

SIRA Authorised Health Practitioner (AHP) Framework Review

Submission from John Walsh Centre for Rehabilitation Research

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Discussion question 1

Do you have any comments in relation to the scope or process of the review?

The review should concentrate on whether the proposed aims of the arrangements have been achieved.

Therefore, has the rate of joint assessments increased? Are claims resolved more quickly (noting the change in structure of the Scheme)?

There has been a review of customer experience. It suggests that there are similar issues to previously, particularly the longer the duration of the claim the worse experience of the customer.

As AHPs it is difficult for us to answer these questions. Our personal experience is that there have been few changes.

Eligibility criteria for AHP's should be reviewed / considered. For example, experience with the Scheme and or the Scheme's outcomes are not current eligibility criteria and could be considered important.

Administrative processes should be reviewed as currently the process is difficult to navigate. Hence should the scope of the review also consider the perspective of the AHP in regards to eligibility, ease of navigation and training?

Discussion question 2

How can the AHP framework better deliver on its key objectives to improve the injured person's customer experience, and encourage the early and just resolution of disputes?

Regulations should be adjusted to encourage early resolution of disputes. By the time adversarial positions are established it is difficult for the AHP to resolve entrenched positions.

Training of AHP's could focus on communication skills, not only in writing medico-legal reports but also in how they explain issues to claimants. An expert communicator can not only explain scheme intent but also address any perceptions leading to adversarial positions. Earlier risk assessment (of those likely to escalate) could also be implemented such that entrenched positions might be avoided and or issues are resolved earlier.

Discussion question 3

How do we incentivise the take up of joint medico-legal assessments in the CTP scheme?

We recommend incentivising it by regulation. There should be concrete incentives to encourage early joint assessments. These could be implemented by regulation.

Regulations could include appointment of, and agreement upon, truly independent assessors without claimant or insurer bias. This assessor pool is then used to independently appoint assessors to conduct joint assessments.

Discussion question 4

What, if any, changes are required to either the eligibility requirements or terms of appointment?

There is no current evidence that the eligibility requirements are having a beneficial effect on outcomes for injured people.

Greater experience of and training in dispute resolution may be helpful as eligibility requirements.

Knowledge of the Scheme and independently agreed as an expert by the professional body may also assist achieve Scheme aims. In addition, ensuring a high proportion of the AHP's time is actually spent in clinical practice could assist. Knowledge of latest evidence based guidelines and evidence of adoption of a true biopsychosocial approach (not just a biomedical one) may also assist.

Discussion question 5

How should SIRA measure the overall effectiveness of the AHP framework?

High level quantitative outcome indicators should be used. These would be the rate of joint assessments and the median time to joint assessment and the median time to claim resolution.

However, allowing for some qualitative outcomes within the high level quantitative outcome indicators would be helpful. Gaining insight into claimant and AHP experience through interview may provide insight into barriers and facilitators of scheme effectiveness.

Discussion question 6

Do you have any comment with regard to the ease, efficiency and transparency of the application and review process outlined in Part 8 of the guidelines?

AHPs required significant amounts of time to address the application criteria. It is not clear that the application criteria adequately identified AHPs who have been able to work effectively in the scheme.

This question seems similar to Question 4. However whilst the application process appeared transparent, the eligibility requirements could be reviewed to improve effectiveness of the scheme.

Discussion question 7

How can the quality of applications be improved?

It is the quality of the AHP not the quality of the application that should be the focus. Is SIRA looking toward attracting higher quality AHPs? If so, could or should current AHPs (who SIRA deems high quality) provide or have input into the application and/ or assessment criteria? Individual or professional body networks could be used to ensure the right people are aware of the opportunity. Could training to be an AHP be offered?

Discussion question 8

Can SIRAs published list be improved to ensure it is simple for injured people, insurers, and legal professionals to use?

There may be more easy ways to ensure this is easy to navigate. For example, a simplified search engine that searches on expertise, qualifications and appointment date.

It is noted that there are some errors in the list as currently presented. For example, neurosurgeons are not separated from neurologists and the distinction between being listed as a “psychologist’ versus a “clinical psychologist” is not clear. It is also noted that there is some misclassification of individual health professionals.

Discussion question 9

How can SIRA ensure that AHPs have the appropriate training and experience, and consistently delivering high quality reports?

Targeted specific educational activities are likely to be appreciated by AHPs. These could focus on key skills required such as communication skills, writing skills and peer review of reports.

Discussion question 10

Do you have any other comments in relation to the AHP framework that you would like considered as part of this review?

No further comments.