

10th April 2026

Proposed Act Amendments – Consultation Paper February 2026

ATTN: Manager Policy and Legislative Services

This submission is provided in response to the consultation paper regarding proposed amendments to the Workers Compensation and Injury Management Act 2023.

The feedback is informed by operational experience in claims management and governance within a self-insured environment, with a focus on the practical application of the Act since its commencement on 1 July 2024.

Overall, the proposed amendments are supported as appropriate technical refinements to improve the administration and clarity of the scheme.

1. Permanent Impairment (PI) Process

The current PI notice process is highly prescriptive and has resulted in:

- technical invalidity of settlement applications due to sequencing requirements
- inconsistency with operational practice, where insurers commonly initiate impairment assessments
- unnecessary administrative delay and rework

Position: Support discontinuation of the PI notice process and integration of impairment agreement into the settlement process.

2. Director's Scrutiny Role – Settlement Registration

There is currently a lack of clarity regarding the scope of the Director's scrutiny role, particularly in relation to whether the Director must consider potential permanent impairment entitlement where none is claimed in a settlement.

This has created uncertainty for parties and contributes to inconsistent expectations in settlement registration.

Position: Support clarification that the Director's role is limited to:

- verifying compliance with statutory requirements
- confirming the accuracy of calculations (including permanent impairment compensation where applicable)

The Director should not be required to investigate potential entitlement or undertake a merits-based assessment of claims.

3. Procedural Prescription

Certain provisions of the Act are highly procedurally prescriptive, particularly in relation to:

- sequencing of documentation
- prescribed initiation of processes
- form and timing requirements

In practice, these requirements do not always align with how claims are managed and have resulted in:

- rejection of otherwise valid settlements
- delays in finalisation
- increased administrative burden without additional protection for workers

Position: Support amendments that simplify procedural requirements while maintaining appropriate scheme safeguards and entitlement integrity.

4. Settlement Flexibility – Medical and Health Expenses

The current framework does not allow extended medical and health expenses to be included in settlement agreements, even where future treatment needs are known.

This limits the ability to resolve claims efficiently in circumstances where ongoing treatment requirements are foreseeable.

Position: Support inclusion of extended medical and health expenses within settlement agreements, subject to existing statutory caps and criteria.

5. Income Compensation – Additional Amounts

The requirement for arbitrator involvement in awarding additional income compensation above general limits is appropriate given the complexity and potential long-term exposure associated with these claims.

Position: Support retention of arbitrator oversight, with clarification of limits and application as proposed.

6. State of Connection

The current requirement for state of connection disputes to be determined by a court can result in fragmented proceedings where other aspects of a claim are before the arbitration service.

Position: Support extension of arbitrator jurisdiction to determine state of connection disputes.

Overall Position

The issues identified are primarily administrative and procedural in nature rather than matters of entitlement or scheme design.

The proposed amendments are supported as targeted improvements that:

- enhance clarity
- reduce administrative inefficiency
- improve consistency in application

while maintaining the integrity and intent of the scheme.

Thank you for the opportunity to provide feedback on the proposed amendments.

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