

WORKERS COMPENSATION COMMISSION

CERTIFICATE OF DETERMINATION

Issued in accordance with section 294 of the *Workplace Injury Management and Workers Compensation Act 1998*

Matter Number: 3442/20
Applicant: Elizabeth Perkins
Respondents: Bunnings Group Limited
Date of Determination: 31 August 2020
Citation: [2020] NSWCC 294

The Commission determines:

1. The reports of Dr Peter Snowdon dated 13 May 2019 and 3 July 2019 are forensic medical reports as defined in regulation 44(4)(a) of the Workers Compensation Regulation 2016. These reports are not admissible in the proceedings.
2. The matter is remitted to the Registrar for referral to an Approved Medical Specialist for assessment of whole person impairment as a result of psychological injury deemed to have been suffered by the applicant on 29 October 2017.
3. The documents to be referred to the Approved Medical Specialist are:
 - (a) the Application to Resolve a Dispute and attachments, and
 - (b) Reply and attachments excluding the reports of Dr Peter Snowdon dated 13 May 2019 and 3 July 2019.
4. The applicant can be assessed via audio visual link.

A brief statement is attached setting out the Commission's reasons for the determination.

Brett Batchelor
Arbitrator

I CERTIFY THAT THIS PAGE AND THE FOLLOWING PAGES IS A TRUE AND ACCURATE RECORD OF THE CERTIFICATE OF DETERMINATION AND REASONS FOR DECISION OF BRETT BATCHELOR, ARBITRATOR, WORKERS COMPENSATION COMMISSION.

A Sufian

Abu Sufian
Senior Dispute Services Officer
As delegate of the Registrar



STATEMENT OF REASONS

BACKGROUND

1. Elizabeth Perkins (the applicant/Ms Perkins) claims lump sum compensation pursuant to s 66 of the *Workers Compensation Act 1987* (the 1987 Act) for permanent impairment resulting from psychological injury arising out of or in the course of her employment with Bunnings Pty Ltd (the respondent). The injury is deemed to have occurred on 29 October 2017 when the applicant was sexually harassed by another employee of the respondent.
2. The respondent's insurer, GIO, in a notice dated 10 June 2020 issued to the applicant pursuant to s 78 of the *Workplace Injury Management and Workers Compensation Act 1998*¹ accepted that the applicant sustained primary psychological injury, but denied that she was entitled to lump sum compensation because such injury had not resulted in at least 15% whole person impairment (WPI) as required by s 65A(3) of the 1987 Act.
3. In support of its denial that the applicant was eligible for permanent impairment compensation, the respondent relies on a report prepared by independent medical examiner Dr Deepi Miller, psychiatrist, dated 13 May 2019² following his examination of the applicant on that date. Dr Miller assessed the applicant as having sustained 14% WPI as a result of injury on 29 October 2017.
4. In support of her claim, the applicant relies upon an assessment by independent medical examiner Dr Ash Takyar, psychiatrist, dated 12 November 2019³ following an attendance on him on 1 November 2019. Dr Takyar assessed Ms Perkins as having sustained 23% WPI as a result of injury on 12 October 2017.
5. Attached to the Reply are two reports of Dr Peter Snowdon, psychiatrist, dated 13 May 2019 and 3 July 2019⁴. The first of these reports was prepared in response to a request from the GIO "...to provide a Stage 2 Report concerning Ms Perkins..." The second report was in response to a request from the GIO "...to address further issues in Ms Perkins' return to work, on the background of my Stage 2 Report concerning her of 13 May 2019."
6. The proceedings were the subject of a telephone conference before me on 22 July 2020. The respondent conceded that the matter had to be referred to an Approved Medical Specialist (AMS) for assessment of the applicant's WPI, and submitted that all documents attached to the Reply, including the two reports of Dr Snowdon referred to above, should accompany the referral. The applicant objected to these two reports being included in the referral along with the other attachments to the Reply, and the attachments to the Application. She submitted that the inclusion of Dr Snowdon's reports would contravene regulations 44 and 46 of the *Workers Compensation Regulation 2016* (the Regulation).
7. In the absence of agreement between the parties in this issue, the following directions were issued:
 - "1. The applicant is to lodge and serve by 5 August 2020 written submissions on the admissibility into evidence in the proceedings of the two reports of Dr Peter Snowden dated 13 May 2019 and 3 July 2019 having regard to regulations 44 and 46 of the *Workers Compensation Regulation 2016*.
 2. The respondent is to lodge and serve by 19 August 2020 written submissions in reply.

¹ Application to Resolve a Dispute (the Application) p 13.

² Reply p 16.

³ Application p 17.

⁴ Reply pp 2 & 12.

3. At the conclusion of the time allowed for submissions the dispute will be determined 'on the papers' and referred for assessment by an AMS thereafter.
 4. The applicant can be assessed via video conference.”
8. Submissions from the applicant dated 30 July 2020 and from the respondent dated 19 August 2020 have been received.

ISSUES FOR DETERMINATION

9. The parties agree that the following issues remain in dispute:
- (a) Are the reports of Dr Snowdon dated 13 May 2019 and 3 July 2019 forensic medical reports in accordance with the definition of **forensic medical report** in regulation 44(4) of the Regulation?
 - (b) Should the reports of Dr Snowdon dated 13 May 2019 and 3 July 2019 be included in the documents to be referred to the AMS for assessment of WPI of the applicant as a result of injury on 29 October 2017?

PROCEDURE BEFORE THE COMMISSION

10. I am satisfied that the parties to the dispute understand the nature of the application and the legal implications of any assertion made in the information supplied. I have used my best endeavours in attempting to bring the parties to the dispute to a settlement acceptable to all of them. I am satisfied that the parties have had sufficient opportunity to explore settlement and that they have been unable to reach an agreed resolution of the dispute. The parties were informed of my intention to determine the dispute without holding a conciliation conference or arbitration hearing.

EVIDENCE

Documentary evidence

11. The following documents were in evidence before the Commission and taken into account in making this determination:
- (a) the Application and attached documents;
 - (b) Reply and attached documents;
 - (c) the applicant's submissions dated 30 July 2020 with attached letter dated 14 July 2020 from the respondent's solicitors to the applicant's solicitors (the applicant's submissions), and
 - (d) the respondent's submissions dated 19 August 2020, including attachments thereto (the respondent's submissions).

SUBMISSIONS

12. In summary, the applicant's submissions and the respondent's submissions are as follows.

Applicant

13. The applicant notes that neither Dr Snowdon nor Dr Miller, both psychiatrists, have treated the applicant and that while more than one medicolegal report might be admitted based on history (recorded therein) rather than opinion, as Dr Snowdon carried out a file review of the matter and had not examined the applicant, his reports cannot assist the Commission as to history and should not be admitted on that basis.
14. The applicant notes the respondent's allegation that Dr Snowdon's report is admissible as it was obtained as part of the injury management process, a "*Stage 2 Report*" in accordance with the letter from the respondent's solicitors to the applicant's solicitors dated 14 July 2020. By "*Stage 2 Report*" the respondent refers to a report of an Injury Management Consultant, obtained pursuant to the Workers compensation guidelines (the Guidelines). That is confirmed in Dr Snowdon's reports.
15. The applicant then refers to regulations 44 and 46 of the Regulation, and to Part 6 of the Guidelines issued by SIRA in December 2018, in force at the time of preparation of Dr Snowdon's reports. In particular the applicant relies on clauses 6.1, 6.2 and 6.5 of Part 6 of the Guidelines, noting that those provisions are replicated in the Guidelines dated October 2018 and those which commenced on 17 April 2020.
16. The applicant then refers to particular passages in the two reports of Dr Snowdon, noting that there is no indication in the report dated 3 July 2019 that the matters raised by him in both reports concerning the capacity of Ms Perkins to return to work were discussed with her, her nominated treating doctor Dr Ismay, or any other treatment providers.
17. The applicant submits that:
 - (a) it is evident from the qualifications placed in the report of Dr Snowdon dated 3 July 2019 that he acknowledges that his reports were not Injury Management Consultation Reports within the meaning of the Guidelines;
 - (b) while preparation of Dr Snowdon's report dated 13 May 2019 may have involved a discussion with Dr Ismay as to the applicant's capacity for work and suitability for retraining, thereby satisfying Part 6.1 of the Guidelines, there is no evidence that he ever discussed those matters with the applicant as required by Part 6.2 of the Guidelines;
 - (c) there is no evidence in Dr Snowdon's report dated 3 July 2019 that he discussed those matters with Dr Ismay or the applicant, as required by Part 6.1 or Part 6.2 of the Guidelines. As specified on p 1 of the report, that report was not to be provided to Dr Ismay or the applicant;
 - (d) while Dr Snowdon in his report dated 13 May 2019 states on the last page thereof that a copy was to be provided to Dr Ismay and Dr Saker (the applicant's treating psychiatrist), there is no evidence verifying that it was forwarded to Dr Ismay. As such the applicant submits that the respondent has not met its evidentiary onus of establishing compliance with Part 6.5 of the Guidelines, and

- (e) there is no evidence that a copy of Dr Snowdon's report dated 3 July 2019 was provided to Dr Ismay. On p 1 of that report Dr Snowdon indicated that it was not to be provided to Dr Ismay or the applicant as required by Part 6.5 of the Guidelines.
18. In the event that the Commission considers that Dr Snowdon's report dated 13 May 2019 is otherwise admissible, the applicant notes that there is reference in the report at p 7 to Vocational Assessment Reports from "Medico" dated 26 October 2018 and 28 November 2018, authored by Ms Christine Dionisopoulos. Those reports are not in evidence and on the face of it, appear to have been medicolegal assessments obtained at the insurer's request. In the absence of the admission of those reports into evidence, the applicant submits that disclosure of those reports to the AMS is contrary to regulation 44(3), and that is a further reason why Dr Snowdon's report should not be admitted.
19. In summary the applicant submits that:
- (a) Dr Snowdon did not provide his opinions as an Injury Management Consultant, within the meaning of the Guidelines;
 - (b) Dr Snowdon's reports do not satisfy the criteria under the Guidelines as Injury Management Consultation Reports and are medicolegal opinions, and
 - (c) the respondent is not entitled to rely upon the opinions of both Dr Snowdon and Dr Miller.

Respondent

20. The respondent seeks to rely upon only one forensic report; that of Dr Miller dated 13 May 2020 (along with the doctor's supplementary reports). It also seeks to rely upon the two reports of Dr Snowdon, which it submits are not forensic medical reports as defined in regulation 44 of the Regulation.
21. The respondent submits that the applicant's arguments are based on a misunderstanding of the December 2018 Guidelines as to the admissibility of medical reports. The question as to whether a report is admissible is governed by regulation 44 of the Regulation which puts a limit on the number of forensic medical reports each party is able to rely upon in proceedings.
22. The question is as to whether the reports of Dr Snowdon constitute forensic medical reports, within the definition in regulation 44(4), not whether the reports fulfil the specifications for Injury Management Consultation (IMC) reports contained in the December 2018 Guidelines.
23. The respondent submits that Dr Snowdon's reports were obtained for the reasons listed in the IMC referral dated 30 April 2019⁵ (incorrectly referred to by Dr Snowdon as being dated 13 April 2019) and the request for supplementary report dated 21 June 2019⁶. Dr Snowdon was not asked to express any view regarding the entitlement or the extent of entitlement in respect of the claim. Having regard to the referrals, the respondent submits that the reports were not obtained for the purpose of proving or disproving an entitlement in respect of the claim or dispute.
24. The respondent submits that Dr Snowdon did not in his reports, express any views regarding entitlement of the extent of entitlement, but appropriately confined his opinion to the applicant's work capacity and related matters.

⁵ Respondent's submissions p 3.

⁶ Respondent's submissions p 7.

25. The respondent therefore submits that Dr Snowdon's reports cannot properly be considered to be forensic medical reports as defined in regulation 44(4) and the applicant's assertion that reliance upon those reports is in contravention of regulation 44 has no basis.
26. The respondent submits that regulation 44(3) provides the applicant with no basis to prevent reliance upon Dr Snowdon's reports.
27. The respondent proposes to rely upon the report of Ms Christine Dionisopoulos dated 28 November 2018 to overcome any issue caused by Dr Snowdon's reference to that report. The correct date of the report of Ms Dionisopoulos is 28 November 2018, not 26 October 2018, which is the date that the Vocational Assessment was performed.
28. In summary the respondent submits that:
 - (a) it does not seek to rely upon more than one forensic medical report in the current proceedings;
 - (b) Dr Snowdon's reports are not forensic medical reports as defined by regulation 44;
 - (c) the only forensic medical report upon which the respondent relies is that of Dr Miller dated 13 May 2020, along with his supplementary reports, and
 - (d) the respondent will seek leave to rely upon the report of Ms Christine Dionisopoulos dated 28 November 2018.

Applicant in response

29. The applicant states that she may seek leave to make submissions in reply, in the event that fresh issues are raised by the respondent in response to her submissions. No such leave has been sought.

FINDINGS AND REASONS

The Guidelines

30. The Guidelines issued by SIRA in December 2018 were those in force at the time of the preparation of Dr Snowdon's reports. Parts 6.1, 6.2 and 6.5 are set out in the applicant's submissions at [11] and are as follows (omitting emphasis added):

"An IMC's functions do not include:

- an opinion on causation or liability
- undertaking a functional capacity evaluation or work capacity assessment for the insurer.

6.1 IMC functions relating to the nominated treating doctor

The IMC must verbally discuss the worker's fitness for employment with the nominated treating doctor. The IMC may also discuss the following with the worker's nominated treating doctor:

- diagnosis and treatment (if the IMC agrees this is required) to overcome barriers to recovery at/return to work
- suitability of potential work options
- how the NSW workers compensation system operates
- the importance of timely, safe and durable recovery at/return to work

- obtaining agreement on fitness for work, prognosis for recovery and timeframes for the recover at work plan.

6.2 IMC functions relating to the worker

The IMC is to discuss recover at/return to work with the worker, including:

- their recovery from the injury
- their expectations regarding recovery at/return to work
- the importance of timely, safe and durable return to work, and the potential impact resulting from long-term absence from work on the worker's health
- relevant aspects of the workers compensation system
- ways to overcome problems at work which may be delaying the worker's recovery/return to work
- options for their return to work (including a possible teleconference with the nominated treating doctor).

The IMC may examine the worker to aid their evaluation of the worker's ability to undertake specific tasks or functions that may inform decisions about fitness for work.

Where a worker has a union-representative involved in their return to work, the IMC will include that representative in discussions with the worker, at the worker's request.

6.5 The IMC report

The IMC is required to complete a report following consultation.

A copy of the report must be forwarded to all parties involved in the injury management consultation including the:

- nominated treating doctor
- insurer
- employer (where involved), and
- the worker (unless release of the report would pose a serious threat to the life or health of the worker or any other person).

As a minimum, the report is to include:

- worker details (name, date of birth, claim number)
- referrer and reason for referral
- documents reviewed
- date of consultation/review, including who attended the consultation (for example, interpreter, support person) and whether the consultation was face-to-face or a file review

- consultation with the nominated treating doctor, including:
 - discussion regarding return to work/fitness for work
- any other discussions to progress the worker's recovery at/return to work and optimise health outcomes
- consultation with any other parties (for example, workplace rehabilitation provider or treatment providers)
- the outcome of discussions
- consultation with and examination of the worker (where required)
- an action plan:
 - summarising the action taken in the agreed outcomes with the nominated treating doctor, including timeframes and milestones to reach the outcome
 - if agreement is not reached, suggest alternative actions to the referrer (for example, referral for an independent medical examination or referral to an approved workplace rehabilitation provider)."

31. The applicant notes that the provisions of the December 2018 Guidelines are replicated in the Guidelines dated October 2019, and those which commenced on 17 April 2020. That is not quite the case. The introductory line to Part 6.2 of the Guidelines of October 2019 and of the 17 April 2020 Guidelines states that:

“The IMC may discuss recovery at/return to work with the worker, including:”

The introductory line to Part 6.2 of the December 2018 Guidelines states that:

“The IMC is to discuss recover at/return to work with the worker, including:”

32. In the December 2018, Guidelines, there is an obligation on the IMC to discuss recover at/return to work with the worker, rather than a discretion to do so in the two later Guidelines.

33. Dr Snowdon in his report of 13 May 2019, after acknowledging receipt of the request “...to provide a Stage 2 report concerning Ms Perkins, associated with which I will firstly review your enclosed documentation...” said in the second paragraph of the report:

“Before commencing however, I would add that this review cannot be seen in the strict context of an Injury Management Consultation under the Act, because it is not occurring face to face, and, although those with whom I speak will be forwarded a copy of this report, one will not be automatically forwarded to Ms Perkins, as occurs, again, with a face to face Injury Management Consultation. I will, in this case, leave whether to forward this report to Ms Perkins to your discretion.”⁷

34. On the second page of the report Dr Snowdon reviewed the documentation with which he had been supplied, noting the diagnosis of Post-Traumatic Stress Disorder by Ms MacKenzie (one of the applicant’s treating psychologists) and by Dr Ismay, and said at the top of the third page of the report:

⁷ Reply p 2.

"I would however add that this cannot be the diagnosis because, the precipitant has been insufficiently severe to fulfil the criteria for that diagnosis from DSM-N and now V."

Later in the report Dr Snowdon says:

"In my opinion, Ms Perkins' psychiatric diagnosis is that of an Adjustment Disorder with Mixed Anxiety and Depressed Mood, the excessive response, in the circumstances necessary to diagnose an Adjustment Disorder, being as the result of a pre-existing fragility, based on Ms Perkins' childhood history of sexual abuse, and possibly pre-existing Complex Posttraumatic Stress Disorder."

35. After reviewing discussions with Dr Ismay and Dr Saker, Dr Snowdon expresses surprise that Ms Perkins remains certified unfit. In my view, these comments of Dr Snowdon are inconsistent with his role as an IMC not to include in his report an opinion on causation or liability.

36. In his second report dated 3 July 2019, after referring to the request from the GIO Claims Advisor to address further issues in Ms Perkins' return to work on the background of his Stage 2 report dated 13 May 2019, he said:

"I would comment, before continuing, that your questions are, in fact, very appropriate, indicating what I myself also feel has been the inconsistency, generally, in various elements of discussion concerning Ms Perkins' capacity to return to work. I had, however, been unable to more specifically raise my concerns in my report, because a Stage 2 review is in the context of the claim being accepted, while those participating in Ms Perkins' treatment and return to work, are also provided copies of it.

This current report however, I feel, should be for your eyes only."

37. While it is evident from the report dated 13 May 2019 that Dr Snowdon did discuss the applicant's treatment and work capacity with Dr Ismay and Dr Saker, he did not discuss recover at/return to work with the applicant as required by Part 6.2 of the Guidelines. There is no evidence that Dr Snowdon discussed the matters in his report dated 3 July 2019 with either Dr Ismay or Dr Saker, or the applicant. That report was for the eyes of the GIO Claims Advisor only. A copy of the report was not provided to Dr Ismay, Dr Saker or the applicant.

38. I accept the applicant's submission that the reports of Dr Snowdon, whilst they were produced in response to a request from GIO for a Stage 2 IMC Report dated 30 April 2019 and a request for supplementary report dated 21 June 2019, were not IMC reports. They did not comply with Part 6.5 of the Guidelines. Indeed, as I understand the respondent's submission [6], it notes that the question in the proceedings is not whether Dr Snowdon's reports fulfil the specifications for IMC reports contained in the December 2018 Guidelines; it is whether the reports constitute forensic medical reports.

39. The respondent submits that Dr Snowdon was not asked to express any view regarding the entitlement, or the extent of an entitlement, in respect of the claim and that having regard to the referrals noted in [38] above, it is clear that the reports were not obtained for the purpose of proving or disproving an entitlement, or the extent of an entitlement, in respect of the claim or dispute.

40. In the "IMC Referral Form – STAGE 2" forwarded to Dr Snowdon on 30 April 2019, the doctor was requested to:

- (a) (carry out) Stage 2 – File review;
- (b) assess the attached documentation;

- (c) contact the Nominated Treating Doctor to discuss facilitating capacity for employment, and
- (d) develop a strategy to improve capacity for employment in agreement with these parties.

The reasons for referral were listed as:

- (e) complexity of injury or workplace environment, and
- (f) non-claim related factors impacting RTW.⁸

The diagnosis listed in the referral is “PTSD, Insomnia, anxiety and depression.”

- 41. This referral does not include a request that the IMC discuss recover at/return to work with the worker in accordance with Part 6.2 of the December 2018 Guidelines.
- 42. The respondent submits that Dr Snowdon did not express any views regarding entitlement or extent of entitlement, but that he appropriately confined his opinion to the applicant’s work capacity and related matters. I do not agree. As noted in [34] and [35] above, Dr Snowdon expresses an opinion on causation of the applicant’s injury and questions why she remains certified unfit. In his report dated 3 July 2019 Dr Snowdon acknowledges that a Stage 2 review is in the context of the claim being accepted, however he does not appear to have accepted the diagnosis of the applicant by her treatment providers or that she continues to be certified unfit. These expressions of opinion by Dr Snowdon are relevant to an assessment of WPI by an AMS.

Regulation 4(4)

- 43. Regulation 4(4) provides:

“(4) In this clause—

forensic medical report, in relation to a claim or dispute:

- (a) means a report from a specialist medical practitioner who has not treated the worker and that has been obtained for the purpose of proving or disproving an entitlement, or the extent of an entitlement, in respect of the claim or dispute,

and

- (b) includes a medical report provided by a specialist medical practitioner in respect of an examination of the injured worker pursuant to section 119 of the 1998 Act,

and

- (c) does not include a report from a specialist medical practitioner who has not treated the worker and that has been obtained for the purpose of proving or disproving an entitlement, or the extent of an entitlement, in respect of another claim or dispute.”

⁸ Respondent’s submissions pp 4/5.

44. There is no evidence in the current proceedings as to “another claim or dispute” for which the reports of Dr Snowdon were obtained. Those reports were requested by GIO in the context of acceptance of the applicant’s claim, a matter that was assumed by Dr Snowdon in his first report. Dr Snowdon’s role was to explore the applicant’s capacity for employment, not to comment upon the diagnosis of her injury or express doubt as to the certification of her unfitness for work.
45. In my view, the reports of Dr Snowdon do not fall into the category of reports described in regulation 44(4)(c). They are in the nature of medicolegal reports, and more appropriately described in regulation 44(4)(a). It may not have been the purpose of the GIO Claims Advisor, in seeking reports from Dr Snowdon, of proving or disproving an entitlement, or the extent of an entitlement, in respect of the applicant’s current claim for lump sum compensation. However, it appears that the respondent now seeks to rely on those reports for that purpose. The opinions expressed by Dr Snowdon as to the diagnosis of the applicant’s injury and the certification of her unfitness for work are relevant to the assessment of WPI by the AMS.
46. I find that the reports of Dr Snowdon dated 13 May 2018 and 3 July 2019 are forensic medical reports as defined in regulation 44(4)(a) of the Regulation. They should not be admitted on behalf of the respondent to these proceedings nor included in the documents to be referred to the AMS for assessment of WPI of the applicant as a result of injury on 29 October 2017.
47. Having regard to this finding, it is unnecessary to deal with the submissions of the parties in respect of regulation 44(3) and the reliance sought to be placed on the report of Ms Christine Dionisopoulos dated 28 November 2018 by the respondent.
48. The applicant refers to regulation 46 of the Regulation in her submissions. That places restriction on disclosure of forensic medical reports to AMSs. Regulation 46(1)(a) provides that a forensic medical report must be disclosed to an AMS in connection with a claim or work injury damages threshold dispute if the report was admitted in proceedings on the claim or dispute. There is a definition of forensic medical report in regulation 46(4)(a) in the same terms as the definition in regulation 44(4)(a). The respondent makes no reference to regulation 46 in its submissions.
49. My finding in [46] above makes it clear that the reports of Dr Snowdon dated 13 May 2019 and 3 July 2019 are not admissible in the current proceedings.
50. The matter will be remitted to the Registrar for referral to an AMS for assessment of WPI as a result of psychological injury deemed to have been sustained by the applicant on 29 October 2017.
51. In accordance with regulation 44(1) of the Regulation, the only forensic medical report that may be admitted on behalf of the respondent is that of Dr Deepi Miller dated 13 May 2020⁹. The applicant seeks only to rely upon the forensic medical report of Dr Ash Takyar dated 12 November 2019¹⁰.
52. The respondent refers to supplementary reports of Dr Miller in its submissions. No such reports are in evidence.

⁹ Reply p 16.

¹⁰ Application p 17.

53. The documents to be referred to the AMS are:

- (a) the Application and attachments, and
- (b) Reply and attachments excluding the reports of Dr Peter Snowdon dated 13 May 2018 and 3 July 2019.

SUMMARY

54. The reports of Dr Peter Snowdon dated 13 May 2019 and 3 July 2019 are forensic medical reports as defined in regulation 44(4)(a) of the Regulation.

55. The matter is remitted to the Registrar for referral to an AMS for assessment of WPI as a result of psychological injury deemed to have been sustained by the applicant on 29 October 2017.

56. The documents to be referred to the AMS are:

- (a) the Application and attachments, and
- (b) Reply and attachments excluding the reports of Dr Peter Snowdon dated 13 May 2018 and 3 July 2019.

57. The applicant can be assessed via audio visual link.

