

From: [Murray Sinclair](#)
To: [Non Treat Practitioners](#)
Subject: Submission re framework a personal opinion
Date: Friday, 12 April 2019 4:53:51 PM
Attachments: [Proposed Injury Management Consultant Approval and Regulatory Frameworkv4.docx](#)

Dear SIRA

I have attached some personal thoughts which are my own, and I stress are not those of my employer.

Thankyou for the chance to offer a submission

**Regards,
Murray Sinclair**

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Proposed Injury Management Consultant Approval and Regulatory Framework

Dr Murray Sinclair, personal comments:

Approval process		
SIRA contact with referees	<ul style="list-style-type: none"> The proposed change involves SIRA contacting referees directly and no longer having references supplied. <p>Comment:</p> <ol style="list-style-type: none"> This is a favourable change which I believe will be less burdensome on all parties 	
Period of approval		
	<ul style="list-style-type: none"> The proposed change involves set blocks of three yearly approvals. <p>Comments:</p> <ol style="list-style-type: none"> This means all approvals will expire at the same time. <p>The consequence is that at the end of the 3-year period, all approvals will be up for renewal at the same time. This will create a large number of approvals all at the same time to be processed by SIRA.</p> <ol style="list-style-type: none"> Generally this would be a beneficial change and should reduce the administrative burdens as suggested. However SIRA would need to be prepared for the spike in approvals so as not to incur unnecessary delays. 	
Re-approval process		
The provision of information to SIRA	<ul style="list-style-type: none"> The proposed change involves a review of the last three IMC consultations and reports as well as referral to referees by the responsible body. This changes to a submission by the only MC which includes a signed agreement regarding the conditions of approval. That is then reviewed by SIRA and further information may be sought <p>Comments:</p> <ol style="list-style-type: none"> These changes appear to be an improvement and it appears they would reduce the administrative burden for IMCs 	

	<p>2. Some care would probably be required in how rigidly the process is applied and some flexibility by SIRA would be needed. This should take into account some understanding of the IMC's individual situations.</p>	
Conditions of approval	<ul style="list-style-type: none"> the proposal here is to set up conditions of approval which had not been specified in the past seven or more conditions of approval are specified <p>Comments</p> <ol style="list-style-type: none"> there is a lot of work here for SIRA and it may be important to ensure a streamlined process so as not to hold up approvals for an unduly long period of time Otherwise I agree that expectation setting would be assisted by these principles 	
Mediation/negotiation	<ul style="list-style-type: none"> A change has been proposed in which SIRA no longer provides the training, but it is left up to the individual IMC. SIRA can insist on training by the doctor if a clear benefit has been identified. <p>Comment: I believe this is an improvement in the process which should assist both parties.</p>	
Eligibility conditions		
Registration with AHPRA	<ul style="list-style-type: none"> The proposed change involves the IMC having a "clean" registration with AHPRA <p>Comment: Yes this is a good idea, for the reasons which you have outlined</p>	
Qualifications/clinical experience	<ul style="list-style-type: none"> the proposed change involves a increase from a practitioner of 12 months experience in workplace based rehab to a fellow of the AFOEM or a practitioner with at least 5 years full-time experience in treatment/management of work-related injuries <p>Comment: In my opinion this would be a beneficial change. The geographical distribution of AFOEM's may not be adequate to ensure full coverage of New South Wales and the inclusion of doctors with significant experience and treatment and management of work-related injuries</p>	

	would be beneficial and helps to avoid a monopoly situation developing.	
Knowledge of NSW workers compensation system	Comment: An extensive knowledge of the NSW workers compensation system is important and therefore this should also be a beneficial change.	
Communication/negotiation skills	Comments: I agree that a demonstrated high level communication and negotiation skills as required in the challenging Injury Management environment. I am not quite sure how it is planned for this to be decided, or assessed	
Complaint history	<ul style="list-style-type: none"> The proposed change is to initiate an assessment of complaints against practitioners when applying for eligibility <p>Comments:</p> <ol style="list-style-type: none"> the key phrase here is “taking into account” it is likely that complaints against IMC’s will continue to occur although hopefully less often in the future As new each new IMC develops a learning and experience base, occasional complaints could be expected. It would be important for SIRA to be mindful of this when determining practitioner eligibility the frequency of complaints may also depend partly on how improvements to the IMC process evolves in the future 	
Re-approval conditions		
Re-approval criteria regarding performance and behaviour	<ul style="list-style-type: none"> The proposed change involves an alteration from a list of separate criteria to a requirement to continuing adherence to the conditions of approval <p>Comment: this looks to be a reasonable requirement</p>	
Activity on the IMC role	<ul style="list-style-type: none"> For re-approval the number of consultations in the last 12 months has changed from 1 to 5, per 12 month period of approval. <p>Comment:</p>	

	This sounds reasonable but depending on the individual IMC situation could be difficult for a proportion of the IMC's. However, in principle think this is a good change nevertheless	
Reasons for revocation	<ul style="list-style-type: none"> The proposal involves moving from a set of seven specific points where approval could be revoked to a somewhat broader series of criteria <p>Comment: The changes appear to be reasonable and may allow SIRA a broader scope to cease IMCs that do not comply with requirements</p>	
Performance monitoring and quality assurance	<ul style="list-style-type: none"> The proposed change here involves changing from a re-approval/complaints system to a new monitoring and feedback system <p>Comments:</p> <ol style="list-style-type: none"> In my opinion the new system is likely to be helpful. However the monitoring does appear to be unlimited and care would need to be applied in monitoring all the information provided by all of the bodies mentioned. If feedback were provided to the practitioners confidentially and using the parameters mentioned I believe this would have an effect on their behaviours which SIRA would find useful 	

Key Points/Further Comments

1	The proposed changes appear to reduce the administrative burden for both SIRA and the individual IMCs
2	If this process is adopted there will be a surge in applications every three years which sera will have to be set up to deal with in order to ensure there are no undue delays in the processing
3	It would be important to ensure the revised process is applied with some understanding of the individual IMC's situations which will vary
4	Overall these changes should provide an improvement as I can see that the old process was lacking in some important aspects. These appear to be improved using the new principles.
5	It is still important to bear in mind that the cases being reviewed by IMC's are often quite complex to deal with and can be confronting for both the doctor and the patient. A very different style of medical consulting is required. This can take time for the practitioner to develop.

6	In the production of reports prompt assessment and production of the report is very important. It may be advantageous for SIRA to set the example by avoiding undue delays in its dealings with IMC's.
7	Here and tact will be required in the application of these revised criteria are
8	I may have missed this, but I was wondering - are the IMCs required by SIRA to be insured? The doctor may need help from a medical insurer when and if there are the inevitable complaints, especially if those escalate; perhaps that's included under Conditions of approval (not fully covered in detail yet)