

TRANSITIONAL ARRANGEMENTS AND PROPOSED KEY CHANGES TO THE IMPAIRMENT ASSESSOR ACCREDITATION SCHEME (IAAS)

Transitional Arrangements

- The proposed 2nd draft of the IAAS includes some additional requirements for Assessors not present in the current scheme.
- After consultation has concluded and the proposed IAAS is approved by the Minister, Assessors who are currently accredited will maintain accreditations in those body systems. All Assessors will transition to the new Scheme following a successful completion of the required online modules (based upon the Impairment Assessment Guidelines – Third Edition – IAG3) and associated assessment component.
- The new requirement for **Active Clinical Practice** set out in the Criteria Table (1.11, page 9) and the proposed changes to the ‘Guide for Systems and Specialties’ (section 7 of this document) **will only apply to future applicants** who seek accreditation and not Assessors who are currently accredited.
- In relation to the AMA 5 Mandatory requirements of the Training Criteria Table (3.1.7, page 13), these Assessors will be provided 1 full year in which to complete this training to maintain their accreditation.

Proposed Key Changes

1. Criteria for Accreditation

- **AHPRA:** Addition of current undertakings or reprimands recorded against registration for medical practice.
- **Active Clinical Practice:** Accreditation for some body systems has a mandatory requirement as specified in the Criteria Table (1.11, Page 9) which relates to 1.8 ‘Active Clinical Practice’ or providing direct medical care to patients. The IAAS is looking to extend the currency of medical practice beyond the levels as required by AHPRA with an intention to lift the overall the quality of the assessments provided to the scheme. Following feedback, these requirements have been reduced to an average of 6 hours per week (previously 8) and now clinical teaching will also satisfy this requirement. This restriction is only mandatory for systems where there are currently sufficient Assessors to meet IAAS requirements.
The number of current Assessors accredited by each body system is provided in Table 2 on page 5.

- **Assessor Residential Status** was a requirement in the 1st draft of the IAAS which was based around an intention to support South Australian businesses, consistent with existing Government policy and increase timeliness of assessments (given less of a requirement to coordinate travel time and appointments) and to increasing/maintain the accountability that exists within a locally based medical community. Following feedback, this requirement **no longer applies** in the proposed IAAS.
- **Training Criteria Table:** Accreditation for some body systems has mandatory requirements as specified in the Training Criteria Table (3.1.7, Page 13), which relate to Criteria 1.4 (Relevant AMA Training).
- **Addition of Conflict of Interest (COI):** Requirements relating to general accreditation, which have been broadened. WPI assessments remain an important element in the Return to Work scheme such that the perception of impartiality is essential. In response to feedback, an example has been provided and the ongoing requirement to maintain this criterion is also highlighted. As detailed in clause 1.6, the onus is on the Assessor to advise ReturnToWorkSA where a real or potential COI may exist. Then, as the Regulator of the RTW scheme, ReturnToWorkSA will then assess, in discussion with the Assessor, each potential COI on its merits and only consider a COI applies in circumstances where there are clear actual or potential COI.

3.2 Ongoing Training Requirements

- Assessors will be required to complete at least 2 WPI training activities as determined by ReturnToWorkSA annually. There was consistent support for this requirement for Assessors.

3.3 Terms and Conditions of Accreditation

- Assessors have an ongoing requirement to adhere to IAAS requirements and advise ReturnToWorkSA if they are unable to do so within 7 business days.
- **Face-to-Face Requirement:** Section 3.3.3 highlights the requirement that all assessments are to be completed in person or ‘face-to-face’. Following feedback received, it was emphasised that the severity of the a worker’s injury (as an example) might present as an exceptional circumstance justifying departure from this requirement. As a result, exceptional circumstances will be considered by ReturnToWorkSA (or the relevant self-insured employer) on a case-by-case basis.
- **Online Portal Use:** Section 3.3.5 outlines the required use of ReturnToWorkSA’s online services portal to receive report requests and submit completed assessments received consistent support. Although this will be appropriate in the vast majority of cases, following consideration of feedback received, there is now a provision which states ‘or as otherwise agreed with the Requestor’ if it is not practical to do so. Requiring the use of ReturnToWorkSA’s online portal ensures that both referrals issued, and assessment reports completed are transacted securely, rather than through email communication.

- Invoicing and services must be consistent with the current Permanent Impairment Assessment Services Medical Fee Schedule and Policy.
- Addition of a COI requirement relating to individual assessments as outlined in 3.3.9 (see comments above relating to conflict of interest in Criteria for Accreditation).
- **Previous Treatment or Assessment Exclusion:** 3.3.13 (which exists in the current IAAS as an open ended condition as without a timeframe) outlines the exclusion of Assessors to undertake assessments who have previously provided, treatment, advice to, or other assessments of, the injured worker within 5 years. This sub-clause is retained and designed to maintain the existing impartiality and integrity of the WPI process beyond the existing requirements for medical specialists as per Australian Health Provider Regulation Authority (AHPRA). As stated above, WPI is an incredibly important element within the Return to Work scheme thus the clear perception of complete impartiality is essential. It is acknowledged that there may be very rare occasions where an exception is justified and following feedback it is now outlined that agreement with the requestor 'will not be unreasonably withheld'.

3.4 Service Requirements

- Required use of online technology relating to receiving and distributing relevant information.
- Providing reports in accordance with Uniform Civil and South Australian Employment Tribunal Rules.
- Ensuring assessment location complies with relevant standards.

3.5 Declaration Requirements

- Assessors now will be required to maintain an annual declaration relating to AHPRA requirements, insurance, training and participation with the Peer Support Program as required.

Removal of 'Administrative Requirements' section: Some previous components now are located within 'Terms and Conditions' and 'Services Requirements'.

4. Quality Management

- **Peer Support Program:** There was widespread positive feedback amongst Assessors for the introduction of a Peer Support Program to assist with questions or issues of a medical nature.
- Some feedback raised issues around transparency and information sharing in relation to issues of a technical nature and clarification requests. Section 4.1.4 (which is repeated as 4.3.4 within the 4.3: Technical Compliance Review) emphasises and highlights the important requirements about information sharing relating to an injured worker's assessment.
- Data to be provided to Assessors relating to compliance, timeframes and worker feedback.
- Complaints process alignment with ReturnToWorkSA Complaints Policy.

Guide for ‘Systems and Specialties’

- This Table will replace the previously titled ‘Guide to eligibility criteria for each body system’. Items 5f, 5l and 5n will only apply once the Impairment Assessment Guidelines (Third Edition) come into effect. The proposed changes to this table are:
 - a) Removal of General Practitioners to be able to deliver assessments. This will only apply to new accreditations. This is intended to further enhance the quality aspect and the critical importance of the medical aspect of the assessment process, which is considered that a specialist can provide. Currently accredited General Practitioners will retain their accreditation.
 - b) Neurologists have lower and upper extremity accreditation which is limited to peripheral nerves only.
 - c) Plastic and Reconstruction Surgeon has additional accreditation to assess facial nerves in the Central & Peripheral Nervous System.
 - d) Assessors accredited in Visual System able to use Table 6.1 in the Guidelines for assessment of facial disfigurement around the eyes.
 - e) To assess cauda equina, Assessors need to be accredited in both Spine and Nervous System.
 - f) Consistent with Section 5.11 of the Guidelines, following requests from Assessors, the following specialists are accredited to assess the conditions noted in Chapters 4 and 5 of the Guidelines with specific reference to Tables 13-18, 13-19, 13-20, 13-21 and 15-6 of AMA5 (relevant to their specialty).

Specialist	Condition
Urologist, Gynecologist	Neurogenic Bladder or Sexual Impairment
Gastroenterologist, General Surgeon	Neurogenic Anorectal Impairment
Thoracic Surgeon, Respiratory Physician	Neurogenic Impairment of Respiration

- g) Thoracic surgeons will be accredited to assess Traumatic Hiatus Hernia.
- h) Additional category of specialist Haematologist – Haematopoietic.
- i) Rheumatologists may assess people with endocrine disorders, e.g. thyroid. Endocrine disorders may present with rheumatological manifestations.
- j) Removal of Public Health Category.
- k) Rheumatologist able to assess digestive system.

- l) Assessors trained in the upper extremity, lower extremity or spinal body systems to undertake assessments of hernia only from 0% to 5% WPI (including currently accredited GPs and Occupational Physicians).
- m) Assessment of Complex Regional Pain Syndrome can only be undertaken by the following specialties: Orthopedic Surgeon, Pain specialists, Rheumatologist, Plastic Surgeon, Occupational Physician or Rehabilitation physician following accreditation in the Upper Extremity and/or the Lower Extremity
- n) In relation to note 2 of table 6.1 within the ENT chapter an Assessor with ENT accreditation can assess up to 9% WPI from the TEMSKI table.

Table 2 – Number of Assessors as per 30 September 2024 obtained from Workbook: [Whole Person Impairment Assessors accredited from 1 July 2019 to 30 June 2025 \(rtwsa.com\)](http://rtwsa.com)

Body System	Volume of Assessors
Cardiovascular	4
Digestive (including herniae only)	23
Ear, Nose and Throat	12
Endocrine	1
Haematopoietic	1
Hearing	14
Lower Extremity	49
Nervous System	13
Psychiatric Injury	22
Respiratory	10
Skin	7
Spine	45
Upper Extremity	51
Urinary and Reproductive	4
Visual System	1