
Schedule 1 Service Standards

Medical Examiner **SERVICE STANDARDS**

Transport Accident Commission

1. General

- 1.1 The relationship between an Independent Medical Examiner (IME) or Independent Impairment Assessor (IIA) and a person undergoing an independent medical examination differs from that in a usual practitioner/patient relationship. Notwithstanding this difference, it is expected that recognised professional standards and the applicable law will be adhered to at all times.
- 1.2 The Medical Examiner Service Standards applies to both Independent Medical Examiners and Independent Impairment Assessors.

2. Independence

- 2.1 The IME / IIA must appear to be, independent of the TAC and the legal representatives of the TAC. The IME / IIA agree to take all reasonable measures to ensure they maintain independence.
- 2.2 The IME / IIA agrees to notify the TAC immediately if he/she believes there has been an attempt by anyone to inappropriately influence a report arising from the medical examination undertaken by the IME / IIA.

3. Appointments

- 3.1 Appointments must be available as soon as practicable after receiving a request for an appointment.
- 3.2 The person to be examined must not be kept waiting for the examination for an unreasonable time. The medical examiner should aim to see people within 30 minutes of the appointment time.
- 3.3 The medical examiner should notify the referring case manager of any appointments that they need to cancel as soon as is practical after they become aware of the need for the cancellation.
- 3.4 The medical examiner should not accept referrals, or undertake an examination, if they are not qualified and experienced in the specialty for which the examination has been arranged. The medical examiner should notify the referring party as soon as is practical after they become aware of an inappropriate referral.
- 3.5 The medical examiner should verify the identity of the client by using an appropriate form of photo identification such as a driver's licence. In the event that the client is unable to provide such identification, the IME/ IIA should proceed with the examination but document this in their report.

4. Examinations

- 4.1 Referrals:

It is recommended that the medical examiner pre-reads all the documents (e.g. medical reports, x-rays and investigation reports) sent with the referral.

This will allow the medical examiner to highlight specific questions and aspects of the examination that may not have been identified if the IME/ IIA relies exclusively on the client's recollection.

Pre-reading also provides the medical examiner with the opportunity to request the referring case manager to send additional material the IME/ IIA considers necessary to ensure that the findings, opinions and recommendations from the independent medical examination are sound and complete. The reasons why the additional material is required must be articulated.

4.2 Accessibility:

It is expected that the medical examiner's rooms are accessible to people with mobility issues (e.g. wheel chairs). If there are any access limitations, the medical examiner must notify the referring case manager as soon as possible.

If a person is unable to attend an IME/ IIAs rooms, either due to access limitations or the person's medical condition, the medical examiner may be asked to conduct an examination at another suitable location. This is subject to the medical examiner's consent and subject to reaching agreement with the referring case manager about the suitable location and travel arrangements.

4.3 Interpreters:

The referring case manager will arrange for a qualified interpreter to attend at the examination if this is required. It is preferred that family (including children under the age of 18 years) and friends do not act as interpreters. If difficulties arise with the interpreting arrangements during an examination, the medical examiner should immediately notify the referring case manager. Medical examiners are requested to be sensitive to the presence of an interpreter if the person to be examined is to be undressed and to ask the person being examined about the appropriateness of the interpreter being in the room during this time.

4.4 Third party attendance:

If a person insists on the presence of a family member or friend for moral support during the examination, this may be acceptable provided that the medical examiner considers this appropriate in the circumstance. The third person should not be allowed to disrupt the examination. There should be no objection to the third person assisting in clarifying aspects of a person's medical and injury history but they should not be permitted to interfere with the normal interchange between the medical examiner and the person.

The report should clearly articulate the difference in history provided by the client and or a third party.

Clients attending a psychiatric examination will normally be seen without family members or friends because of the personal and private nature of the questions asked. If the medical examiner determines it is suitable to proceed with the examination in the presence of a third party, this should be documented in the report.

4.5 Length of appointment:

Medical examiners must allocate sufficient time to allow for a fair and comprehensive examination to be carried out. Extra time may be required if an interpreter is being used or the case is extremely complex.

4.6 Conduct during examination:

It is expected that the examiner will treat people undergoing independent medical examinations with the same professional standards of care, consideration and courtesy that a

private patient would expect (as covered by the Ethical Guidelines for Conducting Independent Medical Assessments¹). The standards of professional behaviour as outlined in the 'Good Medical Practice: A code of Conduct for Doctors in Australia'² should be applied including:

- (a) being courteous, alert to the concerns of the person and ensuring you have the person's consent.
- (b) explaining to the person your area of medical practice, your role and the purpose, nature and extent of the assessment to be conducted;
- (c) anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of your assessment and report;
- (d) providing an impartial report;
- (e) recognising that, if you discover an unrecognised, serious medical problem during your assessment, you have a duty of care to inform the patient and/or their treating doctor;
- (f) being honest and not misleading when writing reports and certificates and only signing documents you believe to be accurate;
- (g) taking reasonable steps to verify the content before you sign a report and not omitting relevant information deliberately;
- (h) preparing or signing documents and reports if you have agreed to do so, within a reasonable and justifiable timeframe; and
- (i) making clear the limits of your knowledge and not giving opinion beyond those limits when providing evidence.

A gown or other covering should always be offered if a person is asked to undress and the medical examiner should excuse themselves or move out of the person's line of sight while the person is undressing.

4.7 Expectation setting

At the commencement of the examination, in addition to the 3.6(a) and 3.6(b), IMEs should explain:

- (a) that their findings, opinions and recommendations will be contained in a report which will be sent to the referring case manager and may also be sent to a client's legal representatives and the client's treating practitioners.
- (b) that they are impartial, and reassure the person that the independent medical report will record their objective clinical diagnosis and that it is not the IME/ IIA's task to decide the claims issue; and
- (c) the specialty in which they practice and its relevance to the examination.

Medical examiners should not make value judgements or personal comments, advise the person of the findings, opinions or recommendations to be made in the report, or recommend treatment directly to the client during the examination.

¹ Australian Medical Association – Ethical Guidelines for Independent Medical Assessments 2010

² Medical Board of Australia – Good Medical Practice: A code of conduct for Doctors in Australia, March 2014, page 19

Medical examiners should clearly answer a person's questions about the purpose or relevance of any questions, procedures or other aspects of the examination.

Medical examiners should forewarn people if an examination, test or procedure is required which may be considered or interpreted as intrusive, or cause some discomfort or pain. IME/ IIA's should explain why the examination, test or procedure is necessary and reassure the person that it will not worsen their condition.

4.8 Tests

Non-invasive tests, imaging and basic pathology may be undertaken with the TAC client's permission when required to answer a question being asked of the IME/ IIA by the referring case manager. Pre-approval from the TAC is not required to undertake such tests.

Medical examiners should not carry out tests of an invasive nature other than imaging and basic pathology.

It is recommended that you contact the referring TAC case manager should further investigations be required as similar investigations may have previously been undertaken. The referral letter will have a contact number of the TAC case manager at the bottom.

As a general rule, tests of this kind will only be permitted where the findings of the independent medical examination would otherwise be unreliable.

4.9 Personal attendance

The IME/ IIA must personally conduct the independent assessment including history and examination.

It is acknowledged that special tests may be required and may be conducted by other parties, such as lung function testing, audiology or sleep studies.

4.10 Security

Security is available for support at examinations where a TAC client has been identified as being a known risk for harm to self or others:

- (a) TAC claims staff have a responsibility to notify IMEs where there is a known risk about a client.
- (b) IMEs have the choice to accept or reject a referral where there is a known risk.
- (c) if the IME/ IIA chooses to accept the referral, TAC claims staff are required to offer security support to the medical examiner. This includes having attendance by a security officer at the independent medical appointment. The TAC claims staff are also responsible for arranging security attendance; the cost for security attendance is covered by TAC.

5. **Conflicts of interest**

5.1 Medical examiners must not accept a referral or undertake an examination if a conflict of interest might arise, or be perceived to arise unless the IME/ IIA has notified the referring case manager and agreed, in writing, on a process to manage the conflict. It is not possible to give an exhaustive list of situations where a conflict of interest might arise, but some examples are:

- (a) if the IME/ IIA has provided treatment or services to the person previously (other than in their role as a medical examiner); and

- (b) the IME/ IIA has a financial relationship or other involvement with the person's employer.

5.2 The Transport Accident Commission (TAC) considers it is a conflict of interest for an IME/ IIA to provide treatment or services to a person after they have had an independent medical examination by that IME/ IIA.

6. Contact with treating healthcare practitioners

6.1 Written consent is not needed if the IME/ IIA has an overarching legal, ethical or professional obligation.

6.2 In most cases, the medical examiner will articulate in the report if they required further information from a treating practitioner. The TAC will obtain this information (if possible) and provide it to the IME/ IIA with a request for a supplementary report.

6.3 If the medical examiner determines that they need to directly contact the treating healthcare professional for further information to clarify the case, they are required to obtain written consent from the client. Any information subsequently received (including test results requested), should be articulated clearly in the report and copies of any additional documents or test results received should be attached to the report.

7. Reports

7.1 Templates

Medical examiner report templates are available on the TAC website:

<https://www.tac.vic.gov.au/providers/for-health-professionals/medical/independent-medical-examiners>

Medical examiners should conform, as far as possible, to the template. The medical examiner report template may be subject to change throughout your agreement period however TAC will notify you where there are significant changes to the template.

7.2 Content and structure

The medical examiner should consider their audience when preparing reports. Reports are used by the TAC and may also be disclosed to the TAC client, their legal practitioners and treating healthcare professionals. Reports will be released informally and pursuant to the Freedom of Information Act 1982.

Medical examiners must comprehensively address all the points raised or questions asked in the letter of referral. It is recommended that the questions and answers are included in the report so that the report can be read as a stand-alone document.

Medical examiners should ensure their comments in the report relate to their professional opinion and recommendations as to assist the TAC to make relevant decisions in accordance with the Transport Accident Act 1986.

The following is general advice for completing the report:

Guide for Reports:

- (a) use plain language

- (b) avoid jargon
- (c) explain technical terms

Evidence Based Opinions

- (a) justify diagnosis with clinical findings.
- (b) reference opinions to best practice
- (c) provide rationale for opinions including; reference and address inconsistencies
- (d) between provided information/ history/ examination and clinical knowledge.

Cautions

- (a) ensure opinions are impartial and independent
- (b) only disclose relevant personal information about client
- (c) only report appearances and demeanour if relevant
- (d) avoid advocacy or bias

7.3 Time for completion

- (a) 90% of reports are to be completed and sent to the referring case manager within 10 working days of the examination unless otherwise agreed.
- (b) 100% of reports are to be sent to the referring case manager within 15 working days of the examination unless otherwise agreed.

8. Fees

- 8.1 The TAC can pay the reasonable costs of independent medical examination services in line with the relevant policies and the TAC Fee Schedule of Medico Legal Fees, unless otherwise agreed with the TAC in writing.

How to get paid

Use LaternPay

If you're an eligible provider, LaternPay lets you:

- submit invoices online
- view payment decisions immediately
- receive payment the next business day

To find out more about LaternPay visit www.lanternpay.com/TAC.

Mail your invoice

You may also invoice us by mail. Services subject to GST must be submitted on a GST compliant invoice. Your invoice must include:

Payee Details

- group/ company/ agency
- ABN

- TAC payee number (if you have one)
- billing address and practice/ clinic address

Client Details

- given and family names
- TAC claim number

Service Details

- name of service provider
- date of service
- TAC item number as per the TAC fee schedule
- duration of service (if applicable)
- service location (if different to practice address)
- total charge for invoiced items

Send your invoice to:

Transport Accident Commission (TAC)
GPO Box 2751
MELBOURNE VIC 3001

Payment Dates

- invoices are processed each week with payments being made to your bank account.

- 8.2. In the event, that an IME has concerns about unpaid or returned invoices, it is recommended that the IME/ IIA contact the TAC Customer Service Centre. If there is a significant concern or trend in the payment of invoices, then this should be raised with the Health Services Lead – Medical Examiners of the Health Branch, Transport Accident Commission.

9. Court and Tribunal attendance

- 9.1. Medical examiners must be available to attend and give evidence in the Victorian Civil and Administrative Tribunal and in court proceedings. Some proceedings may be held in regional areas. This obligation continues beyond the medical examiner's term as an IME/ IIA.
- 9.2. Medical examiners must be familiar with their obligations as expert witnesses.

10. Notification and registration

- 10.1. Medical examiners must notify the TAC immediately of any formal complaint made about them in a professional capacity, about any hearing or other proceeding in relation to the formal complaint and the outcome including the details of any disciplinary action taken in relation to them including (but not limited to):
- (a) under the Health Insurance Act 1973 (Cth)
 - (b) by a hospital regarding clinical competence or professional conduct
 - (c) by a professional body (e.g. a college)
 - (d) by the Medical Board of Australia
 - (e) by the Health Services Commissioner

(f) by the Australian Health Practitioner Regulation Agency

10.2. Medical examiners must notify the TAC in writing within 14 days of any changes affecting their service delivery as an IME or eligibility to be an IME including (but not limited to):

- (a) the professional discipline in which they practice
- (b) the services which they offer
- (c) their practicing location
- (d) anything which affects their ability to continuously meet the selection criteria to be an IME, including any change to weekly hours of practice.

10.3. Medical examiners must notify the TAC immediately of:

- (a) any conditions, limitations or restrictions on their registration; or
- (b) the suspension or cancellation of their registration.