4.0 ADJUDICATION

3.0 INTRODUCTION

Adjudication refers to the "how to" of coverage. It involves determining who, what and how much is covered - i.e. how the process of coverage is applied. The issue includes discussion about 1) the onus, burden and role of both the employer and employee in the fact-finding process; 2) the fair application of discretion; 3) the methods of assessing degrees of injury, compensability and medical diagnoses and the credibility of unqualified medical advisors and adjudicators; 4) consistency and the use of precedent; and 5) the availability of resources to workers and employers (as well as their advisors).

This issue was characterized by a moderately high frequency of discussion, with 420 respondents offering comments. Adjudication seems to be of significant importance to stakeholders since it ranked fairly high among WCB issues in overall intensity. In particular, fair application of discretion, assessment and the role of credibility had a high frequency of comment with more responses rated at a considerably higher intensity than other issues. Nearly three quarters of all comments on adjudication were from injured workers, who also accounted for the high overall intensity (though a lower proportion of recommendations). Independent employers, the general public and unions each offered a few comments on the issue also (with the latter group offering proportionally more recommendations). Federal or municipal government officials or victims of crime offered no adjudication comments.

This paper includes six sub-issues:

- Fair application of discretion
- Assessment and role of credibility
- Availability of resources workplace parties
- Consistency and precedent
- Onus and role of workplace parties in fact-finding

4.1 ADJUDICATION: Fair Application of Discretion

4.1.1. Overview
The most popular of the adjudication issues, 151 stakeholders talked about the fair application of discretion. Over three-quarters of the comments were from injured workers, who also accounted for the overall high intensity of comments. Independent employers and the general public also offered a few remarks on this issue.

4.1.2. Discussion
The main concern mentioned regarding the fair application of discretion relates to the ability of adjudicators to override or ignore factual evidence from other professionals. Some comment that adjudicators ignore outside medical evidence (though a few employers argue that the claimant's private physician's opinion is biased in favour of the claimant). Others note that
adjudicators even ignore internal recommendations from WCB medical staff or that adjudicators have on occasion discouraged claimants from seeking outside advice.

Other comments relating to the adjudicator's role in fairly applying discretion are the perceived insensitive, and even inhumane, treatment of claimants and their perceived lack of knowledge regarding vocational rehabilitation and the specific industry or workplace conditions relating to the claimant's job.

Some employers believe that having multiple levels of appeal biases the system in favour of the worker. Workers counter that the system is biased in favour of the employers who pay for the WCB (even the supposed impartial ombudsman is on the employer-funded WCB payroll).

Employees also call for a speeding up of the adjudication process and access to their files equivalent to their employer's level of access, both in the interest of fairness.

4.1.3. Recommendations
Injured workers suggested, by far, most of the 77 recommendations relating to the fair application of discretion. The most frequently mentioned concern is the lack of application of fact to decision-making. Eight stakeholders recommend that adjudicators base decisions solely on relevant facts, while another eight recommend that medical decisions be based solely on the opinions of medical experts (either specialists or the claimant's family doctor).

The second most frequently mentioned general concern is the perceived sweeping discretionary powers of adjudicators. In particular, nine stakeholders recommend that adjudicators who do not have medical training not be permitted to make medical decisions. Other restraints on adjudicators' powers are recommended in the following areas - their authority to cancel a claim while a decision is pending, their ability to threaten claimants about discontinuing benefits and their ability to delete files in prevention detection of wrongdoing. Solutions suggested for holding adjudicators' authority in check include sticking closer to the letter of the Act and the Manual (6) (although four stakeholders preferred a more liberal, case-by-case reading of policy) and having an independent party review decisions.

Other notable recommendations, each mentioned by four respondents, include the need for adjudicators to become more sensitive and humane, the elimination of discrimination regarding certain types of injuries (e.g. soft tissue and ergonomic-related), the removal of claimants' histories (whether medical, job-related or personal) as admissible evidence and the elimination of adjudicative bias towards either employers or WCB doctors.

The few recommendations from employers and employer associations are very diverse. The only recommendations repeated by employers are the desire to clarify how policy is applied in adjudication (i.e. quality control) and the need to speed up adjudication in the interest of fairness to employers.
Example Recommendations

• Adjudicators should not be able to twist, ignore or fabricate information. Decisions should be made based upon a complete review of accurate information. (INJ-463)
• An adjudicator with no medical training should not be able to ignore the diagnoses of several specialists, or to make decisions about the appropriateness of medication. (INJ-518)
• The adjudicator should not have the power to overrule a recommendation made by an injured worker’s family doctor to have a claim accepted. (INJ-364)
• To avoid arbitrary decisions being made, references should be made to the appropriate sections in the Manual. (INJ-465)
• The Act and Policy must be applied in the spirit intended, and with large and liberal interpretation. (CON-004)
• Have adjudicators who do not see people as machines. (INJ-264)
• The WCB should deal with facts and doctors’ reports rather than have a policy of stalling. (INJ-333)
• The unlimited discretion given to adjudicators must be curtailed. (INJ-439)
• Reduce the number of appeals by treating injured workers more fairly from the beginning. (INJ-625)
• There is discrimination expressed towards these types of injuries (of the back), even when physical evidence of the injury exists. (INJ-257)

4.1.4. Quotes

• “Bring honesty and fairness back to the WCB.” (INJ-642)
• “The decisions an adjudicator is given the power to make are unreal.” (INJ-551)
• “The adjudicator almost never calls for more medical investigation, but rather uses the Board Medical advisor’s opinion as reason to deny the claim. Taking the process one step further, should the claimant provide medical opinion from a specialist in the appropriate field, still the adjudicator will continue to rely on the Board Medial advisor’s opinion and follow the same course of action.” (INJ-469)
• “Maybe adjudicators should adjudicate and let doctors do the doctoring.” (INJ-243)
• “The single most important factor in protecting an injured worker’s rights to fair and legal benefit entitlement, is to maintain control over the management of their claim and to learn to recognize and prevent board efforts to manipulate file information for the purpose of denying or reducing those benefits.” (CON-005)
• “Adjudicators should NOT be assigned to claimants who live in the same small community as them.” (GEN-056)
• “It takes a pretty special person to deal with people who have experienced serious trauma and to deal with administration as well. I don’t believe that the Board has provided that kind of training, that kind of sensitivity to people. There is a dichotomy there because you have the adjudicative function that has to be performed and making hard decisions on claims and a nurturing position as well.” (CON-007)
• “I have had adjudicators yell and scream at me on the phone trying to intimidate me.” (INJ-247)
• “When I worked as a claims adjudicator at the Board one would hear other claims adjudicators say, "Are we going to buy this one?"” (GEN-104)
• “WCB then decided to investigate the victim's sexual history by conducting some 15 interviews with company officials and workers. This in effect violates the victim's rights to anonymity and exposes the situation to her entire community. No reason or relevancy for this is ever established.” (INJ-081)
• “Why does WCB IGNORE me, and not only me, but also everyone else? I don’t think that’s fair. If they know there’s no chance of recovery for me, why don’t they deal with it, and then get rid of it? That way my life can go on!” (INJ-588)
• “Employees obviously file majority of appeals AND there are three levels of appeal, which means that there is a greater chance of them being successful.” (IEM-039)
• “Nurses need fair adjudication of claims for soft tissue injuries that perhaps are not reported on the day of the injury.” (UNI-12)

4.2 ADJUDICATION: Assessment and Role of Credibility

4.2.1. Overview
Of the 126 stakeholders remarking on assessment and the role of credibility, injured workers again figured prominently, contributing over three quarters of all comments with a high intensity of discussion. The general public and independent employers also gave a few comments.

4.2.2. Discussion
Much of the discussion around assessment and the role of credibility in adjudication, particularly during question and answer periods, centres on the issue of adjudicators’ lack of acknowledgement of professional medical advice and evidence. Workers comment about medical advice being ignored outright or about it being undervalued in terms of the severity or credibility of the injury or compensability. Some discuss the conflicting opinions of medical specialists and WCB doctors (non-specialists), noting that the opinion of the former is weighted far more heavily in adjudication. However, some employers think this is reasonable since non-WCB doctors are often not familiar with specific worksite conditions and will inevitably advocate for their patient. Some injured workers counter that the advice of non-WCB doctors is indeed taken into account when it is consistent with the adjudicator's opinion. The valuing of employers' versions of accident events and of employers' doctors is also perceived to be greater than the workers’.

Workers also talk about how they were assumed to have fabricated their injury and the ensuing struggle to prove their innocence. The manner in which investigations intended to uncover guilt were carried out are perceived to have been in violation of basic rights and of WCB policy. Others simply mention that adjudicators, in treating them as if they were guilty of fabrication, were rude and uncaring.

Because of these and other issues, both employers and workers see a need for the adjudication process to be reviewed by an outside party on a regular basis. Workers also believe that they should be more actively involved in the adjudication and investigation process. Others believe that the internal adjudication process should be more open and transparent.
4.2.3. Recommendations

Of the 69 recommendations given on assessment and the role of credibility, the most prominent (mentioned by 16 stakeholders) is the need for the WCB adjudicators to utilize professional medical advice rather than make arbitrary or ill-informed decisions on medical matters. Ten participants recommend that adjudicators develop a greater understanding and empathy of the industry and workplace of claimants. Some suggest that adjudicators be chosen based on their past experience in the claimants' field of endeavor.

The other frequently mentioned recommendations are that injured workers be presumed innocent of fabricating a claim until evidence proves otherwise (7) and that regular audits or evaluations of the adjudication process be conducted to assess fairness (6). Three stakeholders each suggest that adjudicators be trained and monitored regarding their personal and communication skills and that the general level of accountability of adjudicators be increased. Two participants each mentioned four additional recommendations. Employers and unions made very few comments relative to injured workers.

Example Recommendations

- Only doctors should be given the authority to make medical decisions. (INJ-542)
- WCB adjudicators do not have the qualifications to judge or assess the severity of an injured worker’s condition. Thus, the adjudicators should not have the power to decide what is, or is not, an appropriate “return-to-work” program, without first consulting the worker’s physician or having the injured worker examined by a WCB doctor. (INJ-575)
- Adjudicators [should not be] making medical decisions or disputing the reports of medical experts. (INJ-240)
- WCB adjudicators should be qualified before they are allowed to make a medical diagnosis. (INJ-273)
- WCB would do better if they did their observations of the claimant at their present job and spoke with co-workers about the claimant's work habits and how the injury affects their job performance. (INJ-032)
- Adjudicators should handle only cases in which they have knowledge of the work done by the claimant. (INJ-182)
- The adjudicators must be allowed to properly investigate controversial claims and to gain knowledge of the context of the job sites in order “to ensure common sense decisions.” (UNI-009)
- Establish proper audits of the claims adjudication function with regular reviews of random claims. (IEM-074)
- Adjudicators should not treat statements from employers differently than statements from claimants. Often claimants are disbelieved, while employers are automatically believed. (UNA-007)
4.2.4. Quotes

• “The adjudicator that handles somebody’s case looks at the medical opinion and they don’t take it upon themselves to actually look at the situation or any of the other reports that come in from medical professionals. They have all this information at their fingertips yet they refuse to acknowledge it exists.” (INJ-487)

• “WCB doctors conducting assessments for [claimants’] employers seems to me like an obvious conflict of interest.” (INJ-088)

• “There is not one worker at WCB whose personal opinion should have more power and authority than that of the worker’s physician and specialists. Yet that is what happened.” (INJ-027)

• “The adjudicator’s only attempt to do anything about my working environment, was to make arrangements with my employer to go into the office when I was not there, and observe the data entry clerk doing her job, so he could be able to ascertain if I could do that job.” (INJ-273)

• “Having a decision made by a medical advisor or an adjudicator solely on the basis of a video or information from the employer is ridiculous.” (UNI-044)

• “We are still having major problems with a lack of accountability by local [medical] practitioners to ensure an effective return to work.” (IEM-143)

• “After much thought I feel that if both the Board and the adjudicator had a better understanding of the longshore industry both workers and employers would be better served.” (UNA-017)

• “I have to say, I cannot see how any worker could defraud this system without the cooperation of their employer, since even with indisputable evidence, they continued to deny my claim for rehabilitation.” (INJ-257)

• “Is it coincidence that so many of my clients have limited English skills? Are functionally illiterate? Are brain-damaged? And their (WCB) decisions are contrary to the medical evidence or published policy?” (CON-004)

• “Adjudicators should be allowed to adjudicate.” (UNI-009)

4.3 ADJUDICATION: Availability of Resources to Workplace Parties

4.3.1. Overview

Of the 61 remarks relating to the availability of resources to workplace parties, over half came from injured workers, again with a high intensity of discussion. Unions, union associations and the general public each made a few additional comments.

4.3.2. Discussion

The main comments under resource availability in adjudication relate to legal counsel and Workers Advisors. Many stakeholders comment on the need to have legal assistance during the investigation and adjudication processes. Some believe that the WCB should provide additional legal aid or money for legal counsel. Others state that workers should simply have the right to bring in their own lawyers.
While some workers are ambivalent about the helpfulness of Advisors, others point out that they are overburdened with work and that there should be more Advisors made available. Some echo this observation with respect to adjudicators.

Some comments overlap with the issue of disclosure. In particular, a number of claimants have concerns regarding the availability of their files for their own information. Other comments overlap with the issue of service, particularly those service aspects relating to providing understandable printed information to workplace parties regarding adjudication. Some also noted that adjudicators need to be more accessible and explanatory in person and on the phone. Tying in with prevention, union representatives talk about the lack of availability of occupational health and safety resources (particularly clinics).

4.3.3. Recommendations
A total of 57 recommendations were given regarding the availability of resources to workplace parties. Injured workers and unions offered the vast majority of recommendations. In particular, workers want the WCB to provide more advocacy assistance for claims and appeal proceedings (2 mentioned this generically), particularly legal council during claims and appeal proceedings (8) (while 2 people felt that the system should not require a need for lawyers and another 2 wanted the right to seek independent counsel). Others recommend that more Worker’s Advisors be hired, as they are currently understaffed and overworked (9), and that more printed information should be provided regarding available services (3).

Some workers and employers also believe that advisors and adjudicators must be more open with their provision of information to the worker. Some state that this could be accomplished by assigning specific case workers to claimants on a continual basis (4) while others want workers to be able to attend team meetings with representation (2).

Union associations recommended enhancements to the province’s health and safety infrastructure, especially through funding new occupational health centres and clinics (4). Injured workers warn that Worker’s Advisors should not be in conflict of interest positions (3).

Example Recommendations
- Lawyers should be provided to assist claimants in the claims and appeals process. (INJ-353)
- There should be easy access to a lawyer covered by WCB for injured workers (INJ-454)
- The number of Worker Advisors should be substantially increased so that claimants requiring assistance can receive it in a timely fashion and that Union members can use this service if they so desire. (UNI-028)
- Adjudicators should be given the resources and time to do their jobs properly. (UNI-009)
- The Royal Commission should recommend the establishment of publicly funded occupational health centres, independent of the WCB and of employers, to provide...assistance to workers and employers with effective prevention strategies. (UNI-021)
• Each claimant should have a specific case worker. The case worker would periodically update the claimant on the status of the case and help them to get control of their lives. (GEN-053)

4.3.4. Quotes
• “I don't think you'd want the same person advising both parties at the same time - it might be a conflict of interest there.” (IEM-091)
• “Most of the injured workers that are in our group have been denied benefits, therefore, are not able to afford legal council or skilled advocates to go to appeal boards or even to attend this type of situation.” (IJA-004)
• “Please allow us the right to defend ourselves.” (INJ-617)
• “Talking with adjudicators over the years, it's either they have more resources or more time made available to them to do their jobs, or indeed, there should be more adjudicators put in place, rather than increasing the bureaucracy somewhere else.” (UNI-009)
• “The number of Advisors is not adequate to assist claimants with appeals.” (UNA-028)
• “Because life is subject to change, the EAB tribunal has learned not to print expensive pamphlets but readily amended fact sheets.” (CON-004)
• “There must be more resources applied to compensation services to enhance the efficiency and speed of delivery of service to claimants.” (UNA-010)

4.4 ADJUDICATION: Consistency and Precedent

4.4.1. Overview
Again, of the 37 comments relating to consistency and precedent, over three quarters were from injured workers. Independent employers accounted for much of the remaining quarter. This issue, however, had a lower overall intensity of discussion than the other adjudication sub-topics.

4.4.2. Discussion
There is general agreement among various stakeholders that decisions are not adjudicated in a consistent manner. The proposed solutions to this are varied. A number of stakeholders talk about openness and transparency of the decision-making process. Some believe that some kind of review body, such as a person from the outside or a multi-party panel could accomplish this. Others suggest that there must be more adjudicators in order to ensure consistency (i.e. with additional adjudicators it would easier to ensure that each adjudicator has a consistent portfolio of files instead of multiple adjudicators sharing files). Having two or three separate adjudicators become familiar with a workers claim and making initially independent rulings was also recommended.

There was not much discussion around the role of precedent. Generally, workers believe that claims should be decided case-by-case, based on a reading of the Act and policy. This belief stems from a concern that continuous application of precedent based on what were perceived to be bad decisions will result.
Employers raise additional concerns regarding inconsistent notification when a claim is reactivated and suggest that a system of "Quality Control" be instituted to improve consistency. Other non-employer stakeholders believe that part of the lack of consistency in decision-making stems from poor knowledge of diseases linked to workplace conditions (e.g. cancer and reproductive disorders).

4.4.3. Recommendations
The 31 recommendations offered on the issue of consistency and precedent, were wide ranging. The most commonly mentioned recommendations are that claims should be decided on an individual, case-by-case basis rather than on precedent (4) and that the same adjudicator should be responsible for a case throughout the duration of each claims process (4). Some also call for specific measures to maintain this adjudicator-file continuity, such as reducing the workload of adjudicators (3). While these recommendations are from worker interests, employer interests indicate that consistency in interpretation and enforcement should be increased (3) and that there must be consistent standards governing claims and adjudication (3).

Example Recommendations
- Claims should be decided on an individual basis, and not on precedence. (GEN-008)
- Have only one person responsible for all aspects of a claim from beginning to end. (INJ-206)
- A more manageable case load should be given to the claims adjudicators if there is to be any continuity of the workers' files. (INJ-675)
- There should be a more consistent interpretation and enforcement of regulations. (IEM-125)
- WCB should consider standard operating procedures and appropriate expectations for claims adjudicators. (IEM-211)

4.4.4. Quotes
- "That the WCB should be held accountable to Chapter 437, Section 99 of the WCB act [which says] - 'The board is not bound to follow legal precedent. Its decision shall be given according to the merits of justice of the case and, where there is doubt on an issue and the disputed possibilities are evenly balanced, the issue shall be resolved in accordance with that possibility which is favourable to the worker.' " (INJ-327)
- "There are a lot of coincidences out there. There doesn't seem to be any consistency. [Adjudication] is erratic…it's the poor working person that's suffering." (GEN-100)
- "There must be consistency in decision making and a recognition of the necessity of considering similar cases that have been decided in the past." (PAS-001)
- "All decisions must be published to form a predictable body of jurisprudence for adjudication and appeals. Decisions must be and remain consistent with WCB Act and policy as it is structured after this Royal Commission." (IEM-137)
- "Adjudicate claims on a consistent basis, not adjudicator's whim." (GEN-044)
- "Continuity - when an adjudicator is assigned to a claimant, when ever possible, [he or she] should follow through with claimant's progress. The number of adjudicators should be reduced in order to encourage consistency." (INJ-325)
• “Again, we trust these professionals to do the best for our injured people. And we think that they are but we're not really sure. Somebody [should] check on them to see that they are doing what's really necessary. Is there a way to check on that?” (IEM-151)

4.5 ADJUDICATION: Onus and Role of Workplace Parties in Fact-finding

4.5.1. Overview
The issue of the onus and role of workplace parties in fact-finding was mentioned by only 30 stakeholders, but with a relatively high intensity. Injured workers accounted for over half the comments, while the other stakeholder categories each contributed less than three comments each (with less intensity also).

4.5.2. Discussion
A wide range of comments was given relating to the onus and role of workplace parties in fact-finding. Numerous comments were also given regarding the perceived undervalued role of factual, and particularly medical, evidence.

Regarding who should have the burden of proof, most of these comments indicate that the burden of proof should be upon the employer or the board itself, rather than on the injured worker. A number of stakeholders mention that the worker should not be assumed to be fabricating a claim. One person points out that the standard of evidence required to prove that the injury is legitimate and work-related is equivalent to that of criminal cases. Another expresses frustration over claimants having to produce the same volume of information once he or she is re-injured on the job site. One employer believes that there is a lack of punitive measures for workers who violate workplace safety.

A number of concerns are also voiced regarding the means by which investigations are undertaken. Some note that non-unionized workers are not nearly as aware of their rights as are unionized workers. A number of stakeholders believe workers and/or independent lay people should be involved in the fact-finding process to maintain the integrity of the process.

4.5.3. Recommendations
Only 22 recommendations were given regarding the onus and burden of proof in fact-finding. Five stakeholders, mostly injured workers, believe that the burden of proof should shift from the worker to the employer. Two state that the onus should be with the Board, while only one thinks it should remain with the worker. The only other recommendation mentioned more than once is the need for worker involvement in claims investigation and decision-making. The remaining recommendations were each fairly unique and overlapped into other topics.
Example Recommendations

- The burden of proof [should] shift from the worker to the employer – the way it is now the burden is on the worker to prove their case. I say it should be on the employer because the worker does not have the funds to defend themselves – the employer does. (INJ-079)
- Injured worker should be involved in [the] claim. (UNI-092)

4.5.4. Quotes

- “It should be presumed that the injury arose out of employment. The burden of proof should be on the Board and the claimant should receive benefits in the meantime (i.e. Meredith Principles).” (UNA-017)
- “Regardless of union affiliation committee members are also invited to participate in penalty hearings. This would balance the treatment of union and non-union sectors to minimize non-safety related issues muddying up safety endeavours and ensure that only those parties that were directly involved in the workplace safety issue are able to provide actual testimony.” (IEM-081)
- “While I do appreciate that the Board must keep an eye on cost and possible fraud, what seems to be the approach of the Board is to assume each claim is bogus in some way and the claimant must prove it isn’t. Whatever happened to the presumed innocent until proven guilty concept of justice?” (INJ-469)
- “Employees should not be eligible for WCB benefits if an accident is as a result of their own negligence. If personal negligence by an employee is established then benefits should be reduced or suspended. Fines should exist for breaking regulations even if there is no injury.” (EMA-033)
- “The WCB would rather see workers bent, broken, and fighting mad, than run the risk of being taken by one sandbagger.” (INJ-564)
- “WCB Adjudication Manual states..."the adjudicator shall diligently seek all evidence... and the claimant shall receive benefit of doubt...so far, I have received the benefit of the dirt too much of the time." (INJ-029)
- “There will always be workers who cheat the system, and this is unfortunate. When the system cheats the workers, it is more than unfortunate, it is unacceptable.” (INJ-524)

4.6 OVERALL SUMMARY

The authority of adjudicators is seen to be, primarily by injured workers, excessive. In particular, their ability to devalue or disregard professional medical advice is seen as a major barrier to fair and credible assessment. Failure to take into account non-WCB doctors and specialists’ advice has resulted in both claim denials and under-valuations of injury severity and compensability. This concern was strongly voiced in relation to both fair application of discretion and assessment and the role of credibility. Adjudicators were also seen to be overstepping their bounds in the process of investigation, particularly when they lack first-hand knowledge of the industry or job site.

The communication and human-relations skills of adjudicators were also called into question in a variety of areas. Stakeholders, principally injured workers, commented that adjudicators were often insensitive, rude, aloof, lacking empathy and, at times, cruel.
Openness and worker involvement in the adjudication process was a re-occurring concern. Injured workers and unions suggested a wide variety of ways in which workers can become more engaged in the fact-finding and decision-making processes. Regarding openness, a number of workers felt that they should have greater access to their files in order to judge the fairness of adjudication. Some also called for a regular review of adjudication to ensure fairness.

Numerous stakeholders felt that adjudicators were overworked and understaffed and called for more resources in this area of the WCB. These comments were echoed for Worker’s Advisors and legal assistance. Some felt that this could permit a more consistent relationship between adjudicators and individual claimants’ files.

Workers had serious concerns over their perceived presumption of guilt. Many believe that, upon entering the adjudication process, it was initially assumed that they fabricated their injury. Thus the burden of proof is on the worker to prove his or her innocence, a principle which some noted is contrary to our accepted system of justice.

Although the issue of consistency and the use of precedent in adjudication was commented on frequently, there did not seem to be one clear direction. There was broad agreement that adjudication currently lacks consistency; there was disagreement over whether the Act and policy should be interpreted case-by-case or on a rigid basis. Workers were generally wary of the use of precedent, fearing that it would be applied to their detriment.

Other issues discussed frequently, but not figuring prominently in the recommendations, were a perceived bias by workers of the adjudication process in favour of employers and the perceived excessive length of adjudication time felt by employers.