NEW COMPLAINT (TRIAGE)

Form Completed by: Jo
Date received: 22 July 2012
Date Issue(s) occurred: June 2010
Other authority referral/Involvement:

Advocacy:	☐	Sent to provider	☒	Registration body	☐
ACC	☐	Coroner	☐	Other: HRC, Ministry of Social Affairs	☒

Consumer/Complainant:

Previous complaints: 07/02 | 11/0

Provider(s): Dr D at Health Centre

Information removed under section 9(2)(g)(i) of the Official Information Act to maintain the effective conduct of public affairs through the free and frank expression of opinions between employees and the Commissioner.

Information removed under section 9(2)(a) of the Official Information Act to protect the privacy of the individual concerned

Complaint summary: Mr considers that ACC-appointed assessor Dr performed an inadequate medical consultation and examination, failed to give due consideration to evidence from other health providers, made an incorrect diagnoses, and recorded inaccurate details in his report.

On 17 June, D performed a medical examination for Mr as part of an assessment review required by WINZ. During the appointment, Mr felt overwhelmed by Dr 's interrogative style of questioning, which largely revolved around his work history and his ability to work, rather than his health issues and need for treatment. Mr that, after eight minutes of questioning, Dr conducted a short physical check-up. Mr presented a number of documents from counsellors, a psychologist, psychotherapist, and psychiatrist, all of whom outlined the specialist treatment Mr had received for alcohol dependency and mental health conditions. Dr glanced at some of the letters, but said he would not need them because Mr had provided sufficient information verbally. When Mr asked Dr to take a copy of the documents, Dr refused and mentioned that he would obtain a "host doctor report" from Mr 's regular GP.

Following the appointment, Dr completed a Designated Doctor Report, in which Mr was referred to as an "alcohol binge drinker" who lacked motivation in the *Diagnosis* section. The report failed to indicate that Mr was receiving current treatment/intervention or was under the care of specialists. The report also stated Mr was presently able to engage in work planning, training, light/selected duties and part-time work up to 30 hours per week, and was likely to be able to commence work within the next 12 months. Dr concluded that Mr was not eligible for Invalids Benefit, and that he can work at 20 hours per week.

Mr s report and recommendations were accepted and adopted by WINZ. Mr was later sent a letter for appointments to discuss and prepare for training and returning to work, which put him under immense stress that led to a severe crisis episode and break down in counselling treatment. Instead of focussing on his treatment, he had to spend a considerable amount of time on research and study in preparation for an appeal to challenge WINZ's decision to cease his Invalids' Benefit, and defend allegations made against him by Dr Mr feels that serious harm to his mental and physical health, wellbeing, and financial and other living circumstances has resulted from Dr assessment findings. Mr believes that his rights to be treated with respect, dignity and independence, to be provided with services of an appropriate standard, to receive effective communication, and to be fully informed were not upheld by Dr .

Primary issue:

Complaint Key Word:

Other information: Protected disclosure ☐ | Mode of contact ☐

Special communication needs ☐ | Media interest ☐ | Others ☐

Date of Triage meeting: 30 July 2012

Triage Attendees: RM, JZ

Triage discussion / outcomes:	Completed

Triage options:	Decision(s):
Advocacy: s37 formal / informal	
Advocacy: s14(1)(m)	
Mediation:	
Investigation:	
Further Information(s) s14(1)(m):	
Right 10: Response required: Y / N	
S34 referral (Agencies in H or D sector):	
S36 referral (eg. PCO, HRC):	
No Action (s38):	
Outside Jurisdiction (s40):	
Refer to Legal:	
File review:	
Preliminary expert advice:	

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