



Joe McCracken

Chair

Victorian Parliament Legal and Social Issues Committee

17 April 2026

Dear Chair

SUBMISSION TO INQUIRY INTO TAC CLAIMS

The Australasian Association of Medico-Legal Providers (**AAMLPLP**) welcomes the opportunity to provide input into the Committee's *Review of the Transport Accident Commission (TAC)*. We are a member-based organisation representing medico-legal organisations and individual medical practitioner members across Australia.

Our members are integral to the TAC's Joint Medical Examination (JME) process which resolves clinical disputes, determines ongoing liability, and supports decisions about long-term care and compensation for injured road users. Our members provide an essential service of evidence-based, impartial assessments for injured participants in the TAC scheme and other personal injury and compensation schemes around Australia.

In this submission, we outline reforms to strengthen the TAC scheme through greater accountability and timely evidence-based decision-making. We recommend improved public reporting on the TAC's claims costs, outcomes and scheme trajectory to better demonstrate how scheme resources are invested in injury recovery; transparent reporting on the frequency with which the TAC uses Protocol payments to bypass claimants' access to independent medical opinion through the Joint Medical

Examination (JME) process; and review of JME fee structures that are reducing specialist participation—particularly among neuropsychologists and psychiatrists—thereby delaying assessments, prolonging disputes and undermining claimant certainty, treatment planning and recovery.

Part 1: Parliament should explore options to make the TAC more transparent

The TAC is Australia’s largest government-owned monopoly provider of motor accident injury insurance. Victorian motorists’ compulsory ‘TAC charge’ funds the TAC scheme. Notwithstanding Victorian Ombudsman and parliamentary estimates processes, very little is publicly available about the TAC’s claims costs and scheme trajectory.

The equivalent privately underwritten compulsory third party scheme in NSW¹ and QLD² both have extensive public resources for their respective injury schemes. Greater transparency of the TAC’s claims operations should be a necessary substitute for market mechanisms. TAC’s public reporting is heavily weighted toward crash statistics and road safety outcomes (which they have limited control over) rather than claims and outcomes data (which they do). Greater transparency of how TAC levies are invested in injury recovery will promote better processes around legitimate claims.

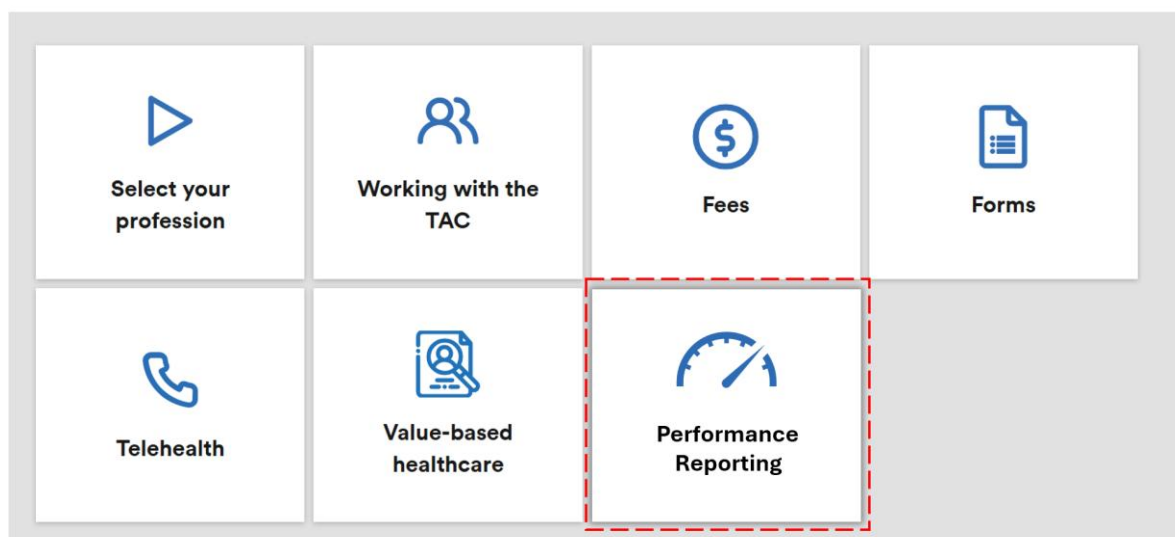


Image 1: AAML mock-up of TAC’s [provider page](#) with a suggested link to claims performance data

¹ NSW has the State Insurance Regulatory Authority (SIRA) Open Data portal: <https://www.sira.nsw.gov.au/open-data-schemes>.

² The QLD Motor Accident Injuries Commission publishes significant volume of claim trends and scheme spending here: <https://maic.qld.gov.au/scheme-knowledge-centre/trends-insights-and-reports/>

Part 2: TAC should publicly report how often it bypasses claimant access to medical opinion via a JME

Independent medical examinations are essential for the TAC scheme's determination of a claimant's injuries and entitlements. The *Transport Accident Act 1986 (Vic)* ("TAC Act") places independent medical examination at the centre of legitimate claims determination. Section 71(1) empowers the TAC to require a claimant to submit for examination by nominated medical service providers (which includes medical practitioners and psychiatrists) to determine entitlement. The **Joint Medical Examination (JME)** process enables a claimant's solicitor and the TAC to agree on a common examination, which is less onerous for the injured claimant.

The [TAC Protocols](#) are a 20+ year understanding between the TAC and the legal industry in Victoria about expeditiously resolving claims³. The latest revision, the TAC Protocols 2026, went live on 30 March 2026. Part 4 of the Common Law protocols⁴ enable the TAC to bypass the impairment process "*where practical and in the interests of the client*".

The TAC has the option to incentivise claimants' legal representatives to 'bypass' a medical assessment of a claimant's condition – with a payment of over \$4,000 (see **Appendix A**). The AAML considers this to be an example of process over taking purpose. Where a claimant is without a thorough third-party assessment (funded by the scheme), it denies the claimant access to a medical opinion and agency about their *medical* situation. This confers the claimant's situation to a process. The prevalence of this direction from the TAC is unknown, and we recommend that the committee require the TAC to publish how often it exercises the by-pass payments under the TAC Protocols listed in **Appendix A**, including on what justification.

³ See: <https://www.tac.vic.gov.au/providers/resources/tac-protocols-tabs/protocols>

⁴ Available on the TAC website: <https://www.tac.vic.gov.au/providers/resources/tac-protocols-tabs/common-law-protocol>.

Part 3: TAC's JME Fee Structures Are Impacting Claimants and Prolonging Disputes

*TAC is limiting access to **neuropsychologists** through fee changes*

Victoria motorists involved in serious accidents are more likely than not to require a neuropsychology examination for serious brain injury and cognitive impairment injuries. The recent changes to TAC's JME fee structures, which move from an hourly rate to a flat fee, have materially reduced the pool of specialists willing to accept JME referrals.

The move to a flat fee structure has *effectively reduced* the fee provided to neuropsychologists for their examinations. The current recommended TAC JME rate for neuropsychology is approximately \$325 per hour plus GST. Owing to the complexity of the assessments (plus the usually large amount of briefing material to consider), the total time to produce a report typically falls between 13 and 14 hours. Including GST, this would equate to an approximate fee of between \$4,650 and \$5,000. The new proposal of \$3,750 (including GST) is well below this market rate.

The consequence has been an already observable reduction in specialist availability. This will lead to longer wait times for claimants to access appointments and potentially diminish report quality since experienced specialists decline TAC referrals.

For an injured person, a dispute is time without certainty, treatment approvals and a plan. Where the dispute cannot progress to clinical resolution because a qualified JME specialist is unavailable or unwilling to accept the referral, that time extends indefinitely.

*TAC has imposed challenges to recruiting **psychiatrists** with low fee structures*

According to the Royal Australian & New Zealand College of Psychiatrists (RANZCP), Australia has a 'a critical and chronic shortage of psychiatrists'⁵. The Australian Government's Department of Health, Disability and Aging *Psychiatry Supply and Demand Compendium Report* suggest the baseline demand gap for psychiatrists in Victoria was 34.9 full-time equivalent (FTE) and unmet demand was 102.5 FTE in in 2024⁶.

Whilst Victoria's psychiatric shortage is less than other states, there is significant demand for their services from both clinical and medico-legal sources. AAML members

⁵ RANZCP (2025) "Government data confirms severe psychiatry workforce shortages" Media Release on 19 Jun 2025 available via <https://www.ranzcp.org/news-analysis/government-data-confirms-severe-psychiatry-workforce-shortages>

⁶ DoHDA (2025), "Psychiatry Supply and Demand Compendium Report - November 2025", accessible via <https://hwd.health.gov.au/resources/primary/psychiatry-supply-and-demand-compendium-report-updated-november-2025.pdf> accessed 17 April 2026.

assess that a medico-legal psychiatric opinion in a public market is around \$4,400 (incl. GST). The TAC's JME rate for an examination rate with Impairment Assessment is 22% below this market price (\$3,392 (incl. GST)). Consequently, AAMLPL members find that psychiatrist recruitment for future TAC work is challenging.

Conclusion

The AAMLPL believes that stronger transparency measures for the TAC, including reporting on the TAC's influence over claimant legal representatives, will be an important finding for the committee to make during this inquiry.

As the largest government-owned motor accident insurer in Australia, the TAC's transparency obligations should substitute for its position as a monopoly.

We welcome the opportunity to present to the committee during the term of this inquiry. If you would like to set up a time, please contact, Luc Claringbold [REDACTED]

Best regards

Mark Gibbins

President

Australasian Association of Medico-Legal Providers (AAMLPL)

Appendix A - TAC Legal Protocols – Legal costs

TAC Protocols - Legal Costs effective from 1 July 2025

These price points apply to Applications lodged under the 2016 Protocols on or after 1 July 2025.

The 2016 Protocols will apply to all Applications lodged on or after 1 July 2016.

Includes price points applicable under Supplementary Protocols from 1 January 2020

[Figures in square brackets below are Clause/Chapter numbers of the 2016 Protocols, or Supplementary Protocols where specified]	From 1/07/2020	From 1/07/2021	From 1/07/2022	From 1/07/2023	From 1/07/2024	From 1/07/2025
Impairment Protocols [NOTE price points where overlap @ 11.8]						
Resolution of Impairment Costs (NOTE all figures EXCLUDE disbursements)						
No release [11.1.2] [NOTE possible offset @ 11.6]	\$3,890	\$3,940	\$4,040	\$4,360	\$4,530	\$4,640
With release [11.1.1]	\$5,400	\$5,470	\$5,610	\$6,060	\$6,290	\$6,450
No Fault Dispute Protocols [NOTE 16.3 and 16.4 regarding disbursements payable; price points where overlap @16.7]						
Dispute resolved as a result of a pre-issue review (same price point applies whether dispute resolves before, during or after a pre-issue conference)						
Denial of claim [Chapter 10]	\$7,590	\$7,690	\$7,880	\$8,510	\$8,830	\$9,050
Loss of earnings rate and/or loss of earning capacity rate [Chapter 11]	\$7,590	\$7,690	\$7,880	\$8,510	\$8,830	\$9,050
Loss of earnings and/or loss of earning capacity eligibility/duration [Chapter 12]	\$8,280	\$8,390	\$8,600	\$9,290	\$9,640	\$9,880
Medical and like benefits [Chapter 13]	\$5,670	\$5,740	\$5,890	\$6,360	\$6,600	\$6,760
Dependency and death benefits [Chapter 14]	\$7,590	\$7,690	\$7,880	\$8,510	\$8,830	\$9,050
Impairment or Minors' Additional Benefits [Chapter 15] [NOTE offset where costs already paid under 11.6 of Impairment Protocols]	\$8,280	\$8,390	\$8,600	\$9,290	\$9,640	\$9,880
Any combination of disputes identified in Chapters 10 to 15	\$8,280	\$8,390	\$8,600	\$9,290	\$9,640	\$9,880
Notice of intention to Dispute Denial of Joint Medical Examination	\$540	\$550	\$560	\$600	\$620	\$640
Counsel to attend a DR conference (with TAC prior approval) [Chapter 7.8]	\$2,700	\$2,730	\$2,800	\$3,020	\$3,140	\$3,220
Common Law Protocols [NOTE 21.24 to 21.27 where concurrent applications]						
Settlement of Common Law Damages (NOTE all figures EXCLUDE disbursements)						
At conference, after SIC "deemed" pursuant to s.93(3) [21.8] OR	\$16,730	\$16,940	\$17,370	\$18,760	\$19,480	\$19,970
At conference, after SIC "granted" by TAC pursuant to s.93(4)(c) [21.9] OR	\$20,250	\$20,510	\$21,030	\$22,710	\$23,580	\$24,170
At conference, after SIC conceded by TAC after OM issued or "granted" by Court pursuant to s.93(4)(d) [21.10]	\$16,730	\$16,940	\$17,370	\$18,760	\$19,480	\$19,970
Settlement of Common Law Damages where claim "arising out of the use of" pursuant to s.94(1) (excluding disbursements)						
At conference (prior to issuing of proceedings or as otherwise agreed between the parties) [21.11]	\$16,730	\$16,940	\$17,370	\$18,760	\$19,480	\$19,970
Settlement of Common Law Damages where claim is pursuant to Part III of the Wrongs Act and s.93(8) & (9) (excluding disbursements)						
At conference (prior to issuing of proceedings or as otherwise agreed between the parties) [21.12]	\$16,730	\$16,940	\$17,370	\$18,760	\$19,480	\$19,970
Serious Injury Conference						
At Conference, after SIC conceded by TAC pursuant to s.93(4)(c) [21.15]	\$5,940	\$6,020	\$6,170	\$6,660	\$6,910	\$7,080
Uplifts - where						
Impairment Bypass [21.16]	\$3,560	\$3,610	\$3,700	\$4,000	\$4,150	\$4,250
Liability was not admitted by TAC prior to conference [21.14.1]	\$4,050	\$4,100	\$4,200	\$4,540	\$4,710	\$4,830
Economic loss supported by complete documents and claimant NOT self-employed [21.14.2] OR	\$3,200	\$3,240	\$3,320	\$3,590	\$3,730	\$3,820
Economic loss supported by complete documents and claimant IS self-employed [21.14.3]	\$5,940	\$6,020	\$6,170	\$6,660	\$6,910	\$7,080
Court approval is required (excluding disbursements) [21.14.5]	\$5,560	\$5,630	\$5,770	\$6,230	\$6,470	\$6,630
Solicitor attends common law conference without counsel [21.14.4]	\$2,740	\$2,780	\$2,850	\$3,080	\$3,200	\$3,280
An Interim or Partial Payment is made. Payable only once per claim [Supplementary Protocols 10.10.1, 10.10.2]	\$2,500	\$2,530	\$2,590	\$2,800	\$2,910	\$2,980

CPI:	CPI:	CPI:	CPI:	CPI:	CPI:
2.007%	1.283%	2.534%	7.990%	3.814%	2.498%