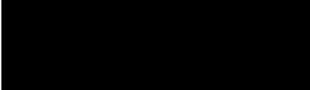


From: [PALAJE, David](#)
To: [Non Treat Practitioners](#)
Subject: SIRA Frameworks for non-treating health practitioners
Date: Thursday, 28 March 2019 10:05:26 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[Response to SIRA - Non-Treating Health Practitioners.pdf](#)

Dear Tina,

Please find attached our response and feedback in relation to your email of 1 March 2019 and the SIRA frameworks for non-treating health practitioners.

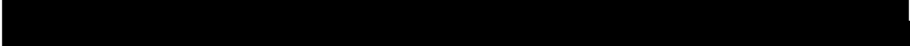
Please let me know if any queries.


David Palaje
Team Leader
NSW CTP Claims

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1 January 2017

██████████
Director CTP Claims & Customer Outcomes
State Insurance Regulatory Authority
McKell Building
2-24 Rawson Place
HAYMARKET NSW 2000

Thank you for the opportunity to provide feedback in relation to the “Proposed authorised health practitioner appointment and regulatory framework”. In response we advise as follows:

1. To which medical matters should the authorisation requirements in s.7.52 of the Act relate?

The authorisation in s.7.52(1)(b) should be aligned with, and limited to, the authorised health practitioner’s area of expertise, accreditation and training. This would be identified and evaluated by SIRA during their assessment of the authorised health practitioner’s professional eligibility under the terms of appointment.

In order to establish professional eligibility, it would be anticipated that the health practitioner would:

- nominate their individual area of expertise for which they sought authorisation; and
- provide sufficient evidence to substantiate their expertise, including but not limited to:
 - Certification in the use of DSM-V,
 - Completion of WPI training and confirmation of their approved assessment modules; and
 - Can demonstrate professional eligibility in accordance with the terms set out in section 4.

It is expected that some health practitioners will be able to assess all medical matters whereas others may be more aligned to a specific medical matter. For example, a physiotherapist may be authorised to assess whether treatment or care provided to an injured person will improve recovery but they would not be authorised to assess permanent impairment. The terms of appointment prescribes that the health practitioner must agree to have their name, contact details and practice location(s) listed on the SIRA website. We would recommend that this be expanded to include reference to the medical matters for which they are authorised under s.7.52 MAIA.

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

We do believe that there is scope to introduce specific criteria that must be addressed in when giving evidence in relation to specific medical matters. The sustainability of the scheme will be materially impacted by the health and RTW outcomes of the injured participants. Once the scheme matures, consideration should be given to developing a framework and criteria that can be applied in relation to the assessment of the degree of earning capacity similar to the framework that was established around the assessment of WPI. Once the framework is drafted, all AHPs should be required to undertake training and demonstrate competency in the application of that criteria.

In addition, AHPs in the field of Occupational Medicine who assess earning capacity should be required to be a Fellow of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and have 5 years of clinical experience. This will ensure experience, consistency and currency in the evidence and reporting that they are required to provide.

3. Are there any particular criteria for appointments to ensure high quality medicolegal evidence?

As discussed in our response to question 1 above, the applicant should be required to provide evidence that supports his/her authorisation. This would include:

- evidence of completed training;
- professional development in their selected area for authorisation;
- provision of 'de-identified' medicolegal reports they have prepared that would indicate the quality and depth of their reporting skills;

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?

Yes. It is important that the authorised health professional appreciates that the duty he/she would owe to the DRS is aligned with the duty that they would owe to a Court of Law. In particular, the role of the health professional is not to advocate for a particular party but rather to impartially assist the DRS on matters within their area of expertise. Imposition of these duties on the authorised health professional and the regulation of the reports that are prepared will assist in achieving consistent, high quality medicolegal evidence and maintaining the integrity of the scheme.

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

If SIRA does adopt something similar to the Expert Witness Code of Conduct, it would be of benefit if the provisions prescribing the content of the expert's report were expanded to include reference to the medical matters for which they are authorised by SIRA under s.7.52 MAIA.

6. Additional feedback/queries in relation to the proposed framework?

6.1 Professional Eligibility terms

Is the applicant required to complete a self-assessment of competency matrix?

How will SIRA be satisfied that the authorised health professional has '*..demonstrated high level communication skills*'? In its current wording, this is a subjective assessment and clearer guidelines should be provided outlining what 'high level communication skills' would look like.

Will applicants be required to present their eligibility to determine given medical matters?
How is it expected that this will occur?

An essential requirement for an authorised health practitioner is the preparation of a medicolegal report. The criteria for professional eligibility should include the provision of de-identified medical reports, which would assist in determining the AHPs level of communication skills and the standard and quality of their evidence.

6.2 Compliance Eligibility terms

How will SIRA monitor this requirement? Will applicants be required to sign a statutory declaration to the effect that they have not breached any legislative guidelines or fee schedules as part of the authorisation process?

Will there be a materiality threshold? An AHP may in an isolated incident breach the guidelines by not providing a report to the referrer within the agreed timeframe? Is the AHP required to report on this breach at the end of the 3 year period of appointment when he is applying for his authorisation to be renewed?

6.3 Professional Conduct Terms

Consideration should be given to including a requirement that the AHP must notify SIRA with 10 working days, if their AHPRA registration becomes subject to any conditions, undertakings, reprimand, limitations or restrictions.

6.4 Performance Data

It would be of assistance if SIRA provided high level feedback on AHPs performance in the DRS scheme.

Regards,

David Palaje