



# Civil Resolution Tribunal

## Expression of Interest to Conduct Independent Medical Examinations for the Civil Resolution Tribunal (CRT)

I hereby request that the Chair of the Civil Resolution Tribunal (CRT) add my name to the list of health professionals prepared to conduct independent medical examinations for the CRT, pursuant to CRT Rule 8.5.

### \* Required fields

### Section 1: Qualifications

#### Qualifications

##### \* I confirm that:

- I am a medical practitioner registered under the Health Professions Act of British Columbia.
- I am fully registered and in good standing with the College of Physicians and Surgeons of British Columbia with College I.D. Number: \_\_\_\_\_
- I have provided a copy of my resume to the CRT, and the resume accurately reflects my qualifications and experience.
- I will advise the CRT, at the earliest opportunity, if there is any real or apparent conflict of interest, or circumstance which may give rise to a reasonable apprehension of bias, in accordance with CRT Rule 8.5 (6), with respect to any dispute in which I am asked to provide advice or assistance. Rule 8.5 (6) is attached to this form.
- I am a member of the College of Family Physicians of Canada, or a fellow of the Royal College of Physicians and Surgeons of Canada in good standing. I have a specialty designation in the following discipline(s):

| Date of Designation | Name of Specialty |
|---------------------|-------------------|
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |

## Section 2: Sources of Income

The CRT asks for this information to satisfy its obligation to ensure that the appointment of an expert to complete an IME is free of any reasonable apprehension of bias.

### Sources of Income

\* Do you derive your revenue primarily from treating patients in your clinical practice in British Columbia?

Yes  No

If no, describe your current employment or practice status:

\* List the client(s) or employers(s) from whom you received revenue during the past 12 months and the percentage of your revenue earned from each:

| Name   | Percentage of Revenue |
|--|-----------------------|
| Ministry of Health (MSP) and/or health authority | %                     |
|  | %                     |
|  | %                     |
|  | %                     |
|  | %                     |

\* Have you ever provided expert reports for use in a personal injury claim or court action, pursuant to employment or a contract with: a) ICBC; b) a party to the personal injury claim or court action; or c) a lawyer retained by ICBC or a party to the personal injury claim or court action?

Yes  No

If yes, describe the nature and dates of past employment or contracts. (This refers to contracts for the provision of expert opinions or reports to ICBC. It does not include reports or records provided to ICBC on behalf of a patient treated in your clinical practice.)

| Nature of employment or contract | Dates |
|----------------------------------|-------|
|                                  |       |
|                                  |       |
|                                  |       |
|                                  |       |

## Section 3: General Information

### Required General Information

**\* I confirm that:**

- I have an office which is suitable for reviewing the records of an injured party, including appropriate facilities for securely storing those records and maintaining the privacy of their contents.
- I have an examination room available to examine the injured party, where required.
- I will conduct the examination of the injured party and/or the records, and provide my written opinion, in a fair, neutral, and impartial manner.
- I will provide a timely report to address each of the questions asked within the terms of reference in each case. I will endeavour to provide clear and unambiguous answers (including stating an opinion in terms of degrees of likelihood or probability, where applicable).

### Optional General Information

List any experience you have in assessment and treatment of patients with injuries caused by motor vehicle accidents. (Attach a separate list, if more space is needed.)

List the geographic locations in which you are willing to serve and/or whether you are willing to travel and, if so, to what location(s).

List any additional comments you feel may be relevant.

## Section 4: Declarations and Signature

### Declarations and Signature

**\* I confirm that:**

- I acknowledge that, if any one of my statements set out above becomes untrue, it is my responsibility to advise the CRT of my change in status. If that happens, I understand that the CRT Chair has discretion to remove my name from the list of independent health professionals and to discontinue referring requests for independent medical examinations to me, until any deficiencies in my qualifications are remedied.
- I also understand that being placed on the IME roster is not a guarantee of work or a commitment by the CRT to refer a request for an IME to me.
- I further understand that the CRT may provide the information in this document to parties and participants to a dispute in which I have been retained to provide or have provided independent health professional assistance or advice. The disclosure of this information may be necessary, for example, if an issue is raised pursuant to Rule 8.5 (6), as to whether there is any real or apparent conflict of interest, or circumstances which may give rise to a reasonable apprehension of bias.

\* Signature:

\* Date signed:

\* Name (please print):

\* Phone number:

\* Address of clinical practice:

\* Email address or website of clinical practice:

### How to submit your completed form:

- **By email.** Save your completed form and email it to [info@crtbc.ca](mailto:info@crtbc.ca) ATTN: Registrar.
- **By mail or courier.** Send this completed form to:  
ATTN: Registrar  
Civil Resolution Tribunal  
PO Box 9239 STN Prov Govt  
Victoria BC V8W 9J1

## Civil Resolution Tribunal Rules (effective April 1, 2019)

### Rule 8.5 -- Independent Medical Examinations

- 1) For disputes filed under the tribunal's motor vehicle injury jurisdiction the tribunal may, on the tribunal's own initiative or on the request of a party, order an independent medical examination of the injured party at any point after a dispute response has been filed.
- 2) A party may request that the tribunal order an independent medical examination by
  - a) filling out the Independent Medical Examination Request Form,
  - b) paying the required fee.
- 3) Before ordering an independent medical examination, the tribunal may consider
  - a) the type of bodily injury or injuries,
  - b) the issues in the dispute,
  - c) the extent and nature of existing expert medical evidence,
  - d) the amount claimed,
  - e) the ability of the parties to pay for their own experts,
  - f) whether all parties consent,
  - g) whether the party has failed to attend an expert examination requested by another party, and
  - h) any other factors the tribunal considers appropriate.
- 4) The tribunal Chair may
  - a) create a roster of experts to perform independent medical examinations,
  - b) retain experts from that roster, and
  - c) determine the terms and conditions, including remuneration and reimbursement of expenses, under which an expert may perform an independent medical examination.
- 5) The tribunal must set the terms of reference for the independent medical examination and report in the order appointing the expert including
  - a) the form and content of the report,
  - b) setting any time periods for providing the report,
  - c) setting a fee for the report,
  - d) providing any information or evidence the tribunal wants the expert to consider, and
  - e) the questions to be answered in the report.
- 6) Except with the written consent of all parties, the tribunal must not appoint an expert to provide an independent medical examination if the expert
  - a) has previously examined the injured party,
  - b) is treating or has previously treated the injured party,
  - c) has been consulted in the treatment of the injured party,
  - d) has acted as a consultant to the insurer with respect to the accident,
  - e) is a partner of or practices with an expert described above, or
  - f) appointment could otherwise result in a reasonable apprehension of bias.
- 7) If the expert retained to conduct an independent medical examination considers it necessary to examine the party to provide a report, the expert may require the party to attend for an examination by giving the party written notice.
- 8) If a party fails to attend the independent medical examination when requested or obstructs the examination without reasonable cause, the tribunal may, after giving notice to the party who failed to attend or obstructed the examination

- a) direct the expert to reschedule the examination of the party and give the party notice of the rescheduled examination,
  - b) direct the expert to provide a report without examining the party, or
  - c) find the party to be in non-compliance and decide the dispute without the report.
- 9) The tribunal will give a copy of the expert's independent medical examination report to all parties and the parties will have the opportunity to make submissions to the tribunal about the independent medical examination report.
- 10) The tribunal may seek clarification of the independent medical examination report from the expert without advance notice to the parties.
- 11) If the tribunal seeks clarification of an independent medical examination report, the tribunal will
- a) require the question(s) and the response(s) to be provided in writing and
  - b) disclose the questions and responses to the parties for submissions.
- 12) The tribunal is not bound by an independent medical examination report.