From: Doron Samuell

Sent: Wednesday, 6 March 2019 3:03 PM

To: Non Treat Practitioners

Subject: IMCs

Thank you for sending the new IMC recommendations.

Fixing up the process is the critical task for SIRA, not changing who performs the role.

"provision of contact details of 3 referees who can discuss the medical practitioners work in the role of the injury management consultant" Who would be an appropriate referee? How would this "Increased objectivity of application process"; the IMC negotiates between the party, it is not an issue of liability and objectivity is not a relevant consideration, nor is there any clear connection between a referee and objectivity.

"It is a condition of approval that an applicant must satisfy SIRA that SIRA should grant approval of the applicant to be an injury management consultant, taking into account whether the applicant has: • been subject to a complaint made to insurance, compensation or health authorities and government agencies and statutory bodies regarding the applicant's conduct: o in any role in an insurance compensation system in an Australian jurisdiction o in the provision of health services • been subject to a complaint relating to a breach of confidentiality, privacy and health information laws, including but not limited to the Health Records and Information Privacy Act 2002 (NSW), the Privacy and Personal Information Protection Act 1998 (NSW), and the Privacy Act 1998 (Cth)."

This is a vague provision and does not specify what the criteria would be for approval. Natural justice requires an explicit benchmark to exclude only those in which complaints have been sustained. As has been the case for me, following an AHPRA investigation, the complaints reflected a pattern of the complainant, not my practice. A good part of the reason for this is that the referrals as seen as a last resort after there has been a complete relationship breakdown between the parties. Referrals are also made when there is no prospect for success, causing more aggravation to the workers (and doctors), appointments are scheduled when treating doctors are unavailable, and when it is known that treating doctors refuse to cooperate. Claimants are poorly prepared for the appointments and the appointments are frequently cancelled.

Dr Doron Samuell