What is a valid referral for scheduling a Medical Panel hearing for a referral under the Wrongs Act 1958?

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 confirming a scheduled hearing for a referral under the Wrongs Act 1958 ('Wrongs Act'). 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 should comply with the (i) Wrongs Act legislation; (ii) the Convenor's Directions as to the Procedures of Medical Panels (under Part VBA of the Wrongs Act 2025); and (iii) the Protocols for the Provision of Information to the Medical Panels.

Following receipt of the referral from the respondent, the referring parities 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 that 21 days prior to the hearing date.

The claimant (or their representative) will be required to complete the Claimant Certification Form, which certifies that "*We have provided to the Medical Panel all documents in the claimant's and our possession that relate to the medical question including any imaging and other investigation results and details of medications*". The Claimant Certification Form should only be completed on one occasion and at a time when the claimant is no longer awaiting or planning to request any additional reports or material to be included in the referral.

For the avoidance of doubt, it is expected that all relevant referral information is provided to the Medical Panel at the time of the initial referral and that any additional material not in the possession of the referring parties at the time of the referral, including the signed Claimant Certification Form, is provided no later than 21 days prior to the hearing date.

If the signed Claimant Certification Form is not provided earlier than 21 days prior to the hearing date, the provisional hearing date will be cancelled (and reallocated for another referral). The referral will then be rescheduled for a new later hearing date.

Medical Panels recognises that on occasions specific recent reports[1] from treating practitioners or recently undertaken investigation results may only become available within the period 21 days prior to the hearing date. Providing such additional material relevant to the medical question within 21 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 21 days prior to the hearing date.

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 documents provided to the independent medical examiner who completed the Certificate of Assessment must be included
(ix) all documents referred to in any submission 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

An Enclosure A template with illustrative sub-headings is given below. Sub-headings may be varied as appropriate to the referral documents.



Assoc Prof David Ernest
MBBS, MHlth&MedLaw, MBioethics, FRACP, FCICM, FACLM
Convenor

14 August 2026

Medical Panels

Enclosure A
Claimant details
Medical Panels Ref: M12x/xxxx

SCHEDULE OF ATTACHMENTS

No.	DOCUMENT	DATE	No. pages	Index
	Referral and Claim Documents:			
1.	Referral documents	22/02/26	10	1-10
2.	Statement of claim (as appropriate)	25/01/26	4	11-14
3.	Prescribed information (Form 4 from Claimant)	10/04/25	4	15-18
	Claimant Documents			
5.	Certificate of Assessment Dr Adam Buckley, occupational physician	20/08/24	1	19
4.	Report of Dr Adam Buckley, occupational physician	20/08/24	8	20-27
	Radiology:			
6.	MRI lumbar spine	25/06/24	2	29-30
7.	CT lumbar spine	27/05/24	2	31-32
	Clinical Records:			
8.	Clinical Notes from Smith Medical Centre	Printed 16/01/26	34	33-66
9.	Clinical Notes from Jones Clinic	Printed 14/01/26	17	67-83
	Miscellaneous Documents			
10.	Submissions from the respondent	10/02/26	6	84-89
11.	Submissions from the claimant	21/01/26	7	90-96
12.	Medical Panel Certificate and Reasons for Opinion (Ref. Mxxxx)	09/06/25	12	97-109