rated employer which then bought into account a previous claim. The employer's premium had increased by 70%. After referring the matter to icare, the increase in the employer's premium was capped at 30%.
- In some cases where icare has moved an employer to another scheme agent errors occur such as denying liability for a claim as not insured at the time despite having paperwork showing they were covered and not including experienced rated claim costs on new premium notice.

A common feature of employer complaints is the lack of a general dispute resolution process to address their issues. Scheme Agents are not accountable to employers for their performance in managing claims even though their performance may have a direct impact on the premium paid by the employer.

INDEPENDENT LEGAL ASSISTANCE AND REVIEW SERVICE (ILARS)

The Government established this Service to provide funding for injured workers to pursue her or his claim against an insurer.

There are currently about 1,000 lawyers who have been approved by WIRO to provide legal services to injured workers.

ILARS received 10,821 applications for legal assistance for injured workers during the year. Of these, 9,955 (92%) were approved. ILARS will grant funding for an injured worker to obtain advice as to whether their injury may entitle she or he to some compensation. If there is a basis for a claim then the injured worker is encouraged to resolve the claim with the insurer before proceeding further.

If the injured worker has been unable to resolve a dispute about a claim and it appears to WIRO that there are reasonable prospects of success in the Workers Compensation Commission funding will be granted so that the Lawyer can lodge an application to resolve a dispute on behalf of the worker.

WIRO paid over $40m in professional fees and approximately $14.5m in disbursements in the year. A full breakdown of the types of payments made appears in Appendix 2.

The Workers Compensation Amendment (Lump Sum Compensation Claims) Regulation 2015 (The Regulation) and Fast Tracked Applications

Clause 3 of Part 19H of Schedule 6 to the *Workers Compensation Act* 1987 provided that the 2012 amendments applied to all injuries and claims before 19 June 2012. That meant that a worker injured before or who made a claim before that date were retrospectively affected.

The NSW Court of Appeal clarified the interpretation of that section when it handed down its decision *in Cram Fluid Power Pty Ltd v Green*. The decision made it clear that a worker who had made a claim for permanent impairment compensation prior to 19 June 2012 was not entitled to make a further claim for permanent impairment compensation on or after 19 June 2012.

On 26 October 2015, Minister Dominello announced that the Government would enable injured workers who had made a claim or claims for permanent impairment compensation before 19 June 2012 to make one further and final claim for permanent impairment compensation for the injury giving rise to the impairment.

That was introduced by Regulation and was effective from 13 November 2015.

ILARS introduced a 'Fast Track Application' form for those matters which were available after the regulation was published.

From 13 November 2015 to 30 June 2016 WIRO processed 859 Fast Tracked Applications.

Outcome of ILARS Grant Applications

1 July 2015 to 30 June 2016

Of the 12,050 ILARS Grant applications finalised, 6,984 resulted in the outcome sought by the injured worker. Of the 5,066 grants that did not result in the desired outcome for the worker, the majority were because the worker withdrew instructions or ILARS withdrew funding after determining the claim by the worker did not have reasonable prospects of success having regard to the available evidence.

WIRO funded 4,490 applications to resolve a dispute in the Workers Compensation Commission. Of these, 3,816 resolved with the desired outcome for the worker from the Commission. More information about the outcomes of ILARS grants are set out in Appendix 2.

During the year WIRO began analysing the outcomes of ILARS matters more closely with respect to law firms and insurers. WIRO started with the assumption that disputes about similar injuries should result in similar outcomes and cost the Scheme a similar amount to resolve across all law firms and all insurers. Some insurers and some law firms appear to cost the Scheme above the average. This analysis will be intensified in the next year.

PROCEDURAL REVIEWS OF WORK CAPACITY DECISIONS

The 1998 Act states in 27C(d) that in its Annual Report WIRO must include:

- Information on the operation of the process for review of work capacity decisions of insurers during the year and any recommendations for legislative or other improvements to that process.

One of the functions of the WIRO conferred by section 27 of the 1998 Act is:

> '(b) to review work capacity decisions of insurers under Division 2 (Weekly compensation by way of income support) of Part 3 of the 1987 Act.'

Relevantly, Part 3 of the 1987 Act contains section 44BB which sets out the process by which work capacity decisions can be reviewed. WIRO may conduct a procedural review only after both internal review by the insurer and merit review by SIRA.

This means that WIRO is to conduct a procedural review of a work capacity decision and may not inquire into the merits of the original decision or the merit review recommendation. An aggrieved worker may approach the Supreme Court for judicial review at any stage of the process.

The Year in Numbers

WIRO received 160 applications for procedural review during the year.

Of those 160 applications for procedural review, nine (9) were withdrawn by the worker and as at 30 June 2016 there were nine (9) applications which had not been completed. As at 1 July 2015 there had been nineteen (19) applications outstanding. In the course of the reporting year 161 procedural reviews were completed.

Trends

The overall trend is now showing that insurers comply with the legislation, the Regulation and the Guidelines, making it less likely for workers to succeed with overturning work capacity decisions on procedural grounds.

Total Recommendations	Worker successful	Worker unsuccessful
161 (100%)	63 (39%)	98 (61%)

New Guidelines are due to come into force on 1 August 2016. An amended version of the *Workers Compensation Regulation* 2010 is also due later this year. It is conceivable that the introduction of new Guidelines and an amended Regulation could have an effect on the compliance rate of insurers.

Judicial Review

In *The Trustees of the Sisters of Nazareth v Simpson* [2015] NSWSC 1730, Justice Davies of the Supreme Court of New South Wales reviewed a WIRO procedural review at the request of an Insurer. In response to a submission by the Insurer that the subject of procedural review could only be conduct *prior to* the making of a decision and could not include the decision or the form of the notice of the decision itself, his Honour made the following remarks:

> 36. A narrow reading of the "insurer's procedures" would result in the enquiry being only concerned with procedural fairness. I do not think that is what the legislation means. If that was the focus of the enquiry I should have expected that s 44(1)(c)[1] would refer to procedural fairness. However, the procedures certainly include procedural fairness.
> 37. Other aspects of the procedures which ought to be followed are identified in the Guidelines reproduced above. Contrary to the Plaintiff's submission, I do not think that the procedures are confined to matters which are preparatory to the making of the decision. The Guidelines suggest otherwise. For example, clause 5.3 requires notification to the worker of the outcome of a work capacity decision. A failure to notify would be a procedural failure which would necessarily post-date the decision.

[1] Now section 44BB(1)(c). The *Workers Compensation Act* 1987 was amended in 2015 and section 44 was re-numbered as section 44BB. All references to section 44 in his Honour's reasons should be read as section 44BB.

38. Nor do I think that, simply because something is contained within the reasons that are given or ought to be given, it can be considered to be outside the insurer's procedures. Under the Guidelines the insurer is obliged to provide reasons for its decision. Clause 5.3.2. of the Guidelines sets out the approach the insurer should take to its reasons. A failure to do so seems to me to be a failure in the procedures adopted.
39. Analogously, judicial review (which s 44 seems designed to minimise or eliminate as far as possible) enables the supervising court to quash a decision where no reasons or inadequate reasons are given. I accept that that analogy can only be carried so far because s 44(1)(c) expressly excludes from the review "any judgment or discretion exercised by the insurer in making the decision". That may provide a limitation on an enquiry into the adequacy of reasons provided that reasons are provided. Such an approach would be consistent with the fact that a merit review must already have taken place. Any issue of inadequate reasons will either have been overcome by the reasons given by the Authority when it provides its review or will be dealt with by an application for judicial review as s 43(1) allows. In that way the process in s 44(1)(c) differs from judicial review where ordinarily there is no merit review at all.
40. I do not think a broad principle can be laid down in relation to whether the procedural review can examine in any way the reasons provided by the insurer for its decision. Rather, I consider that an examination must be made of the Independent Reviewer's criticisms of what the insurer has done in any particular case to decide if the matters complained of form part of any judgment or discretion exercised. However, the procedural review is not only concerned with matters which pre-date the decision, and it cannot be said that it does not extend to the reasons.

The case appears to be authority for the following propositions:

1. WIRO procedural reviews can and must have regard to procedural fairness, despite the limitation that the discretion or judgement of an insurer is not a proper subject of procedural review.
2. The Guidelines set out other considerations, beyond procedural fairness *simpliciter*, with which an Insurer must comply.
3. A failure to set out reasons in compliance with the relevant Guidelines will therefore be a procedural failure *per se*.
4. The subject of procedural review does extend to the reasons given by the Insurer.

The decision has made it more likely for Insurers to have their decisions overturned, since even strict compliance with the Guidelines cannot overcome procedural unfairness. For instance, the Guidelines say nothing about the *Markus* discretion, which in litigation might allow an insurer to wait until a worker has given evidence before leading into evidence film or similar material adverse and contrary to the worker's case. While the withholding of such evidence by insurers might be thought something within the discretion or judgement of the insurer, and is not prohibited by the Guidelines, there can be no dispute that it is a breach of procedural fairness for the purposes of section 44BB review.

Statutory Stay of Work Capacity Decisions During Section 44BB Review

Following an Upper House Inquiry an amendment was made in 2014 to the *Workers Compensation Regulation* 2010, inserting at clause 30 of Schedule 8 a provision for a 'stay' to operate during the course of section 44 (as it then was) review of a work capacity decision when the decision concerned an "existing claim," which was defined to mean any claim made prior to 1 October 2012.

In 2015 a similar amendment was made to the *Workers Compensation Act* 1987 by the insertion of sections 44BC and 44BD. The effect of the statutory amendment was to widen the class of claims to which the stay applies so as to include claims made on and after 1 October 2012. The stay prevents any action being taken to implement a work capacity decision while a review under section 44BB is in progress, but only if the worker had requested internal review within 30 days of receiving notice of the original work capacity decision. If the worker applies for internal review more than 30 days after receipt of the work capacity decision, the stay does not operate in the course of internal review, but may arise once the worker applies for merit review.

The various scheme agents acting for the Nominal Insurer seem to take a series of differing views as to how long the stay can operate, despite the clear wording of section 44BC(1).

WIRO will continue to recommend payments continue in accordance with the proper interpretation of sections 44BC and 44BD.

In the course of a recommendation reported on the WIRO website as 4716 (number 47 of 2016), the following commentary appeared:

> k. *Section 44BC has two limbs: the first being the imposition of a stay for the duration of review under section 44BB; the second being the prevention of the taking of any action "based on the decision" during the stay. It is obvious that the withholding of weekly payments is an action "based on the decision" and it is equally obvious that to so act during the course of section 44BB review is a breach of the Act. It is unlikely that legislative amendment could make the meaning any plainer than it is at present.*

It might be added for clarification that section 44BC requires payments to continue at the pre-work capacity decision rate of entitlement during the course of section 44BB review by virtue only of the fact of the review itself, irrespective of whether or not any notice period given under any other section of the Act has expired. To that extent, section 44BC provides its own entitlement to compensation. To reduce or cease payments during section 44BB review based on the operation of another section of the Act (such as section 54(2)(a), for instance) is both an error of law and a clear breach of section 44BC(1).

Work Capacity Decisions Disguised as Liability Disputes and Vice Versa

In *Sabanayagam v St George Bank Ltd* [2016] NSWCA 145 the Court of Appeal had cause to examine the possibility of a work capacity decision being "implied" from the words of a notice declining liability otherwise in accordance with the terms of section 74 of the *Workplace Injury Management and Workers Compensation Act* 1998. The question had arisen as a result of a Presidential Decision emanating from the WCC in January 2016.[2] In the WCC a section 74 Notice was found to be issued in terms taking it outside the jurisdiction of the WCC, due to raising the issue of a worker's fitness for work, wrongly described as "work capacity." This was thought to reflect a "work capacity decision" which must have preceded the issuing of the Notice under section 74. Since the WCC has no jurisdiction to deal with work capacity decisions, then it ostensibly had no jurisdiction to deal with a section 74 Notice which did no more than reflect a work capacity decision. Despite having found that

[2] *Sabanayagam v St George Bank Ltd* [2016] NSWWCCPD 3

he had no jurisdiction, the Deputy President issued a determination in any event, which was the subject of the Court of Appeal proceedings.

In the Court of Appeal Basten, JA held that the Insurer had not made a work capacity decision because, *inter alia*:

(i) it purported to be "a decision to dispute liability for weekly payments of compensation" thus falling within section 43(2)(a), which exempts such liability disputes from the category of "work capacity decisions" enumerated in section 43(1)(a)-(f);
(ii) it gave notice of cessation of payments under section 74 of the 1998 Act; and
(iii) the Insurer gave no consideration to the Worker's ability to return to work in suitable employment [at 20-25].

Sackville, AJA (Beazley, P agreeing) held, relevantly, as follows:

(i) it was an error of law for the Deputy President to find that the Insurer had made a work capacity decision prior to the issuing of the section 74 Notice, there being no evidence to support the finding [at 118-119];
(ii) nothing in the Insurer's conduct showed that it was exercising statutorily conferred powers and it was not making a decision "about a worker's current work capacity" within section 43(1)(a) [at 141]-[148];
(iii) section 43(1)(f) cannot convert a purported decision by an insurer that it has no authority to make into a decision that is subject to the privative clauses contained in section 43(1) and section 43(3) [151]-153]; and
(iv) since the section 74 Notice did not show the existence of an earlier work capacity decision, the Insurer could not rely on the privative clauses in section 43(1) and section 43(3) in support of a contention that the WCC did not have jurisdiction to determine the dispute between the parties.

Following this decision, it appears that in order for something to be styled a "work capacity decision," as opposed to a dispute about the liability to make weekly payments, the Insurer must:

- refer to "current work capacity" as that term is defined in section 32A of the 1987 Act;
- have regard to the worker's ability to perform "suitable employment" as that term is defined in section 32A of the 1987 Act; and
- consider return to work options, as required by the legislation.

Because the definition of "current work capacity" includes a requirement for the existence of a "current inability to perform pre-injury work," there is no power conferred on insurers under section 43(1)(a)-(f) to unilaterally determine that a worker has "no incapacity" for work.[3] Any such decision should be included in a section 74 Notice and is reviewable by the WCC.

The elusive concept of "currency"

Since the introduction of the 2012 reforms workers have had to provide insurers with certificates of capacity, reflecting their "current work capacity" or, alternatively, "no current work capacity." The certificates are only viable for 28 days [see section 44B(3)(b)]. Despite this, Insurers in the course of

[3] See *Sabanayagam v St George Bank Ltd* at [141], [148], [151] and [153].

making work capacity assessments and decisions continue to rely on medical and other evidence much older than 28 days.

In some cases the most recent medical report is more than two years old at the time decisions are issued. It must be wondered on what basis such out-dated evidence can be thought to be relevant. Some have suggested that reports up to six months old might still be thought to meet the requirement of currency, based on nothing more than bald assertion.

In WIRO procedural review recommendation 18815 (number 188 of 2015) an Insurer made the following submission as to why its work capacity decision complied with the Guidelines:

> [The Insurer] relies on current medical evidence, being reports dated in the last 18 months.

There is nothing in the legislation, the Guidelines or the Regulation which would justify such a submission, but it appears to be commonly thought among insurers that, while workers must update their medical evidence every 28 days, no similar obligation falls on insurers. This view is erroneous and insurers might benefit from correction by SIRA.

Recommendation for Legislative Improvement – Work Capacity Decisions

WIRO recommends that consideration be given to inserting a legal definition of "current" into section 32A of the 1987 Act.

Recommendation for Approval – Procedural Review Request Form

WIRO recommends that SIRA approve the Request for Procedural Review Form as provided to it in order to conform with the legislation introduced on 1 September 2015.

UNDERTAKING INQUIRIES

The WIM Act provides in Section 27(c) that the Independent Review Officer has a function to inquire into and report to the Minister on such matters arising in connection with the Workers Compensation Acts as the Independent Review Officer considers appropriate.

WIRO reported in 2014-15 that funding was not made available for WIRO to complete the Parkes and Hearing Loss Inquiries. In circumstances where WIRO could not be guaranteed funding to pursue Inquiries in accordance with its legislative mandate, WIRO did not undertake any formal inquiries in 2015-2016.

OTHER WIRO INITIATIVES

Education – WIRO Seminars

WIRO runs regular Seminars in Sydney and in Regional areas. In 2015-2016 WIRO convened a Seminar at the WaterView in Bicentennial Park for over 500 participants. In March 2016, regional seminars were run in Orange, Wollongong and Coffs Harbour.

Speakers at the Seminar include politicians, insurance representatives, union officials, legal experts, insurance brokers, as well as speakers from icare and SIRA, rehabilitation providers and motivational speakers.

The topics covered include the impact and evolution of the 2012 reforms, recent case law, the political and philosophical issues to which the system gives rise, and the perspectives of the various participants in the Scheme.

WIRO representatives also present from WIRO's perspective to provide stakeholders with up to date information about WIRO policy and procedure.

These events are acknowledged as having significant value by the broad cross section of participants in the Workers Compensation System. Attendees who are legal professionals earn Continuing Legal Education points and Insurance stakeholders earn points from the National Insurance Brokers Association.

WIRO Website

WIRO regularly reports on its performance and trends in the Workers Compensation system. Statistical reports are published online quarterly. WIRO Wires, which provide participants with up to date and important information about WIRO's operations and changes to law and practice in Workers Compensation are issued promptly after any major change to the system.

This Office is transparent and all relevant information including work capacity decisions are published promptly. This includes those Merit Review recommendations of which we become aware.

At the conclusion of this reporting period, negotiations were underway with the College of Law, to collaborate on a series of one-day courses aimed at Paralegals and Lawyers new to Workers Compensation as an area of law. After completion of the course, participants should have an improved understanding of the system as a whole and of WIRO's requirements, with the result that injured workers receive improved levels of legal service. The first day-long program is scheduled for August 2016.

Keeping participants updated

In addition to courses and seminars, WIRO keeps participants in the system updated by:

- Issuing regular WIRO Wires about changes to the law, funding by WIRO, or WIRO practice and procedure; and
- A monthly WIRO bulletin will be issued from August 2016 containing more detail and analysis of developments in the NSW Workers Compensation System.

Informing and Supporting the Legal Profession

WIRO's powerful Resolve database captures information about many aspects of the Workers Compensation system. During the reporting period, WIRO extracted information about the time and effort spent by law firms managing workers compensation matters, measuring the time taken to resolve matters and the amount of contact with WIRO by law firms to progress matters.

These two measures showed that some law firms were faster and more efficient at obtaining a result for the worker. WIRO provided this data on a comparative basis to several law firms (with other firms anonymised) and those firms were able to identify opportunities to improve performance and obtain benefits for injured workers sooner.

APPENDIX 1 – COMPLAINTS STATISTICS

Complaint Issues

Type of complaint	Number closed	Percentage
Communication	99	4%
Delay	181	7%
Denial of Liability (S.74 Notice)	143	6%
Fraud/misrepresentation	1	0%
IME	35	1%
Incorrect Calculations	12	0%
Medical costs	167	7%
Medical treatment	471	18%
Rehabilitation	160	6%
Weekly Benefits	940	37%
Work Capacity (general)	76	3%
WPI	58	2%
Issues Relating to Liability	126	5%
Insurer management of claim	68	3%
Grand Total	2,537	

Complaint Outcomes

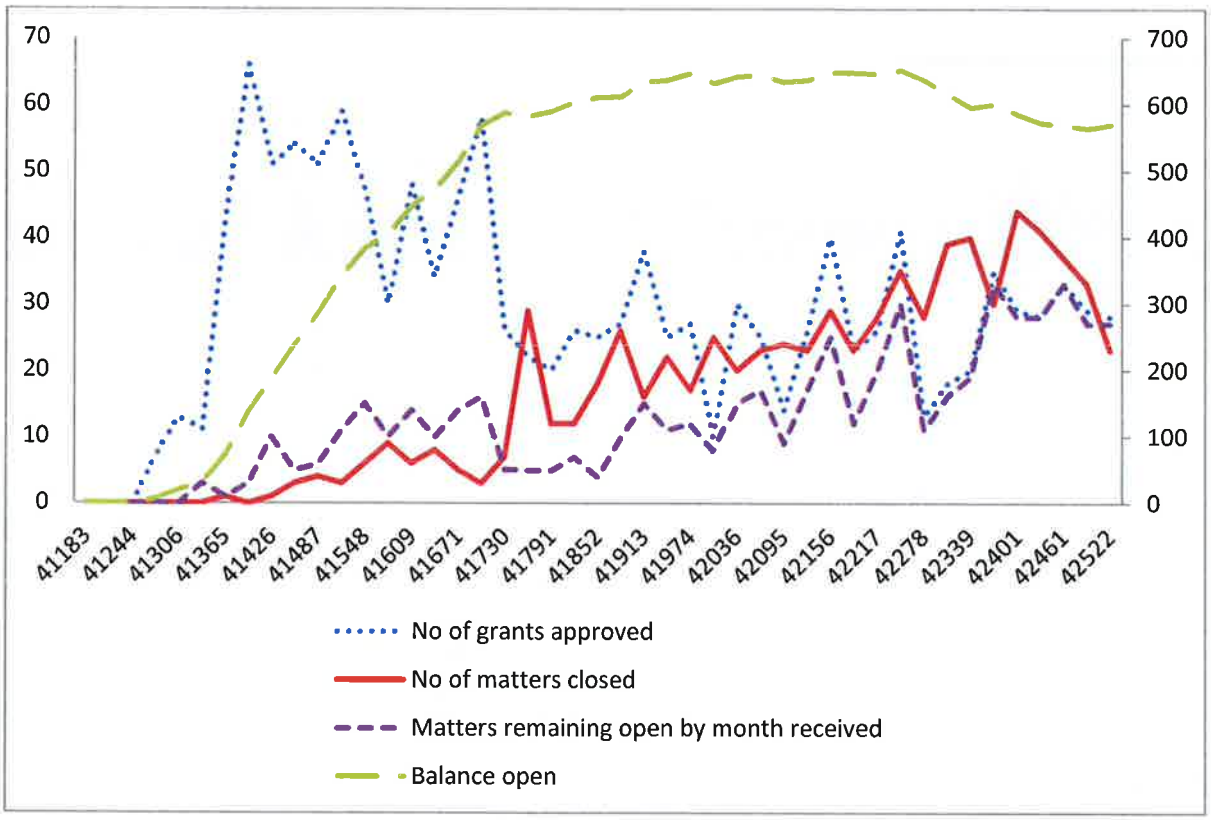
Outcome	No	%
Not recorded	1	<1%
Declined	48	2%
Further Inquiry No Further Action	13	1%
Further Inquiry Resolved	28	1%
Preliminary Inquiry No Further Action	608	24%
Preliminary Inquiry Resolved	1,839	72%
Total	**2,537**	

Complaint timeliness

Issue (of Case) Issue	Same day	Next day	2 to 7 days	8 to 15 days	16 to 30 days	more than 30 days	Grand Total
Communication	5	13	50	21	10	0	99
Delay	6	19	93	42	20	1	181
Denial of Liability	9	6	74	28	26	0	143
Independent Medical Examination	2	2	22	6	2	1	35
Insurer management of claim	3	3	39	17	6	0	68
Issues Relating to Liability	2	5	68	40	10	1	126
Medical treatment	16	38	332	172	75	5	638
Rehabilitation	4	8	83	53	12	0	160
Weekly Benefits	41	48	491	258	107	6	951
Work Capacity (general)	3	6	32	24	11	0	76
Lump sum compensation for permanent impairment	3	1	39	7	8	0	58
Other	0	0	2	0	0	0	2
Grand Total	94	149	1325	668	287	14	2,537
%	4%	6%	52%	26%	11%	1%	

APPENDIX 2 ILARS

ILARS Matters Opened and Closed by Month



Amounts Paid

Payment Type	$ Total amount	Number of payments	% of disbursements	Average amount
Professional fees	40,222,361	10,531		3,819
Medico-legal	10,543,141	9,250	73%	1,140
Barrister Fees	2,343,943	1,787	16%	1,312
Clinical Notes	462,214	3,555	3%	130
Travel	205,731	818	1%	252
Barrister Country Loading	219,757	343	2%	641
NTD Report	431,446	634	3%	681
Treating Specialist Report	238,268	501	2%	476
Interpreter	61,808	378	0%	164
Other	29,429	126	0%	234
Meal Allowance	3,420	66	0%	52
Solicitor Loading	3,342	7	0%	477
Non-attendance fee	1,825	5	0%	365
Grand Total	**54,766,685**	**28,001**		

Types of Injury for ILARS Grants

Injury Type	Grand Total	%
Back	2,406	23%
Ear	2,279	22%
Psychological system	1,073	10%
Shoulder	807	8%
Knee	732	7%
Multiple -Trunk and limbs	291	3%
Neck	285	3%
Hand, fingers and thumb	263	3%
Other head	275	3%
Wrist	212	2%
Other body location	205	2%
Multiple -Neck and shoulder	198	2%
Ankle	190	2%
Upper limb - multiple locations	147	1%
Death	127	1%
Other leg	94	1%
Lower leg	93	1%
Elbow	91	1%
Foot and toes	90	1%
Hip	80	1%
Abdomen and pelvic region	79	1%
Eye	74	1%
Other arm	120	1%
Trunk - multiple locations	43	
Grand Total	**10,254**	

ILARS outcomes

Outcome	Desired Outcome not achieved	Grant achieved Desired outcome
Instructions withdrawn	1,263	
ILARS Funding Withdrawn	1,784	
Cram Fluid Applies	699	
Not Recorded	46	
Not eligible for funding - (e.g. worker determined to be exempt worker)	48	
No Response to ILARS Follow Up	922	
Old Costs provisions apply	69	
Not proceeding after preliminary grant	1,234	
Medical evidence not supportive	352	
Not Recorded	86	
Worker does not reach WPI threshold	796	
Other not specified reason - see summary box	77	53
Resolved after ILARS referral to complaints	1	30
Commutations		30
Discontinued from WCC - No result	118	
Resolved prior to WCC		2,808
Not Recorded		4
Resolved - Insurer Accepts Claim		994
Resolved after application for review/insurer accepts Claim		175
Resolved by complying agreement after claim made		1,635
Resolved in WCC	458	3,816
Resolved at Arbitration by Arbitrator - Employer	72	1
Resolved at Arbitration by Arbitrator - Worker		463
Medicals		134
Not Recorded		12
Weeklies		40
Weeklies & Medicals		131
WPI		85
WPI & Medicals		16
WPI & Weeklies		11
WPI, Weeklies & Medicals		34
Resolved at Conciliation - settled by consent		1,077
Closed Period		47
Medicals		120
Not Recorded		11
Weeklies		67
Weeklies & Medicals		475

WPI		102
WPI & Medicals		33
WPI & Weeklies		10
WPI, Weeklies & Medicals		76
Wrap up		136
Resolved at settlement during Arbitration		**144**
Medicals		30
Not Recorded		4
Weeklies		9
Weeklies & Medicals		53
WPI		23
WPI & Medicals		6
WPI & Weeklies		4
WPI, Weeklies & Medicals		15
Resolved following MAC	**385**	**1,174**
COD for WPI		1,079
Not reached threshold	365	3
Not Recorded	3	20
Surgery not reasonably necessary	17	
Surgery reasonably necessary		72
Resolved following PD on question of Law		**2**
Resolved TC - settled by consent		**925**
Closed Period		35
Medicals		263
Not Recorded		17
Weeklies		60
Weeklies & Medicals		272
WPI		143
WPI & Medicals		32
WPI & Weeklies		5
WPI, Weeklies & Medicals		36
Wrap up		62
Resolved WIM Dispute	**1**	**30**
Not Recorded		1
In favour of worker		29
In favour of employer	1	
Appeals	**131**	**185**
Resolved after appeal from decision of Arbitrator to President	**11**	**21**
By the employer in favour of Employer	1	
By the employer in favour of Worker		10
By the worker in favour of Employer	10	
By the worker in favour of Worker		11

Resolved after appeal to Supreme Court	**2**	**1**
By the employer in favour of Employer	2	
By the worker in favour of Worker		1
Resolved after Medical Appeal Panel	**118**	**162**
By the employer in favour of Employer	27	
By the employer in favour of Worker		79
By the worker in favour of Employer	91	
By the worker in favour of Worker		83
Resolved after appeal to Court of Appeal		**1**
By the employer in favour of Employer		1
Resolved after Intervention by ILARS Director		**27**
Death Benefits		**35**
Grand Total	**5,066**	**6,984**

Insurer	Complaint	Enquiry	ILARS	WCD	Grand Total
Scheme agent	**1,791**	**1,421**	**7,464**	**123**	**10,799**
Allianz Australia Workers Compensation (NSW) Ltd	498	363	2,084	20	2,965
CGU Workers Compensation (NSW) Ltd	269	214	1,057	18	1,558
Employers Mutual NSW Limited	336	256	1,208	35	1,835
Gallagher Bassett Services Pty Ltd	3	4	86		93
GIO General Limited	281	206	1,176	12	1,675
QBE Workers Compensation	404	374	1,804	38	2,620
Xchanging		4	49		53
Self-insured	**248**	**123**	**866**	**7**	**1,244**
ANZ Banking Group Limited	2	1	2		5
Arrium Limited	6	2	33		41
Ausgrid	5	5	22	1	33
Bankstown City Council		1	3		4
Blacktown City Council	3	1	13		17
Bluescope Steel Ltd	2	2	81		85
BOC Workers' Compensation Ltd.	2		3		5
Brambles Industries Limited		1	4		5
Brickworks Ltd			3		3
Broadspectrum (Australia)	11	6	36		53
Campbelltown City Council	2		4		6
City of Sydney Council	3	3	14		20
Coles Group Ltd	41	20	161	2	224
Colin Joss & Co Pty Limited			3		3

CSR Limited	1		8		9
Delta Electricity			1		1
Echo Entertainment Group Ltd	3	4	5		12
Electrolux Home Products Pty Ltd			6		6
Endeavour Energy	2	3	7		12
Fairfield City Council	1	1	10		12
Fletcher International Exports Pty Ltd.			1		1
Forestry Corporation of NSW	1	1	3		5
Gosford City Council	5	3	9		17
Holcim (Aust) Holdings Pty Limited	1		8		9
Hurstville City Council	2				2
Inghams Enterprises Pty Ltd	2	1	13		16
ISS Property Services Pty Ltd	7	6	18		31
JELD-WEN Australia Pty Ltd		1			1
Lake Macquarie City Council	1		3		4
Liverpool City Council			5		5
McDonald's Australia Holdings Limited	1	3	4		8
Myer Holdings Ltd	3		8		11
Newcastle City Council			7		7
Northern Co-Operative Meat Company	1	1	8		10
NSW Trains	2	2	12		16
Pacific National (NSW) Pty Ltd		1	5		6
Primary Health Care Limited	3	1	6		10
Qantas Airways Limited	7	4	65		76
Rail Corporation NSW	10	6	45		61
Rocla Pty Limited			1		1
Shoalhaven City Council			4		4
Skilled Group Limited	1	3	12		16
Sutherland Shire Council	2		10		12
Sydney Trains	6	1	15		22
Toll Pty Ltd	11	3	30		44
Transport for NSW	11	4	32		47
Transport Service of NSW (State Transit)	8	6	18		32
UGL Rail Services Pty Limited	6	4	12	1	23
Unilever Australia (Holdings) Pty Limited	1		4		5
University of New South Wales			2		2
University of Wollongong			2		2
Veolia Environmental Services (Australia)	2		5		7
Warringah Council			1		1
Westpac Banking Corporation Ltd	5	1	21		27
Wollongong City Council	1	1	9	2	13
Woolworths Limited	63	20	45	1	129
Wyong Shire Council	1		4		5

Specialised insurer	**100**	**66**	**370**	**2**	**538**
Catholic Church Insurance Limited	31	24	95		150
Club Employers Mutual	12	6	42		60
Coal Mines Insurance Pty Limited	6	3	5		14
Guild Insurance Ltd	2	1	13		16
Hospitality Employers Mutual Limited		1	3		4
Hotel Employers Mutual	15	11	40		66
Racing NSW Insurance Fund	12	11	33	1	57
StateCover Mutual Ltd	22	9	139	1	171
TMF	**379**	**256**	**653**	**24**	**1,312**
Allianz TMF	110	76	176	8	370
Employers Mutual NSW Ltd - TMF	93	89	198	14	394
QBE TMF	176	91	279	2	548
Former NSW Insurer	**3**	**2**	**35**		**40**
Non NSW Insurer			**5**		**5**
Other Insurer including Not Provided	**12**	**18**	**1,423**	**1**	**1,454**
(blank)		**349**	**5**		**354**
Grand Total	**2,533**	**2,235**	**10,821**	**157**	**15,746**

APPENDIX 3 – CASE STUDIES[4]

Clarifying the situation

An injured worker contacted WIRO to say that he preferred not to attend an appointment with a particular independent medical examiner. The worker had researched the doctor and alleged the doctor had been found guilty of Medicare fraud. WIRO undertook an investigation with the insurer, which revealed the worker obtained their research about the doctor from a website called "Victims of Workers Compensation". The insurer's position was that the information on the website was incorrect but invited the IW to produce credible evidence to support fraud allegation or attend the interview with the doctor in question. The injured worker reluctantly agreed but was thankful for WIRO's assistance.

Choosing a treating doctor

After an injured worker was informed by the Insurer that he was not permitted to change his nominated treating doctor, the worker contacted WIRO. The insurer relied on Section 47(6) of the 1998 Act, as support for the worker's injury management plan (IMP) stating that an injured worker's request to change doctors must be supported by reasons *and* be reasonable. WIRO pointed out to the Insurer that Section 47(6) states only that the IMP must state the procedure for changing nominated treating doctors. The insurer maintained that the request was not reasonable and declined to accept work capacity certificates from the new nominated treating doctor.

After several attempts by WIRO to explain that the legislation permitted a process for changing doctors but did not permit the insurer to prohibit a change of doctor the insurer agreed that the worker could change his nominated treating doctor.

Intervening to resolve a dispute

A very distressed injured worker had concerns that his claim was not progressing and threatened self-harm, because of delays having medical treatment approved. WIRO intervened to facilitate a meeting between the worker and the insurer. It was agreed that the worker should attend an independent specialist to determine reasonable and necessary treatment. At the same time the insurer sought assurances from WIRO that further threats to claims staff would result in the police being contacted. WIRO arranged the appointment and further investigations and a final report of a specialist which were approved by the insurer.

[4] Names and details have been altered to protect the privacy of individuals.

Clarifying the Law

An injured worker contacted WIRO about a work place injury sustained 6 months earlier. He had been working reduced hours ever since but had not received correct weekly payments. The insurer advised that the worker changed roles after his injury, resulting in payments lower than those expected by the worker. Upon being advised that pre-injury average weekly earnings are calculated based on wages in the 52 weeks *prior* to injury, and any change of role after injury does not impact upon that calculation, the insurer agreed to reimburse approximately **$5,500** in weekly benefits.

Work Capacity Decision or Section 74 Notice ?

The insurer issued the injured worker with a Section 74 Notice disputing liability on the basis that the workers' injury had resolved. That same day the insurer issued a Work Capacity Decision stating that the worker had current work capacity. The injured worker's lawyer complained that the decisions were inconsistent and operated unfairly to prevent the worker from seeking legal advice.

The 1987 Act defines current work capacity as

'...a present inability arising from an injury such that the worker is not able to return to his or her pre-injury employment but is able to return to work in suitable employment'

To say that the worker was not able to return to pre injury employment in the work capacity decision *and* decline liability on the basis that the injury had resolved (with the implication that the worker is fit to return to pre-injury employment), was in WIRO's view, inconsistent.

The insurer maintained its position in relation to both decisions and advised WIRO that this position was in accordance with an icare directive. WIRO asked the insurer to provide the icare directive. The insurer declined to provide the directive and only agreed to withdraw the Work Capacity Decision after the complaint was escalated and the insurer reminded of its obligations under Section 27B(2) and 27B(4) of the 1998 Act and WIRO's Complaint Handling Protocol with Insurers.

APPENDIX 4 – WIRO MEETINGS

DATE	DETAILS
14/07/2015	Meeting with EML RTW Group NSW
15/07/2015	Meeting with icare – Insurance - Monthly Meeting
15/07/2015	Meeting with Working Group - Project Parkes
16/07/2015	Meeting with icare - Letter Standardisation Working Group
22/07/2015	Meeting with BDO Australia
23/07/2015	Visit by NSW Shadow Minister – Clayton Barr MP
24/07/2015	Project Parkes Advisory Committee Meeting
27/07/2015	Meeting Parkes Project - Costs
29/07/2015	Meeting with icare - Letter Standardisation Working Group
30/07/2015	Meeting with PwC
5/08/2015	Meeting with CGU
10/08/2015	Meeting Parkes Project - Costs
11/08/2015	Meeting with UGH
11/08/2015	Icare Case Awards Judging Panel meeting
13/08/2015	Meeting with icare - Letter Standardisation Working Group
14/08/2015	WIRO Regional Seminar - Albury
20/08/2015	Meeting with CFMEU
20/08/2015	Meeting with CEO of EML
25/08/2015	Meeting with McNally Jones Staff, Lawyers
26/08/2015	Transport Workers Union Conference – Rose Hill
31/08/2015	Meeting with Registrar, Workers Compensation Commission
1/09/2015	Meeting with Walker Law Group
7/09/2015	Self-Insurer Licensing Framework Reform Consultation
9/09/2015	Meeting with QBE
15/09/2016	Meeting with Australian Lawyers Alliance
1/10/2015	Meeting with CEO, PIEF
1/10/2015	Meeting with CEO, SIRA
1/10/2015	Presentation – City of Sydney Law Society Seminar
8/10/2015	Benefit reform workshop - SIRA
13/10/2015	Meeting with UHG
13/10/2015	Presentation to ALA Seminar, Parramatta
20/10/2015	Presentation to ALA Seminar, Sydney CBD
21/10/2015	Allianz case managers attend WIRO
23/10/2015	Meeting with Unions NSW
27/10/2015	Meeting with SIRA - Regulation
27/10/2015	Meeting with icare - Benefit Reform
29/10/2015	Address to NSW Self Insurers Association AGM
3/11/2015	Meeting with CEO Lifetime Care
3/11/2016	Meeting with Gerard Malouf & Co, Lawyers

4/11/2015	Meeting with SIRA - Regulation
6/11/2015	Meeting with icare
19/11/2015	Meeting with SIRA - Legal Costs Consultation
25/11/2015	Meeting with Monaco Lawyers
26/11/2015	Presentation to Legalwise Seminar
30/11/2015	Presentation to College of Law Seminar
4/12/2015	Meeting with icare
7/12/2015	Meeting with EML
8/12/2015	Meeting with Shadow Minister
9/12/2015	Meeting with Lifetime Care
9/12/2015	Presentation to Interact Management Group
14/01/2016	Meeting with SIRA - Outstanding Issues
20/01/2016	Meeting with SIRA - Guidelines
22/01/2016	Meeting with icare
22/01/2016	Meeting with Minister's Chief of Staff
29/01/2016	Meeting with ENS International
2/02/2016	Meeting with Konekt
11/02/2016	Meeting with SIRA
12/02/2016	WIRO Seminar Sydney
16/02/2016	Meeting with Allianz
16/02/2016	Meeting with Merit Review Service
19/02/2016	Meeting with SIRA - Regulation 2010
23/02/2016	Workers Compensation Summit
24/02/2016	Workers Compensation Summit
1/03/2016	Meeting with UHG - Melbourne
2/03/2016	WIRO Seminar Newcastle
3/03/2016	Meeting with SIRA
7/03/2016	Meeting with EML
11/03/2016	WIRO Seminar Orange
15/3/2106	Address SIRA Board (10 mins)
17/03/2016	Meeting with SIRA
18/03/2016	WIRO Seminar Wollongong
22/03/2016	Meetings with Newcastle law firms
22/03/2016	Meeting with Wollongong City Council
23/03/2016	Meetings with Stacks and Brazel Moore law firms
23/03/2016	Meeting with Shadow Minister, Ms Yasmin Catley MP
24/03/2016	Meeting with Taperall Rutledge, lawyers
24/02/2016	Meeting with icare
29/03/2016	Meeting with Peninsular Law
30/03/2016	E-reports Meeting
31/03/2016	Meeting with icare
31/03/2016	PIEF Awards Launch
1/04/2016	Meeting with Walker Law Group

7/04/2016	Meeting (Quarterly) - SIRA Consultation Group
12/04/2016	Executive Team Meeting
13/04/2016	Meeting with Tracey McDonald
13/04/2016	Meeting with icare - Medical provider engagement, hearing loss project
14/04/2016	Meeting with icare - Discuss customer service centre
19/4/2016	Attend Court of Appeal hearing – Sabanyagam v St George Bank
22/4/2016	Meeting with Minister's Chief of Staff
27/04/2016	Meeting with EML
27/04/2016	Meeting with SIRA - ILARS Assistance
28/04/2016	Executive Team Meeting
28/04/2016	Meeting with icare - Operational Catch up
2/05/2016	Meeting with icare - Legal Provider Engagement and Measurement
4/05/2016	Meeting with icare and SIRA
6/05/2016	Meeting with Turner Freeman, Lawyers
6/05/2016	Australian Psychological Society Members Forum - KAG Guest Speaker
10/05/2016	City of Sydney Law Society - Law Week - Breakfast
10/05/2016	Meeting - EML - Work Capacity
11/05/2016	Meeting with LHD Lawyers
11/05/2016	Presentation to Liverpool Safety Group - Revesby Workers
12/05/2016	Meeting with SIRA - Premiums
12/05/2016	Meeting with UHG
12/05/2016	Meeting with icare -
20/05/2016	WIRO Seminar Coffs Harbour
24/05/2016	Meeting with icare
25/05/2016	Meeting with Slater and Gordon, Lawyers
25/05/2016	Meeting with icare and SIRA
30/05/2016	Presentation to NSW Ombudsman
31/05/2016	E-reports meeting
31/05/2016	Meeting with SIRA - Data Provision
1/06/2016	Meeting with SIRA
21/06/2016	Meeting with icare
27/06/2016	Attend Court of Appeal – Judgment – Sabanayagam v St George Bank
27/06/2016	Meeting with icare - Operational Catch up