Employee name

Address 1

Address 2

Suburb State Postcode

Date

Dear Mr/Ms Last Name

**Subject: Independent Review Panel Decision - Review Number:** **Number**

I refer to your request for a review of your medical assessment outcome by the independent Review Panel.

The panel met on dateand has carefully reviewed the available medical information and the medical assessor’s recommendation that you [insert initial assessment outcome, including recommended workplace/practice modifications].

The panel finds this recommendation is [consistent/partially consistent/not consistent] with the available information and finds that [insert panel recommendation, including any recommended workplace/practice modifications].

The panel is a group of independent experts contracted by the NSW Public Service Commission to review outcomes of medical assessments that have been commissioned by NSW public sector agencies. Panel determinations are conclusive and final.

[Name of Service Provider] is contracted to provide administrative support to the panel. They do not provide comment on the panel’s determinations.

I have sent a copy of this letter to your Agency for their attention. If you require any clarification on this matter, please contact your Agency.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM

**Independent Review Panel Chair**

Cc: Agency Name