

TERMS OF APPOINTMENT FOR MEDICAL ASSESSORS OF THE PERSONAL INJURY COMMISSION

**APPLICABLE TO ALL MEDICAL ASSESSORS
FROM
1 March 2025**



**Personal Injury
Commission**

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Introduction

These Terms of Appointment (Terms) are issued by the Personal Injury Commission (the Commission) to apply to all medical assessors appointed under the [Personal Injury Commission Act 2020](#) (the Act) to be medical assessors for the purposes of one, some or all of the following:

- [Workplace Injury Management and Workers Compensation Act 1998](#) (WIM (Workplace Injury Management))
- [Motor Accident Injuries Act 2017](#) (MAIA)
- [Motor Accidents Compensation Act 1999](#) (MACA)
- [Police Act 1990, Part 9B and the regulations made under that part](#)

These terms do not apply to decision-makers who are staff members of the Commission.

All appointed medical assessors are subject to the following terms and conditions.

1. Term of Appointment

- 1.1 The appointment commences on the date set out in the [Instrument of Appointment](#) and continues until the date specified in the Instrument unless terminated earlier in accordance with these Terms.
- 1.2 The Terms may restrict a medical assessor to medical disputes of a particular kind, as specified in the Instrument.
- 1.3 The appointment is governed by and construed in accordance with the laws of the State of New South Wales.
- 1.4 These Terms do not stand alone but form part of the accountability framework within which the Commission and the medical assessors conduct their decision-making. It is complementary to the Commission's procedures and policies, including the [Medical Assessor Code of Conduct](#) the medical assessor professional development framework and the Commission's complaints process.

2. Performance of Services as a Medical Assessor

2.1 Statutory Authorities

- 2.1.1 Medical assessors must comply with the Commission's [Medical Assessor Code of Conduct](#) (the Code) which sets out principles of conduct and professional behaviour to guide medical assessors in the performance of their statutory functions.

2.1.2 Services provided by a medical assessor must conform to the requirements in the relevant legislation, regulations, guidelines, rules, procedural directions, and any other directions from the Commission including but not limited to:

- [Personal Injury Commission Act 2020](#)
 - [Personal Injury Commission Rules 2021](#)
 - [Personal Injury Commission Procedural Directions](#)
 - [Motor Accidents Guidelines](#)
 - [Motor Accidents Compensation Regulation 2020](#)
 - [Motor Accident Injuries Regulation 2017](#)
 - [Motor Accident Injuries Act 2017](#)
 - [Motor Accidents Compensation Act 1999](#)
 - [Workers Compensation Regulation 2016](#)
 - [Workers Compensation Commission Rules 2011](#)
 - [Workplace Injury Management and Workers Compensation Act 1998](#)
 - [Workers Compensation Act 1987](#)
 - [Police Act 1990, Part 9B and the regulations made under that part](#)
 - the American Medical Association Guides to the Evaluation of Permanent Impairment, 4th Edition (AMA 4 Guides) (for motor accidents) and/or
 - the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition (AMA 5 Guides) (for workers compensation), and any other relevant regulations, guidelines, procedures, and/or procedural directions issued by the Commission.
- Medical assessors are required to comply with the [Medical Assessor Code of Conduct](#)

2.1.3 Medical assessors are required to comply with the Commission's relevant procedural directions, policies and protocols, as varied from time to time, which include but are not limited to the [Sexual Harassment Policy](#) and [Sexual Harassment Risk Assessment, and Public Interest Disclosure Policy](#). Copies of the relevant procedural directions, policies and protocols are available on the Commission's medical assessor extranet or otherwise available upon request.

2.1.5 It is the responsibility of the medical assessor to keep up to date with new and updated policies, procedures and protocols issued by the Commission.

2.2 Allocations and Availability

2.2.1 Medical assessors who conduct medical assessments in frequently utilised medical specialties (Psychiatry, Orthopaedic Surgery, Occupational Medicine, Rehabilitation Medicine, General Surgery) are to provide availability for a minimum of five (5) appointments each month and are encouraged to provide above 5 appointments per month based on their specialty and as required by the Commission.

- 2.2.2 Medical assessors who conduct medical assessments in less frequently utilised medical specialties (such as Urology, Endocrinology, Hematology, Diagnostic Radiology, Neuropsychology, Occupational Therapy) provide availability on request depending on the specialty and number of appointments required by the Commission.
- 2.2.3 The availability provided by medical assessors is used to schedule medical assessments at the Commission's medical suites, Sydney CBD, or a medical assessor's offices.
- 2.2.4 Medical assessors use Pathway, the Commission's dispute management system, to provide availability to the Commission 6 to 12 months in advance, or as requested by the Commission, for Commission staff to access when allocating medical assessments.
- 2.2.5 Availability scheduled in Pathway will be utilised as a priority by Commission staff.
- 2.2.6 Availability may be entered 6 to 12 months in advance, which assists the Commission to plan and the allocate disputes.
- 2.2.7 Leave periods identified by a medical assessor should be marked in Pathway as unavailable.
- 2.2.8 Sole responsibility for managing availability remains with the medical assessor or their delegate.
- 2.2.9 Availability provided by a medical assessor which has not been utilised, can be changed or removed four weeks before the date of the available appointment.
- 2.2.10 Medical assessors are discouraged from cancelling or changing allocations that have been made by the Commission and should only do so in exceptional circumstances.
- 2.2.11 The Commission makes no guarantee or representation regarding the allocation of work to a medical assessor. Medical assessors are allocated appointments as required which may not necessarily result in regular work.

2.3 Conducting Medical Assessments

- 2.3.1 The Commission allocates matters to an appointed medical assessor to conduct a medical assessment. Once allocated, matters cannot be assigned or sub-contracted in whole or in part, except for routine administrative duties including (but not limited to):
- booking of appointments
 - preparing invoices
 - typing

- 2.3.2 Routine administrative duties do not include:
- confidential history taking.
 - summarising confidential documents provided to a medical assessor about a referred dispute.
- 2.3.3 During or after the consideration of the matters referred, medical assessors are not permitted to clinically treat or provide medical advice to a claimant or worker.
- 2.3.4 Medical assessors are to demonstrate understanding towards the claimant or worker involved in proceedings by:
- demonstrating awareness of potential/additional process trauma by being patient, courteous and respectful in their own conduct and demeanour towards the claimant or worker.
 - describing their role as a medical assessor and the purpose of the medical assessment, to the claimant or worker.
 - providing clarity on what will occur during the medical assessment to the claimant or worker.
 - being mindful to safeguard against further process trauma that may result from the medical assessment process.
 - using clear plain English and simple communications in a neutral tone with the claimant or worker, to ensure understanding.
 - being aware of and responsive to any cultural and other sensitivities such as forms of address, conduct and dress.
 - confirming the claimant or worker's consent to conduct the medical assessment and physical examination as required.
- aligning their conduct with the standards of professional behaviour as described in the Commission's [Medical Assessor Code of Conduct](#) and [Medical Board of Australia's Code of Conduct](#).
- 2.3.5 Medical assessors conduct the medical examination in a respectful and professional manner to preserve modesty and reduce stress, discomfort or pain for the claimant or worker. A medical assessor:
- observes and acknowledges any verbal or non-verbal signs that indicate that the claimant or worker has withdrawn consent.
 - discontinues the examination when consent or cooperation is uncertain, has been refused or been withdrawn by the claimant or worker.
 - provides suitable covering during an examination, which may include a privacy screen or disposable gowns, so that the claimant or worker is covered comfortably to maintain their dignity and ensure privacy.
 - leaves the examination room when claimant or worker is changing or removing clothes to provide privacy and modesty when privacy screens are not available.
 - ensures the claimant or worker does not remain undressed for any longer than is necessary to complete the examination.
 - uses gloves during an internal examination and applies accepted standards of hygiene and infection control during the assessment.

- observes other necessary hygiene requirements throughout the assessment such as sanitising surfaces, washing hands, disposing of contaminated material in the appropriate bins, replacing cover sheets after use and sanitising medical equipment used during the examination.
 - needs to abandon an assessment due to non-attendance, allowing a minimum grace period of 20 minutes, for extenuating circumstances.
 - notifies the Commission prior to abandoning an assessment.
- 2.3.6 Medical assessors should advise an officer of the Commission as soon as possible in the event of a threat made by the claimant/worker during the assessment. Threats include:
- a serious and/or imminent threat to the life, health or safety of the claimant or worker or another person, including the medical assessor.
 - a serious threat to public health or safety.
- 2.3.7 Medical assessors can refer to [Procedural Direction PIC6](#) for information about medical assessment matters in the Commission.

2.4 Chaperones

- 2.4.1 There are certain situations where the medical assessor may benefit from the presence of a chaperone during a medical assessment, these may include:
- during an intimate examination.
 - where the medical assessor is uncomfortable in examining the patient without a chaperone.
 - on recommendation by Commission staff.
- 2.4.2 Medical assessors may permit a chaperone of their choice to provide silent support to them during a medical assessment in their own rooms.
- 2.4.3 On request by the medical assessor, the Commission will provide an allied health professional as a chaperone for medical assessments conducted in the Commission's medical suites.
- 2.4.4 Chaperones in the Commission's medical suites must be prearranged and cannot be provided with short notice on the same day as the medical assessment.
- 2.4.5 At the commencement of the medical assessment, medical assessors should introduce the chaperone and provide clear context and purpose as to why a chaperone is present.
- 2.4.6 The claimant/worker must consent to the presence of a chaperone.
- 2.4.7 If a claimant or worker objects to the presence of a chaperone during an assessment, medical assessors should contact the Commission prior to abandoning a medical assessment.

- 2.4.8 Where a chaperone is provided, the chaperone must be gender approved by the claimant/worker.
- 2.4.9 Commission staff may not be used as chaperones during a medical assessment conducted in the Commission's medical suites.

2.5 Medical Suites

- 2.5.1 The Commission has onsite medical suites available for use to conduct medical assessments.
- 2.5.2 Appointed medical assessors may use the medical suites for the purpose of conducting medical assessment examinations for Commission dispute matters.
- 2.5.3 The medical suites cannot to be used for activities that are not related to assessments undertaken for the Commission.
- 2.5.4 When conducting medical assessments at the medical suites, medical assessors must be familiar with and adhere to all relevant policies, procedures, and protocols.
- 2.5.5 Operational conduct in the medical suites is guided by the [Medical Suites Operational Guide](#).
- 2.5.6 All appropriate medical equipment and resources are provided in each suite.
- 2.5.7 A specialised medical assessment is a medical assessment undertaken by medical assessors from less frequently utilised medical specialties and may require specific resources to carry out the examination. If additional resources are required to conduct a specialised medical assessment, approval is required by the manager medical services
- 2.5.8 Medical assessors at the medical suites are supported by the Commission's Medical Assessment Officer (MAO) and the Customer Support Officer at the medical suites who will direct activities in line with Commission policies, procedures, and protocols.
- 2.5.9 Use of the medical suites has no associated charge or fee implication for the medical assessor.

2.6 Medical Certificates

- 2.6.1 Medical assessors provide a certificate including reasons or a non-binding opinion in the format prescribed by the Commission and within the time directed in the relevant legislation, regulations, and/or guidelines.
- 2.6.2 Prior to making final decisions, medical assessors consider all the information provided by the Commission and ensure that all documentation has been read and if applicable surveillance or radiology imaging reviewed. The medical assessor may also call for additional documents if considered necessary to conduct the assessment.

- 2.6.3 Medical assessors are not to use Artificial Intelligence (AI) in their decision making, including in the development, generation, or preparation of their decisions, medical certificates, opinions, or reasons. Decisions and opinions produced by medical assessors in medical certificates must be a product of their own original efforts, based upon the assessment and the documentation before them, and the medical assessor's own experience, skill, qualifications, and expertise. Decisions, medical certificates, and opinions must therefore not incorporate, or be based on, the output or contribution of AI systems, such as generative AI.
- 2.6.4 A decision, certificate, or non-binding opinion is due ten calendar days after the medical assessment was conducted.
- 2.6.5 If a decision, certificate, or non-binding opinion on a matter is not received by the Commission on the due date (10 calendar days after the medical assessment) the allocation of further matters to the medical assessor may be suspended until such time as an overdue decision, certificate or non-binding opinion is submitted to the Commission.
- 2.6.6 Where a decision, certificate or non-binding opinion has not been received regularly by the due date, the Commission may suspend the allocation of further matters until such time as the overdue decisions, certificates or non-binding opinions are submitted.
- 2.6.7 If a decision, certificate, or non-binding opinion is not received within 10 calendar days after the due date (two weeks late), the allocation of further matters to the medical assessor may be suspended until such time as an overdue decision, certificate or non-binding opinion is submitted to the Commission.
- 2.6.8 If the decision, certificate, or non-binding opinion is not received within the additional ten calendar days or as agreed, the Commission may deem the medical assessment 'abandoned' and may decline to pay for any work undertaken on the matter.
- 2.6.9 Following consultation with the Medical Panel Officer (MPO) team, the medical assessor may request an extension to the due date of a decision, certificate, or non-binding opinion, provided the circumstances presented to the Commission justify a delay in delivery.
- 2.6.10 The extension must be approved by the Manager or Director, Medical Services.
- 2.6.11 Certificates must only be submitted on Pathway, the Commission's dispute management system.
- 2.6.12 Certificates must not be generated using AI (artificial intelligence) software or applications.

3. Conflicts of Interest or Apprehension of Bias

- 3.1 Medical assessors are required to address any real, potential or perceived conflicts of interest or apprehension of bias in accordance with the [Medical Assessor Code of Conduct](#) (paragraphs 18-21).
- 3.2 Medical Assessors must advise the Principal Registrar, as soon as practicable, of any potential conflict of interest that may prevent them from performing their duties as a medical assessor. This includes any factor or change of circumstance that may give rise to a reasonable apprehension of bias. The Principal Registrar will advise how the Medical Assessor should proceed.
- 3.3 Medical assessors must advise the Dispute Officer of any actual, potential, or perceived conflicts of interest that relate to any allocated matter. This includes any factor that may give rise to a reasonable apprehension of bias.
- 3.4 Medical Assessors may seek advice and guidance from the Principal Registrar in relation to any potential conflict of interest or other issue in relation to undertaking functions as a Medical Assessor.
- 3.5 Should a medical assessor notify the Dispute Officer of an actual or potential conflict of interest, or the Commission otherwise becomes aware of an actual or potential conflict of interest, the Commission may withdraw the matter from the medical assessor and reallocate the matter, or direct that no further action be taken in relation to the matter until such time the conflict is resolved.

4. Performance Evaluation and Monitoring

- 4.1 Medical assessor performance is monitored in accordance with the [Medical Assessor Code of Conduct](#) and in areas including (but not limited to):
 - **Accessibility and Availability** – medical assessor’s ability to provide the appropriate number of appointments and undertake work for the Commission.
 - **Appointment Rescheduling** – the frequency and reasons for rescheduled appointments and number of cancellations by a medical assessor.
 - **Code of Conduct** – the nature, frequency and severity of any breaches of the Code of Conduct by a medical assessor.
 - **Complaints** – the nature, frequency and outcome of complaints made to the Commission regarding decision-making or conduct by a medical assessor.

- **Continuous Improvement Programs (CIP)** – assessment of participation by a medical assessor in programs delivered by the Commission, including peer-review, self-review, mentoring, or meeting minimum quality benchmarks.
 - **Obvious Errors and Incomplete Certificates** - the nature, frequency and severity of obvious errors and/or incomplete certificates submitted by a medical assessor.
 - **Professional Development** – a medical assessor’s capacity to engage with continuous professional development provided by the Commission.
 - **Quality** - the nature, frequency, and outcome of first instance certificates, lodged and accepted for review or appeal and where the original decision is overturned via the review/appeal application process.
 - **Remediation Action Plans (RAP)** – a medical assessor’s participation and compliance with a RAP initiated by the Commission, to address any performance issues.
 - **Resources** – use and engagement with resources made available to enhance the quality and depth of decision making, including but not limited to the [Medical Assessor Extranet](#).
 - **Terms of Appointment** – the nature, frequency, and severity of any breaches of these terms by a medical assessor.
 - **Timeliness** – medical assessor’s ability to comply with times set by the Acts, the regulations, the guidelines, and procedural directions.
 - **Training** – frequency of attendance, participation and learning outcomes achieved at briefings, twilight sessions, forum or training sessions arranged by the Commission and initiated by the President.
- 4.2 The Commission will notify medical assessors of any concerns related to their performance and provide an opportunity for medical assessors to address these concerns, as they arise.
- 4.3 The Commission will provide a medical assessor with ongoing feedback relating to the quality of certificates.
- 4.4 Medical assessors may be asked to participate in feedback sessions with the Commission, which include confidential discussions on operational compliance and proficient decision-making during their appointment.
- 4.5 Medical assessors are expected to be responsive to feedback offered by the Commission relating to performance.
- 4.6 Medical assessors are expected to engage with mentoring activities upon commencement with the Commission.
- 4.6.1 Further mentoring may be undertaken by medical assessors as directed by the Commission, to improve the quality of decisions made on a matter. Medical assessors may request further mentoring as required.
- 4.6.2 During the process of further mentoring, the Commission may suspend allocations to a medical assessor.

- 4.7 Past performance and the overall adherence to the Terms will be a strong consideration when assessing a medical assessor's appointment for future terms with the Commission.

5. Medical Assessors on Appeal and Review Panels

- 5.1 When a medical assessor is appointed to a panel for the purposes of a review panel in the Motor Accidents Division and/or an appeal panel in the Workers Compensation Division and Police Officer Support Scheme Division, medical assessors provide:
- an additional minimum of three (3) appointments per month to participate in review/appeal panels, referred by the Commission for frequently utilised medical specialties.
 - Up to two (2) appointments per month to participate in review/appeal panels, referred by the Commission for less frequently utilised medical specialties.
- 5.2 A panel medical assessor assists the convened panel to issue the required certificate and reasons for the decision within a timely manner. They collect all drafts and provide compiled comments, confirmation of agreement or otherwise, via Pathway, the Commission's dispute management system.

6. Professional Registration Status

- 6.1 Medical assessors authorise the Commission to seek information regarding registration and/or membership status from any professional or registration body.
- 6.2 The Commission undertakes detailed probity checks that include criminal history, professional registration status, complaints with any registration or professional accreditation body, and includes checks on previous names used by a medical assessor in Australia and on request in other countries within the last five years.
- 6.3 Medical assessors must immediately notify the Commission in writing:
- of changes to their professional registration status such as practice conditions, suspensions, and/or deregistration.
 - when the subject of a complaint to Australian Health Practitioner Regulation Agency (AHPRA), Health Care Complaints Commission (HCCC), State Insurance Regulatory Authority (SIRA) or any registration or professional accreditation body.
 - when under investigation for or charged with or convicted of an offence in NSW (New South Wales) or elsewhere.

- of other reasons, occurrence or change of circumstance, which could affect the medical assessor's ability to perform their duties or cause a reputational risk to the Commission.

7. Complaints Received at the Commission

- 7.1 Any complaint received at the Commission about a medical assessor may be investigated by the Principal Registrar.
- 7.2 Medical assessors are required to respond to requests made by the Principal Registrar related to the investigation of a complaint as soon as practicable and within 7 days or as directed.
- 7.3 The Principal Registrar may suspend allocations to a medical assessor during an investigation of a complaint.

8. Payment

- 8.1 Medical assessors are paid fees in accordance with the [Commission's Medical Assessor Harmonised Fee Schedule](#).
- 8.2 Invoices for payment are approved by the Commission once the certificate is submitted in Pathway, the Commission's dispute management system.
- 8.3 Travel undertaken at the request of the Commission must be in accordance with the [Crown Employees \(Public Service Conditions of Employment\) Reviewed Award 2009](#), and [C2023-02 Meal, Travelling and Other Allowances for 2023-24](#) (nsw.gov.au)
- 8.4 Invoices submitted by medical assessors are lodged in the format specified by the Commission and paid by electronic funds transfer within 30 days of the date of the invoice subject to the invoice being accepted and approved by the Commission.
- 8.5 Any incorrect payment is recoverable by the Commission.
- 8.6 The Commission is not liable for any medical assessor's employees' 'on-costs' including but not limited to, wages, salaries, typing, holiday pay, allowances, and/or insurance.
- 8.7 All taxes, including GST (Goods and Service Tax), duties and charges imposed or levied in Australia in connection with providing services to the Commission, will be carried by the medical assessor.
- 8.8 GST is not payable on services provided in the performance requirements of a medical assessor, as it is not considered to be a taxable supply.
- 8.9 Medical assessors authorise the Commission to deduct PAYG withholding tax from the fees in accordance with an ATO Private Tax Ruling, effective

1 September 2020. This arrangement is standard tax practice. Additional issues should be discussed with a tax professional.

- 8.10 The Commission is required to make superannuation guarantee payments under the [Commonwealth Superannuation Guarantee \(Administration\) Act 1992](#). Medical assessors are to provide the Commission with the name and details of their approved superannuation fund.
- 8.11 Medical assessors are required to:
- maintain accurate accounting practices and records relating to all assessments for the Commission.
 - adhere to any guidelines or policies relating to the claiming of expenditure from the Commission.
 - honestly represent actual expenses incurred when claiming any travel expenses and submit a completed travel expenses claim form in a timely manner.
 - not seek or accept frequent flyer or rewards points or similar loyalty programs from any airline or travel provider when undertaking travel at the request of the Commission.
- 8.12 Reimbursement of expenses which will not attract PAYG withholding tax, must be accompanied by the relevant claim form and tax invoice, and may include GST as appropriate to the claim.
- 8.13 Where there is a requirement for a medical assessor to travel on Commission business, reimbursement for travel expenses must be negotiated and confirmed in writing in advance with the Commission and airfares, car-hire and accommodation booked by the government's travel agent, [FCM Travel](#).
- 8.14 For further information on guidelines when travelling, refer to [Personal Injury Commission Travel Guidelines](#).

9. Rooms and Facilities

- 9.1 Medical assessors may use the Commission's medical suites at 1 Oxford St, Darlinghurst. Access and use of the rooms requires compliance with the Commission's policies and procedures and may only be used for the purpose of conducting Commission business.
- 9.2 All equipment used in undertaking a medical assessment must be maintained in an operable and effective condition and must meet all work health and safety standards.
- 9.3 The Commission can arrange a suitable medical assessment suite for medical assessors requiring a Sydney CBD venue.
- 9.4 The Commission may arrange a suitable medical assessment room for medical assessors requiring a venue in a regional location.

- 9.5 Face to face conferences, assessments or meetings with the parties may be undertaken in rooms located at the medical assessor's usual place of work, or rooms provided or approved by the Commission.
- 9.6 Where face to face conferences, assessments or meetings are conducted in private premises operated by the medical assessor, those rooms must be appropriately maintained, provide a safe working environment, meet workplace health and safety standards, and adhere to all Commission policies and protocols.

10. Medical Assessor Extranet

- 10.1 The [Medical Assessor Extranet](#) is a dedicated secure website for medical assessors that provides information and guidance on decision-making, technical, professional and operational resources. Medical assessors are required to access the extranet to gain up to date and accurate information on Commission business.
- 10.2 Each medical assessor will be provided with a unique username and password to access the extranet. It is important to keep this information secure and confidential.

11. Insurance

- 11.1 Medical assessors are required to hold current insurance with a general insurance company licensed by the [Australian Prudential Regulatory Authority](#) including public liability insurance and/or workers compensation insurance.
- 11.2 The Commission requests that medical assessors provide evidence of the required insurance policies on request.
- 11.3 Income protection or workers compensation insurance is not provided to medical assessors by the Commission.
- 11.4 Medical assessors have protections available to them under the [Medical Assessor Code of Conduct](#) (48-50) and under s 38 and s 64(3) of the [Personal Injury Commission Act 2020](#).
- 11.5 Medical assessors conducting both face to face assessments and video conferencing assessments (including video conferencing assessments where claimants/workers are overseas) are protected pursuant to s 38 and s 64(3) of the [Personal Injury Commission Act 2020](#)

12. No Partnership, Agency, or Employer Relationship

- 12.1 Appointment as a medical assessor does not constitute the medical assessor as an agent, partner or employee of the Commission.

13. Operating Environment and Cyber Security

- 13.1 During the term of the appointment, medical assessors must have an electronic device with Internet access and Google/Chrome.
- 13.2 Devices require regular updates to software and hardware to open Word files, PDF files, Box files, sound wave files, and other files, to enable the delivery and review of case information electronically.
- 13.3 All medical assessors are required to use Pathway, the Commission's dispute management system, to administer matters except or unless it is not available.
- 13.4 Pathway provides access to communication, documentation, calendars, certificates, invoicing and other information and administrative tasks required in the performance of the decision-making function.
- 13.5 When undertaking work on a local hard drive or computer, medical assessors must delete all documents from the local hard drive immediately after uploading documents to Pathway, to ensure confidential information is destroyed.
- 13.6 Medical assessors are required to comply with the Commission's cyber security and data privacy requirements which include to:
- implement and maintain measures to protect electronic and physical records, which contain confidential data shared by the Commission.
 - apply appropriate security controls on their computer and to all other electronic devices used to access the Commission's systems.
 - alert the Commission to any change of circumstances which impacts the level of cyber security administered by the medical assessor including known cyber-attacks or details compromised by phishing.
- 13.7 Medical Assessors who utilise AI technology or tools for purposes other than decision-making as outlined in clause 2.6.3 (such as for transcription, translation, recording notes), must disclose this to the Commission, and ensure that they understand how the AI technology or tool works, and manage and mitigate the risks that come with use.
- 13.8 Caution must be exercised when using any AI tool or technology, as medical assessors are not only responsible for the content of their medical certificates, but also for complying with privacy and confidentiality obligations, safeguarding Commission information and ensuring that Commission information is not disclosed otherwise than as permitted by law.

- 13.9 Medical Assessors must never enter any private, confidential, or potentially identifying Commission information into a publicly available AI program (such as ChatGPT or Google Gemini) as the privacy, confidentiality and security of information provided to such programs is not guaranteed and may result in inadvertent and unlawful disclosure.
- 13.10 Medical assessors will be asked to confirm their cyber security arrangements, and to declare their use of any AI technology or tools with the Commission.
- 13.11 Medical assessors are requested by the Commission to participate in a range of cybersecurity awareness programs to stay informed about emerging threats, and adopt best practices and policies related to cybersecurity and AI. From time to time, the Commission may direct medical assessors adhere to updated policies or guidelines with respect to cyber security and the application of AI.

14. Record Keeping, Confidentiality and Disclosure

- 14.1 The Commission's information systems comply with the [Privacy and Personal Information Protection Act 1998](#) and [Health Records and Information Privacy Act 2002](#) in relation to the general management and administration of its Registry and office resources.
- 14.2 The [NSW Privacy Laws](#) set-out privacy standards known as Information Protection Principles and Health Privacy Principles. These laws and standards regulate the way we collect, use, store and disclose personal and health information.
- 14.3 Information provided to a medical assessor by the Commission as in a referral, associated documentation, a decision, or certificate, is strictly confidential and remains the property of the Commission.
- 14.4 Medical assessors must take steps to ensure this information is stored securely and always remains confidential. Medical assessors take reasonable steps to ensure no disclosure, copying, reproduction, or supply of confidential information to any person or organisation other than the Commission occurs, except as required to do so by law. Medical Assessors must also safeguard against the disclosure of any Commission information during the use of any AI technology or tool in accordance with clause 13.
- 14.5 Confidential information is used solely for the purposes of the service medical assessors provide to the Commission and is therefore protected against unauthorised use and access.
- 14.6 In instances when a medical assessor is required to disclose this information to an employee to perform their duties, the medical assessor must ensure that the employee confirms an understanding of the confidential nature of the information provided and the privacy requirements in handling this information.

- 14.7 Medical assessors must ensure the utmost security of electronic records by employing comprehensive measures that include:
- maintaining robust firewalls.
 - ensuring all software is up to date.
 - using reputable antivirus software.
- 14.8 Medical assessors must apply appropriate controls to portable devices that access Commission information including mobile phones, tablets, and laptops. This safeguards the integrity of sensitive data and ensures compliance with policies directed by the Commission and cybersecurity standards such as [DCS – 2021-22 NSW Cyber Security Policy](#).
- 14.9 This policy provides the basis for security implementation across the Department of Customer Service and is supported by the following supporting policies which are adopted by the Commission in so far as they are applicable to the work of a medical assessor:
- IT Security Policy which provides high level requirements to protect Confidentiality, Integrity, and Availability of DCS Information assets.
 - IT Acceptable Use Policy which provides requirements for appropriate use of DCS information assets.
 - Cloud Security Policy which provides requirements for procuring and managing cloud-based services.

15. Social Media

- 15.1 Medical assessors must ensure that they do not engage in any of the following activities on social media:
- create unauthorised content that is relevant or relates to the business of the Commission.
 - discuss or share posts on topics that directly or indirectly reflect on the practices, operations, and reputation of the Commission.
 - engage with any content that falls within the above definitions in non-written ways including but not limited to “following,” “liking” or “reposting” such content.
 - provide comment to the media on specific cases that are before the Commission for assessment or determination or have been dealt with by the Commission.
 - if providing comment to the media on a matter unrelated to their Commission functions and responsibilities, they should not identify themselves as a medical assessor.
 - refrain from participating in any commentary, criticism, or advocacy for change in relation to the PIC Act or its enabling legislation, unless as part of a review at the request of the President or other government agency.
- 15.2 Further information on best practice and governance is available on the NSW Government website’s [Social Media Guidelines](#).

16. Termination

- 16.1 The President may at any time, with or without notice, cease allocating matters to or terminate the appointment of a medical assessor, if a medical assessor:
- breaches the [Medical Assessor Code of Conduct](#).
 - breaches the Terms of Appointment.
 - experiences a relevant change in their professional registration status.
 - becomes bankrupt, or commences proceedings for bankruptcy, or applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compound with creditors or make an assignment of remuneration for their benefit.
 - is convicted of a criminal offence.
 - fails to satisfy the minimum quality benchmarks set by the Commission.
 - is the source of multiple complaints related to conduct or performance.
 - is non-compliant with decision making quality improvement directives, following multiple attempts by the Commission to provide guidance and training.
 - succumbs to or is diagnosed with a physical or mental injury/illness that affects or is likely to affect their capacity as a decision maker.
 - breaches any of the security, privacy, and/or confidentiality terms.
 - is involved in any other matter that adversely impacts the Commission or their appointment as a medical assessor.
- 16.2 Medical assessors who wish to terminate their appointment with the Commission must provide written notice to the Principal Registrar.
- 16.3 Once a medical assessor ceases to provide services to the Commission all materials relating to any assessment or associated business during the appointment, must be returned to the Commission as soon as practicable and within 7 days.

17. Disputes

- 17.1 In the event of any dispute arising from these Terms, the [Medical Assessor Code of Conduct](#) or any other matter, the medical assessor contacts the Commission as soon as practicable and endeavours to resolve the dispute in good faith.
- 17.2 If the matter cannot be resolved, the matter will be referred to the Principal Registrar for determination.

18. General

- 18.1 When required, the Commission may direct medical assessors' adherence and compliance with updated policies, guidelines and frameworks not outlined in these Terms.
- 18.2 These Terms may be reviewed and edited from time to time by the Commission.
- 18.3 The Commission reserves the right to amend these Terms at any time particularly in relation to changes in legislation, policies or protocols, the Commission's digital operating environment and/or the mode of remuneration. Medical assessors will be informed of any changes by the Commission.

Contact: For further information on these Terms of Appointment please contact medicalassessors@pi.nsw.gov.au