

## Disability Support Pension Impairment Tables Questionnaire

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Response: 235

Anonymous

<b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>
Fully diagnosed, treated and stabilised (FDTs) requirement
<b>11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you</b>
Fatigue
<b>11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you</b>
Medical evidence requirements
<b>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</b>
Strongly agree
<b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>
Strongly agree
<b>12b Please provide any additional comments regarding changes to the FDTs requirement</b>
This change will hopefully make it better for people with ME/CFS who are currently being asked to undergo ineffective unsafe treatments before gaining DSP support.  Removing the term "permanence" makes it clearer that people with conditions that can not be definitely determined to be permanent can apply and will reduce confusion from with the very different NDIS definition of permanence.
<b>13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument</b>
Strongly agree
<b>13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section</b>
Agree
<b>13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables</b>
Agree
<b>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</b>
Strongly agree
<b>13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables</b>
Agree
<b>13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work</b>
Strongly agree
<b>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>
Unsure
<b>15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment</b>
Strongly agree
<b>16a (i) Proposed changes better represent the functional impact of pain</b>

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

**17b Please provide any additional comments regarding changes about chronic illness.**

It is pleasing to see that ME/CFS (not just CFS) are mentioned in Table 1 & 6. This will encourage better consideration of ME/CFS and confidence for those assessing it that it can be included as a cognitive impairment. It is excellent that the new Table 1 covers Post exertional malaise as well as fatigue & pain. PEM is often ignored in favour of an on the day assessment of what a person can do not what a person can do \*safely\* without payback.

**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**

Unsure

**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.**

The guidance for 20 points personal care descriptor is very helpful as it takes into account the broader picture in the context of a day not just the activity in isolation.

**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**

Unsure

**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**

Disagree

**21b Please provide any additional comments regarding changes to medical evidentiary requirements.**

The medical evidence listed in Table 1 for ME/CFS is problematic. ME/CFS is currently an orphan illness with no specialty responsible for diagnosis or treatment. This means there is no clear clinical pathway for these patients which impedes access to Centrelink and NDIS. The lack of "ownership" also results in a dearth of specialists from various specialties with any knowledge of ME/CFS. Requiring a patient to access a specialist adds to the barriers to gaining support. A Specialist as corroborating evidence is also problematic and unreliable. They see a patient rarely and do not see the spectrum of function that a GP can observe in repeated visits over an extended period of time.

I am also concerned at the unqualified listing of exercise as corroborating evidence. While I presume this is intended to assess people with heart/lung conditions not ME/CFS I am concerned that testing such as 2 day cpet which is currently used in research may be utilised. Over exertion & exercise are not recommended for people with ME/CFS (see CDC, NICE uk guidelines) & Long covid (see WHO guidelines) who experience PEM. This can cause decline in function so it would be prudent to add an exclusion or at least include that can be conducted safely.

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

Unsure

**22a (i) 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**

Unsure

**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**

Unsure

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

Unsure

**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**

Unsure

**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)**

Unsure

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

Unsure

**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**

Unsure

**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

**26c Please provide any additional comments regarding changes about neurodiversity.**

26b didn't provide an unsure option.

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

Unsure

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

I would like my submission to be published anonymously