

29th March 2019

#### SIRA proposed frameworks for non-treating health practitioners

Attn: NSW State Insurance Regulatory Authority
Submitted via email to nontreatingpractitioners@sira.nsw.gov.au

Insurance Australia Group (IAG) thank you for the opportunity to provide feedback on the *Proposed* authorised health practitioner appointment and regulatory framework. IAG supports the objectives of this proposed framework and commends SIRA on its endeavor to set clear standards and expectations with regards to services provided by non-treating health professionals within the NSW CTP scheme.

#### **Questions for Consideration**

Question 1: To which medical matters should the authorisation requirements in s 7.52 of the Act relate? For example, should it be for all medical matters referred to in the Regulation, be limited to a specific medical matter (e.g. permanent impairment), or a combination of matters? Why For the authorisation requirements defined in s7.52 of the Act to be applied to all medical matters (as prescribed in clause 18 of the Regulation) there needs to be an authorised health practitioner (AHP) pool of sufficient number and diversity of speciality to ensure all matters can be assessed in a timely and consistent manner. If such a pool is established by SIRA, then IAG is supportive of all medical matters as currently prescribed in the Regulation being managed under the authorisation requirements.

If the AHP pool is not of sufficient size and diversity to enable timely medical matter assessments, IAG proposes that the following medical matters prescribed within clause 18 of the Regulation are excluded from the AHP provisions. These medical matters include whether any treatment and care provided to an injured person is reasonable and necessary in the circumstances or related to an injury caused by a motor accident and whether treatment or care provided to an individual after 26 weeks will improve the recovery of the injured person. IAG believes that these medical matters are time sensitive and that any delay in their assessment may cause significant distress to a claimant's and impact on their recovery.

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### Question 2: Should there be specific criteria in respect of the giving of evidence in different medical matters?

When giving evidence in the medical matters of whole person impairment and earning capacity it is important that the AHP demonstrates rigour with regards to assessments they have conducted. This includes clear documentation of the methods of assessment and an acknowledgment that these methods align to those that are validated within peer reviewed literature.

For medical matters which require assessment of the need for or appropriateness of prescribed treatment, the AHP's evidence should reference the current evidence base for said treatments.

### Question 3: Are there any particular criteria for appointments to ensure high quality medicolegal evidence?

IAG supports the criteria as drafted by SIRA for the engagement of AHPs. Ideally, IAG also believes that some recency of practice (not just recency of training) be a part of the eligibility criteria. This criterion, however will need to be carefully considered as it will be important not to restrict recruitment to the AHP pool to an extent that medical matter assessments can't be completed in a timely manner.

# Question 4: Should something similar to the Expert Witness Code of Conduct be incorporated in the Motor Accident Guidelines in respect of any expert witness engaged to provide evidence in the Dispute Resolution Service?

IAG suggests that something like the Expert Witness Code of Conduct could be incorporated into the AHP terms of appointment documentation rather than into the Motor Accident Guidelines. This approach would provide simplicity and potentially be easier to make amendments when required.

## Question 5: Are any additional criteria appropriate in respect of the Expert Witness Code of Conduct for inclusion in the Motor Accident Guidelines?

No further criteria suggested

### Additional Comments for Section 3: Application for appointment or re-appointment as an authorised health practitioner

IAG supports SIRA's proposals for reviewing AHP performance and their compliance with the AHP terms of appointment. We also commend SIRA's requirement for AHPs to participate in a performance management framework. IAG believes that two key areas of focus within this framework need to be the monitoring of potential bias (experience in the MACA scheme suggests this has been an issue) and the quality of assessment reports.

IAG welcomes the opportunity to discuss any issues raised in this submission further. Please contact Kate Hopman, Manager, Road Safety & Regulatory Policy on 02 9088 9836.

Sincerely,



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IAG