

Summary table of changes to the DSP Impairment Tables legislative instrument

Category of change	Section	Changes	Impact for DSP claimants
Fully diagnosed, treated and stabilised (FDTS) and permanency			
Change to the 'fully diagnosed, treated and stabilised' and 'permanent' terminology	Part 2, Section 8 - Applying the Tables	<ul style="list-style-type: none"> The term 'fully diagnosed, treated and stabilised' has been replaced with 'diagnosed, reasonably treated and stabilised'. The term 'permanent condition' has also been removed and instead clarifies that for an impairment rating to be assigned, a condition must meet the criteria of 'diagnosed, reasonably treated and stabilised', and the resulting impairment is more likely than not, in light of available evidence, to persist for more than 2 years. 	The changes to this terminology is aimed to improve clarity around the diagnosis, treatment and stabilising of a condition to determine qualification for DSP.
Operational improvements			
Additions to definitions specific to the instrument	Part 1, Section 5 - Definitions	<ul style="list-style-type: none"> Inclusion of a definition of 'assistance' to clarify assistance means assistance from another person. Expansion of the definition of 'condition' to mean a diagnosed medical condition or disorder. Inclusion of a definition of 'significant functional improvement' to mean improvement that is likely to enable the person to undertake work in the next 2 years. This definition has been added to reduce duplication in the Determination. Amendments to the 'allied health practitioner' definition to expand coverage to 'health and allied health practitioner'. 	These changes will provide greater clarity around defined terms within the Impairment Tables.
Format and clarification improvements to the rules for applying the Tables	Part 2 – Rules for applying the Tables	<ul style="list-style-type: none"> Simplifications have been made to Part 2 to improve the guidance and readability of the section. For example the merging of 2 sections in Part 2 of the instrument which explained the assessment of impairments with no functional impacts. 	These improvements reduce repetitiveness and simplify text for ease of use.
Improvements to consistency, simplification and removal of outdated assessment tools throughout the instrument	Entire instrument	<ul style="list-style-type: none"> Table descriptions have been simplified, along with the lead sentences within impairment ratings. 0-point descriptors now recognise a person may experience no or minimal impacts as a result of their impairment. Where appropriate, descriptors have been simplified or merged to better represent impairment. For example in Table 5 – Mental Health Function, it is to align with the functional domains of the World Health Organization Disability Assessment Schedule (WHODAS). More medically appropriate terms, such as the change from 'low IQ' to 'a meaningful intelligence quotient between 70-85', have been included throughout Tables. Consistency of descriptors within a Table. For example in Table 15 – Functions of Consciousness, the timeframe of a person's altered state of consciousness has been removed from the 10 point impairment rating, to be consistent with the other impairment ratings in the Table. Specific assessment tools have been removed from Tables 5 and 9 and have been replaced with the minimum form in which an assessment of intellectual functioning and adaptive behaviour is to be undertaken. 	These amendments are aimed at improving the readability of the instrument and use more appropriate medical terminology throughout.

Additional guidance in all appropriate Tables	Part 2 – Rules for applying the Tables, Part 3 – The Tables	<ul style="list-style-type: none"> • Additional guidance around assessing performance of activities. • Additional guidance for assessing episodic or fluctuating conditions was included in the Exposure Draft. Following consultations, a number of stakeholders suggested further changes to acknowledge a person’s presentation may differ day-to-day. An additional dot point has been added to Part 2 to address this concern and in tables where this is likely to occur e.g. Table 6 – Functioning related to Alcohol, Drug and Other Substance Use. • Additional guidance indicating examples are not exhaustive and to be used as a guide. • Additional guidance in relevant Tables for the assessment of impairments that may be considered on a number of Tables. • Clarification of evidentiary requirements for mental health conditions under Table 5. • Additional guidance on alternative communication systems when assessing communication function on Table 8. 	Additional guidance across all Tables provides clear and consistent information.
Clarification of assistive technology, and removal of outdated devices	Part 1, Section 5 – Definitions, Part 3, Table 1 – Functions requiring Physical Exertion and Stamina, Table 3 – Lower Limb Function, Table 11 – Hearing & Other Functions of the Ear	<ul style="list-style-type: none"> • Replacement of the expression ‘prosthesis’ with ‘assistive device’. • Assistive technology a person may use to mobilise has been expanded to mean a wheelchair or other equivalent assistive device. • Addition of more appropriate wording around mobility aids in Table 3 descriptors. • Removal of the 5 point descriptor point in Table 11 where a person may use a hearing aid, cochlear implant or other device, as a person must be assessed using assistive devices they would normally use. • Removal of outdated technology – T switch and captioned telephone from Table 11 descriptors. 	Further clarification of assistive devices and the removal of outdated technology reduces confusion and modernises the Tables.
Broader range of examples of tasks in Tables, including more work related tasks	Part 3 – The Tables	<ul style="list-style-type: none"> • Additional examples have been included in all Tables to show the level of impairment a person may demonstrate throughout the Tables. • Expansion of local facilities to include local shops, and workplaces. • Inclusion of modernised examples and work related tasks. • Removal of outdated examples or those medical experts have indicated are inappropriate. • Rebalancing of examples throughout the Tables to better reflect the level of impairment and function being captured. 	Additional examples provide better indications of the level of impairment a person should be assessed as reaching. By expanding examples to include more work related tasks, the Tables further take into account how a person’s impairment impacts their ability to work.
Better framing of descriptors to capture impacts on a person, rather than how symptoms of their condition may affect others	Part 3, Table 10 – Digestive and Reproductive Function, Table 13 – Continence Function	<ul style="list-style-type: none"> • Descriptors in Tables 10 and 13 which focussed on the person’s condition impacting people around them (such as work colleagues) have been reframed to focus on the impacts and nature of a person’s condition leading to the person avoiding certain activities. 	This reframing better reflects the impacts of the person being assessed under these Tables.
Impacts from alcohol, drugs and other substance misuse			
Amendments to capture impacts from alcohol, drugs and other substance misuse	Part 3, Table 6 – Functioning related to Alcohol, Drug and Other Substance Use	<ul style="list-style-type: none"> • Following the decision to retain Table 6, the following amendments have been made: <ul style="list-style-type: none"> ○ Removal of guidance around consideration of the ongoing impacts of alcohol, drugs and other substance misuse in Table 5 and 7. ○ Reframing of descriptors to ensure Table 6 aligns with the function based approach of the Impairment Tables, along with clearer guidance on the medical 	Changes have been made to the framing of descriptors within the Table, along with appropriate examples to better reflect functional impacts resulting from substance use disorders.

		practitioners who can provide a diagnosis under this Table, and appropriate examples to demonstrate the functional impacts of substance use disorders.	
Ongoing side effects of treatment			
Recognition of the impacts of side effects of treatment, such as chemotherapy and dialysis	Part 2, Section 12 – Selecting the applicable Table and assessing impairments Part 3, Table 11 – Hearing & Other Functions of the Ear	<ul style="list-style-type: none"> • Addition of a point to consider the ongoing impacts of side effects experienced due to treatment. • Addition of side effects of medication such as chemotherapy, included as examples of functional impairments a person may experience in relation to Table 11. This has been highlighted in Table 11 as advice from stakeholders indicated this is an impact often missed when considering the side effects of chemotherapy. 	The impact of ongoing side effects from prescribed medication and treatment, such as chemotherapy and dialysis, is not reflected throughout the Tables. These additions will provide clarity when considering these effects.
Pain			
Better representation of pain related conditions and the impacts of pain	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina, Table 2 – Upper Limb Function, Table 3 – Lower Limb Function, Table 4 – Spinal Function, Table 10 – Digestive and Reproductive Function, Table 14 – Functions of the Skin	<ul style="list-style-type: none"> • Chronic pain has been removed as an example of a condition associated with cardiac or respiratory impairment as it is better reflected elsewhere in Table 1. • 'Cardiac pain' has been amended in all descriptors to be broadened to 'pain' as examples of symptoms a person may experience in Table 1. Clarification of pain to mean chronic pain in Table 10. • Nerve pain has been removed as an example of a condition associated with skin difficulties, and replaced with chronic pain in Table 14. • Fibromyalgia has been included as an example of a condition a person may provide evidence for to be assessed under Table 1. • Migraines have been included as an example of a condition a person may provide evidence for to be assessed under Table 1. • Chronic pain and peripheral neuropathy have been included as an example of conditions a person may provide evidence for to be assessed under Tables 2 and 3. • Chronic pain affecting the spine has been included as an example of conditions a person may provide evidence for to be assessed under Table 4. • Chronic pain has now been added to the introduction of Tables 1, 2, 3, 4 and 14 under examples of conditions that may be assessed as this was considered the most appropriate area for the nature of chronic pain to be captured. 	These amendments provide more appropriate wording around the type of pain a person may experience and also provides clarity in Tables chronic pain and pain related conditions are likely to be assessed under.
Chronic illness			
Better representation of chronic illnesses	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina, Table 15 – Functions of Consciousness	<ul style="list-style-type: none"> • Diabetes mellitus has been included as an example of a condition a person may provide evidence for to be assessed under Table 1. • Amended examples in Table 15 to more appropriately reflect conditions a person may provide evidence for to be assessed under the Table (inclusion of narcolepsy). • See also changes under pain, renal conditions, fatigue and cancer. 	Including references to specific conditions provides clearer examples of the types of conditions that may be assessed on a Table.
Renal conditions			
Better representation of renal conditions	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina	<ul style="list-style-type: none"> • Renal failure has been included as an example of a condition a person may provide evidence for to be assessed under Table 1. 	Including references to specific conditions provides clearer examples of the types of conditions that may be assessed on a Table.

Fatigue			
Better representation of fatigue related conditions	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina, Table 7 – Brain Function	<ul style="list-style-type: none"> Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) has been included as an example of a condition a person may provide evidence for to be assessed under Table 1 and 7. 	Including references to specific conditions provides clearer examples of the types of conditions that may be assessed on a Table.
Better representation of the impact of fatigue on undertaking personal care activities	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina	<ul style="list-style-type: none"> A new 'personal care' descriptor was added to the 10, 20 and 30 point descriptors within Table 1 to capture the impacts of fatigue on a person's ability to undertake personal care activities. 	This addition recognises that a person with a moderate, severe or extreme functional impairment being assessed under Table 1 may have limitations on their ability to undertake personal care activities due to the impacts of fatigue.
Better representation of the impact of fatigue related symptoms	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina	<ul style="list-style-type: none"> Post-exertional malaise has been added to examples of symptoms a person may experience for assessment under Table 1, along with being added to the examples of symptoms a person may experience when performing activities in the descriptors. Recognition some activities may require a recovery period after undertaking them. Amendment to Table 1 to recognise a person may be bed bound due to chronic fatigue. 	These amendments are aimed to better capture fatigue related symptoms in Table 1 and how they may be considered under the Table.
Cancer			
Better representation of cancer and subsequent conditions	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina, Table 2 – Upper Limb Function, Table 3 – Lower Limb Function, Table 8 – Communication Function, Table 10 – Digestive and Reproductive Function, Table 11 – Hearing and Other Functions of the Ear, Table 12 – Visual Function, Table 13 – Continence Function, Table 14 – Functions of the Skin, Table 15 – Functions of Consciousness	<ul style="list-style-type: none"> Lymphoedema has been included as an example of a condition a person may provide evidence for to be assessed under Table 1, 2 and 3. Addition of neck and throat cancer as an example of a condition a person may provide evidence for to be assessed under Table 8. Addition of cancers that may affect digestive and reproductive functioning as conditions a person may provide evidence for to be assessed under Table 10. Addition of head or neck cancer and side effects of medication such as chemotherapy, included as conditions a person may provide evidence for under Table 11. Addition of brain tumours as a condition a person may provide evidence for under Table 12 and Table 15. Addition of gastrointestinal malignancy as a condition a person may provide evidence for under Table 13. Addition of melanoma as a condition a person may provide evidence for under Table 14. 	Additions of specific types of cancers have been made to Tables where relevant to improve visibility and clarify where specific impacts of these types of cancers may be considered in the Tables.
Medical evidence and practitioners			
Acceptance of a broader range of medical evidence	Part 3, Table 1 – Functions requiring Physical Exertion and Stamina, Table 7 – Brain Function	<ul style="list-style-type: none"> Addition of actimetry linked blood pressure and heart rate monitoring results as evidence for Table 1. Addition of interviews with the person and those providing care as evidence for Table 7, but also recognising a person may not have sufficient self-awareness to describe the effects of their impairment. 	Where appropriate in the Tables, additional examples of specific pieces of evidence that may be used to support a claim have been added to broaden the types of evidence a claimant may provide. This has been further extended in the Guide (refer to the summary table of changes to the Guide below).

Recognition of additional professionals able to provide evidence	Part 1 – Preliminary, Section 5 – Definitions Part 3, Table 4 – Spinal Function, Table 6 – Functioning related to Alcohol, Drugs and Other Substance Use Table 11 – Hearing and Other Functions of the Ear, Table 12 – Visual Function, Table 14 – Functions of the Skin, Table 15 – Functions of Consciousness	<ul style="list-style-type: none"> • Addition of an Occupational Therapist as an example of an allied health professional that can provide evidence for Table 4 and Table 14. • Addition of neurosurgeon and neurologist as examples of specialists that can provide corroborating evidence in support of a diagnosis from an appropriately qualified medical practitioner for Table 11. • Addition of an audiometrist to the list of specialist that can provide audiological assessment results as evidence for Table 11. • Addition of optometrist, neurosurgeon or neurologist as examples of medical practitioners that can provide evidence for Table 12. • Addition of oncologist as an example of medical practitioners that can provide evidence for Table 14. • Expansion of clinical nurse consultants or nurse practitioners to registered nurses as an example of practitioners that can provide evidence for Table 14 and 15. This has also been covered in an expansion of the definition of health or allied health practitioner in Part 1 of the instrument to include registered nurses. • Addition of physiotherapist and pain management specialist as examples of practitioners that can provide evidence for Table 14. • Following reinstatement of Table 6, reports from psychologists have been added as an example of evidence that can be provided for the purposes of Table 6. 	Where appropriate in the Tables, additional examples of practitioners broadens the range of appropriate practitioners that a person is likely to be receiving treatment from and supports their ability to provide evidence. This has been further extended in the Guide (refer to the summary table of changes to the Guide below).
Musculoskeletal and skin functions			
Better representation of range of motions captured in Table 2 and Table 4	Part 3, Table 2 – Upper Limb Function, Table 4 – Spinal Function	<ul style="list-style-type: none"> • Descriptors added to capture shoulder function in Table 2. • Better clarification of the ranges of motion captured under Table 2, in reaching up above head height, doing up a zipper, and pinch and pull function. • Clarification of difficulties performing overhead activities to also take into account difficulties with looking upwards to perform these activities. 	These additions will better capture the ranges of motions for assessment under Tables 2 and 4.
Recognition of loss of function of a dominant upper limb	Part 3, Table 2 – Upper Limb Function	<ul style="list-style-type: none"> • Addition of nerve damage as an impact which may render an upper limb non-functional on upper limbs in Table 2. • Addition of nerve damage as an impact which may render an upper limb non-functional on upper limbs in Table 2. • Further guidance has been added to the instrument to assist assessors when considering a person's dominant upper limb impairment. 	This addition provides guidance for assessing the impacts of losing a dominant upper limb, which was not represented in the Tables previously.
Better guidance for the assessment of impacts resulting from lumbar spine conditions	Part 3, Table 3 – Lower Limb Function, Table 4 – Spinal Function	<ul style="list-style-type: none"> • Additional guidance in Table 3 and 4 for assessing functional impacts from lumbar spine conditions, including nerve pain or weakness in the lower limbs. 	Additional guidance will provide clear and consistent information.
Balance			
Better representation of ability to stand and balance	Part 3, Table 3 – Lower Limb Function, Table 11 – Hearing and Other Functions of the Ear	<ul style="list-style-type: none"> • Clarification of a person's ability to stand in descriptors of Table 3. • Addition of balance to Table 3 descriptors. • Addition of dizziness as something that impacts a person's balance in Table 11. • Acknowledgement of balance difficulties in the 30 point descriptor in Table 11. 	This addition will better capture the functional impacts on a person's ability to stand and balance in the Tables.

Psychologists			
Registered psychologists can provide evidence of a mental health condition	Part 3, Table 5 – Mental Health Function	<ul style="list-style-type: none"> Addition of registered psychologists as a practitioner able to provide evidence in support of the diagnosis of a mental health condition. 	This change will allow people with a mental health condition to provide corroborating evidence of their condition. The current requirement for a clinical psychologist to provide corroborating evidence in support of a diagnosis has been extended to include all registered psychologists as part of the proposed changes.
Mental Health			
Aligning descriptors related to mental health to standardised assessment tools	Part 3, Table 5 – Mental Health Function	<ul style="list-style-type: none"> Better alignment of the descriptors in Table 5 – Mental Health Function with the World Health Organization Disability Assessment Schedule (WHODAS). 	This change will improve alignments with a recognised mental health assessment tool.
Neurodiversity			
Better representation of neurodiversity	Part 3, Table 5 – Mental Health Function, Table 7 – Brain Function	<ul style="list-style-type: none"> Autism spectrum disorder has been added as an example of a condition a person may provide evidence for under Table 7. Addition of a guidance point in the introduction to Table 7 stating fetal alcohol spectrum disorder may be assessed under Table 7. 	These additions are aimed to capture the impacts of neurodiverse conditions such as autism spectrum disorder.
Better recognition of social skills difficulties	Part 3, Table 7 – Brain Function	<ul style="list-style-type: none"> New social skills descriptors have been added to all impairment levels of Table 7. On Table 7, the requirement to meet one descriptor for an impairment rating to be assigned has increased to two descriptors. This follows the approach on Table 5 – Mental Health, where a functional impairment in multiple domains is required for an impairment rating to be assigned. Autism Spectrum Australia also acknowledged that a diagnosis of autism spectrum disorder requires a person to have an impairment in both social and behavioural domains. 	<p>The addition of new social skills descriptors recognises difficulties a person may experience in social situations.</p> <p>This addition across impairment levels in Table 7 has increased the number of descriptors contained in each level to 10. Due to the increase in number of descriptors, the qualification requirement for Table 7 has increased from having to meet one descriptor to two.</p>
Better recognition of difficulties with cognitive flexibility	Part 3, Table 7 – Brain Function	<ul style="list-style-type: none"> Recognition of difficulties a person may have with cognitive flexibility has been reflected in Table 7 by the addition of cognitive flexibility to the problem solving descriptor along with an appropriate example. 	The addition of cognitive flexibility within the descriptors recognises difficulties a person may experience in adapting to change and considering or accepting the view of others.
Better recognition of sensory issues and self-stimulatory behaviours (stimming)	Part 3, Table 7 – Brain Function	<ul style="list-style-type: none"> Use of preferred language when referring to examples of difficulty in situations where a person is sensitive to noise, light or crowds in Table 7. This is referred to as 'environmental stimuli from any of the senses'. 	The addition of these examples provides greater clarity around where certain impacts are to be considered against the Tables.

		<ul style="list-style-type: none"> Additional examples of sensory issues and self-stimulatory behaviours have been added to the attention and concentration, and behavioural regulation descriptors to capture these issues. 	
Cultural appropriateness			
Better recognition of the need for culturally appropriate assessments	Part 3, Table 9 – Intellectual Function	<ul style="list-style-type: none"> Clarification that culturally appropriate assessments of intellectual and adaptive function can be used for Table 9. 	This addition recognises the need for culturally appropriate assessment tools to be considered as evidence under Table 9 and removes a barrier that may be in place for people from various backgrounds due to an inherent bias in standardised assessment tools. This has further been extended in the Guide (refer to the summary table of changes to the Guide below).

Summary table of changes to the Guide

The table below highlights the proposed changes to the Social Security Guide. These changes are designed to provide clarity around terminology and guidance for users of the Tables.

Category of change	Changes
Fully diagnosed, treated and stabilised (FDTs) and permanency	
Change to the 'fully diagnosed, treated and stabilised' and 'permanent' terminology	<ul style="list-style-type: none"> As a result of the changes in the Tables, the new terminology will be further explained in the Guide.
Co-morbidities	
Clearer guidance for the assessment of co-morbidities	<ul style="list-style-type: none"> Further guidance for the assessment of co-morbidities will be included in the Guide.
Medical evidence and practitioners	
Acceptance of a broader range of medical evidence	<ul style="list-style-type: none"> As the examples in the Tables and the Guide are not exhaustive, further examples of evidence that will be accepted across all Tables will be added to the guidance page relevant to that Table.
Recognition of additional professionals able to provide evidence	<ul style="list-style-type: none"> As the examples in the Tables and the Guide are not exhaustive, further examples of practitioners that may provide evidence for each Table will be added to the guidance page relevant to that Table.
Chronic conditions	
Better representation of chronic conditions	<ul style="list-style-type: none"> Additional guidance will be included in the Guide along with a more extensive list of chronic illnesses for reference.
Cultural appropriateness	
Better recognition of the need for culturally appropriate assessments	<ul style="list-style-type: none"> Additional information about assessment tools appropriate for the assessment of First Nations, and culturally and linguistically diverse claimants will be included in the Guide. Further information on when religious and cultural factors may be considered in applying the Tables will be included in the Guide.