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AMA Submission in response to Review of Disability Support Pension (DSP) Impairment Tables

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The AMA welcomes the opportunity to respond to the current review of the Disability Support Pension (DSP) Impairment Tables. The AMA Council of General Practitioners was consulted in the preparation of this submission.

The AMA's responses to the consultation questions are as follows:

Q1: What aspects of the current Impairment Tables do you feel work well and why?

Members report support for the separate tables for assessing the functional impact of areas of impairment. They have also indicated no concern with the numerical values assigned to the different levels of functionality.

Q2: What aspects of the current Impairment Tables do you feel require improvement and why?

It has been suggested that the tables could be improved if more diagnoses/conditions were included. Such as Chronic Regional Pain Syndrome and Fibromyalgia.

It has also been noted by a member that Table 2 and 3 covering Upper Limb and Lower Limb impairment are very subjective in assessing mild impairment. More specific criteria would be useful in assessing functional impairment as virtually all applicants could argue that there is a mild impairment of some description. For example, clarification of is what meant by "difficulty" would be useful. For example, the person experiences pain, fatigue, muscle cramps, limb weakness, dizziness, breathlessness, etc.

Q3: Is there any specific table you feel requires a greater level of analysis and possible re-wording? If so, which and why?

Table 2 and 3 as per mentioned above.

Q4: What changes do you think would improve clarity and ease of interpretation in the application of the Impairment Tables for the purposes of a DSP claim?

Members advised that the clarity and ease of interpretation in the application of the tables could be enhanced if there were a greater list of diagnoses.

More specific descriptors in the mild impairment categories are required and practitioners should have the opportunity to provide specific details of function impairment experienced by the applicant as may have an impairment outside current descriptors.

Q5: Although the Impairment Tables are function based rather than condition based, are there specific impairments/conditions you think are not given due consideration within the existing 15 tables?

Chronic Kidney Disease (CKD) is one condition that has been brought to the AMA's attention that has not been given due consideration. Patients suffering CKD are very susceptible to infections and the development of co-morbidities such as neuropathy, and heart and blood vessel disease. As a result, these patients experience more illness impacting their functionality at or capacity to work. They may be impaired due to symptoms such as tiredness, breathlessness, nausea and vomiting, and lack of concentration. Symptoms it is noted apply to Digestive and Reproductive Function under Table 10 even though this table does not provide for functionality impaired due to CKD. This Table could be amended to include Renal in the title to help cover conditions such as CKD.

Chronic Regional Pain Syndrome is another condition that has not been given due consideration in the tables. The symptoms of which can manifest in changing combinations of spontaneous or excessive pain, inflammation, muscle weakness or spasms, and changes in skin temperature.

Q6: What other issues on the Impairment Tables would you like to raise?

Corroborating evidence can include a Treating Doctor report, but some DSP applicants do not have a usual GP, and some no GP at all. Providing all the required information can be both costly and overwhelming for the applicants, particularly those with psychological or psychiatric impairment, disadvantaging them in the claims process.

The AMA believes that more needs to be done to increase GPs, non-GP specialists and Allied Health providers awareness of the Impairment Tables and their use. Current information available on the Services Australia for GPs on DSP claiming does not, for example, make it clear that evidentiary reports that specifically address the impairment levels experienced by the claimant will be of greater assistance in processing a claim than those that do not. The reliance on existing medical reports can be problematic in that a report from a non-GP

specialist to a GP for example may confirm a diagnosis and suggest a treatment or management plan but it may not articulate the functional impairment a patient is experiencing. Thus, limiting the benefits of medical reports in the assessment of a claimant's functionality. Continuing Professional Development (CPD) accredited training on the use of the DSP Impairment Tables and understanding DSP eligibility and reporting requirements would be one way to address this.

Q7: Are there any other comments you would like to add?

The DSP requirement for the disability or medical condition to be fully diagnosed, fully treated and fully stabilised can be problematic for the following reasons:

- defining "stabilised" is problematic when the patient may experience impairment that is progressive, episodic or fluctuating;
- the patient may have a degenerative disease that is progressively impacting on their functionality and thus not clinically be considered stabilised; and
- defining a condition as treated is difficult when emerging treatments are on the medical horizon.

The AMA suggests that the requirement for a condition to be treated needs to be applicable to the disease stage. Modifications to the requirement are needed to clarify for example "fully treated for current stage of disease/condition".

Patients with mental health and psychological issues often additionally suffer issues of access and equity when it comes to care and treatment for their condition because of the financial constraints they experience due to their condition. Accessing the services of private psychiatrists and clinical psychologists is often impacted by workforce shortages, too costly and waiting lists for publicly funded access are long precluding timely diagnosis and treatment. GPs have extensive experience in diagnosing and caring for patients with mental health and psychological issues and most GP mental health services are claimed by GPs who have undertaken additional mental health training[1]. Psychological issues are the most commonly seen presentations in general practice, with 64% of GPs reporting it in their three most common reasons for patient presentations[2]. Yet, despite this competence and experience, any GP diagnosis of a mental health condition must be corroborated by a clinical psychologist with evidence as to the patient's functional impairment[3]. GPs diagnose and manage the full gamut of mental health and psychological conditions, just as they do for physical conditions. Their diagnosis should stand on their own merits without the need for

[1] MBS Statistics on Items 2700, 2701, 2713, 2715, 2717 July 2019 to June 2020: See http://medicarestatistics.humanservices.gov.au/statistics/do.jsp?_PROGRAM=%2Fstatistics%2Fmbs_item_standard_report&DRILL=ag&group=2700%2C2701%2C2713%2C2715%2C2717&VAR=services&STAT=count&RPT_FMT=by+state&PTYPE=finyear&START_DT=201907&END_DT=202006

[2] The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2020. East Melbourne, Vic: RACGP, 2020

[3] Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011, Table 5 Mental Health Function

corroboration of a third party. GPs will always seek specialist opinion where the patient's condition or the treatment required is outside their scope of practice.

Centrelink when querying sickness certificates in relation to mutual obligation exemptions under Job Seeker should be consulting directly with the patient's GP rather than the Job Seeker. Particularly, where there may have been a failure to clarify the certificate is for a "temporary exacerbation of a permanent condition" and not for a permanent condition which would see the Job Seeker denied Job Seeker payments and referred for DSP for which they do not meet the eligibility criteria.

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