

[LEGAL NOTICE NO. 109]

ACCIDENT COMPENSATION ACT 2017

Accident Compensation (Medical Assessment) Regulations 2017

IN exercise of the powers conferred on me by section 35 of the Accident Compensation Act 2017, and following consultation with the Accident Compensation Commission Fiji, I hereby make these Regulations—

PART 1—PRELIMINARY

Short title and commencement

1.—(1) These Regulations may be cited as the Accident Compensation (Medical Assessment) Regulations 2017.

(2) These Regulations come into force on 1 January 2018.

Interpretation

2. In these Regulations, unless the context otherwise requires—

“Act” means the Accident Compensation Act 2017;

“Impairment Assessment Training” means the training of local medical practitioners by a medical consultant or physician on the evaluation or assessment of the percentage of impairment or disability of an injured person as a result of an accident;

“medical practitioner” means a licensed medical practitioner under the Medical and Dental Practitioner Act 2010; and

“representative” means—

- (a) in the case of a child, the parent or legal guardian of the child; or
- (b) in the case of a person who is incapable of making an application because of a mental disorder, mental illness or being of unsound mind, the legally appointed representative of that person.

PART 2—MEDICAL ASSESSMENT

Initial medical assessment

3.—(1) A person who suffers a personal injury as a result of an accident must have an initial medical assessment of the personal injury conducted by a medical practitioner prior to the making of an application claiming compensation for the personal injury.

(2) A medical practitioner who conducts an initial medical assessment under subregulation (1) must provide a medical report to the person with the personal injury or his or her representative.

Medical report from initial medical assessment to be submitted with application

4. An applicant must submit a certified copy of the medical report from the initial medical assessment with the application to the Commission.

Commission may refer application to medical practitioner trained in impairment assessment

5.—(1) The Commission may, on a case by case basis, refer an application to a medical practitioner appointed by the Commission who has undergone Impairment Assessment Training.

(2) The Commission must refer the application in subregulation (1) using the Medical Assessment Referral Form set out in Schedule 1.

Commission may direct person to undergo further medical assessment

6. The Commission may direct the person who has suffered a personal injury to undergo further medical assessment conducted by a medical practitioner appointed by the Commission within 14 working days from the date of receipt of the application.

Medical assessment

7.—(1) A medical practitioner must conduct a medical assessment as soon as practicable following the referral by the Commission.

(2) A medical practitioner who conducts a medical assessment on a person who has suffered a personal injury and whose application has been referred by the Commission must, where applicable, complete the Medical Assessment Form set out in Schedule 2 and submit such form to the Commission.

(3) The Commission must bear the medical expenses for any medical assessment required under this Part, and the obtaining of any medical report.

(4) If the applicant has already paid for such medical expenses, the Commission must reimburse the applicant.

Conflict of interest

8. A medical practitioner must disclose any conflict of interest when dealing with an application referred to him or her by the Commission.

PART 3—ADDITIONAL ADMINISTRATIVE CONSIDERATIONS

Commission may refer an application to an appointed committee

9.—(1) For the purposes of section 8(3) and 35(2)(g) of the Act, the Commission may, on a case by case basis, refer an application to an appointed committee for further assessment.

(2) The appointed committee in subregulation (1) must provide a written report and recommendation on the application, to the Commission within 21 days from the date of receipt of the application.

Commission not bound by recommendation of an appointed committee

10. The Commission is not bound by any recommendation of an appointed committee.

Conflicting medical reports of medical assessments

11. If an application has conflicting medical reports on medical assessments conducted, the Commission has the discretion to decide which medical report to take into consideration.

Commission may refer to guides

12. The Commission may refer to any guide for the evaluation and assessment of permanent impairment as approved by the Commission for the assessment of applications and determination of lump sum payments under the no fault compensation scheme.

Forms

13. The Commission may amend any form prescribed in the schedules to these Regulations, as it deems necessary.

Made this 20th day of December 2017.

A. SAYED-KHAIYUM
Attorney-General and Minister responsible for justice

SCHEDULE 1
(Regulation 5(2))

MEDICAL ASSESSMENT REFERRAL FORM

The Accident Compensation Commission Fiji (ACCF) refers the attached application for further medical assessment by a medical practitioner.

1. Application details			
Application file name:	Application number:		
Date application received by ACCF:			
ACCF officer:			
Phone numbers:	Home:	Work:	Mobile:
2. Referral details			
Date application referred for medical assessment:			
Reason(s) for referral:			
3. List of documents			
4. Authorisation from ACCF			
Name:			Date:
Signature:			

SCHEDULE 2
(Regulation 7(2))

MEDICAL ASSESSMENT FORM

A. AUTHORISATION

The Accident Compensation Commission Fiji (ACCF) has referred your application for compensation for personal injury as a result of an accident in Fiji for further medical assessment.

Further medical assessment may include physical examinations, tests and investigations to assess management and current status, fitness, diagnosis, causation, permanent impairment and rehabilitation.

A medical report will be prepared by a medical practitioner appointed by ACCF. Results of relevant physical examinations, tests and investigations may also form part of the medical report.

By signing this form, you consent to the medical assessment being carried out, as well as your medical report being sent to ACCF.

1. Authorisation by person with personal injury

I authorise the conduct of further medical assessment on me, as well as the referral of my medical report to ACCF.

Print your full name:	Date: [day/month/year]
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Your signature:

Your left thumb print (alternative):

2. Authorisation by representative (if applicable)

I authorise the conduct of further medical assessment on [full name of person with personal injury], as well as the referral of [his/her] medical report to ACCF.

Print full name of representative:	Date: [day/month/year]
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Signature of representative:

B. MEDICAL REPORT

1. Details of person with personal injury

Name: [full name]	Date of birth: [day/month/year]
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Sex: [male/female]

Address:
Examination Date:
Location of Examination:
Diagnosis:
2. Details of accident
Date of accident: [day/month/year]
Description of accident:
3. Details of initial medical assessment
Date of initial medical assessment: [day/month/year]
Name of medical practitioner:
Location of examination:
4. Further medical assessment
Are the injuries/conditions consistent with the circumstances of the accident described to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical diagnosis or description of injury:
Clinical findings or objective test results:
History of clinical presentation:
Functional history:

Physical examination or physical findings:
Medical record review: chronology of medical evaluation, diagnostic studies, and treatment for injury or illness:
Burden of treatment compliance: (if applicable)

Impairment rating and rationale - Organ System and Whole Person Impairment (WPI):					
<i>Body Part or System</i>	<i>Chapter Number, Page Number, Table Number</i>	<i>Key Factor & class</i>	<i>Grade Modifiers for: Functional History Physical Examination, Clinical Studies & BOTC (if applicable)</i>	<i>Final Class & grade used in rating</i>	<i>Whole person impairment (%)</i>
Calculation of Whole Person Impairment:					
Discussion of Rationale of Impairment and any Possible Inconsistencies in the Examination:					

Recommendation: (further diagnostic or therapeutic follow up care)			
Was person admitted in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Which hospital?			
Was it longer than 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did person require an ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proposed treatment plan			
<input type="checkbox"/> Nil <input type="checkbox"/> Short term (less than 2 weeks) <input type="checkbox"/> Medium term (less than 6 weeks but more than 2 weeks) <input type="checkbox"/> Long term (more than 12 weeks)			
Degree of injury suffered and recommended percentage of impairment (if applicable):			
5. Details of medical practitioner			
Name: [full name]			
Place of employment:			
Phone numbers:	Home:	Work:	Mobile:
E-mail address:			
Professional qualification:			
6. Declaration of medical practitioner			
I confirm to the best of my knowledge that all the information I have provided in this report is true and correct.			
Name: [full name]			
Signature:			
Date: [day/month/year]			