

**Recommendations for Training, Qualifications and Experience for  
Catastrophic Impairment Assessors**

**Final Report of the Catastrophic Impairment Expert Panel  
to the Superintendent**

**June 21, 2011**



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## 1. EXECUTIVE SUMMARY

Phase II of the Catastrophic Impairment Expert Panel's mandate was to make recommendations to the Superintendent of the Financial Services Commission of Ontario about the training, qualifications and experience of assessors who conduct catastrophic impairment assessments under the Statutory Accident Benefits Schedule (SABS). The Panel made its recommendations to standardize and maximize the quality of catastrophic impairment assessment.

The Panel recommends that catastrophic impairment assessments be under the responsibility of a Lead Evaluator who conducts assessments within her/his scope of practice. The Lead Evaluator is a medical doctor or a doctorate-level neuropsychologist (in cases of traumatic brain injuries) who has been licensed/registered for a minimum of five years in Canada. The Panel recommends that the Lead Evaluator have formal training in a university-based course to acquire competencies in impairment evaluation and medico-legal expertise. Finally, the Panel recommends that all clinicians involved in the assessment of catastrophic impairment be trained, depending on their scope of practice, in the use of the American Spinal Injury Association (ASIA) classification for spinal cord injury, Extended Glasgow Outcome Scale (GOS-E) for traumatic brain injury in adults, the Spinal Cord Independence Measure for ambulation disorders, the Global Assessment of Functioning (GAF) for psychiatric disorders and/or the American Medical Association's (AMA) Guides to the Evaluation of Permanent Impairment, 4th edition for the assessment of physical impairments.

The Panel recognizes that the full implementation of its recommendations will require a transition period. Therefore, the Panel recommends that the Superintendent implement a Guideline to direct the transition.

In summary, the Panel recognizes the challenges of conducting catastrophic impairment assessments within the Ontario automobile insurance system. The Panel makes recommendations to ensure that all medical doctors or neuropsychologists involved in the assessment process of a catastrophic impairment claim have the appropriate training to manage these challenges.

## **2. INTRODUCTION**

### **2.1 Mandate of the Panel**

The Catastrophic Impairment Expert Panel (hereafter referred to as the Panel) was given a two-phase mandate by the Superintendent of the Financial Services Commission of Ontario (FSCO). In Phase I, the Panel reviewed the definition of catastrophic impairment and made recommendations for changes to the definition. In Phase II, the Panel was mandated to make recommendations regarding the training, qualifications and experience of assessors who conduct catastrophic impairment assessments under the SABS. The current report outlines the Panel's recommendations with regards to the training, qualifications and experience of assessors (Phase II) that correspond with the recommendations made in Phase I of the Catastrophic Impairment Project.

### **2.2 The Expert Panel**

For Phase I, the Panel included eight clinical and scientific experts. However, given the specialized nature of the Phase II work, the Chair invited one additional member to join the Panel. Dr. Loretta Howard, a specialist in education and competency development joined the Panel in May 2011.

#### **2.2.1 Chair of the Panel:**

Pierre Côté DC, PhD  
Scientist, Toronto Western Research Institute, Toronto Western Hospital  
Associate Professor, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario

#### **2.2.2 Panel Members:**

Arthur Ameis MD FRCPC DABPMR [Subsp Cert Pain Medicine]  
Physiatrist  
Teaching Faculty, Université de Montréal, Insurance Medicine and Medicolegal Evaluation Program  
Medical Director, Multi-Disciplinary Assessment Centre, Toronto, Ontario

Linda Carroll, PhD  
Senior Health Scholar, Alberta Heritage Foundation for Medical Research  
Professor, Department of Public Health Sciences  
Associated Research Scientist, Alberta Centre for Injury Control and Research  
School of Public Health, University of Alberta, Edmonton, Alberta

J. David Cassidy, Ph.D., Dr.Med.Sci.  
Senior Scientist and Epidemiologist, University Health Network  
Professor, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario

Loretta Howard, B.Sc., M.Ed., Ed.D.  
 Director, Curriculum & Faculty Development  
 Canadian Memorial Chiropractic College (CMCC), Toronto, Ontario  
 Lecturer, Department of Adult Education and Counseling Psychology, OISE/University of  
 Toronto and Faculty of Education, Brock University.

Ronald Kaplan, Ph.D., C. Psych.  
 Clinical, Rehabilitation and Neuropsychologist  
 Private Practice, Hamilton, Ontario

Michel Lacerte, MDCM, M.Sc., FRCPC, CCRC  
 Psychiatrist,  
 Associate Director, Université de Montréal, Insurance Medicine and Medicolegal Evaluation  
 Program  
 Associate Professor with the Department of Physical Medicine & Rehabilitation,  
 Schulich School of Medicine and Dentistry, University of Western Ontario, London, Ontario

Patrick Loisel, M.D.  
 Professor, Dalla Lana School of Public Health, University of Toronto  
 Director, Work Disability Prevention CIHR Strategic Training Program, Toronto, Ontario

Peter Rumney, M.D., FRCP(C)  
 Senior Physician and Director, Rehabilitation & Complex Continuing Care, Holland Bloorview  
 Kids Rehabilitation Hospital  
 Assistant Professor in Paediatrics, University of Toronto, Toronto, Ontario

## **2.3 Objectives (Phase II)**

The objectives of the Panel are to:

- 2.3.1 Identify and make recommendations for the required training, qualifications and experience of assessors who conduct catastrophic impairment assessments under the SABS.
- 2.3.2 Review and comment on such matters as requested by the Superintendent.

## **2.4 Current Determination of Catastrophic Impairment**

- 45. (1) An insured person who sustains an impairment as a result of an accident may apply to the insurer for a determination of whether the impairment is a catastrophic impairment. O. Reg. 34/10, s. 45 (1).
- (2) The following rules apply with respect to an application under subsection (1):
  - 1. An assessment or examination in connection with a determination of catastrophic impairment shall be conducted only by a physician but the physician may be assisted by such other regulated health professionals as he or she may reasonably require.

2. Despite paragraph 1, if the impairment is a brain impairment only, the assessment or examination may be conducted by a neuropsychologist who may be assisted by such other regulated health professionals as he or she may reasonably require.

3. If a Guideline specifies conditions, restrictions or limits with respect to the determination of whether an impairment is a catastrophic impairment, the determination must be made in accordance with those conditions, restrictions and limits. O. Reg. 34/10, s. 45 (2); O. Reg. 289/10, s. 5.

(3) Within 10 business days after receiving an application under subsection (1) prepared and signed by the person who conducted the assessment or examination under subsection

(2) the insurer shall give the insured person,

(a) a notice stating that the insurer has determined that the impairment is a catastrophic impairment; or

(b) a notice stating that the insurer has determined that the impairment is not a catastrophic impairment and specifying the medical and any other reasons for the insurer's decision and, if the insurer requires an examination under section 44 relating to whether the impairment is a catastrophic impairment, so advising the insured person. O. Reg. 34/10, s. 45 (3).

(4) If an application is made under this section not more than 104 weeks after the accident and, immediately before the application was made, the insured person was receiving attendant care benefits,

(a) the insurer shall continue to pay attendant care benefits to the insured person during the period before the insurer makes a determination under this section; and

(b) the amount of the attendant care benefits for the period referred to in clause (a) shall be determined on the assumption that the insured person's impairment is a catastrophic impairment. O. Reg. 34/10, s. 45 (4).

(5) Within 10 business days after receiving the report of an examination under section 44, the insurer shall,

(a) give a copy of the report to the insured person and to the person who prepared the application under this section; and

(b) provide the insured person with a notice stating that the insurer has determined that the impairment is a catastrophic impairment or is not a catastrophic impairment and setting out the medical and any other reasons for the insurer's determination. O. Reg. 34/10, s. 45 (5).

(6) If an insured person is determined to have sustained a catastrophic impairment as a result of an accident, the insured person is entitled to payment of all expenses incurred before the date of the determination and to which the insured person would otherwise be entitled to payment under this Regulation by virtue of having sustained a catastrophic impairment. O. Reg. 34/10, s. 45 (6).

### 3. METHODOLOGY

The Panel used its collective judgment and experience to make recommendations about the training, qualifications and experience of the regulated health professionals who conduct catastrophic impairment assessments.

#### 3.1 Disclosures of Conflicts of Interest

The work conducted by the Panel was carried out in a rigorous, transparent and unbiased manner. Therefore, the Panel was asked to openly disclose any conflicts of interest they may have with their involvement in this project. The disclosed conflicts of interest are included in Appendix 1.

The definition of Conflict of Interest endorsed by the International Committee of Medical Journal Editors was used<sup>1</sup>:

*Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from being negligible to having great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.*

For the purpose of the Catastrophic Impairment Expert Panel, the terms “journal, author, reviewer or editor” in the above definition are replaced by “Chair or Expert Panel member”.

#### 3.2 Development of Recommendations

The recommendations were developed in three sequential steps. The Panel used a modified Delphi methodology to develop the recommendations regarding the required training, qualifications and experience of assessors who conduct catastrophic impairment assessments. First, the Chair drafted preliminary recommendations. Second, the Panel was asked to vote on the adequacy of a preliminary recommendation by answering the Phase II baseline survey (Appendix 2). The Panel was also asked to suggest revisions to the preliminary recommendation. Third, the Panel's suggested revisions were used to modify the preliminary recommendation and arrive at a final recommendation (Appendix 3 and 4). A recommendation was approved by the Panel if 75% of the Panel agreed with it.

#### 3.3 Current Catastrophic Impairment Assessment System in Ontario

In the initial stage of its Phase II deliberations, Panel members who have conducted catastrophic impairment assessments under the current system were asked to describe the strengths and



weaknesses of the system. Specifically, they were invited to reflect on the required training, qualifications and experience of assessors and provide a qualitative appraisal of the current system. The discussion that ensued from the qualitative appraisal of the current systems was used to generate potential recommendations for the required training, qualifications and experience of assessors.

### **3.4 Strengths and Weaknesses of the Current Catastrophic Impairment Assessment System: a Qualitative Appraisal from Panel Members**

Panel members reported that the current system has the following strengths: 1) it provides timely and geographically diverse access to catastrophic impairment assessments; and 2) it allows for flexibility in selecting assessors. However, the system has the following weaknesses: 1) the absence of assessment guidelines, standardized methodologies and lack of quality control do not promote consistency in assessments; 2) a significant potential for bias is related to the assessors being dependent on referral sources to ensure a steady volume of work; and 3) the absence of mandatory training in impairment evaluation and medico-legal expertise is an important source of variation in the quality of assessments.

## **4. Phase II - BASELINE SURVEY**

The results of the baseline survey are presented in Appendix 2. The Panel agreed that assessors deemed eligible to conduct catastrophic impairment assessments must have the following necessary characteristics:

- A minimum level of experience in their area of specialization;
- Completed training in the required measurement tools;
- Completed formal training in a university program that teaches impairment evaluation and medico-legal expertise.

The results of the baseline survey were used to develop the Panel's recommendation on required training, qualifications and experience of assessors who conduct catastrophic impairment assessments (see sections 5.2 to 5.5).

## **5. PROPOSED RECOMMENDATIONS for CATASTROPHIC ASSESSOR TRAINING, QUALIFICATIONS, and EXPERIENCE**

### **5.1 The Lead Evaluator**

The Panel recommends that a Lead Evaluator be responsible for overseeing the catastrophic impairment assessment process. The Lead Evaluator is a regulated health professional who will advise and guide the assessment team and be responsible for:

- Reviewing the application and the clinical file;
- Assembling a team of Evaluators (regulated health professionals) that meet the needs of the assessment;
- Ensuring that the catastrophic impairment assessment follows the tests described in the SABS;

- Reviewing all forms and/or reports and ensuring that they are accurate;
- Preparing and submitting a final form and/or report that synthesizes the clinical evidence and describes the presence/absence of a catastrophic impairment.

The recommended qualifications, experience and training of the Lead Evaluator are presented below in sections 5.2 to 5.5.

## **5.2 Qualifications of the Lead Evaluator**

### **5.2.1 Medical doctor**

The Panel recommends that an assessment or examination in connection with a determination of catastrophic impairment and the preparation of a final report regarding catastrophic impairment shall be done only by a medical doctor. However, that medical doctor may be assisted by other regulated health professionals as he or she may reasonably require in order to conduct a comprehensive review and/or clinical assessment or examination required in connection with the preparation of the report.

### **5.2.2 Neuropsychologist**

The Panel also agrees that despite 5.2.1, if the impairment is a brain impairment only, the assessment or examination and the preparation of a final report regarding catastrophic impairment may be done by a neuropsychologist who holds a doctorate degree (Ph.D., Psy.D. or Ed.D). The neuropsychologist may be assisted by such other regulated health professionals as he or she may reasonably require in order to conduct a comprehensive review and/or clinical assessment or examination required in connection with the preparation of the report.

### **5.2.3 Scope of practice**

The Panel recommends that the Lead Evaluator conducts assessments and prepares reports consistent with his or her scope of practice and expertise in catastrophic impairment analysis.

## **5.3 Experience of the Lead Evaluator**

### **5.3.1 Medical doctor**

The Panel recommends that the medical doctor who leads assessments in connection with the determination of catastrophic impairment must have been licensed to practice by one or more Canadian Colleges of Physicians and Surgeons for at least five years

### **5.3.2 Neuropsychologist**

The Panel recommends that a neuropsychologist who leads assessments in connection with the determination of catastrophic impairment must hold a doctorate degree (Ph.D., Psy.D. or Ed.D) in psychology and have at least five years of licensing or registration in Canada.

## 5.4 Training of the Lead Evaluator

The Panel recognizes that the level of knowledge and skills necessary to lead a catastrophic impairment assessment goes beyond what is acquired by medical doctors or neuropsychologists during their clinical training. Therefore, the Panel recommends that all Lead Evaluators guiding the determination of catastrophic impairment must have specialized competencies acquired through formal training in a university-based program specializing in impairment evaluation and medico-legal expertise. The program must be sufficiently comprehensive and must include evaluation of proficiency in the competencies. Other members of the assessment team do not need to acquire the specialized competencies to contribute to the assessment of an injured claimant.

In addition to those qualifications and competencies required of all physicians and neuropsychologists (if only a brain impairment) conducting catastrophic impairment assessments, the Panel recommends that Lead Evaluators must be able to demonstrate all of the following nine competencies:

- The ability to act effectively for the purpose of determining the presence of catastrophic impairment including liaising with relevant parties and coordinating a multidisciplinary approach, as required.
- The ability to maintain current knowledge of the medico-legal context and processes with regard to application for, and determination of, catastrophic impairment entitlement in Ontario including legislative framework, relevant regulations, FSCO Guidelines, forms, and reporting requirements.
- The ability to conduct an intake review including identifying the mandate of the assessment, obtaining the informed consent, and reviewing relevant documentation, which includes the claimant's comprehensive file and health claim statements.
- The ability to work collaboratively in a team-based manner to organize and implement the assessment process by communicating effectively, managing conflict, developing consensus, and dealing effectively with challenging assessment processes.
- The ability to apply a comprehensive causal analysis within the context of the Statutory Accident Benefits Schedule.
- The ability to formulate an evidence-based opinion on catastrophic impairment founded on the critical appraisal of the findings.
- The ability to write a well formulated, comprehensive report to current independent examination professional standards for submission to relevant parties.
- The ability to behave in an ethical and professional manner with sensitivity to vulnerable populations and minorities and with respect for fiduciary obligations.
- The ability to provide expert testimony, as required.

## 5.5 Training of all Evaluators

The Panel recommends that all Evaluators conducting the catastrophic impairment assessment are regulated health professionals who have formal training in the use of the measurement tools that are directly relevant to their scope of practice. The purpose of the training is to improve the quality of assessments and standardize assessments. The assessment systems are described in

sections 4.1.3 to 4.1.10 of the Panel's Phase I report.<sup>2</sup> For example, a medical doctor who conducts an assessment under the recommended section 2(e) (Other Physical Impairments not covered by 2(a), 2 (b), 2 (c) or 2 (d)) should be trained in the use of the *American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition 1993*.<sup>3</sup> Similarly, a neurophysiologist who conducts an assessment under the recommended section 2(d) (traumatic brain injury in adults) should be trained in the use of the Extended Glasgow Outcome Scale (GOS-E).<sup>4</sup>

## **5.6 Additional Recommendations**

### **5.6.1 Transition Phase**

A transition period will be required for the Lead Evaluators to attain the competencies and qualifications recommended by the Panel. We recommend that a Superintendent Guideline be issued to direct the transition period. The Panel recommends the Guideline includes the following three phases:

- Phase I: Upon the approval of recommendations by the Government, all Lead Evaluators must be either a medical doctor or doctorate-level neuropsychologist with a minimum of five years of licensing/registration in Canada.
- Phase II: One year from the date the recommendations are approved by the Government, all Evaluators must have completed training in the use of the assessment tools described in section 5.5. Similarly, all Lead Evaluators must be enrolled in a general, university-based program in insurance medicine and medico-legal expertise or its equivalent.
- Phase III: Three years from the date the recommendations are approved, all Lead Evaluators must have completed a full certification in a university-based training program in insurance medicine and medico-legal expertise or its equivalent.

### **5.6.2 Standardized Data Collection Forms**

The Panel discussed the importance of standardized data collection to improve the reliability of catastrophic impairment determinations. The Panel recommends that standardized forms designed to collect the data necessary to assist the Lead Evaluator be used. The Panel recommends that the Superintendent convene a sub-panel of experts to develop a concise and comprehensive set of evaluation forms for the assessment of catastrophic impairment.

## **6. ACKNOWLEDGEMENTS**

The Panel is indebted to Dr. Heather Shearer for the extraordinary rigor of her work and her exceptional commitment to the Panel. The Panel thanks Sivan Raz and Willie Handler for their administrative support and expertise in policy development.

## APPENDIX 1

### Disclosure of Conflict of Interest

#### Arthur Ameis

1. Research grants:  
None
2. Consultancy:  
Multi-Disciplinary Assessment Centre
3. Honorarium (Monetary or Equivalent):  
None
4. Honorarium (Non-Monetary):  
Canadian Society of Medical Evaluators; Canadian Life and Health insurance Association; Osgoode Hall Law School; Ontario Trial Lawyers; Canadian Defense Lawyers.

#### Linda Carroll

1. Research grants:  
*Past Sources of Research Funding:* Jalan Pacific Inc (Brazil), Länsförsäkringar (Sweden), Canadian Chiropractic Protective Association, National Chiropractic Mutual Insurance Company, Insurance Bureau of Canada, Whiplash Commission (Sweden), Amgen, State Farm Inc., Alberta Heritage Foundation for Medical Research, WorkSafe BC, CIHR, Agency for Healthcare Research and Quality (USA), Royal Alexandra Hospital Foundation (Edmonton, AB), University Hospital Foundation Medical Research Competition (Edmonton, AB), National Health Research Development Program (NHRDP), Saskatchewan Government Insurance, Insurance Corporation of British Columbia, Société d'assurance automobile du Quebec, Trygg-Hansa Insurance Corporation, Sweden. I was also granted a five-year salary award as a Health Scholar from the Alberta Heritage Foundation for Medical Research.  
  
*Current Sources of Research Funding:* Universities Occupational Safety and Health Education and Research Center (ERC), WorkSafe BC, Alberta Transportation Board: Traffic Safety, WCB Alberta, Alberta Heritage Foundation for Medical Research (7-year Senior Health Scholar Award). I also have a seven-year salary award as a Senior Health Scholar from the Alberta Heritage Foundation for Medical Research (now Health Innovates – Alberta).
2. Consultancy:  
Consultant Epidemiologist for Alberta Department of Finance (Insurance Branch).

#### J. David Cassidy

1. Research grants:  
Danish Council for Independent Research (DK), Dickson Memorial Foundation, Canadian Institute of Health Research, Agency for Healthcare Research and Quality (USA), Alberta Provincial CIHR Training Program in Bone and Joint Health, Jalan Pacific Inc., Saskatchewan Health, Länsförsäkringar (SE), Insurance Bureau of Canada, Alberta Heritage

Foundation for Medical Research, Ontario Workplace Safety and Board, Insurance Corporation of British Columbia, Société d'assurance automobile du Québec, Who Collaborating Centre for Neurotrauma at Karolinska Institute (SE), AAFA Insurance (SE), Folksham Insurance (SE), Volvo Car Company (SE), National Chiropractic Mutual Insurance Company (USA), AVIVA Canada, Canadian Chiropractic Protective Association, Ontario Ministry of Health and Long Term Care, Ontario Neurotrauma Foundation, Chiropractors' Association of Saskatchewan, Canadian Orthopaedic Foundation, Foundation for Chiropractic Education and Research (USA) and Chiropractic Foundation for Spinal Research.

2. Consultancy:

Canadian Chiropractic Protective Association, Insurance Bureau of Canada, Attorney General of Nova Scotia, Connecticut Chiropractic Council.

3. Honorarium:

Canadian Chiropractic Protective Association, Program of Insurance Medicine and Medicolegal Expertise – University of Montreal, National Chiropractic Mutual Insurance Company, Trillium Health Centre Spine Institute, Danish Chiropractic Association, Canadian Society of Chiropractic Evaluators, University of Southern Denmark, Norwegian Society for Low Back Pain Research, Société d'Assurance Automobile du Québec, Commission de la santé et de la sécurité du travail (Québec), Decatur Memorial Hospital (USA), Saskatchewan Government Insurance, Canadian Society of Medical Evaluators, University of Toronto Centre for Industrial Relations and Human Resources, Nordic Association of Traffic Medicine, World Federation of Chiropractic, Canadian Insurance Claims Managers Association, Swedish Society of Medicine, and Canadian Bar Association.

**Pierre Côté**

1. Research grants:

Canadian Institute of Health Research, Ontario Workplace Safety and Board, WorkSafe BC, Manitoba Workers' Compensation Board, National Chiropractic Mutual Insurance Company, AVIVA Canada, Canadian Chiropractic Protective Association, Ontario Ministry of Health and Long Term Care, Ontario Neurotrauma Foundation, Arthritis Society, Ontario Chiropractic Association, Chiropractic Foundation for Spinal Research, Foundation for Chiropractic Education and Research

2. Consultancy:

Canadian Chiropractic Protective Association, Insurance Bureau of Canada, Financial Services Commission of Ontario

3. Honorarium:

Association of Workers' compensation Board of Canada, Canadian Chiropractic Protective Association, Société des Experts an Evaluation Medico-Légale du Québec, National Chiropractic Mutual Insurance Company, Trillium Health Centre Spine Institute, Institut Franco-Européen de Chiropratique, American College of Chiropractic Consultants, Canadian Life Insurance Medical Officers Association, Canadian Society of Chiropractic Evaluators, University of Southern Denmark, University of Bergen, Norwegian Society for Low Back

Pain Research, College of the International Association of Industrial Boards Accidents and Commissions, Société d'Assurance Automobile du Québec

**Loretta Howard**

1. Research grants:  
None
2. Consultancy:  
None
3. Honorarium (Monetary or Equivalent):  
None
4. Honorarium (Non-Monetary):  
None

**Ron Kaplan**

1. Research grants:  
No research grants in over 15 years
2. Consultancy:  
No consultancy
3. Honorarium:  
Has received small gifts for modest amounts for speaking at various meetings.
4. Clinical Treatment and Assessment Practice:
  - a. Clinical Treatment: Provides and directs assessment and treatment to patients in a variety of contexts including patients injured in auto accidents. Patients may self refer and are also referred by health professionals, lawyers and insurers.
  - b. Expert Assessments and Reports: Provides and directs psychological, neuropsychological and multi-disciplinary expert assessments in a variety of contexts including auto accident injuries. Referrals for expert assessments may be from plaintiff and defense counsel and insurers. Expert assessments address a number of questions including: diagnosis, prognosis, impairment level, disability, future care, impact on family relationships, etc. Provides testimony in arbitrations and court.
5. Voluntarily Positions:
  - a. I am a member of a number of voluntary professional organizations.
  - b. Co- chair of the Ontario Psychological Association's auto insurance task force. The task force provides information to insurers, lawyers, government and the general public regarding psychological disorders as well as the role of psychological assessment and treatment. The task force also provides education to psychologists regarding the appropriate application of SABS for provision services to patients with psychological impairments resulting from auto accidents. I receive no funds from my association for this work and pay my own expenses.



**Michel Lacerte**

1. Research grants:  
Not Applicable
2. Consultancy:  
Insurance Bureau of Canada, St. John's Rehab Hospital, WSIB, Multiple defense and plaintiff law firms and insurance companies (conducting independent medical examinations), Kaiser Aluminium, University of Western Ontario, Université de Montréal, Ca.
3. Honorarium:  
Canadian Life Insurance Medical Officers Association, Canadian Society of Medical Evaluators, Société des médecins experts du Québec, L'association des orthopédistes du Québec

**Patrick Loisel**

1. Research grants:  
Canadian Institute of Health Research, Institut de Recherche Robert Sauvé en Santé et Sécurité du Travail (Québec), Réseau de Recherche en Adaption Réadaptation du Québec
2. Consultancy:  
Workplace Safety and Insurance Board (Ontario)
3. Honorarium:  
University Health Network, Canadian Memorial Chiropractic College, Université de Sherbrooke, Reinsurance Group of America

**Peter Rumney**

I am a Paediatrician practicing solely in the field of acquired and traumatic brain injury rehabilitation for children and adolescents. My practice is in a hospital environment in an academic health sciences centre. I am paid through an alternative payment plan program from the Ministry of Health to deliver this care. I do medical legal evaluations for the patients that I have seen as my active patients. This means that I am primarily doing plaintiff medical legal reports. However, I do select reports for the Canadian Medical Protective Association and this is most often defense work.

My current research endeavours in the last five years have included a multi-centred study that is funded by the Ontario Neurotrauma Foundation. This study is looking at the factors that are helpful in supporting a successful reintegration for the child back into the community and school 2 – 5 years post trauma. I also have funding from the Health Innovation Fund to try and replicate and implement a Memory Link prosthesis clinic for adolescents here at the Holland Bloorview Kids Rehabilitation program. This is copying the Memory Link clinic from Baycrest Treatment Centre.



## **APPENDIX 2**

### **Baseline Survey**

The purpose of the baseline survey was to understand the views and beliefs of the Panel with regards to catastrophic impairment assessor training, qualifications and experience. The Expert Panel was contacted on April 27, 2011. The results were discussed at the Expert Panel meeting on May 5, 2011. Panel members were asked to state whether they agreed or not with specific questions. Panel Members were asked to provide suggestions if they did not agree with the posed questions. Note that at the time of the Phase II baseline survey, the Panel included eight members. Dr. Loretta Howard joined the Panel on May 16, 2011.

#### **QUESTION 1**

Do you agree that catastrophic impairment assessors must complete a mandatory training program in insurance medicine and medico legal expertise?

**Answers:** Yes: (8/8); No: (0/8).

#### **QUESTION 2**

The Panel has discussed the need for standardized training for catastrophic impairment assessors. A diploma program at the University of Montreal has been suggested for this purpose. Please refer to the website below for information about the diploma program.  
<http://www.mae.umontreal.ca/en/home>

Do you agree that the University of Montreal Insurance Medicine and Medico Legal Experts Diploma Program be successfully completed by all catastrophic impairment assessors?

**Answers:** Yes: (6/8); No: (1/8); Skipped: (1/8).

#### **QUESTION 3**

Assessors will also need to gain specific knowledge about the catastrophic impairment regulations. Do you agree that completing Continuing Medical Education (CME) credits before making Catastrophic Impairment determinations must be mandatory?

**Answers:** Yes: (7/8); No: (1/8).

#### **QUESTION 4**

Do you agree that all health care providers conducting catastrophic impairment assessments must have a minimum of five years of continuous work in their area of specialty AND/OR have completed a fellowship in a relevant specialty before being eligible to conduct catastrophic impairment evaluations?

**Answer:** Yes: (7/8); No: (1/8).

#### **QUESTION 5**

The Panel has discussed the importance of quality control and standardized data collection to improve the validity and reliability of catastrophic impairment determinations. Do you agree that standardized forms designed to collect the data necessary for catastrophic impairment assessments be used?

**Answer:** Yes: (7/8); No: (1/8).

#### **QUESTION 6**

It has been proposed by the Panel that a two-stage process be used to make a catastrophic impairment determination. In the first stage, a qualified health care provider would conduct a clinical assessment and record data using standardized forms. In the second stage, an independent health care provider would analyze the data and make the determination. Do you agree with this method of catastrophic impairment determination?

**Answer:** Yes: (4/8); No: (4/8).

#### **QUESTION 7**

In order to protect the independence of the assessors, it has been suggested that a geographic random roster of assessors be created to select the health care providers who will conduct a catastrophic impairment evaluation. Do you agree that randomly selected assessors be used to perform the catastrophic impairment assessment?

**Answer:** Yes: (5/8); No: (3/8).

### **APPENDIX 3**

#### **Survey 2**

The purpose of Survey 2 was to identify the views and beliefs of the Panel with regards to the qualifications necessary for catastrophic impairment assessors. This topic was discussed during all Phase II Panel meetings. The Expert Panel was contacted on May 20, 2011 via electronic survey. Panel members were asked to state whether they agreed or not with specific questions and to provide suggestions if they did not agree with the posed questions.

#### **QUESTION 1**

1. a) An assessment or examination in connection with a determination of catastrophic impairment shall be conducted only by a physician but the physician may be assisted by other regulated health professionals as he or she may reasonably require. Do you agree?

**Answer:** Yes: (8/9); No: (1/9).

- b) Despite paragraph 1, if the impairment is a brain impairment only, the assessment or examination may be conducted by a neuropsychologist who may be assisted by such other regulated health professionals as he or she may reasonably require. Do you agree?

**Answer:** Yes: (8/9); No: (1/9).

- c) Any opinion used for the determination of catastrophic impairment must be within the respective scope of practice of the health care provider performing the assessment. Do you agree?

**Answer:** Yes: (8/9); No: (1/9).

#### **QUESTION 2**

2. Catastrophic Impairment Assessors must possess the following experience: Physicians must have 5 years of licensing in Canada; Psychologists must hold a PhD and must have 5 years of licensing in Canada. Do you agree?

**Answers:** Yes: (9/9); No: (0/9).

## **APPENDIX 4**

### **Survey 3**

Survey 3 was used to identify the agreement of the Panel with the proposed competencies that must be acquired by the Lead Evaluator. A list of competencies was developed using a multi-staged approach. Initially, the entire Panel was asked to provide what they felt were required assessor competencies both via email and at Phase II Panel meetings. Secondly, a sub-Panel met on May 26, 2011 to refine the competencies. The Expert Panel was then contacted on May 26, 2011 via electronic survey. Panel members were asked to state whether they agreed or not with specific questions and to provide suggestions if warranted. The results of the survey are presented below.

#### **Catastrophic Impairment Assessor Competencies**

Physicians or neuropsychologists, with five years' post licensing experience, conducting catastrophic impairment assessments will reliably demonstrate the ability to:

#### **QUESTION 1**

Act effectively for the purpose of determining the presence of catastrophic impairment including liaising with relevant parties and coordinating a multidisciplinary approach, as required. Do you agree with this statement?

**Answer:** Yes: (9/9 responses); No: (0/9 responses).

#### **QUESTION 2**

Maintain current knowledge of the medicolegal context and systems with regard to impairment entitlement/determination in Ontario including current mandate, process, regulations, legislative framework, fiscal guidelines, and stakeholder participation. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9).

#### **QUESTION 3**

Conduct an intake review including identifying the mandate of the assessment, obtaining the informed consent, and reviewing relevant documentation, which includes the claimant's comprehensive file and health claim statements. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9).

#### **QUESTION 4**

Work collaboratively in a team based manner to organize and implement the assessment process by communicating effectively, managing conflict, developing consensus, and dealing effectively with challenging assessment processes. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9).

### **QUESTION 5**

Apply a comprehensive causal analysis within the context of the Statutory Accident Benefits Schedule. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9).

### **QUESTION 6**

Formulate an evidence based opinion on catastrophic impairment founded on the critical appraisal of the findings. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9)

### **QUESTION 7**

Write a well formulated, comprehensive report to current independent examination professional standards for submission to stakeholders. Do you agree with this statement?

**Answer:** Yes: (8/9); No: (1/9).

### **QUESTION 8**

Behave in an ethical and professional manner with sensitivity to vulnerable populations and minorities and with respect for fiduciary obligations. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9).

### **QUESTION 9**

Provide expert testimony, as required. Do you agree with this statement?

**Answer:** Yes: (9/9); No: (0/9).

## REFERENCES

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