

## Disability Support Pension Impairment Tables Questionnaire

---

Response: 156

Anonymous

**11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you**

Fully diagnosed, treated and stabilised (FDTS) requirement

**11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you**

Medical evidence requirements

**11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you**

Operational improvements

**12a (i) The removal of the term 'permanent condition' provides greater clarity that a condition must persist for two years as part of the DSP eligibility criteria**

Strongly agree

**12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment**

Strongly agree

**12b Please provide any additional comments regarding changes to the FDTS requirement**

Conditions with natural fluctuations to FDTS i.e. cancer, mental health etc.; not be used to deny Disability Support Pension.

**13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument**

Strongly agree

**13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section**

Strongly agree

**13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables**

Strongly agree

**13a (iv) The additional guidance in appropriate Tables provides greater clarity when considering functional impairment. For example an additional guidance point to all Tables on fluctuating and episodic conditions**

Strongly agree

**13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables**

Strongly agree

**13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work**

Strongly agree

**14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables**

Strongly agree

**14b Please provide any additional comments regarding changes about the impacts from alcohol, drug and other substance misuse.**

Job Capacity Assessors have relevant qualifications to make determinations on these applications.

**15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment**

Strongly agree

**15b Please provide any additional comments regarding changes about the ongoing side effects of treatment.**

Job Capacity Assessors follow GP assessment of side effects; not make up their own from anecdotal chit chat among colleagues. Everyone is different!

**16a (i) Proposed changes better represent the functional impact of pain**

Strongly agree

**16a (ii) Additional examples of pain related conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table**

Strongly agree

**17a Additional examples of chronic illnesses that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table**

Strongly agree

**18a Additional examples of renal conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table**

Strongly agree

**19a (i) Additional examples of fatigue related conditions that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table**

Strongly agree

**19a (ii) The inclusion of a personal care descriptor captures the functional impacts of fatigue on a person's ability to undertake personal care activities**

Strongly agree

**19a (iii) Proposed changes better represent the functional impact of fatigue related conditions**

Strongly agree

**19b Please provide any additional comments regarding changes about fatigue.**

Sleep Apnea and CFS diagnoses definitely need to be taken more seriously by assessors.

**20a Additional examples of cancer and subsequent conditions that result in functional impairment provide more clarity around these types of conditions that may be assessed against a Table**

Strongly agree

**21a (i) Additional examples of specific pieces of evidence that may be used to support a claim assists individuals to identify the accepted range of medical evidence that can be provided**

Strongly agree

**21a (ii) Additional examples of professionals assists individuals identify the range of appropriate practitioners who are able to provide medical evidence in support of their claims**

Strongly agree

**22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function**

Strongly agree

**22a (ii) The addition of descriptors for the loss of function of a dominant limb under Table 2 – Upper Limb Function better recognises functional impacts of losing a dominant upper limb**

Strongly agree

**22a (iii) Additional examples of specific skin conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table**

Strongly agree

**23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand**

Strongly agree

**24a The proposed change will better support individuals by providing a broader range of medical professionals allowed to provide corroborating evidence in support of a diagnosis of a mental health condition for assessment under Table 5 – Mental Health Function**

Disagree

**24b Please provide any additional comments regarding changes about psychologists.**

Psychiatrists, Clinical Psychologists and GP's are more than enough to provide adequate evidence. Problems arise from your use of contractors, unqualified assessors and grossly unfair austerity policies.

**25a The proposed changes improve alignment with other recognised mental health assessment tools (including the World Health Organization Disability Assessment Schedule –WHODAS, Diagnostic and Statistical Manual of Mental Disorders – DSM, World Health Organization International Classification of Diseases - ICD)**

Strongly agree

**26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity**

Disagree

**26a (ii) The addition of a new social skills descriptors in the table relating to brain function recognise difficulties a neurodivergent person may experience in social situations**

Disagree

**26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:**

keep the current list of descriptors and require a person to meet only one descriptor for the relevant impairment rating to be assigned

**27a The proposed changes better recognise the need for culturally appropriate assessments**

Strongly agree

**27b Please provide any additional comments regarding changes to address cultural appropriateness.**

I strongly agree so long as all non aligned cultures i.e. Bogans, Bikers, Sex Workers etc. are included and not just ethnicity.

**28 In accordance with the Privacy Collection Notice, please select one of the following.**

I would like my submission to be published anonymously