

Appendix A: Implementation of the Independent Review’s Recommendations

Table 1: status of recommendations from the Independent Review

No.	Review recommendations	Status	Update/Outcome	Lead Agency
<p>Theme: wider picture. The Independent Review identified the need for ACC to collect and analyse data better to understand the triggers, outcomes, costs, and trends of disputes as a basis to continue to improve performance.</p>				
1	ACC explores ways to better collect and analyse data about claims and disputes	Underway and will be concluded through ACC’s changes to case management approaches	<p>ACC has improved the information collected on cover and entitlement decisions and disputes data, which will help track operational performance over time. Key actions include:</p> <ul style="list-style-type: none"> • Standardising and reducing the number of decline letters from 100 down to 15. This will simplify processes for claimants and help ACC to track the number of formal decline decisions issued. The letters have been rewritten to improve the tone and clarity for claimants. • Improving the information collection on disputes data, including how many decisions are resolved in the client’s favour when settling the dispute at the administrative review stage. • New financial processes were implemented at the end of 2017 to capture ACC’s legal expenditure on defending appeals. • Claimants were surveyed to understand why people withdraw from the appeal process. The results of this survey are now being reviewed and ACC is considering next steps. (Cross reference with recommendation 5) • A project has begun to record the precise number of ACC entitlement decisions and reasons. Implementation will be completed as part of ACC’s core client information system and client payment system updates and rollout of ACC’s case management model in May 2019. While ACC already collects data on significant decisions, this project will allow ACC to collect data on the 	ACC

No.	Review recommendations	Status	Update/Outcome	Lead Agency
			detailed decisions that are made.	
Theme: being heard. Some claimants do not have confidence that the statutory review process ensures that their side of the story will be heard. This is often related to a perceived lack of independence of FairWay from ACC.				
2	FairWay develops and publishes guidelines setting out an improved review process (broadly by tracking and triaging)	Concluded	<p>FairWay introduced a new review process and guidelines in June 2017. This new process aims to avoid a 'one-size-fits-all approach' for claimants, and cases are classified as simple, standard or complex and dealt with accordingly, both in terms of speed and process. The guidelines provide clarity for claimants about how reviews are managed and conducted.</p> <p>The Guidelines were developed in consultation with stakeholders. The Guidelines are a living document, underpinned by the principles of natural justice, which implies that the review must follow a fair procedure.</p> <p>ACC reviews are now assigned and managed along different 'tracks' based on their complexity and the anticipated timeframe, using case conferencing as a central part of the review process. Case conferencing provides opportunities for all parties to get together, determine any issues, and find the right way forward.</p>	FairWay
3	MBIE, ACC and FairWay consider how best to address problems, perceived or otherwise, with FairWay's independence from ACC	Concluded	FairWay's Board expressed an interest in employee ownership to the Treasury, which was supported. Having informed shareholding Ministers, Deloitte was commissioned to undertake an independent valuation of the company. FairWay was transferred to employment ownership in July 2017.	MBIE/FairWay
4	The government increases the rate of contribution to review costs for claimants	s 9(2)(f)	s 9(2)(f)(iv)	MBIE

No.	Review recommendations	Status	Update/Outcome	Lead Agency
			<p>The purpose of the review was to ensure that the Review Cost Regulations support access to justice and make a meaningful contribution to claimants' costs, taking into consideration the varying levels of needs of those claimants who go to review, rather than simply increasing the rates in the Review Costs Regulations.</p> <p>(Cross-reference Medical Issues Working Group suggestion 1)</p>	

No.	Review recommendations	Status	Update/Outcome	Lead Agency
5	<p>ACC considers ways to improve its settlement processes, including:</p> <ul style="list-style-type: none"> • exploring settlement of appeals as early as the process allows • better tracking of settlement data • publishing settlement data (alternative to a public settlement policy) and • possible adoption of a public settlement policy and adoption of a formal model litigant policy 	Concluded	<ul style="list-style-type: none"> • ACC has improved processes for early review of appeal files and introduced better processes to consistently capture settlement reasons. • As above (recommendation 1), settlement and appeal data is being collected and once a representative data set is available, ACC will also consider the feasibility and usefulness of publication of the settlement data in aggregate form and the frequency and format of such publication. This will promote transparency around ACC’s approach to settlement. • In December 2016, ACC formalised its pre-existing practice and commitment to behave as a model litigant by publishing a policy. It is similar to equivalent policies adopted by agencies such as the Crown Law Office and the Commerce Commission. ACC requires all its lawyers, including external lawyers, to apply the policy in all civil litigation. • Instead of adopting a public settlement policy, ACC fully supported increasing the transparency (e.g. retrospectively publish settlement data) of ACC’s approach to settlement. ACC considers a public settlement policy could create a litigation risk as settlement decisions could be reviewed, and undermine the purpose of settling (i.e. reaching a final decision). To achieve transparency around settlement, ACC has put in place processes to consistently record settlement reasons. We want to be able to demonstrate to the public that we do look at settlement in appropriate cases, consistent with our Model Litigant approach. We will also consider the feasibility and usefulness of publication of the settlement data in aggregate form and the frequency and format of such publication. 	ACC

No.	Review recommendations	Status	Update/Outcome	Lead Agency
Theme: access to law. Inadequate access to legal resources, along with ACC's complex legislation, can be a barrier to claimants having a full understanding of the law.				
6	The New Zealand Legal Information Institute is funded to provide a primer enabling users of its website to search accident compensation case law and cases more easily	Concluded	ACC commissioned the New Zealand Legal Information Institute (NZLII) to provide a primer to accident compensation law. This is now available on the NZLII website. This will help claimants to better present their case at review or in the District Court when appealing a review decision (cross-reference recommendation 12).	ACC
7	The New Zealand Legal Information Institute updates its website, with help from ACC and or the Ministry of Justice, to include all High Court and Court of Appeal accident compensation decisions.	Concluded	NZLII has updated its library of High Court and Court of Appeal accident compensation cases, which is now on their website. Judgements of the Senior Courts can be searched for by Act and section on the Ministry of Justice's website.	ACC
8	ACC and FairWay consider other ways to explain easily to claimants how dispute resolution processes work and, in ACC's case, also how it decides particular claims	Concluded	Refer to recommendations 11 (visual maps) and 10 below (instructive video).	ACC/Fairway
9	FairWay - education and information sharing	Concluded	FairWay has: <ul style="list-style-type: none"> created case summaries (similar to case studies) to better inform claimants 	Fairway

No.	Review recommendations	Status	Update/Outcome	Lead Agency
	<p>including:</p> <ul style="list-style-type: none"> publish anonymised review decisions and case summaries provide a submission builder to help claimants prepare their review submissions 		<p>involved in the review process.</p> <ul style="list-style-type: none"> created an online submission tool to guide claimants through preparing a submission, prompting users through questions, examples, and explanatory notes. The tool helps people to present their position to a Reviewer and makes it easier for all parties involved to prepare their case. improved the ACC section of the FairWay website to ensure claimants can easily access necessary information. This will better inform claimants about the support available to them to resolve issues about their claim. held educational forums and training/discussions with stakeholders to build sector knowledge about the review process. 	
10	ACC and FairWay consider other ways, such as more graphics and video content, to explain to claimants how dispute resolution processes work and claims decisions are made	Concluded	<p>FairWay has created a short animated, instructive video to help explain the ACC review process. The video responds to claimant feedback on the issues and questions they have experienced in the review process. The video is available on Fairway's website.</p> <p>Visual maps which explain ACC's decision making process on cover decisions, how to access funding under the review cost regulations and payment rates available under the cost of treatment regulations are available on ACC's website.</p>	Fairway/ACC
11	MBIE and/or ACC consider creating a visual map to help claimants navigate their way around the various accident compensation Acts and regulations	Concluded	As above (recommendation 10) MBIE and ACC have developed visual maps for a range of injury types to assist claimants to understand the cover and entitlements process that ACC follows. These are available on ACC's website.	MBIE/ACC

No.	Review recommendations	Status	Update/Outcome	Lead Agency
12	The District Court considers how it can best help claimants representing themselves to easily search for relevant cases	Concluded	The District Court undertook to consider how it can best help claimants representing themselves to easily search for relevant cases. Judgements of the Senior Court are available and can be searched for by Act and section on the Ministry of Justice website. Other projects by ACC and NZLII have been undertaken to improve access to accident compensation case law (see recommendation 6).	District Court
Theme: access to medical evidence. There are a number of issues associated with how claimants access medical evidence through the disputes process, which need to be explored by relevant medical representatives and stakeholders to find solutions.				
13	ACC convenes a working group to address the policy and process related problems with accessing medical evidence	Concluded	<p>ACC convened a Medical Issues Working Group for four meetings. A wide range of stakeholders were brought together to discuss the policy and process related problems with accessing medical evidence, as some of the solutions lay beyond ACC and a range of actions were required.</p> <p>The Medical Issues Working Group completed the final meeting in November 2017. ACC has finalised with the Working Group their identified solutions to the issues identified. Most solutions are complete or will be completed by December 2018. ACC is currently considering how stakeholders may be engaged with relevant work that is ongoing following the completion of the independent review.</p> <p>Refer Appendix C for a summary of the problems and solutions raised by the Independent Review and subsequent progress.</p>	ACC
14	District Court judges could commission an expert medical report for claimants where appropriate	Concluded	Judges already have the power to obtain further evidence to assist the Court under District Court Rules, Subpart 4. Implementing this recommendation will not address the underlying issues around costs and access to medical experts. No further work is planned on this recommendation.	Ministry of Justice

No.	Review recommendations	Status	Update/Outcome	Lead Agency
15	Empower District Court Judges to direct experts, where appropriate, to confer and identify where they agree and disagree on medical issues	Concluded	The District Court already has the power to direct a conference of experts under the District Court Rules 9.35. The recommendation is considered to create duplication and does not add value where experts disagree. The recommendation is not being progressed and is considered complete.	Fairway/Ministry of Justice/MBIE
Theme: access to representation. A lack of representation can be a barrier to claimants seeking to challenge ACC decisions.				
16	ACC to consider increasing funding to existing free advocacy services	Concluded	ACC has increased funding for the Workplace Injury Advocacy Service (WIAS) to employ an additional staff member (now 2.5 FTE). WIAS had their funding increased to manage a higher workload after Linkage Trust withdrew from providing services.	ACC
17	ACC to consider funding a free nationwide advocacy service modelled broadly on the Health and Disability Commission Advocacy Service	Concluded	<p>ACC is funding a free, independent service to help claimants navigate its processes, or to better understand or dispute a decision. The navigation service will be capable of advocating for claimant's interests, assisting them to raise complaints or disputes where appropriate, and supporting them to prepare effectively for a review hearing if required. "Navigation" also captures all the functions which the service may provide in the absence of a dispute – such as assisting claimants to access entitlements and engage confidently with ACC in the future.</p> <p>The service is expected to go live by mid-2019. The design of this service will ensure accessibility to people of cultural backgrounds, particularly Māori, and people with abilities, and needs. The service is expected to provide support to around 4,400 claimants each year and is likely to be a mixture of phone, web-based, and face-to-face advice and support up to, but not during, a formal review hearing. It will be reviewed after two years of operation to ensure that it is meeting claimants' needs. ACC will monitor and record the types of issues the navigation service responds to (including complaints), and will use this information to improve service provision and</p>	ACC

No.	Review recommendations	Status	Update/Outcome	Lead Agency
			decision-making.	
18	ACC more widely promotes organisations (existing and new) offering advocacy services on its website and in other guidance material.	Concluded	ACC has promoted the current advocacy service provider (Workplace Injury Advocacy Service) on its website, explaining what WIAS provides and how to make contact. ACC will promote the new navigation service when it is established.	ACC
19	Relevant participants in the accident compensation area explore initiatives to encourage more lawyers into the accident compensation field or work	Concluded	MBIE agrees that there is limited supply of ACC specialists on the legal market. However, MBIE does not consider that encouraging lawyers into the area will address distortions, if any, of the current market. MBIE also lacks the levers or expertise to influence individual decisions in terms of specialisation, including non-monetary considerations. This is more appropriately entrusted to professional organisations and education/training institutions. This recommendation will not be progressed and is considered complete.	MBIE
20	Consideration be given to the District Court having the power to appoint counsel to represent claimants in exceptional cases where justice and efficacy require it.	Concluded	MBIE consulted with the Ministry of Justice on opportunities to improve the effectiveness of existing mechanisms. The proposed power is likely to create a separate process for ACC claimants compared with other parties before the Court. This is problematic given other groups who appear before the courts may also benefit from the appointment of counsel and may have unintended consequences in limiting claimants' right to self-representation. ACC was concerned because difficult ethical considerations apply when a third-party funds counsel to represent a party to litigation. Other than powers specified under the District Court Rules, District Court judges can appoint amicus curiae for a wide range of situations and roles. Claimants are also generally entitled to a support person in any court, although not one who is a barrister or solicitor of the High Court. The appointment of counsel in exceptional circumstances is therefore not being progressed.	MBIE/Ministry of Justice

Appendix B: Summary of the Medical Issues Working Group Discussion on Medical Evidence Issues

The Independent Review recommended that ACC convene a working group to address the policy and process-related problems with accessing medical evidence. Members were invited from the NZ Medical Association, the Council of Medical Colleges, Te Ora, Royal NZ College of General Practitioners, NZ Orthopaedic Association (NZOA), Forster & Associates, and the NZ Law Society. Other representatives were from Acclaim Otago, the Disabled Persons Assembly, NZ Association of Accredited Employers, FairWay, NZ Council of Trade Unions' (NZCTU) Workplace Injury Advocacy Service, the Ministry of Justice and MBIE.

The Independent Review identified several problems and suggested a range of improvements for the Medical Issues Working Group (the Working Group) to consider. The suggestions aim to improve client access to medical experts, reduce conflict over medical information, and clarify the independent role of medical experts.

The Working Group met four times, with the final meeting in November 2017. ACC has finalised with the Working Group their identified solutions to the issues associated with medical expert evidence for claimants.

Table 2 provides a summary of the position the Working Group reached during the meetings on each of the issues and suggestions provided in the Review. Table 3 provides a summary of a wider range of topics discussed by Working Group members.

Table 2: problems and suggestions identified in the Independent Review for the Medical Issues Working Group to consider

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
1	Cost reimbursement for medical reports is not sufficient for some claimants	<p>Cost of reports</p> <p>If a client succeeds at review or appeal the cost of the medical report not covered by the Regulation rate should be paid</p>	<p><i>Action</i></p> <ul style="list-style-type: none"> • s 9(2)(f)(iv) • A 16.6% inflationary increase was included in the rates in the Review Costs and Appeals Regulations on 1 June 2017. 	s 9(2)(f)	MBIE

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
2	<p>Conflicting medical evidence leads to a battle of experts</p>	<p>Dialogue</p> <p>Enable medical experts to confer before ACC makes a final decision</p>	<p><i>Discussion</i></p> <ul style="list-style-type: none"> Conferring between medical experts is considered an ideal. The issue of medical expert availability for conferring, particularly of orthopaedic surgeons, was raised as a barrier to this collaborative approach. Some Working Group members would like this dialogue to be recorded so it can be examined and all parties can have confidence in the accuracy of the information being taken into account. <p><i>Action</i></p> <ul style="list-style-type: none"> The NZ Orthopaedic Association (NZOA) subspecialty groups and ACC are working on agreed consideration factors for certain injuries. Reaching agreement on these factors is likely to speed up the decision process and minimise the areas for potential disagreement, which could reduce the number of claimants seeking reviews. There are consideration factor documents currently being developed with several NZOA Societies: Shoulder and Elbow Society, Wrist and Hand Society, and the Hip Society. This work is ongoing and will be revisited and updated whenever appropriate (e.g. new best practice or medical evidence is available). ACC is working with NZOA on setting up a process whereby clinical discussions can occur for discussions directed by reviewers and the Court. The process needs to be transparent, consistent, fair and efficient. This proposal was discussed at the ACC/NZOA meeting on 6 July 2018 and again on 14 September 2018. ACC and the NZOA are working together to develop a process and criteria to allow these discussions to occur for these selected cases. One Court-directed discussion has already occurred. This process should be ready to be discussed at the ACC/NZOA meeting on 23 November 2018. 	<p>Underway</p> <p>Underway</p>	<p>ACC</p> <p>ACC</p>

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
			<ul style="list-style-type: none"> ACC is discussing with the NZOA about running a trial where a clinical discussion takes place between a Clinical Advisory Panel (CAP) member and the treating surgeon before a decline decision is issued. ACC has also raised the conferring of experts' proposal with the Royal Australasian College of Surgeons' NZ National Board, the Royal Australian and NZ College of Radiologists, and the NZ Private Hospitals Association. Once the court directed process is agreed between ACC and the NZOA, then this will form a template to consider how ACC and the NZOA can implement criteria to allow clinical discussions before a decline decision is issued. 	Underway	ACC
			<ul style="list-style-type: none"> Since February 2018, all surgery requests have come through the Treatment Assessment Centre. This is the first step in improving consistency around consideration factors and avoiding disagreement. 	Concluded	ACC
3	Education about accident compensation considerations is lacking in medical schools and colleges	Education of experts Education for medical specialists who provide opinions on ACC claimants	<i>Discussion</i> <ul style="list-style-type: none"> The Working Group discussed introducing courses on ACC into medical training. ACC has previously approached medical schools about having courses about accident compensation but there is little interest from the medical schools. Some members of the Working Group disagree with ACC providing education on causation or accident compensation. <i>Action:</i> <ul style="list-style-type: none"> The following institutions are delivering lectures and tutorials on ACC: University of Otago and Auckland University of Technology Physiotherapy School and Podiatry School, UNITEC Osteopathic College, NZ College of Chiropractic, NZ School of Acupuncture and Traditional Chinese Medicine and NZ College of Chinese Medicine. 	Concluded	ACC

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
			<ul style="list-style-type: none"> ACC is working on a post-graduate module on causation for professional development purposes. ACC will discuss using it as a professional development tool with the relevant medical bodies. This is planned for completion by December 2018. 	Concluded	ACC
			<ul style="list-style-type: none"> ACC will develop its internal clinical report writing course into an external module to help medical experts to provide the appropriate information required to support ACC's decision making. This is planned for completion by December 2018. 	Concluded	ACC
4	Claimants unable to get timely access to medical experts	Encourage more experts to undertake accident compensation work Increase client access to medical experts	<i>Discussion</i> <ul style="list-style-type: none"> Discussed at 13 March and 8 November 2017 meetings – ideas raised included: <ul style="list-style-type: none"> using GPs, and GPs with special interest, more as experts. Better recognition of GPs with qualifications in special interests (eg, musculoskeletal, occupational and sports medicine) as potential expert advisors, including equitable reimbursement for doctors registered in a vocational scope of general practice gain continuing professional development (CPD) points (for the purposes of recertification with the Medical Council of New Zealand) for undertaking training provided by ACC for medical experts medical colleges provide claimants with the names of experts in their locality 		
			<i>Action</i> See number 3 above. The post-graduate module on causation is likely to encourage interest in ACC work by more medical practitioners.	Concluded	ACC
		Panels/blind panels Increase client access to expert medical option	<i>Discussion</i> <ul style="list-style-type: none"> Discussed in table group as Concept 8 at the MIWG meeting on 7 July 2017. Discussed On 8 November 2017, the MIWG proposed a Medical Expert Advisory Panel/Service 		

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
			<p>to increase client access to medical experts. The following was considered:</p> <ul style="list-style-type: none"> ○ a separate organisation with administrative support that can access the medical colleges pool of experts - provides independent medical advice for claimants and their advocates, and ACC ○ needs a large pool of experts to share the workload - experts need to be able to incorporate this work into their practice without too much impact and require remuneration that competes with lost surgical time ○ opinions likely to be based on papers, although it may require some claimants to be physically examined. <p>There were a variety of views on the following:</p> <ul style="list-style-type: none"> ○ it could be funded by ACC or separately from ACC ○ claimants could choose to use an independent service either following a decline decision or for all their ACC assessments ○ ACC could use an independent/external service for medical expertise for complex claims (still have a role for CAP) or all ACC medical decisions could go through this ○ supply constraints may still persist in some disciplines and a panel may exacerbate rather than resolve the issue ○ it could provide only a medical opinion or have decision-making powers. If it has decision-making powers then ACC would need to abide by the decision. Claimants would retain the right to challenge the decision. <ul style="list-style-type: none"> ● The Health and Disability Commissioner’s panel of experts for the HDC complaints process could be used as a model for the development of a body of expert advisors. 		

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
			<p><i>Action</i></p> <ul style="list-style-type: none"> s 9(2)(f)(iv) 	s 9(2)(f)	MBIE
5	Medical experts do not understand their objective role	Guidelines for medical reports Clear guidelines for medical experts about their role and reports	<p><i>Discussion</i></p> <ul style="list-style-type: none"> Discussed on 13 March 2017. Some advocates consider that medical experts are not objective in providing medical advice to ACC. Medical representatives consider that professional ethics already require medical experts to provide objective professional advice. 		
			<p><i>Action</i></p> <ul style="list-style-type: none"> ACC has developed and published a statement for medical experts on providing objective medical opinions to ACC. The statement received final approval from ACC’s Clinical Governance Group in February 2018 and has been published on ACC’s website. 	Concluded	ACC
			<ul style="list-style-type: none"> ACC has clear requirements for medical professionals providing assessments in its contracts. 	Concluded	ACC
			<ul style="list-style-type: none"> New Zealand Medical Council has guidelines on “Non-treating doctors performing medical assessment of patients for third parties”. 	Concluded	ACC

No.	Problem identified	Dean Review suggested improvement	Working Group discussion or action taken by members	Status	Lead Agency
		Rotation Rotation of pool of experts to prevent them “falling under the sway” of ACC	<i>Discussion</i> Discussed on 13 March 2017 - Some advocates consider that medical experts paid by ACC provide medical advice that it is biased toward ACC’s benefit.		
			<i>Action</i> <ul style="list-style-type: none"> To increase the pool of experts and allow for a wider range of views, the NZ Shoulder and Elbow Society have supported ACC by agreeing to have one of their members provide input into ACC’s CAP. ACC’s employees on CAP are rotated by looking at, for example, wrists for a period, followed by knees etc. ACC’s medical experts are also bound by professional ethics and standards to provide an independent opinion. 	Concluded	ACC
6	Not all pertinent information gathered by GPs	Templates for GPs Template for all pertinent patient information	<i>Discussion</i> <ul style="list-style-type: none"> This was raised at the 19 December 2016 MIWG as a potential course of action but no agreement was reached on whether work on a template should be progressed, what was needed in the template, or by whom. On this basis, no further action is planned. 	No action proposed by the MIWG	
7	Understanding of legal and medical issues required	Cross-disciplinary committees To produce legal and medical agreed codes of practice	<ul style="list-style-type: none"> This has not been discussed by the Working Group. It could potentially be progressed by the New Zealand Medical Council and the New Zealand Law Society. ACC does not consider it has a role in leading this work. The Clinical Services Directorate will consider whether it will raise this with relevant stakeholders to lead. 	No action proposed by the MWIG	

Table 3 other ideas discussed by the Medical Issues Working Group

(Concepts listed below were discussed at 7 July meeting)

No	Problem identified	Suggestion by MIWG	Position or action	Status	Lead Agency
1	<p>Front end process requires improvement:</p> <ul style="list-style-type: none"> Claimants are unaware of the specific injury that is covered Diagnosis can be difficult to change with ACC 	<p>Better capturing of diagnosis Allow for suspected injuries</p> <p>Clarity of cover decision Specify what injury or injuries are covered in the cover letter (Concept 1)</p> <p>Easier process for changing a diagnosis Consistent process required Flexible decision making Work up an agreed standard process so that claimants, doctor, and ACC can have a new or amended diagnosis more easily (Concepts 2 and 3)</p>	<p>Discussion</p> <p>There is a need to improve the process at the start of the claim by allowing better reporting of the injury by the GP. Read codes don't allow for accurate recording eg a GP who suspects a meniscal tear is likely to report this as a knee strain due to coding restraints</p>		
			<p><i>Actions</i></p> <ul style="list-style-type: none"> As part of the wider changes to improve client and provider interactions with ACC, there is an initiative underway to streamline cover decisions so that an instant cover decision is available at lodgement for some injuries. This will assist claimants and providers to know if the injury is covered, and whether ACC will cover the cost of the visit/treatment. The level of information provided to claimants about the cover decision will also be considered when 'client self-service' is developed following the end of current phase of Client Front End Establishment in September. 	Underway	ACC
			<ul style="list-style-type: none"> ACC has reviewed the cover decision letter and developed a revised version. The revised letter aims to make it easier for claimants to understand what injury is covered and what kinds of entitlements they may be eligible for. 	Concluded	ACC

			<ul style="list-style-type: none"> ACC is transitioning to SNOMED (Systematized Nomenclature of Medicine) as a replacement for Read codes. This is the new information standard being used in the New Zealand health and disability sector. It will provide greater levels of accuracy and quality of diagnosis code, which will help with faster processing of claims. The first and second sets of application interfaces were released on 5 December 2017 and April 2018. The next phase of roll outs is not considered a priority this financial year due to higher priority projects in ACC's transformation programme. 	Underway	ACC
			<ul style="list-style-type: none"> ACC's digital strategy has a focus on ACC's system working more effectively with Practice Management Systems. When implemented, this will enable better co-ordinated communication and allow an easier process to change the diagnosis. An improvement was made available for software vendors to use in March 2018. 	Underway	ACC
2	Disagreement over diagnosis	Record teleconferences to resolve diagnosis disagreement (Concept 4)	<ul style="list-style-type: none"> Consensus could not be reached. Such a measure is considered by clinicians as inhibiting clinical conversations, potentially undermining patient care. No action was proposed for this concept. 	Concluded	
3	Providers have a lack of knowledge about ACC	Education of providers (Concept 5)	Covered in table 1, item number 3.		
4	Some claimants need support in their experience with ACC	Independent guidance for the injured person/ Funding advocacy for improved access Have an independent advocacy service for ACC claimants who need guidance at any stage, including with an adverse	<i>Action and current status</i> <ul style="list-style-type: none"> ACC currently funds the Workplace Injury Advocacy Service to provide free advice to injured people. ACC has also funded the New Zealand Legal Information Institute to provide the New Zealand Accident Compensation Law Handbook – a guide for self-represented litigants. This is available on their website www.nzlii.org 	Concluded	ACC

		<p>decision Need for a personal injury commissioner suggested (Concepts 6 and 12)</p>	<ul style="list-style-type: none"> ACC has agreed to fund a nationwide navigation service for ACC claimants who would like additional support when dealing with ACC. The navigation service should be up and running by June 2019, and is expected to provide support to over 4,000 claimants every year. 		
5	Claimants unable to get timely access to medical experts	<p>Value proposition to widen pool of experts Proposed that the value of doing work for ACC claimants is articulated (Concept 7)</p>	<p><i>Discussion</i></p> <ul style="list-style-type: none"> The Working Group discussed this on 8 November 2017 and identified that this work needs to be well-remunerated, prestigious, and provide emotional satisfaction i.e. need to feel like claimants are being helped 		
		<p>Independent pool of medical experts/panel of experts (Concept 8)</p>	<p><i>Action</i></p> <ul style="list-style-type: none"> Covered in table 3, number 1 Covered in table 3, number 4 	Concluded	ACC/MBIE
		<p>Limit flow down the pipeline Reduce the number of claimants that seek an additional medical opinion</p> <p>Break down demand The concept is to break down the tasks and activities to streamline the process for assessment – improve efficiency and reduce the impact on experts (Concept 9)</p>	<p><i>Discussion</i></p> <p>The Working Group suggested that another way to ease the issue of access to medical experts is to minimise the need for claimants to seek an additional medical opinion to support their dispute with ACC.</p>		
			<p><i>Action</i></p> <ul style="list-style-type: none"> ACC's programme of transformation is working on reducing and simplifying processes to ease the experience of working with ACC for claimants and providers. For example, ACC's Health Sector Strategy includes a focus on making it easy for providers to deal with ACC. The aim is for providers to treat claimants based on best practice with less ACC intervention. This may help to reduce demand for additional expert opinion over time. 	Concluded	ACC

			<ul style="list-style-type: none"> Many of the actions underway seek to reduce disputes such as having agreed consideration factors, providing education on accident compensation to providers, and ACC considering funding a free nationwide advocacy service. 	Concluded	ACC
		<p>Aggregate cases together</p> <p>The concept is to have similar cases and obtain an opinion from a group of specialists (Concept 10)</p>	<p><i>Action</i></p> <ul style="list-style-type: none"> As noted under in Table 2, the NZOA subspecialty groups and ACC are working on agreed consideration factors for certain injuries. This will minimise the areas for potential disagreement, which could reduce the number of claimants seeking further medical opinions. 	Concluded	ACC
6	Public confusion over causation test	<p>Causation test</p> <p>The proposed concept is to change the causation test so that it reflects more of what the public expect (Concept 11)</p>	<p><i>Discussion</i></p> <ul style="list-style-type: none"> This would require due consideration and major legislative change. No further action is currently planned by MBIE or ACC. Causation is central to the maintenance of the boundaries of the current Scheme. At the core is the boundary between illness and injury. Change to the test represents significant change to the Scheme and consideration of the issue is outside the scope of work of the Working Group. 	Concluded	

Appendix C: Implementation of Independent Review Suggestions

In addition to the recommendations, the Independent Review made a further sixteen suggestions for ACC to consider relating to the themes of Wider Picture, Being Heard and Access to Medical Evidence.

Table 4: status of Independent Review suggestions.

No.	Review suggestion	Status	Action underway
Theme: wider picture			
1	Review and update a 2006 training manual to help advocates	Underway	The 2006 training manual will be updated as part of establishing the new navigation service. In the interim, the New Zealand Legal Information Institute has developed the NZ Accident Compensation Law Handbook – a guidebook for self-represented litigants, which is available on the New Zealand Legal Information Institute website.
2	Prioritise disputes for the vulnerable	Concluded	ACC and FairWay have implemented processes that enable ACC to expedite with Fairway reviews lodged by vulnerable claimants (e.g. a client suffering financially, with a sensitive claim and / or serious injury, with a dependent child, or other issues that impact the client's ability to deal with the dispute).
3	Benchmark accredited employer claims and disputes management against best practice and implement lessons from such benchmarks	Concluded	ACC updated audit standards and introduced changes that align with best practice dispute resolution practices, including a requirement to evaluate complaint outcomes and identify learnings for improvement in April 2017.
Theme: being heard			

No.	Review suggestion	Status	Action underway
4	Practical modifications to address independence perception of FairWay Resolution	Concluded	As noted above in Table 1, recommendation 3, FairWay was transferred to employee ownership in July 2017. Fairway branding is distinct from ACC and legislation and contracts are clear about the need for independence.
5	FairWay, rather than ACC, should make the decisions on granting extensions to the three-month period for filing a review application	Concluded	ACC considered implementing a new process that will allow the substantive matter to be heard at the same hearing if the client is successful in arguing the late lodged review. However, such an approach required legislative change. In its place, ACC from July 2017 has taken a more lenient approach to accepting that extenuating circumstances are evident. On average 80% of review applications for extenuating circumstances are withdrawn or settled without the need for a formal hearing.
8	ACC should consider using the elective services model as a template for all reviews	Concluded	A new review team was set up in 2017, based on the elective services model which removed the original decision maker from the administrative review.
9	Record the number of decisions resolved in the client's favour at the administrative review stage	Concluded	ACC began recording number of decisions resolved in the client's favour at the administrative review stage in July 2017.
Theme: access to medical evidence			
12	Update the regulations to allow use of the 6th edition of American Medical Association (AMA) Guidelines	Concluded	ACC will not proceed with this as changing to AMA6 would result in smaller lump sum payments, primarily affecting mental injury claimants.
13	Have processes to enable medical experts to confer with each other	Underway	ACC is working with NZOA on setting up a process whereby clinical discussions can occur for discussions directed by reviewers and the Court. The process needs to be transparent, consistent, fair and efficient. This proposal was discussed at the ACC/NZOA meeting on 6 July 2018 and again on 14 September 2018. ACC and the NZOA are working together to develop a process and criteria to allow these discussions to occur for these selected cases. One Court-directed discussion has already occurred. This process should be ready to be discussed at the

No.	Review suggestion	Status	Action underway
			<p>ACC/NZOA meeting on 23 November 2018.</p> <p>(Cross reference with Working Group issue number 5.)</p> <p>ACC is discussing with the NZOA a trial where clinical discussion takes place between a Clinical Advisory Panel (CAP) member and the treating surgeon before a decline decision is issued. ACC has also raised the conferring of experts' proposal with the Royal Australasian College of Surgeons' NZ National Board, the Royal Australian and NZ College of Radiologists, and the NZ Private Hospitals Association. Once the court directed process is agreed between ACC and the NZOA, then this will form a template to consider how ACC and the NZOA can implement criteria to allow clinical discussions before a decline decision is issued.</p> <p>(Cross reference with Working Group issue number 5.)</p>
14 and 16	<p>Independent medical experts:</p> <ul style="list-style-type: none"> • Should abide by the code of conduct for independent experts used by courts • Need guidelines about their roles and reports 	Concluded	<p>ACC has developed a statement for medical experts on providing objective medical opinions to ACC. This also covers off part of the role of a medical expert. The statement received final approval from ACC's Clinical Governance Group in February 2018 and has been published on its website.</p> <p>ACC has clear requirements for medical professionals providing assessments in its contracts. New Zealand Medical Council has guidelines on "Non-treating doctors performing medical assessment of patients for third parties".</p> <p>(Cross reference with Working Group issue number 5)</p>
15	Rotate the membership of ACC's pool of experts to avoid them falling under ACC's influence	Concluded	<p>To increase the pool of experts and allow for a wider range of views, the NZ Shoulder and Elbow Society have supported ACC by agreeing to have one of their members provide input into ACC's CAP</p> <p>ACC's employees on CAP are rotated by looking at, for example, wrists for a period, followed by knees etc. ACC's medical experts are also bound by professional ethics and standards to</p>

No.	Review suggestion	Status	Action underway
			provide an independent opinion. (Cross reference with Working Group issue number 6)