healthpolicyandsupervision@sira.nsw.gov.au

To whom it may concern,

Unfortunately, I was unable to use your online form, so I have prepared my response to the AHP review below.

Discussion question 1

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

I understand that there is a great demand for specialists to review outstanding cases. Unfortunately, the restriction placed on AHP's to have 5 years post-graduation experience is a significant barrier. I am not sure how this arbitrary figure was arrived at.

However, from my experience, to train younger specialist in this area of the scheme, results in development of specialists specific to this area rather than reversing developed habits. The independent requirement of specialists as part of this scheme can be developed over time as it is often difficult to reverse once lack of independence is developed.

Secondly, and in particular with reference to psychiatrists, younger psychiatrists are endeavouring to find their area of practice in the future.

We have 2 psychiatrists who are eager to commence work in this area. However, as they are 2 years out of qualifying as a psychiatrist, they do not qualify as an AHP, which is questionable given that they have completed specialist requirements which are 5-6 years post graduate.

As they are not able to become an AHP they endeavour to find other areas of practice to the extent that after the 5 years they have established their path in psychiatry and therefore no longer have time for development as an AHP.

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?

Related to my point above, seeking AHP earlier in their career rather than later allows development of independence, training in language required for medicolegal reports, and development of their specialty in this area where independence is required for early and just resolution of disputes. Generally, specialists are used to treating and therefore they are used to writing reports to another doctor from a very specific point of view i.e., advocate for patient or insurer. Employing AHP specialists earlier after their graduation allows them to develop the necessary language for provision of reports which correlate with procedural fairness and just resolution rather than reversing their general tendency to provide one sided report either for or against.

Discussion question 3

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

I have known many individuals who have commenced in the CTP scheme and then left as the process is extremely intensive. Some of the points that deter me from performing more of these assessments:

- Administratively intense –
    - we receive sometimes 3 versions of the same report
    - It would be more effective if the documents submitted met a criterion – e.g.:
        - Handwritten notes should not be accepted
        - Notes which do not have identification of the examinees name should not be accepted
        - Multiple pathology results are not required for musculoskeletal injuries
- Clinical templates are difficult to use. They don't match the logical thinking of a doctor. E.g., causation should come before diagnosis
- If there is a large group of clinical notes (sometimes they are in the thousands of pages) and if there is a specific point that needs clarification e.g., one entry amongst a thousand pages that suggests pre accident, the submitting lawyer should present this in their submission as otherwise we have not answered the specific question and then it becomes appealed and results in a path which becomes extremely costly.
- Medical and legal questions should be separate. The medical practitioners should be providing medical opinion and if causation is a legal question, then this should be answered by a lawyer or panel consisting of a lawyer and doctor. Doctors are often making legal determinations without any training legally.
- The submission for bodily areas to be reviewed is presumably completed by lawyers and does not make medical sense. E.g., they may stipulate left soft tissue Injury to leg when it is in fact referred symptoms from lower back.

Discussion question 4

[redacted]

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

I believe that 2 years is sufficient length of time post graduating as a specialist. GP's who become AHP's and who are treating doctors are not necessarily 5 years post qualification as this is not a requirement for becoming a nominated treating doctor. Two years allows two years of consulting patients which is sufficient to gather practical experience in specific areas given that their 5-6 years of specialist training also requires consultation of patients.

Discussion question 5

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

With reference to the Motor accidents area and Dispute resolution, the reviews of doctors do not meet the usual requirements of review, whereby the type of error should be stipulated. The review panel make a call on whether the review is accepted or not accepted. However, the basis of their rejection does not relate to the initial reason for review.

- Therefore, although for example they may agree that the shoulder has been caused by the accident, because the examinee presents with a different range of movements on the day it is not accepted.
- This contradicts the motor accident guidelines where it is recognised that impairment value may differ depending on the client's presentation on the day. There are several examples of this.
- The submissions and responses are often lengthy, and it is difficult to identify the key problems.
- Internal reviews undertaken by Insurers are making medical decisions about whether injuries are minor or non-minor by internal review officers without any medical training. If this was adequately assessed, the submissions would be reduced significantly. Increasingly I am unable to read the internal reviews as they can be nonsensical.
-

Additionally, clinicians are measured based on result of legal decisions which they are not trained for. Clinicians should be judged from a clinical perspective and audits can be carried out by clinicians, and Lawyers can be judged from a legal perspective with audits carried out by lawyers. The overlap of review of legal issues by doctors does not follow a logic and makes the scheme messy.

Audit processes such as for Sydney Trains have resulted in significant improvement of the consistency of decisions made by AHP in the National Transport guidelines.

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?

[redacted]

Discussion question 7

How can the quality of applications be improved?

Reports should be de identified and reviewed by panels. Most applications/interviews require you to perform an aspect of your work rather than quantity of service.

Discussion question 8

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

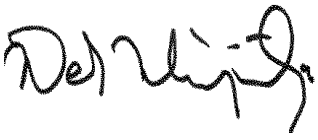
Sira's list should be appropriately credentialled with area of specialty and areas of expertise, and also what types of assessments they undertake.

Discussion question 9

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

The current SIRA meetings are not focussed on reports. It does not provide additional training on writing medico legal reports or mistakes commonly made. It's nice to get speakers from different areas who hold interesting discussions, but at the end of the day the training should be specific to the product that we are producing.

Thank you in advance



Kind regards

Dr Nel Wijetunga
Occupational Physician
FAFOEM (RACP)

[redacted]

[redacted]