Independent Medical Examiner
Service Standards

1. General
1.1 The relationship between an independent medical examiner (IME) 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.

2. Appointments
2.1 Appointments must be available as soon as practicable after receiving a request for an appointment.

2.2 The person to be examined must not be kept waiting for the examination for an unreasonable time. IMEs should aim to see people within 30 minutes of the appointment time.

2.3 IMEs 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.

2.4 IMEs 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. IMEs should notify the referring party as soon as is practical after they become aware of an inappropriate referral.

3. Examinations
3.1 Referrals:
IMEs should read all the documents (e.g. medical reports, x-rays and investigation reports) sent with the referral and, if necessary, request the referring case manager to send additional material the IME 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.

3.2 Accessibility:
It is expected that all IME rooms are accessible to people with mobility issues (e.g. wheelchairs). If there are any access limitations, IMEs must notify the referring case manager as soon as possible.

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

3.3 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, IMEs should immediately notify the referring case manager. 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.

3.4 **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 IME 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 IME and the person.

The person being examined or the IME may consider that it would be appropriate for a third party to be an observer to the examination, or to provide assistance during the examination.

Transport Accident Commission (TAC) clients/injured workers attending a psychiatric examination will normally be seen without family members or friends because of the personal and private nature of the questions asked.

3.5 **Length of appointment:**
IMEs 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.

3.6 **Conduct during examination:**
It is expected that an IME 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;

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
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 an IME should excuse themselves or move out of the
person’s line of sight while the person is undressing.

3.7 Expectation setting
At the commencement of the examination, IMEs should explain:

(a) the purpose of the examination;
(b) their role as an IME;
(c) that their findings, opinions and recommendations will be contained
in a report which will be sent to the referring case manager;
(d) that they are impartial, and reassure the person that the IME report
will record their objective clinical diagnosis and that it is not the
IME’s task to decide the claims issue; and
(e) the specialty in which they practise and its relevance to the
examination.

IMEs 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.

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

IMEs 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. IMEs should explain why the examination, test
or procedure is necessary and reassure the person that it will not worsen
their condition.

3.8 Tests
Non-invasive tests and imaging may be undertaken with the TAC
client’s/injured worker’s permission when required to answer a question
being asked of the IME by the referring case manager.

IMEs should not carry out tests of an invasive nature other than imaging.
If IMEs consider tests of this kind are required, this should be included as
a recommendation in the examination report. As a general rule tests of
this kind will only be permitted where the findings of the independent
medical examination would otherwise be unreliable.
3.9 **Personal attendance**
IMEs must personally conduct any independent medical examination and write IME reports.

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

(a) Agents and claims staff have a responsibility to notify IMEs where there is a known risk about an injured worker/TAC client.
(b) IMEs have the choice to accept or reject a referral where there is a known risk.
(c) If the IME chooses to accept the referral, Agents are required to offer security support to the IME. This includes having attendance by a security officer at the IME appointment. The Agent is also responsible for arranging security attendance; the cost for security attendance is covered by WorkSafe or TAC claims.

4. **Conflicts of interest**
4.1 IMEs must not accept a referral or undertake an examination if a conflict of interest might arise, or be perceived to arise unless the IME 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 has provided treatment or services to the person previously (other than in their role as an IME); and
(b) the IME has a financial relationship or other involvement with the person’s employer.

4.2 The Transport Accident Commission (TAC) and WorkSafe Victoria (WorkSafe) consider it is a conflict of interest for an IME to provide treatment or services to a person after they have had an independent medical examination by that IME.

5. **Contact with treating healthcare practitioners**
5.1 An IME should not contact a person’s treating healthcare practitioner without the person’s written consent. Written consent is not needed if the IME has an overarching legal, ethical or professional obligation. IMEs are encouraged to obtain consent and to contact treating healthcare practitioners if it will assist the IME to provide a sound, evidence-based opinion.

5.2 If IMEs contact treating healthcare practitioners, the discussion should be documented in detail in the IME report.

6. **Reports**
6.1 **Templates**
IME report templates are available on the TAC and WorkSafe websites. IMEs should conform, as far as possible, to the template.
6.2 Content and structure
IMEs should consider the potential readership when preparing reports. Reports are mainly used by the TAC and WorkSafe Agent claims staff, but reports may also be provided to the person who was the subject of the examination, lawyers and treating healthcare professionals. Reports may also be subject to requests made under the Freedom of Information Act 1982.

IMEs 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.

The report should:

a) be limited to matters of professional opinion and not contain comments about what decision the IME considers the TAC or WorkSafe Agent should make unless there is a specific question;
b) be in plain English and avoid the use of jargon or language that is too technical. Where technical language is the only option, a brief explanation of what any technical terms or phrases mean must be provided;
c) provide an accurate diagnosis based on references to a detailed and accurate history and an appropriate and thorough clinical examination;
d) contain clear and unambiguous professional opinions and, where required, recommendations based in science and with reference to best practice medicine or best clinical practice;
e) present an evidence-based approach to evaluating symptoms and clinical findings, as far as practicable;
f) note if there is insufficient clinical information to make a diagnosis;
g) contain reasons for all opinions expressed;
h) be consistent in that opinions should accord with examination findings;
i) be independent and impartial, and not contain any value judgements or personal comments;
j) contain only relevant information and not disclose personal information to the extent it is relevant to the findings, opinions or recommendations;
k) not contain descriptions of a person’s appearance or demeanour during the examination or as otherwise observed except to the extent that it is relevant to the findings, opinions or recommendations made (e.g. as part of a mental state examination) and only where the relevance is articulated; and
l) be free of advocacy and/or bias for any party.

6.3 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.
7. Fees

7.1. The TAC and WorkSafe Agents can pay the reasonable costs of independent medical examination services in line with the relevant policies and the TAC/WorkSafe Schedule of Medico Legal Fees, unless otherwise agreed with the TAC or WorkSafe in writing.

7.2. In the event, that an IME has concerns about unpaid or returned invoices, it is recommended that the IME contact the TAC Customer Service Centre or the referring WorkSafe Agent. If there is a significant concern or trend in the payment of invoices, then this should be raised with the Manager IMEs.

8. Court and Tribunal attendance

8.1. IMEs 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 an IME’s term as an IME.

8.2. IMEs must be familiar with their obligations as expert witnesses.

9. Notification and registration

9.1. IMEs must notify the TAC/WorkSafe 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

9.2. IMEs must notify the TAC/WorkSafe 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 practise
   b) the services which they offer
   c) their practising 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.

9.3. IMEs must notify the TAC/WorkSafe immediately of:
   a) any conditions, limitations or restrictions on their registration; or
   b) the suspension or cancellation of their registration.