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Dr Murray Wright PSM MB BS FRANZCP
Special Advisor
Independent Review of the PIRS
NSW Workers Compensation Scheme

Sent via email: pirsreviewproject@sira.nsw.gov.au

Dear Dr Wright,

APS feedback responding to Psychiatric Impairment Rating Scale (PIRS) Review Issues Paper

The Australian Psychological Society (APS) commends the New South Wales (NSW) Government for establishing a comprehensive independent review of the Psychiatric Impairment Rating Scale (PIRS, the Review). The APS is the leading professional association for psychologists in Australia. We are committed to advancing the science, ethical practice and application of psychology to promote mental health and wellbeing, and empowering individuals, organisations and communities to reach their full potential.

Our members routinely conduct assessments informed by validated psychometric tests in the context of compensable schemes and other settings. Psychologists and psychological scientists have expertise and training in the design and appropriate use of such tests and are, therefore, well placed to provide input into the Review. We appreciate that APS President Dr Kelly Gough contributed feedback via his representation on the Stakeholder Reference Group. Further, APS representatives valued the opportunity to meet with you to provide initial feedback on the Issues Paper on the 12 November 2026.

The APS broadly endorses the findings outlined in the Issues Paper. Feedback included in this submission reinforces issues that were raised by Dr Gough via the Stakeholder Reference Group and which were discussed with you in person. Our responses predominantly relate to Parts II and III of the Issues Paper, namely *Supporting a more consistent application of the tool* and *Improving the quality and reliability of assessments*.

We welcome the opportunity to contribute further to the Review. Should additional information be required from the APS, please do not hesitate to contact me on (03) 8662 3300 or at z.burgess@psychology.org.au.

Yours sincerely,

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

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APS Response to the Psychiatric Impairment Rating Scale (PIRS) Review Issues Paper

The APS broadly endorses the findings outlined in the Issues Paper. For example, we support the principles proposed to guide an approach to determining Whole Person Impairment (WPI) for psychological claims, namely:

- Reliable and consistent outcomes
- Underpinned by clear and objective criteria
- Based on factual evidence
- Transparent, and
- Inclusive and equitable (page 9).

Part II: Supporting a more consistent application of the tool

The APS endorses the perspective outlined in the Issues Paper that a WPI assessment of psychological injury should provide an outcome that is objective and reliable, using a reproducible methodology. The Issues Paper identified that the NSW workers compensation scheme does not systematically monitor how assessors apply the PIRS, limiting the scheme's capacity to determine and improve assessors' consistent application of the tool.

SIRA's *Permanent Impairment Guidelines*[1] outline the method for assessing psychiatric impairment in Section 11. The Diagnosis section (paragraph 11.6, p 54), for example, includes the following:

> *Clinical assessment of the person may include information from the injured worker's own description of his or her functioning and limitations, and from family members and others who may have knowledge of the person. Medical reports, feedback from treating professionals and the results of standardised tests – including appropriate psychometric testing performed by a qualified clinical psychologist and work evaluations – may provide useful information to assist with the assessment.*

Despite this guidance suggesting use of appropriate psychometric testing to inform assessment of psychiatric impairment, APS members have observed that in their experience, assessors often only take into consideration self-reported information gained from a single, reasonably superficial, interview to formulate their opinions. Some more diligent assessors may add a detailed file review to provide converging evidence to support their opinion. However, APS members observed that it can be rare for assessors to interrogate apparent inconsistencies, for example, between an injured worker's self-reported inability to concentrate with their coherent and alert presentation throughout an assessment. Further, APS members noted that there are also opportunities to increase the use of objective tools to assess an individual's impairment in a standardised way.

The APS notes that SIRA's *Permanent Impairment Guidelines* refer to psychometric testing being performed by clinical psychologists[1]. The APS position is that all psychologists are skilled in the assessment, diagnosis, formulation, and treatment of psychological and mental health disorders which includes the administration of psychometric testing. As discussed at the meeting on 12 November 2026, some psychologists with areas of practice endorsement have advanced skills and expertise conducting

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particular types of assessment, such as organisational psychologists being experienced undertaking vocational assessments and clinical neuropsychologists performing neuropsychological assessments.

The APS recommends that the Review considers the provision of structured training for assessors and more detailed guidance for assessors to facilitate inter-rater reliability, for example, guidance included in the *Expert Guidelines: Diagnosis and treatment of post-traumatic stress disorder in Emergency Service Workers*[2]. These guidelines, which were co-authored by a panel with backgrounds including psychiatry, psychology and occupational medicine and endorsed by the Royal Australian and New Zealand College of Psychiatrists, aim to produce succinct guidance on the diagnosis and treatment of emergency workers with post-traumatic stress disorder (PTSD). These guidelines recommend that while there is currently no agreed gold standard for clinical assessment of PTSD, it is likely that diagnostic accuracy will be increased via comprehensive assessments that utilise a range of sources such as clinical interviews, structured assessments, self-report measures and collateral history[2]. Further, in cases where compensation is involved, these guidelines advise that diagnostic assessment should also consider issues relating to causation and the possibility of symptom exaggeration[2].

The APS also echoes the concerns raised by stakeholders in the Issues Paper that domain descriptions no longer reflect how people live, work and interact. We support a review of the PIRS tool's domain descriptions to ensure that they do not misinterpret non-standard lifestyles or cultural and linguistic diversity as impairment, or conversely, fail to identify actual impairment. Domain descriptions need to reflect contemporary social and occupational participation.

Part III Improving the quality and reliability of the tool

The APS appreciates the Issue Paper's consideration of other jurisdictions' practices with regards to assessor qualifications, credentialling and support; and performance monitoring and quality assurance.

In addition, the APS endorses the Issues Paper's consideration of multi-disciplinary assessment models. We echo other stakeholders' perspectives that broader expertise may be helpful in relation to specific PIRS domains. For example, *Employability*, is influenced by factors beyond psychiatric impairment, such as education, labour market conditions, discrimination and technological change. The APS supports the statement that "*psychiatrists may not be best placed to assess these vocational factors reliably*" (p 14). Appropriately qualified Vocational Assessors may be better placed to assess the *Employability* domain.

The APS recommends that consideration be given to authorising registered psychologists with appropriate training to undertake diagnoses and determine PIRS ratings, particularly in relation to specific PIRS domains. For example, with regard to the *Concentration, persistence and pace* domain, incorporating the results from validated cognitive assessments undertaken by psychologists may help to corroborate ratings based on self-reported symptoms.

As was discussed at the meeting on 12 November 2026, the Personal Injury Commission (PIC) recently invited selected psychologists (and APS members) to apply to become 'medical assessors'. We understand that the scope of work for psychologists acting as medical assessors for PIC would be restricted to assessment of motor vehicle accidents' injury claims and involve psychologists being appointed as members of review panels to assist in the determination of relevant psychological issues along with a psychiatrist and legal representative.

The APS expects there would be similarities in the skills required to assess psychiatric injuries resulting from the workplace and motor vehicle accidents (that is, for claims across both of the NSW personal injury

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schemes). The APS therefore recommends that if this Review proposes establishing multidisciplinary panels to assess and/or review WPI in workers compensation cases, that psychologists are considered for inclusion on these panels. Establishing greater consistency across both personal injury schemes also corresponds with recommendations from the recent independent review conducted by Ms Sue Dawson which included the adoption of a graduated risk-based model of health provider regulation, including consistent obligations across both personal injury schemes to be achieved over time[3].

As outlined above, the APS recommends the provision of more detailed guidance and structured training for assessors to improve the quality of assessments. This also corresponds with Ms Dawson's review recommendations to embed quality assurance measures such as training and early and effective communication of assessors' obligations[3].

Funding for assessments

As the Issues Paper illustrated, the 2026 NSW Workers Compensation Schedule of Fees for both a standard and complex examination and report are less than those in Victoria, South Australia and Western Australia. We note that the SIRA Motor Accidents Medical Assessors Fee Schedule for 'Same day psychiatric review panel assessment fees per assessment'[4] also seems higher than those listed in the Issues Paper under the NSW Workers Compensation Schedule. The Motor Accidents Medical Assessor Fee Schedule similarly appears to provide additional per hour fees for writing certificates and extra reading time[4]. Providing additional per hour fees supports the completion of a thorough file review by more experienced practitioners. We also note that Supplementary report fees do not reflect the often-considerable work required.

The APS recommends that the fee schedule is reviewed, with consideration given to increasing fees to be comparable with the SIRA Motor Accidents Medical Assessors Fee Schedule and with other jurisdictions. Lower fee structures that do not adequately reflect the value and time required to complete the work risk more experienced practitioners declining to participate in the NSW workers compensation scheme.

The APS would like to acknowledge and sincerely thank the members and member groups who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this submission.

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