

What is a valid referral for scheduling a Medical Panel hearing for a referral under the Workplace Injury Rehabilitation and Compensation Act 2013?

Medical Panels provides this document to referring parties to ensure that referral documents are prepared in a manner that constitutes a valid referral for the purpose of scheduling a Medical Panel hearing under the Workplace Injury Rehabilitation and Compensation Act 2013. This will enable a Medical Panel to prepare for the hearing appropriately and to provide timely answers to the medical questions based on all of the relevant information.

All referrals to Medical Panels must comply with the (i) Workplace Injury Rehabilitation and Compensation Act 2013 and (ii) the Convenor's Directions as to the Arrangement of Business of Medical Panels (Workplace Injury Rehabilitation and Compensation Act 2013) 2025.

Following receipt of the referral from either an Agent, Self-insurer, Workplace Injury Commission or a Court, the referring parties will be notified when a Medical Panel has been allocated a hearing date. This will be a provisional hearing date only. The hearing date will only be confirmed upon receipt of the material referred to in this document, which should be provided to the Medical Panel not less than 14 days prior to the hearing date.

While it is expected that all relevant referral information is provided at the time of the referral, any additional material relevant to the medical questions that was not in the possession of the referring parties at the time of the referral should be received not less than 14 days prior to the hearing date unless exceptional circumstances exist. A Panel may cancel a scheduled hearing if they deem there is insufficient time to review any referral material submitted less than 14 days prior to the hearing date.

Medical Panels recognises that on occasions specific recent reports from treating practitioners¹ or recently undertaken investigation results may only become available within the period 14 days prior to the hearing date. Providing such additional material relevant to the medical question within 14 days of the hearing is satisfactory. A Panel may however cancel a scheduled hearing if they deem there is insufficient time to review any referral material submitted prior to the hearing date.

¹ This does not include updated clinical records from treating medical or allied health practitioners or hospital records that should be requested at a time to ensure their availability to Medical Panels at least 14 days prior to the hearing date.

General attributes of a valid referral for scheduling a hearing

- (a) Identification of injuries – referral clearly states all injuries to be assessed and whether those injuries are accepted injuries, claimed injuries or alleged injuries.
- (b) Agreed and disputed facts – referral clearly identifies the facts relevant to the medical questions that are agreed upon and those matters that are in dispute.
- (c) Required documents – referral includes all Decision Notices related to the matters in dispute and includes all documents relating to the medical questions held by the referring parties and must include:
 - (i) all of the documents referred to in the Decision Notice(s); and
 - (ii) all of the documents provided to the independent medical examiner(s) relied upon in the Decision Notice(s).
- (d) Large volume records - for referrals in which the parties provide a large volume of medical records (such as hospital or treating practitioner records) the parties are expected to include submissions identifying the specific references (including referral page number) in those records which are material to the medical questions.

Specific attributes of a valid referral for scheduling a hearing based on referral type

(a) Referrals requiring an assessment of whole person impairment

For Impairment Benefit referrals requesting an assessment of whole person impairment questions are restricted to:

- (i) the degree of impairment assessed in accordance with Division 4 of Part 2 of the Workplace Injury Rehabilitation and Compensation Act 2013 resulting from the injury or injuries claimed for which liability is accepted; and
- (ii) whether the worker has an injury or injuries claimed for which liability is accepted which is a total loss mentioned in the Table in Schedule 4.

For referrals under the Workplace Injury Rehabilitation and Compensation Amendment (WorkCover Scheme Modernisation) Act 2024 involving a question regarding whole person impairment, the referral should clearly state the compensable injuries for which that impairment assessment is to be undertaken.

(b) Referrals involving weekly payments or medical and like services from the Workplace Injury Commission

- (i) Should not refer a medical question to a Medical Panel if the Medical Panel opinion would depend substantially on the resolution of factual issues which are more appropriately considered in a suitable forum prior to the Medical Panel referral.
- (ii) Should clearly align any medical questions regarding the nature of the medical condition; liability; weekly payments; and/or medical and like services, to the claimed injuries and/or matters in dispute.
- (iii) Should not conflate unrelated injuries into a single referral, i.e. separate discrete injuries that have occurred on different dates or in different circumstances that are unrelated to each other require separate referrals.

Requirements for the provision of referral material

- (i) referral documents are provided as a single clean pdf without any background comments, highlighting, or other mark-ups
- (ii) referral documents should be legible and chronologically ordered within the specific headings as outlined in the Enclosure A templates according to the referral type (see below)
- (iii) each page of the referral is numbered as "Page X of Y" where X is the individual page number and Y is the total number of pages of the referral documents
- (iv) Enclosure A contains both total page numbers of each referral document and a page index reference (corresponding to X above)
- (v) referral documents are hyperlinked
- (vi) referral documents do not contain blank pages, duplicate reports, or undated records
- (vii) for medical reports, use full names and list their speciality (e.g. Dr John Smith, orthopaedic surgeon)
- (viii) all of the documents provided to the independent medical examiner(s) relied upon in the Decision Notices
- (ix) all documents referred to in any submissions must be included
- (x) for large volume clinical records (greater than 20 pages) from a treating practitioner or hospital records that are included in the referral material and being relied upon by a party, submissions are expected to direct the Panel as to the significance, if any, the party attaches to those clinical records referencing the specific page number(s)
- (xi) all recent medical reports are to be included
- (xii) for prior Panel examinations assessing impairment in which a "not stable" opinion was reached, any subsequent Panel referral for the same question is expected to contain relevant updated reports regarding progress since the earlier Panel examination

Two Enclosure A templates with illustrative sub-headings based on the type of referral are given below. Sub-headings may be varied as appropriate to the referral documents.



Assoc Prof David Ernest
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Convenor

14 August 2026

(For Impairment Benefit referrals)

Enclosure A

Worker details

Medical Panels Ref: M12x/xxxx

SCHEDULE OF ATTACHMENTS

No.	DOCUMENT	DATE	No. pages	Index
	Referral and Claim Documents:			
1.	Referral and Medical Questions	22/12/25	5	1-5
2.	Worker response form	15/08/25	1	6
3.	Notice of impairment benefit liability, assessment and entitlement	10/08/25	5	7-11
4.	Worker's IB claim form	14/05/25	3	12-14
5.	Worker's injury claim form	10/04/24	2	15-16
	Agent/Self-insurer Documents:			
6.	IIA report Dr Ahmad Bilal, rheumatologist	11/07/25	7	17-23
	Worker Documents			
7.	Treating doctor report of Dr Carrie Dixon, orthopaedic surgeon	20/08/25	4	24-27
8.	Operation report Dr Carrie Dixon, orthopaedic surgeon	17/08/24	1	28
	Radiology:			
9.	MRI scan right shoulder	25/06/24	2	29-30
10.	Ultrasound right shoulder	21/05/24	2	31-32
	Clinical Records:			
11.	Clinical Notes from Dr Carrie Dixon, orthopaedic surgeon	Printed 6/2/26	23	33-55
12.	Clinical Notes from Jones Clinic	Printed 12/12/25	16	56-71
13.	Clinical notes Smith physiotherapy clinic	Printed 01/12/25	13	72-84
	Miscellaneous Documents			
14.	Surveillance report ABC	11/02/26	17	85-101

(For Workplace Injury Commission referrals)

Enclosure A

Worker details

Medical Panels Ref: M12x/xxxx

SCHEDULE OF ATTACHMENTS

No.	DOCUMENT	DATE	No. pages	Index
	Referral and Claim Documents:			
1.	Referral and Medical Questions	22/02/26	4	1-4
2.	Application for Conciliation Form xxxx	25/01/26	5	5-9
3.	Decision Notice(s)	10/04/25	6	10-15
4.	Worker's Claim Form	02/02/23	2	16-17
5.	Employer Injury Claim Report	02/02/23	2	18-19
	Agent/Self-insurer Documents:			
6.	IME report Dr Ann Brown, orthopaedic surgeon	11/07/24	9	20-28
7.	IME report Dr Charles Douglas, rheumatologist	10/06/24	9	29-37
	Worker Documents			
8.	Report of Dr Edwina Flack, general practitioner	20/08/25	8	38-45
9.	Report of Dr Greg Ho, orthopaedic surgeon	23/06/25	7	46-52
10.	Surgery request Dr Greg Ho, orthopaedic surgeon	25/05/25	1	53
	Radiology:			
11.	MRI lumbar spine	25/09/23	2	54-55
12.	CT lumbar spine	27/08/23	2	56-57
	Rehabilitation and Vocational Material:			
13.	Vocational assessment report AB Rehab	10/03/25	15	58-72
	Clinical Records:			
14.	Clinical Notes from Smith Medical Centre	Printed 6/12/25	22	73-94
	Miscellaneous Documents			
15.	Submissions from the worker	10/01/26	8	95-102
16.	Medical Panel Certificate of Opinion and Reasons for Opinion (Ref. Mxxxx)	09/09/25	11	103-113
17.	Worker affidavit	02/02/25	7	114-120