

RETURN TO WORK SCHEME

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# Impairment Assessor Accreditation Scheme



Government of  
South Australia

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## Definitions

In this scheme document:

**Accredited Assessor** means a medical practitioner who holds a current accreditation issued by the Minister in accordance with section 22(17) of the Return to Work Act 2014

**Act** means the Return to Work Act 2014

**Advisory Committee** means the Committee established in Part 11 of the Act

**Guidelines** means the Impairment Assessment Guidelines published under section 22(3) of the Return to Work Act 2014 (or the WorkCover Guidelines for the Evaluation of Permanent Impairment, where required)

**Impairment Assessment Report** means a report prepared by an Accredited Assessor in accordance with the Impairment Assessment Guidelines

**The Minister** means the Minister to whom the Return To Work Act is committed under section 5 of the Administrative Arrangements Act 1994.

**RPL** means recognition of prior learning

**RTW Scheme** means the Return to Work scheme

**Scheme** means the Return to Work scheme's Impairment Assessor Accreditation Scheme

## Introduction

A worker with a permanent impairment that has arisen from a work injury may be entitled to receive specific support from the RTW Scheme, such as statutory lump sum payments, access to serious injury support and common law, based on their degree of whole person impairment.

**A key objective of the whole person impairment assessment process is to create a system that**

**provides consistent, objective and reliable impairment assessments.**

Under section 22 of the Act an assessment of whole person impairment must be made in accordance with the Guidelines. The assessment must also be made by a medical practitioner who holds a current accreditation issued by the Minister.

# Impairment Assessor Accreditation Scheme

Under section 22(16) of the Act, the Minister must establish an accreditation scheme for the purposes of whole person impairment after consultation with the Advisory Committee. The Advisory Committee consists of nine members appointed by the Governor; three members who are medical practitioners, three members representing employee associations and three members representing employer associations.

An accreditation will be issued according to the period specified by the Minister and on conditions determined by the Minister.

The conditions are as outlined in this document or as determined by the Minister either for the Scheme or the individual assessor.

The Minister will consult with the Advisory Committee in accordance with section 171(2) of the Act.

The Scheme comprises the following elements:

- 1.** Criteria for accreditation
- 2.** Terms and conditions of accreditation
- 3.** Service standards

- 4.** Application process
- 5.** Administrative requirements
- 6.** Training requirements
- 7.** Assessment request requirements
- 8.** Performance monitoring

The Minister may not issue accreditations to all applicants who satisfy the eligibility criteria.

The Minister may also consider successful completion of recognised interstate or international permanent impairment courses as prior learning. To be considered for RPL status an applicant must have completed the recognised course in the 5 years prior to an application for accreditation.

An applicant accepted for RPL will still be required to undertake the compulsory introductory module and pass the relevant body system competency assessment(s).

Accredited assessors will have their contact details placed on ReturnToWorkSA's website.

# 1. Criteria for accreditation

Under section 22(17)(b) of the Act, the Minister issues the accreditation to providers authorised to undertake whole person impairment assessments for the purposes of the RTW Scheme.

To be considered for accreditation by the Minister, an applicant must:

- be a medical practitioner registered with the Medical Board of Australia (under the Australian Health Practitioner Regulation Agency)
- have no current notations, relevant conditions or reprimands for disciplinary purposes recorded against their registration for medical practice
- satisfactorily complete the training required for accreditation.

The applicant must provide evidence that they:

- have relevant specialist qualifications and experience (see Guide to Eligibility Criteria for each Body System at [Attachment A](#)).
- are in active clinical or medico-legal practice and/or have experience in the assessment of whole person impairment for the RTW Scheme
- hold current medical indemnity and public liability insurance.

In determining the eligibility of applicants, the Minister may also consider the requirements of the RTW Scheme, the estimated number of assessments likely to be done each year in each body system and, where relevant, the applicant's prior performance.

# 2. Terms and conditions of accreditation

An accredited impairment assessor (assessor) must comply with the terms and conditions of accreditation determined by the Minister, which are outlined below.

- The term of accreditation will be three (3) years from 1 July 2019 or such lesser period that the Minister specifies, either for the Scheme or for an individual assessor.
- The first period of accreditation ends on 30 June 2022 and further periods may be specified by the Minister as required.
- Assessors will provide assessments and reports of permanent impairment in accordance with the Guidelines, the Act and in the format required by ReturnToWorkSA.
- Reports must contain clear rationale for decisions, must not contain material errors and must be in accordance with the compensating authority's instructions.
- Assessors will provide assessments without bias and in a way that does not give rise to an apprehension of bias in the performance of their responsibilities.
- Assessors must notify ReturnToWorkSA if found guilty or convicted of, or fined for, a criminal offence involving dishonesty or an offence punishable by imprisonment.
- Assessors will declare any real, perceived or potential conflict of interest to the requestor at the time of request.
- At all times, assessors must abide by the service standards, administrative and training requirements defined in this document.
- An assessor must continue to meet the accreditation eligibility criteria outlined in this document on an ongoing basis and submit relevant details to ReturnToWorkSA within 14 days if the assessor no longer meets the eligibility criteria.

### 3. Service standards

In addition, in undertaking their responsibilities, the assessor must:

- abide by Schedule 5 of the Act (Statement of Service Standards) and all applicable professional standards and codes of conduct as required by their professional medical college and as described in Good Medical Practice: A Code of Conduct for Doctors in Australia
- comply with the performance and review requirements set out in this document
- act in an ethical, professional and considerate manner when examining workers
- demonstrate respect for the RTW Scheme, law, fairness, accountability, independence, diligence, timeliness, integrity, transparency and respect for all persons
- act with integrity in the performance of their assessment responsibilities including conducting assessments and making decisions with due rigour and intellectual honesty
- provide assessment reports using the ReturnToWorkSA mandatory report template (note: self-insured employers may determine their own report template)
- comply with the confidentiality requirements of the Act and, where applicable, the *Privacy Act 1988* and any other law relevant to health records
- ensure the worker understands the assessor's role in the evaluation and how the evaluation will proceed
- take reasonable steps to preserve the privacy and modesty of the worker during the evaluation assessment
- refrain from offering any advice to the worker about their rights or entitlements relating to their claim or any legal matter relating to their claim

- use their discretion as to whether it is appropriate to notify the worker and/or the worker's treating medical practitioner about any incidental clinical finding during a whole person impairment assessment of a worker
- refrain from providing comment in any publicly available forum on ReturnToWorkSA matters that are, or have been, before them. If involved in providing comment to the media on a matter unrelated to their assessment responsibilities they should not identify themselves as a Scheme assessor.

The perception of impartiality is important in the assessment process. As a result, assessors must:

- not provide, or have provided any form of treatment, advice or assessment in relation to the worker unless otherwise agreed with the requestor – in some circumstances there may not be an alternative assessor available to undertake the assessment.
- not offer any opinion on the worker's medical or surgical management by other medical practitioners unless it would cause detriment to the future health care of the worker
- be proactive and comprehensive in disclosing to a worker's Case Manager any factor(s) that conflicts with, or may conflict with, the performance of their assessment responsibilities
- not assess a worker if that worker, or a member of their immediate family, is known personally to the assessor or the assessor's family
- not accept, seek to obtain or offer gifts, benefits, preferential treatment or advantage of any kind from or to any person that could be perceived to compromise the impartiality of the assessor, the report requestor or ReturnToWorkSA.

## 4. Application process

An applicant should complete the *Impairment Assessor Application Form* providing the evidence required and submit it to ReturnToWorkSA. The application process is a six step process:

**Application** - Complete the application form including which body systems you wish to be accredited for and submit the application form to ReturnToWorkSA with evidence of registration, qualifications, professional indemnity, public liability insurance and previous training (if relevant).

**Eligibility** - Applications will be considered against the eligibility criteria set out in the attached Guide, with those meeting the criteria provided to the Minister for consideration.

**Approval** - Applicants approved for accreditation will be advised of their specific training requirements.

**Training** - The applicant undertakes the required training.

**Testing** - The applicant completes the relevant competency assessment/s for their approved body system/s.

**Finalise** - Upon successful completion, the applicant receives confirmation of accreditation and their details are published on the RTW Scheme list of accredited assessors.

## 5. Administrative requirements

- An assessor is to see the worker within six (6) weeks of the appointment being requested, unless agreed and documented between the requestor and assessor.
- An assessor is to provide the impairment assessment report in the required template to ReturnToWorkSA within 10 days of the assessment being completed as per 1.50 of the Impairment Assessment Guidelines.
- An assessor will provide accurate contact details to ReturnToWorkSA and notify ReturnToWorkSA in writing within 14 days of any change to name or contact details (as these appear on the published list of assessors).
- An assessor must have access to sufficient resources and infrastructure to undertake all administrative activities necessary to undertake the role of an assessor, including maintaining an email address to be used for all written communication for ReturnToWorkSA.
- The location of the assessment must comply with the premises standards relevant to the assessor's college or association e.g. disability access, first aid etc.
- An assessor must disclose to ReturnToWorkSA details of any claims of unethical conduct against the assessor or any breaches of any applicable guidelines relating to ethical conduct prior to or during any period in which they are accredited for the RTW Scheme.

## 6. Training requirements

- An assessor must complete the required training and successfully pass the competency assessment required for each relevant body system module, as well as any new published version of the Guidelines prior to its implementation.
- The methodology in the Guidelines is largely based on the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition (AMA5), with the exception of the Hearing, Visual and Psychiatric body systems. For this reason, it is recommended that assessors complete AMA5 training prior to undertaking training in the SA Guidelines, however, AMA5 training is not a mandatory pre-requisite. A number of other jurisdictions use AMA5 and applicants may have undertaken relevant training elsewhere.
- Consideration of RPL may be taken into account where the training completed is relevant and comparable (i.e. for a scheme using similar guidelines) and has been undertaken in the previous five (5 years). Competency assessment will still be required.
- Applicants who have requested RPL for training undertaken elsewhere will also complete training in the compulsory introductory Core module as it contains information specific to the Guidelines and the RTW Scheme.
- An assessor must attend or complete any refresher training and/or competency assessment required by ReturnToWorkSA following identification of ongoing report compliance or quality issues.
- ReturnToWorkSA may offer advanced training for assessors who have been previously trained and would benefit from more complex learning and discussion.

## 7. Assessment request requirements

Requests for a whole person impairment assessment must comply with the selection process provided in Chapter 17 of the Guidelines. Assessments can only be requested by a claims agent, self-insured employer, ReturnToWorkSA or the South Australian Employment Tribunal. Assessors will not accept referrals from workers or their legal representatives for assessment under the Guidelines, unless directed by the South Australian Employment Tribunal.

As the worker has the right to choose their assessor, there can be no guarantee of a minimum number of requests an assessor might receive during the accreditation period. A list of assessors and relevant accreditation information (e.g. body systems, location, etc.) will be made available to claims agents, self-insured employers and the South Australian Employment Tribunal, as well as on ReturnToWorkSA's website.

## 8. Performance monitoring

It is important for the effective functioning of the RTW Scheme that impairment assessments accurately reflect assessment findings based on due rigor and intellectual honesty. The accuracy, timeliness and consistency of assessments, and the extent to which assessments comply with the Act and the Guidelines, will be monitored through the Impairment Assessment Compliance Review process administered by ReturnToWorkSA.

Assessors not meeting their accreditation obligations including, but not limited to, the expected service standards and requirements may have their accreditation suspended or cancelled by the Minister.

### Performance monitoring process

In monitoring the performance of accredited assessors ReturnToWorkSA will:

- monitor services provided by assessors to ensure the appropriate delivery of whole person impairment assessment services and required service standards are met
- monitor whole person impairment assessment reports (this does not include Independent Medical Advisors' opinions) issued by assessors to ensure:
  - consistent application of, and compliance with, the Act and the Guidelines
  - assessment reports are delivered within required timeframes
  - medical consistency and sound reasoning
- monitor complaints received by, or concerns raised with, ReturnToWorkSA regarding assessors to:
  - review the number, nature, validity and outcome of complaints
  - identify non conformity with accreditation obligations and establish assessors' willingness and/or ability to comply with these obligations
  - determine whether an assessor's accreditation needs to be reviewed

- monitor and review assessor eligibility status including required attendance at continuing accreditation education
- investigate complaints and non-conformity with accreditation obligations in accordance with the principles of procedural fairness.

ReturnToWorkSA may contact the assessor to seek clarification about a report or discuss any possible issues.

Assessors should also regularly review and evaluate their own performance and capacity as an assessor and maintain the knowledge and skills necessary for the effective performance of their assessment responsibilities.

The performance of assessors may be taken into account by the Minister in the renewal process.

### Suspension or cancellation of accreditation

The Scheme provides for the suspension or cancellation of accreditation by the Minister on specified grounds as outlined in section 22(17)(c) of the Act.

Repeated evidence demonstrating a non-compliance with the terms and conditions of accreditation or failure to abide by the Service Standards and requirements, may be grounds for the suspension or cancellation of accreditation by the Minister.

### Action other than cancellation or suspension

ReturnToWorkSA may impose requirements for remedial action as an alternative to the Minister suspending or cancelling the accreditation for an assessor. Examples of remedial action may include retraining or coaching or the removal of a body system from the accreditation where retraining or coaching has not resulted in improvement. ReturnToWorkSA may require that remedial action be at the assessor's cost.



**GUIDE TO ELIGIBILITY CRITERIA FOR EACH BODY SYSTEM - 2018 impairment assessor applications**

**GUIDANCE TABLE**

This table provides a **guide** to body systems usually approved for specific speciality groups. If an application is received that is outside the guidance table, the applicant may provide additional evidence of qualifications and expertise in that area to support their application.

Body System	Cardiologist	Craniofacial Surgeon	ENT	Dermatologist	Gastroenterologist	General physician	General practitioner	General surgeon	Neurologist	Neurosurgeon	Occupational Physician	Ophthalmologist	Ortho surgeon	Pain Specialist	Plastic & Reconstructive surgeon	Psychiatrist	Rehab Physician	Respiratory physician	Rheumatologist	Thoracic Surgeon	Urologist/ Gynaecologists	Emergency Medicine Specialist	Public Health Specialist
Cardiovascular (heart and aorta)	☑					☑														☑			
Cardiovascular (systemic and pulmonary)	☑					☑																	
Central and peripheral nervous						☑			☑								☑						
Digestive						☑											☑						
Endocrine						☑											☑						
ENT (excl. MIHL)		☑	☑																				
ENT (incl. MIHL)			☑																				
Haematopoietic																							
Lower extremities																							
Psychiatric																							
Respiratory																							
Skin				☑		☑																	
Spine						☑																	
Upper extremities						☑																	
Urinary and reproductive																							
Visual																							
TEMSKI (Assessment of Skin up to 4% as per the IAGS)	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑

*DRAFT COVER EMAIL*

*To: Current accredited assessors*

*Subject: **Consultation on the Revised Impairment Assessor Accreditation Scheme***

Good afternoon

Your current accreditation as an impairment assessor, under the Return to Work Scheme Impairment Assessor Accreditation Scheme, will expire on 30 June 2019.

In preparation for the next period of accreditation, the current Impairment Assessor Accreditation Scheme has been reviewed and revised.

The *Return To Work Act 2014* requires consultation with the Minister's Advisory Committee where there is any amendment or substitution of the accreditation scheme. The revised accreditation scheme has now been considered by the committee at its meeting on Monday 15 October 2018.

We are also seeking your feedback on the revised scheme that will replace the current version which was used for accreditation of impairment assessors in 2015.

The new term of accreditation will be for the period 1 July 2019 to 30 June 2022.

Please find attached a consultation paper, which summarises the amendments, and a copy of the revised accreditation scheme. The 2015 accreditation scheme document can be found on the ReturnToWorkSA [website](#).

Your feedback is welcomed and the Treasurer is committed to considering all feedback before finalising any changes to the Accreditation Scheme.

Please provide your feedback by close of business **Friday 9th November 2018 by email to** [wpi@rtwsa.com](mailto:wpi@rtwsa.com) or by post to

Impairment Assessment Services  
GPO Box 2668  
ADELAIDE SA 5001

For enquiries or further information please contact Kirsten O'Callaghan on (08) 8238 5727 or 13 18 55.

Regards

**Trish Bowe**

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 **ReturntoWorkSA**

*DRAFT COVER EMAIL*

*To: Faculties, AMA SA*

*Subject: Consultation on the Revised Impairment Assessor Accreditation Scheme*

Good afternoon

I write to advise that we have recently emailed a number of your members to consult with them on the Return to Work scheme Impairment Assessor Accreditation Scheme.

Current accreditations under the scheme will expire on 30 June 2019 and, in preparation for the next period of accreditation, the current Impairment Assessor Accreditation Scheme has been reviewed and revised.

The *Return To Work Act 2014* requires consultation with the Minister's Advisory Committee where there is any amendment or substitution of the accreditation scheme. The revised accreditation scheme has now been considered by the committee at its meeting on 15 October 2018.

We have sought feedback from your members who are currently accredited about the revised scheme that will replace the current version and they have been asked to respond by 9 November.

The new term of accreditation will be for the period 1 July 2019 to 30 June 2022.

Please find attached a copy of the consultation paper, which summarises the amendments, and a copy of the revised accreditation scheme. The 2015 accreditation scheme document can be found on the ReturnToWorkSA [website](#).

Your feedback is welcomed and the Treasurer is committed to considering all feedback before finalising any changes to the Accreditation Scheme.

For enquiries, feedback or further information please contact Kirsten O'Callaghan on (08) 8238 5727 or email [wpi@rtwsa.com](mailto:wpi@rtwsa.com).

Regards

**Trish Bowe**

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 **ReturntoWorkSA**

Rec'd	30/11/18
File No	For Official Use Only
Physical ID	TRS18D247/037



Our reference: D18/02294441

**TO: TREASURER**

**RE: APPROVAL TO AMEND THE IMPAIRMENT ASSESSOR ACCREDITATION SCHEME**

## PURPOSE

The purpose of this briefing is to seek your approval to amend the Impairment Assessor Accreditation Scheme.

## ISSUES

Recently, ReturnToWorkSA (RTWSA) sought your in-principle approval to consult on an amended Impairment Assessor Accreditation Scheme (our references D18/01595393 & D18/1837341).

Following your in-principle approval on 23 September 2018 (your reference TRS18D1600), RTWSA consulted with the Minister's Advisory Committee and other stakeholders including current assessors and their representative associations on your behalf.

### *Consultation feedback*

Feedback has now been received from the Minister's Advisory Committee, 11 accredited impairment assessors, 1 medico-legal assessment company and the Australian Medical Association (AMA) of South Australia. Themes that have arisen from the feedback include:

- Some assessors express disappointment at the potential for them to be not accredited in body systems they have a current accreditation for. It should be noted that all assessors may apply for accreditation in any of the body systems and such applications will be considered in relation to specialty, qualifications, experience and any other evidence provided in support of the application.
- Concern was raised by some stakeholders that the new eligibility criteria for each body system might result in injured workers having to attend multiple assessments. A review of RTWSA data indicates that very few assessments in highly specialised body systems, such as the cardiovascular, endocrine, urinary and reproductive body systems are currently undertaken and therefore the impact on workers requiring multiple assessments would be minimal.

A detailed summary of the feedback received from all stakeholders can be found at [Attachment A](#).

### *Further amendments to the Impairment Assessor Accreditation Scheme for approval*

In addition to the amendments already proposed, RTWSA proposes some further minor amendments be made in response to employer feedback as follows:

## **ReturnToWorkSA**

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- *Criteria for accreditation page 3*
  - Additional criterion added – “have at least 5 years post-graduate experience”
  - Removal of “reprimands for disciplinary purposes”. Criterion now to read “have no current notations or relevant conditions recorded against their registration for medical practice”
  
- *Guide to Eligibility Criteria for each body system page 8*
  - Craniofacial Surgeon – addition of central and peripheral nervous system for cranial nerves only
  - General Practitioner – addition of digestive system for herniae only
  - Occupational Physician - addition of digestive system for herniae only

These proposed changes are highlighted in yellow in Attachment B for your approval. Following your approval, RTWSA will prepare for implementation of the Scheme for 1 July 2019.

Timing

As noted previously, assessor accreditations expire on 30 June 2019. Pending your approval, we plan to call for assessor applications before the end of the calendar year. Following this, a recommendation regarding suitably qualified assessors will be submitted to you for approval in February 2019.

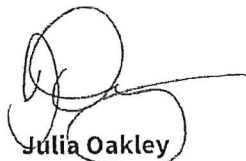
Compulsory Third Party Insurance Regulator

As noted in our earlier briefing to you, the Compulsory Third Party Insurance Regulator (CTPIR) has an interest in the RTWSA Impairment Assessor Accreditation Scheme as the “*Minister has determined that an applicant must be accredited with ReturnToWorkSA as a Permanent Impairment Assessor*” in the Motor Accident Injury Assessment Scheme (MAIAS). RTWSA has worked in collaboration with the CTPIR in the review and amendment of the Impairment Assessor Accreditation Scheme and the CTPIR will facilitate the approval of MAIAS with the Attorney-General, following your approval of this Scheme.

**RECOMMENDATION**

It is recommended that you: -

1. note this briefing and the feedback provided stakeholders as detailed at Attachment A; and
2. approve the amended Impairment Assessor Accreditation Scheme at Attachment B.



**Julia Oakley**  
Executive General Manager  
30 November 2018

Contact: Sally Burrige, Manager Government Relations  
Phone: 8223 2267 / 0427 205 611

<p><b>APPROVED</b></p> <p><i>hos lucas</i> 19/12/18</p> <p>Treasurer</p>
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Attachment A – Consultation feedback – Impairment Assessor Accreditation Scheme - 2018  
Attachment B - Amended Impairment Assessor Accreditation Scheme – post consultation

## Attachment A - Consultation feedback - Impairment Assessor Accreditation Scheme – 2018

Stakeholder feedback		
Minister's Advisory Committee (MAC)		
<p>Dr Peter Jezukaitis, Minister's Advisory Committee</p>	<p>Recommended reinstatement of the requirement for active clinical practice as suggested that we may not be keeping up with other jurisdictions by not requiring this criterion.</p>	<p>Not supported.</p> <p>The requirement in the previous scheme under which assessors are currently accredited, was for 8 hours clinical OR medico-legal practice. As assessors are undertaking medico-legal work, they are meeting that criterion, although we are unable to establish how many hours they are doing. Requiring active clinical practice would be a new change and would impact a number of current assessors, for example, it is not uncommon for surgeons to enter into medico-legal field once they are no longer able to perform surgery, which means many are no longer in 'active clinical practice' and would cease to be eligible. In addition, if we accredit only assessors in active clinical practice, assessor availability issues may occur.</p>
<p>Dr Peter Jezukaitis, Minister's Advisory Committee</p>	<p>Considers that the retirement clause should be reinstated but perhaps extended to 5 years. Concern raised that many current assessors are long retired. Several members of the committee were of the view that professional groups would support retirement within 5 years.</p>	<p>Not supported.</p> <p>There is no fixed retirement age in medicine. Many doctors continue in teaching/research roles and medico-legal work following cessation of active clinical practice or surgery. This limitation would represent a risk as a number of assessors would no longer be eligible, which may result in the scheme not having adequate numbers of assessors in all body systems.</p>

<p>Dr Roger Paterson, Minister's Advisory Committee</p>	<p>Opined that general surgeons or other non-orthopaedic surgeons should not be providing assessments of orthopaedic impairments. An alternate view was raised that a generalist practitioner could complete the assessment but refer out for additional specialist opinion. The doctors on the MAC agreed that collaborative reports can provide excellent outcomes but acknowledged that the legislative / judicial framework does not allow for that.</p>	<p>Not supported.</p> <p>The Impairment Assessment Guidelines do not provide for panel-type assessments except where these are required by the multifactorial nature of the worker's impairments i.e. where a 'lead assessor' is required. Amendments to the Impairment Assessment Guidelines are not within the scope of this amendment of the accreditation scheme.</p>
<p>Dr Peter Jezukaitis, Minister's Advisory Committee</p>	<p>Raised concern that referring assessments to different assessors will result in injured workers being required to attend for multiple assessments. Also raised issue that some current generalist assessors who have a lot of experience in assessments may provide a better and more accurate assessment than a specialist who has had little experience. Concerned that we are trading better expertise in the illness or condition for a lower quality report from an AMA5/IAG perspective. Considers that issues could be better dealt with through changes to the Impairment Assessment Guidelines instead of the accreditation scheme.</p>	<p>Not supported.</p> <p>A review of the data would indicate that very few assessments in the highly specialised body systems, such as cardiovascular, endocrine, urinary and reproductive, are undertaken and therefore the impact on workers requiring multiple assessments will be minimal. RTWSA considers having specialists in those areas assessing those conditions is of benefit. However, an assessor may apply for any body system and the Minister can consider the application based on the speciality, qualifications, experience and other evidence provided to support the application.</p>
<p>Dr Roger Paterson, Minister's Advisory Committee</p>	<p>Considers there should be a provision for a review (second opinion) for any assessment of between 25% and 35% WPI - a separate cohort group with its own rule.</p>	<p>Not supported.</p> <p>The Committee has been advised that there is a report compliance review by a medical expert for this cohort, but a second assessment is not provided for in the Act, unless the Tribunal requests one as part of the dispute resolution process.</p>
<p>Dr Peter Jezukaitis, Minister's Advisory Committee</p>	<p>Provided positive comments regarding the compliance review process and expressed a desire for that process to continue under the new scheme.</p>	

Impairment Assessors and AMA		
<p>Dr Peter Jezukaitis, Occupational Physician</p>	<p>Provided further feedback independently of the MAC. He acknowledged that he is personally affected by the changes and expressed his disappointment given his experience and knowledge in the assessment process. He believes that his breadth of knowledge and regular use hones skills and aids in the application of the AMA5 Guides and Impairment Assessment Guidelines.</p> <p>He suggests that the reduced number of assessors in body systems will result in long delays and the need for multiple assessors will result in increased costs and the need for workers to attend for multiple assessments.</p> <p>He considers that the changes do not deal with the fundamental issues being experienced which in his view, would be better resolved with revision of the Impairment Assessment Guidelines.</p>	<p>Not supported - refer to comments above from the committee. RTWSA's data does not support the theory that there will be long delays.</p> <p>An assessor may apply for any body system and the Minister will consider the application based on the speciality, qualifications, experience and other evidence provided to support the application.</p> <p>Dr Jezukaitis' comments about training and guidelines are noted. He concedes that these changes are more appropriately addressed with amendments to the Impairment Assessment Guidelines.</p>
<p>Dr Mary Obele, Occupational Physician</p>	<p>Does not agree with some aspects of the Eligibility Criteria for each body system as she considers that Occupational Physicians are similarly trained as Rehabilitation Physicians and both should have eligibility for the same body systems. Similarly suggests that Occupational Physicians with a special interest in Ophthalmology should be eligible to provide assessments in the visual body system. She suggests that Public Health Physicians do not have enough hands-on experience to do spine, lower/upper extremities as they would not be examining these systems regularly in their practice.</p> <p>She queries whether additional training will be available to those who would like to add extra body systems to their repertoire.</p>	<p>Not supported.</p> <p>An assessor may apply for any body system and the Minister will consider the application based on the speciality, qualifications, experience and other evidence provided to support the application.</p> <p>With regard to the Visual system, the Impairment Assessment Guidelines only allow for ophthalmologists to undertake those assessments and therefore that is outside of the scope of the Accreditation Scheme.</p> <p>It is not agreed that a public health physician cannot assess upper and lower extremities and spine as they will have had training and experience as a general practitioner.</p> <p>Training will be offered (and required in most cases,</p>



		depending on RPL) for each body system that the Minister approves for an assessor's individual accreditation.
Dr Daniel Hains	Advised he had nothing to add in relation to the proposed changes.	
A/Prof. David Cherry	Advises he generally agrees with the proposals put forward but is concerned that some assessors demonstrate a degree of bias in their assessments and opines that worker choice is an issue. He advises that he agrees with the proposal to have only specialists assess specialist body systems or injuries but raises concern that it may be difficult to locate adequate suitably trained assessors in the more specialised body systems. He advises that it does not concern him if he is not accredited in these body systems, but suggests from a practical point of view, the new accreditation scheme needs to take this factor into consideration.	A/Prof. Cherry's comments are noted, however, he has not proposed specific changes to the accreditation scheme. Worker choice of assessor is enshrined in the Impairment Assessment Guidelines.  An assessor may apply for any body system and the Minister will consider the application based on the speciality, qualifications, experience and other evidence provided to support the application.  Any evidence of failure to adhere to the Impairment Assessment Guidelines and the Act provides RTWSA with an education opportunity, as outlined in the accreditation scheme.
Prof. David, Craniomaxillofacial Surgeon	Opines that the speciality of craniomaxillofacial surgery should have the ability to be accredited in CNS for cranial nerves only.	Supported. Proposed that we make a reference to this in the eligibility guidance table under the craniofacial surgeon speciality.
Anonymous, Orthopaedic Surgeon	Raised a concern that the new words added regarding no reprimand recorded against an applicant's medical registration could affect an assessor, regardless of how trivial or relevant an incident may be. It is possible that a client, for whatever reason, can make a complaint against an assessor for a very trivial matter and a reprimand can be recorded. Removing the assessor's accreditation may be an inappropriate and heavy response but the wording is very black and white.	Supported. It is proposed that reference to reprimands be removed and that the second dot point under "Criteria for accreditation" read "have no current notations or relevant conditions recorded against their registration for medical practice."

<p>Anonymous, Orthopaedic Surgeon</p>	<p>Considers that 5 years post-graduate experience should not be removed.</p>	<p>Supported. This clause was unintentionally removed and can be reinserted.</p>
<p>Dr Clive Hume, General Practitioner</p>	<p>Notes that assessment of impairment related to the digestive system has been one of the areas where there has been inconsistency and wide variations in impairments assessed. He comments that specialties such as general practitioners see a great deal of digestive system problems in their practice, yet are excluded while rehabilitation physicians, who have no special training in this area, have been included. He advises that similarly, general practitioners see a great deal of skin problems but have been excluded from assessments of the skin, yet rehabilitation physicians are deemed to have expertise. He also questions why occupational physicians have been regarded as having special knowledge in the respiratory system. He considers that these examples would seem to be illogical and may perpetuate problems in the system.</p> <p>He opines that perhaps the biggest problem he has seen is with the spine, where a few assessors have made obviously incorrect assessments of radiculopathy - with the final explanation being that it was "atypical". He suggests that if a general practitioner, occupational physician or rehabilitation physician makes a diagnosis of radiculopathy which is borderline or "atypical", then there should be an automatic mechanism for the assessment to be referred to a neurosurgeon, neurologist or orthopaedic surgeon who specialises in spinal problems. He suggests this should occur as a matter of course prior to involvement of the SAET.</p> <p>Generally he believes all the draft recommendations are useful in improving the functioning of the PIA scheme and will produce more equitable and consistent impairments and looks forward to being involved in the scheme going forwards.</p>	<p>Not supported. If insufficient digestive specialists (gastroenterologists) apply for accreditation, the scheme may require rehabilitation physicians in the assessment of the digestive body system. The majority of skin assessments are rated under the TEMSKI table, which can be used by all assessors and, for the few other skin assessments, it is expected that an adequate number of applications from dermatologists will be received. If that is not the case, RTWSA considers that rehabilitation physicians may be accredited in this area. Occupational physicians have training and experience in occupational respiratory diseases.</p> <p>Proposals with regard to the assessment of the spine would need to be considered as part of any review of the Impairment Assessment Guidelines which is outside of the scope of the amendment of the accreditation scheme.</p>
<p>Dr Beata Byok, Occupational Physician</p>	<p>With regard to criteria for accreditation, she advised that she understands that some assessors may have allegedly been the subject of vexatious complaints to AHPRA, which has resulted in them receiving</p>	<p>Comments relating to reprimands for disciplinary purposes are supported, as above. It is proposed that the Eligibility Guidance Table be amended to reflect that Occupational</p>

	<p>reprimands but have not had a case proved against them and proposes the wording be modified.</p> <p>With regard to body system eligibility criteria, she advises that occupational physicians also deal with work related skin conditions and proposes that the digestive accreditation have a subset for hernia which can be assessed by a broader group of assessors, including occupational physicians.</p> <p>She queries why the reports of Independent Medical Advisors (IMA) are not open to review, and questions how being an IMA changes the quality of the report compared to the same person writing a report for RTWSA (she suspects this has something to do with the SAET having autonomy in this area. Nevertheless she expects they would want to receive a compliant report).</p> <p>She asks why self-insurers do not have to use the same report request template. She considers having a standardised template reduces the potential for confusion when completing a report and ensures consistency of the final product. If there is a standardised report format this lends itself more easily to a standardised request letter that follows the recommendations in Appendix 1 of the Impairment Assessment Guidelines.</p> <p>She considers that the proposed revision for the assessor accreditation scheme reads well with an emphasis on professional and respectful behaviour and the use of detailed rationale when preparing reports.</p>	<p>Physicians and General Practitioners may be accredited for the digestive system for the purposes of assessing herniae only.</p> <p>As all assessors trained in Guidelines Table (13.1) for the Evaluation of Minor Skin Impairment (TEMSKI) are able to use that table to rate skin conditions up to 4% which allows them to rate surgical scarring and minor skin conditions. An assessor is free to apply for any body system and the Minister will consider the application based on the specialty, qualifications and other evidence provided to support the application.</p> <p>With regard to review of IMA reports, this is outside the scope of the amendment of the accreditation scheme.</p> <p>With regard to report requests, this is outside the scope of the amendment of the accreditation scheme. RTWSA does not regulate correspondence templates of self-insured employers.</p>
<p>A/Prof. Umberto Boffa, Occupational Physician</p>	<p>His comments are restricted to the proposed restriction of body system accreditation based on the examiner's discipline. He opines that the idea that general and rehabilitation physicians are more qualified across a range of body systems than are occupational physicians is simply not evidence based. He suggests that there is little</p>	<p>An assessor may apply for any body system and the Minister will consider the application based on the specialty, qualifications, experience and other evidence provided to support the application.</p>

	<p>difference in the RACP training requirements between the three groups.</p> <p>He opines that a general physician is more likely to see inflammatory spondylarthropathies than mechanical low back pain and that pain specialists who are anaesthetists have relatively limited clinical skills. Further he considers that no-one has the work-site and task knowledge and experience to know the impairment truly attributable to a condition in any body system than does an occupational physician. He considers the proposal not only has no valid clinical basis, but that it would also unnecessarily fragment the system so workers would need to attend more IMEs per injury than they do now. He suggests workers with musculoskeletal injuries often also have other impairments and so, from a clinical point of view, accreditation in multiple body systems would be most efficient and effective from both the court's and worker's points of view.</p>	
<p>Dr Reece Jennings General Practitioner</p>	<p>He opined that his personal view was that the accreditation scheme, like the staff, had worked well.</p> <p>He stated that all matters in regard to active practice, specialist qualifications, current medical indemnity and public liability insurance are attested to in assessor's registration with AHPRA. He suggested viewing each assessor's registration would also identify qualifications and designated areas of speciality as well as any notations, conditions and reprimands.</p> <p>He advised that it is not always possible to provide reports within 10 days of an assessment being completed as assessments can be complex with many impairments to assess and multiple documents to review and consider. Whilst professing to enjoy such assessments, he opined that they can be time consuming and suggests that RTWSA should continue to be charitable to assessors in these instances.</p>	<p>Partially supported.</p> <p>While there is a requirement for the applicant to be registered with AHPRA, evidence of this is not required with the application, as the intention is for RTWSA to confirm registration and check for any notations or restrictions via the AHPRA website. However, evidence of public liability and medical indemnity insurance will be requested as AHPRA does not collect this evidence, rather the practitioner attests to it.</p> <p>The ten days within which the report should be completed following the examination reflects a requirement of the Impairment Assessment Guidelines, changes to which are out of scope of the amendment to the accreditation scheme.</p> <p>As Dr Jennings alludes to, while some assessors may not be</p>

	<p>He advised that the eligibility criteria for each body system concerned him but felt heartened by the comment in the accompanying communication that it was not expected that any assessors would be eliminated from accreditation.</p>	<p>accredited in all body systems for which they have previously been accredited, it is not expected that any current assessors will be eliminated from accreditation as a result of the proposed changes, however some may be accredited for fewer body systems.</p>
<p>eReports Pty Ltd</p>	<p>Impairment Assessor Accreditation Scheme:</p> <ul style="list-style-type: none"> <li>- Note page 2 that “The Minister may not issue accreditations to all applicants who satisfy the eligibility criteria”. They state that recent experience in a different jurisdiction has shown a high level of dissatisfaction amongst doctors who did meet the eligibility criteria but were not accredited without being given any rationale behind the decision. They suggest that without any objective form of feedback there is the potential for the Minister’s Office to be left exposed to claims of favouritism and/or discrimination. This can in turn create discontent with the process in the wider specialist community via their respective medical colleges and/or associations.</li> </ul> <p>Criteria for accreditation</p> <ul style="list-style-type: none"> <li>- Note page 3, regarding notations, conditions or reprimands against registration for medical practice, suggest that any practitioner self-imposed conditions should not be taken into consideration. They advise that there are occasions when, due to health reasons, some specialists choose not to remove a condition on their practice (i.e. a surgeon who may no longer have a steady hand).</li> <li>- Note page 3, regarding “relevant specialist qualifications and experience”, they suggest clarification in relation to what is considered as “experience” in a clinical term. They query whether a specialist knee orthopaedic surgeon who has not operated on shoulders in their clinical practice be allowed to be accredited for upper extremity assessments? They consider this should be allowed for two reasons: firstly, once an assessor has completed the relevant training, the calculation of the impairment is relatively simple once the guidelines are followed. Secondly, as part of their training, specialists gain experience in all aspects of their chosen field. Again using the above orthopaedic surgeon example, whilst the specialist does not have specific clinical</li> </ul>	<p>Applicants will be accredited having regard to the guide to eligibility criteria for each body system, evidence of relevant experience and the Scheme’s need for sufficient numbers of assessors for each body system.</p> <p>Regarding conditions: Supported. The Minister has previously accredited assessors with self-imposed conditions regarding cessation of surgery and we would consider that this continues to be appropriate. The ability to undertake surgery is not relevant to the ability to undertake whole person impairment assessment. We believe that this is covered by the term ‘relevant conditions’.</p> <p>Regarding orthopaedic surgeons, the guide to eligibility criteria for each body system reflects that orthopaedic surgeons are able to be accredited in the upper and lower extremities and spine - they will not be required to provide additional evidence of experience to support their application for these body systems but may do so in relation to other body systems.</p> <p>Regarding the performance monitoring process - while annual feedback, in theory, appears a reasonable request, in the current scheme, only a small proportion of assessors are receiving most of the referrals and other assessors may complete one or two (or no) assessments in a year. Currently, as every report in the registered scheme is reviewed by RTWSA, the assessors, whose reports contain material errors, are contacted by the monitoring team to ensure compliance</p>

	<p>practice experience operating on shoulders, the specialist is still competent in determining whether there is any pathology and in determining the diagnosis and, subject to the training in the relevant chapter of the guides, able to assess the level of impairment.</p> <p>-Fully support the statement on page 3 “are in clinical or medical-legal practice and/or have experience in the assessment of whole person impairment for the RTW Scheme”. They also fully support the removal of the requirement for retirement to have been within the last 3 years. They believe that not adopting this change will create a chronic shortage of Assessors. Specialists who are no longer in active clinical practice are often able to offer more available time for assessor work, unlike a specialist who is still in active clinical practice. They state that in their experience, the scheme would need to accredit 5 times more assessors to cover the equivalent availability of assessors who are no longer in active clinical practice.</p> <p>- In relation to performance monitoring process, Page 12, they suggest that the monitoring process by RTWSA be transparent and that assessors receive yearly feedback on their performance.</p>	<p>with the Guidelines. To commit to an additional annual process would create an administrative burden that would not provide meaningful feedback to the majority of assessors.</p>
<p>AMA(SA)</p>	<p>The AMA (SA) has consulted with its Reference Group and received some broader member feedback also. A number of concerns have been highlighted that the AMA (SA) seeks to have addressed.</p> <ul style="list-style-type: none"> <li>• Concerns that the proposed changes seem to imply more restrictive regulations on the medical practitioners involved in the scheme, and move further away from a fair, truly independent and objective method of medical assessment of injured workers.</li> <li>• Concerns about the requirement to follow the compensating authority’s instructions, and how this may impact on the independence of the assessor.</li> </ul> <p>Comment that in the revised terms and conditions of accreditation, it is stated that the accredited assessor “must comply” with his or her report containing “clear rationale for decisions, [and that it]</p>	<p>Not supported.</p> <p>The requirement to complete the assessment in accordance with the compensating authority’s instructions is unchanged from the previous Scheme’s service standards on Page 5.</p> <p>This reflects the Impairment Assessment Guidelines (predominantly 1.43-1.45), which require the assessor to address the questions contained in the request letter, which comes from the compensating authority’s agents and self-insured employers. The request letter is developed in consultation with the worker to ensure that it does not contain bias. This is not a new requirement.</p>

	<p>must not contain material errors and must be <i>in accordance with the Compensating Authority's instructions</i>".</p> <p>Opine that the full independence of the assessor from the compensating authority should be a non-negotiable point. A medical practitioner deemed suitable to carry out the assessment due to his or her training and clinical expertise should be allowed to express his or her opinion independent of the compensating authority's instructions, even if adhering to the format required by RTWSA for the purpose of clarity and uniformity of language.</p> <ul style="list-style-type: none"> <li>Concerns that "Clinical Practice is no longer specified as at least eight hours (per week) and the requirement for retirement to have been within the last three years has been removed", making the criteria for assessors more lax.</li> <li>Concern that the changes do not address the issue of skewed allocations, and the adequacy of training.</li> <li>Opine that this does not deal with the fundamental or core issues around the adequacy of training for the non-musculoskeletal systems, and the structure and detail in the Guides and Guidelines.</li> <li>Concerns that the changes will increase the number of assessors for some claims, and may lead to delays and additional costs. Suggested some thought may need to be given to reduce this, and on how the Lead assessor role operates. Low volume areas may end up using assessors with limited experience and understanding of the Guides, terminology and application, and potentially erroneous assessments. The other consideration is the need for multiple assessors, increasing costs and also increasing the number of assessors that an injured worker may need to see.</li> <li>Concern that the opening paragraph relates to <i>one assessor</i> for a PIA for a single event/injury, but what about, for example, situations that demand a sensory evaluation such as hearing loss?</li> <li>Concern that occupational physicians have had impairment chapters removed from their field of work. Noted that Occupational physicians are restricted to spine, upper limb, lower limb, respiratory, and minor skin impairment but opined that</li> </ul>	<p>With regard to clinical practice and retirement, as stated above, there is no fixed retirement age in medicine as many doctors continue in teaching/research roles and medico-legal work following cessation of active clinical practice or surgery. This limitation would represent a risk as a number of assessors would no longer be eligible, which may result in the scheme not having adequate numbers of assessors in all body systems.</p> <p>Worker choice of assessor, which is the cause of limited distribution of referrals, is enshrined in the Impairment Assessment Guidelines and out of scope of the amendment of the accreditation scheme.</p> <p>The structure of the Guides and Guidelines is out of scope of the amendment of the accreditation scheme.</p> <p>A review of RTWSA's data indicates that very few assessments in the highly specialised body systems are undertaken and therefore the impact on workers requiring multiple assessments would be minimal. RTWSA considers that having specialists in those areas assessing those conditions is of benefit.</p> <p>RTWSA was unable to identify the passage referred to regarding one assessor in the Scheme document, however, it may be that they are referring to the requirement for one assessment under the Act. The Guidelines provide for a lead assessor and sub-assessors where there are multiple impairments requiring more than one assessor.</p> <p>An assessor may apply for any body system and the Minister will consider the application based on the specialty, qualifications, experience and other evidence provided to support the application.</p>
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	<p>Occupational physicians are purpose trained to work with occupational matters. Suggested that the chapters from which occupational physicians are excluded are not difficult to manage so queried the basis for excluding them from (for example, the digestive system)?</p> <ul style="list-style-type: none"> <li>• It states that doctors who work for RTWSA are expected to give an answer that helps the insurer meet its goals, and the insurer expects that doctors who work for solicitors will similarly meet the needs of the requestor. It suggests that clearer ways were needed of distinguishing impairment within range, and opined that, along the way, we need a rethink of the place of the expert examiner, particularly in relation to meeting the needs of the requestor (it suggested that we could start by referring to the independent medical examiner as a preferred medical examiner).</li> <li>• It commented that there had been a complaint, and a reasonable one, that too many impairment assessments are done by too few doctors, and concern that in those cases where doctors are provided with wide discretion within a class of impairment, it is inevitable that those doctors who will provide a preferred answer will be the ones who will be preferred to get the work.</li> </ul>	<p>Irrespective of the requestor, assessors are required to provide assessments in accordance with the Impairment Assessment Guidelines and provide consistent, non-biased opinions.</p>
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