T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Claims made through the Transport Accident Commission (TAC)

Melbourne – Tuesday 9 June 2026

MEMBERS

Joe McCracken – Chair
Michael Galea – Deputy Chair
Ryan Batchelor
Anasina Gray-Barberio
Renee Heath
Ann-Marie Hermans
Rachel Payne
Lee Tarlamis

WITNESSES

Tamara Tesseyman; and

Michael Tesseyman.

The CHAIR: Welcome back to the Legal and Social Issues Committee inquiry into claimants to the TAC. I am Joe McCracken, Chair of the inquiry, and we are going to go through and introduce the rest of our members. I will go to my left first and then to my right.

David LIMBRICK: I am David Limbrick, a Member for South-East Metropolitan Region.

Ann-Marie HERMANS: Ann-Marie Hermans, Member for South-Eastern Metropolitan Region.

Michael GALEA: Good morning. Michael Galea, Deputy Chair and Member for South-East Metropolitan Region as well.

Sheena WATT: Hello. Sheena Watt, Member for Northern Metropolitan Region.

The CHAIR: And we have got two online as well. I will go to Lee and then Anasina.

Lee TARLAMIS: Hi. Lee Tarlamis, also a Member for South-Eastern Metropolitan Region.

Anasina GRAY-BARBERIO: Good morning. Anasina Gray-Barberio, Northern Metro.

Michael TESSEYMAN: Morning.

The CHAIR: Thanks so much. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information that you provide during the hearing is protected by law. You are protected against any action for what you say during the hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by that privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing, and those transcripts will ultimately be made public and put on the committee's website.

Just for the Hansard record, are you able to say your full name and any organisation that you are appearing on behalf of if not just yourselves, if that is all right. Thanks. Just your name for the Hansard record, please.

Michael TESSEYMAN: Michael Tesseyman. I am representing myself and my wife.

The CHAIR: Thank you.

Tamara TESSEYMAN: My name is Tamara Tesseyman, and I am here on behalf of myself and our son and Michael.

The CHAIR: All right. I will hand over to you guys. Thanks so much for appearing today. Welcome. The floor is yours.

Tamara TESSEYMAN: Thank you. Thank you for having us here today. My name is Tamara Tesseyman. This is my husband Michael Tesseyman. On 25 February 2013 our four-year-old son and I were walking on a footpath into a store when a car drove into us and crushed us against a wall. This is when our experience with TAC began, over 13 years ago. The emergency care we received saved us. The hospital system responded to our trauma with urgency, skill and humanity. After the emergency and initial recovery period, we were forced into another kind of trauma – the trauma of having to fight TAC for the treatment we required.

You can see for yourself from the submissions that people are suffering, family units are breaking down and serious harm is being caused to people. For us to be here today a lot of people had to suffer. A lot of people have been harmed, dismissed, worn down and ignored. We are here today because one injured woman, fed up

with the way she was being treated by TAC, started an online support group that became a beacon for other people victimised by TAC. We began to recognise the same patterns in each other's stories: different injuries, different claim numbers, different stages of the process, but the same themes – delay, disbelief, missing information, hidden decision-making, treatment barriers and the feeling that the system set up to help us had become something we needed protection from.

For years TAC victims with capacity to advocate for themselves have been contacting their local MPs and successive TAC ministers and premiers for help, only to be sent back to TAC. This tells us that you do not listen and you do not care. Other claimants blame themselves for not being able to cope with the system. Others were too injured, too traumatised, too exhausted or too afraid to keep fighting. But if not for those people too, we would not be here today. Some claimants should be speaking here with you today, but they are not prepared to risk the consequences that will be dealt to them by TAC. Even the protection of parliamentary privilege and the option of confidential status could not convince some people to even write submissions or be here today. This is how much power TAC have over our lives. If they choose to, they can stop paying for our treatment or make our only option to go to VCAT or drag out the compensation process. They do not have to give us a reason to refuse our treatments. Claimants need clear written reasons. They need to know what evidence was relied on. They need access to internal clinical review material. They need decisions made with enforceable timeframes. They need treating practitioners to be given proper weight, and they need a dispute process that does not require them to become experts in legislation while they are trying to recover.

For children, this is especially dangerous. A child injured at four years old does not have a fixed injury picture. Their body grows, their bones grow, their joints develop, their psychological understanding of what happened to them changes as they get older. Injuries can reveal themselves over time. Pain, weakness, growth plate damage, altered gait, trauma and functional loss do not always fit neatly into an early claim file. When a child claimant deteriorates years later, the system should be asking: what does this child need to function, recover and participate fully in life? But instead it feels like: 'Prove again that this is real. Prove again that this is related. Prove again that you deserve help'. That is not recovery focused, that is adversarial.

The burden on claimants during recovery from injury or while living with an acquired disability is enormous. It is not just one decision we are dealing with. Every refusal creates another task; every delay creates more stress. Every unclear decision forces us to become investigator, lawyer, medical coordinator and advocate while we are still injured. For people with PTSD, chronic pain, disability and cognitive overload, the burden can be impossible. When they give up, this should not be interpreted as acceptance that TAC was right. Sometimes it just means that the system exhausted us.

Appeal rights on paper are not the same as having access to justice in practice. If we cannot access these processes because of our mental injury or physical injury, then it is not a right at all. If a claimant is too traumatised or overwhelmed to challenge a decision, the decision may stand even if it was wrong, unfair or based on incomplete information. We only have 12 months to appeal this decision, and each decision must be appealed separately. We can have multiple of these happening at once. This is not about fraud detection. A person with PTSD who struggles with paperwork is not committing fraud; a child whose injury worsens as they grow is not suspicious; a person with chronic pain, psychological injury or long-term disability is not automatically unreliable; and a claimant who needs treatment for years has not failed to recover on purpose.

Anti-fraud systems must not create a general culture of suspicion that harms TAC claimants, so I ask the committee to look beyond TAC's interpretation of its own data. I ask you to audit the email and messaging systems where claimants often make their only complaints. Look at the actual data of treatment denials, treatment delays, disputed requests, clinical panel referrals, IMEs, official complaints, VCAT matters and TAC claimants who disengage from service. Instead of measuring TAC success on money saved, we want to see a measure of how TAC claimants' quality of life has increased every year since contact with TAC.

The reforms we are all asking for are practical. We need independent oversight. We need a genuine claimant voice in TAC policy, governance and reform. We need enforceable timeframes for decisions. We need enforceable consequences for TAC to reduce conflict reaching VCAT. We need clear written reasons and automatic disclosure of the evidence used. We need proper weight given to treating practitioners. We need trauma-informed communication. We need provider rates and processes that keep clinicians willing to treat TAC claimants. We need transparent reporting on disputes, delays, overturned decisions, complaints and

treatment interruptions. And we need the system to measure what actually matters: recovery, function, participation, independence and dignity.

TAC should be a bridge to recovery, but too often it becomes another source of trauma. The TAC scheme matters. Every Victorian believes that if they or their child are catastrophically injured on the road, the system will be there. That belief is part of the social contract, but a scheme cannot rely on public trust while injured people are being worn down behind closed doors. Our family survived the accident. The hospital system saved us, but the compensation process repeatedly and continually makes recovery harder than it needs to be. This inquiry is an opportunity to change that. We ask the committee to recommend reforms to make TAC fair, transparent and recovery focused again, not only for our family but for every Victorian who may one day need TAC. Mike, you have something to say.

Michael TESSEYMAN: Yes. I am speaking as a family member and as a carer. The system assumes families can just absorb the gaps when there is a decline – like physio and all that sort of thing. But families have limits. When TAC delays care, the burden does not disappear. It lands on the family – on us. There is a family burden. I have watched Tammie and [redacted] deteriorate when their treatments have been delayed in the past. A period of six weeks could be a big step back in recovery, and then they have got to catch up again once it is approved. Then it feels like TAC wants you to pay for it in the interim before it is approved, and it is just a real burden. And there is an emotional toll of fighting TAC with that, which ripple-effects all the way through the family. I think there is a need for families to be recognised, informed and supported, and with paperwork, receipts and disputes it all falls onto the family. It is almost like a full-time job. And there is also an impact on marriages, parenting, work, finances and the rest of the family, the siblings. We have got my in-laws over there today, [redacted] and [redacted] They have been with us for 13 years as well. So there is a ripple effect, and it is real, and we are human beings.

The CHAIR: Thank you. Are you happy if we go to questions now? I will start off, and we will go through the committee members. Thanks again, firstly, for appearing. I can imagine that would have been quite difficult to go through, and I appreciate that. Tamara, you spoke about the power imbalance that you feel and that people are afraid to come forward because they do not want, effectively, a lifeline to be cut off. Talk to me about that. Is it a genuine fear of people that you have spoken to as well?

Tamara TESSEYMAN: Yes. I am part of the online support group. I spoke with several people, trying to encourage them to be part of the hearing. The option was given to them to be confidential, but still, even their lawyers have recommended they do not get involved.

The CHAIR: And what was the main reason? They were just afraid of any support being cut off?

Tamara TESSEYMAN: Some of them are still going through the compensation process, but yes, a lot of them are feeling that since the inquiry has started they have had worse treatment from TAC.

The CHAIR: Are you serious?

Tamara TESSEYMAN: Yes.

The CHAIR: Wow.

Tamara TESSEYMAN: I have recommended that they contact the committee, but I do not know if they have. Yes, this is a common theme. There are lots of people who are experiencing worse behaviour from TAC. That includes delays and rejections, and a lot of people still –

The CHAIR: I wrote down a note before that basically delay is a form of denial and that you get so tired from having to do all the paperwork and jump through hoops that you are like, 'What's the point?' Do you think the system is deliberately designed like that to wear you down?

Tamara TESSEYMAN: Yes, I do. It wears me down. And the fact that every single person who – the nature of being involved with TAC is that you have been through a trauma. Some people have been through more than others. The nature of going through a trauma is that your cognitive function has often declined. That is used against us.

The CHAIR: I notice you said before you think that people that are the first point of contact should be trauma informed in the way that they approach things.

Tamara TESSEYMAN: Yes. I think everybody at TAC should be trauma informed. I think that is part of being client focused, and that is what it should be going back to.

The CHAIR: And you do not think it is that at the moment?

Tamara TESSEYMAN: Not at all.

The CHAIR: I know I have only got about a minute left. Can you outline the process you have in dealing with the TAC? I know that is a long question, but I am just trying to understand. It seems to be ridiculously difficult just to get a simple answer on treatment. For example, I think you said in your submission that you have even been told to go to the NDIS. Is that correct?

Tamara TESSEYMAN: Yes. I have had physio. That is complicated because I was very unwell and I was made to sign a document that signed away my rights to physio. But with other services that I have needed, I have been told, 'Well, apply for NDIS.'

The CHAIR: So basically is it easier to go NDIS than it is TAC?

Tamara TESSEYMAN: However, I do not qualify for NDIS because all of my disabilities are to do with my injury.

The CHAIR: Yes.

Tamara TESSEYMAN: This is happening from TAC. It is happening from providers as well, because they know that that is an easier system to get them paid. However, it is not easy for us.

The CHAIR: I can only imagine how frustrating that must be. 'Frustrating' is probably being diplomatic.

Tamara TESSEYMAN: Yes. It is debilitating, actually.

The CHAIR: Debilitating?

Tamara TESSEYMAN: Yes.

The CHAIR: Far out. My time is up, but I am going to pass over to Mr Galea.

Michael GALEA: Thank you, Chair. Thanks very much for joining us. You have obviously had a long-term claim – 13 years. Has the experience that you have had with TAC shifted over time? Has it been continuously difficult? Has it deteriorated or improved? Have there been any points where things have changed?

Tamara TESSEYMAN: I definitely think that it has gotten worse for us. One of the things that I did not realise was happening was – I had a gap over COVID. It was hard to access services. I had a gap, but I was still seeing my GP. My GP, even before that – I did not realise that the GP was not charging TAC. What that does is, whenever you have a gap, TAC decide that you are –

Michael GALEA: You are not needing treatment.

Tamara TESSEYMAN: not having treatment.

Michael GALEA: Yes.

Tamara TESSEYMAN: No, not that you are not needing treatment, that you are refusing treatment.

Michael GALEA: Oh, right.

Tamara TESSEYMAN: Like, you are not compliant with your treatment. Even with our son there were six months when they would not pay for his physio, and they classified him not going to physio as him not being

compliant with his physio. However, the only reason was that they were refusing to pay for it, and he declined significantly.

Michael GALEA: Right, so it had been submitted, rejected, and then they said he was refusing?

Tamara TESSEYMAN: Not rejected – waiting. We had to wait for a very long time.

Michael GALEA: Waiting. Okay. How long were you waiting in that particular example?

Tamara TESSEYMAN: Months.

Michael GALEA: I notice you made this point in your submission, and you talked about how your doctor was billing Medicare instead of the TAC. Without speaking for your doctor, why were they not attempting to bill TAC?

Tamara TESSEYMAN: I have no idea. We are still having trouble finding doctors who will deal with TAC. I did talk to a researcher at Monash, and he talked about training doctors to deal with TAC, essentially. Doctors have a lot on their plate. The administration of dealing with TAC is long and difficult. So they are choosing the easier route, I guess. We get 10 minutes with them, so –

Michael GALEA: Do you suspect it might be – they do hundreds of Medicares a week: 'I'll just put this on Medicare'? It is a bit easier, and if they are going through hoops –

Tamara TESSEYMAN: I think there is more than one factor. I think it is the difficulty. I think there are some doctors who are not aware of the process. We have to train them how to do it, essentially. At the moment I am working on a document.

Michael GALEA: So as the client, you are going in, saying –

Tamara TESSEYMAN: I am training them, yes. And I am trying to work on a document so that I can help other clients train their doctors.

Michael GALEA: You did point out that there is a lack of, perhaps, a commonsense, straightforward 'This is what you do, this is what this step is, this is what this step means,' reflecting the fact – and with our previous witness as well – that in comparison to Workcover, for example, where you have got a union to advise you on the minutiae and detail, such a thing does not really apply for a transport accident. I think you have identified that is a real gap in the information that is provided to claimants. Would that be fair?

Tamara TESSEYMAN: Yes, definitely.

Michael GALEA: Thank you. I do want to ask you about medical panels, but my time is up, so I will come back to it if I can.

The CHAIR: Thanks, Michael. I am going to hand over now to Ms Hermans.

Ann-Marie HERMANS: Thanks, Joe. First of all, thank you for coming in. Obviously it has been a very long, difficult road for you over these years. Your son was four when you had this accident. He is now presumably 17.

Tamara TESSEYMAN: Yes, he is nearly 18 now.

Ann-Marie HERMANS: How is he going – I do not know the details obviously, and we do not know those details medically – in terms of him being able to lead a normal life, being able to go to a regular school, being able to look for work and employment? It was obviously a very traumatic experience that you went through, and it has impacted on the family as well. But where is he at today?

Tamara TESSEYMAN: He was unable to finish school. He became mentally unwell. He is now in an apprenticeship, but he is physically not able to do that full-time. We have just found out he needs some really horrible surgeries, which I am anticipating I am going to have to fight for.

Ann-Marie HERMANS: You believe this is to do with the accident that took place when he was four?

Tamara TESSEYMAN: It is to do with the accident. Children are complicated when they get injured. He had some injuries to his growth plates, which deformed some of his growth, and now he is dealing with that. He has been putting up with pain, putting up with not being able to play sport, all those things, but keeps persisting. I am sorry –

Ann-Marie HERMANS: No, that is all right. That is enough. One of the things that came up with the TAC is: at what point does it stop? Does TAC ever need to have a cut-off moment in its time when it stops being TAC and starts being something else? I do not know whether we will get to that here, but it is trying to understand the long-term injuries as a result of an accident. That is what I was trying to ascertain through the line of questioning, without wanting to be rude or invasive to you.

Tamara TESSEYMAN: Okay.

Ann-Marie HERMANS: It is trying to understand the role. Obviously TAC is difficult to access, and it is difficult to access on an ongoing basis for you. You found that that has been a struggle. The lack of communication, between the medical people and the paperwork and the whole thing, has just been difficult. Do you have any comments in terms of it as a long-term situation? Obviously there is an accident that takes place for a period of time. Some people's injuries are long term and are ongoing as a result of that. That is what you have experienced. What you are saying is that the long-term situation gets worse over time in having to deal with TAC. Is that what you are saying?

Tamara TESSEYMAN: Yes, that is our experience. With our son, he was injured at four. As he grew, at 14 he then started having more complications. Now at 18 he has to have, like I said, some horrific surgeries to his hip, to his knee. But that does not end there. That will last 30 years. In 30 years he will have a full hip replacement, possibly, and that lasts for 30 years. At his age now – he is 18 – he already has arthritis. I do not feel like the care for somebody who has been injured at the age of four – I do not see where that ends. And I do not understand: does that mean that it moves on to the NDIS? This is where it is not clear.

Ann-Marie HERMANS: Yes. Thank you.

The CHAIR: Mr Limbrick, I will hand over to you.

David LIMBRICK: Thank you. Thank you, Tamara and Michael, for appearing today. And thank you to the support group that reached out to me as well and convinced me that we have a systemic problem here, and I am hopeful that this committee will do something constructive about it. Given the evidence from our last witness, there was clear evidence there of prioritisation of care being based on political and reputational concerns. One of the things that you mentioned, Tamara, in your evidence just before was quite alarming: members of the support group feeling afraid to make submissions to this inquiry. You mentioned even that some people suspect that decisions may have been made – it sounded like almost retribution or something like that. Do you agree? Have you seen evidence of prioritisation of care being based on reputational and political concerns rather than clinical concerns?

Tamara TESSEYMAN: My personal experience is that in 2025 I had to go to the media.

David LIMBRICK: You had to become a problem.

Tamara TESSEYMAN: I had to become a problem. TAC were able to make the decision within days as soon as they were contacted by the media. It took eight weeks for me to get to the point where my AFO actually broke and I could not wear it anymore, which meant I could not leave the house. It takes three or four weeks for my orthotist to make that, so I already knew that I was going to have more time off being able to walk outside of my house. If they can make that decision within days when I become a problem, why can't they make that earlier?

David LIMBRICK: What is your theory on why they did not make that decision earlier? Why do you think you needed to become a problem for them and make a fuss in the media before they actually made what you see as a good decision, presumably? What do you think caused that delay? Do you think it is resourcing? Do you think it is cultural? What is going on?

Tamara TESSEYMAN: I think it was saving money. The AFO my orthotist was requesting was more advanced than my previous one. It was going to give me more independence, and that was not important to them because it cost too much.

David LIMBRICK: But it became important once it was in the media.

Tamara TESSEYMAN: Yes. It says a lot.

David LIMBRICK: These people that feel fear of the TAC and are fearing to make submissions to this inquiry because they fear retribution, what are some of the stories that you have heard from some of these people? You do not have to quote or name anyone or anything, but I think it is fair enough that you can relay some of their concerns that you are aware of.

Tamara TESSEYMAN: The decisions that TAC are making are even decisions about surgery. So if TAC decides, and they have for some clients, that they are not going to take the recommendation of your surgeon – they are going to go for a different technique or a different surgery – they have the power to do that. There are people in the group who are waiting for surgery, who have been waiting for surgery for a long time. The consequences of having the wrong surgery for someone are for a lifetime. Then you have people who are not being paid, who are going through the VCAT process to get paid an income for loss of income. The stakes are high for those people.

David LIMBRICK: Absolutely.

Tamara TESSEYMAN: So they are not willing to risk it.

David LIMBRICK: Thank you.

The CHAIR: I am going to go online now to Mr Tarlamis. Over to you, Lee.

Lee TARLAMIS: I do not have any questions at this stage, Chair.

The CHAIR: Okay. No worries. Thank you. I will go to Ms Gray-Barberio, then. Over to you, Anasina.

Anasina GRAY-BARBERIO: Thank you very much, Chair. Thank you kindly, Mr and Mrs Tesseyman, for appearing before us today and also the fact that you are also representing your son and his experiences. At any point have you contacted the minister during your advocacy?

Tamara TESSEYMAN: Yes.

Anasina GRAY-BARBERIO: What was the outcome of that?

Tamara TESSEYMAN: To refer back to TAC. We have been referred back to TAC before, and I have seen several other people in our support group. Sometimes we share our letters that we have gotten, and the letters were referring back to TAC.

Anasina GRAY-BARBERIO: So they could not help at all?

Tamara TESSEYMAN: I do not know if they could not or they just would not – or refused to.

Anasina GRAY-BARBERIO: Thank you. How many complaints have you lodged with TAC?

Tamara TESSEYMAN: So this is the thing – I am one of those people who have, along the way, not had capacity to make complaints. I think I have made two or three, but in the initial period, so for the first five years, I could not function. In fact, I cannot always function now. So my capacity, I have to keep that for my kids, and I often do not have that to fight the TAC, especially when the outcomes when I fight my denials have always been in TAC's favour. It just feels pointless. It feels like we are up against something that – it is just not a level playing field.

Anasina GRAY-BARBERIO: Thank you. Have you felt safe challenging decisions?

Tamara TESSEYMAN: I have not felt unsafe. I just have not felt that – we do not have representation. We do not have lawyers who can represent us. We have to pay for them ourselves. So I have felt unrepresented.

Anasina GRAY-BARBERIO: Thank you. I just want to talk about your submission. In your submission you spoke about the medical panel who assessed your son's injury. According to you, they may have cherry-picked documents that they reviewed, and you noted that there were some documents that were omitted by the medical panel in providing evidence of your son's pain and injury. Are the administrative, internal decision-making and review processes at TAC always evidence-based and clinically justified? And how often is transparency shielded in their decision-making? Are they always open with you with this decision-making, or do you have to fight for that as well?

Tamara TESSEYMAN: We have to apply for the decision-making, so it is not provided to us. It is in small print at the bottom of the decision letter: 'I personally have requested it for my son'. That is how I discovered that they had not used all of his medical documents. But most people do not even know to do that and do not have the capacity to do that. It is easier for me to have capacity with my son because I will fight for my son.

Anasina GRAY-BARBERIO: Just very quickly, how long does a process like that take?

Tamara TESSEYMAN: Waiting for the documents? I think the documents took about three weeks. It was not until this process with the Parliament that I got a new case manager who actually read our file. I brought to her attention this cherry-picking and she reversed the decision immediately.

Anasina GRAY-BARBERIO: They knew that you were appearing before the parliamentary inquiry?

Tamara TESSEYMAN: Well, I was part of getting the motion put to Parliament, so they knew that I was part of that. I made it clear that I am watching what is happening and that I will be outspoken.

Anasina GRAY-BARBERIO: Thank you very much for your time.

The CHAIR: Thanks, Ms Gray-Barberio. I am going to hand over to Ms Watt now. Sheena, over to you.

Sheena WATT: Thank you, Chair. Can I thank you both, Michael and Tamara, for appearing before us today. Before I proceed with my questions, can I thank you for your advocacy in helping to bring this inquiry before us? I know that we have got a heavy day ahead of us, hearing from claimants such as yourselves. Can I thank you for speaking up for your son today. I wanted to perhaps continue on the line of questioning brought about by Ms Gray-Barberio around medical panels and just wanted to know if there was any other additional commentary you had around medical panels and their independence. Do you find them to be a sort of truly independent system within TAC? Do you have anything –

Tamara TESSEYMAN: I feel like we are completely shielded from that process. We never know when or for what reason a medical panel has been triggered for us. I did read the TAC submission, and I was a bit shocked when they said that it is the case managers who make the decision, because from our perspective –

Sheena WATT: What decision is that about – referencing to the medical panel?

Tamara TESSEYMAN: Sorry, no, the final decision about a treatment rejection. Whenever I have been waiting for a treatment approval or rejection, I have basically been led to believe that it is the medical panel's decision. However, we are not allowed to know who they are, what their qualifications are or anything like that, or how they make their decisions or why that process has been triggered.

Sheena WATT: Do you have a recommendation for the committee around that process at all that we can consider?

Tamara TESSEYMAN: I think clarification around when that can be triggered, why that can be triggered, the cost of using a medical panel as opposed to approving treatment that our doctors and our clinicians have requested for us and have decided that is the treatment that we need. What it is doing is it erodes our trust in TAC, of which there is not much left anyway. But it is questioning our practitioners as well, so we have to then wonder, are they being fraudulent? Are they not giving us the treatment that is best for us? It is complicated.

Sheena WATT: No, no, I appreciate it. That is right, and perhaps it gave you an opportunity to speak to any particular recommendations. I wanted to perhaps ask a question of Michael, if that is okay. You said that you have been a carer. Now can I thank you for all that you do staying strong for your family? Are there any particular recommendations that you want us to consider for folks like yourselves that are supporting family members through the navigating enormity of –

Michael TESSEYMAN: One area which I really am passionate about is retraumatising – dealing with becoming retraumatised by dealing with TAC. A simple way is when you are having independent medical examinations you have to go over the story of the accident again and again and again.

Sheena WATT: And that was one of your recommendations in the submission, I think.

Michael TESSEYMAN: Yes, I do not know – to sort of have a way where the examiner knows the story, whether you do a video or the client just has a voice. Something where they do not have to then sit there and relive it again in front of each independent medical examiner would be fantastic for our son.

Sheena WATT: I really appreciate you saying that.

Michael TESSEYMAN: Over time your memory changes details, but it can be very triggering.

Sheena WATT: I appreciate that. Thank you very much for sharing, Michael. I might return to the Chair now if I can.

The CHAIR: Thanks so much. We are just out of time, but I want to give you an opportunity: are there any final messages you want to send? This is an inquiry. We are here to make findings and recommendations. Are there any recommendations you think are really pertinent to this inquiry that you think would change, if they were implemented, your experience and the experiences of others going forward?

Tamara TESSEYMAN: For me I think one of the quickest ways, and it seems to be how things work these days, is to provide disincentives for TAC to not come to an agreement – to not have disputes basically.

The CHAIR: There are consequences.

Tamara TESSEYMAN: Consequences for going to VCAT. I know that that happens in the insurance world. This is an insurance company essentially. The process of dispute feels like we actually do not have any choice except to go to VCAT, and we are not represented. TAC have all the power, so if they are disincentivised to go to VCAT by money – I do not know morally how that is possible.

The CHAIR: On the flip side of that – incentivised to come to a decision quickly.

Tamara TESSEYMAN: Yes, and that could be through actually measuring TAC not by the money that they are saving but by the outcomes for individuals. I think that is probably the biggest thing.

The CHAIR: Thank you so much. We really appreciate that. We will take it all on board.

Ann-Marie HERMANS: Sorry, Chair. I just have one question that you may have the data on. Your support group on the TAC – how long has that been going for, and how many people are in it?

Tamara TESSEYMAN: I think that it has been going for about 2½ or three years now, maybe 2½, and now there are about 200 people in the group.

Ann-Marie HERMANS: Thank you very much. Sorry, it is just that we had brought it up and nobody had actually asked anything about it.

Tamara TESSEYMAN: It is not my group. Somebody else started it, but I am a member of the group.

The CHAIR:. Thanks so much again for your evidence that you have given today. We appreciate it. You will be given a proof version of the transcript if there are any minor errors that you want to correct before it goes up on the website. But from us to you, thank you both very much for your time. We appreciate it.

Witnesses withdrew.