Legislative Council
Legal and Social Issues Committee

Claims made through the Transport Accident Commission (TAC)

Inquiry
August 2026

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About the Committee

Functions

The Legal and Social Issues Standing Committee will inquire into and report on any proposal, matter or thing concerned with community services, education, gaming, health, and law and justice.

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Contents

Terms of reference

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

On 18 February 2026, the Legislative Council agreed to the following motion:

That this House requires the Legal and Social Issues Committee to inquire into, consider and report, by 11 August 2026,* on issues related to claims made through the Transport Accident Commission (TAC), including but not limited to —

(1) processes around legitimate claims, including disputed claims;

(2) circumstances and systems related to fraudulent claims;

(3) private provider discretion to set fees exceeding the Medicare Benefits Schedule rate

(4) interactions with other services, such as the National Disability Insurance Scheme (NDIS), and how TAC clients have been impacted by federal reforms to —

  (a) the National Disability Insurance Agency and the NDIS; and

  (b) restrictions on health privacy and information sharing between state and federal agencies.

* On 28 July 2026 the Legislative Council resolved to extend the reporting date to 25 August 2026.

Chair's foreword

The TAC has been a mainstay of Victorian life for nearly 40 years. As the State's third-party insurer for road accidents, it is where Victorians turn to for help to recover from their injuries whether they be minor or major.

This Inquiry focuses on the TAC's claims framework and addresses the main issues raised to the Committee by stakeholders. These include:

- How the claims process works
- How the TAC responds to disputes and allegations for fraud
- Fee setting with medical service providers
- How the TAC interacts with other schemes such as the NDIS.

One of the most striking points noted by the Committee when speaking with TAC clients was the link between the complexity of the scheme and the severity of injuries suffered - people with the most severe injuries also must cope with greater administrative requirements. However, they need to do so at perhaps the most vulnerable time in their lives when their physical and mental health is at its weakest.

The TAC's submission to this Inquiry and the evidence they provided at a public hearing informed the Committee of how the TAC works to support its most vulnerable clients. This includes efforts to improve its communication methods with the aim of reducing disputes and working towards a more person-centred model. The Committee has considered this evidence and made recommendations that should help the TAC continue to improve.

A major component of the TAC's work is how it interacts with medical service providers. This is particularly challenging for the TAC, as it has a legislative responsibility to be responsible with how it spends its funds, while providers are free to set their fees above the TAC's prescribed rates. Ultimately, when medical service providers and the TAC cannot agree, injured Victorians end up worse off. The Committee urges everyone working with the TAC's compensation scheme to ensure Victorians remain foremost in their thinking.

On behalf of the Committee, I thank every person who made a submission to this Inquiry and gave evidence to the Committee. The Committee appreciates the difficult challenges many people experience.

Finally, I would like to thank my fellow Committee Members for their work and support throughout this Inquiry. The Committee Secretariat have done outstanding work to

bring this report together. Immense thanks to Sylvette Bassy, Jamie Huffer, Alyssa Topy and Patrick O'Brien.

Joe McCracken MLC
Chair

Executive summary

Chapter 1

This Inquiry examines the claims process for the Transport Accident Commission (the TAC), the organisation that Victorians injured in road accidents turn to for help to recover from their injuries.

Chapter 1 introduces the TAC and outlines the Inquiry process, detailing the evidence the Committee received from submissions and public hearings. It then explains the TAC's legislated role and responsibilities before providing a step-by-step breakdown of how the TAC's compensation scheme functions.

The Committee focused on the main issues with the TAC's claims framework raised by Inquiry stakeholders. Chapter 1 explains these before addressing them in more detail in Chapters 2 and 3:

- How the claims process works
- Principles and policies underpinning how the TAC makes decisions
- How disputes and claims reviews are handled
- Fee setting
- Fraud
- How the TAC interacts with other schemes such as the National Disability Insurance Scheme (NDIS).

The Chapter finishes by looking at internal operating matters – such as how the TAC cooperates with oversight bodies, the TAC's corporate strategy and strong financial performance – before a discussion on clients' access to personal and health information.

Chapter 2

Stakeholders told the Committee about the challenges that arise when the administrative complexity of the TAC compensation scheme interacts with structural challenges in the wider health and disability sectors.

The complexity of the scheme necessarily increases in proportion with the complexity of a client's injuries. This means that people who suffer the most severe injuries must also deal with greater administration requirements. However, these people also typically suffer from diminished physical and possibly cognitive capacity meaning they need adequate support to fully participate in the TAC's scheme.

Relevant factors include rising case complexity, fraud controls, how the TAC interacts with the NDIS and the challenges the TAC faces in working with public and private medical service providers operate – in particular, when providers exercise their discretion to frequently raise the fees they charge patients. Ultimately, when medical service providers and the TAC disagree over fees or workload, injured Victorians end up worse off.

The Committee heard from TAC clients who not only suffered severe injuries, trauma and bereavement from transport accidents, but who struggled navigating the compensation scheme. This Committee believes it is vital that their voices are clearly heard by the Victorian Parliament, the Victorian Government and the TAC. It also presents the voices of the families of injured Victorians, who make great sacrifices when caring and advocating for their loved ones.

Chapter 3

Chapter 3 presents how stakeholders called on the TAC to communicate better with both individuals and organisations working with its compensation scheme. This Chapter builds on the evidence in Chapter 2 by recognising how the TAC has been improving its communication methods while also recommending how it can better manage expectations and processes, by acting:

- clearly, accessibly, professionally; and
- in trauma-informed and disability-centred ways.

The Committee found that better communication between the TAC and its stakeholders is essential to reducing disputes and working toward a more client-centric model. This will help the TAC fulfill its legislative requirements and maintain Victorians' confidence in the scheme.

Findings and recommendations

1 Inquiry process and background

2 The TAC's compensation scheme: meeting the needs of clients and medical service providers

FINDING 8: The majority of TAC clients fully recover within 12 months of their traffic accident. For these clients the compensation scheme is relatively simple to navigate. 44

FINDING 9: The complexity of the administrative requirements of the TAC compensation scheme increases proportionately with the severity of traffic accident injuries. Conversely, the ability of clients to navigate the scheme can decrease with severe injuries such as acquired brain injury. This difficulty is exacerbated when clients do not have the support they need to meet the TAC's requirements. 44

FINDING 10: The TAC, as with equivalent schemes interstate and internationally, draws its impairment guidelines from the American Medical Association's *Guides to the Evaluation of Permanent Impairment* 4th edition (1993) and *The Guide to the Evaluation of Psychiatric Impairment for Clinicians* (2006). The most recent American Medical Association Guides were published in their 6th edition in 2025. 44

RECOMMENDATION 2: That the TAC should consider adopting a more recent version of the American Medical Association Guides to inform its impairment guidelines. Any such consideration should include interoperability issues with other schemes. 44

FINDING 11: The TAC's obligation to understand which injuries an individual sustained as a result of a transport accident is complicated by factors that include:

- Ageing
- Co-morbid medical conditions that interact with accident injuries
- Physical or psychosocial disability
- An increase in complex social issues across the broader community
- Delayed onset of symptoms or injuries that worsen over time. 45

FINDING 12: Although there is a clear delineation of responsibilities between the TAC compensation scheme and the National Disability Insurance Scheme (NDIS) in principle, it can be difficult to apply this distinction in practice. This creates significant complexity for TAC–NDIS mutual clients. 45

Abbreviations and key terms

Abbreviation or key term	Definition or scope
ABI	Acquired Brain Injury
The Act	*Transport Accident Act 1986* (Vic)
ALA	Australian Lawyers Alliance
Case manager	Staff assigned to some clients to provide support services relating to their claim.
Claims manager	TAC staff that make decisions regarding an individual's eligibility for the compensation scheme and about whether the TAC can fund requested treatments and services
CPI	Consumer Price Index
Dependant	In relation to a person who is injured or dies, a dependant is defined as 'a person who would, but for the injury or death of the first-mentioned person, be wholly, mainly or in part dependent on that person for economic support'
Dependent child	A child of that person who, as at the time of death or injury of that person a. is under the age of 18 years; or b. has attained the age of 18 years but is under the age of 25 years and is a full-time student or an apprentice— and would, but for the injury or death of that person, be wholly, mainly or in part dependent on that person for economic support but does not include a child who has a spouse or domestic partner
Dependent partner	A person's partner, if the partner would but for injury or death of that person— a. be wholly, mainly or in part dependent on that person for economic support; or b. be wholly dependant on the person for the care of the children of the partner or of that person
FOI request	Freedom of Information request A request to release personal and health information made under the *Freedom of Information Act 1982*
IME	Independent Medical Examination An examination and report completed by a specialist independent medical practitioner is designed to provide an objective assessment of a client's injuries, condition, and overall health to assist the TAC to make decisions regarding the claim.

Abbreviation or key term	Definition or scope
Impairment assessment	An examination and report completed by an accredited Impairment Assessor to assist in determining a client's level of impairment under the Act following a transport accident
Injury	Defined in the Act, except in Part 10, as 'physical or mental injury and includes nervous shock suffered by a person who was directly involved in the transport accident or who witnessed the transport accident or the immediate aftermath of the transport accident'.
JME	Joint Medical Examination An independent medical examination that is requested jointly by the TAC and a client's solicitor
LIV	Law Institute of Victoria
MBS	Medicare Benefits Schedule
Medical service provider	Medical professionals participating in the Transport Accident Commission's 'no-fault' compensation scheme.
MOU	Memorandum of understanding
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
The Protocols or TAC Protocols	An agreement between the TAC, the Australian Lawyers Alliance and the Law Institute of Victoria that governs the conduct of the TAC and personal injury lawyers in motor vehicle accident cases before litigation
Scheme participants or clients	Individuals participating in the Transport Accident Commission's 'no-fault' compensation scheme.
Serious injury	Serious injury is defined under Section 93(17) of the Act as: • serious long-term impairment or loss of a body function • permanent serious disfigurement • severe long-term mental or severe long-term behavioural disturbance or disorder • loss of a foetus.
TAC or the Commission	Transport Accident Commission
TBI	Traumatic Brain Injury
Transport accident	Defined in the Act as 'an incident directly caused by the driving of a motor car or motor vehicle, a railway train or a tram.'
VCAT	Victorian Civil and Administrative Tribunal

What happens next?

There are several stages to a parliamentary inquiry.

The Committee conducts the Inquiry

This report on the Inquiry into claims made through the Transport Accident Commission (TAC) is the result of extensive research and consultation by the Legislative Council Legal and Social Issues Committee.

The Committee received written submissions, spoke with people at the public hearings, reviewed research evidence and deliberated over a number of meetings. A range of stakeholders expressed their views directly to us as Members of Parliament.

A Parliamentary Committee is not part of the Government. The Committee is a group of members of different political parties (including independent members). Parliament has asked us to look closely at an issue and report back. This process helps Parliament do its work by encouraging public debate and involvement in issues.

You can learn more about the Committee's work at: https://www.parliament.vic.gov.au/lsic-lc.

The report is presented to Parliament

This report was presented to Parliament and can be found at: https://www.parliament.vic.gov.au/get-involved/inquiries/tacclaims/reports.

A response from the Government

The Government has six months to respond in writing to any recommendations made in this report.

The response is public and put on the inquiry page of Parliament's website when it is received at: https://www.parliament.vic.gov.au/get-involved/inquiries/tacclaims/reports.

In its response, the Government indicates whether it supports the Committee's recommendations. It can also outline actions it may take.

Chapter 1
Inquiry process and background

1.1 Overview

This Chapter begins by explaining why the Transport Accident Commission (the TAC) is such an important organisation to Victorians injured in road accidents, helping them recover from their injuries. It outlines the Inquiry process, detailing the amount and type of evidence the Committee received from submissions and public hearings. The following section then explains the TAC's legislated role and responsibilities before providing a step-by-step breakdown of how the TAC's compensation scheme functions.

The Chapter continues by introducing the issues surrounding the TAC's claims framework raised by Inquiry stakeholders and that the Committee addresses in the remainder of this Report:

- How the claims process works
- Principles and policies underpinning how the TAC makes decisions
- How disputes and claims reviews are handled
- Fee setting
- Fraud
- How the TAC interacts with other schemes such as the National Disability Insurance Scheme (NDIS).

Chapter 1 then focuses on internal operating matters, such as how the TAC cooperates with oversight bodies, and the TAC's corporate strategy and strong financial performance. The Chapter finishes with a brief discussion of another matter raised by stakeholders, access to personal and health information, which was also recently addressed by the Victorian Parliament's Integrity and Oversight Committee's *Inquiry into the operation of the Freedom of Information Act 1982*.

1.2 Why this Inquiry is important

> **... early intervention post-incident is extremely important in reducing long-term psychological distress and supporting recovery. This, in turn, avoids significant downstream personal, family, community, and economic impacts.**
>
> Amber Community, *Submission 42,* p. 1.

> **A transport accident compensation scheme only works if injured people can access timely, clinically appropriate care, and if medical practitioners are willing and able to provide that care within the scheme.**
>
> Australian Medical Association Victoria, *Submission 23,* p. 1.

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The TAC is Victoria's statutory insurer of third-party personal liability for road accidents. It was established in 1986 under the *Transport Accident Act 1986* (Vic) (the Act) and began operating on 1 January 1987. The TAC has two main roles:

- To deliver benefits or compensation where a person is injured or dies in a transport accident.
- To promote the prevention of transport accidents and road safety.[1]

This Inquiry focuses on the TAC's 'no-fault' compensation scheme, in particular the processes that inform claims for compensation. For Victorians injured in transport accidents, the TAC's compensation scheme offers access to economic support, and treatment and rehabilitation services.[2] The scheme also offers compensation to partners and children of people who die in a transport accident.[3]

A person's recovery needs may be minimal or more complex depending on various factors.[4] The severity of the road accident, age, pre-existing physical and mental illnesses, disability, psychosocial[5] circumstances, and accessibility of services can all influence a person's recovery.[6]

Injuries from a transport accident may interact with a person's pre-existing health conditions, which may complicate recovery and support needs.[7] Similarly, a person may acquire a disability from a transport accident, or have a disability prior to an accident, which requires access to ongoing and specialised support services from TAC's compensation scheme and other schemes.[8]

Older people 'are more likely to have pre-existing chronic health conditions or disabilities that can interact with accident-related injuries', and young people who are injured in transport accidents may require different support services as they age.[9]

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1 Transport Accident Commission, Submission 68, p. 7.

2 Ibid, p. 5.

3 *Transport Accident Act 1986* (Vic) s 35(2).

4 Transport Accident Commission, *Submission 68*, p. 10; Australian Medical Association Victoria, *Submission 23*, p. 1; Rights Information and Advocacy Centre, *Submission 27*, pp. 1–2, 6.

5 Mental Health Australia describes psychosocial disability as 'an internationally recognised term under the United Nations Convention on the Rights of Persons with Disabilities, used to describe the experience of people with impairments and participation restrictions related to mental health conditions. These impairments can include a loss of ability to function, think clearly, experience full physical health, and manage the social and emotional aspects of their lives.'

6 Transport Accident Commission, *Submission 68*, p. 11; Rights Information and Advocacy Centre, *Submission 27*, pp. 1–2, 6; Health Complaints Commissioner, *Submission 65*, pp. 3–4.

7 Transport Accident Commission, *Submission 68*, pp. 10–11; Rights Information and Advocacy Centre, *Submission 27*, pp. 1–2, 6; Health Complaints Commissioner, *Submission 65*, pp. 3–4.

8 Transport Accident Commission, *Submission 68*, p. 11; Rights Information and Advocacy Centre, *Submission 27*, pp. 1–2, 6.

9 Transport Accident Commission, *Submission 68*, p. 11.

The ability to navigate the TAC's compensation scheme with ease and confidence is critical to supporting effective rehabilitation.[10] Administrative frameworks must:

- be accessible and inclusive
- ensure timely access to support and services
- facilitate individualised planning
- support clinically aligned, evidence-based decision-making.[11]

A complex administrative framework that is difficult to navigate may hinder a person's access to services and support.[12] People who are vulnerable or already experiencing disadvantage are likely to face disproportionate impacts, further compounding disadvantage.[13] This risks their effective rehabilitation.[14]

Confidence and ease in navigating administrative structures and claims procedures is equally important for medical service providers, as this can influence their willingness and ability to participate in the TAC's scheme.[15]

Consequently, this Inquiry considers how the TAC can continue to improve its claims processes to better support Victorians – including medical service providers – navigating its compensation scheme. By doing so, the TAC can have confidence in the administrative framework that underpins its compensation scheme, and Victorians can be assured that the TAC is managing and delivering the compensation scheme in accordance with its legislative requirements.

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10 Australian Medical Association Victoria, *Submission 23*, p. 1, 6; Rights Information and Advocacy Centre, *Submission 27*, p. 6; Law Institute of Victoria, *Submission 30*, pp. 1–2; Personal Injury Education Foundation, *Submission 31*, pp. 2–3; Australian Physiotherapy Association, *Submission 45*, p. 1; Exercise and Sports Science Australia, *Submission 48*, p. 1; ADIIS Group, *Submission 53*, pp. 2–4, 9; Health Complaints Commissioner, *Submission 65*, pp. 1, 3–4.

11 Australian Medical Association Victoria, *Submission 23*, p. 6; Rights Information and Advocacy Centre, *Submission 27*, p. 6; Personal Injury Education Foundation, *Submission 31*, pp. 2–3; ADIIS Group, *Submission 53*, pp. 2–4, 9; Health Complaints Commissioner, *Submission 65*, pp. 1, 3–4; Transport Accident Commission, *Submission 68*, p. 11.

12 Australian Medical Association Victoria, *Submission 23*, p. 6; Rights Information and Advocacy Centre, *Submission 27*, pp. 1, 5–6; Amber Community, *Submission 42*, pp. 1–2; Health Complains Commissioner, *Submission 65*, p. 3.

13 Rights Information and Advocacy Centre, *Submission 27*, pp. 1–2, 6; Law Institute of Victoria, *Submission 30*, p. 1; Health Complains Commissioner, *Submission 65*, p. 3.

14 Health Complains Commissioner, *Submission 65*, p. 3; Rights Information and Advocacy Centre, *Submission 27*, p. 2; Australian Medical Association Victoria, *Submission 23*, pp. 1, 6.

15 Australian Medical Association Victoria, *Submission 23*, pp. 1, 6; Australian Podiatry Association, *Submission 28*, p. 1; Personal Injury Education Foundation, *Submission 31*; Personal Injury Education Foundation, *Submission 31*, pp. 2–3; Australian Physiotherapy Association, *Submission 45*, p. 6.

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1.3 Inquiry process

Figure 1.1 Key stages of the Inquiry process

Source: Legislative Council Legal and Social Issues Committee.

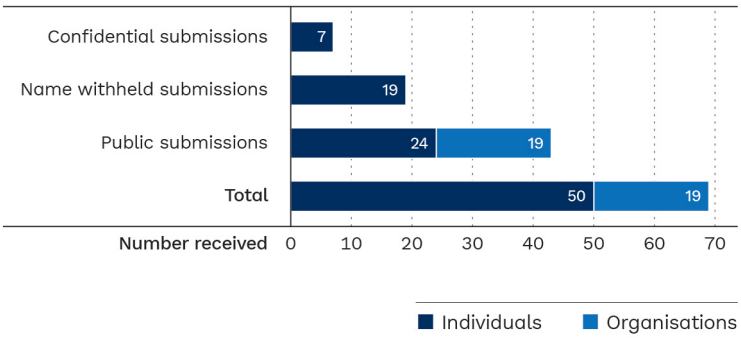
The Committee received and heard evidence for this Inquiry from individuals and organisations. Areas of expertise and knowledge included:

- individual experiences of the claims framework and processes
- government agencies and statutory bodies
- peak bodies representing legal or medical service providers
- law firms or not-for-profit legal organisations
- not-for-profit advocacy and education organisations.

The Committee acknowledges the impact of road trauma on individuals, families and communities, and thanks those who chose to participate in the Inquiry for sharing their experiences and insight with the Committee.

Figure 1.2 shows that the Committee received 69 submissions for this Inquiry from organisations and individuals as well the number of requests for public, name withheld and confidential submissions. It highlights that most of the submissions received were from individuals and that most submissions requested to be public, including those from organisations.

Figure 1.2 Submissions received for this Inquiry

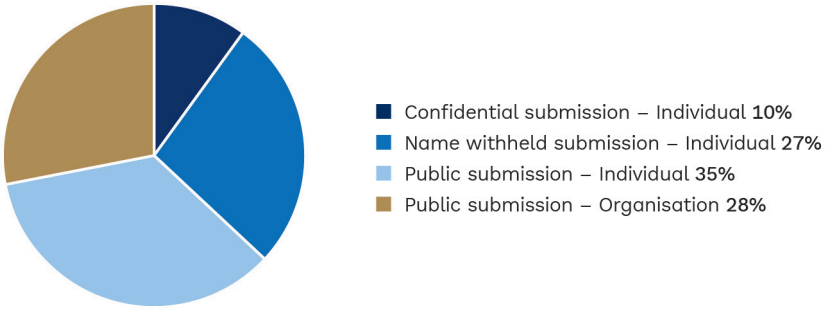


Source: Legislative Council Legal and Social Issues Committee.

Proportionally (shown in Figure 1.3), submissions that the Committee received reflected the following:

- submissions from individuals accounted for 72% of submissions received: 35% were public, 27% were name withheld and 10% were confidential
- submissions from organisations accounted for 28% and all were public.

Figure 1.3 Breakdown of submissions received for this Inquiry



Source: Legislative Council Legal and Social Issues Committee.

Of the 50 submissions that the Committee received from individuals,[16] 35 submissions were from individuals identified as having engaged in the TAC claims process (either as a person who is/was injured or as a dependent).[17] Other individuals who made submissions to this Inquiry included:

16 7 individual submissions are confidential and as such their content cannot be discussed in this Report.

17 Name withheld, *Submission 1*; Andrew Hutchison, *Submission 2*; Name withheld, *Submission 4*; Name withheld, *Submission 6*; Darryl Cardona, *Submission 9*; Name withheld, *Submission 11*; Dr Jai Cooper, *Submission 12*; Jackie Robinson, *Submission 14*; Name withheld, *Submission 15*; Name withheld, *Submission 16*; Aroha Nicholl, *Submission 17*; Rebecca Styles, *Submission 18*; Steven Styles, *Submission 19*; Name withheld, *Submission 21*; Name withheld, *Submission 22*; Peter Hotchin, *Submission 29*; Name withheld, *Submission 32*; Ethan Dohnt, *Submission 33*; Name withheld, *Submission 34*; Tamara Tesseyman, *Submission 36*; Michael Tesseyman, *Submission 37*; Name withheld, *Submission 39*; Name withheld, *Submission 46*; Sharlene Carson, *Submission 49*; Paul Arber, *Submission 54*; Name withheld, *Submission 55*; Zehra Parker, *Submission 57*; Name withheld, *Submission 58*; Name withheld, *Submission 59*; Name withheld, *Submission 60*; Milly Parker, *Submission 61*; Erin Casey, *Submission 64*; Name withheld, *Submission 66*; Joshua Magee, *Submission 67*; Patrick Laverick, *Submission 69*.

- four individuals identified as having a family member that had engaged in the claims process, but they had not personally made a claim[18]
- four individuals identified as tertiary observers of the TAC's scheme (they presented their point of view as someone who had neither engaged in the scheme nor knew someone that had engaged in the claims process).[19]

The length of time the 35 individuals who had engaged with the TAC was as follows:

- one submission indicated a duration of less than 1 year
- 12 submissions indicated a duration of between 1–5 years
- five submissions indicated a duration of between 6–10 years
- two submissions indicated a duration of between 11–15 years
- two submissions indicated a duration of between 16–20 years
- four submissions indicated a duration of over 20 years
- nine submissions did not indicate the duration of their claim.

The types of injuries were:

- 29 individual submissions identified having a physical injury or injuries
- 12 individual submissions identified having a neuropsychological injury or injuries (includes Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI), or concussion)[20]
- nine individual submissions identified having mental or psychiatric injury, or injuries.

1.4 The TAC's role and responsibilities

1.4.1 Objectives and functions of the TAC, including its legislative framework

The objects of the *Transport Accident Act 1986* (Vic) (the Act) are:

- to reduce the cost to the Victorian community of compensation for transport accidents
- to provide, in the most socially and economically appropriate manner, suitable and just compensation in respect of persons injured or who die as a result of transport accidents

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18 Bernard Robertson, *Submission 8*; Kate Livingstone, *Submission 38*; Name withheld, *Submission 40*; Angelina Kabiotis, *Submission 50*.

19 Matthew Peckham, *Submission 7*; Geoff Atkins, *Submission 20*; Name withheld, *Submission 24*; Professor Belinda Gabbe, *Submission 47*.

20 An Acquired Brain Injury (ABI) is an umbrella term that refers to any damage to the brain that happens after birth and is not genetic. It can have a range of causes, including but not limited to physical impact, a stroke, tumour, aneurysm, lack of oxygen supply to the brain, infections, and drug overdoses. A Traumatic Brain Injury (TBI) specifically refers to any brain damaged caused by a jolt of or impact to the head.

- to determine claims for compensation speedily and efficiently
- to reduce the incidence of transport accidents
- to provide suitable systems for the effective rehabilitation of persons injured as a result of transport accidents.[21]

Section 10 of the Act establishes the TAC. The Act also details a no-fault compensation scheme that is subject to the objects in Section 8.[22]

Section 11 of the Act outlines the objectives of the Commission, which include:

- to manage the transport accident compensation scheme as effectively, efficiently and economically as possible
- to ensure that appropriate compensation is delivered in the most socially and economically appropriate manner and as expeditiously as possible
- to ensure that the transport accident scheme emphasises accident prevention and effective rehabilitation.[23]

Section 11(1)(d)–(e) outlines objectives related to the development of internal management structures and procedures, the management of claims under the *Accident Compensation Act 1985* (Vic) or the *Workplace Injury Rehabilitation and Compensation Act 2013* (Vic), and the appointment of the Commission as a self-insurer of the *Workplace Injury Rehabilitation and Compensation Act 2013*.[24]

The TAC's functions are established under Section 12, and include:

- to administer the Transport Accident Fund
- to receive and assess, and accept or reject, claims for compensation
- to defend proceedings relating to claims for compensation
- to pay compensation to persons entitled to compensation
- to determine transport accident charges
- to collect and recover transport accident charges[25]
- to promote the prevention of transport accidents and safety in use of transport.[26]

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21 *Transport Accident Act 1986* (Vic) s 8.

22 *Transport Accident Act 1986* (Vic) s 10; Transport Accident Commission, *Submission 68*, p. 7.

23 *Transport Accident Act 1986* (Vic) s 11(1)(a–c).

24 *Transport Accident Act 1986* (Vic) s 11(1)(d–f).

25 *Transport Accident Act 1986* (Vic) s 12(1)(a–f).

26 *Transport Accident Act 1986* (Vic) s 12(2).

The *Transport Accident Regulations 2017* (Vic) complement the *Transport Accident Act 1986* (Vic). The objectives of the Regulations are:

(a) to specify certain injuries for the purposes of the definition of a severe injury in the *Transport Accident Act 1986*; and

(b) to prescribe the forms to be used for the purposes of that Act.[27]

The Act expresses that methods for determining degrees of impairment in relation to an injury arising from a transport accident can be changed through the Regulations.[28]

1.4.2 The TAC's compensation scheme

The Act states that a person who is injured in a transport accident is entitled to compensation from the TAC's Transport Accident Fund if:

(a) the accident occurred in Victoria; or

(b) the accident occurred in another State or in a Territory and involved a registered motor vehicle and, at the time of the accident, the person was—

(i) a resident of Victoria; or

(ii) the driver of, or a passenger in, the registered motor vehicle.[29]

A person is also entitled to compensation if they are a dependent (child or partner) of a person who dies in a transport accident, and if not for the death, that person was or would have been entitled to compensation.[30] The TAC's submission highlighted the 'no-fault nature of the scheme', which allows eligible Victorians to 'receive support regardless of who caused the accident'.[31]

The Act upholds 'the right of a client to seek common law damages where a transport accident results in death or serious injury and another person is at fault'.[32] Access to common law damages for clients with serious injuries is set out in Part 6 of the Act.[33] A person can lodge a claim for common law damages if:

- an injury or death occurs due to:
  - a transport accident
  - an "accident" that does not fall under the definition of a "transport accident", but which arises out of the use of a vehicle.[34]

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27 *Transport Accident Regulations 2017* (Vic) s 1.

28 *Transport Accident Act 1986* (Vic) s 46AA(1).

29 *Transport Accident Act 1986* (Vic) s 35(1).

30 *Transport Accident Act 1986* (Vic) s 35(2).

31 Transport Accident Commission, *Submission 68*, p. 9.

32 Ibid.

33 Transport Accident Commission, *Submission 68*, p. 16; *Transport Accident Act 1986* (Vic) pt 6.

34 *Transport Accident Act 1986* (Vic) s 3 and s 94(1); Transport Accident Commission, *Claims for Common Law Damages*, <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services/policies/other/lump-sum-damages-common-law> accessed 14 July 2026.

- they are a dependent of a person who has died due a transport accident may also recover damages under the *Wrongs Act 1958* (Vic).[35]

A person who is injured due to a transport accident and seeking to lodge a common law claim must:

- have [their] level of impairment determined at 30% or more[36]
- obtain a Serious Injury Certificate (SIC) from the TAC[37]
- start proceedings within the required time frame.[38]

The Act defines 'serious injury' under Section 93(17) as:

- serious long-term impairment or loss of a body function
- permanent serious disfigurement
- severe long-term mental or severe long-term behavioural disturbance or disorder
- loss of a foetus.[39]

Compensation that the TAC may pay to an entitled person includes loss of earnings payments, impairment benefits that can be paid as a lump sum or periodically, death benefits for surviving dependents, and medical benefits and like services.[40] The amount and type of compensation is subject to a range of considerations outlined in Part 3 Division 3 of the Act.[41]

A person who is injured in a transport accident may be eligible for an impairment benefit if they 'are over the age of 18; have a permanent physical or psychological condition due to their transport accident injuries; and have an impairment assessed at 11% or more'.[42]

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35 *Transport Accident Act 1986* (Vic) s 104(1), s 96(1), s 96(3); Transport Accident Commission, *Claims for Common Law Damages*, <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services/policies/other/lump-sum-damages-common-law> accessed 14 July 2026.

36 Transport Accident Commission, *Claims for Common Law Damages*.

37 Ibid.

38 Ibid.

39 *Transport Accident Act 1986* (Vic) s 93(17); Transport Accident Commission, *Claims for Common Law Damages*.

40 *Transport Accident Act 1986* (Vic) pt 3 div 3.

41 *Transport Accident Act 1986* (Vic) pt 3 div 3.

42 *Transport Accident Act 1986* (Vic) s 46(A), ss 47–48; Transport Accident Commission, *Impairment benefits*, <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services/policies/other/impairment-benefits> accessed 14 July 2026.

The impairment benefit amount that the TAC can pay changes according to a person's degree of impairment.[43] The TAC must conduct an impairment assessment according to:

- American Medical Association Guides 2nd Edition for accidents from 1 January 1987 to 18 May 1998
- American Medical Association Guides 4th Edition (AMA4) for accidents from 19 May 1998 to present.[44]

Some injuries require additional guides to inform impairment assessments (shown in Table 1.1).[45]

Table 1.1 Injuries that require additional guides or methodology for impairment assessments

Impairment assessment type	Requirements for conducting impairment assessment
For impairment evaluation of the spine	'For all transport accidents on or after the 14th December 2016, the Spinal Impairment Guides Modification Document (SIGMD) methodology also applies. Subject to the modifications effected by the SIGMD, pages 94 to 111 of the AMA4 Guides set out the approach, procedures and directions relevant to the assessment of spinal impairment. Please include confirmation of the methodology applied within your assessment'.
Impairment evaluation for psychiatric injury	'Impairment evaluation methodology: • For all transport accidents on or after 26 July 2006 to current, the Guide to the Evaluation of Psychiatric Impairment for Clinicians (GEPIC) methodology applies • For transport accidents 19 May 1998 to 25 July 2006 the Clinical Guidelines to the Rating of Psychiatric Impairment (CGRPI) applies'.

Source: Transport Accident Commission, *Requirements for TAC impairment assessments*, <https://www.tac.vic.gov.au/providers/resources/joint-medical-examination-process-for-legal-professionals/impairment-assessment> accessed 8 July 2026.

Under Section 60 of the Act, the TAC is liable to pay for the 'reasonable cost of medical benefits and like services where those services are required because of a transport accident injury'.[46] Section 3 defines reasonable, which is assessed in terms of 'the necessity of that service in the circumstances'.[47] A reasonable cost is further expressed in Section 3(1) as:

- the costs that TAC has determined as a reasonable amount in relation to that service
- the maximum amount of costs for that service (if any) specified in an Order of the Governor in Council made on the recommendation of TAC
- and the service actually rendered and whether it was necessary in the circumstances.[48]

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43 *Transport Accident Act 1986* (Vic) s 47(2).

44 *Transport Accident Act 1986* (Vic) s 46(A), ss 47–48; Transport Accident Commission, *Impairment benefits*, <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services/policies/other/impairment-benefits> accessed 14 July 2026.

45 Transport Accident Commission, *Requirements for TAC impairment assessments*, <https://www.tac.vic.gov.au/providers/resources/joint-medical-examination-process-for-legal-professionals/impairment-assessment> accessed 8 July 2026.

46 Transport Accident Commission, *Submission 68*, p. 16.

47 Transport Accident Commission, *Submission 68*, p. 16; *Transport Accident Act 1986* (Vic) s 3.

48 Transport Accident Commission, *Submission 68*, p. 43.

The Governor in Council cannot specify the maximum cost as lower than the relevant Medicare Benefits Schedule (MBS) rate for that service in Victoria.[49] The MBS 'aligns fee caps with Commonwealth benchmarks'.[50] The TAC must also consider the scheme's objectives to ensure that it emphasises effective rehabilitation.[51] Under Section 23, the TAC can 'authorise specified services and persons to deliver a range of treatment, rehabilitation, and disability services to clients'.[52]

Section 39 of the Act outlines 'circumstances in which a person is not entitled to compensation' and Section 74 outlines certain circumstances where 'cessation or review of liability to pay compensation' may occur.[53]

Part 4 Division 3 of the Act establishes a framework that allows a person to dispute TAC decisions if they disagree.[54] Under Section 77 of the Act, 'people have a legal right to ask for a review of decisions made about their TAC claim or any request for treatments, services or other benefits'.[55] This also includes:

- No Fault Dispute Resolution Protocols under Section 77(1A)(b)
- the right to apply to the Victorian Civil and Administrative Tribunal (VCAT) for merits review under Section 77
- obligations on the TAC to reconsider its decision upon application under Section 78
- powers of the TAC to vary a decision following reconsideration under Section 80.[56]

The Act also establishes 'provisions for dealing with fraud and non-compliance', which inform the TAC's approach to managing the scheme and delivering compensation.[57] Sections that inform the TAC's approach to fraud include:

- Section 116, which sets out fraud
- Section 117, which sets out false or misleading information
- Section 117A, which sets out that TAC may recover compensation following convictions
- Section 117B, which sets out obtaining benefits that are not payable
- Section 117C, which sets out failure to pay full amount of transport accident charge
- Section 120, which sets out procedure for prosecutions
- Section 127A, which sets out investigative powers afforded to the TAC.[58]

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49 Ibid.

50 Ibid.

51 *Transport Accident Act 1986* (Vic) ss 11(1)(a), 60 [that is, Section 11(1)(a) and Section 60]; Transport Accident Commission, *Submission 68*, p. 16.

52 Transport Accident Commission, *Submission 68*, p. 43.

53 Ibid., p. 16.

54 Ibid.

55 Ibid., p. 26.

56 Ibid., p. 16.

57 Ibid., p. 34.

58 Ibid.

1.5 The TAC's claims framework and processes

The Act provides a comprehensive claims framework that informs how the TAC manages the scheme and delivers compensation, including procedures and processes related to:

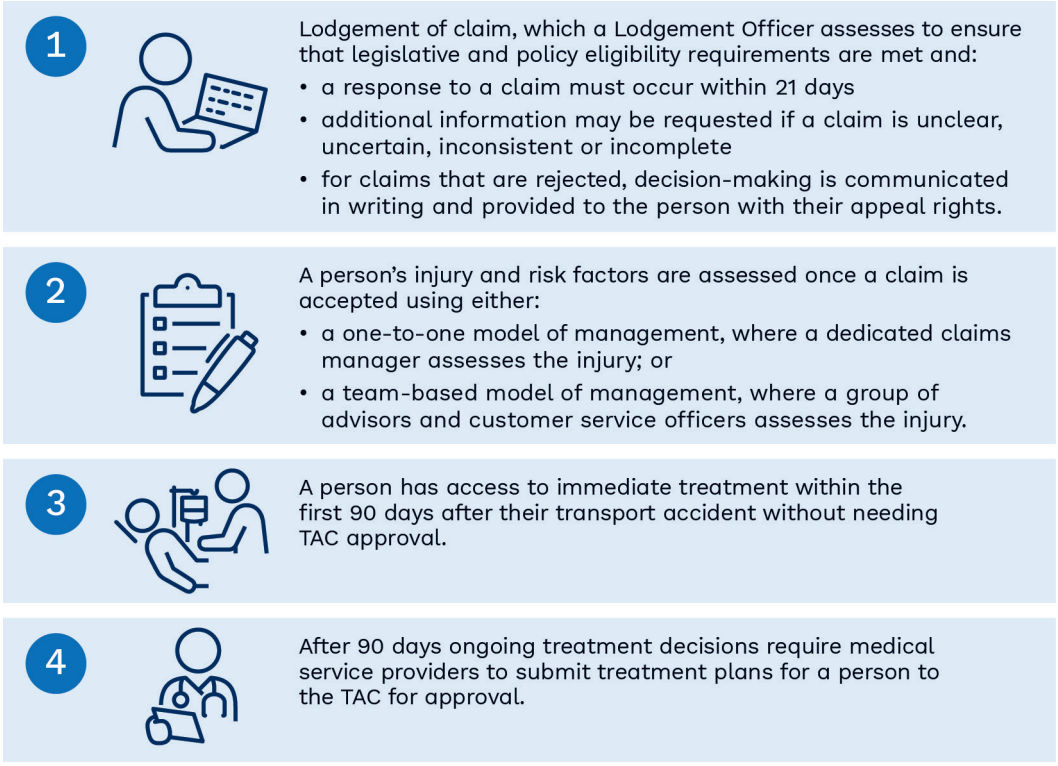
- receiving and assessing, and accepting or rejecting, claims for compensation
- defending proceedings relating to claims for compensation
- paying compensation to persons entitled to it.[59]

The TAC's submission explained that its claims process is divided into two distinct decision-making phases:

- Determining if a person is eligible for compensation, and, if accepted, they become a TAC client.
- For claims that are accepted, TAC decisions about treatments and services or other benefits are ongoing and separate to the initial acceptance.[60]

The TAC detailed the process for receiving and assessing claims for compensation is outlined in Figure 1.4.

Figure 1.4 Overview of TAC's process for receiving and assessing claims for compensation



Source: Transport Accident Commission, *Submission 68,* pp. 19–21.

59 *Transport Accident Act 1986* (Vic) s 12(1)(b–d).

60 Transport Accident Commission, *Submission 68*, p. 15.

Claims must provide the TAC with information that includes:

- accident details
- injury details, including a formal document from a treating health professional or the hospital of attendance following the accident
- income and bank details.[61]

Medical service providers can provide TAC scheme participants with treatment or services that:

- are required due to a transport accident injury
- are safe and effective
- promote recovery, functional independence or self-management
- are reasonable, clinically justified, outcome focused and comply with the TAC's Clinical Framework
- comply with all responsibilities relating to the profession or service
- comply with all relevant legislative requirements.[62]

The TAC claims framework offers people access to a range of treatments and services to support recovery following a transport accident, enabled by Section 23 of the Act.[63] These include:

- physiotherapy and occupational therapy
- psychology and mental health support
- osteopathy, chiropractic and exercise physiology
- speech pathology
- dental and surgical treatments
- rehabilitation and disability support.[64]

In its submission, the TAC presented visual overviews of the claims process shown in Figure 1.5. and Figure 1.6.

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61 Transport Accident Commission, *How to make a claim - when a person is injured*, <https://www.tac.vic.gov.au/what-to-do-after-an-accident/how-to-claim/how-to-lodge-a-claim-with-the-tac> accessed 14 July 2026.

62 Transport Accident Commission, *Essentials for TAC providers*, <https://www.tac.vic.gov.au/providers/working-with-the-tac/essentials-for-tac-providers> accessed 14 July 2026.

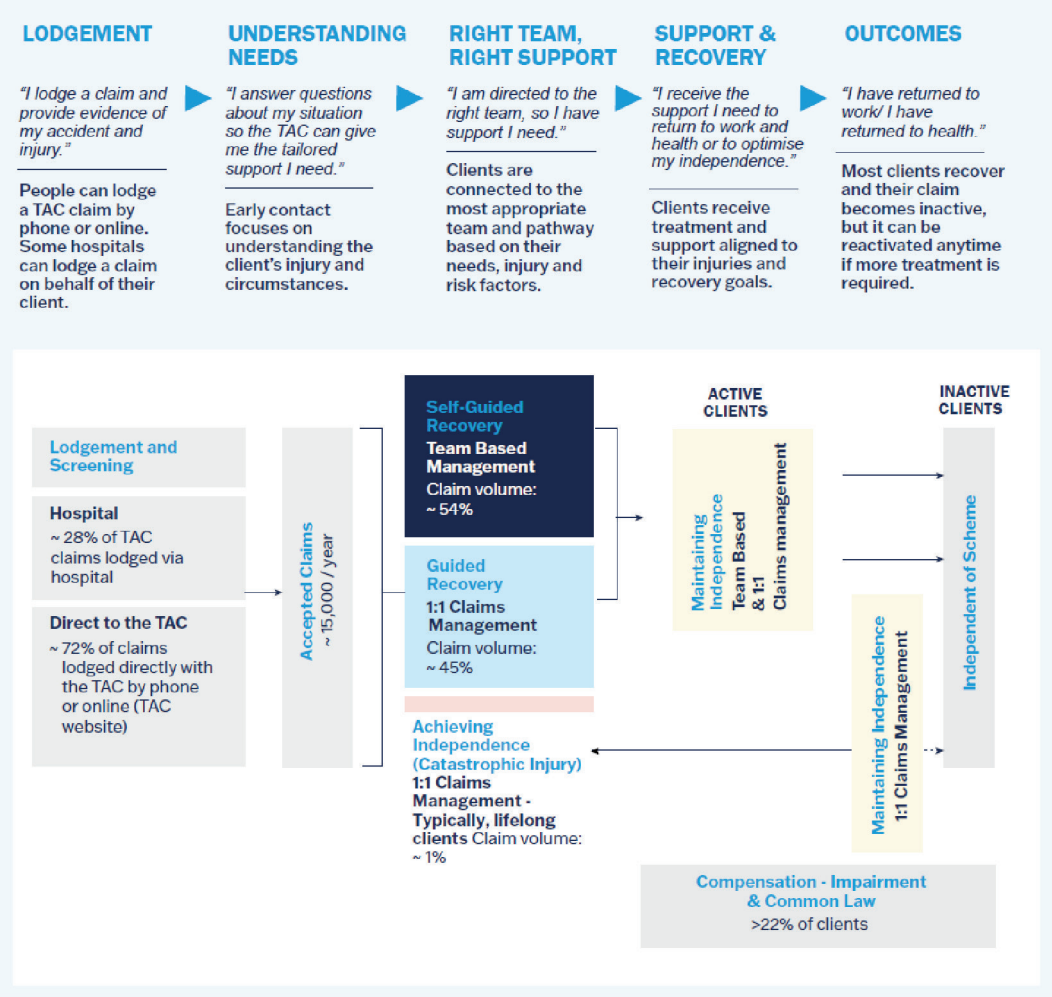
63 Transport Accident Commission, *Medical expenses and supports*, <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services> accessed 14 July 2026; *Transport Accident Act 1986* (Vic) s 3.

64 Transport Accident Commission, *Medical expenses and supports.*

Figure 1.5 Overview of the TAC's process for lodging a claim

Source: Transport Accident Commission, *Submission 68,* p. 20.

Figure 1.6 The process for an individual lodging a claim to the TAC's compensation scheme



Source: Transport Accident Commission, *Submission 68,* p. 18.

Table 1.2 shows the forms of financial and medical support that the TAC delivered through 2024–25. Table 1.3 provides further detail on what the TAC can and cannot fund according to the Act.

Table 1.2 Compensation that the TAC funded during 2024–25

Compensation form	Amount and compensation type funded (approximate)
Medical and like services	$782.6 million toward treatment and supports for client rehabilitation and maintenance of independence
Loss of Earnings (LOEs)	$200.4 million toward 'financial support for clients unable to work due to their transport accident injuries'
Dependency	$62 million toward supports for dependents, including funeral costs
Impairment Benefits	$101.9 million toward 'no-fault lump-sum payments recognising permanent physical or psychological injury'
Common Law Damages	$530 million toward 'compensation for seriously injured clients where another party was at fault'

Source: Transport Accident Commission, *Submission 68,* pp. 17, 22–23.

Table 1.3 What the TAC can and cannot pay for

What the TAC can pay for	What the TAC cannot pay for
Medical treatment, rehabilitation services, disability services, income support, travel support and household support	Treatment or services unrelated to a person's transport accident injuries
Treatment and services recommended by a health professional	Treatment or services that are not safe, effective or necessary
Treatment and services a person needs because of their transport accident injuries	Treatment or services provided outside Australia
Treatment and services provided in Australia	Treatment by a person who is not registered, qualified or authorised to provide the service
Treatment and services which are safe and effective	An account for a treatment or service submitted outside the TAC's time limit for payment: • 3 years of the date of the client's date of accident, or • 2 years of the date of incurring the expense in any other case.
Replacement or repair of damaged glasses or dentures	Travel costs not related to a person's TAC claim
	Cancellation or non-attendance fees for appointments a person makes
	Repair to a person's car, truck, motorbike, scooter, bicycle or other type of transport
	Repair to non-medical personal items, for example motorcycle gear, clothes or mobile phones
	Repair to property damage, for example fence or house

Source: Transport Accident Commission, *What we can and can't pay for,* <https://www.tac.vic.gov.au/clients/how-we-can-help/what-we-can-and-cant-pay-for> accessed 10 July 2026; *Transport Accident Act 1986* (Vic) s 60(1A).

1.5.1 Principles and policies that inform the TAC's decision-making

The TAC's claims process decision-making is informed by the Act and relevant TAC policies, clinical expertise and evidence.[65] Decisions about funding of treatment or services are informed by Section 60 of the Act. Four principles inform the TAC's decision-making (shown in Table 1.4) across the claims process, ensuring that they 'make socially and economically responsible decisions' that align with the Act:

- entitled
- reasonable
- clinical justification
- outcome focused.[66]

Table 1.4 The TAC's decision-making principles that underpin the claims framework

Principle	Explanation
Entitled	'A TAC client is entitled to a treatment or service if the TAC has accepted liability for the accident-related injury that relates to the treatment or service'
Reasonable	'When deciding if a treatment or service is reasonable, the TAC considers whether the cost of the treatment or service is reasonable in relation to the relevant fee schedule'
Clinical justification	'When deciding if a treatment or service is clinically justified, the TAC considers whether the following conditions are met: • The treatment or service is clinically appropriate for the client's transport accident injuries and presentation. • The treatment or service complies with the principles of the Clinical Framework in that it: – results in a measurable benefit to the injured person – reflects the adoption of a biopsychosocial approach – empowers the client to self-manage their injury – has goals focused on optimising function, participation and return to work and health – is based on the best available research evidence. • The treatment or service has a duration and frequency appropriate to the client's condition and recovery progress. These factors are assessed on a case-by-case basis. Treatment or service sessions may be more frequent during the acute recovery phase but are expected to become less frequent over time. • The treatment or service should be discontinued and the client discharged when either: – the client can independently manage their recovery, – the client reaches a phase of maintenance and further progress is unlikely with ongoing treatments or services, or – there is no measurable benefit on outcome measures scores from continued treatments or services.'
Outcome focused	'When deciding if a treatment or service is outcome focused, the TAC considers whether it is progressing or achieving individualised recovery or participation goals that are meaningful to the client'

Source: Transport Accident Commission, *Submission 68,* p. 21; Transport Accident Commission, *How we make decisions*, <https://www.tac.vic.gov.au/clients/how-we-can-help/how-we-make-decisions> accessed 10 July 2026.

65 Transport Accident Commission, *Submission 68*, pp. 23–24.

66 Transport Accident Commission, *Submission 68*, p. 21; Transport Accident Commission, *How we make decisions*, <https://www.tac.vic.gov.au/clients/how-we-can-help/how-we-make-decisions> accessed 10 July 2026.

The TAC refers to the *Clinical Framework for the Delivery of Health Services* (Clinical Framework) to inform medical service providers of its expectations for decision-making on treatments and services. It then assesses providers based on the Framework when determining how it accepts claims.[67]

The Clinical Framework outlines a set of principles that medical service providers are expected to apply to decision-making to ensure that the provision of treatment and services is 'goal orientated, evidence based and clinically justified'.[68] The principles are:

1. Measure and demonstrate the effectiveness of treatment
2. Adopt a biopsychosocial approach
3. Empower the injured person to manage their injury
4. Implement goals focused on optimising function, participation and return to work
5. Base treatment on the best available research evidence.[69]

Under Principle 1 ('What to measure') of the Clinical Framework, the TAC expects medical practitioners to provide treatment and services in accordance with measurable health outcomes:

> Outcomes measures to demonstrate effectiveness must be related to the functional goals of therapy and relevant to the person's injury. They should also address the participation, activity and body structures and function components of the World Health Organization International Classification of Functioning, Disability and Health.[70]

The Clinical Framework also emphasises the importance of medical service providers setting expectations for their patients. It states:

> Setting expectations about discharge from treatment should commence early in the treatment phase. While it may be difficult to know exactly how long it will take to achieve an optimal recovery, it is important to inform the injured person that when recovery plateaus, their needs will be reassessed to determine whether any ongoing intervention will assist in their participatory or functional status. A lack of understanding about this change can cause unnecessary frustration for an injured person at the natural conclusion of the rehabilitation phase.[71]

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67 Transport Accident Commission, *How we make decisions*, <https://www.tac.vic.gov.au/clients/how-we-can-help/how-we-make-decisions> accessed 10 July 2026; Transport Accident Commission, *Purpose*, *Principles*, *Expectations*, <https://www.tac.vic.gov.au/providers/type/content/clinical-framework/purpose-principles-expectations> accessed 10 July 2026; Transport Accident Commission, *Submission 68*, p. 21.

68 Transport Accident Commission, WorkSafe and Victorian Government, *Clinical Framework: For the Delivery of Health Services*, 2012, p. 2.

69 Transport Accident Commission, *Purpose*, *Principles*, *Expectations*, <https://www.tac.vic.gov.au/providers/type/content/clinical-framework/purpose-principles-expectations> accessed 10 July 2026; Transport Accident Commission, WorkSafe and Victorian Government, *Clinical Framework: For the Delivery of Health Services*, 2012, p. 2.

70 Transport Accident Commission, WorkSafe and Victorian Government, *Clinical Framework: For the Delivery of Health Services*, 2012, p. 4.

71 Ibid., p. 10.

Additional clinical information, specialist advice, input or assessment may also be used by the TAC to support decision-making across the claims process, particularly if claims require 'ongoing treatment, services, or income support'.[72] These include:

- The TAC Clinical Panel, which consists of 'medical and allied health professionals who provide independent, evidence-informed advice to claims managers'.[73]
  - The Clinical Panel can advise medical service providers participating in the TAC's scheme and may recommend outcome measures to providers to support the effectiveness of treatment.[74]
- Joint Medical Examinations (JME), which are independent medico-legal assessments that the TAC and a TAC client's lawyer jointly request.[75]
- Independent Medical Examinations (IME), which are used to provide clinical clarity in complex, legally contested, or impairment-related matters using qualified practitioners not involved in a client's treatment conducts.[76]
  - The TAC can arrange these as required under Section 71 of the Act.[77]

Outcome measures that the TAC Clinical Panel use 'to assess a person's current or future health status and demonstrate the effectiveness of treatment' consist of:

- Work measures
- General measures
- Screening measures
- Pain measures
- Musculoskeletal measures
- Musculoskeletal performance measures
- Disability measures
- Psychological measures
- Aged care measures.[78]

The TAC's submission expressed a commitment to 'clear and timely communication' involving explanations of outcomes, reasons decisions are made and responses to questions.[79]

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72 Transport Accident Commission, *Submission 68*, p. 23.

73 Ibid., pp. 23–24.

74 Ibid., p. 24.

75 Ibid.

76 Ibid.

77 Ibid.

78 Transport Accident Commission, *Outcome measures*, <https://www.tac.vic.gov.au/providers/working-with-the-tac/outcome-measures> accessed 14 July 2026.

79 Transport Accident Commission, *Submission 68*, p. 26.

1.5.2 The TAC's process for disputes and reviews of claims

The TAC's claims framework offers three options for people who want to dispute or review a decision:

- Informal reviews, where a decision is reviewed by a TAC review officer who was not involved in the original decision
- Dispute Resolution Protocols, which involve a person engaging legal representation to resolve disputes about decisions before litigation
- A formal merits review by VCAT.[80]

The TAC highlighted that it introduced 'a fast-track process for urgent matters' in March 2025, which is available to people who lodge a dispute within one month of a decision.[81] Urgent matters relate to decisions about 'TAC claim eligibility … income entitlements, surgery scheduled within three months of the decision date, or urgent hospital admission'.[82]

The TAC provided the Committee with an overview of the number of disputes, reviews and matters before VCAT and the courts:

- Over 100,000 service decisions were made for around 43,000 clients in 2024–25 and 95% were approvals
- As of 22 June 2026, 1,958 clients had an open dispute relating to a TAC claim, which includes:
  - informal reviews, disputes and applications to VCAT
  - 458 Originating Motions (seeking leave to commence common law proceedings where the TAC has denied a serious injury certificate).
- Specifically, the TAC had 632 matters before VCAT and 740 matters before the courts relating to a common law claim
- Over 90% of impairment and common law lump sums are delivered and service decision disputes resolved under the TAC Protocols.[83]

1.5.3 How the TAC sets fees

The TAC stated that fee setting is informed by the MBS, which serves as a 'benchmark' for 'service definitions, rules and fee relativities', and its own Medical Reimbursement Schedule where 'fees are derived from the MBS' with specific loadings implemented to 'reflect the TAC context'.[84] The TAC refers to the MBS to set fees for medical services

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80 Ibid., pp. 26–27.

81 Ibid., p. 27.

82 Ibid.

83 Transport Accident Commission, Inquiry into claims made through the Transport Accident Commission (TAC), response to questions on notice received 25 June 2026, p. 1.

84 Transport Accident Commission, *Submission 68*, p. 44.

and it publishes Scheduled Fee Rates for allied health, support, rehabilitation and disability services, which set maximum payable amounts.[85]

The TAC also adjusts fees to ensure that revenue and payments for the Scheme respond to rising costs in the broader healthcare system through:

- annual indexations
- periodic reviews of fee schedules for different medical service providers.[86]

As noted in Section 1.4.2, the TAC can pay for the reasonable cost of medical and like services, subject to several considerations under the Act. The TAC determines a fee is reasonable if the service is 'reasonably accessible to the client'.[87] A service is considered reasonably accessible if a client does not need to travel 'too far to access a practitioner who is suitably qualified and experienced to provide the required service'.[88]

The TAC's submission noted that private providers can set their own fees in the private healthcare market, which may exceed the MBS rate.[89] The TAC outlined its approach to fee setting in this context:

- The TAC introduced Above Rate Service Agreements (ARSA), which allow providers to seek approval from the TAC for fees exceeding the scheduled rate.
- If a provider sets fees higher than the TAC schedule and there is no ARSA, a person can contact the TAC to discuss the payment gap and whether higher fees are reasonable in their specific circumstances.[90]

The TAC's submission noted fee setting for IMEs and JMEs:

- As of July 2025, IME fees are set via agreed schedules within contracts with two Intermediary Panels.
- Fees for JMES are established upfront through a schedule agreed upon by the TAC and relevant legal bodies.[91]

FINDING 1: The fees that the TAC pays medical service providers are informed by the Medicare Benefits Schedule and the TAC's Medical Reimbursement Schedule. Providers may choose to charge patients fees higher than the TAC's rates, which the TAC may agree to match.

85 Ibid.
86 Ibid.
87 Ibid., p. 45.
88 Ibid.
89 Ibid.
90 Ibid., p. 46.
91 Ibid., p. 34.

1.5.4 The TAC's approach to fraud: prevention, detection, investigation and enforcement

The TAC told the Committee that preventing fraud is an important way of ensuring it upholds the integrity of the scheme in line with its legislative requirements.[92] The TAC outlined that its fraud approach is 'prevention-focused, risk-based and proportionate', and aims to:

- manage integrity risks 'without creating unnecessary barriers to care'
- ensure that the claims process is simple for 'clients and providers acting appropriately'.[93]

The TAC's submission noted that payment controls exist within the claims framework, serving as standard financial governance mechanisms to manage payments and process entitlements.[94] The TAC has also implemented specific controls to prevent and address fraud, which include:

- initial claim procedural controls at claim lodgement and decision-making
- clinical and payment approvals to ensure treatments and services are reasonable and clinically justified
- data analytics and predictive modelling to identify irregularities and potential risks
- post-payment assurance activities to detect and intervene early.[95]

Where the TAC suspects or detects unusual claim activity, it can use powers to investigate or enforce actions following detection as expressed under Part 8 of the Act, including:

- statutory powers to investigate fraud to establish if it occurred and to support enforcement of the Act
- surveillance, which the TAC stated is 'a measure of last resort' that it uses if alternative measures have been exhausted and there is a 'reasonable basis' to do so
- enforcement actions such as letters of caution, civil recovery pursuits, commencements of criminal proceedings or referral to another relevant government organisation.[96]

The TAC's decision-making on fraud prosecution is subject to oversight, where a potential case of fraud must 'undergo an internal review before any matter proceeds to court'.[97] Prosecution of fraud by the TAC requires that 'there is a reasonable prospect

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92 Ibid., p. 34.

93 Ibid.

94 Ibid., p. 35

95 Ibid.

96 Ibid., pp. 36–37.

97 Ibid., p. 37.

of conviction' and 'the prosecution is in the public interest'.[98] The TAC expressed that this approach is the same as the Director of Public Prosecutions Standard.[99]

As shown in Figure 1.7, the TAC's submission reported that in 2024–25, only seven clients out of 43,225 (0.02%) were found to have fraudulently obtained benefits and the TAC received restitution of $300,326.[100] It also completed nine provider investigations (approximately 0.02% of total active providers) and requested the recovery of $145,000 from five providers.[101]

Figure 1.7 TAC client enforcement action, 2024–25

Source: Transport Accident Commission, *Submission 68*, p. 38.

FINDING 2: There is a very low rate of fraud in the TAC's compensation scheme.

98 Ibid.

99 Ibid.

100 Ibid.

101 Ibid., p. 39.

1.5.5 The TAC's interactions with other services and schemes

The TAC informed the Committee that its scheme operates within a broader healthcare system where Victorians who receive compensation and benefits from the TAC, 'may also be eligible for support under other schemes'.[102] The TAC stated that it frequently coordinates with other schemes 'to ensure clarity of responsibility', minimise duplication, and fulfil its legislative objectives and functions.[103]

The TAC expressed that it frequently coordinates and interacts with:

- workers' compensation schemes and their relevant legislation, particularly WorkSafe Victoria and Comcare
- the National Disability Insurance Scheme (NDIS).[104]

The TAC's submission said that interactions between the TAC and WorkSafe Victoria concern 'transport accidents arising in the course of employment'.[105]

The TAC also operates within Victoria's disability services landscape, but the submission emphasised that 'the TAC and NDIS serve different purposes and operate independently'.[106] The TAC defined funding responsibilities for each scheme:

- the TAC funds rehabilitation and medical supports directly related to transport accident injuries as required by the Act
- the NDIS funds supports related to broader or non-compensable disability needs unrelated to transport accident injuries.[107]

The TAC described two main scenarios where a person may be a mutual participant of both the TAC and NDIS:

- a person who has a disability and is already receiving NDIS support, sustains new injuries in a transport accident
- a person who sustains significant permanent injuries in a transport accident may receive support from the TAC and access to NDIS supports such as Specialist Disability Accommodation.[108]

The Committee heard that TAC supports 676 clients that have dual entitlements under the NDIS and the TAC and manages 30 WorkSafe Victoria injured workers who have an approved NDIS plan as of October 2024.[109]

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102 Ibid., p. 50.

103 Ibid., pp. 50–51.

104 Transport Accident Commission, *Submission 68*, p. 50; *Transport Accident Act (1986)* (Vic) s 38.

105 Transport Accident Commission, *Submission 68*, p. 51.

106 Ibid.

107 Ibid.

108 Ibid.

109 Katherine Gobbi, Executive General Manager Clients, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 7.

Recent reforms to the NDIS and the National Disability Insurance Agency (NDIA), specifically the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act (2024)* (Cth), have altered the practical environment for mutual clients of the NDIS and TAC.[110] Changes from the federal reforms included:

- introducing a new statutory definition of 'NDIS supports'
- requiring NDIS supports to be declared in the National Disability Insurance Scheme Rules.[111]

The impact of the NDIS reforms include:

- changes to NDIS access criteria, which impacts people's eligibility for and access to support packages
- changes to 'define the scope of "reasonable and necessary supports", which have emphasised the overlaps in TAC and NDIS support types'
- evidentiary and administrative requirements between the TAC and NDIS are different.[112]

FINDING 3: The TAC has mutual clients with several other compensation and healthcare schemes that operate at state and federal levels, such as the National Disability Insurance Scheme.

1.6 Accountability and the TAC

Several bodies and organisations have oversight responsibilities of the TAC's decision-making:

- Victorian Ombudsman
- Office of the Victorian Information Commissioner
- Victorian Equal Opportunity and Human Rights Commission
- Victorian Legal Services Board and Commissioner
- Health Complaints Commissioner
- Disability Services Commissioner
- Office of the Public Advocate.[113]

Table 1.5 summarises the role of each and notes oversight functions as they relate to the claims process.

110 Transport Accident Commission, *Submission 68*, p. 50.

111 Ibid.

112 Ibid., p. 53.

113 Ibid., p. 31.

Table 1.5 Accountability arrangements for the TAC's claims framework

Organisation or body	Relevance to the TAC's claims framework
Victorian Ombudsman (VO)	The VO can review the administrative actions of Victorian government bodies and may assist a person who is dissatisfied with TAC's actions and decisions.
Office of the Victorian Information Commissioner (OVIC)	Depending on the nature of the complaint, OVIC may be able to review the administrative actions of the TAC.
Victorian Equal Opportunity and Human Rights Commission (VEOHRC)	Depending on the nature of the complaint, VEOHRC may be able to review the administrative actions of the TAC.
Victorian Legal Services Board and Commissioner (VLSBC)	Depending on the nature of the complaint, the VLSBC may be able to review the administrative actions of the TAC.
Health Complaints Commissioner (HCC)	The HCC can assist with complaints about medical service providers and the handling of health information in Victoria.
Victorian Disability Services Commissioner (VDSC)	The VDSC can assist with complaints about disability services funded by the TAC.
Office of the Public Advocate (OPA)	The OPA promotes and safeguards the rights and interests of people with disability and can investigate allegations of abuse of vulnerable Victorians.

Source: Transport Accident Commission, *Submission 68,* p. 31; Bernice Redley, *Transcript of evidence,* p. 2; Victorian Disability Services Commissioner, *What we do,* <https://odsc.vic.gov.au/about-us/what-we-do> accessed 15 July 2026; The Public Advocate, *The Public Advocate,* <https://www.publicadvocate.vic.gov.au/the-public-advocate> accessed 15 July 2026.

1.7 The TAC's strategic direction and priorities

The TAC's most recent corporate strategy, 'Make Every Day Matter', aims to modernise the TAC's systems and service and address 'changing community expectations, evolving needs and increasing complexity across both the transport and healthcare systems'.[114] The strategy outlines four strategic goals to support the TAC's overarching purpose: 'To care for the lives of everyone who travels on Victoria's roads'.[115] The goals consist of:

- Best Client Outcomes
- Evidence-Based Decision-Making
- Strong Partnerships
- Continuous Improvement.[116]

114 Ibid., pp. 13–14.

115 Transport Accident Commission, *TAC strategy - Make Every Day Matter*, <https://www.tac.vic.gov.au/about-the-tac/our-organisation/tac-mission-vision-values> accessed 15 July 2026.

116 Ibid.

The TAC outlined several reforms that it has undertaken due to this strategy and further noted the role of technology and artificial intelligence (AI) to improve its claims processes.[117] These include:

- Implementation of a new claims management platform
- Alignment with the Personal Injury Education Foundation's new National Standards for claims service delivery
- major technology and system reforms, including adoption of AI tools to improve record-keeping and communication.[118]

The TAC also noted the importance of the *Victorian Road Safety Strategy 2021–2030*, *Annual Strategy* and Service Charters, which also broadly inform or contribute to the management and delivery of its scheme.[119]

1.7.1 The TAC's organisational structure

The TAC provided the Committee with information concerning the chain of command for decision-making (see Figure 1.8). It told the Committee:

> The TAC Board has delegated its statutory functions and powers to the CEO, who has authorised TAC staff to make decisions on specific benefits and service types related to sections of the *Transport Accident Act 1986*, with conditions and limitations, as outlined in the TAC's Instrument of Authorisation and Financial Authorisation Policy.[120]

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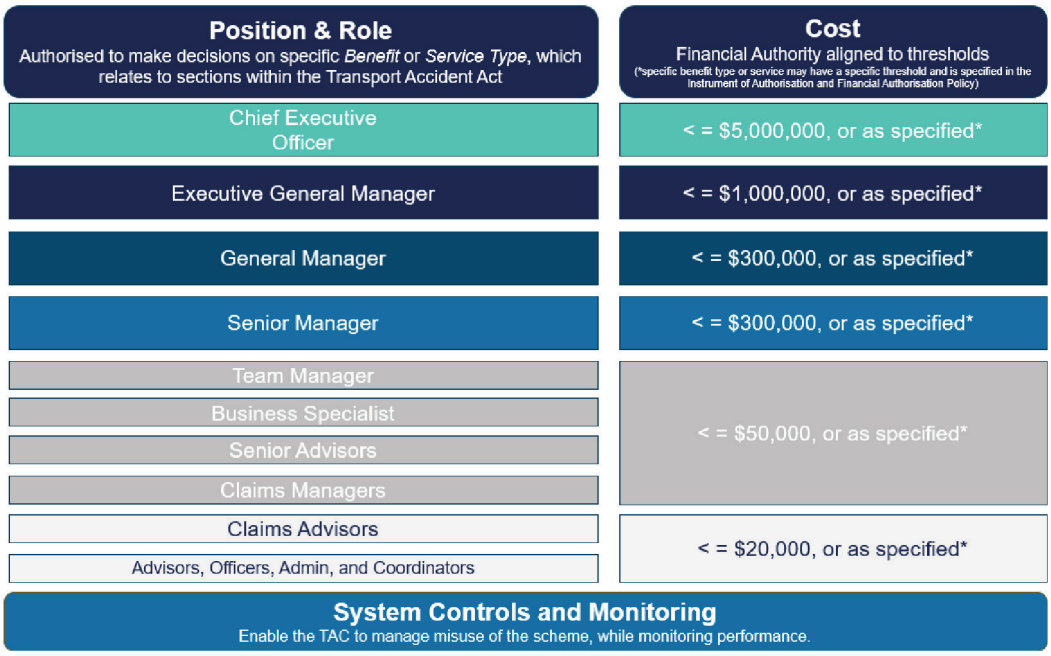
117 Transport Accident Commission, *TAC strategy - Make Every Day Matter*, <https://www.tac.vic.gov.au/about-the-tac/our-organisation/tac-mission-vision-values> accessed 15 July 2026; Transport Accident Commission, *Submission 68*, pp. 13–14.

118 Transport Accident Commission, *Submission 68*, pp. 13–14.

119 Transport Accident Commission, *Submission 68*, p. 8; Transport Accident Commission, *TAC service charters*, <https://www.tac.vic.gov.au/about-the-tac/information-and-privacy/tac-service-charters> accessed 15 July 2026; Transport Accident Commission, *Transport Accident Commission Annual report 2024–25*, 2025 <https://www.tac.vic.gov.au/__data/assets/pdf_file/0009/1012320/TAC-annual-report-2024-25.pdf> accessed 15 July 2026.

120 Transport Accident Commission, Inquiry into claims made through the Transport Accident Commission (TAC), response to questions on notice received 25 June 2026, p. 3.

Figure 1.8 The TAC's statutory delegations and financial authorisations



Source: Transport Accident Commission, Inquiry into claims made through the Transport Accident Commission (TAC), response to questions on notice received 25 June 2026, p. 3.

1.8 The TAC's financial structure and sustainability

TAC's scheme is funded through the TAC charge that forms part of the annual vehicle registration fee Victorians pay through VicRoads.[121] In addition to its insurance function, the TAC also funds research and road safety awareness campaigns. It also implements the *Victorian Road Safety Strategy 2021–2030* along with Victoria Police, the Department of Justice and Community Safety, and the Department of Health.[122]

While other Australian jurisdictions have compulsory third-party motor vehicle insurance, only Tasmania, Western Australia and the Northern Territory also run state-owned transport accident insurance schemes.[123]

1.8.1 The TAC's financial performance

Based on information in TAC annual reports, the Victorian Government's budget papers and annual financial report, and information provided to the Public Accounts and Estimates Committee (PAEC) as part of its recent financial and performance outcomes

121 Transport Accident Commission, *Submission 68*, p. 12.

122 Ibid.

123 'Compulsory third party' (CTP) insurance covers road users' legal liability in the event of accidents causing injury or death to other road users, including drivers, passengers, pedestrians and bike riders. In Victoria, road users are considered covered by CTP once the motor vehicle registration, which includes the TAC charge, has been paid. NRMA, *How CTP works in Australia: a guide for each state and territory*, 17 March 2025, <https://www.nrma.com.au/blog/on-the-road/how-ctp-works-in-australia> accessed 22 May 2026.

and budget estimates inquiries, the main findings of TAC's financial performance over the last ten years are that:

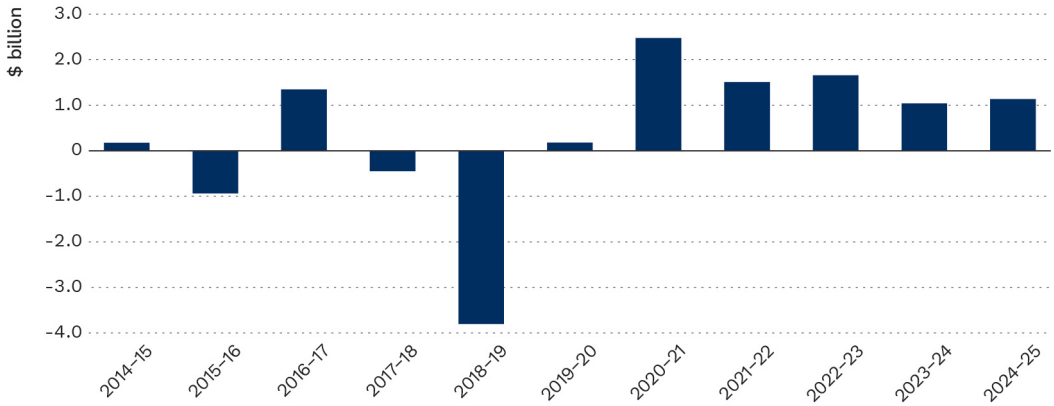
- The TAC has experienced strong net operating profits since 2020–21, driven by high investment returns and falling claims and claims costs.
- The TAC's insurance funding ratio (IFR), a measure used to determine an insurance fund's financial sustainability using a ratio of assets to liabilities, is 152.5%, above the upper end of the TAC's set target range (100–145%) and has been sitting above the target range for eight of the last ten years.
- It paid over $2 billion in dividend and equivalent payments across the 2023–24 and 2024–25 financial years, and further substantial dividend payments are forecast to be paid in 2026–27 and the current forward estimates period.

1.8.2 The TAC has posted strong net operating profits since 2020–21

The TAC has experienced strong net operating profits in recent years, rebounding strongly after the COVID-19 pandemic and immediately preceding years. The $3.8 billion operating loss in 2018–19 was a result of low Commonwealth bond rates and long-term discount rate assumptions. The TAC noted that the low interest rate environment at the time 'significantly impacted the financial results of similar long-tail insurers'.[124]

The net operating profits achieved since 2020–21 have been attributed to reductions in claims and incurred costs and high investment returns.[125] The TAC's investment portfolio is managed by the Government investment agency, Victorian Funds Management Corporation.[126]

Figure 1.9 TAC net operating balance, 2014–15 to 2024–25



Source: TAC Annual Reports, 2014–15 to 2024–25.

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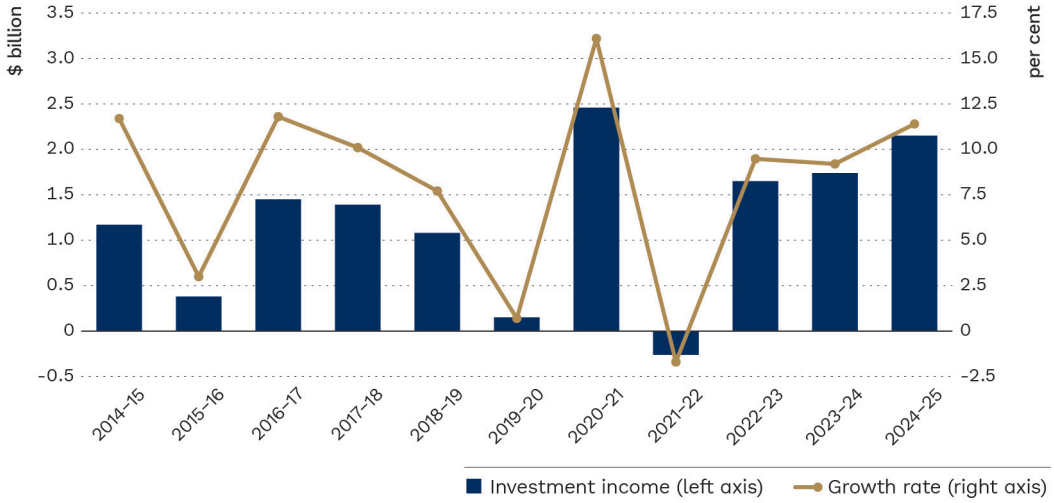
124 Transport Accident Commission, *Annual Report 2018–19*, Melbourne, 2019, p. 6. 'Long tail' is an insurance term applied to Government insurers such as TAC and WorkSafe where claims may take years due to prolonged treatments or ongoing income support.

125 Transport Accident Commission, *Annual Report 2022–23*, Melbourne, 2023, p. 706; Transport Accident Commission, *Annual Report 2023–24*, Melbourne, 2024, p. 66.

126 Victorian Funds Managmement Corporation, *Our clients* <https://www.vfmc.vic.gov.au> accessed 22 May 2026.

The TAC's investment portfolio has experienced strong investment returns over the last three financial years, with year-on-year growth rates of over 9%. Most recently in 2024–25, TAC's $2.15 billion in investment return reflected an 11.4% investment growth rate. The TAC noted in a PAEC questionnaire response that the increased investment income is used to fund claims costs.[127]

Figure 1.10 TAC net investment performance, 2014–15 to 2024–25

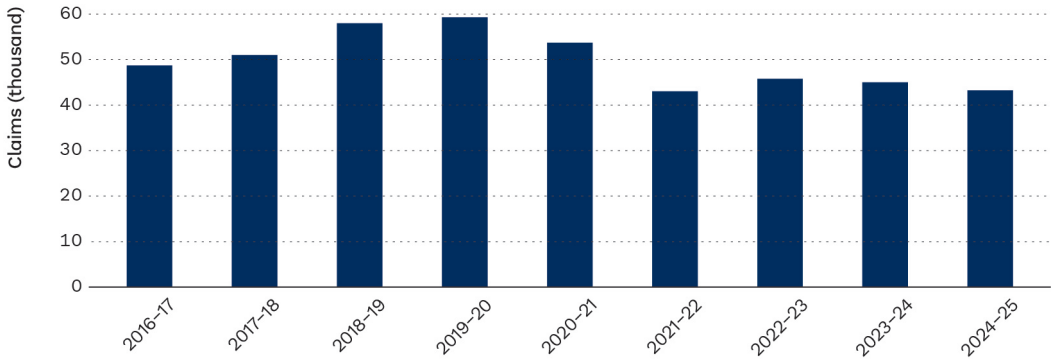


Source: TAC Annual Reports, 2014–15 to 2024–25.

1.8.3 The number of active claims has fallen since 2019–20

As noted, TAC has attributed it strong financial performance in recent years to lower claims costs, in addition to high investment returns. The number of active claims in 2024–25 was 43,255. These have hovered between 43,000 and 45,000 since 2021–22, falling from a peak of 59,298 claims in 2019–20. Overall, the number of active claims has fallen by an average annual rate of 1.5% since 2016–17.

Figure 1.11 TAC active claims, 2016–17 to 2024–25

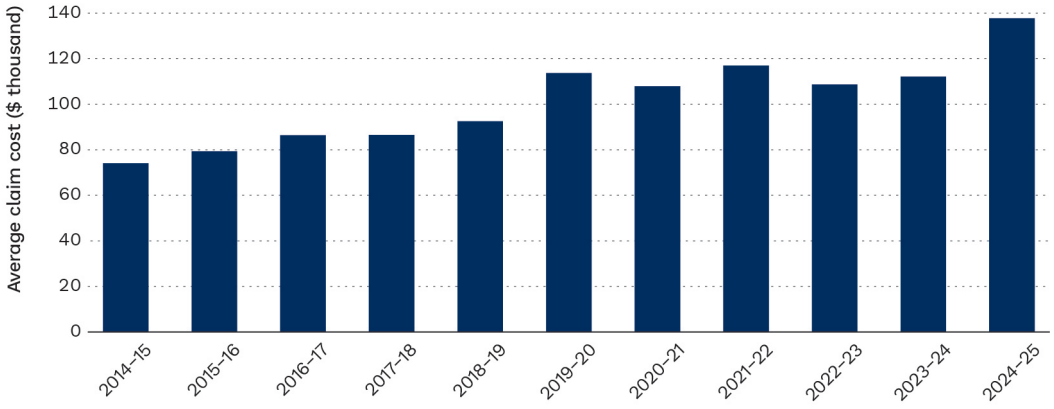


Source: TAC Annual Reports, 2016–17 to 2024–25.

127 Victorian Managed Insurance Authority, *2024–25 Financial and Performance Outcomes Questionnaire*, received 13 November 2025, p. 20; WorkSafe Victoria, *2024–25 Financial and Performance Outcomes Questionnaire*, received 13 November 2025, p. 20; Transport Accident Commission, *2024–25 Financial and Performance Outcomes Questionnaire*, received 13 November 2025, p. 20.

In terms of average claim's size, this increased to $137,773 in 2024–25, after averaging between $107,000 and $116,000 over the prior five financial years.

Figure 1.12 TAC average claim size, 2014–15 to 2024–25



Source: TAC Annual Reports, 2014–15 to 2024–25.

1.8.4 TAC's insurance funding ratio is above its target range

The insurance funding ratio (IFR) is used by Government insurers as a measure of a scheme's long-term financial sustainability. It shows the ratio of assets to liabilities.[128] As an example, an IFR of 104% indicates that for every $100 an insurer has in liabilities, it has $104 in assets.[129]

Victoria's insurers all have a target IFR range. For the TAC, this is 100% to 145%. The TAC IFR fell within this range between 2018–19 and 2019–20 when it was 137.7%. Aside from these years, the IFR has remained above the upper level of the preferred IFR range.

Going forward, the TAC intends to use a 'new long-term investment objective return of 7.3% effective 1 July 2025' meaning the IFR will fall by 6.8% to 145.7%.[130] This is still above the TAC's target IFR range, and the TAC's Annual Report 2024–25 noted that it intends to further reduce its IFR to the range's midpoint.[131] This would also be in line with the Department of Treasury and Finance's capital management policy guidance for State insurers.[132]

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128 Victorian Managed Insurance Authority, *Annual Report 2023–24*, Melbourne, 2024, p. 81.

129 Public Accounts and Estimates Committee, *Report on the 2020–21 Budget Estimates*, April 2021, p. 152.

130 Transport Accident Commission, *2024–25 Financial and Performance Outcomes Questionnaire*, received 13 November 2025, p. 28.

131 Transport Accident Commission, *Annual Report 2024–25*, Melbourne, 2025, p. 55.

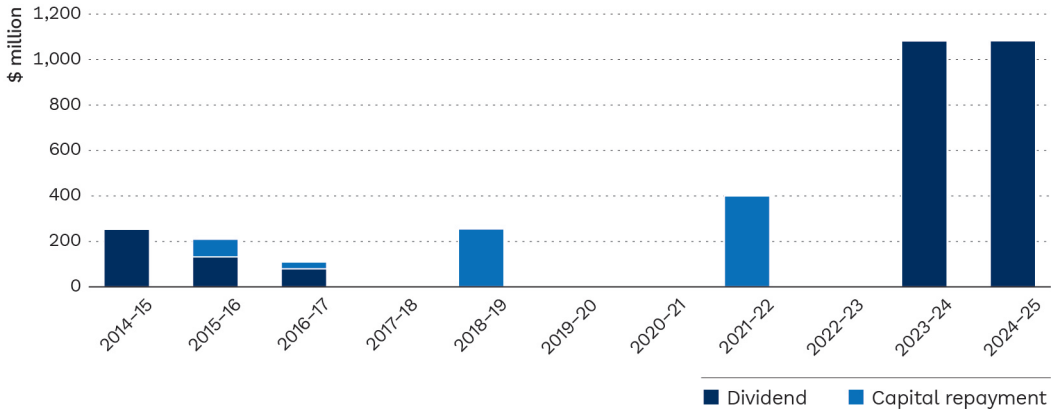
132 Department of Treasury and Finance, *Prudential Insurance Standard for Victorian Government insurance agencies*, Melbourne, 2015, p. 7.

1.8.5 Large dividend and capital payments have been made by the TAC in recent years and are expected to continue

As a State-owned insurance agency, the TAC forms part of the public financial corporations (PFC) sector, one of the three sectors comprising Victoria's finance reporting system.[133] PFC agencies can be required to pay dividends to the general government sector, dependent on the Government's dividend policy and the profitability of the agencies.

The TAC can be required to make capital repayments to the general government sector under the Act.[134] These payments are made after a formal determination by the Treasurer, following consultation with the TAC and the relevant Minister.[135]

Figure 1.13 TAC dividend and capital repayments made to the general government sector, 2014–15 to 2024–25



Source: TAC Annual Reports, 2014–15 to 2024–25.

The TAC's 2024–25 $1.1 billion dividend to the general government sector comprised a $748 million dividend in addition to a tax equivalent payment of $387 million.[136] For the current financial year, the 2025–26 budget papers forecast the TAC to make a dividend equivalent payment of $1.15 billion in 2028–29.[137] While budgets may forecast TAC dividends in coming years, decisions about final dividend payments are made after an annual discussion between the Treasurer and the TAC, towards the end of the financial year.

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133 The three sectors are: the general government sector (GGS), made up of Departments and agencies controlled and largely financed by the Government; the public non-financial corporations (PNFC) sector which like the PFC sector provide services on a commercial basis by recovering costs through user charges and fees and includes the water entities, Homes Victoria, VicTrack and Development Victoria. The PFC sector includes the State's insurers and agencies providing financial services.

134 *Transport Accident Act 1986* (Vic), s 29.

135 Transport Accident Commission, *Annual Report 2022–23*, Melbourne, 2023, p. 70.

136 Transport Accident Commission, *Annual Report 2024–25*, Melbourne, 2025, p. 89.

137 Department of Treasury and Finance, *Budget Paper No. 5: 2025–26 Statement of Finances*, Melbourne, 2025, p. 21.

FINDING 4: The TAC has demonstrated a strong financial position for many years.

FINDING 5: In the 2023–24 and 2024–25 financial years, the Victorian Government withdrew abnormally large dividends from the TAC.

1.9 Health privacy and information sharing in Victoria

The TAC identified the relevant Victorian and Commonwealth Acts that regulate its approach to information sharing and privacy obligations:

- Section 131 of the *Transport Accident Act 1986* (Vic)
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- Section 58 and Section 67 of the *National Disability Insurance Scheme Act 2013* (Cth)
- *Disability and Social Services Regulation and Amendment Act 2023* (Vic).[138]

1.9.1 The TAC's personal and health information collection and sharing process

People who make a claim to the TAC's compensation scheme sign an Authority to Release Information form.[139] This form grants the Commission 'permission to collect and share relevant personal and health information' from other organisations including:

- medical service providers
- employers
- federal and interstate agencies and schemes such as Medicare and the NDIA.[140]

The TAC is required to manage this information in alignment with:

- the *Privacy and Data Protection Act 2014* (Vic) information privacy principles (see Figure 1.14)
- the *Health Records Act 2001* (Vic) health privacy principles.[141]

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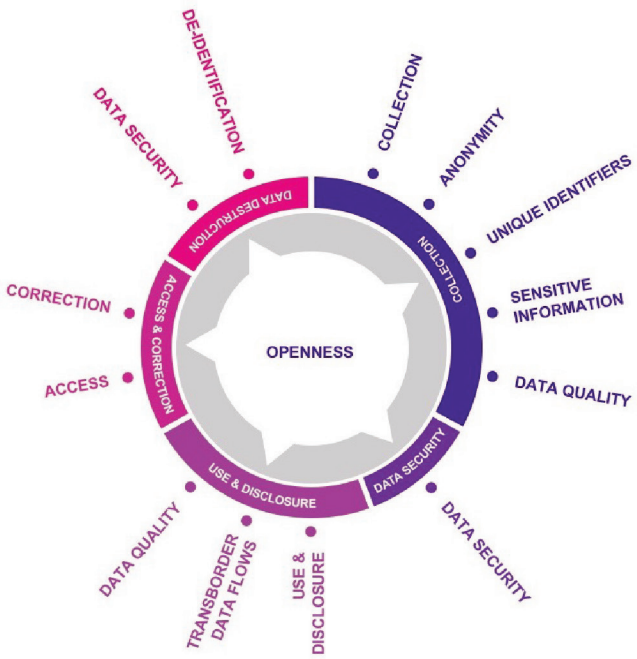
138 Transport Accident Commission, *Submission 68*, p. 50.

139 Ibid., p. 53.

140 Ibid., pp. 50, 53.

141 Transport Accident Commission, *Submission 68*, p. 53; *Health Records Act 2001* (Vic) sch 1; *Privacy and Data Protection Act 2014* (Vic) sch 1.

Figure 1.14 The Information privacy principles applied to an information's lifecycle



Source: Office of the Victorian Information Commissioner, *Information Privacy Principles Short Guide*, <https://ovic.vic.gov.au/privacy/resources-for-organisations/information-privacy-principles-short-guide> accessed 8 July 2026.

The TAC interacts and coordinates with other schemes and agencies across the healthcare system.[142] For example, it may use legislative powers to share 'relevant information with WorkSafe when lawful and required … to ensure people are not compensated twice for the same injury'.[143]

The TAC has memoranda of understanding (MOUs) and protocols with some state and federal agencies to support cooperation and lawful information sharing and coordination, which include:

- An MOU with WorkSafe
- An MOU with the NDIA
- An information sharing protocol with the NDIS Quality and Safeguards Commission.[144]

142 Transport Accident Commission, *Submission 68*, p. 50.

143 Ibid., p. 53.

144 Transport Accident Commission, *Submission 68*, pp. 53–54; Jeremy King, Chair of the LIV Transport Accident Committee, Law Institute of Victoria, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, pp. 35–36.

1.9.2 Inquiry into the operation of the *Freedom of Information Act 1982* (Vic)

During this Inquiry, the Committee received concerns from stakeholders about TAC clients struggling to access their own information. The Committee notes the Victorian Parliament's Integrity and Oversight Committee's Final Report for the *Inquiry into the operation of the Freedom of Information Act 1982*, which was tabled on 23 September 2024. The Government Response to the Final Report was tabled on 24 March 2025.

The Final Report noted mechanisms for accessing personal and health information in Victoria, which remain current as of July 2026:

> In Victoria, personal and health information can be accessed via a variety of pathways, including:
>
> - the informal and formal release mechanisms in the *Freedom of Information Act 1982* (Vic)
> - the statutory release scheme for health information held by private health service organisations in the *Health Records Act 2001* (Vic) … and the statutory release mechanism in the *Health Services Act 1988* (Vic)
> - the statutory release mechanism for personal information in the *Privacy and Dara Protection Act 2014* (Vic)
> - alternative statutory release schemes for particular kinds of personal information, for example, the statutory release scheme for WorkSafe claims information in the *Workplace Injury Rehabilitation and Compensation Act 2013* (Vic).[145]

Section 4.3.3 of the Committee's Final Report considers access to personal and health information and 'sets out a way forward to address the limitations of the current access model with respect to personal and health information'.[146] Section 4.3.3 described

> how access to personal and health information can be simplified and streamlined to improve efficiency, support timelier access, and ensure that it is only accessed under the formal-release mechanism in FOI legislation as a last resort.[147]

Consequently, the Final Report made several Recommendations that are relevant to this Inquiry (shown in Table 1.6).

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145 Parliament of Victoria, Integrity and Oversight Committee, *Inquiry into the operation of the Freedom of Information Act 1982*, September 2024, p. 208.

146 Ibid., p. 158.

147 Ibid., p. 232.

Table 1.6 Recommendations from the *Inquiry into the operation of the Freedom of Information Act 1982* Final Report that concern access to personal and health information

Recommendation from the Final Report for the *Inquiry into the operation of the Freedom of Information Act 1982*	Relevancy and applicability to the *Inquiry into claims made through the Transport Accident Commission (TAC)*
RECOMMENDATION 95: That the public's right to request a correction or amendment of personal information under the *Freedom of Information Act 1982* (Vic), *Health Records Act 2001* (Vic) and *Privacy and Data Protection Act 2014* (Vic) be consolidated in the *Privacy and Data Protection Act 2014* (Vic).	This Recommendation seeks to address the limitations of the current access model with respect to personal and health information.
RECOMMENDATION 96: That the Victorian Government consolidate the Health Privacy Principles in the *Health Records Act 2001* (Vic) and the *Information Privacy Principles in the Privacy and Data Protection Act 2014* (Vic) in the *Privacy and Data Protection Act 2014* (Vic), under the regulation of the Office of the Victorian Information Commissioner.	This Recommendation seeks to address the limitations of the current access model with respect to personal and health information.
RECOMMENDATION 97: That access to personal and health information be regulated under Victoria's new third-generation push FOI system, and that this access arrangement replace the existing fragmented access arrangements under FOI and health and privacy legislation.	This Recommendation is contingent on the establishment of a new third-generation 'push' FOI system. Consider how this model could enhance health privacy and information sharing in Victoria.
RECOMMENDATION 98: That the public's enforceable access and review rights under the *Freedom of Information Act 1982* (Vic), with respect to personal and health information, be retained in legislation establishing the formal mechanism in Victoria's new third-generation 'push' FOI system, but positioned as a last resort for obtaining access to such information.	This Recommendation is contingent on the establishment of a new third-generation 'push' FOI system. Consider how this model could enhance health privacy and information sharing in Victoria.
RECOMMENDATION 99: That legislation establishing Victoria's new third-generation 'push' FOI system authorise, strongly encourage and support agencies (and ministers) to release personal and health information through the informal-release mechanism as a first port of call, and establish, for that purpose, administrative access schemes for frequently requested information.	This Recommendation is contingent on the establishment of a new third-generation 'push' FOI system. Consider how this model could enhance health privacy and information sharing in Victoria.
RECOMMENDATION 100: That legislation establishing Victoria's new third-generation 'push' FOI system protect FOI decision-makers from civil and criminal liability with respect to their good-faith release of information under the informal and formal release mechanisms.	This Recommendation is contingent on the establishment of a new third-generation 'push' FOI system. Consider how this model could enhance health privacy and information sharing in Victoria.
RECOMMENDATION 101: That legislation establishing Victoria's new third-generation 'push' FOI system exempt from the FOI scheme information that can be accessed under the access to information regime established by s 9 of the Workplace Injury Rehabilitation and Compensation Act 2013 (Vic).	This Recommendation is contingent on the establishment of a new third-generation 'push' FOI system. Consider how this model could enhance health privacy and information sharing in Victoria.

Source: Parliament of Victoria, Integrity and Oversight Committee, *Inquiry into the operation of the Freedom of Information Act 1982*, pp. 230–231.

The Victorian Government's Response noted recommended changes to Victoria's 'current FOI framework so that access to government information is centred around a "Right to Information" (RTI) scheme'.[148] The Victorian Government further stated that 'government is taking the time to consider the report's findings and recommendations

148 Government of Victoria, *Response to the Parliament of Victoria, Integrity and Oversight Committee, Inquiry into the operation of the Freedom of Information Act 1982*, p. 2.

in detail to determine whether the proposed RTI scheme and associated frameworks are the most appropriate model for Victoria'.[149]

FINDING 6: The Integrity and Oversight Committee's Final Report for the *Inquiry into the operation of the Freedom of Information Act 1982* emphasised the need for a Right to Information model for Freedom of Information requests to support and improve Victorians access to their personal and health information.

FINDING 7: Stakeholders in this Inquiry into the TAC raised concerns about access to their own personal and health information.

RECOMMENDATION 1: That the Victorian Government implement all Recommendations from the Integrity and Oversight Committee's Final Report for the *Inquiry into the operation of the Freedom of Information Act 1982*.

149 Ibid.

Chapter 2
The TAC's compensation scheme: meeting the needs of clients and medical service providers

2.1 Overview

Chapter 1 established that the TAC has the legislated responsibility to deliver suitable and just compensation to people who are injured in or who die from a transport accident (most commonly their family members / dependents). It must do this while also managing the compensation scheme as effectively, efficiently and economically as possible.[1]

The Committee heard from TAC clients, their families and friends, medical service providers, and the TAC that the inherent administrative complexity of the TAC compensation scheme interacts with structural challenges in the wider health and disability sectors to create challenges for all parties as they navigate the scheme.

Evidence from stakeholders described the complexity of the scheme as necessary as it scales up according to how much support an injured person requires. This means that people who suffer the most severe injuries, an acquired brain injury (ABI), or who have pre-existing psychosocial disabilities, face the greatest administrative requirements to participate effectively in the scheme. However, these people also typically experience the most diminished physical and cognitive capacity. Without adequate support, full participation in the scheme can prove extremely difficult.

This Chapter examines the factors that contribute to the complexity of the compensation scheme, including rising case complexity, fraud controls, and its interaction with the National Disability Insurance Scheme (NDIS). Further, it explains the administrative requirements that fall on TAC clients and medical service providers.

It also addresses the structural challenges that the TAC faces as it administrates the compensation scheme in accordance with the *Transport Accident Act 1986* (Vic) in markets where both public and private providers operate. It draws on stakeholder evidence to explain that while the TAC is accountable to its legislated objectives, the private healthcare market presents its own challenges, including prices that are rising faster than the Consumer Price Index (CPI) and shortages of specialist skills. Ultimately,

1 *Transport Accident Act 1986* (Vic) s 11.

providers commonly exercise their discretion to set their fees above the Medicare Benefits Schedule.

This Chapter explains how, when medical service providers and the TAC disagree over what constitutes a reasonable fee or administrative workload, clients ultimately suffer the consequences. They are forced to make gap payments or learn that some providers elect to not treat TAC-funded patients altogether. Stakeholders explained that this can lead to financial stress, reduce overall provider availability, and undermine a TAC client's ability to gain timely, reasonable access to support that is essential to their recovery. For TAC clients in regional and rural areas, where provider availability is already diminished when compared to metropolitan areas, these challenges are even greater.

The Committee heard from TAC clients who not only suffered severe injuries, trauma and bereavement from transport accidents that changed their lives, but whose experience of navigating the compensation scheme has been challenging, distressing and caused harm. This Chapter seeks to ensure that their voices are clearly heard by the Victorian Parliament, the Victorian Government and the TAC, and to illustrate the harm that can occur when administrative processes overwhelm or fail vulnerable people.

Lastly, this Chapter shines a light on the impact that navigating the complexity of the TAC compensation scheme can have on the families of injured people, who make significant personal and financial sacrifices to take on the burden of caring and advocating for their loved ones.

2.2 The TAC's compensation scheme can be complex to navigate

2.2.1 Why is the TAC's compensation scheme considered complex?

The Committee heard that the TAC claims process can be lengthy, 'inherently complex',[2] and difficult to navigate.[3] This is especially the case for TAC clients suffering trauma, injury, or bereavement where difficulties navigating the scheme are acutely felt by people with 'cognitive impairment, ABI, or psychosocial disability'.[4]

Observations from scheme participants and medical service providers suggest that the greater an individual's post-accident needs and the longer they require support from

2 Jeremy King, Chair of the LIV Transport Accident Committee, Law Institute of Victoria, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 29.

3 Bernice Redley, Commissioner, Health Complaints Commissioner, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 2; Mark Gibbins, President, Australasian Association of Medico-Legal Providers, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 12; David Petherick, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 20; Susan Accary, State President VIC, Australian Lawyers Alliance, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 31.

4 Rights Information and Advocacy Centre, *Submission 27*, p. 2.

the scheme, the more complex it can be for them to understand the process.[5] Amber Community described the complexity of the TAC compensation scheme as 'necessary' but explained that it 'can be overwhelming, confusing, and distressing, adding secondary trauma to the initial road incident'.[6]

As discussed in Chapter 1, the TAC has the legislated twin objectives of guaranteeing that the scheme is administered effectively and efficiently, while ensuring that 'appropriate compensation is delivered in the most socially and economically appropriate manner and as expeditiously as possible'.[7]

Over 620,000 people have become TAC clients since its inception[8] and the majority of claims made by TAC clients are relatively minor. For example, in 2024–25, the TAC provided support to 43,255 clients, 14,654 of whom were new to the scheme.[9] In that same year, around 72 per cent of people who received compensation from the TAC had recovered after 12 months and no longer required support.[10]

Under Section 70 of the *Transport Accident Act 1986* (Vic) (the Act), the TAC must respond to a lodged claim within 21 days by accepting or rejecting the claim or requesting additional information.[11] The TAC's submission noted that in 2024–25, it 'met this obligation in 99.1% of cases, with 80% of claims accepted within just four days.'[12]

As was noted in Chapter 1, after the TAC accepts liability for a claim clients can access a range of funded treatments and services for the first 90 days after the transport accident without needing individual approval.[13] These services include but are not limited to: allied health and physical therapies; hospital treatment; medical imaging; dental services; rehabilitation services; and support for family members.[14] The Committee heard that this timeframe is 'a key facilitator for more timely access to services'.[15]

At the conclusion of this 90-day window, scheme participants and medical service providers are required to submit all requests for treatment, services and support to the TAC for approval. These are then considered by claims managers in line with the TAC's decision-making principles (see Table 1.4 in Chapter 1).

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5 Susan Accary, Transcript of evidence, p. 31; Geraldine Collins, Deputy Chair, Transport Accident Committee, Law Institute of Victoria, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 32; Jeremy King, Transcript of evidence, pp. 31–32; Transport Accident Commission, Submission 68, pp. 13, 51–52; Australian Medical Association Victoria, *Submission 23*, p. 4; Rights Information and Advocacy Centre, Submission 27, p. 2; Amber Community, Submission 42, p. 2.

6 Ibid.

7 *Transport Accident Act 1986* (Vic) s 11.

8 Tracey Slatter, CEO, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 2.

9 Transport Accident Commission, *Submission 68*, p. 17.

10 Tracey Slatter, *Transcript of evidence*, p. 2.

11 *Transport Accident Act 1986* (Vic) s 70(1).

12 Transport Accident Commission, *Submission 68*, p. 19.

13 Ibid., p. 21.

14 Transport Accident Commission, *Medical expenses and supports* <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services> accessed 30 June 2026.

15 Professor Belinda Gabbe, *Submission 47*, p. 1.

The TAC's submission noted that it made 100,185 decisions in 2024–25, of which 7,434 were denials or partial approvals that were sent for review.[16]

Professor Belinda Gabbe highlighted that the utility of this window is complicated by healthcare shortages that have increased over the last decade.[17] For example, in her submission, Professor Gabbe cited a study that found that the average wait time for psychiatry services in Australia in 2011 was 26 days but by 2022 this had climbed to 77 days.[18] Further, regional and remote areas consistently face longer wait times for mental health services than those living in major cities.[19]

One submission explained how their access to post-accident treatment was complicated by a lengthy wait for a GP appointment that ate into the 90-day window:

> I have been told I was only to use one healthcare service at a time unless my GP advised/referred to more. It takes 8 weeks for me to see my preferred GP and prior to that, the only doctors I could get in to see said "we could look into some options in the future" so I wasn't able to see any specialists until 8 weeks post-accident. which is crucial time for the healing process. I have never been in a car accident before, I did not know the process, I did not know my entitlements, and now I have a chronic condition I am trying to work through.[20]

The link between case complexity and administrative requirements

Stakeholders told the Committee that once the 90-day post-accident window closes, adjusting to a new process for accessing funded treatments or support services with rigorous evidentiary demands can be difficult for those clients with diminished capacity long after their accident.[21]

The TAC told the Committee that it is managing a rise in complexity across its claims, which has complicated its decision-making processes around liability determinations, treatment approvals, and work capacity assessments.[22] It argued that this reflects an increase in complex health and social issues across the broader community, including 'a rise in psychological injuries, more clients with pre-existing or co-morbid conditions, increasing healthcare costs, and growing community expectations regarding access, transparency and service quality'.[23]

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16 Transport Accident Commission, *Submission 68*, p. 28.

17 Professor Belinda Gabbe, *Submission 47*, p. 1.

18 Ibid.

19 Ibid.

20 Name withheld, *Submission 22*, p. 1.

21 Australian Lawyers Alliance, *Submission 63*, p. 6; Professor Belinda Gabbe, *Submission 47*, p. 1; David Petherick, *Transcript of evidence*, p. 20.

22 Transport Accident Commission, *Submission 68*, p. 5.

23 Ibid.

Evidence heard by the Committee indicated that complex cases typically involve but are not limited to:

- multiple or complex injuries whose treatment requires the involvement of multiple medical service providers
- long-term or life-long support requirements
- acquired/traumatic brain injuries
- accident-related care needs that evolve over time (such as when children grow or adults age)
- delayed onset of symptoms or injuries that worsen over time
- psychological injuries (or 'mental health only injuries'[24])
- chronic pain
- participation with and disputed liability between another government support scheme (such as the NDIS or WorkCover)
- pre-existing or co-morbid medical conditions that interact with accident-related injuries.

The Law Institute of Victoria's (LIV) submission explained that the TAC can require 'contemporaneous or highly specific medical evidence to demonstrate causation between the transport accident and the claimed injury'.[25] It noted that this can be challenging, 'especially where there is psychological injury, chronic pain, or delayed symptom onset, and [this] can result in contested or delayed claims, even where injury is genuine'.[26]

This can prove especially complex as clients age and the TAC is obligated to make a determination around whether requests relate to injuries resulting from the transport accident or are part of the natural ageing process.[27] The TAC's submission acknowledged 'injury causation', 'treatment necessity', and 'interpretation of clinical evidence' as the leading drivers of disputes with clients.[28]

The delayed onset of symptoms can also present difficulties. For example, Erin Casey told the Committee that although she has been diagnosed with persistent post-concussion syndrome by two neurophysicians, the TAC has denied liability for the injury as this diagnosis was not present on her post-accident hospital admission form. Ms Casey explained that it is now up to her 'to find that time and energy' to dispute the TAC's decision.[29]

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24 Jeremy King, *Transcript of evidence*, p. 31.

25 Law Institute of Victoria, *Submission 30*, p. 5.

26 Ibid.

27 Dr Jai Cooper, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 52.

28 Transport Accident Commission, *Submission 68*, p. 6.

29 Erin Casey, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 23.

The Committee learnt that in the 12 months to December 2025, the TAC provided $256 million in essential supports to 1,511 severely injured clients. These supports included nursing and attendant care.[30] At a public hearing, the TAC's CEO, Tracey Slatter, said 'that is our core business, supporting people who have acquired a disability, for example, an acquired brain injury, as a result of their transport accident … But if there is more we can do in that regard, we are absolutely committed to continual improvement.'[31]

Requests for information and medico-legal processes

Additional requests for information and medico-legal processes are commonly used by the TAC to determine whether treatment is reasonable and necessary. The TAC acknowledged that 'specialist input or assessment may extend decision timeframes', but maintained that it 'can be necessary to ensure decisions are accurate, clinically justified, procedurally fair, and aligned with a client's recovery needs'.[32]

This is done through one of the three medico-legal assessment pathways mentioned in Section 1.5.1 of this Report: TAC Clinical Panels; Joint Medical Examinations (JMEs); or Independent Medical Examinations (IMEs).

Impairment guidelines

The Committee heard that since 1997 the TAC's impairment assessment has been based on the American Medical Association's *Guides to the Evaluation of Permanent Impairment* 4th Edition (AMA4), published in 1993. These guides have been supplemented by amendments that update procedures around spinal assessments, psychiatric assessment and others.[33] The TAC's impairment assessment framework evaluates psychiatric injury using the *Guide to the Evaluation of Psychiatric Impairment for Clinicians*, which was published on 26 July 2006.[34]

One submission noted that the American Medical Association Guides are now at their 6th Edition after an update in 2025.[35] The submission argued that the 6th edition is 'much more consistent with current understandings of science, medicine, impairment and disability' and that adopting it as the basis for impairment calculations could improve outcomes for clients.[36]

The Committee is aware that AMA4 also provides the basis for the Motor Accident Permanent Impairment Guidelines issued by the State Insurance Regulatory Authority

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30 Transport Accident Commission, *Submission 68*, p. 26.

31 Tracey Slatter, *Transcript of evidence*, p. 9.

32 Transport Accident Commission, *Submission 68*, p. 23.

33 Name withheld, *Submission 24*, pp. 2–3.

34 Transport Accident Commission, *Requirements for TAC impairment assessments* <https://www.tac.vic.gov.au/providers/resources/joint-medical-examination-process-for-legal-professionals/impairment-assessment> accessed 2 July 2026.

35 Name withheld, *Submission 24*, p. 3.

36 Ibid.

of New South Wales.[37] It is also used in various workers' or motor vehicle accident compensation schemes in other Australian states and territories, New Zealand, the United States, Canada, and jurisdictions in Europe, Africa, Asia, and the Middle East.[38]

Interaction with the National Disability Insurance Scheme

At the time of writing this Report, there were 676 clients enrolled in the TAC scheme who have dual entitlements under the NDIS.[39] The Committee heard from the TAC, medical service providers, and scheme participants that there is significant complexity for these mutual clients and others who hold dual entitlements with state-based compensation schemes such as WorkCover.[40]

The TAC noted that although there is a clear delineation of responsibilities between the TAC compensation scheme and the NDIS in principle, it can be difficult to apply this distinction in practice when there are service gaps or when neither scheme covers a certain support.[41]

Stakeholder experiences shared with the Committee further reflected the view that the two systems do not always work well together.[42] The Australian Medical Association Victoria (AMA Victoria) explained in its submission that boundaries between schemes are not always clear and that 'supports and funding can become contested, particularly for patients with complex or longer-term needs'.[43] Clarifying scheme liability can lead to delays in treatment or care not being provided at all.[44]

Further, the submission added that unclear boundaries, different administrative requirements and eligibility requirements between schemes creates a substantial administrative burden for treating practitioners. They are often expected to 'manage these interfaces on behalf of patients, including providing additional documentation, responding to requests from multiple agencies, and attempting to resolve inconsistencies between schemes.'[45]

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37 State Insurance Regulatory Authority (NSW), *Motor accident permanent impairment guidelines*, <https://www.sira.nsw.gov.au/resources-library/motor-accident-resources/publications/motor-accident-disputes/guidance-material-for-medical-assessors/motor-accident-permanent-impairment-guidelines> accessed 2 July 2026.

38 Mohammed I. Ranavaya and Christopher R. Brigham, 'International Use of the AMA Guides to the Evaluation of Permanent Impairment', *AMA Guides Newsletter*, Vol 25:2, 1 March 2020, <https://ama-guides.ama-assn.org/view/journals/ama-guides-newsl/25/2/article-p3.xml> accessed 10 July 2026.

39 Katherine Gobbi, Executive General Manager Clients, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 75.

40 Transport Accident Commission, *Submission 68*, pp. 51–52; Peter Hotchin, *Submission 29*, pp. 4–5; Australian Medical Association Victoria, *Submission 23*, p. 4; Rights Information and Advocacy Centre, *Submission 27*; Australian Lawyers Alliance, *Submission 63*, pp. 5, 11.

41 Transport Accident Commission, *Submission 68*, pp. 51–52.

42 Australian Medical Association Victoria, *Submission 23*, p. 4; Rights Information and Advocacy Centre, *Submission 27*; Australian Lawyers Alliance, Submission 63, p. 11; Rebecca Styles, *Submission 18*, p. 4; Peter Hotchin, *Submission 29*, pp. 4–5.

43 Australian Medical Association Victoria, *Submission 23*, p. 4.

44 Ibid.

45 Ibid.

AMA Victoria noted that its members described these processes as 'time consuming and not always recognised within existing arrangements'.[46] David Petherick, Advocacy Director, Rights Information and Advocacy Centre, told the Committee that while different schemes may agree about a person's need and eligibility for support services, disputes arise over which scheme is financially liable.[47]

The TAC added that recent reforms at the federal level, including changes to NDIS access criteria, 'have not affected TAC clients' entitlements under the [Transport Accident] Act [1986] but have made existing challenges in coordinating support and ensuring continuity of care more pronounced'.[48]

The TAC's submission identified 'no unreasonable legal barriers in sharing information with the NDIA in relation to claims decision-making or timeliness'. However, current privacy protection settings can 'impede timely decision-making, require duplicative assessments and documentation, and limit the ability of agencies to take a coordinated, whole-of-person approach'.[49]

FINDING 8: The majority of TAC clients fully recover within 12 months of their traffic accident. For these clients the compensation scheme is relatively simple to navigate.

FINDING 9: The complexity of the administrative requirements of the TAC compensation scheme increases proportionately with the severity of traffic accident injuries. Conversely, the ability of clients to navigate the scheme can decrease with severe injuries such as acquired brain injury. This difficulty is exacerbated when clients do not have the support they need to meet the TAC's requirements.

FINDING 10: The TAC, as with equivalent schemes interstate and internationally, draws its impairment guidelines from the American Medical Association's *Guides to the Evaluation of Permanent Impairment* 4th edition (1993) and *The Guide to the Evaluation of Psychiatric Impairment for Clinicians* (2006). The most recent American Medical Association Guides were published in their 6th edition in 2025.

RECOMMENDATION 2: That the TAC should consider adopting a more recent version of the American Medical Association Guides to inform its impairment guidelines. Any such consideration should include interoperability issues with other schemes.

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46 Ibid.

47 David Petherick, Advocacy Director, Rights Information and Advocacy Centre, public hearing, Melbourne, *Transcript of evidence*, p. 19.

48 Transport Accident Commission, *Submission 68*, p. 6.

49 Ibid., p. 54.

FINDING 11: The TAC's obligation to understand which injuries an individual sustained as a result of a transport accident is complicated by factors that include:

- Ageing
- Co-morbid medical conditions that interact with accident injuries
- Physical or psychosocial disability
- An increase in complex social issues across the broader community
- Delayed onset of symptoms or injuries that worsen over time.

FINDING 12: Although there is a clear delineation of responsibilities between the TAC compensation scheme and the National Disability Insurance Scheme (NDIS) in principle, it can be difficult to apply this distinction in practice. This creates significant complexity for TAC–NDIS mutual clients.

RECOMMENDATION 3: That the TAC review the support it provides clients with severe injuries, such as acquired brain injury, to ensure they have the capacity or support needed to navigate its compensation scheme.

2.2.2 What are the TAC compensation scheme's administrative requirements?

> **My experience demonstrates that, while TAC is intended to support recovery and independence, in practice there are significant barriers that undermine these goals. The combination of provider disengagement, administrative inefficiencies, and adversarial claim management creates a system that is difficult to navigate and, at times, retraumatising for those it is meant to support.**
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> Name withheld, *Submission 34,* p. 4.

Stakeholders in this Inquiry spoke of the administrative 'burden' of the TAC's compensation scheme. This refers to the learning, compliance and psychological costs associated with an individual's interaction with an administrative process.[50] TAC clients can incur significant financial, time and mental health costs as they move through the scheme or seek professional help to do so. As well, medical service providers reported that the administrative workload associated with treating TAC-funded patients reduces the time available to treat patients.

50 Aske Halling, Martin Baekgaard, 'Administrative Burden in Citizen–State Interactions: A Systematic Literature Review', *Journal of Public Administration Research and Theory*, 2024, 34, p. 181.

Administrative requirements for TAC clients

TAC clients reported difficulties:

- understanding eligibility criteria and evidence required for treatment request application processes
- knowing how to claim entitlements to treatment, supports and services
- understanding anti-fraud monitoring processes and dispute resolution pathways
- finding medical service providers who accept TAC clients.[51]

Evidence heard by the Committee also highlighted the financial or time-based costs that come with complying with specific rules of the scheme. These include:

- the time it takes to complete paperwork, including for disputes
- delays accessing treatment or supports that result from requests for information
- the costs of engaging legal representatives to assist with navigating the claims pathway
- having to coach medical service providers on correct administrative processes.[52]

Administrative workload can compound over time in cases where long-term ongoing treatment, support services, or income support are required, as 'additional clinical information or specialist input may be needed before a decision can be made.'[53]

This is in the most part because legislation requires the TAC to reassess the entitlement, reasonableness, clinical justification and outcome-focus of a treatment request. As care needs are not static and can change over time or with age, this creates a significant evidentiary burden on the scheme participant while also placing a repeated analytical and administrative processing burden on TAC staff.

Disputes in the TAC compensation scheme predominantly relate to determinations around injury causation, work capacity and whether treatments are reasonable.[54] The Committee heard that although pathways to appeal decisions 'technically exist, they are not practically accessible for many claimants, particularly those experiencing psychological injury'.[55] These clients may not routinely receive the medical information used to inform decisions and can face financial barriers to legal representation.

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51 Name withheld, *Submission 11*, p. 1; Tamara Tesseyman, *Submission 36*, pp. 4, 13; Darryl Cardona, *Transcript of evidence*, p. 56; Tamara Tesseyman, *Submission 36*, p. 13; Name withheld, *Submission 60*, p. 2; Name withheld, *Submission 34*, p. 3; Zehra Parker, *Submission 57*, p. 3.

52 Tamara Tesseyman, *Transcript of evidence*, p. 13; Tamara Tesseyman, *Submission 36*; Dr Jai Cooper, *Submission 12*, p. 6; Darryl Cardona, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 61.

53 Transport Accident Commission, *Submission 68*, p. 17.

54 Ibid., p. 5.

55 Tamara Tesseyman, *Submission 36*, pp. 5–6.

Scheme participants reported having to engage in Freedom of Information requests to gain access to information used to make decisions about their treatment.[56] Further, Tamara Tesseyman explained that the administrative work and time-delay related to engaging in disputes can compound quickly as each rejection of a treatment or service requires a separate informal review or application to VCAT.[57]

Delays in the decision-making process or dispute resolution can have significant impacts on the health of TAC clients. Dr Jai Cooper explained that, while many people enter the TAC scheme with mobility or cognitive disadvantages, the waiting for internal review processes to be resolved following a dispute over expenses 'is an additional impost upon daily activities'.[58]

Dr Cooper added: 'In the absence of active contact from TAC, this places the burden of contact upon the client. Delegating the effort to the client potentially frees TAC from some effort but is inconsistent with the intention of maximising the productive potential of clients.'[59] Further, if clients are burdened with uncertainty for weeks or months as they wait for a dispute to be resolved, some may forgo the treatment and suffer poorer health.[60]

This includes poorer mental health.[61] Amber Community noted that many people enter the TAC compensation scheme having suffered trauma, serious injury, or bereavement.[62] Navigating the administrative demands of the scheme can cause distress or confusion, while intensifying trauma and hindering recovery.[63]

Most significantly, scheme participants reported the psychological toll of revisiting the details of their accident during the TAC's Clinical Panel process or an IME. In his submission, Joshua Magee wrote of the impact this had on his mental health:

> The delays, constant suspicion, and feeling that I am the one who has to prove everything have profoundly affected my mental health. I am now seeing a psychologist for issues directly related to the accident and the claims process. The person who caused the accident has faced zero consequences while I am left fighting a system that feels designed to wear claimants down.[64]

Dr Jai Cooper argued: 'The burden of substantiating the cause of expenses is re-traumatising for clients and should be minimised.'[65]

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56 Name withheld, *Submission 15*, p. 3; Milly Parker OAM, *Submission 61*, pp. 5, 10.

57 Tamara Tesseyman, *Submission 36*, p. 5.

58 Dr Jai Cooper, *Submission 12*, p. 6.

59 Ibid.

60 Ibid.

61 Joshua Magee, *Submission 67*, p. 2; Michael Tesseyman, *Submission 37*, p. 3; Kerryn Airs, *Submission 32*, p. 7; Shalene Carson, *Submission 49.2*, p. 1; Angelina Kabiotis, *Submission 50*, p. 3; Name withheld, *Submission 60*, p. 2.

62 Amber Community, *Submission 42*, p. 2.

63 Ibid.

64 Joshua Magee, *Submission 67*, p. 2.

65 Dr Jai Cooper, *Submission 12*, p. 13.

This was reflected in the experience of Michael Tesseyman, who called for the TAC to implement a system whereby factual evidence about an individual's transport accident would help scheme participants avoid having to repeatedly relive traumatic events during assessments by IMEs.[66] Mr Tesseyman told the Committee:

> Some IMEs come across as blunt and un-empathetic leaving you drained emotionally and dreading the next assessment. The IME's assessments can trigger your PTSD and set you back from gains you have made both physically and mentally.
>
> ...
>
> It's a process where you have to keep going over the accident again and again and leaves you in a constant state of trauma when the idea should be for healing and helping you function again.[67]

The burden of having to repeatedly substantiate the cause of injuries and care needs can be especially detrimental to children injured at a young age, whose care and support needs change over time as they grow up. Mr and Mrs Tesseyman's son was four years old when he sustained life-changing injuries in a transport accident. Mrs Tesseyman told the Committee:

> 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.[68]

Some TAC scheme participants told the Committee that they had to engage legal representatives because of the 'complexity and inconsistency' of the claims process.[69] Jeremy King, Chair, Transport Accident Committee, LIV, stated that lawyers are 'integral' to the fair and effective operation of the scheme.[70]

Lawyers can be needed to help individuals 'understand their entitlements, ensure claims are properly framed and supported by appropriate evidence, resolve disputes efficiently and at an early stage and provide an essential safeguard against error, inconsistency and unlawful decision-making'.[71]

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66 Michael Tesseyman, *Submission 37*, p. 3.

67 Ibid.

68 Tamara Tesseyman, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 10.

69 Name withheld, *Submission 11*, p. 1; Tamara Tesseyman, *Submission 36*, p. 4.

70 Jeremy King, *Transcript of evidence*, p. 29.

71 Ibid.

However, David Petherick noted that not all TAC clients have formal and informal supports—legal representatives, disability advocates, family members and friends—who can assist them in navigating the claims process and dispute resolution pathways.[72] Isaac Curkpatrick, State Lead Victoria, Optometry Australia, told the Committee that the ability of medical service providers to effectively advocate for their patients is reduced if doubt about the criteria being applied by the TAC creates 'uncertainty about what documentation or approval pathway is required'.[73]

Mr Curkpatrick added:

> From the provider perspective this makes it difficult to advise patients clearly. It can also create delay, confusion and avoidable disputes, particularly when a patient is recovering from a transport accident and may already be dealing with a complex visual, cognitive or functional symptom[74]

Similarly, Milly Parker OAM told the Committee that it is common for TAC clients to have to advocate to receive the outcome of a treatment request or to obtain a response to correspondence.[75] Ms Parker reported escalating her case to the Victorian Ombudsman to facilitate contact from the TAC after a four-month delay to the approval of an essential painkilling treatment that she had received routinely in the past.[76] As she waited for a response from the TAC, Ms Parker's chronic pain remained and her bruxism, a condition associated with her transport accident, worsened to the point that a healthy tooth fractured, requiring emergency dental treatment.[77]

Ms Parker described her case as an instance of 'passive denial', whereby treatment requests are 'prolonged through repeated requests for further information, unclear requirements, or administrative inaction'.[78] She explained that this has structural consequences for TAC clients:

> 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.[79]

Another submission argued that a capacity to self-advocate is a fundamental requirement for navigating the TAC scheme:

> Since my accident, I have experienced consistent and significant difficulty accessing appropriate service providers. On multiple occasions, providers have advised that they

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72 David Petherick, *Transcript of evidence*, p. 20.

73 Isaac Curkpatrick, State Lead Victoria, Optometry Australia, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 58.

74 Ibid.

75 Milly Parker OAM, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 4.

76 Milly Parker OAM, *Submission 61*, p. 2.

77 Ibid., p. 3.

78 Ibid., p. 4.

79 Ibid.

> no longer accept TAC clients due to administrative burdens, delays in payment, and challenges in communication regarding approvals and service periods.
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> ...
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> Overall, my experience has been one of constant advocacy simply to access basic entitlements. The system places a significant administrative and emotional burden on injured people, requiring them to repeatedly justify their needs, navigate provider shortages, and compensate for system gaps.[80]

Some witnesses noted that the burden of advocacy extended to correcting the record after receiving decisions.[81] Darryl Cardona told the Committee that an Occupational Therapist engaged by the TAC produced a report that stated he has two daughters.[82] Mr Cardona explained to the Committee that, as he only has one daughter, this caused significant distress and conflict between himself and members of his immediate family.[83] Further, Mr Cardona noted that he has had to engage in advocacy and legal challenges in an attempt to correct this record and establish baseline facts about his case.[84]

Ms Parker, who was awarded the Order of Australia Medal for her long career in disability advocacy, expressed her fears for TAC clients unable to advocate for themselves as she can because of the nature of their injuries.[85]

Ms Parker's concerns were shared by Erin Casey, who described engaging with the TAC as 'disappointing, upsetting and stressful' after experiencing long delays and denials of treatment. This was despite her professional experience in the disability sector, understanding of government systems and insurance models.[86]

Ms Casey told the Committee of her deep concern that if someone with her level of health literacy and professional background can have such a negative experience of the TAC compensation scheme then she is 'haunted by what must be happening to others that are more vulnerable, more injured and lacking the skills to advocate for themselves'.[87]

The Committee notes that the TAC has a statutory obligation under the Act to understand which injuries an individual sustained are, and are not, attributable to a transport accident and use this to 'make fair and accurate decisions about entitlements to compensation'.[88] Making this determination can create significant complexity for all parties in the compensation scheme.

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80 Name withheld, *Submission 34*, pp. 1–2.

81 Darryl Cardona, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 56.

82 Darryl Cardona, *Transcript of evidence*, p. 56; Tamara Tesseyman, *Submission 36*, p. 9; Milly Parker OAM, *Transcript of evidence*, p. 3.

83 Ibid.

84 Ibid.

85 Milly Parker OAM, *Transcript of evidence*, p. 3.

86 Erin Casey, *Submission 64*, p. 1.

87 Erin Casey, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 19.

88 Transport Accident Commission, *Submission 68*, p. 23.

In cases where treatment and support needs are well-defined and not expected to be ongoing, the injured person has no pre-existing health conditions and is not party to any other government support schemes, it can be more straightforward for the TAC to attribute injuries to a transport accident in line with the decision-making framework.

Geraldine Collins, Deputy Chair of the Transport Accident Committee, LIV, gave the following hypothetical example to illustrate this:

> If it is somebody with a relatively minor injury – so somebody, say, is in an accident, their arm is broken, they are off work for two months and they need some physio afterwards – they would be able to go through the system very easily without any need for any assistance pretty much from anybody.[89]

Administrative requirements for medical service providers

The Committee heard that the TAC worked with around 40,000 medical service providers in 2024–25,[90] but also that some providers are refusing to treat TAC patients, citing the workload associated with scheme's administrative requirements.

Witnesses reported difficulties navigating the TAC's eligibility criteria alongside those of up to six further state and federal compensation schemes; unclear requests for information that delay treatment approvals; and complex anti-fraud monitoring processes.[91] Evidence also highlighted the financial or time-based costs that come with complying with specific rules of the scheme, including: the time it takes to complete paperwork, assist and advocate for clients as they navigate the scheme; in the case of private providers, charging fees higher than the TAC's fee schedule; occasionally having to chase the TAC for payment.[92]

These challenges can result in providers electing to not treat TAC-funded patients, which clearly has negative consequences for clients and the overall efficacy of the scheme.[93]

Tony Massarotti, a podiatrist and member of the Australian Podiatry Association explained, provided the Committee with an example of a particular challenge of dealing with the TAC:

> There is a form called the allied health treatment and recovery plan. This is required for most patients following 90 days of their initial rehab. It is a lengthy form. Across the top it has the professionals listed, the health professionals that can complete

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89 Geraldine Collins, Deputy Chair of the LIV Transport Accident Committee, Law Institute of Victoria, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 31.

90 Tracey Slatter, *Transcript of evidence*, p. 7.

91 Optometry Australia, *Submission 62*, p. 3; Law Institute of Victoria, *Submission 30*, p. 6; Australian Podiatry Association, *Submission 28*, p. 5; Australian Medical Association Victoria, *Submission 23*, p. 4; Australian Physiotherapy Association, *Submission 45*, p. 6.

92 Caitlin Farmer, *Transcript of evidence*, p. 49; Australian Medical Association Victoria, *Submission 23*, p. 2; Occupational Therapy Australia, *Submission 44*, p. 2; Australian Lawyers Alliance, *Submission 63*, p. 11.

93 Rob Lo Presti, Chief Executive Officer, Australian Physiotherapy Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 48.

> the form. Podiatry is there, to the right, but there is no billable item for it, so there is no item number to complete that form, which can take anywhere from 20 minutes to 30 minutes. When you call TAC to find out how we bill for it [they say]: "There's no number for you. Just use the physio item number". We talk about fraud in the workplace. That is something we are uneasy doing. So often we will fill that form out and not bill for it.[94]

Stakeholders all agreed on the importance of applying stringent fraud controls in the TAC compensation scheme.[95] However, Rob Lo Presti, CEO, Australian Physiotherapy Association, told the Committee of frustrations in the industry with the 'increasingly risk-averse attitude' that the TAC is taking to approving services and treatments. He explained that these commonly relate to 'very basic' clinical matters and that it can be 'frustrating for a clinician that is highly evidence based, that has clinical guidelines and standards to follow, that they are constantly having to justify what they are doing'.[96]

Further, the Australian Physiotherapy Association's submission noted that 'documentation standards and audit mechanisms already provide proportionate mechanisms for monitoring service provision and identifying inappropriate practice'.[97] Further, physiotherapy operates 'within a regulated clinical framework that requires defensible clinical reasoning, clear goal-setting and outcome measurement'.[98]

Tony Massarotti echoed this sentiment, noting that podiatry—like most other medical service providers that interact with the TAC—is already regulated by the Australian Health Practitioner Regulatory Authority (AHPRA). This can cause a duplication of information requests and documentation.[99]

Caitlin Farmer, President, Victorian Branch, Australian Physiotherapy Association, added that it is 'a really common scenario for physios to spend a lot of their time chasing' either payment from the TAC for services rendered or an explanation for why a treatment request may have been delayed or denied.[100]

Tracey Slatter told the Committee that the TAC is working to improve payment processing times for invoices to make it 'easier for providers to deal with the TAC'.[101] Ms Slatter noted that in the five months prior to the public hearings in early June 2026, the TAC 'paid all of those approved payments within four days'[102] and that there had

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94 Tony Massarotti, Member, Australian Podiatry Association, public hearing, Melbourne, *Transcript of evidence*, p. 63.

95 Ibid.; Jeremy King, *Transcript of evidence*, p. 9; Rob Lo Presti, *Transcript of evidence*, p. 48; Caitlin Farmer, *Transcript of evidence*, p. 51; Darryl Cardona, *Transcript of evidence*, p. 57; ADIIS Group, *Submission 53*, p. 4; Australian Lawyers Alliance, *Submission 63*, p. 8; Rights Information and Advocacy Centre, *Submission 27*, p. 2; Australian Medical Association Victoria, *Submission 23*, p. 2.

96 Rob Lo Presti, *Transcript of evidence*, p. 52.

97 Australian Physiotherapy Association, *Submission 45*, p. 6.

98 Ibid., p. 2.

99 Tony Massarotti, *Transcript of evidence*, p. 62.

100 Ibid., p. 48.

101 Tracey Slatter, *Transcript of evidence*, p. 2.

102 Ibid.

been a 'significant reduction' in calls from providers to the TAC's customer service centre.[103]

The Committee believes it is vital that medical service providers understand how their services and compliance with the administrative demands of the scheme interact with a client's ongoing access to treatment or care funded by the TAC. It heard that if medical service providers do not correctly supply documentation or elect to bill through other eligible schemes that are more administratively familiar to them, such as Medicare, treatments can be delayed through requests for information. Worse, clients may lose access to funded services.[104]

The Committee heard that TAC clients sometimes feel they must "coach" providers in how to navigate the scheme. This includes completing paperwork needed to connect the treatment to a specific transport accident.[105] Ms Casey told the Committee about dealing with a provider psychiatrist who had told her that they were a TAC provider before later revealing that they believed there was no difference between the requirements of the WorkCover and TAC compensation schemes:

> I had an experience with a provider psychiatrist, and they said they were a TAC provider. He went, "Oh, I just do WorkCover. It's the same." It is not the same: 'You don't know your reporting requirements to access additional funding, and now you've started bulk-billing me via Medicare.'[106]

Tamara Tesseyman encountered a similar issue after recently finding out that her long-time family GP had been choosing to bill for her family's transport accident injury-related consultations through Medicare instead of the TAC. Mrs Tesseyman explained: 'The consequence of this is that TAC don't have a record of the consultation and believe there is a gap in a claimant[']s treatment which they use as a reason to deny other treatments. This is alarming.'[107]

Ms Casey described her experience with the psychiatrist as 'horrific' and explained that the provider 'did not take the time to understand that his reports inform the other supports that I am entitled to and what the TAC decision-making framework and report looks like.'[108]

The Committee heard that when there is no record of treatment for a period of longer than six months, clients or their medical service providers need the TAC's approval to resume funded treatments.[109]

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103 Ibid, p. 3.

104 Tamara Tesseyman, *Submission 36*, pp. 11–12.

105 Tamara Tesseyman, *Transcript of evidence*, p. 13.

106 Erin Casey, *Transcript of evidence*, p. 20.

107 Tamara Tesseyman, *Submission 36*, p. 13.

108 Erin Casey, *Transcript of evidence*, p. 21.

109 Optometry Australia, *Submission 62*, p. 1.

The Committee also heard similar experiences from Kerryn Airs and Darryl Cardona.[110] Mrs Tesseyman added that her advocacy in this space has extended to work on a document that other TAC clients can use to help 'train their doctors' on how to participate in the compensation scheme process.[111]

The Committee discusses the TAC's communication methods below at Section 2.3.3.

Chapter 3 will address how improved communication between the TAC, medical service providers, and health sector peak bodies could reduce inefficiency while improving scheme outcomes and participant experience.

FINDING 13: Medical service providers have a responsibility to their patients to understand the administrative requirements of the TAC's compensation scheme.

FINDING 14: Medical service providers electing to bill other schemes, like Medicare, for TAC clients makes ongoing support from the TAC for their patients more difficult.

FINDING 15: Medical service providers who do not take on TAC-funded clients list the extensive administrative requirements of the scheme as the major reason.

FINDING 16: The TAC has reported recent improvements in the ways in which medical practitioners are supported within the scheme in relation to administrative requirements.

RECOMMENDATION 4: That the TAC ensure continuous improvement in its administrative requirements for medical practitioners, including reviewing any professional development modules for medical and allied health professionals to navigate administrative processes related to engaging with the TAC.

RECOMMENDATION 5: That the TAC consider ways in which independent medical examiners can be furnished with basic facts of clients' cases before presentation to an examination to avoid the need for clients to repetitively explain their case.

110 Darryl Cardona, *Transcript of evidence*, p. 56; Kerryn Airs, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 68.

111 Tamara Tesseyman, *Transcript of evidence*, p. 13.

2.2.3 Managing the compensation scheme in the broader public and private healthcare system

When settings are out of step with real-world care, the system responds in predictable ways: providers step back, wait times grow and pressure builds on those who remain. These effects are most visible in regional and outer metropolitan communities where workforce capacity is already tight.

We are starting to see these pressures emerge within the TAC scheme. In particular, experienced clinicians managing more complex cases are reassessing whether they can continue to participate under current conditions, and that has direct implications for access and to care.

Rob Lo Presti, Chief Executive Officer, Australian Physiotherapy Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 48.

TAC clients access services in a market where providers set their own prices. This creates both opportunity and complexity – clients have access to a broad and established provider network, but the TAC must actively manage the risk that its funding doesn't drive up prices in the broader market.

Transport Accident Commission, *Submission 68*, p. 44.

The Committee understands that the TAC faces a huge challenge in managing its compensation scheme in the context of a broader healthcare system that blends public and private providers.

The TAC has a legislated obligation to ensure its funding does not increase prices in the wider market for medical services. Yet some providers believe that the fees paid by the TAC are not sufficient, which can, in some cases, lead to them electing not to treat TAC-funded patients.[112] This problem is particularly acute in regional and rural areas, where provider pools are already smaller than in metropolitan areas.[113]

Medical service providers told the Committee their dissatisfaction with the TAC's fees schedule is linked to not just the administrative requirements discussed above but also the severity of injuries presented by TAC clients.

For example, Ms Farmer stated that the Medicare Benefits Schedule (or MBS, which, as is explained in Chapter 1, guides the TAC's fees schedule) is based on the needs of a patient with a chronic disease, where the physiotherapist will guide the patient through an exercise program to help manage their condition. TAC clients, however, tend to present with acute injuries with many complexities:

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112 Darryl Cardona, Transcript of evidence, p. 56; Hillary Shelton, CEO, Australian Podiatry Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 58; Tony Massarotti, *Transcript of evidence*, p. 58; Caitlin Farmer, Victorian Branch President, Australian Physiotherapy Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 48.

113 Rob Lo Presti, Chief Executive Officer, Australian Physiotherapy Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 48.

> I do know that perhaps sometimes the complexity of these patients is not well understood. Sometimes even just dealing with the TAC creates complexity for patients if they have had lots of back and forth or they feel like they are maybe not believed by the TAC – that can add complexity. I think the evidence base for lots of them is very clear. Lots of these patients need lifelong physio – they have spinal cord injuries, they have brain injuries, they have conditions that require regular interventions, and I think that can sometimes be where the conflict comes in. I think also there is often a lack of recognition that things can flare up or there can be new reasons why someone might need physio, and that is often disregarded.[114]

The TAC's submission reflected on the difficulty it faces meeting its legislated obligations to manage the scheme as effectively, efficiently and economically as possible. Essentially, there is a challenge allowing clients to access services in a market where providers can set their own fees while also ensuring it does not contribute upward pressure on the market.[115]

The TAC acknowledged private market dynamics, describing greater-than-CPI increases as 'influenced by wage growth, NDIS pricing, and the expansion of larger provider groups'.[116] It noted that 'some providers have been reluctant to accept TAC rates, prompting calls for discipline-specific increases or full alignment with private market pricing'.[117]

The TAC described fee setting as 'a key lever for both scheme sustainability and equitable access to care for injured Victorians'.[118] The MBS has been adopted by the TAC as a benchmark for service definitions and serves as the base from which fees in its Medical Reimbursement Schedule are derived using 'calibrated loadings' that are applied to reflect the TAC context.[119]

These fees are regularly updated to reflect changes to the MBS and are indexed annually using a 'base fee calculation method informed by private market analysis and periodic business cost review combined with an annual indexation approach' that incorporates variations to the CPI and Average Weekly Earnings (AWE).[120]

The Committee heard that prices for some medical services, such as psychiatric assessments, have greatly increased since the COVID-19 pandemic.[121] Mark Gibbins, President of the Australasian Association of Medico-Legal Providers, told the Committee that it is now common for some psychiatrists to charge upwards of

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114 Caitlin Farmer, *Transcript of evidence*, pp. 49–50.

115 Transport Accident Commission, *Submission 68*, p. 44.

116 Ibid.

117 Ibid.

118 Ibid.

119 Ibid.

120 Ibid.

121 Mark Gibbins, *Transcript of evidence*, p. 16.

$1,000 per hour for treating patients. He added: 'Far be it from me to suggest that they are making too much money; however, that is the market rate for clinical practice.'[122]

The TAC submission explained that private medical service providers setting fees above the TAC's benchmarks can lead to differences in pricing and uneven client experiences, including clients having to pay gap fees.[123]

The TAC explained that when assessing whether provider fees are reasonable, it 'seeks to strike a balance between provider autonomy within a private healthcare market with the need to ensure public funds are used appropriately, consistently and in line with clinical need'.[124] A reasonable amount to pay or reimburse for a service is defined as being the price at which that service is 'reasonably accessible' to the client, meaning that a client 'can obtain treatment without needing to travel too far to access a practitioner who is suitably qualified and experienced'.[125]

As part of its response to this challenge, the TAC has initiated a process of 'fee re-baselining', beginning with physiotherapy, occupational therapy and psychology, and continuing into other allied health areas over the course of the next financial year.[126] Fees payable for physiotherapy by the TAC increased by 40 per cent following a review into the baseline fee.[127]

Another aspect of the TAC's response to growth in private provider fees above CPI is its capacity to engage in Above Rate Service Agreements. These enable providers 'to seek approval for fees above the scheduled rate', up to a maximum payment determined in the fee schedule.[128] The TAC told the Committee that although this can allow clients flexibility or a greater choice of provider, they may still need to cover gap payments.[129]

Ultimately though, 'reliance on above-rate agreements increases administrative burden, reduces pricing transparency, and limits visibility of overall cost growth, highlighting the unsustainability of case-by-case pricing in the long term.'[130] The TAC has a legislated responsibility to manage the compensation scheme as effectively, efficiently and economically as possible.

FINDING 17: Timely access to medical services for TAC clients is complicated by wider structural problems in Australian's health and disability systems, in particular private medical service providers electing to charge fees higher than the Medicare Benefits Schedule and above the Consumer Price Index.

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122 Ibid., p. 13.

123 Transport Accident Commission, *Submission 68*, p. 45.

124 Ibid.

125 Ibid.

126 Katherine Gobbi, *Transcript of evidence*, p. 10.

127 Transport Accident Commission, *Submission 68*, p. 48.

128 Ibid., p. 45.

129 Ibid.

130 Ibid.

FINDING 18: The TAC regularly reviews and updates baseline fees for allied health services.

2.2.4 When the TAC and medical service providers are not aligned, clients suffer

AMA Victoria's submission highlighted the reality that any disagreement between the TAC and providers damages clients most of all.[131] It described access to 'timely, clinically appropriate care' as fundamental to a successful transport accident compensation scheme:[132]

> A transport accident compensation scheme only works if injured people can access timely, clinically appropriate care, and if medical practitioners are willing and able to provide that care within the scheme … When participation becomes harder, access tightens. When access is delayed or disrupted, outcomes suffer and the scheme becomes harder to navigate for patients and harder to sustain participation in for practitioners.[133]

The Committee heard from individuals who struggled accessing essential supports due to these reasons.[134]

Darryl Cardona told the Committee:

> People do not want to talk to us – virtually none. Neurosurgeons: none will take on new TAC clients. I rang around 15. Psych: the pain psych said to me they recently had a meeting with 30 psychs. None will take on new TAC clients. Gastroenterology, eight; orthopaedic surgeon, same thing. Claims people do not read the file to make informed decisions. My GP clinic policy now is to pay up-front, as do a lot of other people. All cite the issue is with the TAC paperwork, short payments, ongoing requests for information. It is easier to manage a private patient than a TAC victim, right – just claim for Medicare; claim for private health insurance.[135]

Tamara Tesseyman described a similar experience while drawing the Committee's attention to the reality that existing medical service provider shortages or waitlists that are present in outer-metropolitan or regional areas of Victoria are worse for TAC clients:

> I have been told by psychologists, physiotherapists, sports physicians, surgeons, psychiatrists, and GP's that they do not see TAC clients. This reduces the pool of providers my son and I have access to and makes seeking treatment even harder because we live outside of Melbourne. It is especially hard to find mental health support because there are already long waiting lists. This causes delays to treatment and in the end lack of

131 Australian Medical Association Victoria, *Submission 23*, p. 6.

132 Ibid., p. 1.

133 Ibid.

134 Darryl Cardona, *Transcript of evidence*, p. 56; Tamara Tesseyman, *Submission 36*, p. 13; Name withheld, *Submission 60*, p. 2; Name withheld, *Submission 34*, p. 3; Zehra Parker, *Submission 57*, p. 3.

135 Darryl Cardona, *Transcript of evidence*, p. 56.

> treatment and function decline. I have been looking for 12 months for a psychiatrist for my son. I hear this same story from TAC claimants all the me. Our GP's retired last year and we still have not been able to find a replacement who knows how to deal with TAC and is willing to deal with TAC. In the meantime treatments are delayed.[136]

Another submission from a TAC client from rural Victoria told the Committee that the lack of easy access to services in their area makes them feel 'completely helpless'.[137]

Disagreements over fee schedules and the administration of the compensation scheme between the TAC and medical service providers, leading to the withdrawal of the latter from the scheme, can frustrate timely access to care for clients and undermine the efficacy of their rehabilitation and recovery.

Chapter 3 will explore how communication between all parties can be improved as part of a more client-centric approach to delivering the compensation scheme.

FINDING 19: Clients suffer significantly when the TAC and medical service providers disagree over treatment options and requirements of the compensation scheme.

FINDING 20: TAC clients in regional areas face particular difficulties in finding appropriate service providers.

2.3 Clients and their families can struggle to navigate the compensation scheme and gain timely access to care

2.3.1 When scheme participants are likely to face administrative processes that overwhelm their capacity

> **My diminished capacity was evident to me, and a source of extreme frustration. I was hoping those post-injury changes would settle with time, but remained unaware of the cause of these changes, other than knowing I'd lost much of what I knew to be me. I was academically sound pre-injury with no issues learning new things, or socialising. This had radically changed.**
>
> Peter Hotchin, *Submission 29*, p. 1.

The Committee heard that the time immediately following a transport accident can be a vulnerable, distressing and uncertain period for survivors of acute road trauma.

Considering this, the administrative demands and the complexity of the TAC compensation scheme can be overwhelming for transport accident survivors suffering from trauma, bereavement or diminished physical and/or cognitive capacity. Amber

136 Tamara Tesseyman, *Submission 36*, p. 13.

137 Name withheld, *Submission 22*, p. 1.

Community's submission noted that it 'sees first-hand the compounding effect of complex legal, insurance, and administrative processes on people who are already traumatised and grieving losses.'[138]

Professor Belinda Gabbe reported qualitative studies of patient experiences showing that complicated paperwork processes can act as barriers to recovery for TAC clients.[139] She explained that this is particularly relevant to people recovering from a serious traumatic brain injury (TBI), for whom 'the TAC processes added a layer of complexity to receiving effective care coordination'.[140]

Tamara Tesseyman outlined the experience of navigating the scheme while recovering from serious injuries:

> 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.[141]

Erin Casey told the Committee that she did not immediately understand the extent of her injuries, how her life would change, and her capacity to manage cognitive load would diminish over time:

> When you have been in a high-speed accident and spent five nights in a trauma ward because you were airlifted from the accident site on spinal precautions, you are so medicated. There was not even time to fully understand what had happened to me, like what the injuries were, where to from there. I think I just had in my head that it was just going to be tickety-boo and I would be back in action in no time. That has not been the case … I cannot do the things that I used to be able to do.[142]

Ms Casey further explained that the 90-day post-accident window where the TAC is not required to pre-approve services 'did not feel like a very long time in the scheme of things. I still didn't really know up from down—my life had not settled enough to understand some of the implications that are still affecting me now.'[143]

Similarly, Peter Hotchin, who sustained an ABI in a motorcycle accident in 2001, explained in his submission that adjusting to his diminished cognitive capacity in the

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138 Amber Community, *Submission 42*, p. 2.

139 Professor Belinda Gabbe, *Submission 47*, p. 1.

140 Ibid.

141 Tamara Tesseyman, *Transcript of evidence*, p. 10.

142 Erin Casey, *Transcript of evidence*, p. 19.

143 Ibid., p. 25.

aftermath of his accident while attempting to deal with TAC forms and correspondence was 'stressful, non-intuitive, time and energy consuming'.[144] He wrote:

> I had sparse support and was mainly tackling this on my own initially, spending my ABI-limited cognitive capacity on trying (and failing) to learn TAC language and the ridiculously complex situations that arise when TAC denies its legal duty of care and obligations to treat my injuries … I should have been having my ABI issues addressed by learning strategies and how to cope with my brain injury, but instead was overwhelmed with the correspondence, time, and confusion involved in having my ABI denied by the exact organisation legally obliged to treat it.[145]

FINDING 21: People typically enter the TAC compensation scheme with acute capacity deficits relating to trauma, injury, and/or bereavement. For some victims of road trauma, capacity deficits become chronic and prevent them from fully accessing the scheme.

FINDING 22: Complex legal, insurance and administrative processes can be overwhelming, confusing and distressing for TAC clients. This can add secondary trauma to the initial road incident and undermine recovery.

2.3.2 How the burden of care and advocacy can fall on families

> **Families already burdened with grief can be pushed into despair and financial hardship, sometimes threatening the stability and the security of the very children the system aims to protect. No child should face an uncertain future because of how they were born. No family should have to make life-altering decisions under undue pressure knowing that the support varies depending on the mother's relationship status.**
>
> Bernard Robertson, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 37.

Families of transport accident victims told the Committee about shouldering significant, unrecognised burdens of advocacy and care when supports or treatment from the TAC are delayed or denied. The Committee heard of families making significant sacrifices to fight for the health and wellbeing of their loved ones, in some cases giving up careers or selling homes to raise funds for treatment and support.[146]

The TAC's Clinical Framework stresses the importance of empowering clients to manage their injuries, and of empowering 'carers and family members to support the injured person to be as independent as possible.'[147]

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144 Peter Hotchin, *Submission 29*, p. 2.

145 Ibid.

146 Bernard Robertson, Submission 8, pp. 1–3; Angelina Kabiotis, *Submission 50*, p. 2.

147 Transport Accident Commission, *Clinical Framework for the Delivery of Health Services*, <https://www.tac.vic.gov.au/providers/type/content/clinical-framework/clinical-framework-single.pdf> p. 10.

However, family members spoke of the psychological, emotional, and financial toll that navigating the TAC scheme can have, as well how injuries can change, strain or lead to the breakdown of relationships.[148] The Committee heard that caring for and advocating on behalf of family members can be like a full-time job and that families of transport accident victims may not receive sufficient support or recognition.[149]

Michael Tesseyman expressed his belief that the compensation scheme 'assumes families can just absorb the gaps … But families have limits.'[150] He told the Committee of the 'ripple effect' that delays or denials of treatment can have in a family as injuries deteriorate and recovery is delayed:

> When TAC delays care, the burden does not disappear. It lands on the family – on us. There is a family burden … 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.[151]

Another submission described the immense difficulty of carrying the 'full domestic and emotional load' when helping two family members.[152] Taking responsibility 'for managing all TAC-related administration, including paperwork, funding applications, appointments, and communication with providers' on behalf of their partner and child created an 'extensive and exhausting' administrative burden.[153]

The submission added:

> This [experience] reflects an ongoing pattern where the demands of caregiving directly conflict with the expectations of navigating TAC processes, leaving critical matters delayed and compounding stress. The emotional and psychological toll has been significant. I have experienced anxiety attacks, persistent overwhelm, emotional exhaustion, and symptoms consistent with trauma and burnout.
>
> This experience highlights a serious gap in the TAC system, particularly for primary carers who are unable to work but are not adequately recognised or supported within the current framework. Instead of being supported during recovery, I have been required to navigate a complex and fragmented system while in crisis.[154]

The Committee heard from Bernard and Michelle Robertson that provisions in the *Transport Accident Act 1986* relating to dependent children orphaned by a transport accident are outdated and do not account for contemporary family types, including women who are single mothers by choice.

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148 Michael Tesseyman, *Submission 37*, pp. 2–3; Name withheld, *Submission 46*, p. 6; Angelina Kabiotis, *Submission 50*, p. 2; Paul Arber, *Submission 54*, p. 6; Name withheld, *Submission 59*, p. 2.

149 Name withheld, *Submission 59*, p.2.

150 Michael Tesseyman, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 11.

151 Ibid.

152 Name withheld, *Submission 60*, pp. 2–3.

153 Ibid.

154 Ibid., p. 3.

Mr and Mrs Robertson's daughter was killed in an accident in October 2024, leaving behind her five-year old daughter. Mr and Mrs Robertson honoured a promise they had made to their daughter to raise their granddaughter should anything happen to her.[155] Their daughter did not have a partner and had become a parent through IVF and donor conception.[156]

At the time of the accident, their daughter and granddaughter were living with Mr and Mrs Robertson.[157] As their daughter had no will at the time of her accident, their granddaughter was left without a legal guardian for a period of around two months. Mr and Mrs Robertson were forced to pursue legal action through the Family Court of Australia to become legal guardians of their granddaughter.[158]

Beyond the grief felt by the family, raising their granddaughter has placed them under acute financial stress. While she received a lump sum benefit from the TAC that will be held by the State Trustees until her 18th birthday, Mr Robertson explained that that does not resolve their immediate financial burden and the family must now raise their granddaughter with a greatly reduced household income:

> It is around $30,000 to $40,000 a year that we are now going to have to pull out of our superannuation. My financial adviser told me that – I have worked in local government my whole life, in the public service, defined benefits – I was going to retire being comfortable. It is now the situation where I am going to have to work another three years as a direct result of … the accident.[159]

Mr Robertson told the Committee that he and his wife now receive a weekly payment of $224 to contribute to their granddaughter's care from the TAC, in addition to an annual education allowance. He added that if their daughter had had a 'legal partner' at the time of her accident, that person would have been entitled to weekly payments amounting to 80% of her salary—roughly $1,620 per week[160]—as well as further contributions to childcare and household supports.[161]

Mr Robertson expressed his views that the benefits the family receive to care for his granddaughter seem to have been determined by the fact that their daughter did not have a legal partner. This, he argued, does not acknowledge their supporting relationship with their daughter and granddaughter:

> We renovated our house … We did that as a family to support [them]. We were co-dependent on them. They were co-dependent on us financially … It just creates so

155 Bernard Robertson, *Submission 8*, p. 1.

156 Ibid.

157 Ibid.

158 Bernard Robertson, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 39.

159 Ibid.

160 Bernard Robertson, *Submission 8*, p. 2.

161 Transport Accident Commission, *Surviving Dependent Partner*, <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services/policies/other/surviving-dependent-partner> accessed 17 July 2026.

> much financial pressure. For us, we are selling our house, a house that I have lived in and renovated for 33 years.[162]

The TAC's guidelines on the supports and benefits available when a family member dies or is seriously injured in a transport accident note that financial support can be provided 'If your spouse or domestic partner was contributing to your family's income or caring for children'.[163]

A 'domestic partner' is defined 'as a person to whom the person is not married but with whom the person is living as a couple on a genuine domestic basis (irrespective of gender).'[164] Further, the guidelines describe the following financial supports available for a 'Dependent spouse or partner':

> **Ongoing regular payments**
>
> If your spouse or domestic partner was employed and providing financial support, we can pay an ongoing, regular payment equal to 80% of their earnings, up to a maximum of $1,730 gross per week.
>
> **Childcare and household support**
>
> If your spouse or domestic partner was caring for children or responsible for housework, we can contribute to the cost of employing a person to help with childcare and household tasks.[165]

The guidelines state that the following payments are made to legal guardians who support dependent children:

> **Fortnightly payment**
>
> We can pay the guardian $244 gross each week for each dependent child under 18 years of age. This is paid as a fortnightly payment.
>
> **Education allowance**
>
> We can pay up to $3,780 per year to the guardian for each full-time student up to 18 years of age. This is paid as an annual payment.[166]

The TAC advised the Committee that it was aware of the issues the legislated distinction between spouses and legal guardians posed to some families. As the issue arises from the wording of the Act, the TAC cannot override this for individual clients, even where there is an exceptional case and a willingness to do so.

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162 Bernard Robertson, *Transcript of evidence*, p. 38

163 Transport Accident Commission, *When a family member is seriously injured or dies*, <https://www.tac.vic.gov.au/what-to-do-after-an-accident/how-to-claim/when-someone-dies> accessed 17 July 2026.

164 Transport Accident Commission, *Surviving Dependent Partner*.

165 Ibid.

166 Ibid.

FINDING 23: Whilst all legal guardians receive the same financial support from the TAC, this amount is different to the amount paid to surviving spouses.

FINDING 24: The current wording of the *Transport Accident Act 1986* (Vic) does not provide for fair and equitable treatment of all family types, including where grandparents become legal guardians of children following a transport-related death of the parent.

RECOMMENDATION 6: That the Victorian Government review surviving spouse and legal guardian payments in the situation where a child is orphaned and a new guardian is appointed.

Figure 2.1 What the Committee heard about the role families play with TAC clients

> Mum has been my taxi driver. I have not claimed k's for her. Mum used all her carers leave to bathe me and take me everywhere for the six weeks. It is just wild, the onus that is put on you to navigate this when you are broken.
>
> Erin Casey, *Transcript of evidence*, p. 25

> The administrative burden placed on our family was substantial. My partner was required to manage all paperwork, follow up on approvals, seek clarification, and advocate for services often without timely responses or clear guidance. This effectively became a full-time role in itself.
>
> Name withheld, *Submission 59*, p. 2

> During that time, I was not capable, I was not coping. I was using [work] as a bandaid to try and get over the accident. I was having bad nightmares, hearing the sound of the young child hitting the car at 60 kilometres an hour. I was not sleeping. It was interfering with my family.
>
> Kerryn Airs, *Transcript of evidence*, p. 66.

> Being the age I was, it was my parents who were doing the heavy lifting. They drove the whole TAC/ treatment until I was in my early 20s. My mother is an incredibly tenacious woman, so whatever fight she came against, she met it head on and made sure I would be looked after. Bless you Mum. ... If not for my parents, I would never have achieved that on my own. They did all the work. I was 24/25 by the time that happened. And I believe by then, my dear parents were burnt out, emotionally and spiritually. They aren't spring chickens and are also maintaining their own lives. The responsibility was handed over to me eventually.
>
> Name withheld, *Submission 58*, p. 1

> I have struggled with my mobility ever since the accident. My doctor requested a mobility scooter so that I could assist in getting my kids to and from school. My TAC case manager said "We don't do that".
>
> It became so difficult to get the kids to and from school that we had to pull them out and home school them.
>
> Ethan Dohnt, *Submission 33*, p. 1.

FINDING 25: Families of transport accident victims take responsibility for advocacy and care when supports or treatment funded by the TAC are delayed or denied or while dispute processes are ongoing.

2.3.3 How inadequate communication can undermine confidence in the scheme

Figure 2.2 What the Committee heard

> "... because I understand black and white stuff. If it is in writing and I can have it explained it to me, I can probably understand it. But the way they would be is they would go 'Just go see a doctor' or 'Do this'. They would not explain it in a way I can understand.
>
> Andrew Hutchison, public hearing, Melbourne, 9 June 2026, *Transcript of evidence,* p. 32.

> "I had nothing but issues with my claims manager who would just deny anything I was needing or send things to the clinical panel to delay things even further. He was constantly rude or wouldn't get back to me when I made contact with him.
>
> Steven Styles, *Submission 19*, p. 1.

> "But there was one conversation where I had to ask two or three times, 'Could you please slow down? I'm trying to absorb, I'm trying to take notes – I just need a hot second.' And if I have to ask that many times, you are not listening to me. There have been so many instances when I did not feel heard and I felt like I am not an expert on myself.
>
> Erin Casey, public hearing, Melbourne, 9 June 2026, *Transcript of evidence,* p. 25.

Stakeholders described impacts of occasions when they felt the TAC's communication to be unclear, inaccessible or unprofessional.[167] This included:

- Individuals navigating the TAC claims framework feeling 'frustrated and angry with the system'.[168]
- Individuals navigating the TAC claims framework feeling stress, distress or re-traumatised.[169]

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167 Rebecca Styles, *Submission 18*, p. 2; Steven Styles, *Submission 19*, p. 1; Name withheld, *Submission 21*, p. 2; Australian Medical Association Victoria, *Submission 23*, p. 2; Name withheld, *Submission 32*, pp. 2–7; Name withheld, *Submission 39*, p. 1; Angelina Kabiotis, *Submission 50*, p. 3; Name withheld, *Submission 55*, p. 1; Zehra Parker, *Submission 57*, p. 3; Name withheld, *Submission 58*, p. 3; Name withheld, *Submission 59*, p. 2; Name withheld, *Submission 60*, p. 3; Milly Parker OAM, *Submission 61*, p. 4; Optometry Australia, *Submission 62*, pp. 2–3; Erin Casey, *Submission 64*, p. 2.

168 David Petherick, *Transcript of evidence*, p. 25.

169 Name withheld, *Submission 34*, p. 3; Name withheld, *Submission 55*, p. 1; Name withheld, *Submission 59*, p. 1.

- Medical service providers spend a lot of time trying to understand processes and decisions, affecting their ability to treat or advise patients clearly.[170]

Examples from clients included:

- Scheme participants described scenarios where they lacked a dedicated claims manager who they could communicate with about their claim or who could explain why decisions were made.[171]
- Scheme participants described instances where TAC staff did not use accessible or inclusive language or respect requests for accommodations to communication methods.[172]
- Scheme participants were sometimes told by TAC staff that further information was required for a claim, but were not told specifically what was missing, who it should be provided to, or when a decision would be reached.[173]
- TAC staff communicated in ways that individuals found hostile, disrespectful or adversarial.[174]
- Scheme participants did not receive timely communication, clear written reasons for decisions or reasons were missing, and they had to request information to understand what evidence was used.[175]

Examples from medical service providers included:

- Lack of guidance or visibility concerning the criteria that the TAC uses to make decisions, which creates confusion for providers where similar requests are approved in one instance and denied in another without clear explanation.[176]
- Providers described instances where the TAC did not notify them that a payment had been denied or changed, which required them to spend clinical time investigating the status of invoices.[177]

The Health Complaints Commissioner stated that language, literacy, cognitive and communications barriers 'often can impact people and increase the level of vulnerability that somebody may experience in any healthcare relationship'.[178] The Commissioner stated that complaints data from 1 July 2023 to March 2026 showed

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170 Caitlin Farmer, *Transcript of evidence*, p. 48; Isaac Curkpatrick, *Transcript of evidence*, p. 25; Tony Massarotti, *Transcript of evidence*, p. 58.

171 Erin Casey, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 22.

172 Name withheld, *Submission 15*, p. 4; Name withheld, *Submission 60*, pp. 1, 3.

173 Susan Accary, *Transcript of evidence*, p. 30; Name withheld, *Submission 60*, p. 3.

174 Name withheld, *Submission 21*, p. 5; Tamara Tesseyman, *Submission 36*, p. 2.

175 Zehra Parker, *Submission 57*, p. 2; Name withheld, *Submission 60*, p. 3.

176 Isaac Curkpatrick, *Transcript of evidence*, pp. 58, 61.

177 Caitlin Farmer, *Transcript of evidence*, p. 48.

178 Adjunct Professor Bernice Redley, Commissioner, Health Complaints Commissioner, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 9.

that people had presented 'concerns about experiencing literacy and cognitive barriers'.[179]

The Commissioner further noted that the data showed that systems for the TAC's claims framework can be 'poorly explained' and one consistent theme reflected in the data was 'difficulty understanding decisions and processes'.[180]

In response to evidence from Kerryn Airs, who described receiving letters from the TAC containing other clients' health and personal information, the Health Complaints Commissioner stated that this 'is clearly a breach of privacy and a breach of the Health Records Act'.[181]

The Commissioner expressed that the TAC, along with all medical service providers, has a responsibility 'to offer fair, equitable and accessible services' as expressed in Victoria's health service principles.[182]

The TAC described quality assurance processes it has implemented to ensure that clients receive the best possible outcomes from the scheme, which include a 'core claims discipline' of 'holistic contact and communication with clients'.[183] Katherine Gobbi, Executive General Manager, Clients, Transport Accident Commission, added that the TAC also has a 'feedback loop' for staff to communicate opportunities for improvement and support future decision-making on claims.[184]

Tracey Slatter expressed that the TAC's 'practice is to seek further information' where a claim lacks supporting information but noted that the TAC could 'communicate that process a little more easily' to better inform clients of the TAC's intentions.[185]

Ms Gobbi described the TAC's trauma-informed practice towards communicating decisions to clients, stating that decisions that require more time generally involve 'a process of seeking more information or clarification directly with the client and their treating health practitioners'.[186] She added that when the decision is made clients 'are really as educated and as empowered as they can be to understand it' as 'they are involved in that [decision-making] process'.[187]

The TAC explained that it may use a communication plan as 'a last resort' when extreme circumstances with a client arise, but these are 'never permanent' and 'are always reviewed'.[188] The TAC expressed that communication plans reflect its need to

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179 Ibid.

180 Ibid., p. 2.

181 Ibid, pp. 9–10.

182 Ibid., p. 9.

183 Katherine Gobbi, *Transcript of evidence*, p. 11.

184 Ibid.

185 Tracey Slatter, *Transcript of evidence*, p. 12.

186 Katherine Gobbi, *Transcript of evidence*, pp. 11–12.

187 Ibid.

188 Katherine Gobbi, *Transcript of evidence*, p. 5; Tracey Slatter, *Transcript of evidence*, p. 5.

balance its 'responsibility to [its] workforce safety as well as meeting the needs of clients'.[189]

The Committee heard that the TAC's communication approach for claims disputes or reviews is 'proactive in providing [TAC clients] with their review rights' to understand their three options (TAC Clinical Panel, JME or IME, as noted in Section 1.5.1).[190] The three-step process for informing clients of decisions is as follows:

1. Where possible, the TAC aims to speak with the client about the reasons underpinning a decision.
2. The TAC outlines the evidence that was used.
3. A follow-up letter containing the review rights and links to further information on the TAC's website.[191]

189 Katherine Gobbi, *Transcript of evidence*, p. 5.

190 Lauren McKirdy, General Manager Resolutions, Transport Accident Commission, public hearing, Melbourne, *Transcript of evidence*, p. 11.

191 Ibid.

Chapter 3
Improving communication: a move to a more client-centric model

3.1 Overview

Much of the evidence in this Inquiry called on the TAC to improve its communication with both individuals and organisations. This Chapter builds on Chapter 2 in recognising how the TAC works with its clients, while also recommending how the TAC can better manage expectations and processes for its claims framework, by acting:

- clearly, accessibly, professionally; and
- in trauma-informed and disability-centred ways.

The Chapter also examines how the TAC can better communicate the scheme's outcomes and trajectory more broadly.

Better communication between the TAC and its stakeholders is essential in reducing disputes and working toward a more client-centric operating model that promotes participation and collaboration. This will help the TAC both fulfill its legislative requirements and maintain Victorians' confidence in the scheme.

3.2 Improving how the TAC communicates with clients and medical service providers

> **When you have multiple systems that do not talk to each other, it is an opportunity for bad things to happen. It is a risk that does not need to be taken these days.**
>
> Mark Gibbins, President, Australasian Association of Medico-Legal Providers, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 15.

3.2.1 Improving communication on expectations and processes

As outlined in Section 2.3.3, the Committee heard from individuals and organisations who described their experience of communication with the TAC as inconsistent, unclear, inaccessible, exclusionary or unprofessional. They said that the TAC's current communication model exacerbated their trauma and stress, harming their

rehabilitation and recovery as a result.[1] Evidence called for the TAC to move towards a more client-centric, transparent and trauma-informed model of communication.[2]

Stakeholders discussed the relationship between communication and managing clients' expectations about what the system can and cannot provide. Suggestions around improving communication included:

- Greater transparency about the clinical panel process, including who contributes to decision-making and how evidence is assessed.[3]
- An independent complaints body to ensure that TAC executes services in alignment with its Service Charter and policy expectations.[4]
- Clear expectations at the beginning of the claims process to TAC clients about the role of claims managers and intended outcomes from participating in the scheme.[5]
- Clear written reasons and rationales for all treatment decisions, approvals and denials, including the specific evidence relied upon for the decision.[6]
- Automatic disclosure of the information used to make decisions so that claimants do not have to rely on Freedom of Information requests.[7]

Individuals noted that delays from the TAC in communicating decisions about treatment have had significant impacts on their mental and physical health.[8] It was suggested that this could be addressed through:

- Implementation of strict and enforceable timeframes for TAC's decisions across the claims framework.[9]
- Introduction of legislated or formal consequences if the TAC breaches timeframes for decisions on claims.[10]
- Incentives to communicate quickly and appropriately on claims by making decision-making across the claims process a measurable and publicly reported outcome.[11]

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1 Tamara Tesseyman, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, pp. 10–12; Michael Tesseyman, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 17; Erin Casey, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 26; Andrew Hutchison, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 29.

2 Erin Casey, *Transcript of evidence*, p. 26; Andrew Hutchison, *Transcript of evidence*, pp. 29–30.

3 Tamara Tesseyman, *Transcript of evidence*, p. 16; Erin Casey, *Transcript of evidence*, p. 23; Darryl Cardona, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, pp. 56–57; Kerryn Airs, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 72.

4 Milly Parker OAM, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, pp. 5–6.

5 Erin Casey, *Transcript of evidence*, pp. 20, 22; Erin Casey, *Submission 64*, p. 2.

6 Tamara Tesseyman, *Transcript of evidence*, pp. 10–11; Rebecca Styles, *Submission 18*, p. 3; Steven Styles, *Submission 19*, p. 2; Name withheld, *Submission 15*, p. 9.

7 Milly Parker OAM, *Transcript of evidence*, p. 3; Tamara Tesseyman, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, pp. 10–11.

8 Milly Parker OAM, *Transcript of evidence*, pp. 11–12; Aroha Nicholl, *Submission 17*, p. 1.

9 Tamara Tesseyman, *Transcript of evidence*, pp. 10–11; Milly Parker OAM, *Transcript of evidence*, p. 5; Name withheld, *Submission 15*, p. 9; Rebecca Styles, *Submission 18*, p. 3; Steven Styles, *Submission 19*, p. 2.

10 Milly Parker OAM, *Transcript of evidence*, p. 5.

11 Tamara Tesseyman, *Transcript of evidence*, pp. 10–11, 17.

The Committee also received evidence from various organisation suggesting ways to strengthen the timeliness of the TAC's communication with scheme participants.

For example, the Australian Lawyers Alliance (ALA) called on the TAC to 'Improve communication to claimants about the status of requests and what information is outstanding'.[12] The ALA recommended the introduction of 'more stringent and transparent timeframes for claim acceptance and treatment approvals, including a mechanism by which a claimant may initiate a dispute process where TAC has failed to make a decision within a reasonable time'.[13]

Improving the TAC's trauma-informed and disability-centred approach

Witnesses argued that the TAC's communication style could be more trauma-informed and disability-centred by:

- Increasing the skills of TAC allied health support staff to communicate with people with a disability or suffering from trauma.[14]
- The TAC producing more 'plain language' materials that guide clients through the claims process, the rights of witnesses and how to seek help.[15]
- Training TAC staff in de-escalation techniques and communication styles that adapt to clients who find it difficult to emotionally regulate.[16]
- Offering TAC clients alternative options to providing evidence across the claims framework to reduce the number of times clients have to describe their accidents.[17]

The ALA also called on the TAC to 'improve accessibility for claimants facing language, literacy or technological barriers'.[18] Similarly, Exercise and Sports Science Australia recommended investment 'in culturally appropriate education and resources to support engagement in active recovery, especially for CALD [culturally and linguistically diverse] clients'.[19]

A submission from the Pre-Hospital, Emergency and Trauma Research Unit at Monash University noted studies which showed that TAC claimants' barriers to recovery included 'difficulties in accessing services in a timely way [and] communication difficulties with the TAC', with added complexity for people with serious traumatic brain injuries.[20] The submission expressed that these findings 'provided substantive

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12 Australian Lawyers Alliance, *Submission 63*, p. 8.

13 Ibid.

14 Andrew Hutchison, *Transcript of evidence*, pp. 29, 34–35.

15 Kerryn Airs, *Transcript of evidence*, pp. 69–70.

16 Erin Casey, *Transcript of evidence*, p. 26; Andrew Hutchison, *Transcript of evidence*, pp. 20–22, 25–26, 29.

17 Michael Tesseyman, *Transcript of evidence*, p. 17.

18 Australian Lawyers Alliance, *Submission 63*, p. 8.

19 Exercise and Sports Science Australia, *Submission 48*, p. 2.

20 Professor Belinda Gabbe, *Submission 47*, p. 1.

evidence for TAC scheme change to streamline and improve the claim processing and approval processes'.[21] (See also Section 2.2.1 of this Report.)

The ALA added that 'the development of a formal TAC–NDIS interface protocol for dual-funded claimants' would strengthen coordination and communication between the TAC and the NDIS.[22] The Australian Medical Association Victoria (AMA Victoria) also recommended that the TAC 'establish clear, practical protocols defining responsibility between the TAC and other schemes, including the NDIS, and streamline information sharing to reduce duplication and delay'.[23]

The Advocacy Director for the Rights Information and Advocacy Centre (RIAC), David Petherick, stated:

> It is about trying to come at those things from the point of view of the person with disability, if we are being person centred, trying to make sure they get every opportunity to understand what is happening in language that they are able to understand and that they have opportunities to be heard, to ask questions about those decisions and to appeal those decisions where they think they are wrong, based on them having a reasonable understanding of what is going on.[24]

The RIAC's submission made several recommendations aimed at strengthening the TAC's communication approach:

- 'embed disability-centred, trauma-informed and culturally safe practices across all TAC processes'
- 'ensure reasonable adjustments and accessible communication are mandatory, not discretionary'
- 'provide funded access to specialist disability advocacy and navigation supports for TAC clients with disability'.[25]

For clients who have suffered trauma or lack trust, the RIAC indicated that in-person support is recommended over telephone or automated interactions.[26]

How to improve the TAC's communication with medical service providers

The Committee received evidence from medical service providers suggesting improvements to how they communication with the TAC. For example, the Australian Physiotherapy Association indicated it has quarterly meetings with the TAC. These

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21 Ibid.

22 Australian Lawyers Alliance, *Submission 63*, p. 12.

23 Australian Medical Association Victoria, *Submission 23*, p. 6.

24 David Petherick, Advocacy Director, Rights Information and Advocacy Centre, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 25.

25 Rights Information and Advocacy Centre, *Submission 27*, p. 6.

26 David Petherick, *Transcript of evidence*, p. 25.

meetings enable ongoing conversations about issues affecting providers delivering treatment to TAC clients.[27] It recommended:

> a balanced framework that prioritises engaging with clinicians working within the scheme, and explicitly weigh the clinical risks of delayed or denied care against fraud mitigation objectives, taking full account of the existing regulation of physiotherapy and TAC injury management claims.[28]

Other groups, however, such as Optometry Australia stated that they had not been invited to such regular forums or met with the TAC.[29] The Australian Podiatry Association (APodA) similarly expressed the need to meet with the TAC to discuss the number of podiatrists participating in the scheme, stating:

> Across all of allied health I think most of us do not really know how many practitioners are delivering services in the scheme and, further to the point that was asked earlier, how many are choosing not to. If we had that sort of information, that would be really helpful. But yes, directly taking this up with the TAC is something that we would consider doing.[30]

Similar evidence was provided by the Australian Rehabilitation Providers Association[31] and Exercise and Sports Science Australia.[32]

The Australian Podiatry Association highlighted that the TAC currently lacks a podiatrist on its clinical advisory panel and recommended that the TAC include a podiatrist on its advisory panel to ensure clinical decisions regarding foot and ankle injuries are informed by the relevant expertise.[33]

Optometry Australia emphasised that optometrists and TAC clients 'should be able to understand in advance what is covered, what evidence is needed, why a request' might be fully or partly declined, and the available dispute resolution pathways.[34] To ensure that these standards are met, Optometry Australia recommended that the TAC:

- 'publish a provider-facing optometry guidance document'
- 'provide clear written reasons for decisions'
- 'clarify when the non-established, new or emerging treatments and services framework applies to optometry-related requests'
- 'improve transparency around payment pathways'.[35]

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27 Caitlin Farmer, Victorian Branch President, Australian Physiotherapy Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, pp. 49–50.

28 Australian Physiotherapy Association, *Submission 45*, p. 4.

29 Isaac Curkpatrick, State Lead Victoria, Optometry Australia, *Transcript of evidence*, pp. 64–65.

30 Hilary Shelton, CEO, Australian Podiatry Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 64.

31 Jarrod Stonham, Vice President, Australian Rehabilitation Providers Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 45; Andrew Harriott, President, Australian Rehabilitation Providers Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, pp. 40–41; Australian Rehabilitation Providers Association, *Submission 26*, p. 4.

32 Exercise and Sports Science Australia, *Submission 48*, p. 2.

33 Tony Massarotti, Podiatrist and Member, Australian Podiatry Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 38.

34 Isaac Curkpatrick, *Transcript of evidence*, pp. 57–58.

35 Ibid., pp. 4–5.

The Chair of the Transport Accident Committee at the Law Institute of Victoria, Jeremy King, noted that the TAC has a surgery charter which 'clearly sets out for clients how long a decision is going to take and what the process is when a surgery request' is lodged.[36] The Committee heard that this charter 'has been pretty successful' and could be implemented 'on a much broader basis', in particular for 'people who are seeking inpatient psychiatric treatment'.[37]

Several peak bodies expressed that stronger communication from the TAC about data such as de-identified administrative and actuarial data would enhance collaboration as medical service providers would be better placed to understand service gaps and analyse treatment outcomes for their specific profession.[38]

The TAC's response

When asked about this evidence at a public hearing, in particular regarding TAC clients with a disability, the TAC's Chief Executive Officer, Tracey Slatter, said that supporting people with a disability 'is our core business … But if there is more we can do in that regard, we are absolutely committed to continual improvement.'[39]

As noted in Section 1.5.1, the TAC has implemented several initiatives as part of its *Make Every Day Matter* strategy to respond to changing community expectations about 'access, transparency and service quality' for its scheme, and to improve communication with clients.[40]

Ms Slatter told the Committee: 'We know that people who rely on us rightly expect timely decisions and clear communication and to be treated with empathy and respect'.[41] She noted that the TAC is implementing a new claims management system, an initiative under the strategy, which 'will support a more consistent, transparent and client-centred experience, improve the way we communicate with clients and provide real-time, accessible information' for TAC clients and staff.[42]

The Committee heard that the new claims management system will:

- automate approximately 50% of the manual transactional work and tasks that TAC staff currently do[43]
- make TAC claims approvals transparent to clients and medical service providers.[44]

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36 Jeremy King, *Transcript of evidence*, p. 39.

37 Ibid.

38 Hilary Shelton, *Transcript of evidence*, p. 61; Australian Podiatry Association, *Submission 28*, p. 2; Andrew Harriott, *Transcript of evidence*, p. 41; Rob Lo Presti, CEO, Australian Physiotherapy Association, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 55; Isaac Curkpatrick, *Transcript of evidence*, p. 61.

39 Tracey Slatter, Chief Executive Officer, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 9.

40 Transport Accident Commission, *Submission 68*, pp. 5, 13, 32; Tracey Slatter, *Transcript of evidence*, p. 2.

41 Tracey Slatter, *Transcript of evidence*, p. 2.

42 Ibid., pp. 2–3.

43 Ibid., p. 4.

44 Ibid., pp. 6, 11.

The TAC's submission noted that since the launch of its new corporate strategy in 2024, it has 'begun major technology and system reforms that enhance client experience, improve outcomes and equip employees with modern tools to deliver more personalised and targeted support'.[45] It explained that it expects these reforms will make accessing assistance easier for clients, and enable 'more proactive, intuitive communication across all channels'.[46]

The TAC indicated that the new claims management system will also 'make it easier for providers' to work with the TAC as it will provide 'real-time information about what services have been approved'.[47] The TAC told the Committee that the new system will reduce the need for providers to 'make a call or double-check' about claims approvals.[48]

The Committee also notes the large amount of information for medical service providers on the TAC's website.[49]

The Committee heard that the new claims management system will not replace TAC staff's decision-making or case management, which 'will always rest with [TAC's] people'.[50] Rather the new system intends to address frustrations with the current claims management system and support staff to undertake more proactive or dedicated case management as a result of time savings.[51]

Katherine Gobbi, Executive General Manager, Clients, at the TAC explained that claims managers' caseloads vary according to the complexity of their client's needs.[52] She explained that the lowest number of clients a manager is responsible for may be 'five, and that is rare, where there are very high needs and complex needs … but it might be out to 70'.[53] Claims managers' decision-making is informed by 'a very prescriptive delegation framework', which supports staff to confidently and clearly make decisions that align with their role responsibilities.[54]

The TAC's claims workforce participate in an onboarding program, which informs staff about 'claims and scheme basics' and supports for personal health, safety and wellbeing.[55] Claims managers also receive 'specialised training' on 'navigating the trauma of others', which serves to protect staff wellbeing and to help staff develop and apply 'a person-centred practice' to case management.[56]

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45 Transport Accident Commission, *Submission 68*, p. 13.

46 Ibid.

47 Tracey Slatter, *Transcript of evidence*, p. 3.

48 Ibid., p. 6.

49 For example, see: Transport Accident Commission, *Clinical Framework*, <https://www.tac.vic.gov.au/providers/working-with-the-tac/clinical-framework> accessed 10 July 2026.

50 Tracey Slatter, *Transcript of evidence*, p. 14.

51 Ibid. pp. 4–5.

52 Katherine Gobbi, Executive General Manager Clients, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 14.

53 Ibid.

54 Tracey Slatter, *Transcript of evidence*, p. 14.

55 Katherine Gobbi, *Transcript of evidence*, p. 6.

56 Lauren McKirdy, General Manager Resolutions, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 7.

FINDING 26: The TAC is committed to improving the ways in which it communicates with clients and medical service providers.

FINDING 27: Many stakeholders identified both the need for improved communication and ways in which the TAC's communication could be improved.

FINDING 28: The TAC has implemented a new claims management system, which intends to improve communication and enhance the TAC's person-centred approach to working with its clients.

RECOMMENDATION 7: That the TAC review its current claims management process to identify ways of constantly improving the disability-centred and trauma-informed practices embedded in the framework.

RECOMMENDATION 8: That the TAC ensure its Clinical Panel includes representatives from relevant peak bodies of the medical service providers it works with to ensure consistent communication on evidence requirements, approval pathways and decision-making frameworks

RECOMMENDATION 9: That the TAC produce guides in plain language outlining the various processes for its claims framework to support individuals who have disability or trauma. As with other TAC publications, these plain language materials should also be provided in languages other than English.

RECOMMENDATION 10: That the TAC establish protocols with other schemes, including the National Disability Insurance Scheme, to better define responsibilities for mutual clients.

RECOMMENDATION 11: That the TAC develop and implement Service Charters for a wider range of services to reinforce expectations more broadly across the scheme.

3.2.2 The TAC's reporting on trajectory and outcomes needs to be public

> **The TAC is a remarkable social experiment: a public health institution for road safety and for client management. To not be presenting that to the public, and in some ways the research that is presented from the TAC's internal surveys is pretty limited – there is a bit of a disconnect there. I would say that they probably should have picked up their game a little bit earlier – again, not to blame any individual, but it is a really good opportunity that I think has gone a bit astray.**
>
> Dr Jai Cooper, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 48.

> **Where there is transparency from the consumer point of view, from the provider point of view, from a government's point of view or other regulators that may be involved, then people can understand what is going on and whether or not things are systemic or whether they are operating broadly for the reasons for which insurance schemes are designed, which is to return people to their preinjury capacity,**
>
> Mark Gibbins, President, Australasian Association of Medico-Legal Providers, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 12.

The Committee heard that expanding the TAC's current public reporting on the trajectory and outcomes of its scheme would increase trust and accountability among TAC clients, medical service providers and Victorians more broadly.[57] Evidence stressed that given the scheme's size in terms of funding and profitability, the TAC should be reporting information on its management and delivery in more detail.[58]

Mark Gibbins, President of the Australasian Association of Medico-Legal Providers, stated that:

> [the TAC] is funded through compulsory contributions on every Victorian motor registration. This dynamic should be a prompt for more public reporting not less. However, there is scant public data on TAC claims costs, outcomes and scheme trajectory.[59]

The Committee heard that current 'reporting is just very thin' with reporting metrics focused on individuals who 'are returning to their pre-injury capacity and their experiences – that client journey and what is happening there'.[60] Jeremy King argued that the TAC 'could do better at making more data publicly available. That is something that we have strongly pushed them on now for many years, and we will continue to do that'.[61]

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57 Mark Gibbins, President, Australasian Association of Medico-Legal Providers, public hearing, Melbourne, 10 July 2026, *Transcript of evidence*, pp. 12–13, 15.

58 Mark Gibbins, *Transcript of evidence*, pp. 12–14; Andrew Harriott, *Transcript of evidence*, pp. 45–46.

59 Mark Gibbins, *Transcript of evidence*, p. 12.

60 Ibid., pp. 12, 15.

61 Jeremy King, *Transcript of evidence*, p. 38.

TAC scheme participant Tamara Tesseyman told the Committee that claimants 'need transparent reporting on disputes, delays, overturned decisions, complaints and treatment interruptions' and for the scheme 'to measure what actually matters: recovery, function, participation, independence and dignity'.[62]

The Australian Rehabilitation Providers Association suggested the implementation of a 'centralised performance data management' could lead to 'stronger use of provider performance data to drive return-to-work outcomes'.[63]

Consequently, stakeholders identified several specific metrics that should be reported publicly in relation to the scheme and claims framework:

- detailed expenditure across specific categories[64]
- operational performance and dispute data, including:
  - dispute and delay metrics[65]
  - decision rates for claims in terms of approvals and denials[66]
  - statistic on the protocols process[67]
- provider performance and participation[68]
- quality of life measures for scheme participants.[69]

3.2.3 Making dispute resolution pathways more inclusive and accessible

> **A system designed to support people after traumatic injury must not contribute to further harm. Reforms must ensure that decisions are transparent, evidence-based, and centred on the needs of claimants, with fair access to treatment and a genuinely accessible pathway to challenge decisions.**
>
> Tamara Tesseyman, *Submission 36*, p. 15.

As has been mentioned in Chapters 1 and 2, the Committee heard that although there are dispute resolution pathways available for participants in the TAC compensation scheme, stakeholders feel they are not accessible when the rationale behind decisions is not sufficiently explained and supporting documentation not provided.

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62 Tamara Tesseyman, *Transcript of evidence*, pp. 10–11.

63 Andrew Harriott, *Transcript of evidence*, p. 41.

64 Mark Gibbins, *Transcript of evidence*, p. 13; Andrew Harriott, *Transcript of evidence*, p. 40.

65 Tamara Tesseyman, *Transcript of evidence*, p. 10; Jeremy King, *Transcript of evidence*, p. 38.

66 Jeremy King, *Transcript of evidence*, p. 32.

67 Ibid., p. 38.

68 Jarrod Stonham, *Transcript of evidence*, p. 41; Andrew Harriott, *Transcript of evidence*, p. 45; Hilary Shelton, *Transcript of evidence*, pp. 60–61; Tony Massarotti, *Transcript of evidence*, p. 61.

69 Tamara Tesseyman, *Transcript of evidence*, p. 10.

The Committee heard how difficult it is to undertake Freedom of Information requests to access medical information, to challenge the TAC in VCAT[70] as well as frustration with the TAC's more informal review channels.[71]

This is important because, as Bernice Redley, the Health Complaints Commissioner, told the Committee, 'there is an inherent power imbalance in healthcare relationships and that consumers are typically more vulnerable in those relationships.'[72]

The TAC noted in its submission that in 2024–25, it 'improved the timeliness of informal reviews, with 93% finalised within four months' while the median resolution time 'reduced to 62 days, down from 75 days in 2023–24'.[73]

Tracey Slatter and Adam Cunningham, the TAC's Executive General Manager of Finance and Governance, also informed the Committee that the TAC pays legal fees for clients through the common law compensation process to 'ensure they are properly represented'.[74] In 2024–25, the 'vast majority' of the $100 million the TAC spent on external lawyers was to support clients in this process.[75]

The RIAC argued in its submission that TAC clients with disabilities face additional difficulties with disputed or partially rejected claims, including:

- Little or no access to legal or specialist advocacy support
- Significant power imbalances
- Strict timeframes that do not account for disability-related communication or capacity needs.[76]

Further, the Australian Lawyers Alliance (ALA) noted the importance of ensuring accessibility for claimants facing language, literacy or technological barriers as they navigate the TAC's compensation scheme.[77]

Katherine Gobbi told the Committee that 15 per cent of new clients request information in a language other than English, and of those, five per cent choose to access TAC-funded interpreting services for all of their interactions.[78] Ms Gobbi added that the TAC has translated its materials into the most commonly spoken languages in Australia and in recent years has had dedicated case management teams that include culturally and linguistically diverse case managers.[79]

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70 Tamara Tesseyman, *Submission 36*, p. 5.

71 Darryl Cardona, *Transcript of evidence*, p. 61.

72 Bernice Redley, Commissioner, Health Complaints Commissioner, public hearing, Melbourne, Transcript of evidence, p. 8.

73 Transport Accident Commission, *Submission 68*, p. 28.

74 Tracey Slatter, *Transcript of evidence*, p. 8; Adam Cunningham, Executive General Manager Finance and Governance, Transport Accident Commission, public hearing, Melbourne, 10 June 2026, *Transcript of evidence*, p. 8.

75 Adam Cunningham, *Transcript of evidence*, p. 8.

76 Rights Information and Advocacy Centre, *Submission 27*, p. 2.

77 Australian Lawyers Alliance, *Submission 63*, p. 8.

78 Katherine Gobbi, *Transcript of evidence*, p. 13.

79 Ibid.

The ADIIS Group's submission stressed that a robust and accessible review system is fundamental to ensuring justice for clients in decisions about their claims.[80] Table 3.1 sets out the factors that the ADIIS Group believed must be considered to ensure that the rationale behind a decision is communicated clearly and review pathways are accessible.

Table 3.1 Explaining denial decisions to clients: a rationale proposed by the ADIIS Group

Framework	Insights	Questions
Procedural justice	Clients want to be heard	Do communication mechanisms give claimants voice?
Interactional justice 1. Informational 2. Interpersonal	Clients need clear information about decision processes, outcomes, appeal Decisions should be communicated respectfully, accurately	Can claimants understand decision outcomes and how they are reached? What formats are used to communicate? Is there scope for face-to-face or video if needed?
Administrative burden	Costs of understanding, challenging decisions may impede engagement	What are the costs to client of understanding, challenging, decisions?

Source: ADIIS Group, *Submission 53*, p. 9.

Case Study 3.1 How a dispute over $110.34 escalated

The Committee heard an example of how communication challenges can lead to the legal escalation of minor disputes.

Darryl Cardona told the Committee that he required oral surgery to fix an issue with his tongue caused by the misalignment of his jaw following his transport accident. He chose to have this procedure at a specialist practice, which informed him that they would not bill the TAC directly due to past issues with delayed or short payments and administrative approval processes.

Mr Cardona paid for the procedure and sought reimbursement from the TAC, however the amount he received from the TAC was $110.34 less than what he had paid. When he queried this, he was told that the TAC would not make the payment and that he could pursue informal review, legal action, or an application to VCAT.

When an informal review returned the same outcome as the original decision, Mr Cardona engaged a lawyer. As the legal dispute progressed, the TAC arranged for an independent medical report from his oral surgeon at a cost of $825 to justify the additional expense.

(Continued)

80 ADIIS Group, *Submission 53*, p. 9.

Case Study 3.1 Continued

The matter then progressed to VCAT, where the TAC agreed to settle the matter and accepted liability for both the $110.34 and the expenses for legal representation and medical specialist reports incurred by both parties.

Mr Cardona told the Committee that his legal and medical specialist costs were around $7,000, and he estimated that the TAC's legal costs were $5,000. If these estimates are correct, a dispute over $110.34 ultimately incurred around $12,000 in costs to the TAC.

Source: Darryl Cardona, *Submission 9*, pp. 4–6; Darryl Cardona, *Transcript of evidence*, pp. 59–61.

FINDING 29: There is usually a power imbalance between the TAC and its clients that impacts the accessibility of its dispute resolution pathways. This can be compounded by:

- Disability
- Financial disadvantage
- Language, literacy or technological challenges.

The TAC Protocols

The LIV and the ALA both stressed the importance of the TAC Protocols in ensuring that TAC clients can resolve disputes without escalating to litigation.[81]

First introduced in 2005 through an agreement between the LIV, the ALA and the TAC—and recently updated in March 2026—the TAC Protocols establish an agreed and structured alternative dispute resolution process. The LIV explained that this process:

- Enables parties to clarify the factual and medical basis of disputes at an early stage, address evidentiary gaps, and reassess decisions in light of additional material or refined issues to resolve matters without litigation.
- Promotes a collaborative rather than adversarial approach to dispute resolution. They provide practitioners with confidence that there is an established and recognised pathway to engage with the TAC on contested issues without immediately triggering formal proceedings.
- Exemplifies how cooperative, non-statutory mechanisms can sit alongside formal review structures to improve system performance.[82]

Further, the TAC's submission noted that in March 2025, the TAC introduced a 'fast-track process for urgent matters' for clients under the TAC Protocols that is

81 Law Institute of Victoria, *Submission 30*, pp. 3–4; Australian Lawyers Alliance, *Submission 63*, p. 6.

82 Law Institute of Victoria, *Submission 30*, pp. 3–4.

available 'where a dispute is lodged within one month of the decision and relates to claim eligibility (i.e. access to the scheme), income entitlements, surgery scheduled within three months of the decision date or urgent hospital admission.'[83]

It added: 'The fast-track process ensures urgent matters receive prompt attention as a built-in feature of the [TAC] Protocols, not as an exception to them. Where circumstances fall outside these criteria, lawyers may contact the TAC directly to discuss escalation options.'[84]

As the TAC Protocols are only available to clients with legal representation, this expedited dispute resolution pathway may not universally available.

However, the TAC's submission noted that it pays fixed costs directly to lawyers when individuals resolve a dispute about their claim using the Protocols.[85] The LIV's submission explained that the client's lawyer must ensure that claimed legal costs are in accordance with the TAC's Protocol Legal Costs, which are updated annually on 1 July.[86]

FINDING 30: The TAC Protocols have helped clients and the TAC to avert costly and protracted legal disputes in cases where they have been applied.

3.3 Centring the lived experience of clients

3.3.1 Incorporating the lived experience of clients into TAC governance

The Committee heard from scheme participants who believe that it is important for the TAC to incorporate lived experience perspectives into the administration of the scheme. The suggestion is that this would improve communication between the TAC and clients, better centre client experience in the TAC's organisational strategy, and create space for informal knowledge sharing between clients.

In its submission, the ADIIS Group expressed that the key challenge faced by personal injury compensation schemes is balancing financial sustainability with social objectives.[87] As seen below in Figure 3.1, the submission stressed that injury compensation schemes' social objectives are underpinned by earning the trust of scheme participants. They do this through treating clients consistently and ensuring that all interactions are constructive, engaging and just.

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83 Transport Accident Commission, *Submission 68*, p. 27.

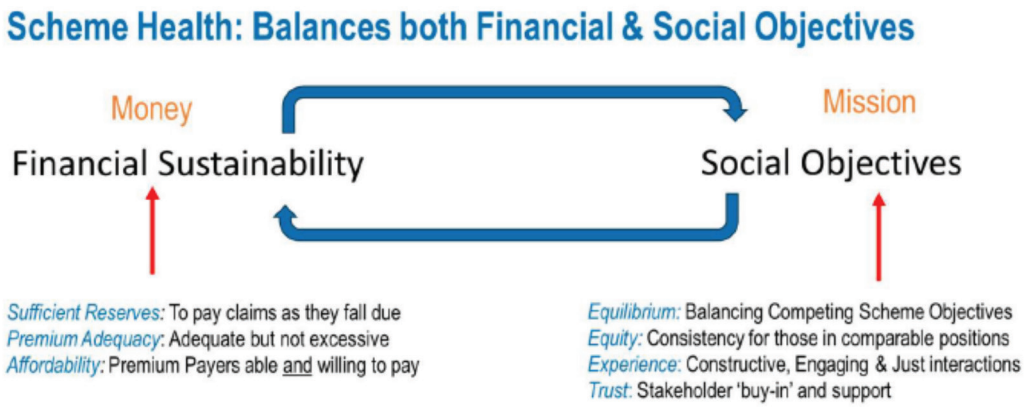
84 Ibid.

85 Ibid., p. 30.

86 Law Institute of Victoria, *Submission 30.3*, p. 21.

87 ADIIS Group, *Submission 53*, p. 8.

Figure 3.1 Balancing the financial and social objectives of personal injury compensation schemes



Source: ADIIS Group, *Submission 53*, p. 8.

The Committee heard that the absence of a client advisory group of people with lived experience of making claims through the TAC may harm the TAC's capacity to deliver on its social objectives.

Dr Jai Cooper told the Committee that there is a 'significant disconnect between the operations of the TAC and its clients'. He argued that the current lack of representation of TAC client lived experience at board level is a 'glaring absence',[88] adding that 'there is a clear need for independent and frank advice from TAC clients if the gap between the TAC clientele is to be bridged'.[89]

Dr Cooper recommended a client advisory group that could both facilitate improved engagement with clients while also possessing the capacity to provide strategic advice to the TAC executive about policy or how corporate strategy may impact clients.[90]

Similarly, the RIAC's submission reported that for clients with disabilities the TAC's processes 'strongly favour institutional presumptions over lived experience'.[91]

Katherine Gobbi told the Committee that the TAC has a 'very robust and expansive mechanism to capture client experience, which includes the direct involvement of clients to inform us on the design of specific-purpose programs'.[92] Ms Gobbi noted that the TAC receives feedback from around 7,000 clients per year through its anonymous biannual survey, real-time feedback channels, and other research projects that involving qualitative interviews with some of the TAC's most severely injured clients.[93]

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88 Dr Jai Cooper, *Submission 12*, p. 11.

89 Ibid., p. 12.

90 Ibid.

91 Rights and Information Advocacy Centre, *Submission 27*, p. 2.

92 Katherine Gobbi, *Transcript of evidence*, p. 8.

93 Ibid.

The TAC's submission also described its Customer Insights Program, through which it 'regularly engages with clients to better understand their experiences with the TAC'.[94] This includes a biannual client survey completed by approximately 1,000 clients, as well as real-time feedback collected after phone interactions, about the quality of TAC's services, communication and decision making.[95] The TAC uses insights derived from this research 'to identify opportunities, drive continuous improvement, improve service design, communication and processes, and inform the TAC's customer experience metric'.[96]

The submission reported that in the April 2026 survey the client experience measure scored 7.06 out of 10 and the real-time call feedback scored 8.33 out of 10.[97]

Dr Jai Cooper argued that initiatives like the Customer Insights Program likely do not yield a full understanding of client perception of their interactions with the TAC as 'clients who have been alienated by the TAC are unlikely to contribute to a survey presented by the TAC itself. A deeper understanding of complex support challenges and advanced feedback will not be received through this type of research'.[98]

Further, Dr Cooper suggested 'fundamental social science data on causes of attrition of clients, life expectancy, employment, suicide, and other outcomes would provide indicators for the effectiveness of TAC's client support and could provide useful opportunities for improving services'.[99]

The TAC also noted its participation in the Personal Injury Education Foundation (PIEF), the national peak body for Australia's personal injury and disability management sector of which the TAC is a founding member. This includes 'building alignment to PIEF's new National Standards in best-practice claims service delivery'.[100]

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94 Transport Accident Commission, *Submission 68*, p. 31.

95 Ibid.

96 Ibid.

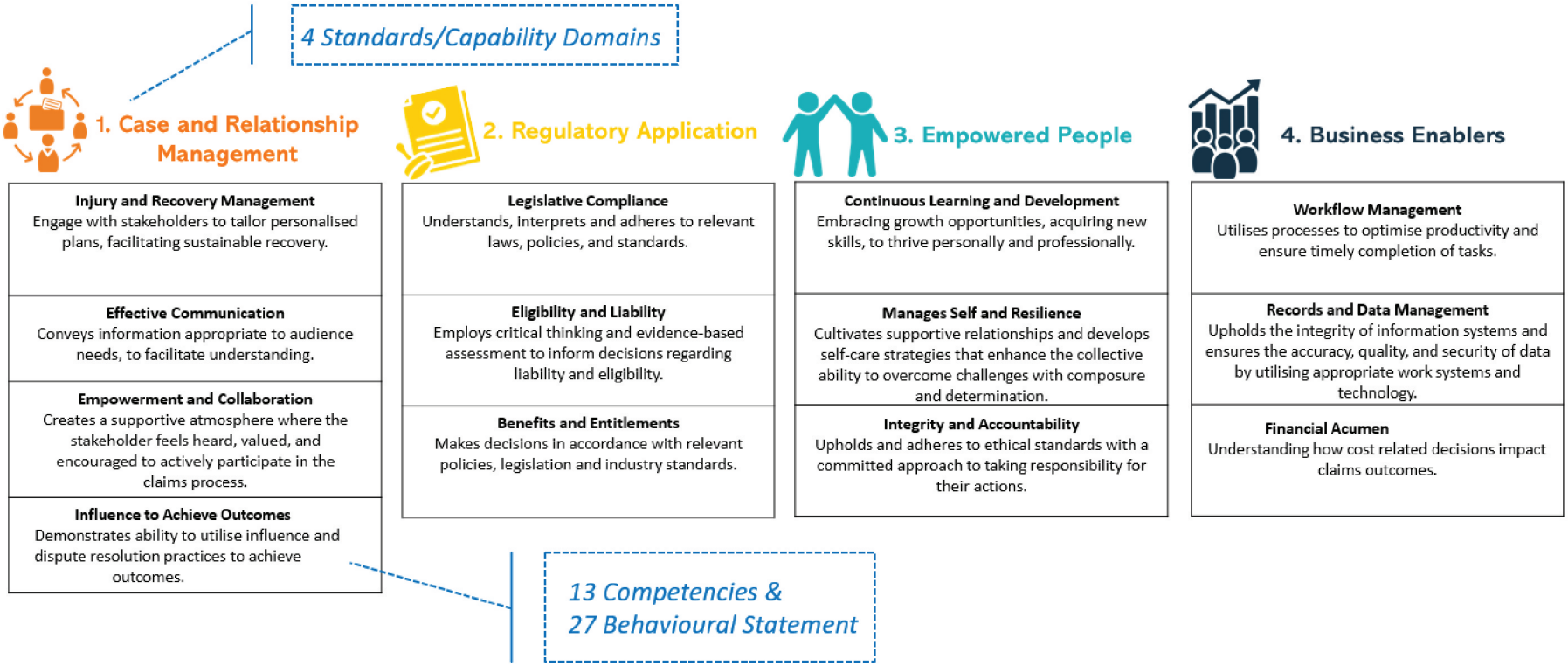
97 Ibid.

98 Dr Jai Cooper, *Submission 12*, p. 11.

99 Ibid.

100 Ibid.

Figure 3.2 The Personal Injury Education Foundation's National Standards Framework



Source: Personal Injury Education Foundation, *Submission 31*, p. 7.

The ADIIS Group described the standards as 'a nationally endorsed, commitment to enhance the professionalism of the Sector, to drive better outcomes for injured people the sector supports'.[101] It added that they are designed to:

- Create national consistency by providing a benchmark across jurisdictions
- Improve capability and support workforce development and professional growth
- Provide clarity on what high-quality claims management looks like
- Build trust by giving the community confidence in fair, consistent, person-centred support.[102]

FINDING 31: The TAC seeks the input of clients on its claims process through, for example, surveys and research projects. However, some stakeholders believe the TAC should have a client advisory working group or similar body that can provide lived experience to the TAC Board.

RECOMMENDATION 12: That the TAC establish a 'Client Advisory Group' or similar body to provide advice to the TAC Board and management about client lived experience.

3.3.2 Collaborating with long-term, low needs clients to plan for treatment needs

> **However, since those early experiences, I have never been actively contacted by the TAC. I have found this to be alienating and somewhat surprising that the TAC does not actively consult nor assist with injury management planning for their long-term, low-needs clients.**
>
> Dr Jai Cooper, *Submission 12*, p. 4.

The Committee heard about challenges around the consistency of TAC decision-making for long-term clients. In some cases, clients who have established life-long support requirements to maintain their level of capacity described unexpected rejections of their supports. They told the Committee that improved communication around collaborative long-term planning could prevent support gaps, unnecessary disputes and harm to clients.[103]

Dr Jai Cooper argued that there are likely many low-needs clients who self-exclude from the scheme, thinking, '"Oh, it's too much of a burden and I am just not going to. I'll just pay for that myself." Then you are lost on the books.' He proposed that the ability

101 ADIIS Group, *Submission 53*, p. 10.

102 Ibid.

103 Dr Jai Cooper, *Submission 12*, p. 3.

for a client to discuss long-term approvals for items like this with the TAC would reduce the administrative burden that repeat requests incur on all parties.[104]

Further, collaboration can create space for constructive relationships between clients and claims managers. Darryl Cardona told the Committee that he has a very positive relationship with his current claims manager, noting 'I love him to death – [he is] a great guy.'[105] He explained that his claims manager's collaborative communication style is an important factor in their productive relationship:

> When I went for my bulk settlement case, and I think that was 2016, it was over 16,000 pages. They are not expected to be able to read everything, but by just communicating with us, saying, "Look, we're looking at this at the moment. How about we do this, or how about we do that?" That is the way operates. He just says, "Right, we're looking at this. Now, what do you reckon?" We will bounce the ball, and we will go backwards and forwards, and then we will agree, "Okay, this is what's happening moving forward."[106]

Tracey Slatter told the Committee that the TAC's previous claims management software system has been a barrier to 'proactive case management' as claims managers currently have to undertake 'transactional and sometimes manual work' as part of managing claims.[107]

Ms Slatter told the Committee that the TAC's new case management system will reduce this burden on case managers by around 50% through task automation and create more time for both 'proactive case management' and for more clients to receive dedicated case managers.[108]

FINDING 32: Repeated requests for information from long-term, low needs clients can delay access to treatment and cause further harm.

FINDING 33: Collaborative forward planning for treatment with long-term, low-needs clients could reduce delays caused by disputes, preventable harm and the administrative workload for clients, medical service providers and TAC claims managers.

RECOMMENDATION 13: That the TAC review its approach to collaborative forward-planning for long-term, low needs clients to identify ways of reducing gaps in service provision and the administrative workload on all parties.

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104 Ibid.

105 Darryl Cardona, *Transcript of evidence*, p. 59.

106 Ibid., p. 62.

107 Tracey Slatter, *Transcript of evidence*, p. 4.

108 Ibid.

3.3.3 Recognising the impact of social isolation on TAC clients

> **The last seven years, I have lived a totally isolated life in my bedroom, as there are so many triggers that lead back to the accident when I have to leave the house.**
>
> Kerryn Airs, *Submission 32*, p. 7.

Long-term TAC clients told the Committee about the isolation they have experienced in the aftermath of their transport accident, as their recovery continues and they navigate the TAC compensation scheme.[109]

For those who suffer serious physical injuries, an acquired disability, or a debilitating mental health condition resulting from a transport accident, life fundamentally changes. Clients told the Committee about mobility issues meaning they are not able leave home as frequently or welcome guests as easily as they may have done in the past, while trauma can make travel or social situations overwhelming.[110] In some cases this degree of isolation can lead to deteriorating mental health, breakdowns in relationships, reduced support, and long-term health impacts.

The Committee heard evidence about the importance of community among TAC clients as a means of combatting social isolation in particular through mutual support. Support pathways are highly valuable when they provide an opportunity for the independent, informal knowledge sharing and relationship building that TAC clients find beneficial navigating the compensation scheme.

When asked to discuss what she wished she had known about the TAC compensation scheme at the beginning of her involvement with it, Kerryn Airs suggested that a factsheet that established what to expect and the opportunity to seek advice from a person with lived experience of navigating the scheme would have been beneficial. She said:

> That is one of the reasons why I am here. It is not just about me; it is about the future people that are going to be coming through this system. It is about them knowing who to go to … I would suggest that there be some champions, some people that could actually be listed that have lived experience and could help that person through as well.[111]

Several witnesses who presented evidence to the Committee are part of an online client support group that is independent of the TAC.[112] They told the Committee of the importance of the group in empowering each other to navigate issues in the claims process and work with the TAC.[113]

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109 Andrew Hutchison, public hearing, Melbourne, 9 June 2026, *Transcript of evidence*, p. 34; Darryl Cardona, public hearing, Melbourne, *Transcript of evidence*, p. 56; Name withheld, *Submission 46*, p. 4; Name withheld, *Submission 59*, p. 2; Kerryn Airs, *Submission 32*, p. 7; Michael Tesseyman, *Submission 37*, p. 3; Shalene Carson, *Submission 49.2*, p. 1.

110 Ibid.

111 Kerryn Airs, *Transcript of evidence*, p. 69.

112 Tamara Tesseyman, *Transcript of evidence*, p. 10; Erin Casey, *Transcript of evidence*, p. 27; Dr Jai Cooper, *Transcript of evidence*, p. 46.

113 Ibid.

Erin Casey told the Committee that she learned of the online support group around the deadline for public submissions for this Inquiry. She told the Committee that encouragement and support from other members of the group was fundamental to her participation in this Inquiry, saying 'I feel very blessed that I learned about it right on time.'[114]

The Committee also received evidence about TAC clients' positive experiences at the Victorian Rehabilitation Centre. For example, Dr Cooper described recovering alongside other TAC clients as 'inspiring largely because of the benefits of being alongside other clients and sharing our challenges'.[115] He said:

> I think that was really significant, those two months of having vocational advice, counselling, hydrotherapy, physiotherapy and also other clients around me. I went from a hospital bed with other victims of motor vehicle trauma to an environment with a lot of other clients. And also there were a lot of people from a different scheme with traumatic head injury, brain injury, at the centre.[116]

FINDING 34: Many TAC clients experience social isolation as a result of their injuries, which can damage their wellbeing and undermine their rehabilitation from injury. This can be alleviated when clients interact with each other during recovery, either online or in person.

Adopted by the Legislative Council Legal and Social Issues Committee
Parliament of Victoria, East Melbourne
3 August 2026

114 Erin Casey, *Transcript of evidence*, p. 27.

115 Dr Jai Cooper, *Submission 12*, p. 9.

116 Dr Jai Cooper, *Transcript of evidence*, p. 50.

Appendix A
About the Inquiry

A.1 Submissions

Number	Author
1	Name withheld
2	Andrew Hutchison
3	Confidential
4	Name withheld
5	Confidential
6	Name withheld
7	Matthew Peckham
8	Bernard Robertson
9	Darryl Cardona
10	Australian Community Industry Alliance
11	Name withheld
12	Jai Cooper
13	RACV
14	Jackie Robinson
15	Name withheld
16	Name withheld
17	Aroha Nicholl
18	Rebecca Styles
19	Steven Styles
20	Geoff Atkins
21	Name withheld
22	Name withheld
23	Australian Medical Association Victoria
24	Name withheld
25	Confidential
26	Australian Rehabilitation Providers Association
27	Rights Information and Advocacy Centre

Number	Author
28	Australian Podiatry Association
29	Peter Hotchin
30	Law Institute of Victoria
31	Personal Injury Education Foundation
32	Name withheld
33	Ethan Dohnt
34	Name withheld
35	Confidential
36	Tamara Tesseyman
37	Michael Tesseyman
38	Kate Livingstone
39	Name withheld
40	Name withheld
41	Confidential
42	Amber Community
43	Slater and Gordon Lawyers
44	Occupational Therapy Australia
45	Australian Physiotherapy Association
46	Name withheld
47	Professor Belinda Gabbe
48	Exercise and Sports Science Australia
49	Sharlene Carson
50	Angelina Kabiotis
51	Australasian Association of Medico-Legal Providers
52	Confidential
53	ADIIS Group
54	Paul Arber
55	Name withheld
56	Confidential

A

Number	Author
57	Zehra Parker
58	Name withheld
59	Name withheld
60	Name withheld
61	Milly Parker
61a	Milly Parker
62	Optometry Australia

Number	Author
63	Australian Lawyers Alliance
64	Erin Casey
65	Health Complaints Commissioner
66	Name withheld
67	Joshua Magee
68	TAC
69	Patrick Laverick

Public hearings

9 June 2026

Committee Hearing Room 2, 55 St Andrews Place, East Melbourne, VIC 3002

Witness
Melita Parker OAM
Tamara Tesseyman
Michael Tesseyman
Erin Casey
Andrew Hutchison
Bernard Robertson
Dr Jai Cooper
Darryl Cardona
Kerryn Airs

10 June 2026

Committee Hearing Room 2, 55 St Andrews Place, East Melbourne, VIC 3002

Witness	Position and Organisation
Bernice Redley	Commissioner, Health Complaints Commissioner
Samantha Dooley	Acting Assistant Commissioner – Operations, Health Complaints Commissioner
Mark Gibbins	President, Australasian Association of Medico-Legal Providers
David Petherick	Advocacy Director, Rights Information and Advocacy Centre
Jeremy King	Chair of the LIV Transport Accident Committee, Law Institute of Victoria
Geraldine Collins	Deputy Chair of the LIV Transport Accident Committee, Law Institute of Victoria
Susan Accary	Current ALA VIC State President, Australian Lawyers Alliance
Megan Caines	Incoming ALA VIC State President, Australian Lawyers Alliance

Witness	Position and Organisation
Andrew Harriott	President, Australian Rehabilitation Providers Association
Jarrod Stonham	Vice President, Australian Rehabilitation Providers Association
Rob LoPresti	Chief Executive Officer, Australian Physiotherapy Association
Caitlin Farmer	Victorian Branch President, Australian Physiotherapy Association
Hilary Shelton	Chief Executive Officer, Australian Podiatry Association
Daniella Florio	Policy and Advocacy Officer, Australian Podiatry Association
Tony Massarotti	Member and registered podiatrist, Australian Podiatry Association
Isaac Curkpatrick	State Lead (Victoria), Optometry Australia
Tracey Slatter	Chief Executive Officer, Transport Accident Commission
Katherine Gobbi	Executive General Manager Clients, Transport Accident Commission
Adam Cunningham	Executive General Manager Finance and Governance, Transport Accident Commission
Lauren McKirdy	General Manager Resolutions, Transport Accident Commission