State Insurance
Regulatory Authority

SIRA

Workers Compensation Reforms from 1 October 2026

Medico-Legal Session Q&A – 3 September 2026

Clarification and additional information to questions raised in the session.

Q1: Medico-Legal practitioner role

Are there changes for Medico-Legal practitioners after 1 October 2026 regarding new "Reasonable and Necessary" requirements?

Answer:

As a medico-legal practitioner, your primary objective is to provide your professional opinion about a person's injury/condition and/or their recommended treatment. You should continue to

- recommend evidence-based treatment or services that each person with an injury requires
- provide clinical justification that your recommended treatment is reasonable and necessary.

It is important that Medico-Legal practitioners are aware of these scheme reforms and the new test that the insurers will apply.

Q2: Application of "Reasonable and Necessary"

Who decides whether treatment is reasonable and necessary and how much evidence should be provided?

Answer:

The insurer must determine, based on the facts of each new medical expense compensation claim, whether the treatment or service is 'reasonable and necessary'.

Treatment must be both reasonable and necessary. Its primary purpose must be treatment of the compensable injury, and it must be clinically justified, cost-effective and represent value for money compared with alternatives.

Q3: Self-insurers

Do these changes apply to self-insurers?

Answer:

Yes, it applies to all insurers, they are required to determine whether treatment is reasonable and necessary under these reforms.

Q4: Corrections officers

Do new requirements apply to corrections officers in the same way as police?

Answer:

The 'reasonable and necessary' amendments apply to corrections officers.

The 'reasonable and necessary' changes apply to all workers, including exempt workers, coal miners and volunteers.

The 'reasonable and necessary' changes **do not apply** to dust disease claims.

Q5: Reduction of pre-approved allied health services

Does the pre-approval limit reduce from eight to four consultations for all allied health services?

Answer:

From 1 October 2026, the maximum number of allied health consultations available without pre-approval from the insurer has decreased from a maximum of 8 consultations to 4 consultations.

This applies:

- where the injury was not previously treated by a provider from the same allied health practitioner group (physical or psychological) and the treatment begins within three months of the injury.
- per AHTR if the same practitioner is continuing treatment within three months of the injury and:
- the practitioner sent an AHTR to the insurer, and
- the insurer did not respond within 5 working days of receiving the AHTR.

Refer to Table 4.2 in the workers compensation guidelines for more information.

Q6: Psychological injury claims

How were certain groups made exempt from psychological injuries and what must practitioners document?

Answer:

A government policy position determined groups exempt from changes to the psychological injury claims process. Practitioners must continue to document diagnoses and, where appropriate, causes of psychological injuries.

These changes **do not apply** to:

- exempt workers (police officers, paramedics and firefighters), coal miners, volunteers, or claims for dust diseases,
- primary psychological injuries notified prior to 1 July 2026, or
- secondary psychological injuries, where the psychological injury arose as a consequence of, or secondary to, a physical injury (for example, depression associated with a work-related back injury).

Q7: Permanent impairment

How can you confirm if a practitioner is registered as a permanent impairment assessor?

Answer:

An assessment is to be conducted by an assessor on the current register of assessors maintained by SIRA. The list of permanent impairment assessors is available on SIRA website. SIRA does not currently appoint, approve, or otherwise endorse these permanent impairment assessors. It is a matter for individual workers, referrers, and their representatives to review the list and identify the assessor they consider most appropriate based on the circumstances.

Q8: Training and approvals

When will future impairment training and approval arrangements be announced?

Answer:

Future requirements and training resources are still in development.

Once arrangements have been finalised practitioners will be notified. New guidelines are being prepared for public consultation. SIRA anticipates changes may occur mid-2027.

Q9: Authorised practitioners

Will practitioners currently listed automatically retain their approval status?

Answer:

No, currently listed practitioners will not automatically constitute an approval by SIRA under the new legislation; practitioners will need to meet future application and administrative requirements.

Q10: Impairment assessors

Can a further impairment assessment occur?

Answer:

Generally, a single-assessment rule applies. Despite the single assessment rule, a worker is not prevented from having a further assessment undertaken.

A second or subsequent assessment may only be made if the worker and insurer agree that the worker's condition appears to have unexpectedly and materially deteriorated by at least 10 percentage points since the last assessment.

An unexpected and material deterioration occurs if:

- at the time of the original impairment assessment there was no reasonable cause to believe the worker's condition would deteriorate, and
- the deterioration results in an increase in the worker's degree of permanent impairment of at least a further 10 percentage points.

Age-related deterioration must not be taken into account.

Q11: Independent allied health consultants

How will practitioners become independent allied health consultants (IAHCs)?

Answer:

SIRA is currently developing the approval, monitoring and supervision framework for IAHC's and will consult stakeholders before implementation, which is expected in mid-2027.

Q12: Psychiatric impairment rating scale

Is research underway on the psychiatric impairment rating scale and how can stakeholders provide input?

Answer:

Yes, as part of the reforms SIRA has initiated an independent review of the psychiatric impairment rating scale which Dr Murray Wright (former Chief Psychiatrist) is leading; information on the Independent Review of the Psychiatric Impairment Rating Scale (PIRS Review) has been published and includes the Terms of Reference and information about the governance arrangements supporting the review.

Stakeholders will be invited to provide input through SIRA's consultation process and web-based feedback channels and participants were encouraged to identify both what works well and what should improve.

Q13: Moral injury

Is moral injury a relevant event?

Answer:

To be compensable, a primary psychological injury must be caused by a relevant event (or series of relevant events). A relevant event is a work-related event that can cause a compensable primary psychological injury.

Relevant events include:

- acts or threats of violence
- serious criminal conduct
- witnessing traumatic incidents
- death of a person in the worker's care with additional requirements outlined in the legislation
- vicarious trauma
- sexual harassment
- racial harassment
- bullying
- excessive work demands.

Each relevant event has specific definitions in the legislation and regulations.