

# Submission to the Parliamentary Inquiry into Transport Accident Commission claims<sup>1</sup>

The Health Complaints Commissioner (HCC) is an independent statutory authority established under the *Health Complaints Act 2016*, with responsibility for receiving and managing complaints about health service providers and the handling of health information in Victoria. The HCC's role includes giving effect to consumer voice and using complaint intelligence to identify risks, systemic issues and opportunities for improvement across the health system.

This submission draws on complaints made to the HCC about matters connected to the Transport Accident Commission (TAC). While TAC claims operate within an administrative framework, complaint data demonstrates what is experienced by consumers. Findings indicate both personal and consequential processes, typically occurring during periods of injury, trauma and financial uncertainty. Complaints indicate that systems can be complex, poorly explained or inconsistently applied. Consequences can include delayed care, interrupted treatment and compromised recovery.

The HCC was able to identify 193 complaints received between 1 July 2023 and 31 March 2026 relating to TAC matters, averaging approximately six complaints per month<sup>2</sup>. While individual circumstances vary, the complaints reveal consistent and recurring issues affecting access to care and difficulty understanding decisions and interactions between TAC, health service providers and other systems. These impacts appeared to be most pronounced for people who are already vulnerable or disadvantaged.

This submission is relevant to the Committee's Terms of Reference, particularly those relating to:

- processes around legitimate and disputed TAC claims;
- private provider fees and billing practices and their impact on access to care;
- interactions between TAC, health service providers and other systems, including the NDIS; and
- the handling and sharing of health information.

The complaint data presented reflects the lived experiences of people navigating these systems while injured or recovering from trauma.

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<sup>1</sup> <https://www.parliament.vic.gov.au/ambulancevicinquiry>

<sup>2</sup> As the HCC does not have coding specific to TAC the requirement for manual less precise searching may have omitted some cases.

## Overview of TAC-related complaints to the HCC

The following sections summarise anonymised complaint data collected through the HCC's statutory complaints function and grouped into key themes.

### Complexity and lack of clarity in TAC-related processes

The most common issue identified was about a lack of clarity around TAC processes, documentation requirements, and interactions between TAC, health service providers and other systems (37% of cases).

Complaints frequently described:

- difficulty understanding documentation requirements and timeframes
- inconsistent or conflicting advice from different parties
- service providers unfamiliar with TAC processes, resulting in refusal, delays or errors
- lack of awareness of entitlements, review rights or next steps.

For many complainants, this complexity delayed treatment or rehabilitation and in some cases, resulted in avoidable out-of-pocket expenses.

## 2. Health records, privacy and information handling issues

Health records and information-handling issues were identified in 35% of complaints.

These included:

- inaccurate or incomplete health information affecting TAC decisions
- difficulty accessing or correcting records relevant to a claim
- disclosure of sensitive personal information beyond what was necessary
- delays in providing records, sometimes accompanied by unexpected fees

For people with mental health injuries, cultural sensitivities or a history of trauma, poor handling of health information was often described as distressing and, in some cases, re-traumatising.

## 3. Disputes about the legitimacy of TAC claims

Approximately one-third of complaints (33%) involved disputes about whether a TAC claim, or part of a claim, was considered legitimate.

These complaints commonly arose where:

- funding for treatment was reduced or ceased unexpectedly
- independent medical assessments contradicted treating clinicians without clear explanation
- work capacity or causation determinations were poorly explained
- consumers did not understand review or appeal pathways

For some complainants, these decisions occurred during periods of acute injury or psychological distress, compounding harm and contributing to disengagement from care.

#### 4. Quality of care concerns

One-quarter of complaints (25%) raised concerns about the quality of care associated with TAC-funded treatment or assessments.

Reported issues included:

- delayed diagnosis or referral
- inadequate consideration of relevant clinical information
- perceived prioritisation of administrative requirements over clinical need

While not all allegations were substantiated, the complaints highlight the need to ensure administrative frameworks do not adversely affect quality and safety of care.

#### 5. Fees, billing and affordability

Issues relating to fees, billing or reimbursement were raised in 21% of complaints.

Consumers reported:

- unexpected out-of-pocket costs
- confusion about gaps between provider fees and TAC coverage
- delays in reimbursement causing financial strain

For consumers experiencing financial hardship, these issues directly limited access to care or continuity of treatment.

#### 6. Medical refusal of care

Nearly one-fifth of complaints (20%) involved refusal or cessation of care, including:

- clinicians declining to complete TAC documentation
- withdrawal of services due to associated administrative burden
- refusal to prescribe medication or provide follow-up care during an active claim

These refusals were particularly harmful for people with limited alternative options for care.

### Disproportionate impact on vulnerable and disadvantaged people

Although vulnerability is not captured as a discrete complaint category in the complaint data capture, complaint narratives consistently demonstrate that complexity of personal circumstances, health conditions and care needs, and system opacity disproportionately affect people who experiencing disadvantage, including:

- People with mental health injuries
- People with limited financial means
- People with language, literacy or cognitive barriers
- People in custodial, regional or institutional settings

For these complainants, delays, errors and poor communication compounded existing disadvantage and directly impeded recovery.

## Conclusion



Improving clarity, supports, transparency and safeguards within TAC-related systems would likely address many of the issues raised in complaints, support recovery, and strengthen trust in the scheme.

Complaint data demonstrates that administrative complexity is a dominant feature of the TAC system. When it intersects with injury, trauma and vulnerability, it can cause real and lasting harm. Addressing these issues presents an opportunity to improve outcomes for TAC clients and strengthen confidence in the scheme.

The Health Complaints Commissioner welcomes further engagement with the Committee and is available to provide additional data or insights as required.