This fact sheet outlines information to help you collect the evidence you need to prove you satisfy the medical requirements for Disability Support Pension (DSP). There are other requirements you have to meet to qualify, (e.g. residence requirements, income and assets test), are not discussed here.

**What are the medical criteria for Disability Support Pension?**

To be eligible for the DSP you must meet the following criteria at the date of claim (or within the subsequent 13 weeks):

- have a condition that has been fully diagnosed, treated and stabilised in order to be assessed under the impairment tables;
- be awarded 20 points or more under one or more of the “impairment tables”;
- have a continuing inability to work;
- have actively participated in a Program of Support, unless exempt from this requirement.

**Fully diagnosed, treated and stabilised**

A condition is considered fully diagnosed if no further medical confirmation/testing is required. Some conditions require mandatory specialist confirmation. If this is required, it is listed at the beginning of the relevant impairment table. For example, mental health conditions require confirmation of diagnosis from a Psychiatrist or Clinical Psychologist (endorsed as such with APHRA).

A condition is considered fully treated if a person has received all reasonable treatment or rehabilitation for the condition.

**Reasonable treatment** is defined as treatment that is of a type regularly undertaken, reasonably accessible, at a reasonable cost, low risk, with a high success rate and where substantial improvement in functional capacity can be reliably expected. A treatment may not be considered reasonable if there is a medical or compelling reason for the patient not to pursue that treatment (which can include religious/cultural beliefs, genuine fear/lack of insight or the ability to make appropriate judgements due to a medical condition where the person is unlikely to comply with treatment).

A condition is considered fully stabilised if reasonable treatment for the condition has been undertaken and it is not expected that any further reasonable treatment will result in significant functional improvement in the next 2 years.

**Significant functional improvement** is defined as improvement to a level enabling the person to work within 2 years.

**The 20 Point Requirement**

Centrelink uses the Impairment Tables to assess how your disability impacts on your functioning. There are 15 different tables that cover different areas of functioning.


If your condition is not fully diagnosed, treated and stabilised it will not be rated under the impairment tables.

Two or more conditions which cause common/combined impairment should be assigned a single rating under a single table. Ratings that fall short of a higher rating must be rounded down to the lower rating. Also, note that a person is only considered able to perform
an activity if they can do the activity for more than a few minutes on a repetitive or habitual basis and generally whenever they attempt it. If after doing the activity for more than a few minutes, the person has to rest, suffers significant pain or is unable to repeat the activity for the remainder of the day, it should be considered that the person is unable to do the activity (details of this should be provided).

**Continuing Inability to Work**

This means that you must be unable to work 15 hours/week in the next 2 years independently of a program of support. Work is defined as any job in the open market in Australia, sustainable for a period of at least 26 weeks (without excessive support or leave equating to a month or more within the 26 week period).

**The Program of Support**

A program of support is a vocational, rehabilitation or employment program (usually through an Employment Service) tailored to address the person’s impairment and other barriers to employment.

The requirement does not apply if you have a “severe” disability or illness which gives you 20 points under a single impairment table.

To show that you have actively participated in a program of support, you need to show that in the three years before you claimed the disability support pension:

- you completed a program of support; or
- you have been with a program of support for 18 months. An exemption period, such as a medical certificate exemption, will not count towards the 18 month period; or
- you were with a program of support which was terminated because your medical conditions alone meant that continuing would not improve your capacity to prepare for, find or maintain work through the continued participation in the program.

You can also show you meet this requirement if:

- you were with a program of support when you claimed the disability support pension, but continuing would not help improve your capacity to prepare for, find or maintain work. If your provider disagrees with you on this, you have the right to get medical evidence from your doctor.

**Appeal Rights**

If your Disability Support Pension (DSP) claim has been rejected, you should lodge an appeal within 13 weeks of the decision. To appeal, simply tell Centrelink that you are not happy with their decision to reject your DSP application. If you have already had a review by an Authorised Review Officer (ARO), you have the right to appeal further, to the Social Security Appeals Tribunal, and you need to do this within 13 weeks of the ARO decision.

If your circumstances have changed since you first lodged your claim, e.g. your condition has deteriorated, you have seen further specialists, stabilised on further treatment or are now attending or meet one of the program of support criteria, you should lodge a new claim for the DSP. This new claim does not prevent you from proceeding with your appeal which can only consider your eligibility for the DSP within 13 weeks of the date of your original claim.

For more information on appealing and the Disability Support Pension please refer to the following fact sheets on our website:

- Disability Support Pension Doctor’s letter;
- Disability Support Pension Flowchart; and
- Appealing a Centrelink Decision.

**Please Note:**

This fact sheet contains general information only. It does not constitute legal advice. If you need legal advice please contact Basic Rights Qld on 3847 5532 or freecall 1800 358 511.

Basic Rights Qld is a community legal centre, which provides specialist advocacy and legal services in Social Security law, administration and policy. We are independent of Centrelink. All assistance is free.

This fact sheet was updated in June 2015. [www.brq.org.au](http://www.brq.org.au)