



WorkCover **independent** review office

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Annual Report 2013

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ANNUAL REPORT 2013

The WorkCover Independent Review Office 2012–2013 Annual Report has been prepared in accordance with the relevant legislation for the Hon. Andrew Constance MP

WorkCover Independent Review Office

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WorkCover independent review office

26 November 2013

The Hon. Andrew Constance MP
Minister for Finance and Services
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister

In accordance with 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 WorkCover Independent Review Officer for the period from 1 October 2012 to 30 June 2013.

Yours sincerely

A handwritten signature in black ink, appearing to read "K A Garling".

K A Garling
WorkCover Independent Review Officer

Introduction

The WorkCover Independent Review Office was created by the *Workers Compensation Legislation Amendment Act 2012* which inserted sections 24 to 27 into the *Workplace Injury Management and Workers Compensation Act 1998*.

The functions of the Independent Review Officer are set out in section 27 of the 1998 Act and are as follows:

- to deal with complaints made to the Independent Review Officer by a worker about any act or omission of an insurer that affects the entitlements rights or obligations of the worker under the Workers Compensation Acts.
- to review work capacity decisions of insurers.
- 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 enquiry and report by the Minister.
- to encourage the establishment by insurers and employers of complaint resolution processes for complaints arising under the Workers Compensation Acts.
- such other functions as may be conferred on the Independent Review Officer by or under the Workers Compensation Acts or any other Act.

The need for greater accountability of the operation of the Workers Compensation Scheme had been highlighted in the Final Report of the NSW Commission of Audit and also in submissions from various parties during the NSW Legislative Council Inquiry into the Workers Compensation Scheme.

The NSW Treasurer stated in the second reading speech of the Workers Compensation Legislation Amendment Bill 2012 on 19 June 2012 that *"the WorkCover Independent Review Officer will have the dual roles of dealing with individual complaints and overseeing the Workers Compensation Scheme as a whole and that it will be an important accountability mechanism for the Workers Compensation Scheme."*

The Government announced on 26 September 2012 that it would establish the Independent Legal Assistance Review Service (now known as ILARS) to fund legal assistance for workers who are involved in a dispute with their insurer. This new Service is managed by my office and commenced on 1 October 2012.

GETTING STARTED

I was appointed as the first WorkCover Independent Review Officer with effect from 1 September 2012 and my office commenced operation on 1 October 2012.

The first challenge was to endeavour to establish an operational and functional office within the requirements of the public service within just a few weeks.

I was informed by the WorkCover Authority that the resources needed to operate the office would be provided by them through the NSW Government shared service model.

Given the short time period for the office to be operational it was clear that the normal public service recruitment process would not enable me to engage permanent staff within that timeframe.

The WorkCover Authority then very generously seconded to me two staff members to assist with the establishment of the office. The effort of those two staff members was remarkable and ensured that the office was open and operating on 1 October 2012 (even though it was a public holiday).

While the formal funding and organisational structure approvals were being obtained by the WorkCover Authority I was instructed that I should use my endeavours to locate suitable executives and that subject to approval by the Authority I should engage these executives as contractors through a specified approved recruitment agency.

I was fortunate to have recommended to me senior executives with the necessary skills whom I was able to convince to terminate their existing work arrangements and join my team within a few weeks.

This arrangement gave these senior executives no guarantee of future employment in the roles which they were retained to create and I was fortunate to have these executives be prepared to work with me under those conditions.

57 year old Fred had injured himself while working for an asbestos removal company. He contacted WIRO after his insurer told him that they had overpaid him by more than \$80,000 in compensation. Fred's insurer told him that he would need to repay the amount and his weekly benefits were stopped. He was provided with no written notification about the overpayment nor about the ceasing of benefits. After an inquiry was made by WIRO, the insurer determined that no overpayment had been made and conceded that correct process was not followed. Fred's weekly payments including arrears were immediately reinstated and the insurer apologised to Fred for its mistake.*

** Not his real name*

A NOVEL MODEL FOR LEGAL SERVICES

The final form of the reform legislation changed the way in which injured workers could obtain legal assistance with their claims for compensation.

Previously lawyers acting for injured workers were prohibited from charging for their services. If the injured worker's claim was successful then their fees would be met by the insurers. In addition the costs associated with making the claim such as medico-legal and other expert reports were also met by the insurer.

The 2012 Amendments prohibit the recovery of legal costs by the injured worker when making a claim. In order to provide the same support for injured workers to obtain legal assistance with claims at no cost to them the Minister for Finance and Services announced the establishment of the Independent Legal Assistance Review Service (ILARS) which would be managed by my office.

This announcement was made after my appointment and a few working days before it was due to commence.

It would not have been possible for the Independent Legal Assistance Review Service to have been established as quickly as it was without the generous assistance of NSW Legal Aid and I thank the Chief Executive, Mr Bill Grant for his personal support.

It was anticipated that this service would deal with at least 5,000 requests in the first nine months from injured workers for financial support and would require 14 qualified lawyers as part of the team to process the applications and assist injured workers.

This style of service for the provision of legal services is a novel one and has proved to be particularly successful in managing the delivery of efficient services and ensuring the costs are carefully monitored and reported.

INNOVATION IN THE WORKPLACE

It was immediately apparent that I had an opportunity to start the office on the basis that it could be electronically managed without paper transactions. As at the present time I receive very few letters through the post. Effectively all written communications are by email.

This would require a robust database and associated systems which would enable me to ensure that the office was securely managed. I would also need to establish a call centre.

The senior executives of the WorkCover Authority openly conceded that they did not have the experience or ability and expertise to provide such systems within a timeframe which would enable the office to be functional.

Toby a young male in his mid twenties injured his back whilst doing laboring working on scaffold. As a result of the injury, Toby was advised that he would need spinal surgery. However, his insurer declined liability for the spinal surgery. Despite engaging a lawyer he was unable to agree on a position with the insurer. On his lawyer's advice, Toby contacted WIRO. Following a review of the claim file by WIRO and discussions with the insurer, the insurer agreed to review their decision with an independent radiologist report and upon receipt of that report they confirmed that they would accept liability for the surgery.*

** Not his real name*

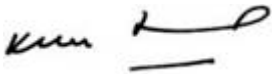
The small team that I had assembled in the early weeks proceeded with great determination and enterprise to ensure that I could secure a 13 telephone number to receive complaints, establish very basic systems and then to procure a robust database.

This was all achieved within ten weeks and was an amazing outcome.

The Director General of the Department of Finance and Services and his senior executives were fully supportive of my desire to maintain a paperless office and were of great assistance in ensuring that the necessary procurement was approved promptly.

OUR PEOPLE

Our first year has been successful and satisfying and could not have been achieved without the dedication of each of our team members, who have worked hard to ensure WIRO plays its part in ensuring a fairer and efficient compensation system for NSW.

A handwritten signature in black ink, appearing to read 'K A Garling', with a horizontal line underneath.

K A Garling
WorkCover Independent Review Officer

About WIRO

OUR ROLE

WIRO is an independent statutory office established with a variety of roles which include dealing with complaints about insurers as well as managing the provision of legal assistance for injured workers.

The office provides an important accountability mechanism for the NSW Workers Compensation System.

Our functions

WIRO has several statutory functions as set out in section 27 of the *Workplace Injury Management and Workers Compensation Act 1998*. They are to:

- Resolve complaints made by workers about insurers (where possible)
- Review the procedures used by an insurer to assess work capacity decisions
- Encourage the establishment of dispute resolution processes between employers and insurers
- Undertake inquiries into and report to the Minister on matters arising in connection with the operation of the Workers Compensation Acts.

In addition, WIRO has the administrative responsibility of facilitating access to independent legal advice for injured workers through the provision of grants to resolve disputes about entitlements.

OUR VALUES

In addition to observing the Public Sector Values of integrity, service, trust and accountability, WIRO is committed to:

- Innovation - We find new and better ways of solving problems
- Independence - We are impartial, fair and just
- Respect - We are generous, polite and honest
- Collaboration - We work together, focusing on unity
- Accessibility - We encourage direct access as appropriate to solve problems

Suzanne contacted WIRO with a complaint that her insurer was refusing to accept her pay slips and had not been paying her weekly benefits. Suzanne had contacted WorkCover's Claim's Assistance Service, who were unable to resolve the issue and referred her to WIRO. WIRO contacted the insurer and discovered that the cause of concern was the informal nature of the payslips and to resolve the matter they would need a statutory declaration. WIRO arranged for Suzanne to make a statutory declaration and had it signed by a Justice of the Peace. WIRO submitted the statutory declaration to the insurer which accepted the document, resulting in the commencement of weekly payments including arrears.*

** Not her real name*

OUR SERVICES

Complaints

WIRO helps workers deal with concerns they have about a decision made by an insurer - or an action taken by the insurer - that affects their entitlements, rights or obligations under NSW workers compensation legislation. This includes complaints about denial of liability, medical disputes, assessment of permanent impairment as well as the general process of claims management. WIRO is committed to finding a solution for these concerns promptly.

Independent Legal Assistance Review Service

The Minister for Finance and Services announced that the establishment and management of the Independent Legal Assistance and Review Service (ILARS) would be undertaken by this office. ILARS has established a network of approved lawyers throughout the state including regional NSW to provide independent legal advice to injured workers in relation to disputes which may involve proceedings to solve the dispute. This ensures that workers have access to consistent and reliable legal advice to assist them with the conduct of their claims through the Workers Compensation Commission or the Supreme Court.

Employer and Insurer Complaints

WIRO is available to assist employers and insurers to establish a complaint resolution process for complaints arising out of the Workers Compensation Acts and also deals with complaints from employers.

Work Capacity Decision Review

The new workers compensation legislation has introduced a scheme to resolve disputes about work capacity decisions by insurers. WIRO is the final stage of the administrative review process and undertakes procedural reviews of an insurer's process in making its decision.

Inquiries

The legislation provides that WIRO may undertake inquiries into such matters arising in connection with the operation of the Workers Compensation Acts as the WIRO considers appropriate or as may be referred by the Minister. WIRO has commenced preliminary research into a number of aspects to determine whether a formal inquiry would be desirable.

Our community

STAKEHOLDERS

WIRO works with various stakeholders, through collaboration and consultation, to ensure better outcomes for the NSW Workers Compensation System.

These stakeholders include:

- Injured workers
- Employers
- Employer Associations
- Insurers
- Governments, Government Agencies & Regulatory Bodies
- Legal profession
- Unions
- Health profession

WIRO informs workers across NSW through our website and contact officers in our Complaints division and ILARS about issues with insurers.

Engagement with stakeholders

In order to achieve our goals and meet the various needs of the NSW Workers Compensation System we endeavour to interact with our stakeholders using the following framework:

- 1 Acknowledge Issue, idea, criticism or compliment.
- 2 Feedback Identify the action that we will take.
- 3 Follow Up Provide updates on the activity and meet the agreed timeframe.
- 4 Close the loop Ensure that all parties who need to know about the activity are informed.
- 5 Review Activity and actions to identify and implement any areas for improvement.

WIRO has been proactive in engaging with our identified stakeholders in efforts to raise awareness and to better understand the issues facing them when interacting or participating in the NSW Workers Compensation System. A summary of our engagement activity can be found at Appendix 1.

Stakeholder survey

In June 2013 we undertook our first stakeholder engagement survey with Approved Legal Service Providers (ALSP). The response rate was strong with the following feedback received.

Stakeholders experienced delays in having ILARS grant applications being processed. Despite the delays:

- Over 80% of respondents were satisfied with the information they received from WIRO regarding their grant applications.
- Over 72% of respondents were satisfied with the overall service they received from the WIRO team.

Of those who were satisfied:

- Almost 70% responded that it was because the lawyer at WIRO was pleasant and courteous.

In relation to our communications:

- Over 94% of respondents received the WIRO Wire (stakeholder update) and found it useful.
- 80% were satisfied with the information available on our website.
- 78% of respondents were satisfied with responses they received by email to their grant application.

In response to the feedback, we have:

- Increased our professional staff to respond to applications and improve communication to Approved Legal Service Providers.
- Revised application forms and guidance material published on our website to create a simplified application.

We have plans in the year ahead to build on the ILARS stakeholder survey and to roll out similar surveys to other key stakeholder groups to ensure we remain relevant and deliver services that are valued.

Our performance

COMPLAINTS

WIRO receives complaints from workers about any decision of an insurer that affects their entitlements, rights or obligations.

WIRO has established a team for receiving and solving complaints by workers. WIRO deals with complaints by telephone, through its 13 WIRO (13 9476) number and via email. Where appropriate we also meet with workers personally.

Our approach

While WIRO uses commonly accepted definitions of Complaint and Enquiry, in practice we look at:

- whether a matter involves a simple concern which can be answered without the need to involve the insurer, *or*
- whether the worker's concerns require a response from the insurer which may clarify what has occurred and hopefully will provide an acceptable solution, *or*
- whether it raises systemic procedural matters which may require further inquiries.

WIRO's approach to complaint resolution is primarily informal, seeking to find a solution to the matters of concern raised by or on behalf of the injured worker.

This informal process is based on WIRO's Complaint Handling Protocol which has been accepted by insurers, who are asked to provide a response to us within 48 hours of our inquiry.

This cooperative approach between WIRO and the insurers is a singular achievement. The continued support of the insurers has been a major factor in our ability to achieve sensible and prompt solutions.

Max was involved in an accident at the factory where he worked where he suffered multiple injuries when he was crushed by plant equipment. As a result of those injuries, his leg was partially amputated. The insurer denied liability to provide a prosthetic leg. His lawyer made an application for an ILARS grant to pursue the issue in the Workers Compensation Commission.*

Upon a review of the application it was apparent that there was a strong case and the matter would benefit from intervention from WIRO rather than going through a lengthy process in the Workers Compensation Commission. WIRO contacted the insurer and discussed this issue with them. The insurer agreed to seek approval from WorkCover for the very expensive prostheses. WorkCover gave its approval and the insurer accepted liability.

WIRO also questioned the insurer as to whether the worker was being treated as a Seriously Injured Worker. In response, the insurer made the decision that the WPI was greater than 30% and classified Max as a Seriously Injured Worker.

This was a great outcome, as Max got the necessary assistance including a specialised case manager, who would focus on resolving outstanding issues, including transport expenses and the adequacy of home assistance. Max also received the appropriate level of compensation.

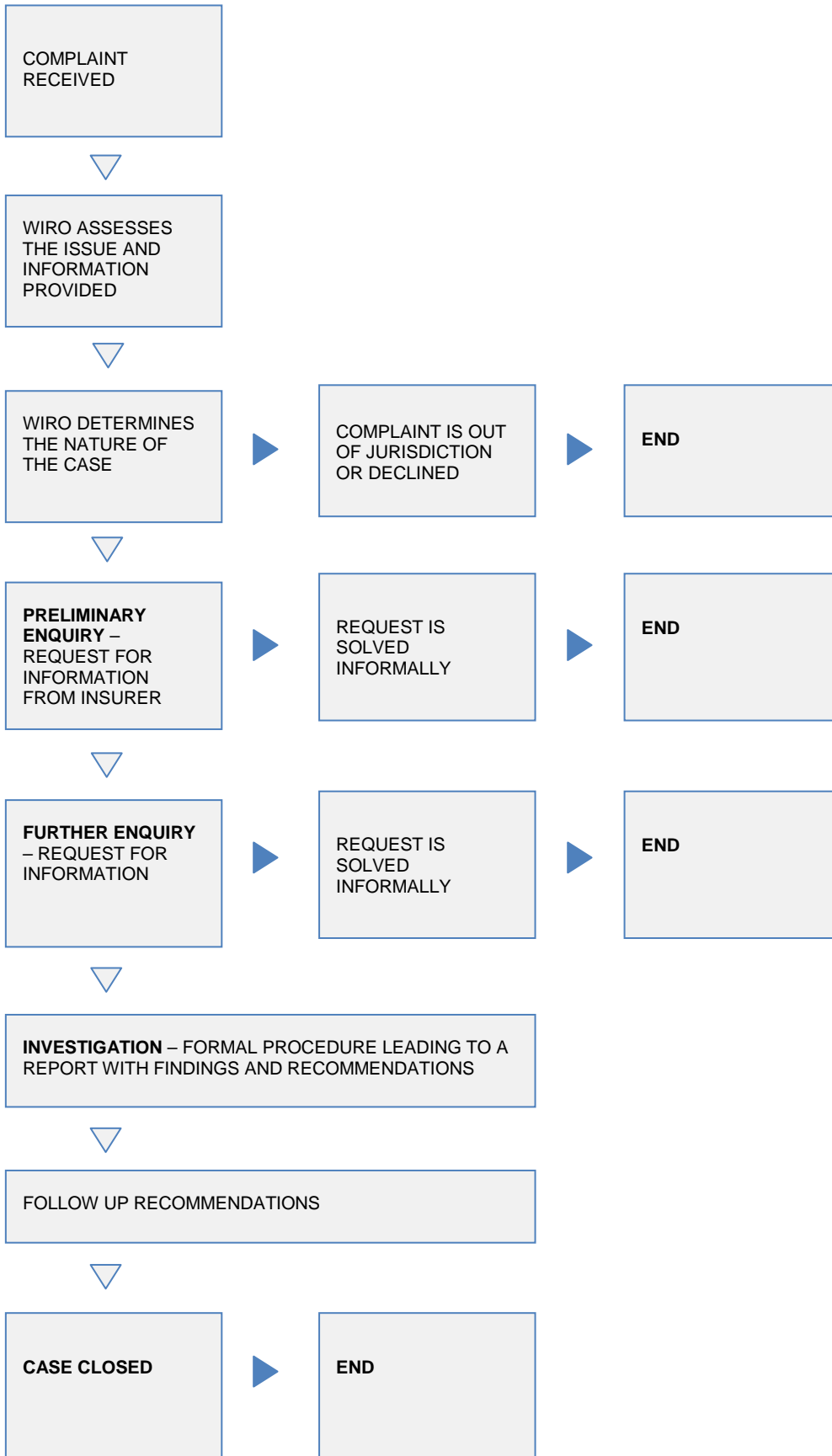
** Not his real name*

At any stage during the complaint solution process where our team identifies a legal issue which cannot be solved with the insurer, we may refer the matter to ILARS who can then arrange for the worker to access independent legal advice.

Our complaints process is illustrated in Figure 1 below. Some examples of complaints we have resolved are:

- denial of liability
- communication of problems with insurers
- general delays by insurers in decision making
- errors in calculations or delays in receiving weekly payments
- referrals to independent medical specialists and approving medical treatment.

FIGURE 1 | WIRO COMPLAINTS RESOLUTION PROCESS

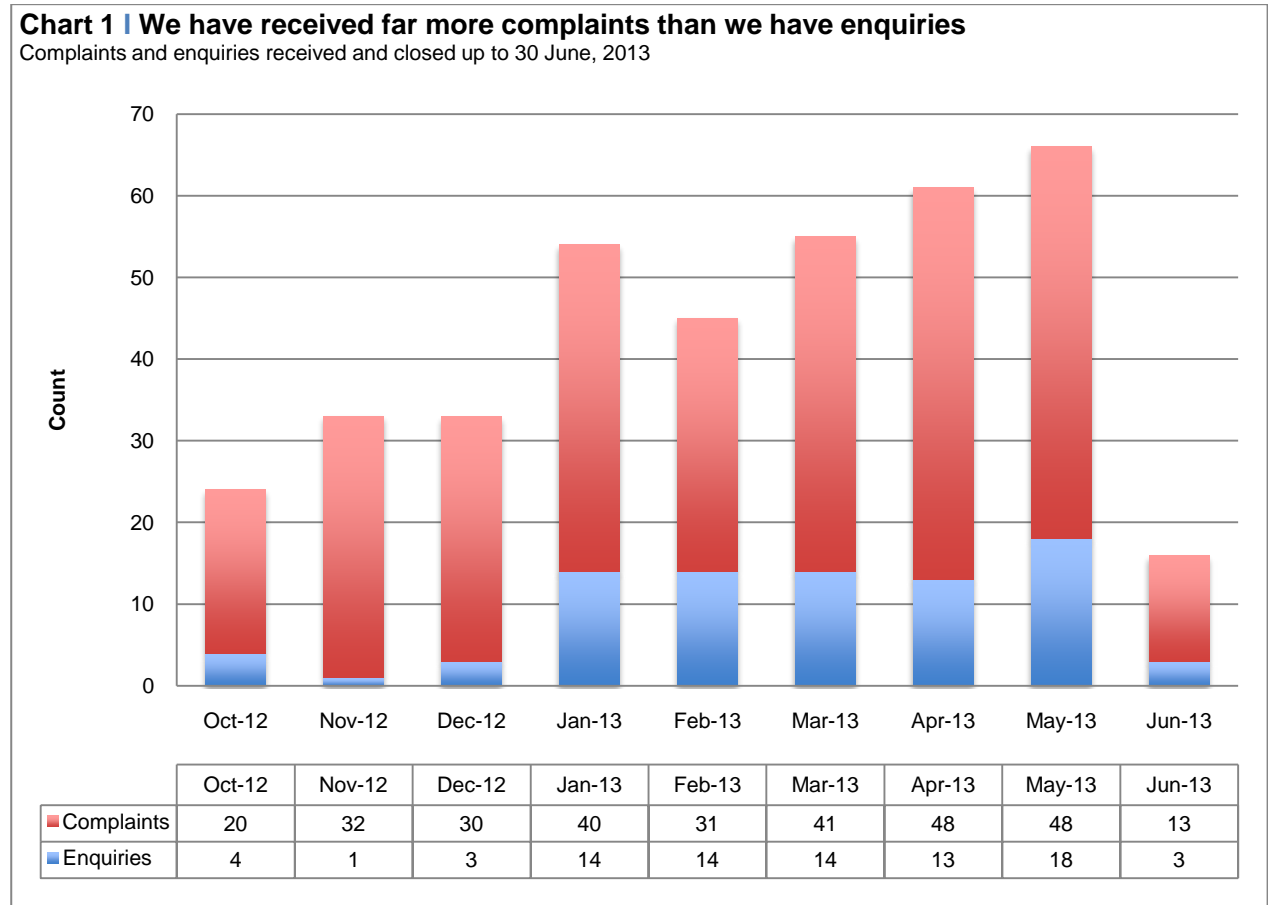


Performance

Much to my disappointment WorkCover has not to date made any attempt to require or request insurers to notify injured workers of their right to seek assistance from this office.

Despite the lack of information about our service being communicated to workers we received 4,005 calls in the nine months to 30 June.

These have been answered promptly and as at 30 June we were meeting a target of zero abandoned calls, an achievement few call centres can match.



In the period from 1 October 2012 until 30 June 2013, the Complaints division opened and closed 303 complaints while 44 complaints remain open and will carry over into the 2014 year.

In addition, the Complaints division considered 65 cases that involved queries about Work Capacity Decisions by insurers.

Many of these cases were looked at closely by WIRO because they involved incorrect notice periods and raised the question as to whether the notices and therefore the decisions were invalid.

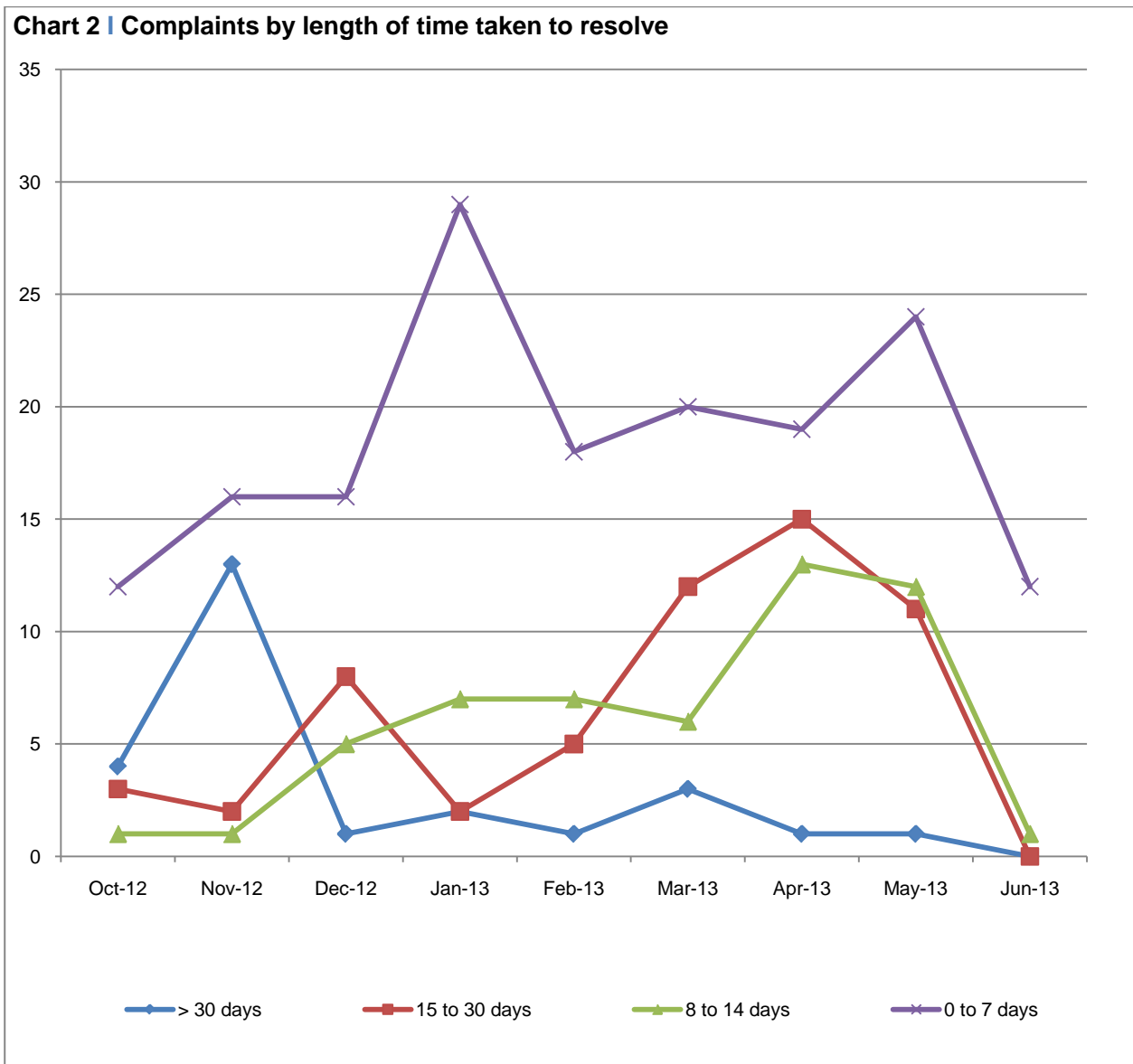
This enabled insurers to appreciate what was required and where the statutory requirements had not been met to start the process again without delay.

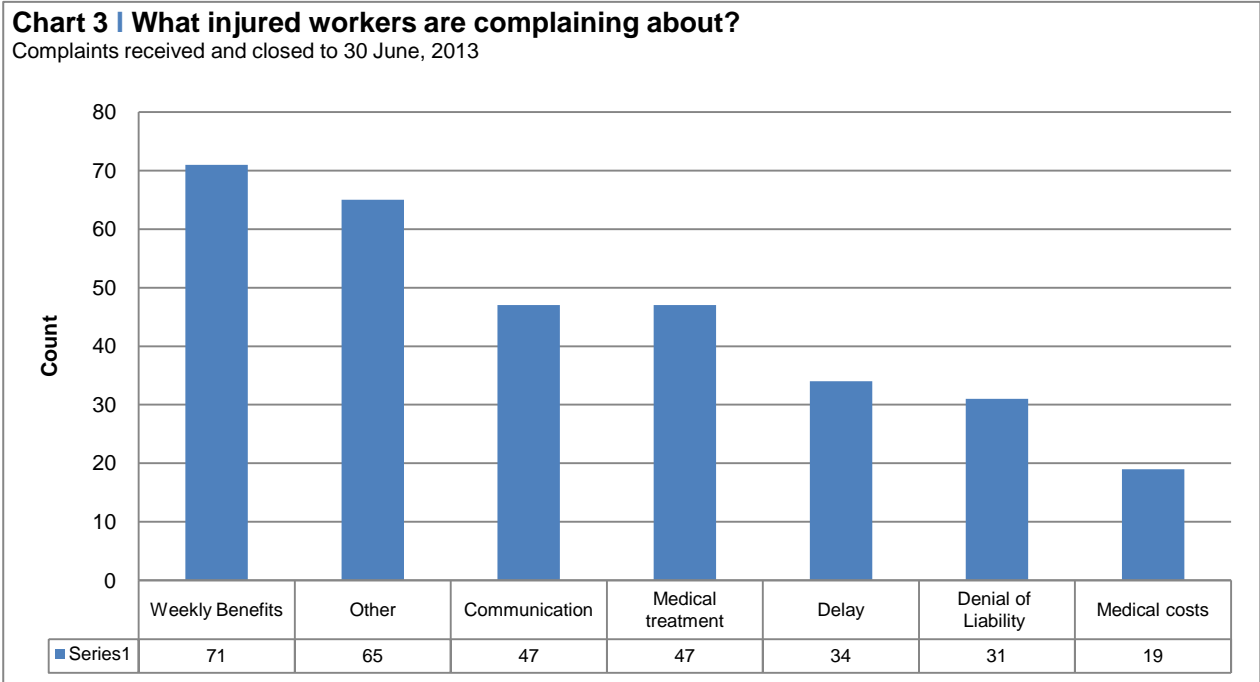
The Complaints division also fielded 84 enquiries this financial year on a wide variety of topics.

In 27 of the 28 cases where the solution time exceeded 30 days, we did not formally comply with section 27A(3) of the *Workplace Injury Management and Workers Compensation Act 1998* that requires WIRO to advise the worker and insurer that we require a further specified period of time to deal with a complaint.

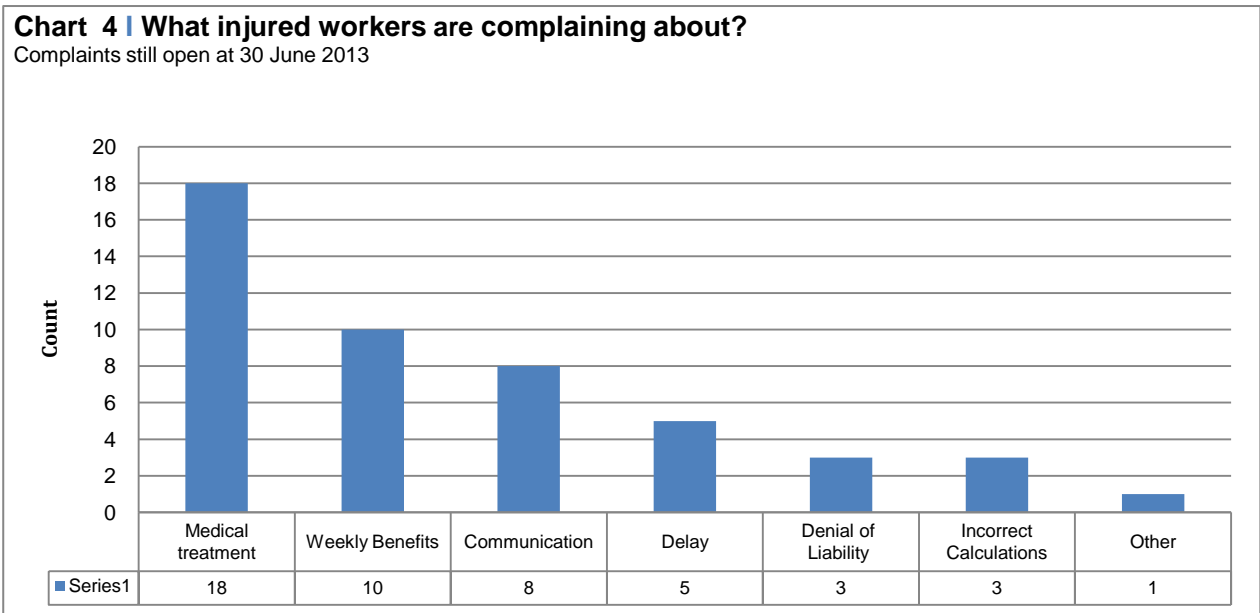
Initially, in the absence of a robust case management system when WIRO was established, the only way of recording complaints and checking their progress was through a basic Excel spreadsheet that was not as accurate as the case management system.

This compromised our ability to be formally compliant.





Note that the total issues count of 314 exceeds the Complaint tally of 303 because one complaint may involve more than one issue.



The importance of complaints about weekly benefits largely reflects decisions by insurers to suspend benefits because of claimed non-compliance by the worker with the management of their claim. Here, issues such as co-operation with injury management plans, or attendance at medical or other assessment appointments figure prominently.

The 2012 reforms contain a provision (Section 44A(6) of the 1987 Act) which automatically suspends workers weekly benefits for non attendance at assessments arranged by insurers in relation to work capacity assessments.

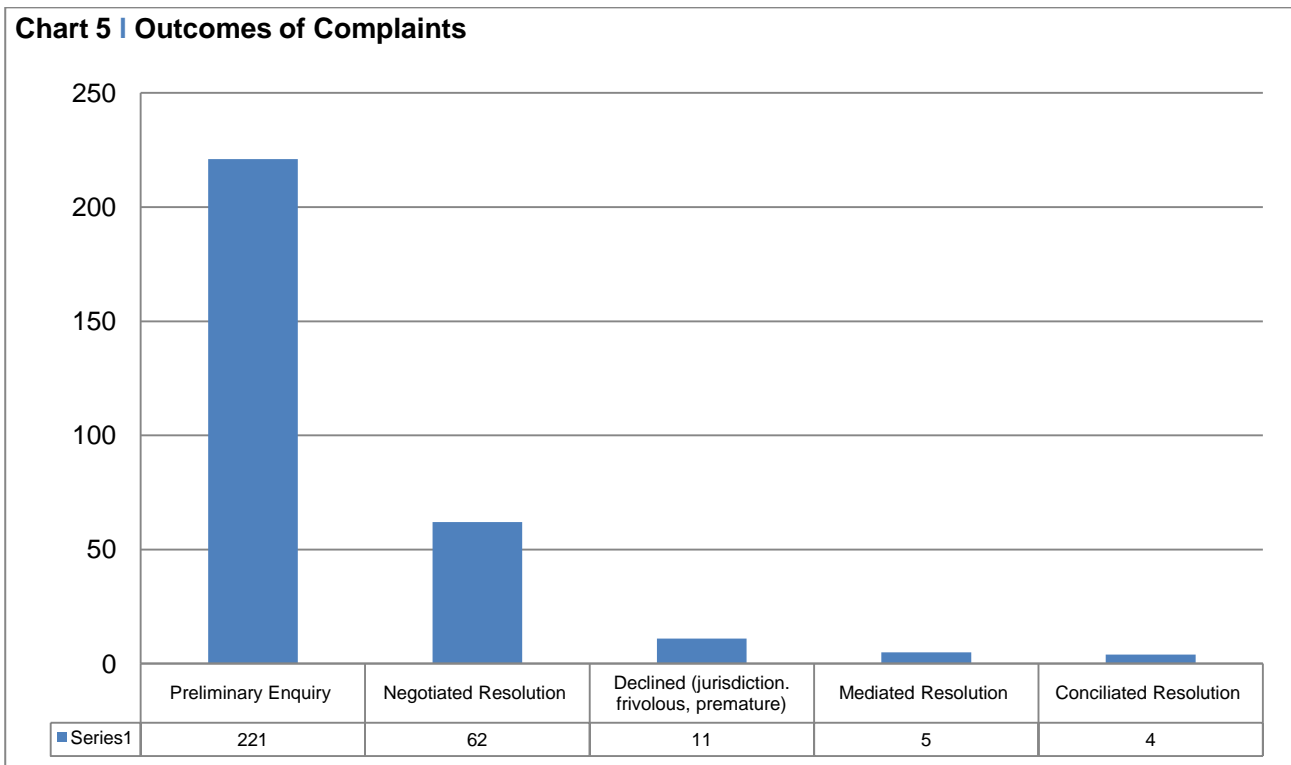
Complaints about denial of liability probably under represent the issue because WIRO initially took the view that these matters should be referred to the Workers Compensation Commission for a decision.

However the upsurge in matters before the Commission and the current long waiting time for decisions to be made led WIRO to reconsider these complaints.

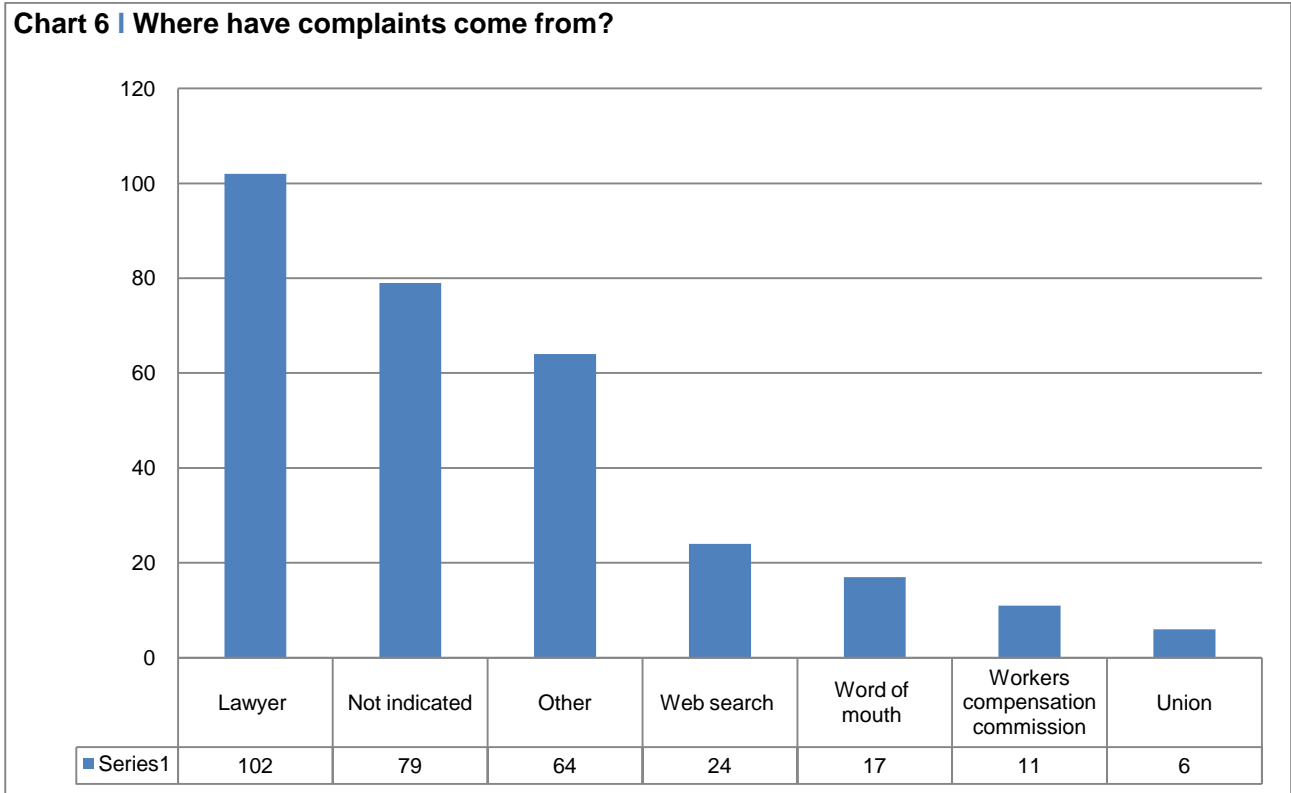
Complaints about non-approval of medical treatment are without doubt the most difficult to resolve.

Commonly the worker is faced with a refusal by the insurer to approve treatment recommended by the worker’s doctor or is faced with a “contest” between their doctor and the insurer’s doctor.

Despite the difficult nature of these disputes, WIRO has had considerable success in resolving them, largely because insurers have been prepared to reconsider their position and seek a sensible solution.



WIRO is required to report on the **source of complaints**. All complaints received have either been made by or on behalf of injured workers. We also report on how injured workers have learnt about WIRO and our role.



I am disappointed that in the short period for the office and its systems to be made operational, my office was not sufficiently resourced to capture the full details of the injured workers who learned about our services.

WORK CAPACITY DECISION REVIEWS

The 2012 reforms introduced a new basis for assessing whether a worker injured in the course of their work was entitled to weekly benefits by way of compensation. This involved the insurer making a determination as to the capacity of the injured worker to continue to be capable of working. This replaced the previous system whereby the decision was in effect made by medical practitioners.

In addition the determination of disputes about capacity and earnings was removed from the Court system and replaced with an administrative process.

There are now three stages whereby an injured worker can seek a review of a work capacity decision. First, a worker may request an internal review by the insurer which is conducted by personnel who were not involved in the original decision.

If the worker is not satisfied with the outcome of that review she or he may seek a review of the merits of that decision by the WorkCover Authority Merit Review Service.

Following these steps if a worker believes there has been some procedural error by the insurer then WIRO may be requested by the worker to review the insurer's procedures in the making of the initial work capacity decision.

The recommendation by WIRO is binding on WorkCover as well as the insurer. Any recommendation is subject to review by the Supreme Court.

To date, WIRO has experienced extremely low volume of requested work capacity decision reviews. With lawyers now excluded from the process, the traditional pathway for information and legal assistance has been removed and has not been replaced. We believe this may have led to such low volumes of requests received by WIRO.

As at 30 June 2013, WIRO had been requested to make recommendations in only two cases where a review of a work capacity decision was sought by the injured worker.

There were procedural defects in both these decisions by the insurers and the recommendations were for the process to be undertaken again.

The legislation prohibits lawyers from charging workers for their services to assist in respect to the review process, effectively excluding them from the review process.

This prohibition has made the review process very difficult for an injured worker to navigate. That may explain why there have been so few requests for review.

As at 30 June 2013, WorkCover reported that there were 5,057 work capacity decision notices issued by insurers in respect to injured workers who were in receipt of weekly benefits as at 1 October 2012.

Of those:

- 39 had been issued prematurely and were invalid
- 649 workers had requested the insurer to conduct an internal review
- 359 reviews had been completed.

Only 123 workers sought a merit review and only 69 had been completed.

Of those 69 workers who had received an outcome from the merit review only 2 sought a procedural review by WIRO and both were finalised.

WorkCover does not presently maintain complete data for work capacity decisions made by insurers in respect to workers who were not in receipt of weekly benefits as at 1 October 2012 or in respect of workers who first make a claim after that date.

Comment on issues arising from the operation of Work Capacity Decisions and recommendations

THE POLICY INTENTION

In introducing the *Workers Compensation Legislation Amendment Bill 2012*, the NSW Treasurer, made the following statement in the Second Reading on 19 June 2012:

“In accordance with recommendation 10 of the report of the joint select committee an integral part of the workers compensation reform is the introduction of work capacity assessments....

The work capacity assessment will be a holistic assessment that will take into account medical evidence vocational retraining and other material specified in WorkCover guidelines.”

The Treasurer had earlier stated that one of the key principles of the reforms was to reduce the high regulatory burden and make it simple for injured workers, employers and service providers to navigate the system.

The reforms also introduced a revised method of determining earnings compensation (weekly benefits) and a limit to the number of weeks for which an injured worker (other than a seriously injured worker) would be entitled to compensation for loss of earnings.

The changes applied immediately to an injured worker who first made a claim and who was in receipt of a weekly payment immediately before 1 October 2012. The intention was for those with claims current at 1 October 2012, to be transitioned to the new weekly benefits over an eighteen month period.

The intention of the reforms was for the insurer having carried out a work capacity assessment to make a decision and for the injured worker to be given notice of an adverse decision.

The insurer would determine the capacity of the injured worker for return to work and for suitable employment as well as the quantum of the appropriate weekly payment.

A new process for dealing with disputes about the work capacity decisions was introduced which is an administrative process and recourse to the Workers Compensation Commission was removed.

THE LEGISLATION

The provisions relevant to the new weekly benefits and the work capacity assessment, decision making and review process are set out in Division 2 of Part 3 of the 1987 Act.

The transitional provisions are set out in Part 19H of Schedule 6 of the 1987 Act. Schedule 8 to the *Workers Compensation Regulation 2010* contains regulations relevant to the reforms.

The WorkCover Authority has issued three versions of the Guidelines which deal with work capacity assessments, decision making and the review process. The initial version was issued on 28 September 2012 and the most recent on 4 October 2013.

I have identified a number of issues about the management of the reforms in the operation of this process for review of work capacity decisions in the period to 30 June 2013.

Notice of change of weekly benefit payment

Although an insurer may undertake a work capacity assessment and make a work capacity decision which has the effect of reducing the weekly payment to the injured worker the change is not effective until and unless a notice of the change is provided to the worker. Section 54 of the 1987 Act requires an insurer to give the injured worker three months notice of the change. That notice has to be in writing and must be served upon the injured worker in person or by post.

It was generally not appreciated throughout the industry that the postal service rule required a period longer than exactly three months to be given where the notice was served on the injured worker by post.

The regular practice of insurers was to give exactly three months notice which in my view rendered the notice ineffective because proper procedure was not followed, because the insurers did not comply with Sections 54(2)(a) and 54(4) of the 1987 Act.

This systemic failure caused some inconvenience in the early stages of this new process however the impact was merely to delay the inevitable while the proper notice was given.

While there were only a few applications for a procedural review by the WIRO of the work capacity decisions the office of the WIRO communicated with insurers through the Complaints division and insurers agreed to remedy the issue through the provision of fresh notices. I was delighted with this response by the insurers once it was drawn to their attention.

Some insurers either disagreed with my view or had doubts about it. However a measure of the goodwill generally within the insurers towards my office resulted in acceptance of my view. The requirement for notices to be served personally or by post, is in my view, too restrictive and I see no reason why notices should also be transmitted electronically.

In order for this to have effect Section 54(4) would need to be amended.

Effective prohibition of legal advice for injured workers

Prior to the 2012 amendments, the legal costs of parties for disputes about workers compensation (except for work injury damages matters) were met by insurers on a regulated fee basis. Injured workers could not be required to pay legal costs for their representation in compensation disputes unless the Workers Compensation Commission determined the application was frivolous or vexatious.

The amendment to section 341 of the 1998 Act (which prohibited the recovery of legal costs) attracted much attention due to the perceived inherent unfairness. Curiously, s44(6) did not.

Section 44(6) of the 1987 Act provided as follows:

“A legal practitioner acting for a worker is not entitled to be paid or recover any amount for costs incurred in connection with a review under this section of a work capacity decision of an insurer”

This section goes further than merely requiring an injured worker to meet their own costs personally. It prohibits the lawyer from charging for any advice. While there have been some instances of lawyers (despite the warnings from LawCover of the liability risks) providing this advice entirely free, the profession generally has not been prepared to assist.

The WorkCover Guidelines did provide that the WorkCover Authority would provide and maintain an advisory service to assist injured workers in connection with the procedures for reviews of work capacity decisions.

This “advisory service” merely directed injured workers to the information published by the Authority but did not assist the injured worker to understand what was needed by that individual to influence the assessment process or to traverse the review process.

The practical effect of the exclusion of advice and assistance being available to injured workers is that many do not fully understand of what information they need and the grounds for the review.

The intention of the reforms was to provide a simple and efficient method for determination of the work capacity of an injured worker and to introduce a simple and efficient review process. This would enable challenges to these decisions to occur quickly, with little formality, and removing the need to proceed in the Commission and therefore for the involvement of lawyers in the process.

The Work Capacity system was based on the Victorian model. Whilst the Victorian model also excludes lawyers from the process (unless there is consent from all parties) WorkSafe have two services available. First they have their WorkSafe Advisory Service, similar to WorkCover’s Claims Assistance Service. It offers free confidential advice to both workers and employers regarding initial work capacity decisions made by scheme agents. The second service available is WorkCover Assist which provides assistance with further reviews.

In NSW, there is a gap in the process which disadvantages workers from obtaining assistance and an explanation of their rights and

entitlements in relation to work capacity decisions and the review process. Clause 9 in Schedule 8 of the *Workers Compensation Regulation 2010* was introduced for the express purpose of restricting the insurer from obtaining advice from the legal profession so as to put both the injured worker and the insurer on the same basis.

While that was the clear intention of the Government it has failed and insurers are utilising the services of lawyers to prepare work capacity decisions and to make submissions in respect to the reviews by the WorkCover Authority of the merits of a decision and also in respect to procedural reviews undertaken by my office.

I raised this with the WorkCover Authority and it agrees that the Regulation does not prohibit the use of lawyers by insurers.

That has therefore left the injured worker at a double disadvantage and contrary to the intention of the Government that the system be efficient, fair and equitable.

These injured workers have no source for advice about their basic entitlement to compensation. This is particularly apparent with injured workers who suffer from a psychological injury.

In the short term the impact of this policy has affected the estimated 45,000 injured workers who are being transitioned to the new benefits scheme through the work capacity process.

The demand for information and assistance may diminish once the transition process is completed by 30 June 2014 however the difficulties with navigating the system will still remain for workers who first make a claim after 1 October 2012.

In order to give effect to the policy of the Government I recommend that the regulation about the use of lawyers by the insurers be amended to be effective. This would require an amendment to the Regulation.

I further recommend that the Government permit my office to provide advice and assistance for injured workers through my WIRO Assist Service beyond the telephone advice service which I currently maintain.

Management of the introduction of the reforms

The WorkCover Authority had the responsibility for the management of the reforms which included issuing the Guidelines and ensuring that the processes were ready.

As with any major reform program this is a major challenge and failures will occur. It is always the fervent hope that they will be insignificant. I have identified the following failures:

Best Practice Decision –Making Guide

The first edition of the WorkCover Guidelines (published on 28 September 2012) set out four “Guiding principles” which were issued for the instruction and guidance to insurers to ensure consistent application of work capacity assessments and decisions.

These Guidelines are of great importance for insurers because they must follow the procedures identified in order for their decisions to be effective. Guideline 2.3 required insurers to make their decisions in accordance with a publication described as “*Best Practice Decision – Making Guide*”.

This publication did not then exist and still does not. The Guidelines were amended to remove reference to this publication in the third edition issued on 8 October 2013.

In my view this failure permitted injured workers to challenge work capacity decisions issued prior to October 2013 as the procedural requirements were not followed.

As the time has now passed for challenges to work capacity decisions based on this omission by WorkCover there does not seem to be an ongoing risk for the Scheme.

I was concerned about whether this omission provided an opportunity for a challenge to the Guidelines as being invalid. The Crown Solicitor has, however, confirmed that in his opinion they remain valid notwithstanding this omission.

Required Forms

Section 44(3)(a) of the 1987 Act is in the following terms:

“(3)The following provisions apply to the review of a work capacity decision when the reviewer is the Authority or the Independent Review Officer:

- (a) An application for review must be made within 30 days after the worker receives notice in the form approved by the Authority of the insurer’s decision on internal review of the decision (when the application is for review by the Authority) or the Authority’s decision on a review (when the application is for review by the Independent Review Officer).”*

The issue is that the above section refers to “notice in the form approved by the Authority”. There were no forms approved by the Authority. I drew this failure to the attention of the Authority in July 2013 and as at the date of this report the Authority has approved a form for the provision of notice of a decision on an internal review but for some reason has not as yet approved the form for the notice to the worker of the decision by the Authority (the merit review).

The impact of this failure is that the injured worker is still able to seek a review of the decision of the insurer on an internal review prior to October 2013 when the proper form was approved. All decisions of the Authority remain open for challenge as the time for a review has not commenced. Whether this will be of any significance remains to be seen.

Interpretation of legislation

The WorkCover Authority has issued a number of policies in respect to the management of claims by insurers which although sensible and well intentioned are contrary to the provisions of the legislation. This has led to conflict for insurers who are bound to follow the requirements imposed by the Authority even where it is clear that the legislation provides a contrary outcome. While these matters are not of significance in the overall management of claims processing they do impact on the individual injured worker.

Existing weekly recipient

The requirement for the transition of existing claimants as at 1 October 2012 was introduced by Part 19H of Schedule 6 of the 1987 Act. Clause 3 of Part 19H provided that the amendments made by the 2012 amending Act extended to injuries received and claims made before the commencement of the amendment and affected those proceedings current before the Commission or in a Court.

Clauses 6 & 9 of Division 2 of Part 19H were intended to give effect to this policy. For some reason those clauses restricted the transition of injured workers to “existing weekly recipients”. This class was defined in Clause 1 as follows:

“existing recipient of weekly payments means an injured worker who is in receipt of weekly payments of compensation immediately before the commencement of the weekly payments amendments”

That definition excluded those injured workers who were not actually in receipt of compensation by way of weekly payments for any reason as at 30 September 2012 being the relevant date before the commencement of the amendments on 1 October 2012.

Where an injured worker had made a claim for compensation by way of weekly payments before 1 October 2012 and liability (or provisional liability) for that claim had not been admitted then the transition requirements did not apply.

This included those injured workers who, for example, had commenced proceedings in the Commission claiming compensation by way of weekly payments. The significance of the difference between the two classes was that those persons who were not in receipt of weekly payments as at 30 September 2012 were not restricted by the cap on the transitional amount (Clause 2) of deemed pre injury earnings and were able to receive weekly payments at the higher rate (where applicable). For the purpose of consistency the WorkCover Authority has issued guidance to insurers to treat all claimants as at 1 October 2012 in the same manner notwithstanding the provisions of the legislation.

I am not aware of how many workers exist in this class and who have been disadvantaged as a result of this incorrect policy however I am aware of a small number that have been drawn to my attention. The difficulty for these injured workers is the operation of the review process as it affects them. An injured worker in this class would firstly have to appreciate that the definition applied to exclude them from the transitional amount cap. The injured worker would then need to seek an internal review by the insurer. This review had to uphold the original work capacity decision because it accorded with the view of the Authority.

The next step is a merit review where the Authority reviews the merits of the decision. In this example there is nothing to review because the injured worker is not challenging the merits of the decision and the review is sought only of the decision as it relates to the quantum of the weekly payments due.

The injured worker has therefore had to endure the delay of the review process which passes through the first and second reviews (at least two months) before it can be considered by my office and the injustice cured. This occurs even though the insurer accepts that the policy is incorrect.

Zero weekly entitlement

The WorkCover Authority has determined that there are circumstances which arise where an injured worker who is entitled to compensation by way of a weekly payment for a particular week but by virtue of the calculation of the amount (Section 35 of the 1987 Act) as required the payment is "zero". While this may seem to be not particularly relevant the difficulty is that the week is counted as a week towards the cap of weeks during which the injured worker may receive weekly payments.

Delays at the Merit Review Service

In the “relevant information” category it might not be out of place to note that WIRO has observed that the Merit Review Service has not always complied with *Guideline 6.3.3* of the *Work Capacity Guidelines* gazetted on 28 September 2012 (which became *Guideline 7.3.3* in later versions) which states:

“The Authority must write to the worker and insurer within 30 days of receiving the application advising of the outcome of the Merit review and must include the decision, its impact, any recommendations and reasons.” (emphasis added).

WIRO is aware of one case in which the Merit Review process was described as having taken 70 days.

The problem such delays cause is that by the time a procedural review is undertaken the medical and other evidence on which the original work capacity decision was based is no longer current, but despite this there is a live dispute about the worker’s capacity for employment as it was nearly half a year ago.

There is no apparent remedy for workers who find that the Merit Review process is slow, since they are prevented from seeking procedural review until such time as Merit Review is completed (see s 44(1)(c)).

Whereas section 44(3)(b) allows a worker to approach the Merit Review Service in the event that an insurer has taken longer than 30 days to complete internal review, there is no similar provision available to workers in the event that the Merit Review is not completed within 30 days.

In the Merit Review process it seems that workers are given the onus of disproving the accuracy or appropriateness of the insurer’s decision, even though that decision affects the livelihood of workers who had previously been in receipt of weekly payments from the insurer and it is the insurer which gains a benefit from the work capacity decision.

It might be thought that workers in this position would have a legitimate expectation that payments would continue unless their entitlement had been proven to be at an end.

This might be a matter for legislative amendment.

INDEPENDENT LEGAL ASSISTANCE REVIEW SERVICE (ILARS)

The NSW Government announced the establishment of the Independent Legal Assistance and Review Service (ILARS) to commence on 1 October 2012 to provide funding for workers with claims that involve reference to the Workers Compensation Commission or the Supreme Court.

While not a provider of legal advice, our team of in-house lawyers reviews applications for legal funding to determine if a worker has reasonable prospects of success against their insurer. Grants for legal assistance are then made to the lawyer for the worker which include the legal fees and also the cost of obtaining necessary expert reports to support the application.

ILARS has grown into a trusted funder and facilitator of claims by workers with reasonable prospects of success.

The Grant Application Process

In order for an Australian Lawyer to be approved as a legal service provider under the ILARS Scheme the individual lawyer (not the firm) must seek approval and provide substantiation of their practical experience. Each individual lawyer must enter into an agreement with WIRO which governs the terms upon which they are to provide legal services to the injured workers.

This includes service standards and permits WIRO to conduct reviews of the lawyer's practice and to audit their performance.

As at 30 June 2013 WIRO had approved 655 lawyers throughout the state including regional areas to provide independent legal advice to workers with proceedings to resolve their claims for compensation. This ensures that workers have access to local and reliable legal advice to help with their dispute. Such assistance does not extend to advice for workers about the work capacity process.

In order to receive a grant an approved lawyer submits an electronic application outlining the details of the claim and the issue in dispute. Upon receipt, ILARS in house lawyers assess whether the case has a reasonable probability of success and determine if the grant should be made.

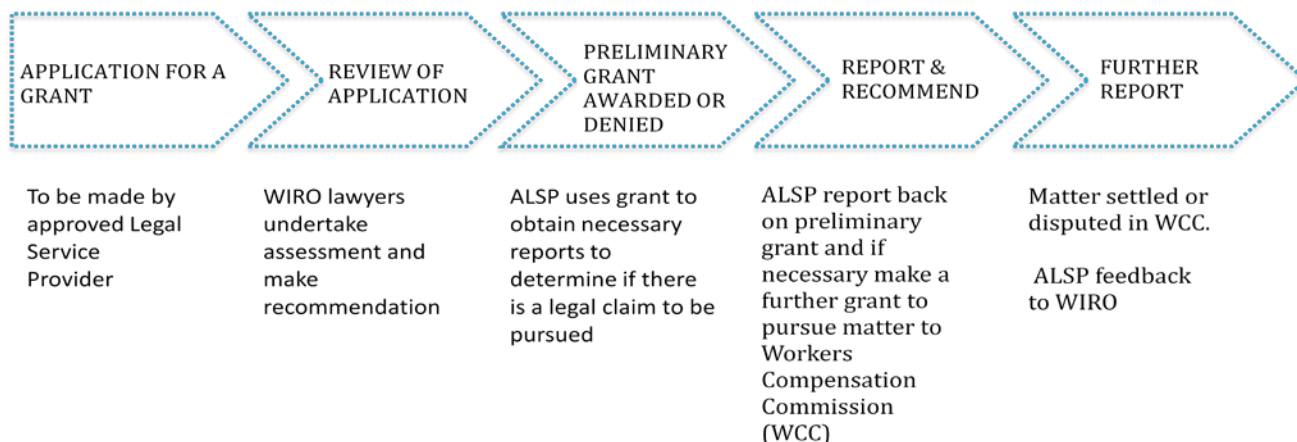
In many cases, a preliminary grant is made for the lawyer to obtain the necessary reports to determine whether the worker may have a legal right or entitlement to compensation. Where the worker does not reach the requisite threshold then the cost of making the relevant enquiries is met by ILARS.

Once the reports are obtained, the lawyer reports back on the outcome of the matter and if necessary applies for further funding to pursue informal negotiation with the insurer and or commence proceedings in the Workers Compensation Commission. Our process is illustrated below in Figure 2.

These grants issued are funded by the WorkCover Authority Fund and administered through WIRO's ILARS service.

Figure 2 | Grant Application Process

NB There are no retrospective disbursements.



Performance

As at 30 June 2013, ILARS had received 6,237 applications for legal assistance with 4,104 (66%) of these matters relating to whole of person impairment (WPI) claims. Where a worker seeks lump sum compensation for permanent impairment it is necessary for the claim to be finalised through the Workers Compensation Commission.

Where there is a dispute about whether medical treatment is reasonably necessary it is also determined through the Workers Compensation Commission.

Cases where the insurer formed the view it was not liable for a worker’s injury were the second most common type of matters received, making up 873 matters (14%). 637 matters (10%) involved disputes over whether a worker required a medical procedure or treatment. Disputes over other entitlements have made up the remaining 528 (8%) applications for assistance.

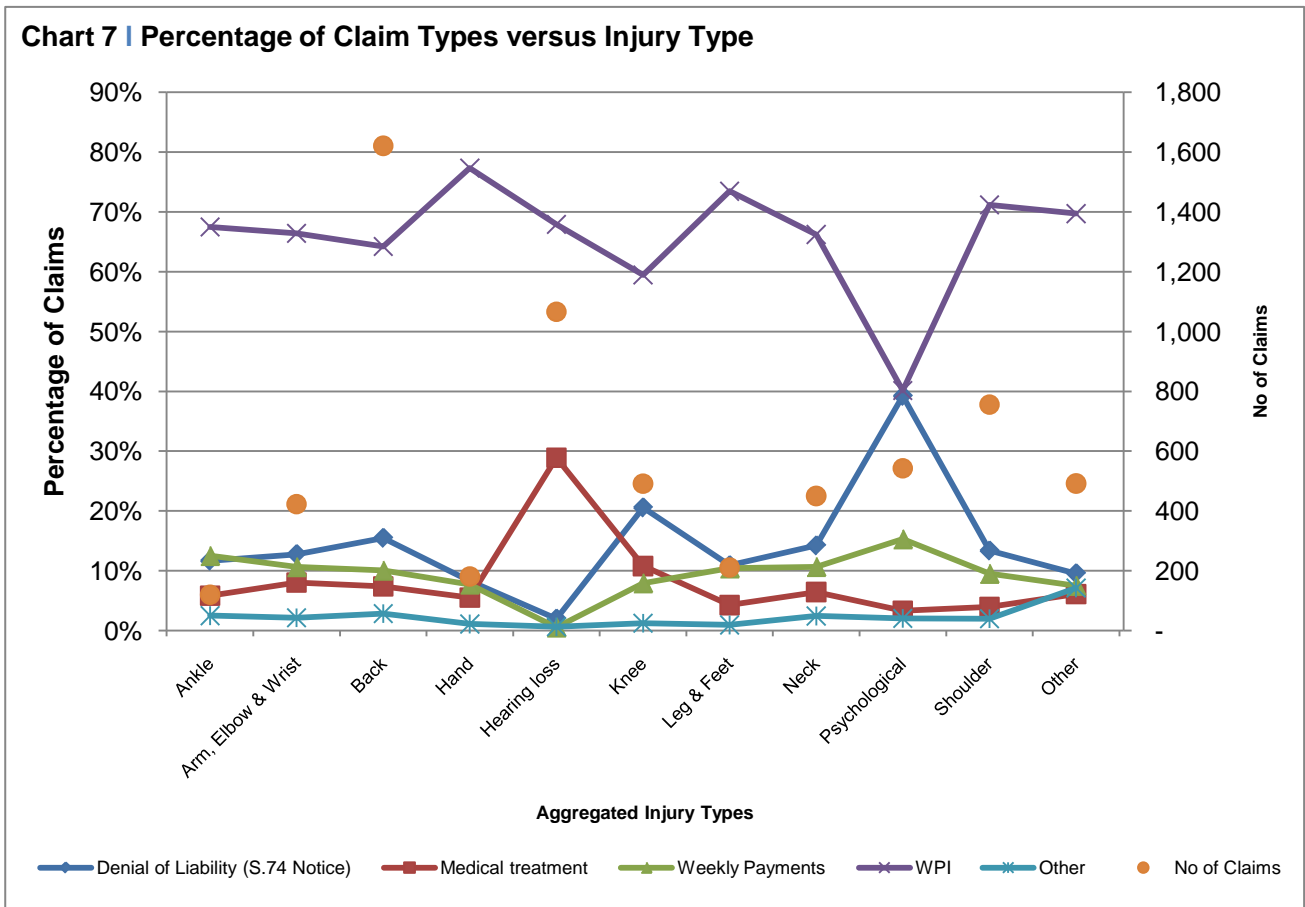
Of the 4,104 WPI matters where funding was sought from ILARS, more than a third – or 1,586 – were back injuries with many reports involving workers in the aged care and health sector, retail and construction industries.

Hearing loss was the second highest injury type at 1,057 matters (25%) while shoulder injuries made up 736 (18%) of disputes. Disputes involving psychological injuries, including bullying and discrimination-related claims, made up 527 (8%) cases.

GOUDAPPEL V ADCO CONSTRUCTION PTY LIMITED

The decision of *Goudappel v ADCO Construction* by the Court of Appeal effectively permitted claims to be made for lump sum compensation for permanent impairment below the threshold introduced by the June 2012 reforms in certain circumstances. The impact of this decision was assessed by SRWSD as having only a minor impact on the valuation of the Scheme. However it did lead to an increase in the number of applications for legal assistance as the entitlement of workers to seek further compensation had been considered unavailable prior to the decision.

A special leave application in the High Court was granted on 11 October 2013 and the full hearing of the appeal will be heard in the first quarter of next year. These claims for compensation are proceeding on the basis that the decision of the Court of Appeal represents the current legal position.



EMPLOYER AND INSURER COMPLAINTS

Prior to the 2012 legislative changes, there was no formal complaint resolution process for employers who wanted to dispute the acceptance by an insurer of liability for a claim or in respect of its management.

The 2012 amendments to the Workers Compensation Acts recognises that there needed to be a process for the solution of such matters and sets out WIRO’s role to encourage the establishment of resolution processes with insurers for such complaints. To date, WIRO has been working to identify the various issues within the workers compensation system that concern employers, in particular those which require a more formal system to enable solutions to be reached.

While some scheme agents have general complaints handling processes for workers compensation, only one has an employer complaints process listed on their webpage. WIRO has also been assisting in resolving disputes between employers and insurers. Such disputes have involved complaints by employers over delays and lack of action by scheme agents in managing claims as well as in disputes over liability for injuries, such as psychological claims.

Other complaints relate to the impact on premiums when a complaint is not actively managed by a scheme agent or an injured worker leaves the employer before returning to work.

Organisational performance

OUR PEOPLE

We recognise that people are the foundation of our business. It is our motivated and talented staff with behaviours that are aligned to our values that is an important ingredient to our success. I place great emphasis on proper behaviour as well as skill as part of our recruitment strategy.

It has been our aim to make WIRO a great place to work, to build and enhance our reputation and to strengthen the communities that we work with by being inclusive, providing opportunity to participate in training and development and providing our staff with the resources and support they need to succeed.

What our staff say

In June 2013, we undertook an employee engagement survey, with a 100 % response rate.

- 88% agree that their job makes good use of their skills and abilities
- 96% of our staff feel encouraged to come with new and better ways of doing things
- 92% of staff feel like their team works harmoniously and communicates well
- 92% staff agree that they have the tools and resources to do their job well
- 88% of our staff agree that they have the opportunity to develop their skills
- 100% are satisfied with their job.

"I believe I am part of an organisation that takes pride in its work and I feel that I am working with people who have professional integrity."

"The WIRO should be congratulated for his tremendous effort in establishing a wonderful team. He is a kind, generous and patient leader with whom I am honoured to work."

However, like all organisations there are areas of improvement for WIRO to work on which include greater communication to staff and more defined structures and roles.

We are working towards finalising our organisational chart and implementing an intranet to support the flow of communication amongst members of our team.

INFORMATION TECHNOLOGY

Our commitment to being a paperless office means that we are very dependent on information technology. WIRO has established a website at www.wiro.nsw.gov.au and promotes a general enquiries email address: contact@wiro.nsw.gov.au. We also have a free call phone line: **13 WIRO (13 9476)**. With the introduction of our upgraded Case Management software in July we expect to improve our reporting and analysis to provide insight to our performance throughout the year.

We have implemented a telephone and email call centre system to manage incoming calls and enquiries. We have also made significant progress on the implementation of an electronic document and records management system to facilitate better record-keeping and ensure that internal record-keeping processes meet the mandatory requirements of the *State Records Act 1998*.

COMMUNICATIONS

The WIRO brand was developed in record time in late 2012. After a branding workshop involving all existing members of the team and consultation with stakeholders, it was agreed that the brand needed to be simple, clean and accessible to workers. It needed to communicate that WIRO was here to help.

With a robust brief prepared and from a standing start:

- Logo and brand elements were designed
- All stationery templates were created, tested and released
- Electronic collateral including the Screen Savers and WIRO YouTube channel was prepared in keeping with our paperless office philosophy.
- Website was designed, built and populated in time for use by workers in January 2013.

A communication program has been developed to ensure our services are relevant to and understood by our stakeholders. The bulk of the program is released electronically, requiring very little investment in printing or other collateral. The core elements of our program involve communicating with stakeholders in person, in writing and on-line.

In person

We meet stakeholders in three ways:

- One on one – private meetings with those who make a request
- One to a few – briefings and workshops with small groups
- One to many – presentations at briefings and seminars.

Provided in **Annexure 1** is a summary of our stakeholder engagement activities. Relevant presentations are formatted and released via the WIRO website.

In writing

We have established the WIRO Wire to communicate with all stakeholders. This news service provides a regular update to stakeholders on issues of importance. The WIRO Wire is disseminated via an electronic newsletter facility and can also be accessed via the WIRO website.

On-line

The website is the central repository of all information disseminated by WIRO. Created in record time, the website has had a steady increase in traffic. The banners on the landing page are used to draw attention to campaigns including the development and release of an explainer video.

Explanimate

Communicating the story of WIRO and the solutions offered was a complex task. With the help of Explanimate we were able to produce a simple explainer video and make this available from the WIRO YouTube Channel and the WIRO website. This service provides visitors with a simple to understand explanation of the service WIRO provides.

CHALLENGES

One of the key challenges that we have faced in our communication strategy has been to raise awareness amongst workers.

We have been as yet unsuccessful in achieving an acceptable outcome with WorkCover to ensure that workers and employers are made aware of their rights and entitlements and how WIRO can assist them.

We are yet to successfully have included in correspondence to injured workers any communication about the WIRO's services by WorkCover or any of the insurers. This puts workers at a disadvantage.

RESEARCH

A survey of satisfaction levels of Approved Legal Service Providers was conducted this year. Our intention is to conduct this survey annually. A project was commenced to survey the needs of employers. Unfortunately, due to concerns expressed by WorkCover, we were unable to access contact details of employers and the cost of preparing a sample ourselves was prohibitive. Negotiations over access to data with WorkCover continue.

INTERNAL COMMUNICATIONS

The Communications team provides support to WIRO staff through the production of the newsletter – WIROXpress. The team provides media, publishing and branding advice and project management.

THE YEAR AHEAD

The year ahead promises to be busy with plans to:

- Upgrade features on the website to allow visitors to see what has been developed recently
- Provide visitors with a contact management facility – allowing them to register to receive communication from WIRO and manage their contact information.
- Improve the experience for smartphone users with the website performance enhanced.
- Release a flyer for stakeholders to share with injured workers, that can be customised, downloaded from the website and printed by the stakeholder on demand.
- Release of the WIROnet intranet for use internally.
- Survey users of our Complaints Division.
- Survey employers on their experience with the workers compensation system.

Annexure 1

STAKEHOLDER ENGAGEMENT SUMMARY

DATE	TYPE	STAKEHOLDER
17-Sep-12	Meeting	Secretary, Unions NSW
25-Sep-12	Meeting	President of the Workers Compensation Commission
26-Sep-12	Meeting	CEO, Insurance Council
03-Oct-12	Meeting	CEO NSW Legal Aid
04-Oct-12	Meeting	President and Senior Officers of the NSW Bar Association
04-Oct-12	Meeting	CEO, Law Society NSW
09-Oct-12	Meeting	Senior Partner, Carroll & O'Dea
10-Oct-12	Presentation	Workers Compensation Legislative Reform Program Review Board
11-Oct-12	Address	Unions NSW Delegates
11-Oct-12	Address	Workers Compensation Commission staff
11-Oct-12	Address	Workers Compensation Commission arbitrators
12-Oct-12	Meeting	With Turner Freeman Lawyers
15-Oct-12	Meeting	Independent Commission Against Corruption
18-Oct-12	Meeting	Legal Stakeholders Reference Group
19-Oct-12	Address	Wollongong Law Society
23-Oct-12	Meeting	Registrar Workers Compensation Commission
24-Oct-12	Address	Slater & Gordon Lawyers Practice Group
25-Oct-12	Address	NSW Self Insurers Annual Meeting
30-Oct-12	Meeting	Senior NSW Lawyers
01-Nov-12	Meeting	President NSW Law Society
02-Nov-12	Meeting	Kimberley Clark
07-Nov-12	Address	NSW Law Society Injury Compensation Committee
07-Nov-12	Meeting	CGU Managers
12-Nov-12	Meeting	Unions NSW Delegates at Labour Council
14-Nov-12	Address	Meeting of Central West Law Society at Bathurst
15-Nov-12	Meeting	Legal Stakeholders Reference Group
16-Nov-12	Meeting	Privacy Commissioner
20-Nov-12	Address	LHD Lawyers
20-Nov-12	Address	Slater & Gordon Lawyers
23-Nov-12	Address	Far North Coast Law Society at Ballina
26-Nov-12	Address	Central Coast Law Society at Gosford
27-Nov-12	Meeting	Managing Director, Employers Mutual
29-Nov-12	Meeting	Allianz and QBE
30-Nov-12	Address	Workers Compensation Commission Arbitrators Conference
05-Dec-12	Address	South West Slopes Law Society at Wagga Wagga
05-Dec-12	Meeting	KPMG
06-Dec-12	Address	Australian Lawyers Alliance Annual Seminar
12-Dec-12	Meeting	Independent Commission Against Corruption

DATE	TYPE	STAKEHOLDER
13-Dec-12	Meeting	Legal Stakeholders Reference Group
15-Nov-12	Meeting	Legal Stakeholders Reference Group
18-Dec-13	Briefing	Legal Stakeholders Reference Group
18-Dec-12	Meeting	Freightliner
18-Dec-12	Meeting	NSW Business Chamber
20-Dec-12	Meeting	Small Business Commissioner
20-Dec-12	Meeting	QBE Managers
02-Jan-13	Meeting	Richard Gilley
04-Jan-13	Meeting	Gary Swinton Xchanging
07-Jan-13	Meeting	Xchanging
22-Jan-13	Meeting	Australian Industry Group
24-Jan-13	Meeting	Civil Contractors Federation
01-Feb-13	Meeting	Ernst & Young
04-Feb-13	Meeting	AFEI
06-Feb-13	Meeting	Unions NSW
07-Feb-13	Meeting	CGU Workers Compensation
07-Feb-13	Meeting	Meeting with Office of Injured Employees Counsel - Austin Texas
08-Feb-13	Meeting	Mid Year Meeting of American Bar Association - Dallas, Texas
10-Feb-13	Meeting	Administrator, Workers Compensation, Oklahoma City, Oklahoma
11-Feb-13	Meeting	Taylor and Scott
11-Feb-13	Meeting	Ombudsman, Albuquerque, New Mexico
18-Feb-13	Meeting	Unions NSW delegates
19-Feb-13	Meeting	State Transport Insurance Group
19-Feb-13	Meeting	Veolia Insurance Executives
21-Feb-13	Address	City of Sydney Law Society
25-Feb-13	Meeting	CEO, Law Society NSW
26-Feb-13	Address	Carroll & O'Dea, Solicitors
26-Feb-13	Conference	National Workers Compensation Summit
27-Feb-13	Conference	National Workers Compensation Summit
01-Mar-13	Address	Regional Presidents , Law Society NSW
04-Mar-13	Meeting	Ausgrid
04-Mar-13	Meeting	NSW Transport
05-Mar-13	Meeting	Inghams Chickens
06-Mar-13	Meeting	Allianz
11-Mar-13	Meeting	National E-Health Transition Authority
14-Mar-13	Meeting	SI Corp
15-Mar-13	Meeting	National E-Health Transition Authority
18-Mar-13	Address	NSW Transport officers
20-Mar-13	Address	UNSW CLE Session
21-Mar-13	Meeting	Legal Stakeholders Reference Group
21-Mar-13	Meeting	Woolworths
22-Mar-13	Meeting	Carroll and O'Dea
22-Mar-13	Meeting	OneSteel Insurance Executives
25-Mar-13	Conference	NSW State Legal Conference (M Vella)

DATE	TYPE	STAKEHOLDER
27-Mar-13	Meeting	Bartier Perry
27-Mar-13	Conference	Personal Injury Law Conference
04-Apr-13	Meeting	Self Insurers Executive
09-Apr-13	Address	Wesfarmers
11-Apr-13	Meeting	Hotel EML
17-Apr-13	Meeting	CBA Insurance
18-Apr-13	Address	Macarthur Law Society
18-Apr-13	Meeting	Legal Stakeholders Reference Group
18-Apr-13	Meeting	James Milson Board (P Jedlin)
23-Apr-13	Meeting	Stacks Goudcamp
23-Apr-13	Meeting	National E-Health Transition Authority
24-Apr-13	Meeting	ISS National
25-Apr-13	Meeting	North Dakota Workforce Safety & Insurance Decision Review Office
25-Apr-13	Meeting	Oregon ombudsman -Salem
26-Apr-13	Meeting	Minnesota Department of Labour and Industries
26-Apr-13	Meeting	Washington Department of Labour and Industries
29-Apr-13	Conference	IAIABC Forum 2013
30-Apr-13	Conference	IAIABC Forum and Iowa Division of workers compensation
01-May-13	Conference	IAIABC Forum 2013
01-May-13	Meeting	Law Society Injury Compensation Committee
02-May-13	Conference	IAIABC Forum 2013
03-May-13	Meeting	Kansas Workers Compensation Ombudsman
03-May-13	Meeting	Nevada Attorney for Injured Workers & Dept Business & Industry Workers compensation Section
07-May-13	Meeting	Catholic Church Insurances
08-May-13	Meeting	Shine Lawyers
09-May-13	Address	Wesfarmers
14-May-13	Address	Self Insurer Association Education Program
15-May-13	Meeting	ETN specialist
24-May-13	Address	College of Law Education Program
27-May-13	Address	Personal Injury Foundation Course - Deakin University Geelong
28-May-13	Address	Self Insurers at Hicksons Lawyers
28-May-13	Address	Interact Injury Management
03-Jun-13	Meeting	University of Wollongong
07-Jun-13	Meeting	Transport NSW Workers Compensation Group at Burwood
11-Jun-13	Address	Arrium and Self Insurers at Newcastle
13-Jun-13	Address	Legalwise Seminar
21-Jun-13	Meeting	Legal Stakeholders Reference Group
26-Jun-13	Address	Xchanging Workers Compensation Managers