



# Medical Panels Victoria

The Office of the Convenor of Medical Panels  
end of year results 2014/15

November 2015

# CONVENOR FOREWORD

## **Dear Minister,**

I am pleased to present the 2014/15 end-of-year results of Medical Panels. This report presents details of the work undertaken by the 4568 constituted Medical Panels and the Office of the Convenor of Medical Panels.

Medical Panels has established itself as an independent, reputable and successful means of resolving medical disputes for workers' compensation and public liability claims, and has continued to experience substantial growth in referrals and the complexity of some referral segments.

Over the past year, Medical Panels made significant achievements. The Office of The Convenor successfully delivered changes to support the implementation of the *Workplace Injury, Rehabilitation and Compensation (WIRC) Act 2013* and the *Wrongs (Part VBA Claims) Regulations 2015*. The Office of the Convenor of Medical Panels also completed a review and streamlined business processes to assist in managing referral growth and enable the delivery of more Medical Panel opinions.

To meet referral demand, Medical Panels continued to refresh and expand its Panel Member workforce by increasing the awareness of Medical Panels and through a more sophisticated and targeted recruitment campaign. This resulted in 57 new Panel Members being appointed to the list.

The Office of The Convenor has kept Presiding Members and Panel Members up to date through our monthly onsite training program and have implemented service and process improvements to make it easier for Panel Members to work at Medical Panels.

As the external environment continues to evolve the Office of The Convenor has continued to adapt how it delivers high-quality services within a financially-constrained environment, which is subject to legislative change, ongoing judicial reviews and greater demand for transparency and accountability across like organisations. To assist in sharing knowledge and opportunities with like organisations, Medical Panels Victoria recently joined the Council of Australasian Tribunals.

The results presented in this report reflect the continued value of this unique and valuable Medical Panels process. This has been made possible through the strong professionalism, expertise and dedication of the medical practitioners appointed to each Medical Panel and the committed staff of the Office of the Convenor.

Yours sincerely,



**Dr John Malios**  
Convenor

# OFFICE OF THE CONVENOR OF MEDICAL PANELS' MISSION

To support the fair and timely resolution of disputes, through the provision of opinions and reasons in relation to medical questions referred under the Victorian workers' compensation legislation and the *Wrongs Act 1958*.

## ABOUT MEDICAL PANELS

Medical Panels are established under the *Workplace Injury, Rehabilitation and Compensation (WIRC) Act 2013* and the *Wrongs Act 1958*. Where there is disagreement or uncertainty about aspects of an injury or medical condition, a Medical Panel may be convened to answer referred questions and provide a legally-conclusive and binding opinion on the medical issue/s in dispute.

Medical Panels have been part of the dispute-resolution process in Victoria in one form or another since the early 1990s. During this time they have served the valuable purpose of providing speedy and cost effective resolution of disputes in relation to workers' compensation claims and also *Wrongs Act* threshold determinations.

The Medical Panel status of an expert independent medical tribunal was reaffirmed in the judgment of the High Court of Australia, delivered on 30 October 2013 in *Wingfoot Australia Partners Pty Ltd & Anor v Eyup Kocak & Ors (2013)*.

"The function of a Medical Panel is neither arbitral nor adjudicative: it is neither to choose between competing arguments, nor to opine on the correctness of other opinions on that medical question. The function is in every case to form and to give its own opinion on the medical question referred to it by applying its own medical experience and its own medical expertise".

Medical Panels is a unique and effective model in the dispute resolution process. The efficient resolution of medical disputes by a Panel of independent medical experts, with due consideration to the laws of natural justice, continues to provide a valuable and necessary service to the Victorian community.

# REFERRAL PROCESS

The Office of the Convenor will examine each referral to ensure that the referral is validly made and is from a person or body exercising appropriate referral powers under the *Workplace Injury, Rehabilitation and Compensation Act 2013* and *Wrongs Act 1958*.

They will also examine whether the referrer asks a statutory medical question appropriate to be determined by a Medical Panel.

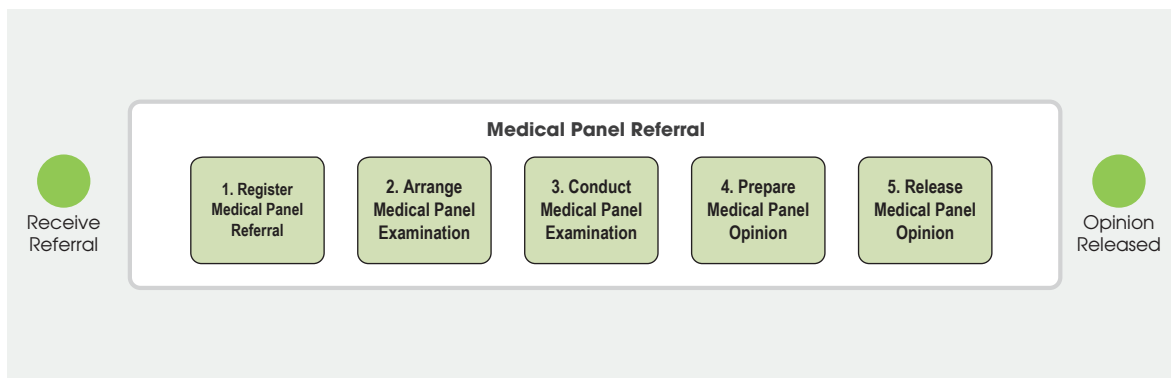
Once the Convenor is satisfied that the referral is validly made and asks a statutory medical question appropriate to be determined by a Medical Panel, the Convenor will convene a Medical Panel of expert medical practitioners from the Governor in Council's approved list, including a Presiding Member that they consider appropriate in specialty, number and relevant to the referral.

The Medical Panel must form an opinion on a medical question within 60 days of a Medical Panel being convened and the documents given to the Panel for workers' compensation legislation referrals. Within seven days of forming an opinion it must give the referrer its opinion in writing.

The Panel must provide a Certificate indicating its opinion, and a written statement of reasons for the opinion. This period may be extended with consent of the referring party (eg Conciliation Officer, Court or Self-Insurer or Agent).

For referrals made pursuant to the *Wrongs Act 1958*, the Medical Panel must provide notification of an appointment for a Medical Panel examination, or reject or request further information within 30 days from lodgement of a *Wrongs Act* referral. The Medical Panel is required to give a Determination within 30 days of the date of the last appointment with the Medical Panel, or the date when additional information is received or a longer time as agreed to by the respondent/s and claimant.

## High level Medical Panel process – referral to opinion



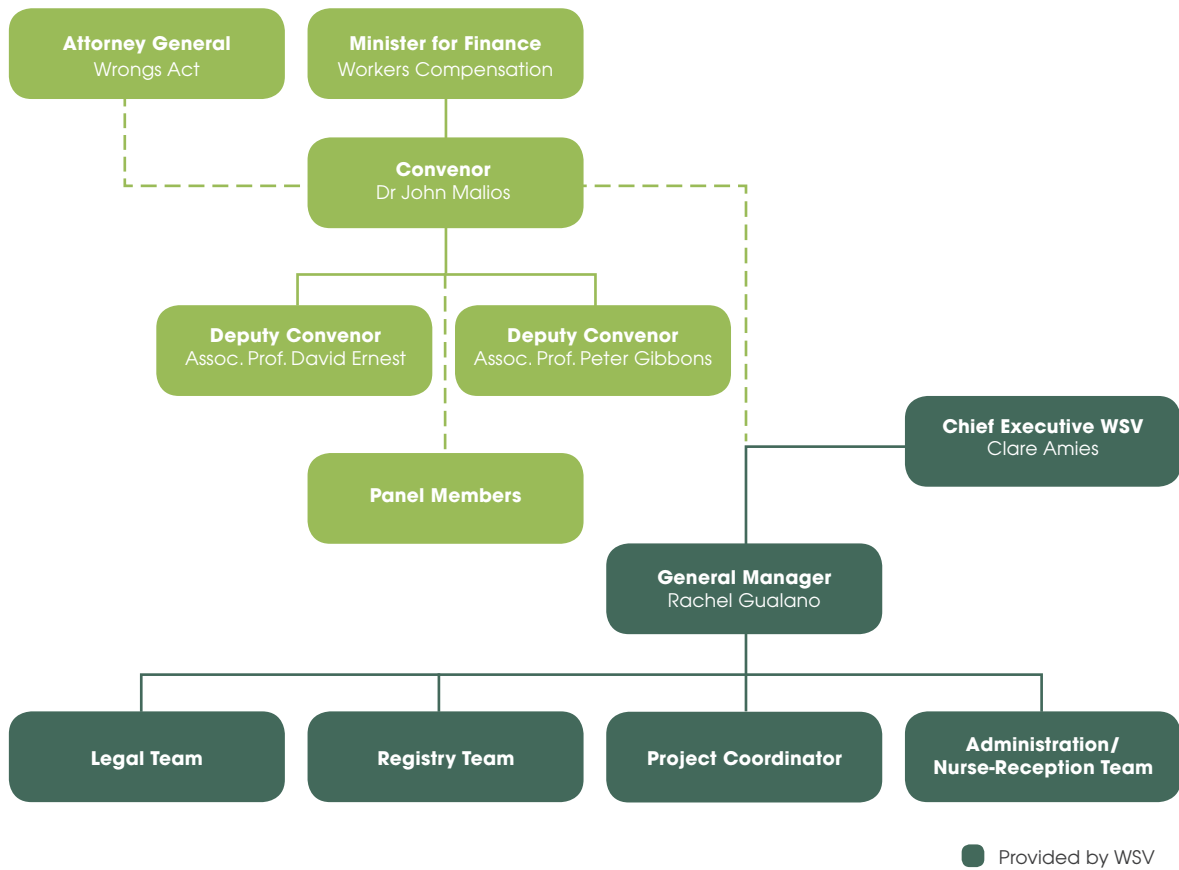
*"I would like to take this opportunity to thank the nurse who was very caring and provided the necessary support to me after my examination"*  
– Injured worker feedback

# THE OFFICE OF THE CONVENOR OF MEDICAL PANELS

The Office of the Convenor of Medical Panels consists of the Convenor, two Deputy Convenors and 27 employees provided by WorkSafe Victoria to support the operations of the organisation.

The employee profile includes:

- (a) General Manager
- (b) Legal Manager
- (c) Legal and Impairment Advisors
- (d) Registry Manager
- (e) Registrars and Deputy Registrar
- (f) Administration Coordinator
- (g) Administrative Officers
- (h) Nurse receptionists
- (i) Project Coordinator
- (j) Security Officer



# MEDICAL PANEL MEMBERS

Panel Members are appropriately qualified and experienced medical practitioners who are able to provide independent, high-quality medical assessments, conjointly (in cooperation with other Panel Members) and develop a comprehensive Medical Panel Opinion and Reasons.

- The Convenor and Deputy Convenors are appointed by the responsible Minister from the list of Members.
- Members are those medical practitioners, appointed by the Governor in Council, who are eligible for allocation to a Medical Panel.

- Consultants to Medical Panels are either medical practitioners or allied health practitioners who are engaged by the Convenor to advise a Medical Panel on medical or allied health matters where a Medical Panel requests such advice.

The current list of members consists of 238 medical practitioners, which include 57 newly-appointed Panel Members. Of the 238 Panel Members currently appointed, 46 are female – representing 19 per cent. The proportion of female Panel Members has increased over recent years. The Office of the Convenor also used 23 consultants from a number of specialties.

## Panel Member specialist demographic

Specialty	Specialty Total	Specialty	Specialty Total
Orthopaedic Surgeon	45	Endocrinologist	3
Psychiatrist	40	Ophthalmologist	3
Rheumatologist	19	Gynaecologist	2
General Practitioner	18	Child Psychiatrist	2
Neurosurgeon	14	Vascular Surgeon	2
Occupational Physician	12	General Practice/Haematology	1
Otolaryngology	10	Internal Medicine	1
General Surgeon	9	Paediatric Neurologist	1
Plastic Surgeon	7	Rehabilitation and General Physician	1
Neurologist	7	Pain Management	1
Gastroenterologist	6	Anaesthetist	1
Respiratory Physician	5	Pain Management Physician	1
Rehabilitation Physician	5	Infectious Disease Physician	1
Cardiologist	4	Pain specialist/Anaesthetist	1
Urologist	4	Infectious Diseases Physician	1
Consultant Physician	3	General Physician	1
Musculoskeletal Physician	3	Neuro Psychiatrist	1
Dermatologist	3		
			<b>Total 238</b>

*"I am also thankful to all the doctors in the Panel who examined me thoroughly and for understanding my injury"*  
– Injured worker feedback

# OVERVIEW OF ACHIEVEMENTS

## 2014/15

Medical Panels has managed an increase in referral numbers and complexity whilst continuing to deliver on its core functions within legislative requirements. During 2014/15, Medical Panels undertook projects to reflect the evolution and growth of the organisation and to build on its solid reputation and independence. This included:

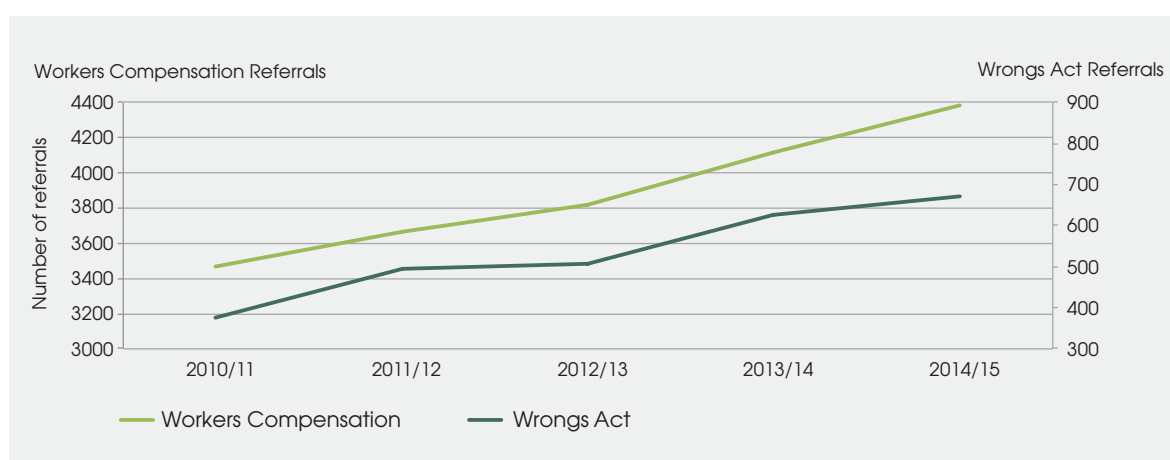
- **Completion of a Medical Panels Service Review** – KPMG was engaged by Medical Panels Victoria to review and consider improvements to the design of the end-to-end referral management process that supports the Office of the Convenor, Medical Panels. KPMG recommended 14 opportunities (many of which have been implemented) covering a number of areas to assist in absorbing growth. Recommendations included increasing communication and feedback loops with referrers, Panel Members and staff; Panel Member recruitment; and replacement of the existing IT system.
- **Increased focus on IT system improvements** – Following the Medical Panels Service review, the Office of the Convenor engaged SMS Consulting to undertake an ICT Systems Review. This included a thorough market scan highlighting feasible and prioritised IT solution options including a list of recommended IT solutions and estimated costs and timeframes. As a result, the Office of the Convenor has commenced work on the development of a business case, gathering stakeholder requirements and the development of a change management plan to implement a new system.
- **Increased medical workforce sustainability through Panel Member recruitment** – The Office of the Convenor of Medical Panels undertook a comprehensive analysis of the current list of Medical Panel Members to identify any gaps in specialties and/or availability of Panel Members. As a result, the Convenor sought the appointment of an additional 57 Panel Members in 2015 to ensure the list of Panel Members can meet the future requirements of Medical Panels.
- **Increased focus on training and development** – Formalised training and information sessions were delivered monthly by the Deputy Convenors, Legal Manager and Legal advisors for members and presiding members. The training included regular onsite training, Panel Member induction in July 2015 and the introduction of a new Presiding Member feedback and mentoring program.
- **Increased engagement with external stakeholders to ensure an effective and efficient service** – The Office of the Convenor has increased engagement with referrers including Agents, the Accident Compensation Conciliation Service and WorkSafe Victoria to share appropriate information and learnings, and promote continuous improvement. Regular liaison the Department of Treasury and Finance and the Department of Justice and Regulation on policy issues relating to Medical Panels has also continued.

# MEDICAL PANELS REFERRAL TRENDS AND CASELOAD OVERVIEW

In 2014/15 Medical Panels received a total of 5053 referrals and released a total of 4569 Opinions and Determinations. There was an increase of 6.5 per cent (309) in the total number of referrals in comparison to 2013/14.

This comprised of a 6.4 per cent (265) increase in workers' compensation referrals and a 7 per cent (44) increase in Wrongs Act referrals.

## Five year referral trend by jurisdiction



## Five year referral numbers and percentage increases

	Workers Compensation	Wrongs Act	Total
2010/11	3468	375	3843
2011/12	3664	495	4159
Increase from previous year	5.7 %	32.0 %	8.2 %
2012/13	3820	507	4327
Increase from previous year	4.3 %	2.4 %	4.0 %
2013/14	4116	628	4744
Increase from previous year	7.7 %	23.9 %	9.6 %
2014/15	4381	672	5053
Increase from previous year	6.4 %	7.0 %	6.5 %
<b>Overall increase over 5 years</b>	<b>913</b>	<b>297</b>	<b>1210</b>
<b>Overall per cent increase over 5 years</b>	<b>26.3 %</b>	<b>79.2 %</b>	<b>31.5 %</b>

From 2010-11 to 2014-15 the overall referral increase has been 31.5 per cent (1210), largely driven by the workers' compensation referral segment with a 26.3 per cent (913) increase. Wrongs Act referrals represented a 79.2 per cent (297) increase in five years.

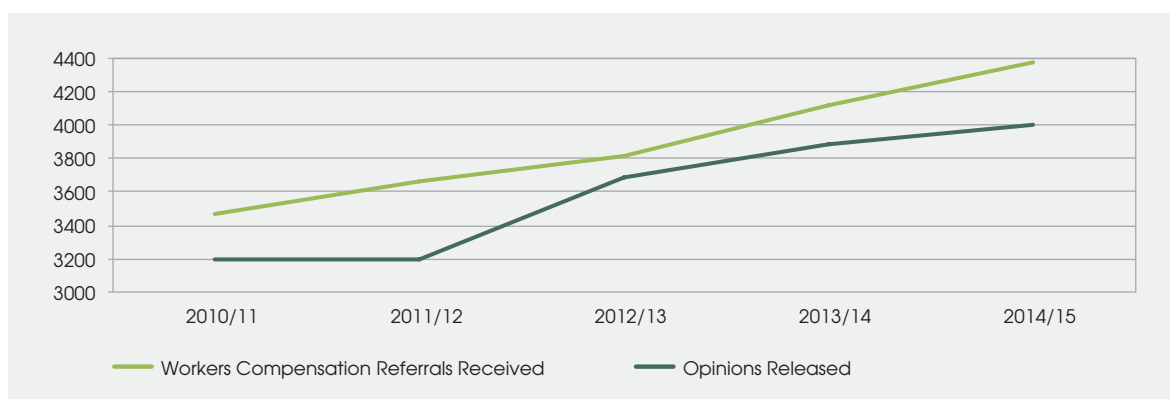


# MEDICAL PANELS CASELOAD OVERVIEW

The number of Opinions and Determinations released by Medical Panels has also grown to mirror the referral trends however, this has not been at the same rate as the growth in referrals. A number of factors have influenced this, including the combination of growth in referral complexity and in numbers resulting in more 'active' referrals in the pipeline as they required additional Panel and Office of the Convenor resourcing to service.

The overall increase in the output of Opinions and Determinations from 2010/11 to 2014/15 has been 30.5 per cent (1068), comprising a 25.4 per cent (811) increase for workers' compensation Opinions and 84 per cent (257) increase for Wrongs Act Determinations. The Opinions and Determinations released exclude those referrals which are in progress, suspended or withdrawn.

## Workers Compensation Referral and Opinion trends



In the last financial year (2014/15), Medical Panels received 4381 workers' compensation referrals. Of this number 3220 were opinioned, 205 (4.6 per cent) were withdrawn, suspended or abandoned and 956 were in progress as of (31/05/2015).

## Wrongs Act Referral and Determination trends



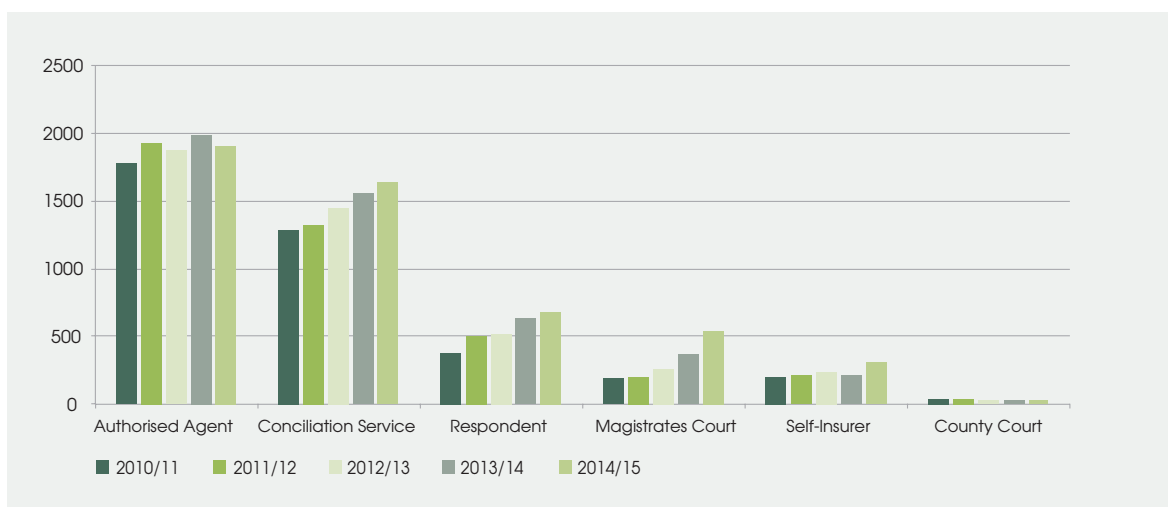
Of the 672 Wrongs Act referrals received in 2014/15, 428 have been Opinioned and 66 referrals were withdrawn, suspended or abandoned (9.8 per cent). The remaining 178 (as of 31/07/2015) are in progress.

# REFERRAL SOURCE TRENDS

The majority of referrals received by Medical Panels are from WorkSafe Agents, the Accident Compensation Conciliation Service, and respondents in Wrongs Act matters.

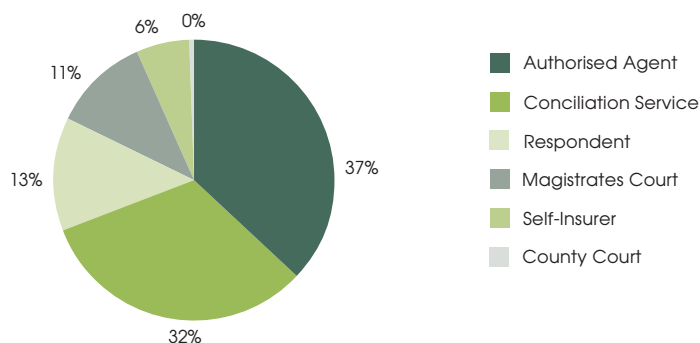
In 2014/15 there was a growth in all referral segments excluding agent referrals. Of note was the significant increase in Court referrals driven by a 50 per cent increase in referrals from the Magistrates' Court. These referrals are significantly more complex in nature for a number of reasons, including a higher number of medical questions and more non-standard questions.

## Referral numbers by referrer



	2010/11	2011/12	2012/13	2013/14	2014/15
Authorised Agent	1769	1924	1868	1979	1894
Conciliation Service	1277	1316	1439	1550	1630
Respondent	375	495	507	628	672
Magistrates Court	185	192	260	356	533
Self-Insurer	200	203	227	212	304
County Court	37	29	26	19	20
<b>Total</b>	<b>3843</b>	<b>4159</b>	<b>4327</b>	<b>4744</b>	<b>5053</b>

## 2014/15 Referral Sources



# REFERRAL SECTION TRENDS – WORKERS COMPENSATION

Reporting categories	Workers Compensation section of the Act	2010/11	2011/12	2012/13	2013/14	2014/15
Changes to Weekly Compensation	Variation/termination weekly comp	672	753	942	1060	1226
	Liability weekly comp	184	140	109	153	197
	Continuation weekly comp (P2E)	62	91	67	34	32
	Re-instatement of Weekly Comp			13	8	23
	Termination of continued weekly comp (P2E)	2	14	10	7	3
Impairment Benefits	Impairment Benefit (IB) claims	1915	2033	2029	2159	2174
	Liability Impairment (IB)	119	113	116	125	106
Medical and like	Medical and Like Services	466	483	505	542	602
	Personal and Household services	14	12		2	1
Other	Common Law/Serious Injury	2	6	11	6	5
	Maims claims	29	17	14	18	12
	Referral by consent s55A	1				
	Death claim	2	2	4	2	
<b>Grand Total</b>		<b>3468</b>	<b>3664</b>	<b>3820</b>	<b>4116</b>	<b>4381</b>

In 2014/15 the majority of disputes referred to Medical Panels were comprised of impairment benefit claims. These represented 52 per cent of workers' compensation referrals, followed by changes to weekly compensation which

represented 34 per cent. Wrongs Act referrals were predominantly claims for slip, trip and falls; failed or injurious treatment by practitioner; and impact by an object.

*"I wish to acknowledge the professionalism and courtesy shown by all Medical Panel Staff, from security to the administration, and the Panel, for what we experienced and witnessed, from the waiting room to the hearing itself"*  
– Injured worker feedback

## REFERRAL MANAGEMENT 2014/15

To manage referrals in 2014/15, Medical Panels has also completed the following operational activities:

Operations	Total
Number of appointments completed for the Opinions and Determinations released	6149
Medical Panel related invoices processed	14388
Interpreter requests	500

# MEDICAL PANEL AVERAGE COSTS

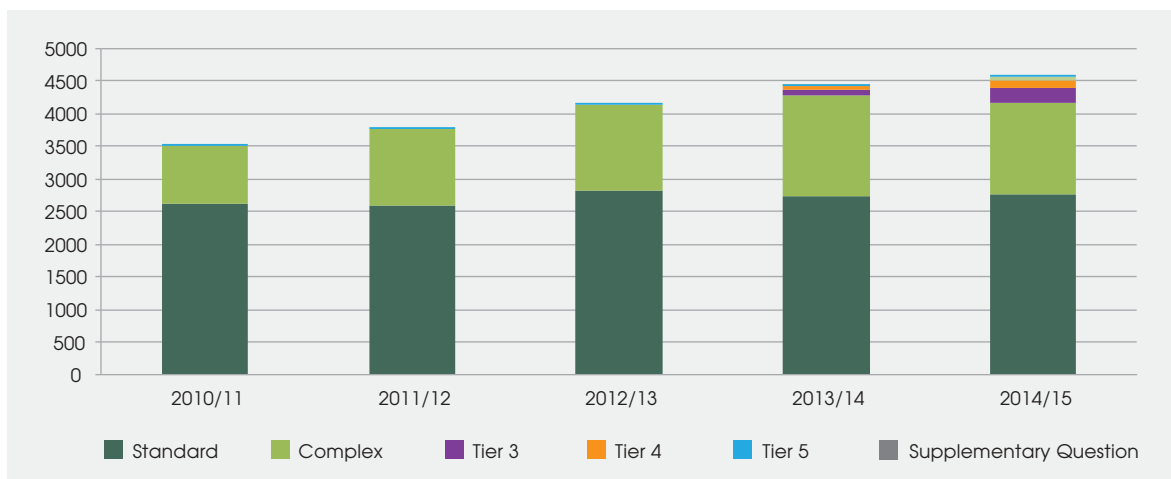
## Medical Panel average costs



Medical Panels continues to be a cost-effective, alternative dispute-resolution option. In 2014/15 the average Medical Panel cost for a workers' compensation referral was \$3,268. For Wrongs Act referrals the average cost was \$2,825. Consistent with current policy, the Medical Panels Schedule of Fees and Costs is indexed annually in accordance with the indexation formula used for WorkSafe Victoria Medical Fees.

Over the past five years the average annual increase in cost per Medical Panel was 7.2 per cent. This has mainly been driven by the increased complexity of referrals, in particular the increase in Court and Wrongs Act referrals.

## Five year trend of fee type allocation by referral complexity



In 2013, the Medical Panels Schedule of Fees and Costs were modified to formalise the allocation of fees to each Panel Member for the level of contribution and complexity required, as determined by the Convenor. The application of more detailed criteria is used within a tiered fee structure ranging from a standard to complex tier five fee.

The allocation of the complex fee categories were predominantly for Magistrates Court and Wrongs Act referrals, due to their complexity. For example, a higher number of medical questions, more non-standard questions and longer and more complex Opinions and Reasons.

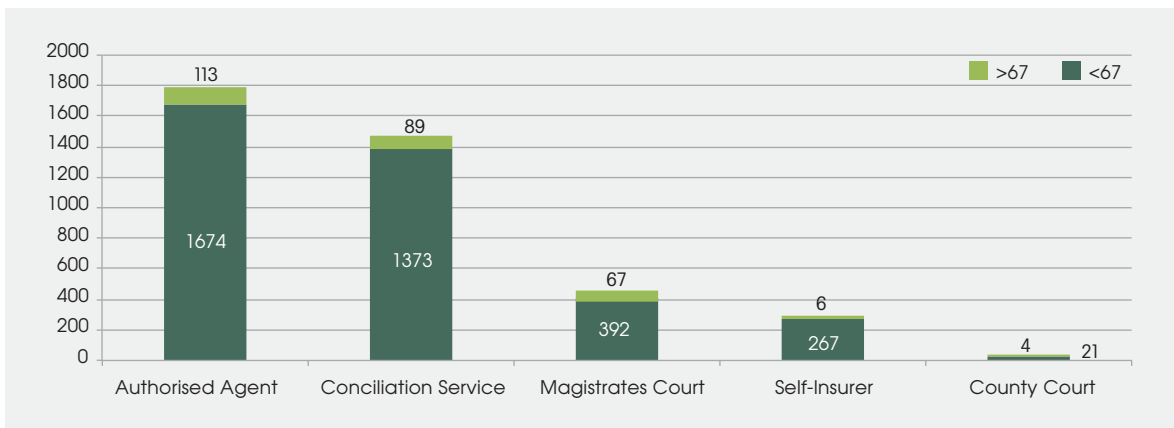
In 2014/15, 8.9 per cent (407) of referrals attracted a tier three, four or five fee allocation.

# LEGISLATIVE TIMEFRAMES

A Medical Panel must form an opinion on a medical question within 60 days after the Medical Panel receives from the Convenor, the documents relating to the medical question, and within 7 days after forming its opinion on a medical question, must give its written opinion, or within such longer period as is agreed by the Conciliation Officer, a Court, WorkSafe or the Self-Insurer.

In 2014/15, 93 per cent of Opinions were released within 67 days of the documents being given to the Panel and the Panel giving its written opinion. For the remaining 7 per cent of referrals, an extension or suspension of time was made in accordance with Section 313 (b) or Section 312 (c) of the WIRC Act 2013.

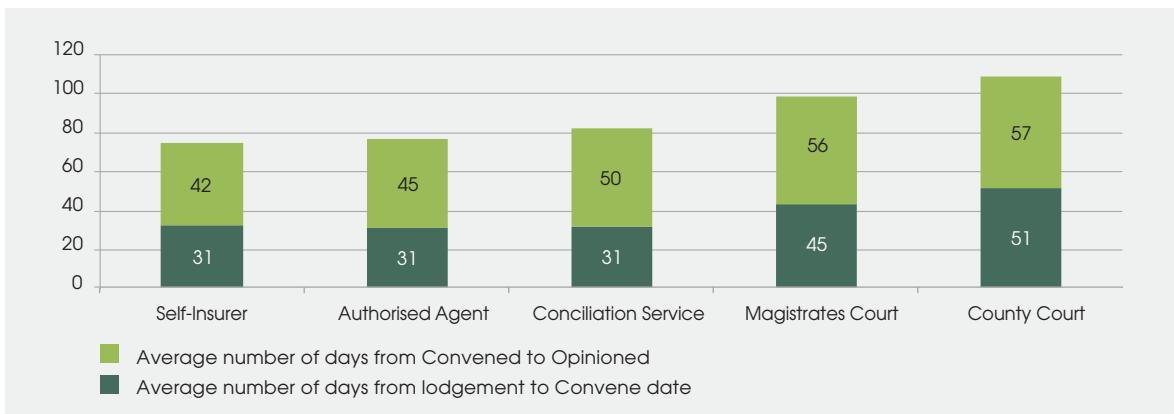
## Medical Panels legislative timeframe to form an Opinion



# DAYS FROM REFERRAL LODGEMENT TO MEDICAL PANEL CONVENED

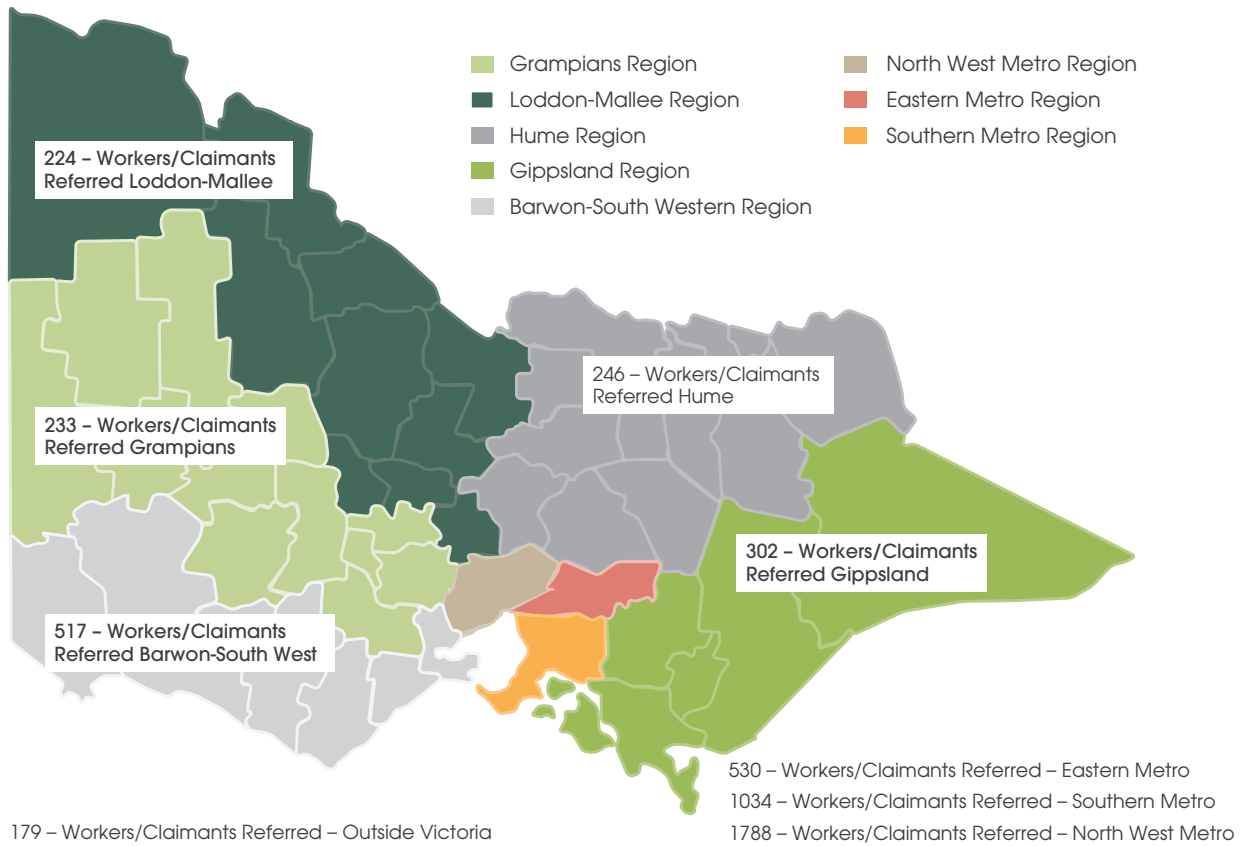
Under the workers' compensation legislation, the Convenor must act as expeditiously as possible to convene a Medical Panel and provide the documents received by the Convenor with the reference to the Medical Panel. In 2014/15 Self-Insurer, Authorised Agent and Conciliation referrals took an average of 31 days to complete this requirement. Referrals from the Magistrates Court took an average of 45 days and County Court took an average of 51 days from referral lodgement to convening a panel. The time taken

to convene a Panel was influenced by a range of internal and external factors, including the need to clarify aspects of the referral and limited specialist availability in the context of large increases in the number of complex referrals. Medical Panels initiated a project to reduce this timeframe in response to this trend. Together with the recruitment of an additional 57 Panel Members, it is anticipated that the days to convene a Panel will start to reduce during the second half of 2015-16.



# WORKER/CLAIMANT DEMOGRAPHIC

In 2014/15, the majority of workers/claimants (66 per cent) referred to Medical Panels live in the Melbourne metropolitan region and 30 per cent were from regional Victoria. The remainder (4 per cent) were from outside Victoria.



# JUDICIAL REVIEW OF MEDICAL PANEL OPINIONS AND DETERMINATIONS

The Opinion of a Medical Panel on a medical question must be accepted as final and conclusive. The law does not allow a Medical Panel to review its Opinion unless by order of the Supreme Court. A Medical Panel Opinion can only be judicially reviewed by the Supreme Court pursuant to its inherent jurisdiction to review and ensure the legality of the Act or omission of tribunals and administrative decision makers. The grounds for judicial review can include jurisdictional error, error of law on the face of the record and denial of natural justice or procedural fairness.

In 2014/2015, a small proportion of total opinions released were subject to judicial review. There were 26 opinions subject to judicial review by the Supreme Court. There were also four matters which were judicially reviewed previously and went on appeal to the Court of Appeal of the Supreme Court and a further two matters were subject of Special Leave Applications to the High Court.

Based on the number of opinions/determinations released (4569) this represents an annual rate of review applications of 0.57 per cent and, when consideration is given to the fact that 17 matters were quashed, the annual rate of successful applications was only 0.37 per cent.

## **Supreme Court certiorari applications**

- 18 judgments were delivered with 12 opinions/determinations quashed and 6 applications dismissed

## **Supreme Court applications dealt with by the joint memorandum procedure quashing a Panel opinion/determination (quashing by consent)**

- 4 matters

## **Supreme Court applications commenced and withdrawn**

- 4 matters

## **Court of Appeal of the Supreme Court**

- 2 appeals by workers were dismissed
- 1 appeal by a worker was upheld
- 1 appeal by an employer was dismissed

## **High Court**

- 2 special leave applications by workers were both dismissed

# NOTABLE JUDICIAL REVIEW OUTCOMES

## ***Midfield Meat Processing v Karsani & Ors. (2015) VSC 195***

The Supreme Court held that the Panel's finding that the worker suffered from an 'undifferentiated somatoform disorder' was a finding that came 'out of the blue' and without notice. The Court said this diagnosis could not reasonably have been anticipated by either of the substantive parties to the referral, based on the material in the referral. The Court quashed the decision on the basis the Panel had breached the rules of natural justice and committed a jurisdictional error.

While not suggesting that the diagnosis is not legally available, the judge said such a finding can be based on any methodology a Panel determines to use to make diagnoses but only after 'a fair opportunity to be heard has been afforded to the parties'.

A conclusion from the judgment is that if a Panel intends to reach a diagnosis, which a party cannot reasonably anticipate from the material before the Panel, then prior to forming its opinion the Panel must give notice to the parties of the potential diagnosis and invite submissions. These must be then taken into account and dealt with in the opinion ultimately formed and the reasons given.

## ***Gruma Oceania Pty Ltd v Bakar (2014) VSCA 252***

The Court of Appeal confirmed as inadequate a Medical Panel's reasons that a worker had a current work capacity because it found the Panel's reasons merely set out conclusions of a general nature without any meaningful reasons or explanation for those conclusions.

The following observations can be made from the judgment of the court:

- Reference by the Panel's to its expert collective knowledge and experience will be appropriate when giving a medical diagnosis but not when explaining which employment options were or were not suitable for the worker.
- Reasons require a finding of the residual functional capacity of a worker and an explanation how the clinical findings about a worker's medical condition render the worker capable or incapable of performing specified jobs.
- It is also necessary to consider whether undertaking a job may have the effect of causing a recurrence or exacerbation of the condition found to exist by the Panel.

## ***McVey v GJ & LJ Smith Pty Ltd (2014) VSCA 293***

The Court of Appeal in dismissing the worker's appeal agreed with the primary judge that in the circumstances of this case a second Medical Panel was not bound by the opinion of an earlier Medical Panel in 2007 that the worker suffered an exacerbation of schizophrenia. The Court concluded that a second Medical Panel in 2013 was to make an assessment of the worker's condition as at the date of its examination of the worker and thus to take into account any changes in the worker's circumstances since 2007. The Court held that the second Panel did not make any error of law when it concluded that the exacerbation of the worker's schizophrenia had resolved.

An application for special leave to appeal to the High Court was also dismissed.



# CLIENT FEEDBACK

In some cases The Office of the Convenor and/or Medical Panels may receive a letter of complaint or feedback from a party to a referral such as workers, WorkSafe Victoria Agents, the Courts, the Accident Compensation Conciliation Service, claimants or respondents during the progress of a referral or after a Medical Panel Opinion or Determination is released.

The analysis of the matters registered as feedback and complaints highlights that 52 per cent (35) of the 67 complaints and feedback received for the 2014/15 financial year were a request by a Medical Panel to correct typographical errors or to clarify or provide further/better reasons for an Opinion or Determination.

Generally, following receipt of responses from each respective Panel, the Convenor was able to respond to the matter raised with an explanation that relevant legislation provided that the Medical Panel's Opinion / Determination was final and conclusive and must be adopted by all parties and a court. Further, it was explained that it was inappropriate for the Convenor or the Medical Panel to make any comment on the Opinion / Determination or reasons.

Overall, it was observed that workers/claimants were satisfied with the responses and explanations provided and the matters were resolved with no further action required or taken.

Feedback and complaints continue to be monitored to identify that no systemic issues are raised. In 2014/15, 67 matters were received which involved feedback and complaints about individually referred matters.

The Convenor continues to adhere to the Medical Panels' Complaints Management Procedure published on the Medical Panels website which defines the process for the appropriate management of complaints. The procedure outlines that the rights of all individuals must be respected, and the process of handling the complaint must be transparent and auditable.

The registered matters identified some similar concerns raised and comprised of four types of issues:

- 1. Dissatisfaction with the outcome/request matter to be 're-opened' or to consider new information (13 matters, 0 open)**  
As at the end of the financial year for 2014/15, all requests had been responded to.
- 2. Request to clarify or provide further/better reasons (10 matters, 0 open)**  
As at the end of the financial year for 2014/15, all requests had been addressed.
- 3. Request to correct typographical errors (25 matters, 0 open)**  
As at the end of the financial year for 2014/15, all requests had been addressed.
- 4. Panel member conduct and behaviour (14 matters, 2 open).**  
As at the end of the financial year for 2014/15, 12 complaint requests had been addressed and 2 remain open.  
  
A summary of raised concerns and the Convenor's response included the following:
  - a) A complaint that the examination increased the complainant's injury symptoms. The Panel expressed regret that the examination had created adverse consequences. The Convenor was satisfied that the examinations had been performed in good faith. No further action was recommended or taken. At the end of the financial year one matter remains open (2 matters, 1 open).
  - b) A complaint concerning the conduct of the interview / examination. Following investigation the Convenor was generally satisfied that the examination was conducted appropriately and in accordance with Medical Panels' guidelines. No further action was recommended or taken. At the end of the financial year one matter remains open (11 matters, 1 open).
  - c) A complaint that the Medical Panel took into consideration documentation unrelated to the complainant's claim. Following investigation the Convenor was notified by the Medical Panel that documentation unrelated to the complainant's claim was not taken into consideration by the Panel in forming its Opinion (1 matter, 0 open).

# CLIENT FEEDBACK

## 5. Other (5 matters, 0 open)

As at the end of the financial year for 2014/15, all other requests had been resolved.

A summary of other matters and the Convenor's response included the following:

- a) A complaint regarding preliminary correspondence with the Office of the Convenor. The Convenor addressed the concerns raised in the respective complaints. No further action was required or taken (2 matters).
- b) A complaint regarding a medical practitioner on the list of practitioners eligible to be appointed to a Medical Panel. The complaint related to conduct outside of Medical Panels Victoria. The Convenor was satisfied that the complaint was unrelated to any Medical Panel referral and advised the complainant accordingly. No further action was required or taken (1 matter).
- c) A request for advice from a worker or claimant as to the implications of the Opinion or Determination and / or a request for assistance from the Convenor regarding enforcement of the Opinion. The claimants were directed to seek legal advice in relation to the contents of the Medical Panel's Opinion and Reasons (2 matters).

In the last financial year, there was an increase in complaints against the apparent conduct of the Medical Panel during the examination. Following further investigation by the Convenor, it was revealed that in most instances the complainant may have misunderstood the function that the Medical Panels Members were undertaking. Such as the requirement for specific or targeted questioning.

In certain instances, following a Medical Panel examination, complainants wrote to the Convenor advising that they felt they did not have the opportunity to provide all information to the Panel at the examination. In such instances complainants were advised that their complaint would be investigated after the finalisation of the Medical Panel's Opinion or Determination so as to ensure a fair process. However, they were invited by the Convenor to provide the Panel with a written submission for the Panel's consideration in the interim.

In specific instances where deemed appropriate by the Panel and/or Convenor, apologies were extended to the complainant by the Convenor for any unintentional distress they may have suffered as a result of the Medical Panel dispute resolution process.

## HEALTH, SAFETY AND SECURITY

Medical Panels continues to focus on maintaining a safe and healthy working environment for medical practitioners, employees and visitors. Health and safety activities included general occupational health and safety training for new staff, fire wardens and first-aiders.

Areas that continue to receive particular attention include:

- security
- working environment
- staff awareness of health and safety policies and procedures
- health and wellbeing.

# PUBLICATIONS AND INFORMATION

Medical Panels publishes information to assist referrers, workers and claimants to effectively prepare for a Panel examination.

All publications are available free of charge and can be obtained by contacting Medical Panels or via the website – [www.medicalpanels.vic.gov.au](http://www.medicalpanels.vic.gov.au)

The following publications and information about Medical Panels are available to the public:

- Convenor's Directions 2015 – WorkCover
- Convenor's Directions 2015 – Wrongs Act
- Complaints Process & Complaints Protocol
- Conflict of Interest Policy
- Procedure for Managing Conflict of Interest
- Guide for WorkCover Claimants – What to expect, Medical Panels Examinations
- Guide for Personal Injury Claimants – What to expect, Medical Panels Examinations
- Referral form to Medical Panels pursuant to Section 28LWE *Wrongs Act* 1958
- Medical Panels parking information

## TRAINING


The Office of the Convenor of Medical Panels continues to deliver formalised training and information sessions delivered by the Deputy Convenor, Legal Manager and Legal and Impairment Advisors for members and presiding members. In addition, induction training is provided to all new medical practitioners appointed to the approved list prior to their appointment to a Medical Panel. The induction training is also supported by a structured mentoring program for newly-appointed Presiding Members which includes regular review and feedback.

In addition to regular training, information sessions and electronic updates on judicial review outcomes that affect the work of Panels are also provided to Panel Members.

Staff attended a number of external training programs to develop role specific skills such as communication, IT and business writing training, and Australian Medical Association 4 Guides Impairment Assessment Training Program for Legal Advisors. A number of internal information and training sessions were provided to staff.

## MEDICAL PANELS 2014/15 FINANCIAL REPORT

The operating expenses for Medical Panels are included in the financial report of WorkSafe Victoria within claims expense.



For information regarding this report, please contact

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