PARLIAMENTARY INQUIRY INTO THE TAC
SUBMISSION

SUBMITTED BY
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TAC Client of 34 years

Date: April 20 2026

1. Introduction

Author's note: *I am writing from a hospital bed during a TAC-funded ketamine infusion for chronic nerve pain. I am currently unwell. This is the context in which this submission has been produced. All claims made in this document are supported by evidence.*

I am Melita Parker, known as Milly, and I am a TAC client of 34 years.

In 1992, at age 21, I was resuscitated at the roadside following a motor vehicle accident in central Victoria and was not expected to survive the air ambulance journey to The Alfred Hospital. I spent a week in intensive care on life support, followed by several weeks on the ward, and then 12 months of rehabilitation at the John Lyndell Centre in Bendigo. I sustained a moderate acquired brain injury, along with other injuries that have left me in chronic pain for the past 34 years.

At 21, I was effectively told by doctors and treating specialists that I would not amount to much, that I would not be able to return to my studies, attain a degree, or have the career or life I had once imagined. I was, in the most direct terms, written off.

With, and I stress only with, TAC support, I proved that opinion wrong.

Twenty-six years later, in 2018, I was awarded the Order of Australia Medal for services to disability, including work contributing to the introduction of the National Disability Insurance Scheme (NDIS) in legislation, and for my work with TAC.

For more than 15 years, I publicly championed TAC. I undertook this work unpaid because I believed in the scheme and its intended purpose. That work contributed, alongside many others, to the NDIS being legislated in 2013.

I submit this evidence in two capacities:

- As a long-term TAC client affected by its operational decisions

- As a former contributor to TAC policy and broader state and national disability policy reform initiatives

I present a documented, evidence-based account of repeated administrative failure that has caused preventable permanent physical injury, psychiatric harm, a TAC Clinical Panel member admitting to unprofessional conduct toward my treating dentist, a false OT report that attributed statements to me I never made, and that both my GP and psychiatrist urged me to have corrected because it threatened my WorkCover entitlements, and sustained financial hardship.

I do not and have never believed I am being personally targeted, nor do I believe I am a recipient of sustained extraordinary bad luck, those explanations are not credible. What I have experienced over the past five years indicates a structural pattern. And my concern is for other vulnerable Victorians, particularly those who cannot advocate for themselves as I have been able to.

Even I, with a background in advocacy, cannot sustain this level of ongoing conflict. It cannot possibly be expected of people who are unwell and without my experience.

In 2025, within a single four-month period:

- I had never previously made a complaint in 34 years as a TAC client
- I required Ombudsman intervention to receive urgent medically necessary care
- I made three formal complaints — all upheld, all resulting in formal apologies
- I continue to require escalation to obtain basic information and entitlements

The evidence in this submission is not a series of isolated errors. It is a systemic pattern of escalation dependence, passive denial, and an organisational culture that enables inconsistent application of policy alongside a gap between governance frameworks and operational practice.

The issue is not recognition of poor policy. It is execution failure.

The TAC I championed for close to two decades and the TAC I experience today are not the same organisation. I can no longer reconcile the difference.

I write this submission to provide evidence and to support meaningful reform.

2. Executive Summary of Harm

TAC's repeated delays and administrative failures have caused the following direct and documented harms.

Primary harms — 2025

- Four-month delay in approving ketamine treatment - my only effective pain management option
- Loss of a healthy 40-year-old molar (Tooth 26) caused by unmanaged pain-induced bruxism - liability formally accepted by TAC
- Severe pain escalation, psychiatric deterioration, distress, and financial burden [FORMAL APOLOGY ISSUED]

- Unprofessional conduct by a TAC Clinical Panel member toward my treating dentist, [FORMAL APOLOGY ISSUED TO BOTH AND ME]
- A false OT report attributing statements to me I never made, threatening WorkCover entitlements, psychiatric care, and financial stability [FORMAL APOLOGY ISSUED; ORIGINAL REPORT DESTROYED; NEW REPORT WRITTEN]
- Repeated requirement to escalate for basic treatment access - described by TAC as the system working

Additional harms — 2022 to 2025

- Six-month rehabilitation gap between inpatient and outpatient programs turned a 12-week recovery into 12 months
- 2023 two-month ketamine delay during outpatient rehabilitation at Donvale contributed further to that 12-month blowout
- 12-month delay approving a physiotherapist-requested gym program; provided without instructor supervision, resulting in preventable injury
- OT-requested laptop issued as a cognitive aid without training or support, rendered useless — waste of taxpayer money, unresolved after three years
- 2025 four-month ketamine delay causing loss of healthy molar due to pain induced bruxism (teeth grinding)
- Specialist intensive case management only provided after Ombudsman intervention, despite repeated prior requests

3. Case Study — The loss of Molar (Tooth 26) Matter

Causal Chain and Accepted Liability

The loss of Tooth 26 is directly attributable to TAC's four-month delay in approving ketamine treatment between January and April 2025. TAC has formally accepted liability and agreed to fund a prosthetic implant.

I have lived without that molar for over 12 months. Every time I drink, eat, or smile, I am reminded of that loss, and of the indifference to my suffering that caused it.

This was not the first time ketamine treatment had been delayed. In 2023, I waited over two months for approval. There are emails on record of me stating at that time that I was in distress and crying due to extreme pain. Approval was again passively withheld. The 2025 delay was not an anomaly. It was a pattern.

The Ongoing Reality of That Loss

Following the extraction, we had to wait six months to determine whether sufficient bone had regenerated in my jaw to support an implant. Last month, a titanium screw was drilled into my jawbone. We now wait a further three months for osseointegration — for the tissue surrounding the screw to grow around it. Only then will a prosthetic tooth be fitted.

This process of what will be fourteen months if all goes to plan - the extractions, the waiting, the surgery, the further waiting - was entirely preventable. It was caused by a four-month administrative delay.

Clinical Context

I live with Central Sensitisation Syndrome, a condition in which the nervous system becomes persistently hypersensitive to pain signals. After 34 years of chronic pain, my brain has become exceptionally efficient at generating pain - even in the absence of new injury. My pain receptors are so hypersensitive that at times even contact with satin pillow case is highly uncomfortable. This is a well-documented condition, not an exaggeration.

Central Sensitisation Syndrome is accompanied by chronic fatigue syndrome and fibromyalgia. Ketamine is my only effective treatment. It dials down the volume of hypersensitive pain receptors in my nervous system, essentially resetting it to a level I can live with. Each infusion provides 8–12 months of functional relief before pain gradually returns to previous levels.

No other medication options are available to me. Nerve pain medications are documented on as causing adverse reactions. Standard pain relief - including opioids such as endone - does not act on nerve pain and is therefore pointless to take. I can take nothing for my pain.

I do everything within my control to manage my condition. I reduce stress, maintain a strict anti-inflammatory diet, take well-researched supplements, and exercise as much as I am able. Recent scans show I have the physical condition and metabolism of someone ten years younger. A liver specialist, on reviewing scans, noted unprompted that I obviously maintain a clean diet. My treating doctors would confirm that I am a textbook patient in terms of self-management.

I do everything I can in order for my treating team to help improve my quality of life.

I have learned to function with a baseline level of pain that would be debilitating to most people. If I say I am in pain, I am in serious pain.

Passive Denial of Treatment

Under the Transport Accident Act 1986, treatment requests are to be decided within a defined timeframe, with review rights available where a decision is made, including through the Victorian Civil and Administrative Tribunal.

In practice, as I have experienced directly, requests are often not determined at all. They are prolonged through repeated requests for further information, unclear requirements, or administrative inaction. This results in passive denial: no approval, no refusal, and no reasons, yet no treatment.

The consequence is structural. Review rights depend on a decision. Without a decision, there is nothing to challenge. While delay may in some cases be treated as a deemed refusal, this is uncertain in practice and shifts the burden onto injured clients to activate a process that should occur automatically.

> **What occurred to me was not a refusal.**
> **It was not an approval.**
> It was something far more concerning.
> *It was a system that withheld a decision — and with it, removed the right to challenge.*

During the four-month delay of ketamine infusion approval last year, my pain specialist's administration team contacted TAC approximately every two weeks on my behalf. No substantive response was received. Escalating, unmanaged pain triggered severe bruxism, which fractured and destroyed a previously healthy molar. At age 54, I had never required a tooth extraction for damage or decay.

Consider the level of pain required to grind a molar, one of the strongest structures in the human body, to the point of fracture. I am as meticulous about my dental care as I am about every other aspect of my health. I see my dentist twice a year. The extraction of that 40-year-old tooth was traumatic, entirely unnecessary, and caused solely by TAC's delay.

Psychiatric Impact

My treating psychiatrist was so concerned about my deterioration during this period that, even while overseas, he remained accessible to me. He has provided a written statement directly attributing my psychiatric decline to stress caused by TAC's refusal to approve treatment and the trauma of the molar extraction.

At the height of the crisis, my psychiatrist urged me to contact the Ombudsman immediately. He wanted to admit me to hospital for psychiatric care, but was unable to do so until TAC approved the ketamine treatment. My pain had to be addressed before my mental health could be. TAC's delay was not only causing physical and psychiatric harm. It was simultaneously preventing me from receiving treatment for that harm.

The FOI Call Log — 16 April 2025

In an attempt to understand the decision-making process behind the repeated delays, I requested my entire TAC file under the Freedom of Information Act. Within that file, I obtained the internal call log from 16 April 2025. The following is the verbatim record:

> ***Verbatim TAC internal call log — obtained via FOI request***
>
> *"CC adv that CLNT should have got a letter on the 28/2/25 advising that this is being reviewed by CP. CC adv that CP is still reviewing this request. CC adv that it shouldn't be too much longer as it has been requested since February but CC can not give a timeframe. CLNT adv that she is in just so much pain and that her 'whole body is screaming'. CLNT also adv that due to the pain that she has bruxism which is grinding her teeth. CLNT adv that she had to have a tooth extracted because of this. CLNT asked if could put a request for dental to TAC. CC adv that she can but to ensure that she puts the information of how it relates to her MVA injuries. CLNT adv that will give it another week and then go to the ombudsman."*
>
> **Outcome recorded:** NFQ / NFA — No Further Questions. No Further Action.
>
> *Contact duration: 10 minutes.*

What this record establishes:

- TAC had contemporaneous knowledge that I was in severe, escalating pain
- TAC had contemporaneous knowledge that the pain had already caused bruxism and a tooth extraction
- **TAC's recorded response was No Further Questions and No Further Action**

Discovering this record in my FOI file was devastating. TAC had contemporaneous knowledge of my situation and chose to take no action.

TAC has since formally accepted liability for the loss of Tooth 26 and committed to funding a prosthetic implant at approximately $6,000 - a cost to Victorian taxpayers that was entirely preventable.

The causal link is formally documented by both my treating dentist, and TAC have formally accepted liability.

The gap between governance on paper and practice on the ground is measured in pain, deterioration, and permanent loss.

4. Ombudsman, Ministerial Interventions, Complaints and Apologies

The sequence below documents the escalation required to obtain medically necessary care. Each entry represents a failure of routine claims handling to function without external compulsion.

Jan 2025	Pain specialist submits ketamine infusion request on my behalf
20 Jan 2025	Emergency dental appointment — severe tooth and facial pain
12 Feb 2025	FOI request lodged for entire TAC file
19 Feb 2025	Psychiatrist consultation converted to telehealth due to pain severity
24 Feb 2025	GP consultation regarding pain and gym injury from unsupervised use
3 Mar 2025	Emergency dental appointment — dentist recommends Botox for bruxism
13 Mar 2025	Dentist confirms molar is fractured and requires extraction
1 Apr 2025	Tooth 26 extracted — fracture caused by bruxism from untreated pain
16 Apr 2025	FOI call log records TAC's response to escalating pain and disclosed extraction: NFQ / NFA
19 Apr 2025	Psychiatrist urges immediate Ombudsman contact due to significant psychiatric deterioration
20 Apr 2025	Ombudsman contacted requesting urgent assistance — TAC and pain specialist copied
25 Apr 2025	Letter to Minister Ben Carroll contacted requesting urgent assistance
27 Apr 2025	Nurse on-call emergency consult — referred to emergency department for pain
1 May 2025	Ombudsman Case opened — delayed ketamine treatment
2 May 2025	TAC calls to apologise and confirm all outstanding treatments approved following Ombudsman and Ministerial intervention
9 Jun 2025	Request sent to Ombudsman to reopen case
13 Jun 2025	TAC formally accepts liability for Tooth 26
13 Jun 2025	Formal complaint lodged re unprofessional conduct by TAC Clinical Panel member toward Dr [redacted]
17 Jul 2025	TAC apology issued to Dr [redacted] and to me regarding Clinical Panel conduct
22 Jul 2025	Ombudsman Case [redacted] opened

30 Jul 2025	OT provides written explanation of false report content - attributes it to mandatory TAC proforma template
12 Aug 2025	Formal complaint lodged re false OT report
18 Sep 2025	TAC apology issued; corrected report produced; original deleted and removed from file
6 Jan 2026	Pre-surgery dental consultation — $618 out-of-pocket expense despite TAC assurance of no costs
26 Jan 2026	Wrote to Minister documenting ongoing failures
28 Jan 2026	Formal complaint lodged with Ombudsman
30 Jan 2026	In spirit of transparency Ombudsman Complaint forwarded to TAC inister
12 Feb 2026	Further TAC FOI request lodged - TAC have asked for extension on my request, I agreed and still have not had any update on when I will get access to it.
Ongoing 2026	Further formal complaint to Ombudsman required to obtain information from TAC, Ombudsman says they need more information and I must now make another formal complaint to TAC and return - pattern continues.

Care and services and clarification have and are repeatedly only been provided following escalation. Oversight has become the mechanism of care and information. Internal governance has not.

Ombudsman acknowledgment — correspondence on file:
"I understand that you have had a very terrible time in the way you've been treated, with delays in decisions for treatment resulting in serious damage requiring further surgery and discomfort and stress. Also compounded with the more recent wrong commentary about your return-to-work plans by the Occupational Therapist."

I have given permission for my case to be used as needed and have formally urged the Ombudsman to initiate a Systemic Conduct Review.

5. Three Upheld Formal Complaints in 2025

Three formal complaints. Three formal apologies. All within a four-month period. I had never previously complained in over three decades as a client.

5.1 Delayed Treatment Causing Permanent Physical Harm

The four-month delay in approving ketamine treatment directly caused the loss of Tooth 26. TAC accepted liability, agreed to fund the prosthetic implant, and issued a formal apology. The harm is permanent and irreversible.

The prosthetic tooth will require lifetime maintenance. I have repeatedly asked TAC to confirm that they will cover these ongoing costs. In the most recent correspondence, TAC committed to funding the implant but indicated I would be required to cover gap fees - for an injury they have accepted they caused and have accepted liability for. I have sought

clarification and received none. I have returned to the Ombudsman, who has advised that I must lodge a further formal complaint and return with the outcome.

This is the revolving door in practice. Complaint. Investigation. Apology. Recurrence. Complaint again. The cycle is not sustainable - particularly for a person managing a brain injury, chronic fatigue, and chronic pain.

5.2 Unprofessional Conduct by TAC Clinical Panel Member Toward My Treating Dentist

A TAC Clinical Panel member contacted my long-term treating dentist, Dr , in a manner TAC later confirmed was aggressive and unprofessional. The Clinical Panel member questioned Dr 's clinical opinion, challenged the formatting of his letter, suggested that a mouthguard should have prevented the tooth fracture, and expressed disbelief that Dr had addressed the letter to "Dear Sir/Madam" rather than to TAC directly.

The letter had been written at my request for my insurer. Dr had no way of knowing TAC would be involved and addressed it accordingly. The Clinical Panel member's conduct was, by TAC's own subsequent finding, unacceptable.

Dr has been my dentist for nearly 20 years. In that time, he had never once called me personally. When I received his call, while I was hospitalised, in part due to stress TAC had contributed to, I could hear that he was distressed. He described the call as aggressive, interrogative, and confrontational stating the clinical panel member was "Clearly looking for a fight". Despite being in hospital and focused on my own recovery, I was determined to defend this gentle, kind man and address the manner in which he had been treated. I asked him to document the interaction in writing and made a formal complaint from my hospital bed.

TAC investigated. The Clinical Panel member admitted to being unprofessional. TAC issued formal apologies to both Dr and me and confirmed the conduct was unacceptable. The risk of losing a long-term specialist treating provider as a direct consequence of TAC conduct is not a peripheral concern - for a person with a brain injury and chronic pain, continuity of specialist care is clinically significant. Thankfully, Dr confirmed he would continue my care. I trust him specifically to complete the prosthetic implant procedure.

5.3 False Occupational Therapy Report

TAC issued an OT report that twice attributed to me statements I never made - specifically, that I intended to return to work. I have been on WorkCover for PTSD for over ten years. There is no prospect of return to employment. I was dumbfounded, and genuinely tried to understand how this could have occurred.

When I contacted the OT to query the report, she was resistant to providing a copy. I explained that it would assist my treating doctors, and when she did not provide it, TAC supplied it directly on request. On reading it, I was shocked. When I raised the false content with the OT, she told me she had written it that way to "fit the TAC template" and told me it wouldn't affect anything.

TAC acknowledged the report was inaccurate, yet the response minimised the significance of false clinical information with potential consequences for my care and financial stability.

My treating GP and psychiatrist, on seeing the report, were alarmed. Both urged me to seek correction immediately, as the report could directly jeopardise my psychiatric treatment, medications, and WorkCover payments. When I sought correction from TAC, I was told the report would not be used to make decisions and that no action was required. I persisted. I

lodged a formal complaint. Only then was the matter acted upon. I subsequently followed up to confirm the original had been destroyed.

TAC issued a formal apology. The corrected report replaced the original on my file.

The OT provided the following written explanation:

Written response from OT who wrote report— 30 July 2025
"The headings are set proformas by the TAC that we have to fill in so unfortunately not always appropriate for each client, so they may say return to work etc but in your case the computer course is just to get you to a stage to assist with cognitive load and organisation not to apply for jobs… Sorry for confusion as stated the work headings I can't get rid of they are just part of the set proforma and we have to try to get the proforma to fit the client which often means we have to put other information in under a bit random heading and sections."

This explanation did not address why false statements about return-to-work capacity appeared in multiple sections of the report. A reporting system that requires clinicians to fit patients into inappropriate categories is not neutral — it is inherently unreliable. If this is common practice, the implications for other clients are serious and warrant investigation.

6. Additional Administrative Failures

The following failures occurred after Ombudsman intervention had already been required. They reflect an ongoing pattern rather than isolated error.

Re-routing of Client Communications

While using the TAC client app, I discovered by accident that my communications were being re-routed to a senior Team Manager without my knowledge or consent. My questions were being answered in real time by someone not identified to me as reading my messages. When I raised this with the person answering my questions in real time, who Id been consistently dealing with, I was told it had been done because she thought it was "best for me." I stated that I wished to be treated as any other TAC client and asked for the app to function as designed.

More recently, when I asked again whether my app messages were being intercepted, I was told directly: "Yes, they come straight to me." This raises serious questions about informed communication, client privacy, and the appropriateness of covert oversight applied to a client who had raised formal complaints.

"Can't You Pay for It?"

In 2023, while in rehabilitation at Donvale Rehabilitation Centre, my pain specialist requested a ketamine infusion. Following a delay of over two months with no decision, I was following up when I was met with the question: "Can't you pay for it?"

This was asked of a person receiving a Disability Support Pension, regarding a treatment costing approximately $10,000, to which I was legally entitled. I was stunned. I replied: "I'm

on a DSP." It was humiliating. I made a complaint via the TAC app. The record is in my FOI file. No meaningful outcome resulted.

Refusal to Accept Repayment of Incorrectly Invoiced Funds

I incorrectly invoiced TAC for a WorkCover liability of approximately $200. Whether the amount is $200 or $20, it is taxpayer money and I treat that seriously. I attempted repeatedly - personally and through a legal aid lawyer - to repay it. TAC refused, describing it as "a business decision." I insisted the record reflect my attempts to repay and was told a note would be made on my file.

The cultural inconsistency is difficult to reconcile: TAC refuses repayment of a misdirected payment while asking a DSP recipient whether she can self-fund her only pain relief.

Ambiguous Approval and Out-of-Pocket Costs

From the date of the tooth extraction, I had been asking TAC to organise a direct payment plan for the $6,000 implant. Twelve months passed. In the week before my pre-surgery consultation, it still had not been arranged. I told TAC this had to be resolved and said that if it was not, I would return to the Ombudsman. A TAC staff member replied while on leave to confirm it had been sorted and assured me I would not be out of pocket for any expenses.

An approval letter dated 19 January 2026 referenced only "dental consultations in relation to Tooth 26" - wholly inadequate given that TAC had accepted liability for a molar requiring full reconstruction and implant. On the day of my consultation, my dentist informed me TAC had not sent approval for surgery. The surgery was delayed. I paid $618 that day, contrary to what I had been told.

The following day, both my dentist and I received approval and surgery was booked. The matter remains unresolved: TAC has since indicated I am to pay gap fees for an injury they have accepted liability for, and I have been unable to obtain clarity on lifetime maintenance costs for the prosthetic tooth.

FOI Access Revoked During a Live Complaint

I lodged a Freedom of Information request to better understand the decision-making process within my claim. During a live complaint process, the link to access my file was made inaccessible. Repeated requests to restore access were ignored. I indicated I would escalate to the Office of the Victorian Information Commissioner. Access was then restored. When I asked why it had been revoked, the response was: "I have no idea."

I have since lodged a further FOI request covering approximately six months of records - including Ombudsman correspondence, Ministerial communications, and complaint documentation. This is considerably more sensitive material than my initial request. TAC has sought an extension. I agreed, asking only that documents be forwarded progressively as they become available. No documents have been provided. The same pattern of delayed decision-making is present even in the process of seeking information about delayed decision-making.

7. Financial Harm

- $618 out-of-pocket dental expense paid 28 January 2026 despite prior assurances — further costs pending

- Ongoing reimbursement delays for approved treatments, imposing sustained financial burden on a DSP recipient
- Unresolved liability for gap fees on an injury TAC has accepted responsibility for
- Unresolved uncertainty regarding lifetime maintenance of a prosthetic implant arising from TAC's accepted liability
- Financial stress across multiple years of sustained administrative conflict

These harms were the direct and foreseeable consequence of administrative failures. They were preventable.

8. Systemic Concerns and Risk to Other Victorians

As I stated in my introduction, I do not believe I am being personally targeted, nor is this a case of extraordinary bad luck. What I have observed does not look like a series of individual errors. It looks like a cultural attitude, casual adherence to the TAC Act and TAC Client Charter in which obligations are treated as negotiable, client communications are rerouted without consent, false report content is normalised to fit templates, and taxpayer money is handled inconsistently.

For my case its hard to not conclude care is not routinely delivered at entitlement stage. It is delivered only after escalation - through internal layers, repeated follow-up, formal complaints, and external intervention. In some instances, even Ombudsman involvement has not resolved access without repeated cycles of complaint. I have examined my own experience as a live stress test of the system, and the system has not held.

The Ombudsman intervention, Ministerial escalation, and three formal complaints are not the full picture — they are the visible endpoints.

Behind them are hundreds of hours of emails, follow-ups, documentation, and repeated escalation required simply to obtain care, secure apologies for my treating dentist, and correct a false OT report.

This failure operates through three consistent mechanisms:

A. Escalation dependence	Care is activated through escalation pressure rather than entitlement
B. Passive denial	Delay without refusal removes the client's right of appeal and leaves them in limbo
C. Organisational inconsistency	Outcomes depend on escalation capacity, not clinical need or legal entitlement

Access to care is therefore not reliably determined by entitlement, but by persistence and capacity to escalate. That is not a sustainable model for vulnerable clients.

Oversight mechanisms have been repeatedly required in my case alone, within a single claim, within less than a single year - and I am still escalating as I write this. Vulnerable

clients who lack the capacity, experience, or resources to escalate as I have are at serious and foreseeable risk of identical harm, with no means of redress.

TAC's Own Assessment — 13 February 2026

As I was becoming increasingly overwhelmed, I began looking at my own case as a live stress test of TAC operating system, I contacted Chair of the TAC Committee at the Law Institute of Victoria, seeking guidance on my situation and a pro bono legal referral. With my permission, he sought a response from TAC on my behalf. TAC's Senior Manager, Dispute Resolution & Litigation responded as follows:

> *"I have undertaken a thorough review of the file, and I am satisfied that there are no outstanding issues requiring further action at this time."*
>
> *"I am satisfied that there are no broader systemic concerns or failures arising from the TAC's conduct that would be likely to impact other vulnerable Victorians."*
>
> *"On several occasions Milly has elected to utilise the escalation pathways available to her… She has successfully achieved outcomes through those avenues when she has chosen to pursue them."*

This response was provided after three upheld complaints, one accepted liability, and ongoing Ombudsman involvement. At the time it was written, matters relating to dental liability and treatment approvals remained unresolved.

This correspondence is significant because it sets out TAC's own description of my experience: that outcomes have been achieved through escalation pathways rather than through routine operational claims handling. TAC presents this as evidence of a functioning system. To me, it appears to be a description of systemic failure.

The issue is not the absence of policy. It is the failure of execution.

9. What This Inquiry Can Do

This submission is made constructively. I ask the Inquiry to consider the following:

9.1 Examine Organisational Culture and Escalation Dependency

The evidence suggests the issues are not solely procedural. There appears to be cultural tolerance for passive non-compliance, false report content written to fit templates, and surveillance of clients who have raised formal complaints. The Inquiry should examine whether TAC's organisational culture is consistent with its statutory obligations and the standards required of a scheme serving vulnerable Victorians.

9.2 Address Passive Denial Through Enforceable Statutory Compliance

TAC is legally required to determine treatment requests within 28 days or sooner . Failure to do so removes the right of appeal and leaves clients in limbo. The Inquiry should examine whether this is widespread practice and recommend enforceable consequences for statutory breaches.

9.3 Regulate Clinical Panel Conduct and Accountability

The unprofessional conduct of my treating dentist was investigated, confirmed, and formally apologised for. The Inquiry should examine what conduct standards govern Clinical Panel members, how breaches are investigated, and what consequences exist when treating providers are subjected to unacceptable conduct by TAC representatives.

This conduct correction would not have been addressed without Dr providing a statement, enabling me to pursue a complaint on both his behalf and my own.

9.4 Audit Accuracy of TAC-Commissioned Clinical Reports

An OT who produced a false report stated it was written to "fit the TAC template." This explanation should not be accepted. The Inquiry should examine whether this is systemic practice, what quality assurance applies to commissioned reports, and what recourse exists for clients harmed by inaccurate clinical documentation.

9.5 Strengthen Protections for Clients Without Advocacy Capacity

The escalation required in my case - Ombudsman, Ministerial, legal - is beyond the reach of most vulnerable clients. The Inquiry should consider what structural protections exist for those who cannot self-advocate at this level, and whether an independent advocacy function is required.

9.6 Mandate Timely Case Manager Allocation

Requests for a case manager to assist with complex needs should not require Ombudsman intervention before they are acted upon. The Inquiry should recommend clear standards for case manager assignment, particularly for clients with acquired brain injuries or complex multi-treatment needs.

9.7 Establish an Independent Complaints Resolution Body with Binding Authority

The current process — complaint, investigation, apology, recurrence, re-escalation — is a revolving door. It is not resolution. The Inquiry should consider whether an independent external body with binding powers and defined timeframes is required to break this cycle.

For clients without the capacity or experience to escalate, this process is both intimidating and unsustainable.

10. Capacity and Scope

This submission is based on extensive documented experience across multiple years. The issues raised are not exhaustive - I am exhausted physically, cognitively, and emotionally from years of bureaucratic engagement that has itself caused harm, contemporaneously documented by my psychiatrist.

I have meticulously documented all matters. I am available to provide further documentation, appear before the Inquiry, or clarify any matter raised in this submission.

11. Available Evidence

The following material is available and can be provided in full upon request:

- Ministerial correspondence — 25 April 2025 and 26 January 2026
- Victorian Ombudsman Case [redacted] and all related correspondence
- TAC internal response — Senior Manager, Dispute Resolution & Litigation, to LIV Chair, 13 February 2026
- Psychiatric report documenting deterioration January–May 2025, authored by treating psychiatrist
- Treating dentist statement — Dr [redacted], including Clinical Panel contact documentation
- OT written response dated 30 July 2025 regarding proforma template practice
- Three formal TAC complaints and three formal written TAC apologies
- FOI call logs including verbatim 16 April 2025 transcript
- TAC approval letters relating to ketamine and dental treatment
- TAC client app records — communication re-routing and treatment funding discussions
- Receipt for $618 dental payment dated 28 January 2026
- Email correspondence across TAC, treating clinicians, and legal representatives

This material collectively establishes chronology, clinical impact, administrative delay, and repeated escalation requirements.

12. Closing Statement

I championed TAC for a large portion of my life, unpaid, because it made me who I am. There is a great sense of loyalty, even now, even after what I have been through. There is no ambiguity in the fact that my life's trajectory would have been fundamentally different without TAC. That is precisely why I care so deeply about this scheme, and why what I am documenting now is so concerning.

I have engaged with TAC in good faith for over three decades. In the past five years, I have done everything expected of a client and more. I have followed every internal process, escalated through every tier of decision-making, pursued internal complaints, obtained legal representation, sought Ombudsman intervention, engaged Ministerial oversight, even sought answers from Law Institute of Victoria TAC Chair to try make sense of what has occurred and ultimately brought these matters before this Inquiry.

> ***What more can reasonably be required of a person in my position?***

In 1992, I was resuscitated by the side of a road in central Victoria. I was written off. TAC helped make it possible for that outcome to be proven wrong - and for me to later receive the Order of Australia Medal for work in disability policy, including contribution to the NDIS, which TAC itself helped shape.

That history matters, because it establishes both my experience of TAC at its best, and my ability to recognise when it is not functioning as it should.

My faith in TAC, an organisation I once publicly and proudly championed for nearly two decades, has been profoundly eroded. This submission is not made in anger; it carries a sense of great loss and seriousness in equal measure.

This submission is made in the hope that what has occurred can be properly examined and addressed, so that others are not exposed to the same preventable harm. It is made

constructively, because I still believe TAC can do better, and because the past demonstrates that it once did.

The evidence in this submission reflects a repeated pattern: escalation-dependent access to care, passive denial through delay, and inconsistent application of policy within operational practice.

The issue is not the absence of policy. It is the failure of execution.

That is not a sustainable model for vulnerable clients.

I submit this evidence so that others — particularly those without the capacity, experience, or resilience to repeatedly escalate, are not subjected to the same preventable harm.

What occurred was preventable.
It was acknowledged.
It continues.
It should not.

Melita (Milly) Parker OAM

— April 2026