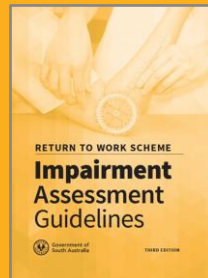
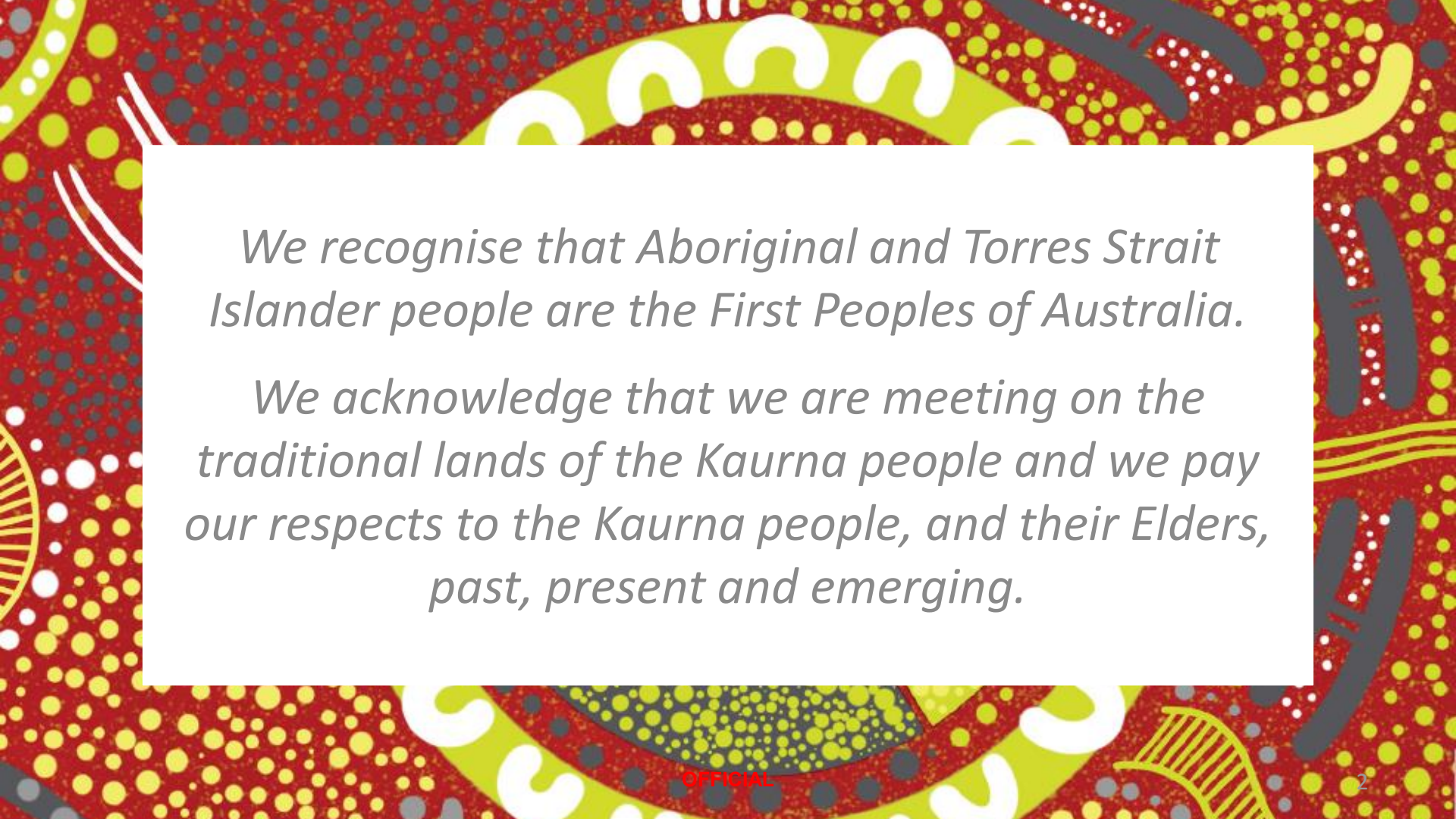


Chapters 1 and 17

Changes and Review of the Third Edition
of Impairment Assessment Guidelines



The background of the slide is a vibrant Aboriginal artwork. It features a dense pattern of small yellow and white dots on a red background. Overlaid on this are larger, stylized shapes in yellow, white, and dark blue, including curved lines and circular motifs that suggest traditional Indigenous patterns.

We recognise that Aboriginal and Torres Strait Islander people are the First Peoples of Australia.

We acknowledge that we are meeting on the traditional lands of the Kurna people and we pay our respects to the Kurna people, and their Elders, past, present and emerging.

Presenter

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Introduction

A new Third Edition of Impairment Assessment Guidelines will commence on 1 October 2025

- Stakeholder Consultation Group was established by Minister Kyam Maher MLC
- Representatives from Australian Medical Association SA, Law Society of SA, SA Unions, and ReturnToWorkSA
- Extensive multi- round consultation

The Third Edition of the Impairment Assessment Guidelines has been developed with a strong focus on ensuring that workers receive fair, consistent, transparent and objective assessments.

The changes support the goal that workers with similar impairments will receive similar assessments.

Nature of the Changes

- **Chapter 1 is used by Impairment Assessors and Stakeholders**
- Updated to comply with legislative changes and relevant precedents
- Improve the whole process from request to report
- Communication as a new section
- Clarify and set out the requirements

Session Outline

- The Third edition is broadly similar to the current IAG
- This talk is a **Chronological** review of the changes and contents they appear in IAG3
- **Landing on the key points.**
- Where “injury” is referred to, this includes work related disease.
- For simplification, the current Guidelines are referred to as IAG1 and the future Guidelines as IAG3.

Defined Terms

Stabilised

IAG1

- Maximal Medical Improvement

IAG3

- **Stabilised** (MMI removed and substituted)
- Introduced via the Return to Work (Employment and Progressive Injuries) Amendment Act 2024

Stabilised

- A work injury has **stabilised** if the worker's condition is **unlikely to change substantially in the next 12 months with or without medical treatment** (regardless of any temporary fluctuations in the condition that might occur).
- There are **statutory and regulatory exceptions** to the requirement of stability.
- **In some cases the Guidelines provide for exceptions** to the requirement for an injury to have **stabilised, or provide for other or additional periods to apply;**

Stabilised and the Guidelines

How does this apply:

- The test to be met to precede to the assessment of permanent impairment
- 1.12 (c) IAG3 Assessors role is to determine whether an injury has Stabilised
- 1.21 outlines the process to follow if an injury has not Stabilised

Stabilised may have additional requirements in Guideline Chapters

Examples

- **Epicondylitis..** Symptoms present for at least 18 months (unchanged from IAG1)
- **Plantar fasciitis..** Symptoms present for at least 18 months (unchanged from IAG1)
- **Adhesive capsulitis** cannot be rated until after 18 months after onset of symptoms (New in IAG3)
- **Peripheral nerve injury** not assessed until symptoms have persisted for at least 12 months (unchanged from IAG1)
- **Lis Franc injuries..** Not assessed before 18 months following the date of injury (New in IAG3)
- **CRPS** The condition ... should have been present for at least 18 months. (Changed from 12 months in IAG1)
- **Brain Injuries..** not undertaken until at least 18 months of date of injury (New in IAG3)
- **Lung Cancer**, following resection, an assessment should not be undertaken until at least 6 months post-surgery.
- Others

Notes to Requestor (Updated in IAG3)

- Provides specific Guidance for some conditions for additional requirements relating to stabilisation.

Commencement Provisions

- Which Guidelines apply
- Transitional Arrangements

- 1.2 These Guidelines **commence on 1 October 2025** ("the commencement date").
- 1.3 Subject to paragraph 1.4 below, these **Guidelines apply to any assessment on or after the commencement date**, irrespective of the date of injury.
- 1.4 The impairment assessment **guidelines in operation immediately before the commencement date will continue to apply** in relation to the assessment of permanent impairment of a worker's injury **if, before the commencement date, the worker had attended an appointment with an assessor** selected in accordance with those impairment assessment guidelines for the purpose of assessment of permanent impairment of that injury

Preliminary Sections 1.5 to 1.14

IAG1

- Generally similar

IAG3

- 1.11 An assessor's role is not to determine whether an injury is compensable under the Act.

Preliminary sections IAG3 1.5 to 1.14

- **1.12** An assessment involves assessing the degree of impairment that applies to a work injury (which may include a condition) that results in permanent impairment.
- The clinical assessment, **as at the day of assessment**, **must** determine:
 - (a) whether the injury has resulted **in impairment**; and
 - (b) whether the resulting impairment **is permanent**; and
 - (c) whether the injury **has stabilised**; and
 - (d) the **degree of permanent impairment that results from the injury or injuries**; and
 - (e) **the degree of whole person impairment**.
- The assessment of whole person impairment **must** be in accordance with diagnostic and other objective criteria as set out in these Guidelines. **The clinical assessment, as at the day of assessment, must also assess the portion of permanent impairment resulting from any previous or subsequent injury or cause (work-related or otherwise) to the same part of the body or region.**

Preliminary sections 1.5 to 1.14

- 1.13 The report prepared by an assessor **must** contain information **based on the assessor's own history taking and clinical examination.**

If other reports or investigations are relied on in arriving at an opinion, the assessor must reference them in the assessor's report.

Preliminary - Lead Assessors

- **1.14** If a lead assessor is required, **the requester will appoint the lead assessor.** This will usually be the assessor **assessing the worker's primary or main injury, or** the assessor undertaking the **most complex part of an assessment.**
- The requester must advise the assessor that they are the lead assessor. The lead assessor will provide a report that summarises the other assessments and will calculate the final percentage of whole person impairment(% WPI) resulting from the individual permanent impairment assessments.
- **The lead assessor must not review compliance of another assessor's report with these Guidelines and should refrain from providing comments on this topic.**

Communication 1.15 to 1.17

Newly introduced Section expanding on existing themes and requirements, with a broad setting of expectations

- There is a need for effective communication between all parties concerned with an assessment, to enable the fair, efficient and timely undertaking of assessments.

Builds on Code of Conduct in IAG1 sections 1.63 1.67

It is desirable that Communication be

- **clear** by using plain and simple language and, in the case of communication with an injured worker, in language appropriate to the worker; and
- **accessible** by being both written and, in the case of communication with a worker, by being explained. That explanation should be offered without the need for a request from the injured worker; and
- **respectful and polite**; and

- **timely**, so that **communication with both the injured worker and the assessor is prompt and relevant** to the next step in the assessment process. All relevant **documents and information is to be provided to the assessor** to allow for preparation before the examination (and **as a guide**, these documents and information should be provided **ten business days before the examination**). **Where clarification is required**, that should be sought, addressed and **responded to promptly** (and as a guide, within ten business days) to enable the completion of an assessment; and
- **transparent**, so that the parties concerned with the assessment all have an **opportunity to contribute information to the assessment**. The parties should also have **access to the information contributed by the other parties** and are entitled to the written correspondence between the other parties, contemporaneously with it being sent.

Communication: For the Requestor

- 1.16 .. it is desirable that **before** the worker attends an appointment with an assessor for the purposes of the assessment, the requester has provided the following information to the worker in advance:
 - (a) who the assessor is, and the assessor's role in the assessment;
 - (b) the worker's role in the assessment including their need to contribute information to the assessment;
 - (c) the impairment(s) being assessed by the particular assessor;
 - (d) that there may be the need for a physical examination to be undertaken by the assessor, including, for example, any physical manipulation to measure range of movement.

Communication: For the Assessor

1.17 An assessor may provide information in advance and, to the extent necessary at the assessment, **should explain to an injured worker:**

- (a) who the assessor is, and the assessor's role in the assessment; and
- (b) the worker's role in the assessment including their need to contribute information to the assessment; and
- (c) body systems covered by Guidelines and how the assessment will proceed - in terms specific to the impairment being assessed; and
- (d) the need for any physical examination that may be undertaken by the assessor including, for example, any physical manipulation to measure range of movement,

but an assessor should not provide any opinion to the worker about the outcome of the assessment, or their claim.

Psychiatric Impairments

IAG1 1.15 to 1.17

IAG3 1.22 to 1.24

- Similar

Unidentified medical conditions and deferrals

1.20(the requester) **is to advise the assessor of the work injury or work injuries for assessment.** If, during the assessment:

(a) **an assessor identifies an impairment caused by a medical condition that is not identified in the assessment request; or**

(b) **the assessor is not accredited for assessment of the injury,**

the assessor should make reasonable efforts to contact the requestor to advise of the new condition or injury and to ascertain if the assessment should proceed or be deferred to a later date.

In the event that the assessor is **unable to contact the requester** to discuss an issue that has arisen under paragraph (a) above, the assessor is to **describe the history of the onset of the newly identified condition or injury for use in the report but not proceed with the %WPI calculation for any work injury until they have advice from the requestor about the approach to be taken.**

Unidentified medical conditions and deferrals

1.21 Where an assessor establishes that:

- (a) an injury identified for **assessment has not stabilised; and/or**
- (b) **further diagnostic tests or medical investigations** are required to enable a full and complete assessment to be undertaken,
the assessor must:
 - (c) **undertake as much of the assessment as is possible** in the circumstances; and
 - (d) **record the action taken by the assessor, the reason or reasons for their course of action, and what needs to occur (either by the requestor or worker) to enable the assessment to be completed; and**
 - (e) **explain the situation to the worker; and**
 - (f) **notify the requestor of the action** that has been taken including **advice** about what needs to occur in the circumstances.

Unidentified medical conditions and deferrals

1.21 continued

Where the assessor considers:

(a) that the information available to the assessor:

(i) is not in accordance with these Guidelines, or AMA4 or AMAS (as appropriate); or

(ii) is inadequate

such that further investigation is essential to complete an evaluation of permanent impairment; and

(b) that there is no undue risk to the worker to carry out this investigation, before proceeding the assessor **should contact the requestor about the matter.**

However, where the deferral of an evaluation would unreasonably inconvenience the worker (for example, when the worker has travelled from a country region specifically for the assessment), the assessor may proceed to order the appropriate investigations, provided there is no undue risk to the worker in carrying out these investigations. In this instance, **the assessor must advise the requestor in advance.**

Multiple Impairments, Previous Injuries, Pre-existing conditions and Unrelated injuries, Deductions, Disregarding, Assessing Together or Combined.

- Multiple impairments 1.25 to 1.27
- Assessing impairment from same injury or cause 1.28 to 1.33
- Combination of impairments where there are deductions 1.34
- Disregarding and deductions of impairments from other injuries or causes 1.35 to 1.41
- Deductions for prior payment under sections 56(6) and 58(7) of the Act 1.42

Multiple Impairments

- 1.25 Impairments arising from **injuries which occurred on different dates are to be assessed chronologically by the date of injury**- see section 22(8)(a) of the Act.
- 1.26 To assist the assessment, the **requestor will identify** in the letter of request to the assessor:
 - (a) the **dates of all injuries** to be assessed; and
 - (b) **any uncertainty or disagreement**, following the making of relevant enquiries, about the dates of injury.
- 1.27 Where there is **uncertainty or disagreement about the date of injury**, the assessor should, as **part of the assessment**, obtain a history of the injuries and include that in the report.

Assessing impairment from same injury or cause

- 1.28 **Impairments from the same injury or cause are to be assessed together or combined** to determine the degree of impairment of the worker, using any principle set out in these Guidelines - see section 22(8)(c) of the Act.
- 1.29 To assist the assessor in this part of the assessment, **the requestor will identify in the letter of request to the assessor those impairments which are, or which are not, to be combined.**
- 1.30 In undertaking an assessment involving multiple impairments, an assessor should obtain a history of the injuries or causes of the impairments.

Combination of Impairments where there are Deductions

- 1.34 Where the results of an assessment of impairment are to be combined and one or more of those assessments involve a need to **deduct a portion of an impairment in accordance with the principles explained in paragraphs 1.35-1.41:**
- (a) the **combination of multiple impairments** which have been assessed applying *different chapters is to be undertaken after all deductions have been made*, and
- (b) where the assessor believes they ***cannot undertake a deduction*** in respect of a pre-existing injury **prior to combining the impairments** as required by these Guidelines, they should provide a detailed explanation as to why they cannot do so, and provide their assessment after combination has been undertaken.

Disregarding and deductions of impairments from other injuries or causes

- 1.35 The Return to Work scheme provides compensation and support for injuries that are determined to be work injuries under the Act. Under the Act, **only an impairment, to the extent that it is attributable to a work injury, is to be assessed and compensated.**
- 1.36 Depending on the particular circumstances, the Act requires that impairments are assessed, not assessed (disregarded) or deducted.
- The Act requires that impairments from unrelated injuries or causes are to be disregarded in making an assessment (see section 22(8)(b) of the Act).
- The Act also requires that where any portion of an impairment that is due to a previous injury (whether or not a work injury or whether because of a pre-existing condition) that caused the worker to suffer an impairment before the relevant work injury is to be deducted for the purposes of an assessment, subject to any provision to the contrary made by these Guidelines (see section 22(8)(g) of the Act). **There cannot be a negative rating, that is, a rating below 0%.**

Disregarding and deductions of impairments from other injuries or causes continued

- 1.37 A worker may have an **existing impairment due to other injuries or causes** (for example, conditions (including congenital conditions) or illnesses) to other parts of the body or regions that are not required to be assessed. *The requestor should identify any such conditions or injuries and advise the assessor not to include them in the assessment.* This is sometimes referred to in these Guidelines as **"not taken into account"**. However, if the existing impairment due to the other injury or cause is to the **same body part or region or has impact on, or relevance to, the impairment being assessed, the requestor will ask the assessor to disregard or deduct the existing impairment that is due to the other injury or cause.**
- 1.38 **The requestor is responsible for providing instruction in the assessment request in relation to any impairment that should be disregarded or deducted.** The requestor should endeavour to ascertain and identify any prior or subsequent injury which may give rise to an impairment assessable under the same body system as the injury to be assessed. The requestor should endeavour to ascertain whether there is a disagreement about whether or not paragraph 1.42 should be applied by the assessor. The requestor should then advise the assessor of all such prior or subsequent injuries and of any such disagreement on that topic. If, at the time of the request, the requestor is uncertain as to whether there are any (or any further) such prior or subsequent injuries, **the requestor may ask the assessor to identify any such injuries and any relevant causes.**

Disregarding and deductions of impairments from other injuries or causes continued

1.39 Where a relevant prior or subsequent injury has previously been the subject of whole person impairment assessment and that assessment is relevant to the application of section 22(8)(b) and (g), the requester should use **best endeavours to obtain and to provide the following to the assessor prior to the assessment:**

- (a) copies of the prior assessment report or reports; and
- (b) copies of all reports, studies and investigations relied on for the prior assessment; and
- (c) details of any previous determination including any relevant order on or following review of dispute made on account of the prior assessment.

Disregarding and deductions of impairments from other injuries or causes continued

- 1.40 The assessor **must** obtain such histories as may be necessary in order to comply with section 22(8)(b) and (g) of the Act.
- The assessor **must** assess the current impairment attributable to all injuries in the relevant body system.
- The assessor **must then** assess the impairment attributable to the work-related injury the subject of the assessment, applying section 22(8)(b) and (g) and the methodology in these Guidelines.
- The assessor **must** detail in the assessment report the process or processes by which:
 - (a) they assessed the work-related injury; and
 - (b) their application of section 22(8)(b) and (g).

If there is **no impairment from the previous or subsequent unrelated injury or cause, then there is nothing to deduct** and this **should be appropriately documented in the assessment report.**

Disregarding and deductions of impairments from other injuries or causes continued

- 1.41 Where a **prior or subsequent injury or cause needs to be considered, the assessor must consider the available evidence** (for example, clinical evidence, medical records and reports and the worker's history) in order to identify:
 - (a) the **impairment arising from any such injury or cause**; and
 - (b) **the contribution** (if any) of any such injury or cause to one, other or both the work-related injury and the impairment arising from the work-related injury.

Disregarding and deductions of impairments from other injuries or causes continued

- 1.41....
- Where a **pre-existing or subsequent injury or cause** (whether symptomatic or asymptomatic) **leading to an impairment is identified** as affecting the assessment of a work injury impairment, **the assessor must identify the impairment** from that pre-existing or subsequent injury or cause and **evaluate it, and disregard** it in undertaking the work injury assessment.

This means the **assessor must**:

- (a) **assess the portion** of the worker's current impairment attributable to the pre-existing or subsequent injury or cause; and
- (b) **deduct that portion** from the current impairment; and
- (c) **provide detailed reasoning of the assessment and how the portion was rated.**

Reasoning **must** be provided where any deduction is or is not made.

Deductions for prior payment under sections 56(6) and 58(7) of the Act (

- If a current work injury consists of an aggravation, acceleration, exacerbation, deterioration or recurrence of a previous work injury and the worker had an entitlement to, and was paid, compensation under section 58 of the Act (or a corresponding previous enactment) for that prior work injury, **the assessor is to provide a % WPI of the combined effect of the current and prior work injuries**. The worker will have the lump sum payable reduced by the dollar amount of the previous payment as required by section 58(7) of the Act.
- This methodology will also be applied, where the worker had an entitlement to and was paid compensation under section 56 of the Act, when determining a worker's entitlement to a lump sum for economic loss under section 56 of the Act.

Refusal of Treatment and Future Deterioration (unchanged)

- 1.43 If the worker has been offered, but refused or not undertaken, additional or alternative medical treatment that the assessor considers is likely to improve the worker's condition, the assessor must evaluate the current condition and treat it as "stable", without consideration of potential changes associated with the proposed treatment. The assessor **must note the potential for improvement** in the worker's condition in the evaluation report, and the reasons for refusal by the worker, but **must not adjust the degree of impairment on the basis of the worker's decision not to undergo treatment that is likely to improve their condition.**
- 1.44 If an assessor forms the opinion the worker's injury has stabilised but is expected to deteriorate in the long term, **the assessor must make no allowance for this deterioration, but note its likelihood in the report.**

Information Required for Assessments

- **1.45 The requestor is to use best endeavours to obtain all relevant information** about the onset of the injury, subsequent treatment, relevant diagnostic tests and functional assessments, if any, of the worker, and is to provide that material to the assessor. The absence of required information could result in an assessment being discontinued or deferred.
- The **requestor is to use best endeavours to obtain all relevant medical and allied health information**, including results of all clinical investigations related to the work injury that is to be assessed, and is to provide that material to the assessor.
- **The assessor should not undertake a whole person impairment assessment unless all relevant information is provided by a claims agent**, self-insured employer or ReturnToWorkSA, and in the case of a referral by the Tribunal or court, by the Tribunal or court (as the case may be). If the worker has relevant information to include, they should provide it to the requester.
- **In that event, or if in doubt, the assessor should contact the requestor** to ensure they have or are provided with all relevant information.

Information Required for Assessments continued

- **1.48** If the **assessor is unclear** about the assessment of unrelated injuries in a particular case, **the requester should be asked to provide clear instructions before the assessment is undertaken.**
- **If the requester has not provided clear instructions** for the assessor before the assessment, **the assessment must be deferred until this information is available.**

Adjustment for the effects of treatment

- 1.52 Where the effective long-term treatment of a work injury results in apparent substantial reduction or total elimination of the worker's whole person impairment, but the worker is likely to revert to the original degree of impairment if treatment is withdrawn, the assessor may increase the percentage of whole person impairment by 1, 2 or 3% WPI. **The assessor must document the % WPI increase, if applied, and document the reasoning in the report.** This increase cannot be applied where the use of medication is a criterion for the assigned rating.
- 1.53 Paragraph 1.52 applies to impairment-altering therapies including, but not limited to, insulin with respect of diabetes, seizure controlling medication with respect of epilepsy and anti-coagulant medication with respect of vascular disease.
- Paragraph 1.52 does not apply to the use of analgesics, anti-inflammatory medication for pain relief or symptom-relieving therapies such as physiotherapy treatment and massage.

Reports

1.54 A whole person impairment assessment report should be accurate, **comprehensive and fair**. It should clearly address the question or questions being asked of the assessor. In general, the *assessor will be requested to address issues* such as:

- (a) current clinical status and diagnosis, including the basis and evidence used for determining the diagnosis and whether the injury has **stabilised**; and
- (b) reasoning as to how the assessor decided to allocate an injury impairment to a particular class and, having made that allocation, selected a percentage within a percentage range, if applicable; and
- (c) the degree of whole person impairment that results from the injury; and
- (d) that **part** of whole person impairment due to any previous or subsequent injury or cause, (including condition or abnormality), if any, relevant to the impairment being assessed.

Reports continued

- 1.55 The assessment report **must** provide a **rationale consistent with the methodology and content of these Guidelines**. It **must** include a comparison of the evaluation's key findings with the impairment criteria in these Guidelines.
- **In rare circumstances**, where the evaluation is conducted in the absence of pertinent data or information, the assessor **must** indicate how the degree of impairment was determined with the limited data and justify this in detail in the report.

Report Compliance - Technical Review

1.60 **The requester**, on receipt of an assessment report, **must** check that the report complies with these Guidelines.

This confirmation is to occur via the **completion of a technical review**, which will consider whether:

- (a) the **whole person impairment calculation**, established by the assessor as part of their assessment report **is correct**; and
- (b) there are **typographical errors in the report that are material**; and
- (c) the **methodology** in conducting the assessment has been **correctly** applied as provided by these Guidelines; and
- (d) the report **includes reasoning** as to how the assessor decided to allocate an injury impairment to a **particular class** and, having made that allocation, selected a percentage **within a percentage range**, if applicable.

Report Compliance continued

1.60...

Any consideration of medical issues raised in the report or clinical judgement applied by the assessor in completing the assessment will not form part of the technical review.

If it is not clear to the requestor or that a report has been completed in accordance with these Guidelines, the requestor may seek clarification from the assessor who prepared the report.

1.61 Only reports that comply with these Guidelines may be used to determine a worker's entitlements.

Conditions which are not covered by the Impairment Assessment Guidelines/AMA5 - equivalent or analogous conditions

1.62 if this is applied then

Assessors in the report must describe the reasoning related to clinical judgement, impairment measures, the impairment analogy and the final WPI.

Inconsistent presentation

- 1.63 The assessor's "judgement, based on experience, training, skill, thoroughness in clinical evaluation, and ability to apply the Guides criteria as intended, will enable an appropriate and reproducible assessment to be made of clinical impairment." (AMAS, p11). This includes review and consideration of the available information, file material, medical reports and investigations.
- 1.64 AMAS (p19) states: "Consistency tests are designed to ensure reproducibility and greater accuracy. These measurements, such as one that checks the individual's lumbosacral spine range of motion, are good but imperfect indicators of people's efforts. The physician **must** use the entire range of clinical skill and judgement when assessing whether or not the measurements or test results are plausible and consistent with the impairment being evaluated. If, in spite of an observation or test result, the medical evidence appears insufficient to verify that an impairment of a certain magnitude exists, the physician may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing."

Notes to the Requestor (Updated)

1.66 Assessors should read and be aware of the requirements of Appendix 1: Notes to the Requestor.

- **Notes to the Requestor- Outlines**
 - Sets out requirements and responsibilities
 - Key matters to be identified
 - The need to provide clear instructions in the letter of request
 - The provision of relevant information
 - Specific guidance for selected conditions

Assessor Selection Process Chapter 17

The purpose of this chapter is to set out: -

- (a) **expectations on the timeframes** for completing a permanent impairment assessment;
- (b) the matters that need to be taken into consideration when **selecting an assessor**;
- (c) the process by which a **worker is given a choice** of who will assess their whole person impairment; and
- (d) the process to be followed if the worker elects not to choose an assessor.

It is important to note that **assessors should provide their best endeavours to meet the timeframes outlined in this chapter and the Impairment Assessor Accreditation Scheme (IAAS) for the availability of appointments and the provision of reports**, although it is noted that in some cases the timeframes may not be achievable.

Assessor Selection Process Chapter 17

17.4 **Once there is medical evidence** (for example, from the treating doctor(s) or specialist(s) that **the work injury has stabilised** and a permanent impairment assessment is required, the **worker must be given the opportunity to select the assessor** who will assess their whole person impairment caused by their work injury (unless the permanent impairment assessment is requested by the Tribunal or a court).

The worker should undertake that selection process in consultation with the requestor (claims agent, self-insured employer or ReturnToWorkSA, as relevant), considering the following factors:

- (a) the body system to which the injury/assessment relates – the assessor selected **must** be accredited for the relevant body system or systems; and
- (b) the nature and complexity of the injury; and
- (c) possible conflicts of interest; and
- (d) the availability of assessors **and appointments**; and
- (e) whether more than one assessor is required.

The **requestor must ensure the worker is aware of all the assessors who satisfy the above factors.**

Chapter 17 continued

17.6 The requestor must ensure that the worker is provided with the draft report request before it is sent to the assessor. The requestor must give the worker at least 20 business days to consider the request and provide them with an opportunity to raise any issues, errors or omissions.

Summary of Chapter 1 and 17 Changes

A whole person impairment assessment report should be accurate, comprehensive, transparent and fair.

Key changes include

Stabilised in Place of MMI

Process of Impairment Assessment Request

Communication and involvement of the worker

Clarification to the process of assessment, the assessors' role and obligations

