

From: [Stefania McGrath](#)
To: [WorkCover WA New Act Consultation](#)
Cc: [WA United Voice Legal](#)
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[WCIMA23 - Implementation Review Consultation Paper - January 2025.PDF](#)

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Hello Policy and Legislative Services

Submissions on consultation

1. Settlement agreements - recommendations

- a. Delete – agreement date on page one, date claim made, date claim given to insurer on page 2
- b. Other amounts – include erroneous payments. We have recently had a situation where a worker was overpaid. The parties reached an agreement which included acknowledgement of an overpayment. We are concerned that the settlement agreement may not extinguish the employers right to seek recovery.
- c. Future miscellaneous expenses -if WorkCover require ongoing clarification from the parties to confirm the amount is for miscellaneous expenses then I recommend this is defined in the settlement document for example the settlement agreement states: Is that the sum for miscellaneous expenses is correctly attributed to expenses as set out in section and a box to tick yes or no to confirm whether this is a miscellaneous expense.
- d. Consideration should be given to include an amount for an agreed permanent impairment – for example if a worker has a preliminary assessment or special assessment from an APIA.

2. Permanent impairment agreement– PI Notice process

- a. This should include the applicable General Maximum amount (GMA) monetary item lump sum so that a worker is fully informed of monetary amount.
- b. I also don't think Workcover should reject, request rectification based on the dates the Permanent impairment agreement and settlement agreements are signed. These documents are often prepared after the parties have reached an in-principle agreement and all settlements documents are generally sent to the parties at the same time for execution.

3. Permanent impairment assessment by APIA –

- a. Special assessments – there should be no minimum time limit to perform a special assessment. At present the WorkCover guides states:

A special assessment allows for an assessment to be done even if the condition has not stabilised and overrides anything in AMA5 or the WorkCover WA Guidelines that requires the condition to be stable or to have reached MMI. These limited circumstances are outlined below. 13 1.66 An assessment of the worker's degree of permanent impairment

can be done, notwithstanding the worker's condition has not stabilised (a 'special assessment ') if the following conditions are met: (a) If, after the expiry of the period of 18 months after the day on which a claim for compensation is made by a worker, an APIA notifies the worker, employer and insurer that the worker's condition has not stabilised to the extent required for an assessment of the worker's degree of permanent impairment to be made. (b) A request is made for a special assessment in the approved form. (c) The purpose of the special assessment is for an assessment of the degree of impairment in order to make an election to pursue common law damages (section 421), or for an increase in medical and health expenses beyond the standard limit under section 78 of the Act”.

b. Workers who have extensive injuries and require ongoing treatment are significantly disadvantaged by having to wait 18 plus months for an assessment to see if they can either elect or attempt to access funding for further treatment. Workers with catastrophic/extensive injuries or who have very poor prognosis following injuries should be able to obtain a special assessment at any time. The reality is people who require extended treatment in ICWA or multiple trauma surgery will exceed the general limit in weeks following an injury. Having to wait 18 plus months for a special assessment in these circumstances is detrimental to the health and wellbeing of the injured worker. I would greatly appreciate if this could be considered, reviewed and changed as soon as possible so that there is no waiting period for a special assessment.

4. Giving notice of intention to reduce or cease income compensation - return to work. There should be clear guidance to all parties about this for example:
 - a. When this document can be used – can it be used if the worker has an ongoing incapacity or medical/physical restriction.
 - Employer agrees to accommodate employment at X hours per day, X days per week and will accommodate X restrictions on a permanent basis.
 - There should be an opportunity to argue the validity of this document if there is evidence to support the worker has not returned to work.
- Broker access to personal information – Brokers should not be able to request a worker provide authority to access to personal information.

Stefania McGrath |

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