

**From:** [Dr Tony Antoun](#)  
**To:** [Non Treat Practitioners](#)  
**Subject:** SIRA - Proposed Frameworks Submission - 27.3.19  
**Date:** Wednesday, 27 March 2019 7:59:19 PM  
**Attachments:** [SIRA - Proposed Frameworks Submission - TA - 27.3.19.pdf](#)

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Attn Team

Please find the Summary of a few points but the details are in the attachment:

- Insurer to notify NTD of IMC appointment for their patient and to expect and accept a phone call from the IMC to discuss the injured employee's case.
- Allow IMC to suggest treatment and a list of quality Specialists / Allied Health providers.
- All new IMC applicants meet a minimum criterion of a period of 3-5 years of relevant clinical experience in the treatment / management of work-related injuries.
- All new and re-approved IMCs need to be a registered fellow of a college, (RACGP or Physicians).
- IMC's should still be actively involved in acute injury management to ensure evidence-based medicine.
- CTP scheme - needs Practitioners / IMCs that are experienced working with CTP claims, not just Worker's Compensation (WC) claims.
- An AHP should be authorized to comment on all medical matters of the Act.
- AHP should be able to offer an opinion based on their specific approved field or based on their clinical skills / interest.
- AHP needs to be registered members of a College (RACGP or Physician or Surgeon).
- AHP that are registered with RACGP should be able to offer the same opinion for medical matters arising from worker's compensation claims.
- The new scheme needs a new approach and different mentality / mind set to the old scheme.

I would like to request a time to meet with SIRA to discuss options that have been developed, that support and promote communication between the NTD, IMC / AHP, insurers, employers / employees and case managers, in both the CTP and WC scheme.

Please feel free to contact me on [REDACTED]

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27<sup>th</sup> March 2019



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#### **SUBMISSION ON PROPOSED FRAMEWORKS**

- Appointment of Authorized Health Practitioners (AHP's) in NSW CTP Scheme
- Approval of Injury Management Consultants (IMC's) in the NSW Workers Compensation Scheme & CTP scheme

Thank you, [REDACTED] for the opportunity to offer feedback in relation to the Authorized Health Practitioner in CTP and for appointment of Injury Management Consultant in Workers Compensation / CTP in NSW schemes.

As an accredited NSW Workers Compensation IMC for 15 years and an SIRA AHP / CTP Permanent Impairment Assessor, I have been fortunate in dealing with both schemes and have identified several areas that may warrant consideration as part of the proposed frameworks.

#### Suggestions

SIRA should consider having the insurer notifying, not only the Injured Employee, but the NTD, in writing, prior to an IMC.

Resistant & non-compliant NTD's need to be held accountable for their actions and made aware of their obligations as Nominated Treating Doctors.

The NTD should be notified to expect a phone call from the IMC to discuss the injured employee's case.

Treatment:

## *Corporate medical consultants*

A large number of NTD's lack experience in musculoskeletal medicine and at the time of contact to discuss the case, the NTD would request treatment advice and assistance with recommendations for the most appropriate Specialist in that field of interest.

The IMC needs to be able to document a list of options of quality Specialists / Allied Health providers to aid in the best possible outcome for the injured employee and offer treatment advice.

### **Injury Management Consultants**

#### *Initial Approval of IMC's in the NSW scheme –*

I would suggest that the new applicants meet a minimum criterion of a period of 3-5 years of relevant clinical experience in the treatment / management of work-related injuries. This could be further qualified by the percentage of workers compensation consults vs Medicare consults.

#### *Re-approval Conditions –*

I believe that all new and re-approved IMCs need to be a registered fellow of a college, such a RACGP or college of Physicians.

This ensures continual educational activities, to maintain a standard of excellence expected of this position.

IMC's should still be actively involved in acute injury management to be able to understand the practical aspect of the IMC and not just a theoretical basis to management.

This will ensure the IMC's are not only active in the role but are maintaining or enhancing their particular skill set in line with current thinking / evidence-based medicine.

#### *CTP scheme -*

I am an advocate for the role of the IMC in CTP, but the selection of Approved IMCs for CTP cases, needs practitioners that are experienced working with CTP claims, not just Worker's Compensation (WC) claims.

I am currently involved with one of the major insurers, assisting with difficult cases in CTP, where the NTDs have been resistant to communication, or there is a lack of a diagnosis, a lack of a treatment plan or basically stagnating management, that will or has affected the well being of the injured person.

The clinical and communicative skills of the IMC will need to be considered as an important criteria for the CTP scheme.

I would like to proposal a time to meet with the SIRA, in person, to discuss options and present a potential solution to managing these issues in the CTP scheme and even the WC scheme.

### **Authorized Health Practitioners**

An AHP should be authorized to comment on all *medical matters* of the Act, in particular to treatment, permanent impairment (specific to approved specialty), opinion of whether the claimed injury sustained is consider minor or non-minor and formulate an opinion on whether the mechanism of injury is consistent with the claimed disability.

## *Corporate medical consultants*

AHP should be able to offer an opinion based on their specific approved field or based on their clinical skills / interest.

AHP need to be registered members of a College (RACGP or Physician or Surgeon). AHP should be involved in continued educational programs and even consider being actively practicing in medicine.

I suggest that qualified / experienced AHP for the CTP scheme should be considered as AHP (IME) in the workers compensation scheme, based on their clinic skills / years of experience /approved specialty.

AHPs registered with RACGP should be considered to offer the same opinion for medical matters arising from worker compensation.

I believe that the Expert Witness Code of Conduct should be incorporated in the Motor Accident Guidelines in respect of any expert witness engaged to provide evidence in the Dispute Resolution Service.

The new scheme needs a new approach and different mentality / mind set to the old scheme.

Historically, CTP is an adversarial system with the general attitude of Insurer Vs claimant.

Experience has shown that there is a real need for improved communication between all stakeholders in both the Workers Compensation Scheme and the CTP Scheme.

The way to success is to make CTP a more streamlined and durable process. To achieve optimum outcomes for all relevant parties and ultimately return the claimant to their pre-injury life.

I would like to request a time to meet with SIRA to discuss options that have been developed, that support and promote communication between the NTD, IMC / AHP, insurers, employers / employees and case managers, educating and improving their understanding and assisting all relevant parties to achieve better outcomes.

Please feel free to contact me on my mobile: [REDACTED]

**Dr Tony Antoun**