

SUBMISSION TO STATE INSURANCE REGULATORY AUTHORITY

POST IMPLEMENTATION REVIEW OF AUTHORISED HEALTH PRACTITIONER (AHP) FRAMEWORK

Question 1

The Scope of the Review process notes that health practitioners may be authorised by:

1. Being the treating practitioner of the injured person;
2. Agreement between the parties where the claimant is legally represented;
3. Appointment by the authority as an AHP.

Question 2

With regard to improving the quality of medicolegal reports by appropriate face to face or on-line training such as forums, webinars, pod casts, workshops, Zoom and interactive meetings, this is provided by the Australian Medicolegal College who specifically has training for those Independent Medical Examiners doing medicolegal reports expeditiously to reduce the time taken to resolve a claim by providing unbiased appraisal, causation, impairment and treatment. The AMLC has an ongoing training responsibility to maintain medicolegal capability. Its Fellows have the appropriate skills, experience, qualifications and commitment to provide high quality IME reports during the terms of their appointment.

To improve the claimants' experience, there must be no perception of apprehended bias and the College concentrates on maintaining a training program for its Fellows and providing training for those that wish to become Fellows of the Australian Medicolegal College, to ensure procedural fairness and adduce evidence following CTP injuries.

Question 3

To incentivise the take up of joint medicolegal assessments in the CTP scheme, it is important to recognise those health practitioners that have been, through their College training and experience, able to deliver IME reports which are both timely and legally coherent to try and streamline the process to improve the claimants' customer experience and lead to speedier resolution of disputes. Joint medicolegal assessments can be incentivised by arranging for these authorised health practitioners' meeting and providing reports early by avoiding delays in which late documents appear out of "the blue" and are submitted belatedly by the parties, which leads to an increase in the difficulty of dispute resolution.

It is better if each Party has a preferred Expert, then a conjoint telephonic conclave can be arranged to discuss variation in assessments and if consensus is unable to be produced, forwarded to the appropriate Dispute Panel. To provide this early conclave, it removes the adversarial culture and

provides for resolution of what the parties agreed on and non-agreed issues. This can lead to a single document that is Evidence-in-Chief and ensures that both parties had their say by providing reasons for agreement and disagreement.

Question 4

To incentivise the take up of joint medicolegal assessment in the CTP scheme, it is important to maintain active lists of AHPs and to recognise those that are listed as inactive could be encouraged to become active and those that are Fellows of the Medicolegal College, as they have maintained suitable ongoing credentialing, to remain authorised. Training in medicolegal consultations and examinations is reinforced by the Continuing Professional Development of the Australian Medicolegal college with ongoing continuing education for IME Assessors, particularly AHPs, with case reviews, updates in clinical medicine, innovations in surgery and review of treatment outcomes.

AMLC recognises that it is not just sufficient to have training in the AMA Guides and updated Guidelines but have the ability to produce forensic reports covering all aspects of motor vehicle accident injuries. The College fully supports ongoing professional education of AHPs and has also provided an updated (practical and reasonable) fee structure for such work in 2020 and 2021, to Dr Petrina Casey which would further incentivise specialists to do such work. We have asked SIRA to engage with us on valued based remuneration particularly when there is excessive documentation requiring extra reading time, late documents admitted, prolonged consultations in complex cases and the use of interpreters. By addressing these fee issues, AHP's would be incentivized to become more active and it would attract the best and brightest to do such statutory work.

Question 5

SIRA should measure the overall effectiveness of the AHP framework by maintaining sufficient numbers of AHPs to allow for injured people to have ready an appropriate access to medicolegal services. By precluding practitioners' authorisation by maintaining an inactive status, contrary to the objectives of the Australian Medicolegal College, its Fellows remain willing and able to provide IME reports for dispute resolution.

To measure the overall effectiveness of the AHP framework, it is suggested that SIRA maintain dialogue with the Australian Medicolegal College, particularly their continuing and professional development program, which is ever evolving, plus their increasing number of admitted Fellows, in turn contribute to the training and experience and those with a background of forensic reporting, would address issues such as causation, pre-existing conditions, apportionment between two or more accidents, reasonable and necessary treatment as well as WPI assessments.

Question 6

The ease, efficiency and transparency of the application and review process notes that applicants are maintaining an ongoing continuing Professional Development program, which is provided by AMLC and that SIRA has identified issues with the quality of some applications. Ongoing training and experience and a willingness to comply with terms of subcontracted employments of AHP's enables them to provide for earlier appointments for claimants and timeliness with the written IME report and expeditious fair reports avoids complaints handling. AMLC trained consultants are aware of the need for fair and just dispute resolution in a streamlined fashion. Alternate dispute resolution has to be seen to be a cost effective tool to avoid court based litigation causing unnecessary delays.

Question 7

The Australian Medicolegal College continues to evolve its training program to encourage more specialised health practitioners to undertake medicolegal work and become active as authorised health practitioners to participate within SIRA's framework. Seminars, webinars and pod casts and conjoint meetings of Experts have enhanced the production of good quality IME reports and fairly adduce the evidence to provide SIRA with streamlined dispute resolution process with a high standard of Code of Conduct. The quality of applications can be improved by increasing the availability of using the expertise of the Australian Medicolegal College to provide training programs for would-be AHPs, along with the appropriate AMA Guides and SIRA Guidelines.

Question 8

SIRA's published list can be improved to ensure that all the Parties, be they the injured people, Insurers or legal professionals, can readily ascertain which AHPs remain active and inactive plus list all the training modules that they have undertaken, such as upper and lower extremities, spine, acute traumatic brain injury, psychological impairment as well as GIT and CPR modules. By providing a full list of AHPs with their various skill sets in impairment assessments that they have undertaken. Hopefully there will be more active than inactive AHPs and that the second group will become more active to supplement the newer applicants with their wealth of clinical skills, training and experience.

Question 9

SIRA can ensure AHPs have the appropriate training and experience and consistently deliver high quality reports by encouraging AHPs to become Fellows of the Australian Medicolegal College to maintain ongoing appropriate training and experience and consistency in delivering high quality reports as well as being conversant with any updated Guidelines to qualify the AMA Guides.

Question 10

It is believed that frequent updated newsletters to AHPs from SIRA together with notification of any educational forums or workshops and distributed early will keep all AHPs within the loop informed and provide commentary on de-identified case reports to AHPs as a further learning and training tool.