

# **Assessment of claims for disability support pension from people with acute or terminal illness**

**AN EXAMINATION OF SOCIAL SECURITY  
LAW AND PRACTICE**

**March 2009**

Report by the Commonwealth Ombudsman,  
Prof. John McMillan, under the *Ombudsman Act 1976*

REPORT NO. **02|2009**

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## EXECUTIVE SUMMARY

A person of working age with limited or no capacity to work because of illness, injury or disability may be entitled to one of four income support payments administered by Centrelink. Of those payments, the disability support pension (DSP) is considered to be the most generous because it:

- provides a person with the highest basic rate of payment
- requires little ongoing reporting or activity by the person
- has more generous income and assets test provisions
- does not impose a liquid assets waiting period.

The Ombudsman's office has received a number of complaints from people suffering from an acute or terminal illness who have been denied access to the increased support provided by DSP. Those complaints have drawn attention to restrictions in the current social security legislation and to problems occurring in the claim assessment process. In summary, they are:

- a lack of guidance to doctors in the current DSP medical report, with respect to questions about their patient's long term prognosis
- a lack of understanding in some instances by Job Capacity Assessment (JCA) assessors of the impact of an acute illness suffered by a patient, and a lack of financial incentive for assessors to seek additional information from medical specialists
- the unavailability of DSP for people experiencing an acute illness that is of uncertain duration.

This report makes seven recommendations to address those issues. Implementation of the first four recommendations would improve the existing DSP claim process by introducing greater transparency and predictability. The other three recommendations address the current gap in servicing and support for customers who are experiencing an acute illness with an unknown long term prognosis.

The four relevant agencies—Centrelink; the Department of Education, Employment and Workplace Relations (DEEWR); the Department of Human Services (DHS); and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)—were invited to comment on a draft of this report. They all indicated their commitment to ensuring that policy and program settings and service delivery make appropriate allowance for people who are acutely or terminally ill, and that they have appropriate income support.

The Ombudsman asks that each agency provide a status report on the implementation of relevant recommendations six months after publication of this report.

## **PART 1—INTRODUCTION**

1.1 The main income support payments available for people of working age with limited or no capacity to work because of illness, injury or disability are:

- disability support pension (DSP)
- sickness allowance (SA)
- newstart allowance (NSA)
- youth allowance (YA).

1.2 These payments have differing qualification criteria, payment rates, income and assets tests and also attract different support services. DSP is generally the most generous of these payments and also has the strictest medical qualification criteria.

1.3 In recent years, and especially since the introduction of the Welfare to Work reforms in July 2006, the Ombudsman's office has received a number of complaints from people suffering serious illnesses (such as advanced or aggressive cancers) who have been refused DSP.

1.4 In many cases these people were undergoing intensive treatment or recovering from the long term side effects of previous treatment. They were unable to work as a result, but were also unable to satisfy Centrelink that their condition was permanent for the purposes of qualifying for DSP. In some instances this resulted in people being subject to onerous activity and/or reporting requirements during a time that was already difficult for them and their families.

1.5 This report highlights the difficulties imposed upon such claimants by a strict application of the social security law and policy. These issues are illustrated by the use of case studies of complaints investigated by the Ombudsman's office, which set out the impact of current assessment processes on these customers.

## **Background**

### ***Customers with limited or no capacity to work***

1.6 It is important to understand DSP in the context of other payments. Table 1 provides a brief summary of the relevant qualification criteria for each of the payments potentially available to a person with limited or no ability to work.

**Table 1: Payments available to people with limited or no ability to work**

PAYMENT	CRITERIA
Disability support pension	<p>Paid to a person who:</p> <ul style="list-style-type: none"> <li>• is permanently blind or</li> <li>• has physical, intellectual and/or psychiatric condition/s that have been fully investigated, diagnosed and treated and are unlikely to improve significantly within the next two years and</li> <li>• has been given a rating of at least 20 points under the <i>Tables for the Assessment of Work Related Impairment for Disability Support Pension</i> (the impairment tables), in Schedule 1B of the <i>Social Security Act 1991</i> (the Act) and</li> <li>• will be prevented by their medical circumstances from working for 15 or more hours per week or retraining for such work<sup>1</sup> within the next two years.</li> </ul>
Sickness allowance	<p>Paid to a person aged 21 years or over who is employed, but is unable to do their usual work because of a temporary medical condition and has a job to return to after they have recovered.</p> <p>In certain circumstances SA may also be paid to a person who cannot continue with their full-time studies until they have recovered from a temporary medical condition.</p>
Newstart allowance	<p>Paid to an unemployed person aged 21 or over. Participation requirements are reduced in line with the assessed 'capacity to work' if they have a temporary medical condition that prevents them from working for at least 30 hours per week within the next two years.</p> <p>People with medical conditions that prevent them from working at least eight hours per week or participating in another approved activity may be exempted from activity test requirements.</p>
Youth allowance	<p>Paid to students under the age of 25 and unemployed people under the age of 21. Where they are assessed as having a temporary medical condition that prevents them from working/studying, the activity test requirements outlined for NSA above apply.</p>

1.7 DSP differs from SA, NSA and YA in a number of ways that can be important to a person suffering from a terminal illness. The financial advantages of DSP include:

- The DSP rates are generally higher than those payable to NSA, SA or YA customers. For example, from 20 September 2008, the basic rate of DSP for a single person over the age of 21 without children was \$562.10 per fortnight. By contrast, the basic rate for the same person on SA or NSA was \$449.30 per fortnight.

<sup>1</sup> Social security law provides that for DSP purposes no regard should be given to the availability of work or training in the customer's locally accessible labour market.

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- DSP attracts the more generous income and assets tests that apply to pensions.
- People claiming NSA, SA or YA may have to wait for up to 13 weeks before being paid if they have liquid assets (such as savings) of more than \$2,500 for a single person. This waiting period does not apply for DSP claims.

1.8 Of equal importance to many who are coping with the prospect that they may not survive their illness is that DSP imposes fewer ongoing requirements than SA, NSA or YA. For example:

- DSP customers are generally only subject to service updates (reviews) which are directed at people whose situation is more likely to have changed, and could include a medical service update. Some customers are not medically reviewed at all due to the severity of their impairment. Customers who qualify for NSA or YA (and are assessed as having a temporary incapacity) or SA are usually required to lodge a medical certificate at least every 13 weeks.
- NSA or YA customers who are unable to work for eight hours or more per week due to their medical condition will not be granted an exemption from activity testing if they are assessed as being able to participate in programs such as the Personal Support Program; Job Placement, Employment and Training or the Job Network. They may also be required to attend a job capacity assessment (JCA) if it is determined that they could benefit from, and be able to participate in, such a program. On the other hand, DSP is not an activity tested payment.
- Some SA, NSA and YA customers are expected to lodge continuation forms<sup>2</sup> (albeit less frequently than those with activity test requirements), while only DSP customers who have variable casual earnings might be required to regularly report on their earnings.
- SA customers are also subject to regular reviews, the first being when they have received SA for 12 weeks.

1.9 For a customer suffering from a terminal illness, DSP provides a greater sense of stability. The person can focus on dealing with the physical demands of attending treatment and its side effects, as well as the emotional impact of an illness.

1.10 Where a customer has been diagnosed with a terminal illness that has a life expectancy of less than two years, Centrelink can grant DSP on manifest grounds. This means that the claimant is not required to undergo a JCA and is granted DSP solely on the basis of the information contained in the *Medical Report—Disability Support Pension* (DSP medical report)<sup>3</sup> completed by their treating doctor and any other medical evidence lodged with the claim.

1.11 This report is concerned with customers who have a medical condition that is likely to be terminal. Broadly, this covers two categories of case. The first is where a treating doctor has not specifically stated that the illness is terminal, but an examination of the evidence (or further questioning) suggests this is likely to be the case. The second is where a person is undergoing aggressive treatment and is more likely than not to be

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<sup>2</sup> Continuation forms provide details of any income earned or job search activity undertaken during the relevant period. They assist Centrelink to assess a customer's ongoing entitlement to payment.

<sup>3</sup> The DSP medical report replaced the Treating Doctor's Report (TDR) form in September 2007. The new form is substantially similar to the TDR although the numbering is different and there are some relatively minor changes. Case studies referred to in this report were assessed using the TDR. However, the report focuses on the issues identified in relation to the DSP medical report.

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incapacitated for more than two years as a result of the condition itself or the side effects of treatment.

### **Legislation, policy and service delivery**

1.12 The core legal requirements that apply to the assessment of claims for DSP are contained in s 94 and s 95 of the *Social Security Act 1991* (the Act) and in the impairment tables. Related legislation is also found in the *Social Security Administration Act 1999*.

1.13 Policy guidelines for the assessment of DSP are provided in the *Guide to Social Security Law* (the Guide). DEEWR previously had primary responsibility for policy in relation to the application of the impairment tables, which is set out in the *Guide to the Impairment Tables for Schedule 1B*. The primary responsibility for DSP moved to FaHCSIA in late 2007 under the new administrative arrangements. Additional policy and procedural guidance for decision makers is contained in Centrelink's *e-Refs* and the *Job Capacity Assessment Service Provider Guidelines*, which are prepared by the DHS.

1.14 Primary responsibility for developing policy in this area rests with FaHCSIA, while Centrelink is responsible for service delivery.



## **PART 2—ISSUES IDENTIFIED: TERMINAL ILLNESS**

2.1 The Ombudsman's office acknowledges that the DSP qualification criteria have purposely been set to restrict access to payment by customers who are able to work and would be better off doing so. However, complaints to the Ombudsman's office suggest that the criteria are being applied in a rigid manner that is causing vulnerable members of the Australian community to be unable to access the support they need at a traumatic time in their lives. Although these customers were granted an alternative payment such as NSA, SA or YA, the aggressive medical treatment they were receiving and its weakening effect meant it was difficult for them to comply with the reporting requirements of those payments.

2.2 Investigation of these complaints highlighted problems in the following areas:

- the DSP medical report, specifically the information requested from doctors, and the information provided in the form to doctors about how to complete the report
- the interaction between the DSP medical report and the JCA
- the complexity of the assessment process.

2.3 These issues are discussed in more detail and are illustrated through case studies in this part of the report. Figure 1 on page 7 illustrates the assessment process. The assessment chart has been abbreviated and simplified for the purposes of this report, but nevertheless demonstrates the complexity and rigour of the DSP claim assessment process.

### **DSP medical report**

2.4 A DSP claimant is required to provide a DSP medical report completed by their treating doctor. The DSP medical report is designed to assist JCA and Centrelink assessors to understand the impact that the customer's illness or disability has on their ability to function, both in everyday and work activities. The sections of the form we discuss in this report are Question 1—dealing with terminal illness, and sections H, I and J of Question 3—dealing with the expected duration of the illness. A copy of the DSP medical report is at Appendix A.

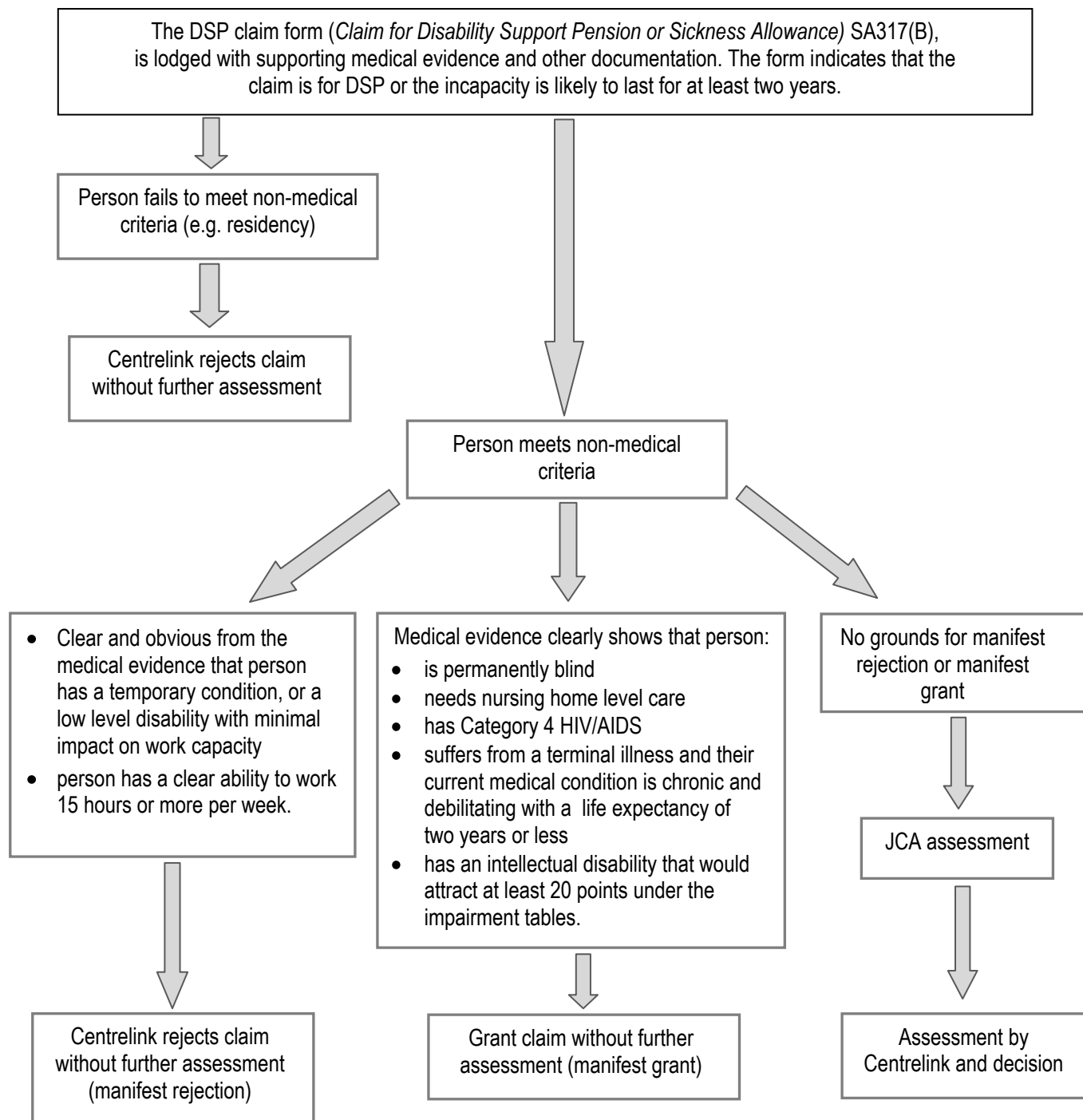
#### ***Question 1—terminal illness***

2.5 Question 1 on the DSP medical report asks 'Does the patient have a terminal condition with a prognosis of less than 24 months?' In response, the treating doctor must tick one of three boxes to answer no, uncertain or yes. If the selection made is no or uncertain, and the customer has one or more medical conditions which have a significant impact on their ability to function, the doctor is directed to a series of detailed questions about each of those conditions.

2.6 If the response to question 1 is yes, the doctor completes the diagnosis section and is then instructed to go straight to question 10 on the form. Question 10 and later questions ask the doctor to provide information on:

- how long the customer has been their patient
- whether it would be appropriate to release the medical information provided to the customer
- whether the doctor would like to discuss any aspects of the report with Centrelink
- the doctor's qualifications, contact details and suitable contact times if it is necessary for Centrelink to contact them about the report.

Figure 1: DSP claim assessment process



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2.7 In effect, if the doctor's response to question 1 is yes and a supporting diagnosis is provided, it is not necessary to answer any further questions about the customer's condition or its impact. This is consistent with the policy guidelines under which manifest inability to work is accepted and the customer qualifies to receive DSP. This applies only where the medical evidence clearly indicates that the customer's current medical condition is chronic and debilitating with a prognosis that life expectancy is 24 months or less.

2.8 The options of no, uncertain or yes offered in question 1 are, in themselves, problematic. The option of uncertain, applying to acute and terminal illnesses, seems to imply that yes or no should only be selected when the prognosis is certain. Although there are instances where a doctor can definitively say that a patient will not survive beyond 24 months, more commonly the life expectancy of a person with a terminal illness is open to speculation. The degree of certainty that is implicitly required by question 1 is not a requirement of the social security law.

2.9 It would be preferable if question 1 provided more guidance for doctors, particularly in relation to how their report will be used to assess the entitlements of a person with a terminal illness. The doctor should be instructed that their response should be based on whether the condition they are assessing will more likely than not be terminal within 24 months, rather than requiring certainty one way or the other. This applies also to factual questions that a doctor is asked to address. For example, it would be preferable if a doctor was asked whether it is more likely than not that a person cannot work for 15 hours or more per week, or it is more likely than not that a person has a life expectancy of less than 24 months.

2.10 A reformulation of the DSP medical report along these lines would help to ensure that the doctor can rely on their experience, and on quantitative data regarding recovery and mortality rates, to provide a reliable view of the patient's likely prognosis.

### ***Sections H, I and J—stabilised and likely to last for more than 24 months***

2.11 Sections H, I and J of question 3 of the DSP medical report ask the treating doctor to comment on the impact of the customer's medical condition on their ability to function, on the period of time it is likely to continue to impact in this way, and how it is expected to change in the next two years. The answers to these questions will form the basis of the opinion formed by the JCA assessor and will influence Centrelink's assessment of the customer's qualification for DSP.

2.12 Section I asks whether the current impact of the condition on the person's ability to function is expected to persist for less than 3 months, 3–24 months or more than 24 months. If the doctor chooses the option more than 24 months, answering the question at section J should be unnecessary. However, the doctor is still required to assess whether the effect of the condition on the person's ability to function within the next two years is expected to significantly improve, somewhat improve, fluctuate, remain unchanged, deteriorate, uncertain or not applicable.

2.13 The 'uncertain' option in section J is unhelpful and may be misleading. The doctor should be asked questions about what is more likely than not to happen rather than for certainty. The fact that the doctor is not certain of the prognosis says nothing about his or her opinion of what is most likely to occur. The significance of this is highlighted by paragraph 3.6.2.100 of the Guide, which sets out how Centrelink staff should interpret the answer provided by the doctor at section J. Table 2 is taken from this part of the Guide.

**Table 2: Extract from the Guide to Social Security Law, on the ‘Indicators on the TDR [DSP medical report] of whether a condition is stabilised’**

<b>If the doctor indicates that within two years the effect of the condition on the patient’s ability to function is expected to ...</b>	<b>Then ...</b>
significantly improve	this may indicate the condition IS NOT stabilised
somewhat improve	this may indicate the condition IS NOT stabilised
fluctuate	all evidence needs to be considered to determine stability
remain unchanged	this may indicate that the condition IS stabilised
deteriorate	all evidence needs to be considered to determine stability
uncertain	this may indicate the condition IS NOT stabilised

2.14 As can be seen from the table, if a doctor indicates that he or she is uncertain whether a patient’s condition will improve or deteriorate, a JCA assessor or decision maker may use this as a basis for deciding that the condition cannot be regarded as permanent.

2.15 As with question 1, it would be better if the form was re-worded to ask for a doctor’s opinion on what is more likely than not to occur in the patient’s case, rather than expecting a prediction of certainty. This is important, as doctors complete these forms on the basis of the information contained within them, and are not generally provided with the context of how their answers will be applied by a JCA assessor or a Centrelink decision maker.

#### **RECOMMENDATION 1**

The DSP medical report should be amended to include a guide to answering each of the questions, including how the various answers might be interpreted by a JCA assessor or Centrelink officer.

2.16 The case study *Predicting an outcome* illustrates the difficulty of predicting the outcome of a potentially terminal illness with any certainty. The case study also illustrates the confusion that the current DSP medical report wording causes by asking for such certainty.

#### **CASE STUDY: Predicting an outcome**

Mr A claimed DSP when he was no longer able to work because of an aggressive cancer (inoperable malignant tumour). His treating doctor answered uncertain to question 1 on the DSP medical report and indicated that the current impact on Mr A’s ability to function was likely to persist for three to 24 months and that its effect over the next two years was uncertain.

A JCA concluded that Mr A’s medical condition was temporary. On that basis the DSP claim was rejected. Mr A was granted SA because he had been self-employed and theoretically had a job to return to. However SA involved a ‘liquid assets waiting period’ before payment could commence. This was because Mr A had approximately \$6,000 in a savings account, which he claimed was earmarked to pay for some anticipated work-related expenses as well as for his funeral.

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In the course of investigating Mr A's complaint, the Ombudsman's office identified that the nature of his condition and treatment may have made it difficult for the treating doctor to predict the long term impact of his diagnosis, or for the JCA assessor to be satisfied that Mr A's condition was permanent for the purposes of social security law.

At our suggestion Centrelink made direct contact with Mr A's oncologist to seek additional information about his condition, including the likelihood that he would recover to a point where he could undertake or actively pursue paid employment. The oncologist advised Centrelink that Mr A would probably die within 24 months, notwithstanding any life-prolonging treatment he might receive.

In the DSP medical report provided to follow up that contact, the doctor answered yes to question 1, indicating that Mr A had a terminal illness with a prognosis of less than 24 months, while also indicating that the current impact of the condition was expected to persist for more than 24 months and that its effect on his ability to function within two years was uncertain.

On the basis of the additional information, Centrelink reviewed its decision and granted Mr A DSP from the original date he lodged his claim.

2.17 Mr A was granted DSP because his doctors were able to provide a more confident prognosis based on additional information. In many cases of serious and potentially life-threatening illness, even a prediction of what is more likely than not may be difficult. This is especially true in cases where a doctor refers a patient for aggressive or invasive treatment that may or may not lead to the condition improving or returning to 'normal'.

### **RECOMMENDATION 2**

Question 1 and sections H, I and J of Question 3 of the DSP medical report should provide doctors with more information about the context in which their report will be applied, especially as it relates to people with acute or terminal illnesses.

2.18 Another issue arising in cases such as Mr A's is that a doctor might be reluctant to indicate their patient's illness is likely to be terminal, especially if the doctor has not discussed this prognosis with the patient. The instructions on the front of the DSP medical report advise doctors to return this report and any attachments as soon as possible directly to us, or if you prefer, you can give the report and any attachments to your patient to return to us. Question 11 on the form asks whether it contains any information which might be prejudicial to the patient's physical or mental health. Where such a risk exists, the doctor should return the form directly to Centrelink. It would also be open to a doctor to use this 'direct return' option where the doctor wishes to convey information to Centrelink that the doctor does not wish to convey to the patient.

2.19 The current form does not provide specific details of how the doctor can return a completed form directly to Centrelink. This could easily be remedied by providing a centralised address for the return of all DSP medical reports.

### **RECOMMENDATION 3**

Consideration should be given to updating the DSP medical report form to provide a central point of 'direct return' within Centrelink.

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2.20 It is likely that in some instances a patient will pressure a doctor to give them the form to submit, to avoid delay in processing a DSP claim. This could cause a doctor to be less candid than if the form was sent directly to Centrelink. At question 12 the form invites a doctor to indicate if they wish to discuss a matter further with a JCA assessor or Centrelink decision maker.

### **Interaction between JCAs and DSP medical report information**

2.21 When a person claims DSP and the DSP medical report and other evidence does not satisfy Centrelink that the manifest criteria have been met, the person will usually be referred for a JCA. These assessments are conducted by allied and other health professionals, who are required to obtain all the relevant medical evidence from Centrelink before conducting an assessment. This assessment will generally be conducted in person, although in certain cases it may be conducted by telephone or based entirely on the written evidence.

2.22 The JCA assessor is required to complete a report for Centrelink addressing various matters, including:

- whether a medical condition is temporary or permanent
- a person's impairment rating
- whether the person has a continuing inability to work.

2.23 These matters are at the heart of the DSP qualification criteria—the JCA assessor's report forms the basis of Centrelink's decision to grant or reject DSP. It is therefore important that the JCA is as accurate as possible, particularly if the claimant is acutely ill and may be in no condition to challenge the decision.

2.24 Unfortunately, as discussed in an earlier Ombudsman report<sup>4</sup>, there are difficulties with the current JCA practice and policy as it applies to people with a possible terminal illness. One difficulty relates to the skills and experience of the assessors, in that a wide range of professionals including medical practitioners, psychologists, occupational therapists, physiotherapists, registered nurses, rehabilitation consultants, exercise physiologists and social workers are currently engaged to carry out JCAs.

2.25 There is a risk that a person with cancer or another life-threatening illness will not necessarily be assessed by a professional with expertise in, or knowledge of, their particular condition. In such cases the assessor will, understandably, tend to rely heavily on the information the treating doctor includes in the DSP medical report. This underscores the importance, recommended earlier in this report, of revising the DSP medical report to ensure that information provided by a doctor is comprehensive and that its relevance is understood.

2.26 The case study *Limited information* highlights the difficulty of a JCA assessor relying on the limited information provided by a treating doctor and the difficulty of the JCA assessor having little or no knowledge of the likely prognosis of particular conditions.

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<sup>4</sup> Commonwealth Ombudsman, *Implementation of job capacity assessments for the purposes of Welfare to Work initiatives*, Report No 5/2008, available at [www.ombudsman.gov.au](http://www.ombudsman.gov.au).

**CASE STUDY: Limited information**

As part of her treatment for leukaemia Ms B commenced aggressive chemotherapy and radiation therapy almost immediately. The DSP medical report completed by her treating doctor indicated that she did not have a terminal condition with a prognosis of less than 24 months and that her condition was likely to improve significantly within the next two years. Nor did the doctor indicate that he would like to discuss any aspect of his report with Centrelink.

An assessor conducted a JCA on Ms B on the basis of the information provided in the DSP medical report. Although the doctor's diagnosis indicated Ms B had a particularly aggressive and usually terminal form of leukaemia, the JCA assessor did not have the necessary information to identify that Ms B's condition was serious and likely to prevent her from working for more than 24 months.

Centrelink rejected Ms B's DSP claim on the basis that it was not satisfied her condition was permanent for the purposes of the social security law. Instead she was granted NSA with an exemption from the activity test on the basis of medical certificates from her treating doctor. Despite this exemption from job search activities, Ms B was still required to submit a continuation for payment form to Centrelink every ten weeks.

The Ombudsman's office noted that in light of her ongoing and exhausting treatment it was physically difficult for Ms B to obtain and submit new medical certificates quarterly and a continuation for payment form every ten weeks.

As a result of our intervention, Ms B's doctor provided further information that revealed that his initial prognosis and Ms B's own assessment of her circumstances had been overly optimistic. It had become clear that there would be no significant improvement in her condition for at least two years.

Based on this information Centrelink decided to review its original decision and grant Ms B DSP from the original date of claim.

2.27 In Ms B's case, it was not until the Ombudsman's office became involved and questioned her prognosis that her situation was resolved. One difficulty in such cases is that complications may not become apparent in the early stages of treatment and a doctor may be optimistic and encouraging towards the patient. This may lead the treating doctor to indicate that the condition is likely to improve significantly in the near future. Faced with that apparently clear evidence, the JCA assessor would see no need to contact the treating doctor for clarification. There is an added risk, if the illness becomes more serious, that the patient is not well enough physically or emotionally to challenge Centrelink's decision or to reclaim DSP. All those problems occurred in Ms B's case.

2.28 Current practice and policy does little to encourage contact between the JCA assessor or Centrelink decision maker and the treating doctor. Paragraph 4.7.1 of the *Job Capacity Assessment Service Provider Guidelines* (the Guidelines) states that treating doctors and other health professionals may need to be contacted to:

- clarify/discuss information provided in the TDR [DSP medical report] or medical certificate
- confirm the existence of a customer-reported medical condition
- obtain information on treatment regimes
- discuss suitability of certain interventions
- raise or discuss suspected undiagnosed conditions.

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2.29 The Guidelines also state that JCA assessors are expected to undertake whatever liaison is necessary in order to ensure that all relevant medical evidence has been taken into consideration. The Guidelines further state that no additional fee will be paid for this function. Where the DSP medical report appears to be straightforward, the JCA assessor may lack the expertise to understand that clarification is necessary. If further investigation is not remunerated, there may be little incentive for the assessor to approach the treating doctor to ensure that the assessor's understanding of the claimant's condition is accurate.

2.30 According to paragraph 4.7.2 of the Guidelines, assessors are expected to take reasonable steps to contact treating doctors and other professionals where required, saying 'Generally, two attempts via telephone over two days would be considered reasonable'. The paragraph then instructs the assessor to keep records when such attempted contacts affect the ten-day timeliness standard.

2.31 It is important that a terminally ill person is placed on the right payment—two attempted phone calls over two days is not sufficient to ensure that this occurs. The need to process claims efficiently and to comply with timeliness standards are legitimate considerations, but should not override the right decision being made.

**RECOMMENDATION 4**

The JCA procedures should encourage JCA assessors to seek additional medical information from a treating doctor or other medical professional if, based on the assessor's knowledge and experience, they consider there is a high probability that the person's medical condition is likely to be terminal.



## PART 3—ISSUES IDENTIFIED: ACUTE ILLNESS

3.1 If the recommendations outlined in Part 2 were implemented, the assessment of DSP claims for those with an acute or terminal illness (and for claimants generally) would be more transparent and more consistent with the spirit of the social security law. In addition to those changes, there is a class of acutely ill people in the Australian community who do not and cannot satisfy the DSP assessment criteria.

3.2 People experiencing acute illness, even if not terminally ill, will often require as much financial assistance as can reasonably be provided. A person so affected will benefit from being able to focus on their treatment or recovery without the pressure of activity testing or reporting requirements that accompany income support payments such as NSA, SA and YA. The case study *Problems responding* is an example of the difficulties that can face a seriously ill person who cannot be paid DSP.

### **CASE STUDY: *Problems responding***

Ms C was undergoing chemotherapy for leukemia when she applied for DSP. Her treating doctor indicated that the condition was likely to improve within the next two years and Centrelink rejected her claim. Centrelink also told Ms C that she would need to undergo a two-hour JCA, although a file assessment was subsequently done instead as Ms C was in hospital.

Over a month after claiming DSP, Ms C was granted NSA with a medical exemption. She was required to lodge continuation for payment forms every 12 weeks and a medical certificate every 13 weeks. When Centrelink did not receive a continuation form, Ms C's NSA was automatically cancelled and it took Centrelink more than a month to restore her payment.

3.3 Clear examples of people who are likely to struggle with regular reporting requirements include those who:

- have suffered a stroke
- have suffered a serious heart attack
- are suffering organ failure or recovering from an organ transplant
- are recovering from brain injury
- are undergoing or recovering from aggressive cancer treatments.

3.4 For many of those people their doctor (and, in turn, Centrelink) could not, on the balance of probabilities, be satisfied that their condition will continue without significant improvement for more than 24 months. Generally, however, the doctor will be able to provide an estimate of the minimum period during which the patient will be completely unable to participate in work. The lack of certainty about the 'permanence' of the claimant's condition disqualifies them for DSP under current criteria. Many remain too ill to satisfy the reporting (or other) requirements accompanying NSA or YA, even if the requirements are reduced in recognition of their condition.

3.5 There may be merit in a new category of payment for people with an aggressive illness that will either require a lengthy period of treatment or recovery, or require additional investigation to identify a more conclusive prognosis. A benefit category of that type would provide a customer with the increased financial assistance needed to meet

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medical and other expenses, while limiting the period during which the customer would be exempt from the activity or reporting requirements associated with NSA, SA and YA.

3.6 As with DSP, stringent qualification criteria could apply to this new category to ensure it is available only to people whose condition warrants increased assistance and reduced responsibility. It may be appropriate to consider creating a list, similar to that associated with carer payment (child), which lists the conditions (and stages of illness, where appropriate) that would automatically qualify a claimant for payment.

3.7 These changes would help to ensure that those in dire need of assistance in the short to medium term are able to access the level of assistance they need until their condition improves, or a more conclusive prognosis is identified (which may, in turn, qualify them for DSP).

### **RECOMMENDATION 5**

Consideration should be given to developing a new category of payment that is available to customers experiencing an illness that requires a lengthy period of treatment or recovery, or requires additional investigation to identify a more conclusive prognosis. A recipient of this payment could be placed on an appropriate medical review cycle (possibly six or 12 monthly).

### **RECOMMENDATION 6**

Consideration should be given to creating a list of conditions (including the stage or severity of illness where appropriate) that would automatically qualify a customer for the new payment.

3.8 If the creation of a new payment type is not achievable, it may be appropriate to consider amending the policy and administrative arrangements for NSA and YA to grant customers with acute illness greater relief from activity testing and reporting requirements. At present, NSA and YA customers must provide a new medical certificate at least every 13 weeks and must fulfil reporting requirements at least every 12 weeks.

3.9 This is the case even where a JCA assessor identifies that a person will probably be temporarily incapacitated for work for a lengthy period (in some cases, up to two years). In such cases, these requirements can impose seemingly unnecessary administrative hurdles for a person already undergoing a difficult and prolonged period of treatment or rehabilitation.

3.10 Where a person's treating doctor is able to give a considered estimate of the minimum period of recovery or further investigation (usually by a medical certificate), it may be appropriate to allow a person a longer exemption from their activity test reporting requirements—possibly up to 12 months. This could give practical effect to the recommendation of the JCA assessor (where applicable) by recognising the limits imposed by their incapacity and, in turn, allow the person to focus more fully on their treatment or recovery.

### **RECOMMENDATION 7**

If a new payment cannot be developed, consideration should be given to amending the policy and administrative arrangements for NSA and YA for people experiencing an illness that requires a lengthy period of treatment or recovery. These changes would allow Centrelink to grant affected people lengthier periods of exemption from the activity test and income reporting requirements.

## PART 4—RECOMMENDATIONS AND AGENCY RESPONSES

4.1 Centrelink, DEEWR, DHS and FaHCSIA were invited to comment on an initial draft of this report. All agencies indicated their commitment to ensuring that policy and program settings and service delivery make appropriate allowance for people who are acutely or terminally ill, and that they have appropriate income support.

4.2 Specific agency responses have been set out under each of the recommendations below.

4.3 The Ombudsman asks that each agency provide a status report on the implementation of relevant recommendations six months after publication of this report.

### **RECOMMENDATION 1**

The DSP medical report should be amended to include a guide to answering each of the questions, including how the various answers might be interpreted by a JCA assessor or Centrelink officer.

### **RECOMMENDATION 2**

Question 1 and sections H, I and J of Question 3 of the DSP medical report should be amended to provide doctors with more information about the context in which their report will be applied, especially as it relates to people with acute or terminal illnesses.

4.4 These recommendations were supported, with each agency seeing value in increasing support to medical practitioners and facilitating their involvement in the process.

#### ***Centrelink response***

Medicare Australia, in conjunction with Centrelink, has a GP hotline where doctors can ring for assistance with Centrelink medical forms. The Secretary has asked staff to explore further options to assist doctors in completing the DSP medical report. These options may include allowing doctors to complete the medical report online, enhancing the hotline and developing a kit to assist doctors. The options and associated funding will also need to be discussed with policy departments.

#### ***FaHCSIA response***

In principle FaHCSIA supports the recommendation to provide informative guidance for the users of the form and to draw the required responses and level of detail.

FaHCSIA would be supportive of a process that includes consultation with doctors; the strengthening of Centrelink and DHS operational guidelines; and a separate information kit available for doctors rather than bulking up of the existing form (a form that has a longstanding history with the medical community as being too long) with additional guiding statements.

#### ***DHS response***

DHS supports improvements to the information provided to assist doctors to complete the DSP medical information report, and understand that Centrelink is exploring this issue.

### **RECOMMENDATION 3**

Consideration should be given to updating the DSP medical report form to provide a central point of 'direct return' within Centrelink.

4.5 This recommendation applies to Centrelink which supported the recommendation.

#### ***Centrelink response***

Centrelink agrees that doctors should have a central point in Centrelink to return DSP medical reports when the doctor feels that information contained in the medical report should not be disclosed to the customer. The Secretary has asked staff to investigate this option.

### **RECOMMENDATION 4**

The JCA procedures should encourage JCA assessors to seek additional medical information from a treating doctor or other medical professional if, based on the assessor's knowledge and experience, they consider there is a high probability that the person's medical condition is likely to be terminal.

4.6 Agencies supported this recommendation to facilitate communication between JCAs and treating doctors to clarify claimants' medical conditions.

#### ***Centrelink response***

Centrelink will liaise with DHS, in its consideration of changes to the JCA procedures and, in particular, how the proposed changes impact on Centrelink's process.

#### ***DHS response***

DHS supports improved communications between doctors and JCAs. Following work with the Commonwealth Ombudsman in 2008, DHS has been working with JCA service providers to improve communications with doctors and to ensure that assessors make every effort to contact the customer's doctor when clarification of the medical evidence is required. DHS will particularly highlight to assessors the importance of doing this for customers who are seriously and acutely ill.

Where the customer is not able to provide sufficient medical evidence, funding is available for the JCA to refer them for specialist medical or psychological assessment. Currently this occurs in about five per cent of cases. This can be an important option for people who may have a serious condition.

#### ***FaHCSIA response***

FaHCSIA supports ensuring the provision of training material regarding customers with terminal illness that is current and clear; and to re-issue advice that reminds Centrelink staff, as well as JCAs to look at the medical report critically; to clarify inconsistencies with doctors; and where appropriate to investigate and consider relevant information already gathered for the customer in relation to another payment. JCAs are requested to contact the treating doctor if they are unsure of the prognosis of a medical condition.

#### **RECOMMENDATION 5**

Consideration should be given to developing a new category of payment that is available to customers experiencing an illness that requires a lengthy period of treatment or recovery, or requires additional investigation to identify a more conclusive prognosis. A recipient of this payment could be placed on an appropriate medical review cycle (possibly six or 12 monthly).

#### **RECOMMENDATION 6**

Consideration should be given to creating a list of conditions (including the stage or severity of illness where appropriate) that would automatically qualify a customer for the new payment.

4.7 Agencies found these two recommendations the most contentious in the report. DEEWR did not support them, and FaHCSIA and DEEWR considered them in light of work currently being undertaken to review DSP more broadly. Centrelink maintained its willingness to work with relevant policy departments on service delivery requirements for the establishment of any new category of payment or changes to existing policy relating to the assessment of any current payments.

#### ***DEEWR response***

DEEWR does not support these recommendations.

The creation of a new payment would add significant administrative costs and complexity to the social security system. DEEWR regards Recommendation 7 as a better approach.

#### ***DHS response***

DHS supports the need for further work to ensure that policy and program settings appropriately provide for people who are not able to meet participation requirements because they are undergoing treatment or recovery from a serious illness.

On pages 8–9 of the draft report, it is suggested that doctors could be required to indicate on the Medical Information form for DSP, whether or not, on the balance of probabilities, a condition is likely to be terminal. This would be in place of the current tick boxes with ‘yes/no/uncertain’.

This could be inappropriate in those circumstances where the doctor believes it is not in the person’s best interest to disclose this information. It is important that the doctor can use his or her own professional judgement in deciding how and when to communicate with the patient, particularly in regard to a condition which is potentially terminal.

A preferable approach could be that the Centrelink decision maker contacts the doctor in cases where ‘uncertain’ has been ticked, to ensure that a person whose condition is likely to be terminal can receive appropriate income support. I understand that this approach was suggested by Centrelink and discussed in meetings with your office.

If DSP is to be granted in cases where a condition is clearly not terminal, it would be important to have review arrangements in place so that, after two years or some suitable period of time, customers who have made a full recovery, or whose condition is sufficiently well managed, can be supported to return to work if appropriate, to increase their income and social engagement. This is consistent

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with the Government's commitment to support economic and social participation of people with disabilities.

### ***FaHCSIA response***

FaHCSIA, DHS, Centrelink and DEEWR are in agreement that the policy requirements for NSA and YA recipients experiencing an illness that requires a lengthy period of recovery should be reconsidered with a view to responding more sensitively to people with long term recovery and long term treatment. The responsibility for NSA and YA payments lies with DEEWR.

A number of Government reviews are underway considering DSP eligibility, assessment and payment rates. It would not be appropriate to consider setting up a new strategy of payment prior to then. Consideration of these broader issues will take into account people in these circumstances.

FaHCSIA will consider improved assessment for qualification of customers with acute and terminal illness in future policy developments processes.

### ***Ombudsman comment***

The Ombudsman welcomes the government reviews referred to, and notes that where these recommendations are not accepted action in relation to recommendation 7 provides an opportunity to mitigate the negative effects of the current policy on those suffering from acute or terminal illness.

### **RECOMMENDATION 7**

If a new payment cannot be developed, consideration should be given to amending the policy and administrative arrangements for NSA and YA for people experiencing an illness that requires a lengthy period of treatment or recovery. These changes would allow Centrelink to grant affected people lengthier periods of exemption from the activity test and income reporting requirements.

4.8 As with recommendations 5 and 6, Centrelink advised that it will continue to work with relevant policy departments on service delivery requirements for the establishment of any new category of payment or changes to existing policy relating to the assessment of any current payments. DHS and FaHCSIA advised that they will consider this recommendation in the context of government reviews currently underway relating to DSP eligibility, assessment and payment rates.

### ***DEEWR response***

DEEWR will consider possible policy and/or administrative changes to assist NSA and YA recipients who have serious illnesses requiring debilitating treatment and/or lengthy periods of recovery.

### ***FaHCSIA response***

See the response to Recommendation 5, which supports a reconsideration of processes for people with lengthy periods of treatment and recovery. FaHCSIA considers DEEWR is best placed to respond to Recommendation 7.

FaHCSIA also intends to review and amend where necessary guide topic 3.6.2.100 *DSP Assessment of impairment ratings* in consultation with Centrelink and DHS. This guide topic helps Centrelink staff interpret information on the medical report for DSP.

## ACRONYMS AND ABBREVIATIONS

the Act	<i>Social Security Act 1991</i>
DEEWR	Department of Education, Employment and Workplace Relations
DHS	Department of Human Services
DSP	Disability Support Pension
DSP medical report	<i>Medical Report—Disability Support Pension</i>
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
the Guide	<i>Guide to Social Security Law</i>
the Guidelines	<i>Job Capacity Assessment Service Provider Guidelines</i>
GP	general practitioner
impairment tables	<i>Tables for the Assessment of Work Related Impairment for Disability Support Pension, Schedule 1B, Social Security Act 1991</i>
JCA	Job capacity assessor
NSA	newstart allowance
SA	sickness allowance
TDR	treating doctor's report
YA	youth allowance

## APPENDIX 1—DSP MEDICAL REPORT



### Medical Report Disability Support Pension

#### Customer's details

Name	<input type="text"/>			
Address	<input type="text"/>			
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	CRN	<input type="text"/>	<input type="text"/>
Phone number	( <input type="text"/> ) <input type="text"/>			

**This report must be completed by the customer's treating doctor**

#### Instructions for the customer

- 1 Complete your details above.**
- 2 Make an appointment with the doctor or specialist. When you make your appointment, please let the receptionist know that you will need this report completed.**

The time taken to complete the medical report may be claimed by your doctor under a Medicare item when included as part of a consultation. If your doctor does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.
- 3 Read and sign this Authority to release information.**
  - I authorise Centrelink to obtain any relevant medical information necessary to decide my qualification for pension, allowance, eligibility for employment assistance or access to the Supported Wage System from my doctor(s), or other registered medical practitioner(s) whom I have consulted, or to whom I may be referred by Centrelink upon the recommendation of a Job Capacity Assessor; and
  - I give permission for any relevant medical details and clinical notes about me to be supplied to a Job Capacity Assessor; and
  - I give permission for my doctor(s) to exchange relevant information with Centrelink, and/or a Job Capacity Assessor about my medical condition(s) and any other relevant barriers impacting on my ability to participate in assistance programs in order for Centrelink to decide correct payments and suitable services and programs for myself and where relevant third parties; and
  - If I am required to have a further assessment in addition to the assessment by the Job Capacity Assessor, I authorise Centrelink or the Job Capacity Assessor to release this medical report and other relevant documents to the assessing practitioner or agency.

Customer's signature

Date

- 4 Give this report to the doctor to complete.**

#### Instructions for the doctor

##### This report may be used to:

- decide which payment your patient may be medically eligible for
- decide if your patient could benefit from vocational rehabilitation or training
- decide if your patient is able to enter the Supported Wage System.

##### Payment for your report

We have asked your patient to let you know at the time of making their appointment that they require you to complete this report. This is to ensure that you have sufficient time for the examination.

The time taken to complete the medical report may be claimed under a Medicare item when included as part of a consultation.

##### Completing this report

In this report you will be asked to provide details of your patient's medical condition(s). Please complete all the required questions in this report. If you have any questions about this report, call Centrelink on **13 2717**.

##### Returning this report to us

You can give this report and any attachments to your patient or you can return this report directly to Centrelink.

##### For information about confidentiality and disclosure of information

See questions 11 and 14.

##### Thank you for your assistance



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Please use black or blue pen.

- 1 Does the patient have a terminal condition with a prognosis of less than 24 months?

No ☐ **Go to next question**  
Uncertain ☐  
Yes ☐ **Diagnosis**

**Go to 10**

- 2 Does the patient have one or more medical conditions that have a **significant impact** on their ability to function?  
(e.g. ability to sit/stand/move, endurance, communication, cognitive function, ability for self care, need for support in activities of daily living)

No ☐ **You do not need to complete question 3. Go to 4**  
Yes ☐ **Go to next question**

- 3 Give details about the conditions that have a **significant impact** on the patient's ability to function.  
List conditions in order of degree of impact on ability to function, starting with condition with most impact.

### Condition 1—condition with most impact

#### Diagnosis

##### A Diagnosis

The diagnosis is...

Confirmed ☐

Presumptive ☐ Are further investigations/tests planned to confirm the diagnosis?

No ☐

Yes ☐

Date of onset (if known)

/ /

Date of diagnosis (if confirmed)

/ /

#### Clinical features

##### B History

Provide details including etiology, precipitating factors, underlying causes, results and dates of investigations/procedures and specialist consultations (e.g. radiology, pathology, RFTs, specialist reports).

##### C Current symptoms

Provide details of the current clinical features and symptoms, including frequency and severity, experienced by the patient due to this condition. Be specific in indicating the severity of the medical impairment.

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## Condition 1—continued

### Treatment

#### D Current treatment

Provide details of all current treatment for this condition (e.g. surgery, medication, counselling, physical therapy, rehabilitation).  
Include specific details such as dates of commencement of treatment, frequency, duration, types, etc.


#### E Past treatment

Provide details of all significant past treatment, duration and responses.  
Include specific details such as dates of commencement of treatment, frequency, duration, types, etc.


#### F Future/planned treatment

Provide details of any further scheduled or proposed treatment with estimates of likely dates of commencement and expected duration.


#### G Patient's compliance with recommended treatment

Very compliant ☐ Usually compliant ☐ Rarely compliant ☐ Uncertain ☐

Detail any issues related to assessing or undertaking suitable treatment that affect the level of compliance.


### Impact on ability to function

#### H Details about how this condition currently affects the patient's ability to function

Be specific and consider the effects due to the condition alone.

Consider:

- |                             |  |
|-----------------------------|--|
| • ability to sit/stand/move | • ability for self care  |
| • endurance                 | • need for support in activities of daily living                 |
| • communication             | • need for high levels of care (e.g. nursing home level of care) |
| • cognitive function        | • any adverse effects of treatment.                              |


#### I The current impact of this condition on the patient's ability to function is expected to persist for:

Less than 3 months ☐ 3-24 months ☐ More than 24 months ☐

#### J Within the next 2 years the effect of this condition on the patient's ability to function is expected to:

Significantly improve ☐ Somewhat improve ☐ Fluctuate ☐  
Remain unchanged ☐ Deteriorate ☐ Uncertain ☐ Not applicable ☐

Provide details, if relevant


For a second condition that has a significant impact on ability to function, go to the next page.  
If there are no other conditions that have a significant impact on ability to function, go to 4.

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## Condition 2

### Diagnosis

#### A Diagnosis


The diagnosis is...

Confirmed ☐

Presumptive ☐ Are further investigations/tests planned to confirm the diagnosis?

No ☐

Yes ☐

/	/
---	---

Date of diagnosis (if confirmed)

/	/
---	---

### Clinical features

#### B History

Provide details including etiology, precipitating factors, underlying causes, results and dates of investigations/procedures and specialist consultations (e.g. radiology, pathology, RFTs, specialist reports).


#### C Current symptoms

Provide details of the current clinical features and symptoms, including frequency and severity, experienced by the patient due to this condition. Be specific in indicating the severity of the medical impairment.


### Treatment

#### D Current treatment

Provide details of all current treatment for this condition (e.g. surgery, medication, counselling, physical therapy, rehabilitation). Include specific details such as dates of commencement of treatment, frequency, duration, types, etc.


#### E Past treatment

Provide details of all significant past treatment, duration and responses. Include specific details such as dates of commencement of treatment, frequency, duration, types, etc.


#### F Future/planned treatment

Provide details of any further scheduled or proposed treatment with estimates of likely dates of commencement and expected duration.


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**Condition 2—continued**

**Treatment—continued**

**G Patient's compliance with recommended treatment**

Very compliant ☐ Usually compliant ☐ Rarely compliant ☐ Uncertain ☐

Detail any issues related to assessing or undertaking suitable treatment that affect the level of compliance.

----------

**Impact on ability to function**

**H Details about how this condition currently affects the patient's ability to function**

Be specific and consider the effects due to the condition alone.

Consider:

- |                             |  |
|-----------------------------|--|
| • ability to sit/stand/move | • ability for self care  |
| • endurance                 | • need for support in activities of daily living                 |
| • communication             | • need for high levels of care (e.g. nursing home level of care) |
| • cognitive function        | • any adverse effects of treatment.                              |

----------

**I The current impact of this condition on the patient's ability to function is expected to persist for:**

Less than 3 months ☐ 3-24 months ☐ More than 24 months ☐

**J Within the next 2 years the effect of this condition on the patient's ability to function is expected to:**

Significantly improve ☐ Somewhat improve ☐ Fluctuate ☐  
Remain unchanged ☐ Deteriorate ☐ Uncertain ☐ Not applicable ☐

Provide details, if relevant

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If there are more than 2 conditions that have a **significant impact** on ability to function, attach a separate sheet with details.

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- 4** Does the patient have any other medical conditions that are generally well managed and that cause **minimal or limited impact** on ability to function?

No ☐ Go to next question

Yes ☐ Give details below

Condition (diagnosis)	Treatment	Significant improvement expected?	Impact on ability to function
<b>1</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>2</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>3</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>4</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>	

If there are more than 4 medical conditions that have a **minimal or limited impact** on ability to function, attach a separate sheet with details.

- 5** Has the patient been hospitalised in the past 12 months?

No ☐ Go to next question

Yes ☐ Give details below

Condition (diagnosis)	Date of admission	Duration	Reason
<b>1</b>	/ /		
<b>2</b>	/ /		

If the patient has been hospitalised more than twice in the last 12 months, attach a separate sheet with details.

- 6** Are the relevant specialist reports and/or investigation reports attached?

Yes ☐ For the following conditions

Will provide on request ☐ For the following conditions

Not available ☐

Not applicable ☐

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**7** Other information that you would like to provide.

This may include, but is not restricted to, comments in relation to the patient's life circumstances such as socio-economic, socio-cultural, educational and employment factors, general ability to cope/manage, etc.


**8** Does the patient have a temporary (less than 24 months) reduction in ability to function because of their medical condition(s)?

No ☐ **Go to 10**

Yes ☐ **Go to next question**

**9** Do you wish to provide medical certificate details on this report?

No ☐ **Go to next question**

Yes ☐ **Certification**

I examined this person on  /  /

In my opinion this person is temporarily unfit for work/study from  /  /  to  /  /

In my opinion this person can ☐ cannot ☐ currently do their usual work/study, or any other work for 8 hours or more per week.

**10** This person has been: my patient since  /  /

a patient at this practice since  /  /

**11 Release of medical information**

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in your report which, if released to your patient, may harm his or her physical or mental well-being, please identify it and briefly state below why you believe it should not be released directly to the patient. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released to the patient, might be prejudicial to his/her physical or mental health?

No ☐ **Go to next question**

Yes ☐ Identify the information and state why it should not be released directly to the patient.


**Please return this report directly to Centrelink.**

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**12** Would you like to discuss any aspects of this report with Centrelink?

No ☐

Yes ☐ Int

**13** If someone from Centrelink, or another assessor nominated by Centrelink, needs to contact you to discuss any aspects of this report, what days/times suit you?

Day	Time	To
<input type="text"/>	: am pm	: am pm
<input type="text"/>	: am pm	: am pm

**14** **Confidentiality of Information** The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

**15** Details of doctor completing this report

Please print in BLOCK LETTERS or use stamp.

Name

Professional qualifications

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Phone number

Signature

Date

Stamp (if applicable)

### Returning this report

**You can give this report and any attachments to your patient or you can return this report directly to Centrelink. However, if you answered 'Yes' at question 11, please make sure to return this report directly to Centrelink.**