

**CONVENOR'S DIRECTIONS AS TO THE PROCEDURES OF
MEDICAL PANELS (UNDER PART VBA OF THE *WRONGS ACT*
1958) 2025**

(These Convenor's Directions apply to all references of a medical question to a Medical Panel received and/or Medical Panels convened on or after 31 October 2025).

Introduction

1. These are directions as to the procedures of Medical Panels including arrangement of business made pursuant to section 28LZ(4) in Part VBA of the *Wrongs Act 1958* ("the Act").
2. Subsections (3), (4) & (5) of section 28LZ of the Act provide as follows:

"28LZ Procedure of Medical Panel

- (3) The Minister, after consultation with the Minister administering Part 12 of the *Workplace Injury Rehabilitation and Compensation Act 2013*, may for the purposes of-
 - (a) ensuring procedural fairness in the procedures of Medical Panels under this Part; and
 - (b) facilitating the proper administration of the Medical Panels under this Part-issue guidelines as to the procedures of Medical Panels under this Part.
- (4) The Convenor may give directions as to the procedures of Medical Panels under this Part but must not give directions inconsistent with any guidelines issued by the Minister under this Part.
- (5) A Medical Panel must comply with-
 - (a) any relevant guidelines as to the procedures of Medical Panels issued under subsection (3); and
 - (b) any directions given by the Convenor under subsection (4)."
3. At the date of these directions, no guidelines have been issued by the Minister under section 28LZ(3) of the Act.

Jurisdiction of a Medical Panel

4. Section 28LE of the Act provides as follows:

“28LE Restriction on recovery of damages for non-economic loss

A person is not entitled to recover damages for non-economic loss in any proceedings in a court in respect of an injury to a person caused by the fault of another person unless the person injured has suffered significant injury.”

5. Pursuant to section 28LN of the Act, an approved medical practitioner, who makes an assessment of degree of impairment, must provide a certificate of assessment to the person seeking the assessment stating whether the degree of impairment resulting from the injury satisfies the threshold level but not stating the specific degree of impairment.
6. Section 28LWE of the Act provides that the respondent on whom a copy of the certificate of assessment has been served and who is not deemed to have accepted the certificate of assessment may refer the medical question in relation to the assessment to a Medical Panel for determination.
7. Section 28LB of the Act defines the medical question:

“medical question” in relation to a claim for damages, means a question as to whether the degree of impairment resulting from injury to the claimant alleged in the claim satisfies the threshold level;”

Purpose and objectives

8. The purpose of these directions is to define the procedures and the arrangement of business to assist in the timely and efficient provision by Medical Panels of the appropriate Determination in response to the medical question as to whether the degree of impairment resulting from the injury to the claimant alleged in the claim satisfies the threshold level¹.
9. For this purpose, the directions aim to ensure that referrals are in accordance with law, that Medical Panel opinions are responsive to the medical question referred and that the process affords the parties natural justice and procedural fairness.

Convenor and Office of the Convenor

10. Subsections (2) & (3) of section 537 of the *Workplace Injury Rehabilitation and Compensation Act 2013* provide: -

¹ Section 28LB

“537 Establishment and constitution

- (2) For the purpose of constituting Medical Panels, there is to be a list of members consisting of medical practitioners nominated by the Minister on the recommendation of the Convenor and appointed by the Governor in Council.
- (3) From the list of members under sub-section (2), the Minister-
 - (a) must appoint a Convenor; and
 - (b) may appoint one or more Deputy Convenors.”

Authority of Deputy Convenor

- 11. For the purposes of these directions, “Convenor” means the Convenor or a Deputy Convenor.²

Receipt of a referral of the medical question

- 12. The claimant and respondent will be notified of the date that the referral was received by the Convenor.
- 13. A referral made pursuant to section 28LWE of the Act must provide information as prescribed in the Act and the *Wrongs (Part VBA Claims) Regulations* 2015 (“the Regulations”) and, to assist in the timely and efficient determination of the referral, must include additional information as required in the form set out in **SCHEDULE 1**.
- 14. The Convenor will examine each referral to ensure the medical question is phrased as prescribed in the Regulations and will not proceed to nominate a Panel until the respondent refers the medical question using the prescribed wording.
- 15. When a referral pursuant to section 28LWE of the Act is received, it is implicit to the Convenor that the respondent has accepted that it is the correct respondent, it has received a valid certificate of assessment as defined and prescribed, it has received the prescribed information, and that the respondent is entitled to make the referral.

The Convenor will examine each referral to ensure that the referral is validly made in accordance with the Act and contains all information as prescribed in the Regulations.

² Section 28LB

16. Notwithstanding a respondent's entitlement to make a referral is disputed by the claimant, (which includes a dispute as to whether the procedures preliminary to a referral have been properly completed or whether the referral has been made within the prescribed time limit), the Convenor may proceed to convene a Panel to determine the medical question.
17. If the Convenor considers any information in the referral may hinder the Convenor in convening a Panel or may prevent the Panel in addressing the medical question, including information which:
 - is incomplete, unclear or inadequate; or
 - contains a deficiency in content or format; or
 - does not include prescribed information;

the Convenor will advise the respondent and, where necessary the claimant, and seek rectification within a specified period of time and may decide not to nominate a Panel until that rectification has been made and/or any deficiency is addressed. Once the Convenor is satisfied that the referral contains no deficiencies, the Convenor will convene a Panel.

Information to be provided with the referral

18. Subsection (1) of section 28LZA of the Act provides as follows: -

"28LZA Respondent must provide information to Medical Panel

- (1) A respondent referring a medical question to a Medical Panel must submit to the Medical Panel—
 - (a) a notice in writing and in the prescribed form (if any) setting out—
 - (i) the medical question; and
 - (ii) any other prescribed information; and
 - (b) a copy of any relevant certificate of assessment served on the respondent by the claimant under section 28LT."
19. Regulation 9 of the Regulations sets out the prescribed information to be provided by the respondent with the referral of the medical question pursuant to section 28LZA(1)(a)(ii) of the Act.
20. The "injury to the claimant alleged in the claim" that is to be assessed by the Medical Panel in a referral will, in the absence of agreement to the contrary between the claimant and the respondent, be the injuries described in the prescribed information provided to the Panel pursuant to section 28LZA(1) of the Act. If in the course of considering the referral it becomes apparent to the Convenor or the Panel that the claimant is alleging further injuries beyond those set out in the prescribed information, the Convenor will, or the Panel

will arrange for the Convenor, to correspond with the claimant and respondent specifying what further injuries it is assessing and inviting the parties to provide submissions in relation to those further injuries within 14 days.

21. A respondent is requested to certify that it has provided the following:
- notification to the claimant of the making of the referral and the claimant's entitlement to provide submissions and medical reports/records to the Panel relevant to the referral; and
 - a copy to the Panel and the claimant of all medical reports and information and any surveillance reports and footage in the possession of the respondent relevant to the referral.

This request is made pursuant to Section 28LZA(2) of the Act and for the purpose of assisting in the timely and efficient determination of the referral.

22. The claimant will provide to the Medical Panel a copy of the corresponding medical report by the medical practitioner/s that examined the claimant and provided the relevant certificate of assessment/s served on the respondent under Section 28LT of the Act.
23. The Convenor may, before convening a Medical Panel in relation to a particular referral, seek such further information and/or advice that the Convenor considers necessary or desirable for the proper consideration of the medical question(s) by a Medical Panel. Specifically, the Convenor may request the written consent of the claimant to obtain or access medical records. Those records may include:
- . clinical notes and records (including all test results and correspondence)
 - . radiology investigations (including images and reports)
 - . online radiology imaging.
24. The Convenor will, where necessary or appropriate, advise all parties in writing of the further information and/or advice that is received in relation to that particular referral.

Surveillance Information

25. A party which relies on surveillance information recorded digitally or electronically ('recorded surveillance information') in the referral must provide:
- a copy of the recorded surveillance information (and any accompanying written report) to the Medical Panels and all other parties in the referral.
26. A party that provides recorded surveillance information shall identify in its written submission the particular parts of the information upon which it relies and state the consequences that it asserts flow from such information.

27. A Medical Panel will, in having regard to recorded surveillance information, view the recorded information in the presence of the claimant and seek comments of the claimant in relation to the content. If the claimant has previously seen the recorded information, the Panel will consider the written submission and note the claimant's comment but the Panel is not required to view the recorded information in the presence of the claimant unless it considers comment or clarification is required.

Medical Records Information

28. A party which relies upon information from medical records provided to the Panel must provide a copy of the medical records to all other parties in the referral and shall identify in its written submission the particular parts of the medical records upon which the party relies and state the consequences that the party asserts flow from such information.

Consolidation of referrals

29. Section 28LZB of the Act allows the Convenor to direct the consolidation of referrals received from 2 or more respondents that concern the same assessment. If the Convenor so directs, written notice will be given to the claimant and respondents.

Convening a Medical Panel

30. On receipt of the referral of the medical question and all of the prescribed information with no deficiency or inadequacy, the Convenor will convene a Medical Panel appropriate in specialty and number for the consideration of the nature of the injuries alleged in the claim and if there is more than one member, will nominate one as the presiding member.

Managing Conflict of Interest

31. The Convenor will comply with the 'Medical Panels Conflict of Interest Policy' and the 'Procedures for Managing Conflict of Interest in the Appointment of Medical Panels' which include the following:
- A procedure for ensuring that any proposed member of a particular Medical Panel has never treated or examined the claimant or been engaged to treat or examine the claimant (otherwise than in his or her capacity as a member or as a consultant of a Medical Panel).³
 - A requirement for a proposed member of a particular Medical Panel to make a 'Statement of Interest (which includes provision for a

³ Section 537(8) *Workplace Injury Rehabilitation and Compensation Act 2013*

statement of no interest) in relation to the parties to a particular referral.

- A procedure for ensuring that where the Convenor is appointed to a Medical Panel, such appointment is to be made by a Deputy Convenor; and where a Deputy Convenor is appointed to a Medical Panel, such appointment is to be made by either the Convenor or by another Deputy Convenor.
 - A procedure for the replacement of a panellist when a statement of interest is made and for the appropriate notification of the parties.
 - A procedure for the replacement of a panellist if the Convenor agrees there is a reasonably perceived conflict of interest or a reasonable apprehension of bias regarding a particular panellist, when a complaint of a perception of a conflict of interest or an apprehension of bias is received from a party to a particular referral and for the appropriate notification of the parties.
 - A provision for the parties to a referral to agree that a particular eligible panellist can be a member of a particular Medical Panel when there is a perceived or potential conflict of interest, because there is no other suitably qualified eligible panellist without a perceived or potential conflict of interest.
32. The Convenor will, once a Panel has been convened, send to each proposed member of a particular Medical Panel a notice of appointment and a copy of the referral and all supporting documents including, where necessary, any additional information obtained by the Convenor and where appropriate, details of any preliminary advice obtained in relation to the referral.

Medical Panel procedures

33. A Medical Panel will comply with the Act which provides –
- that a Medical Panel must act informally and may inform itself on any relevant matter in any manner it thinks fit;⁴
 - that within 30 days of receipt of the referral to a Medical Panel, the Panel may request the claimant to meet with the Panel in order to answer questions and or/submit to a medical examination/s and to supply copies of all relevant documents in the claimant's possession that relate to the medical question;⁵ and

⁴ Section 28LZ(1) and (2)

⁵ Section 28LZC(1) and (2)

- that a Medical Panel (within certain time limits)⁶ may, if the claimant consents, request a “registered health practitioner”⁷ who has examined the claimant to meet with the Panel to answer questions, and to supply relevant documents to the Panel;⁸ However, the claimant must be advised that they are not obliged to consent to the request.

Medical Panel Examination

34. In convening a Medical Panel, the Convenor will provide facilities and support for the nominated presiding member and the members which include consideration by the Convenor of:
- the number of examinations that are necessary, and which members of the Panel should be present;
 - whether or not the Panel requires any clarification, or further clarification, of the meaning of the medical question contained in the referral;
 - generally, whether any further information, or advice, is needed; and
 - when, and by what means, the Panel will confer to form its opinion.
35. The Convenor will arrange such examinations as are considered appropriate. The Convenor will also arrange for professional interpreter services when required or requested by the claimant, and, where necessary, for a chaperone to be present during examinations.
36. For the proper consideration of the referral, the claimant or the claimant’s legal representative is required to certify that all documents in the claimant’s possession (including documents in the possession of the claimant’s legal representative) that relate to the medical question including any imaging and other investigation results in their possession and details of medications pursuant to s28LZC(b) of the Wrongs Act have been provided. To assist in the timely and efficient determination of the referral, the certification shall be made in the form set out in SCHEDULE 2.

The examination will be arranged upon receipt of the certificate.

37. The Convenor will notify the claimant of the examination appointments, and will ensure that the notification is accompanied by: -
- information relating to Medical Panels (which explains, among other things, the relevant procedures of Medical Panels);

⁶ Section 28LZE(2)

⁷ See definition in Section 28LB

⁸ Section 28LZE(1)

- a list of all relevant documents relating to the referral in the Medical Panel's possession; and
 - a request that any surveillance information submitted as part of the referral documents must be viewed by the claimant prior to any Medical Panel examinations; and
38. The Convenor will advise the referring party and the other parties of the examination appointments and send confirmation of all appointments to each member of the Medical Panel.
39. If a Medical Panel fixes a time for further assessment in accordance with section 28LZG(6) of the Act, the Convenor will arrange such examinations as are considered appropriate for the time so fixed and notify the claimant and respondent of the further examination/s appointments.
40. The Act provides that a claimant's attendance for examination must be in private, unless the Medical Panel considers that it is necessary for another person to be present. If a claimant is a minor or a person under a disability, the Panel must permit a representative of the claimant to be present.⁹ In an examination (other than a psychiatric examination), the Convenor will provide for a chaperone from the Office of the Convenor to be present as necessary. In any examination, a Panel may allow a person, such as a family member or friend, to attend during an examination to support the claimant, but any such person will not be allowed to speak on the claimant's behalf or act as an interpreter. The Panel can require that a person leaves the examination if the Panel considers they are intruding into or obstructing the examination.
41. If a claimant is a "person under disability" then a representative of the claimant is entitled to be present at the examination and may speak on the claimant's behalf.¹⁰

Subsection (3) of section 28LZD provides as follows:

"(3) In this section **person under disability** means a person who is –

- (a) a minor; or
 - (b) is incapable by reason of injury, disease, senility, illness or physical or mental infirmity of managing his or her affairs in relation to the matter before the Medical Panel."
42. Each member of the Medical Panel should make and retain such notes and any other relevant records of the history taken from the claimant, of the findings on clinical examination and of any test results obtained that they, in

⁹ Section 28LZD(1) and (2)

¹⁰ Section 28LZD(2)

consultation with any other Panel member/s, considers necessary for the purpose of addressing the medical question.

43. If, during the course of its examination/s, the Medical Panel requires further information because it becomes aware of a matter which has not been canvassed in the referral information and the matter is integral to the Panel's deliberations, the Panel will inform the claimant of this fact and request the Convenor to write to the parties informing them of the matter and request them to respond within a specified time limit. The Panel's opinion should not be concluded until all responses have been received or the time limit has expired.
44. Where a claimant unreasonably does not attend an examination by the Medical Panel or a medical examination by the member/s of the Panel or consultant, or hinders an examination or refuses to answer questions, the presiding member will notify the Convenor. The Convenor may write to the claimant seeking an explanation of their actions and give them the opportunity to rectify their failure to attend and/or answer questions about their hindrance of the Panel's examination. If the claimant continues to unreasonably fail to attend and/or answer questions and/or hinder the Panel's examination, the parties may be advised that the Panel is unable to give an opinion in answer to the medical question.

Consultant

45. The Convenor will ensure a Medical Panel may, where necessary, receive advice from a suitably qualified and experienced person who is engaged as a consultant – (for example: from a medical practitioner, an allied health professional, a psychologist or a provider of occupational rehabilitation services).
46. If the Convenor or a Medical Panel requires a consultant to provide advice in relation to the referral, the Convenor will arrange for the consultant to examine the claimant with a Panel member, where possible or practicable.
47. A consultant may be engaged to examine the claimant for the purposes of providing his or her opinion to assist the Panel in forming its opinion on the medical question in a referral.

Additional Information provided to the Medical Panel

48. A party to the referral wishing to provide information after receipt of the initial referral must also provide a copy of such information to all other parties in the referral. The Convenor and/or the Panel will record receipt of the information and if the additional information is recorded surveillance information it will be managed in accordance with the procedure set out in clauses **25-26**.

49. In relation to any additional information received from a party to the referral after receipt of the initial referral, the Convenor and/or the Medical Panel will, where necessary, request all other parties in the referral make within 14 days any comment or submission in response, for consideration by the Panel.

Medical Panel to give Determination or Certificate

50. Subsection (3) of section 28LZG of the Act provides as follows:

“(3) The Medical Panel must give the determination or certificate-

- (a) within 30 days after the last of the following to occur-
 - (i) the last date on which the claimant complies with a request under section 28LZC;
 - (ii) the last date on which a registered health practitioner complies with a request under section 28LZE or if a request is made to more than one registered health practitioner, the last date on which the last of the registered health practitioners to comply, complies with the request; or
- (b) within such longer period as is agreed by the claimant and the respondent.

51. A Medical Panel will proceed to form its opinion on the medical question for the purposes of giving its Determination or Certificate having regard to all of the information held in the Panel’s possession as at the date of the last examination of the claimant.
52. The Panel may require an extension of time to conclude its deliberations and complete its Determination or Certificate and will seek the consent of the claimant and respondent.
53. Where there is more than one member of the Medical Panel, the members should confer or consult with each other to determine the medical question. The presiding member should coordinate the process of conferring or consulting. If there is a disagreement between the members of the Panel on the answer to the medical question, the Panel shall decide how it resolves such disagreement.
54. In determining the medical question, the Medical Panel may seek any advice as it deems fit from the Convenor and/or the legal advisers appointed by the Convenor for the Panel’s assistance.
55. After the Medical Panel has made an impairment assessment and:

- if it is satisfied that the injury alleged in the claim has stabilised, it will issue a Determination.
 - if it is not satisfied that the injury alleged in the claim has stabilised, but it is satisfied that the degree of impairment will satisfy the threshold level when the injury has stabilised, it will issue a Certificate.
 - if it is not satisfied that the injury alleged in the claim has stabilised and it is not satisfied that the degree of impairment will satisfy the threshold level when the injury has stabilised, it will issue a Certificate with a statement of the time fixed (not being later than 12 months after the first assessment).
 - if it is satisfied after further assessment that the injury alleged in the claim has stabilised, it will issue a Determination.
56. The presiding member will, if the Panel gives reasons, also prepare and circulate to the other Medical Panel members a draft of the written reasons.
57. All documents which form part of the referral are to be provided on single sided 'A4' format and listed in a schedule of attachments which must specify the precise details of the title, nature, date and number of pages of each document and, if reasons are given by the Medical Panel, forms part of the Reasons for Determination. The presiding member must confirm that the Panel had regard to the documents in forming the opinion and the enclosure/s must be forwarded to the Convenor for sending to the parties to the referral when giving the Reasons for Determination.
58. All relevant documents obtained or received by the Medical Panel additional to those provided to the Panel with the referral are to be listed in a schedule of attachments, if reasons are given by the Panel, forms part of the Reasons for Determination. The presiding member must confirm that the Panel had regard to the documents in forming the opinion and the enclosure/s must be forwarded to the Convenor for sending to the parties to the referral when giving the Reasons for Determination.
59. The Determination is to be forwarded to the Convenor for sending to the respondent/s and claimant within the appropriate prescribed time limit¹¹ and, if reasons are given by the Panel, shall be accompanied by Reasons for Determination.
60. The Convenor will ensure that the Determination and any Reasons for Determination are in the appropriate form and that they do not state the specific degree of impairment.¹² In performance of this task, the Convenor may seek advice from legal advisers appointed for the Panel's assistance.

¹¹ Section 28LZG(3)

¹² Section 28LZG(4)

61. If the Convenor believes there is any deficiency in relation to the form of the Determination or any Reasons for Determination then these concerns will be communicated to the presiding member of the Medical Panel in a manner that does not undermine the independence of the Panel in the exercise of its functions.
62. On receiving details of the concerns of the Convenor, the presiding member will communicate with the other Medical Panel members with a view to deciding whether or not to take any further action in relation to a possible redrafting of the Determination or any given Reasons for Determination.
63. After the Panel resolves the concerns over the form of the Determination or any Reasons for Determination, the presiding member will forward the settled documents to the Convenor.
64. On receiving the settled Determination and any Reasons for Determination, the Convenor will forward copies to the claimant and respondent/s and/or their respective representatives.
65. The Convenor, after consultation with the Presiding Member, may within a reasonable time correct a clerical mistake in a Determination or Certificate and any Reasons for Determination or Certificate or an error arising in a Determination or Certificate and any Reasons for Determination or Certificate from any accidental slip or omission by the provision of an Amended Determination or Certificate or Amended Reasons for Determination or Certificate. Any document so amended shall be forwarded by the Convenor to the claimant and respondent/s and/or their respective representatives.



Assoc. Prof. Peter Gibbons MBBS, DO, MHSc., DM-SMed.
Convenor of Medical Panels

Date: 31 October 2025

SCHEDULE 1

REFERRAL TO MEDICAL PANELS

To Accompany Form 5 – Notice of Referral of Medical Questions to Medical Panels - Wrongs Act 1958 Section 28LZA(1)(a)

1. REFERRER DETAILS / RESPONDENT REPRESENTATIVE

Referring Officer:	
Organisation:	
Address:	
Telephone:	
Email Address:	
Your Reference No:	

2. CLAIMANT DETAILS

Given Name:			
Surname:			
Postal Address:			
Telephone Home:		Mobile Phone:	
Email Address:			Date of Birth:
Gender:			
Interpreter Required:	YES	NO	Language / Dialect:
Is Claimant a person under disability (including a minor):	YES	NO	
Name of Claimant Representative/Guardian:			
Address of Claimant Representative/Guardian:			
Relationship to Claimant:		Telephone No:	

3. CLAIMANT LEGAL REPRESENTATIVE

Name:			
Organisation:			
Address:			
Telephone:			
Email Address:		Ref No:	

4. RESPONDENT DETAILS

Respondent Name:			
Address:			
Contact Person:		Telephone No:	
Date on which Respondent received the Certificate of Assessment:			
Date on which the Respondent received Form 4 from the Claimant:			
Respondent Claim Manager: If there are two or more respondents to a claim, one of the respondents (the respondents' claim manager) may act for one or more of the other respondents, with the agreement of those other respondents, for the purposes of the claim.	☐ YES ☐ NO ☐ N/A		

4. a) ADDITIONAL RESPONDENT (if applicable)

Respondent Name:			
Address:			
Contact Person:		Telephone No:	
Date on which Respondent received the Certificate of Assessment:			
Date on which the Respondent received Form 4 from the Claimant:			

4. b) ADDITIONAL RESPONDENT (if applicable)

Respondent Name:			
Address:			
Contact Person:		Telephone No:	
Date on which Respondent received the Certificate of Assessment:			
Date on which the Respondent received Form 4 from the Claimant:			

5. DATE / TIME AND LOCATION OF INCIDENT

6. DESCRIPTION OF THE INCIDENT

**7. DETAILS OF THE INJURY THE CLAIMANT ALLEGES TO HAVE SUFFERED
AS A RESULT OF THE INCIDENT**

8. WHAT IS THE MEDICAL QUESTION? (Section 28LZA (1) (a) (i))

Select one or both of the following questions:

☐

Does the degree of impairment resulting from the physical injury to the claimant alleged in the claim satisfy the threshold level?

☐

Does the degree of impairment resulting from the psychiatric or psychological injury to the claimant alleged in the claim satisfy the threshold level?

Note:

*If a Certificate of Assessment for physical injuries is identified a physical assessment will be performed.
If a Certificate of Assessment for psychological injuries is identified a psychiatric assessment will be performed.*

9. SCHEDULE OF ATTACHMENTS (Enclosure A)

CLAIMANT NAME:	
MEDICAL PANEL REF NO: <i>(Allocated by MPV)</i>	

REFERRER TO COMPLETE THIS SECTION

Document		Date	No. of Pages
1.	Medical Panel Referral		
2.	Certificate of Assessment		
3.	Statement of Claim (if any)		
4.	Prescribed Information (Form 4 received from Claimant)		
5.			
6.			
7.			
8.			
9.			
10.			
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Document		Date	No. of Pages
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31.			
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33.			
34.			
35.			
36.			
37.			
38.			
Total number of pages:			

Instructions for Respondent:

Please list all specified documents of a specified class in the Respondent's possession including Medical Reports; Clinical and Medical Records; reports of relevant tests and imaging; Court Documents/Statement of Claim; and Submissions.

Note: All documents are to be provided in single sided A4 documents only.

IMPORTANT INFORMATION FOR REFERRERS

Travel arrangements & costs

Any reasonable travel (and where required, accommodation costs) are to be met by the Respondent. Once Panel Examinations have been arranged it is incumbent on the Respondent to ensure appropriate travel and accommodation arrangements have been made for the claimant to attend the examination. Claimants should be asked to keep receipts/records of costs and submit these to the relevant party/s for claim.

How long will it take until an appointment is scheduled?

All efforts are made to progress the referral in a timely manner and some time may elapse, after acknowledgement of the referral, prior to receiving confirmation of Medical Panel examination details.

Submission of additional information

A party to the referral wishing to provide a written submission and/or further document/s to the Medical Panel after receipt of the initial referral **MUST** also provide a copy of such written submission and/or further document/s to the other party/s.

Submitting surveillance information

If your referral contains, or if you intend to rely upon/provide, surveillance materials please ensure that copies of the relevant reports and surveillance footage have been provided to the parties, in accordance with the Convenor's Directions. Failure to do so may result in a delay in the Medical Panel examination process.

Other important information

The Convenor of Medical Panels has no powers to determine the validity of Certificates of Assessments or to deal with disputes about referral time limits or compliance with preliminary procedures. Any disputes regarding these matters should be resolved by the parties elsewhere.

Completed Forms and Attachments should be submitted to:

Convenor of Medical Panels
Level 6
485 La Trobe St
Melbourne, Vic 3000

For further information please contact the Medical Panels office on

Tel: 03 8256 1555

Email: info@medicalpanels.vic.gov.au

SCHEDULE 2

CLAIMANT CERTIFICATION

I,

Full Name:	
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An Employee of

Name of Organisation:	
-----------------------	--

CERTIFY THAT:

We have provided to the Medical Panel all documents in the claimant's and our possession (excluding any documents subject to legal professional privilege) that relate to the medical question including any imaging and other investigation results and details of medications.

Signature:	
Date:	
Position:	
For and on behalf of:	