Australian Dental Association, Victorian Branch Inc.

6 June 2003

Ms Monika Binder Workers' Compensation and OHS Productivity Commission P 0 Box 80 BELCONNEN ACT 2616

By email: workerscomp(a0c.gov.au

Dear Ms Binder

ADAVB SUBMISSION

National Workers' Compensation and Occupational Health and Safety Frameworks Public Inquiry

The Victorian Branch of the Australian Dental Association makes this submission to the Commission in relation to the National Workers' Compensation and Occupational Health and Safety Frameworks Issues Paper, in order to draw attention to a proposal, which we believe would reasonably respond to the item in your Scope of Inquiry regarding "a regulatory framework, which would allow suitably qualified employers to obtain national self-insurance coverage that is recognised by all schemes".

The move towards a nationally consistent framework may create an opportunity for suitably qualified employers to obtain national coverage that is recognised by all schemes. It is our submission that a potential benefit of national consistency across workers compensation and OHS arrangements, is the opportunity for health professions such as dentists, represented in all states by a professional association such as the ADA, to in effect self insure, or group insure using the specialised knowledge of their professional indemnity insurer.

The insurer utilised by the dental profession and also by other health professions such as pharmacists, physiotherapists, chiropractors, optometrists, podiatrists and others would be the logical choice. They also currently have a range of different workers compensation licence arrangements in NSW, ACT, TAS and WA and formerly in Victoria.

The provision of a consistent compliance regime for insurers and employers, and common benefit structure to employees, particularly those within the same profession, exposed to the same level of risk and employment conditions across the country, seems not only logical, but also a far more efficient and cost effective approach than applies under the current range of multi jurisdictional arrangements.

It is also our view that should the ability arise through an alignment of workers compensation and OHS arrangements, to establish a national dental or health practitioners' workers compensation scheme, this would be beneficial for the following reasons.

- Risk management programs could be implemented that are specifically relevant to dental and other health practices, and this would be done in partnership with professional associations, thus ensuring the commitment of those professions to ensure improvement in claims profiles
- A specialist health practice insurer, cognisant of health practice operation, could be utilised
- Injury management and return to work programs could be tailored for health practice employees
- In the case of detal practices, the inappropriate grouping of small office based practices with very large hospitals would be removed, thus bringing the risk profile of insured participants into better alignment
- The OHS and workers' compensation requirements of small office-based practices are special, and in some cases highly specific, with direct linkages to public health and safety concerns. In a health practice setting the link between professional indemnity risk management and workers' compensation risk management is very close. The ADAVB's current preferred insurer both understands the requirements and has the confidence of the professions in mounting programs in partnership with them, which would manage the risk and improve outcomes for professionals and the community.

Representatives of the ADAVB would be pleased to amplify the points made in this brief submission if this would be of assistance to the Commission.

Yours sincerely,

Garry Pearson Chief Executive Officer