

**From:** [healthpolicyandsupervision@sira.nsw.gov.au](mailto:healthpolicyandsupervision@sira.nsw.gov.au)  
**To:** [Health Policy & Supervision](#)  
**Subject:** Public Consultation Submission  
**Date:** Monday, 2 August 2021 10:50:25 AM

## Online Submission Form for the post implementation review of the Authorised Health Practitioner (AHP) framework



Thank you for your submission on this consultation.  
We have received the following information from you.



### Agreement

Agreement: I have read the SIRA submission procedure \*

### Your Details

Can we publish your submission?: Yes, but I prefer to remain anonymous

Name of organisation or individual making this submission: [REDACTED]

Authorised delegate/contact person: [REDACTED]

Position: Occupational Physician, AHP

Organisation: Independent

[REDACTED]

### Consultation questions

Attach a copy of your response to the consultation here: No file uploaded

1. Do you have any comments in relation to the scope or process of the review?: It is reasonable to review the AHP program/process.

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?: I have extensive experience performing thousands of IME/IMCs over nearly 2 decades. To summarise this briefly is difficult but in my opinion the compensation system works well where there are cases of genuine injury and claimants are motivated to recover and return to work. The main problem occurs where there is dispute regarding whether an injury has occurred/persists, and the claimant is not motivated to recover for complex/multiple reasons. The systems appears not to recognise or manage the significant issue of "compensation neurosis". In my personal experience I would estimate that up to 90% of the assessments I perform involve multifactorial reasons for persisting disability that cannot be explained in terms of physical injury and lead to massive costs that are not explicable in terms of normal injury and recovery. I would also note that I regularly read IME reports that do not summarise the full information available and advocate for claims that are not supported by the evidence available. Such AHPs are well recognised as being approved by the SIRA system and yet are almost universally used by the plaintiff side of these legal matters leading to extensive delays in case closures and increases in payments over many years. Although I support independent specialists on both sides of the argument, where an AHP's reports can be seen to routinely cherry pick information and ignore facts that would lead to finalisation of claims, it is my opinion that these should be reviewed by a SIRA panel and the

AHP status should be revoked. Although there is a financial and time cost to this, the removal of these AHPs from the system would lead to larger and lasting savings in costs to the burdened system in the years to come.

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

Make the plaintiff side pay for reports that are not joint.

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

AHP eligibility should be based on review of past reports. Where there is a challenge to the validity of a report, a series of prior reports should be reviewed, and where the lack of validity is consistently repeated, these AHPs should lose their approval.

5. How should SIRA measure the overall effectiveness of the AHP framework?:

AHPs would be demonstrated to be neutral where both sides are happy to accept their reports. A working AHP program would mean that a claim would NOT have 5 or 10 IMEs with widely and wildly varying opinions repeated over years or decades.

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?:

I found the process onerous in terms of time and documentation. I think all AHPs have been in the system long enough that large numbers of past reports are available for review and past legal challenges examined by the courts show clearly where there are inadequacies in these reports sufficient to justify withdrawing AHP approval from repeated producers of poor, unsupported opinions.

7. How can the quality of applications be improved?:

See Above.

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

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

Formal training in IME production exists. This could be mandated.

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

Claims Advisory Service 1300 656 919

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