



Queensland Government Gazette

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FRIDAY 8 NOVEMBER 2013

GENERAL GAZETTE NOTICES

All submissions to the General Gazette must be received **before 12noon on Wednesdays.**

For example:

- Departmental Notices
- Disposal of Unclaimed Goods
- Land Sales / Resumption of Land
- Meeting Notices
- Dissolution of Partnership Notices
- Unclaimed Monies

Email your submission in Word or PDF format to **gazette@hpw.qld.gov.au**

All payments for non-account submissions must be receipted **before 12noon on Wednesday**

Quotes are available on request

A proof is prepared and emailed back to you for approval

The final approval to publish must be returned by close of business on Wednesday to be included
in Friday's Gazette

The weeks Combined Gazette is placed online Friday morning and can be downloaded or viewed at
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Queensland Government Gazette

EXTRAORDINARY

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FRIDAY 1 NOVEMBER 2013

[No. 50

Transport Operations (Marine Safety) Act 1994
Transport Operations (Marine Safety) Regulation 2004

NOTIFICATION OF EXEMPTION

Maritime Safety Queensland
Brisbane, 31 October 2013

I, Patrick J. Quirk, General Manager, Maritime Safety Queensland pursuant to section 18A of the *Transport Operations (Marine Safety) Act 1994*, exempt persons operating the water propelled jet pack known as the "Jetlev Flyer" on the waters of Coomera River (Gold Coast Marine Precinct) in the event detailed in the schedule, from the provisions of the Maritime Safety Queensland gazette notice dated 27 May 2013 and pursuant to the provisions of sections 221(2) and (4) of the *Transport Operations (Marine Safety) Regulation 2004*, stating that the operating of a ship or type of ship that is a modified personal watercraft connected to the device such as a Flyboard or Jetlev Flyer or that a person conducting an activity involving the operation of the device such as a Flyboard or Jetlev Flyer, endangers marine safety.

SCHEDULE

Event consisting of on-water demonstrations as defined in Gold Coast International Marine Expo to entertain patrons between the hours of 8am and 6pm on Friday 1, Saturday 2 and Sunday 3 November 2013.

PATRICK J. QUIRK
General Manager
Maritime Safety Queensland

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EXTRAORDINARY

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VOL. 364]

FRIDAY 1 NOVEMBER 2013

[No. 51

Premier's Office
Brisbane, 1 November 2013

Her Excellency the Governor directs it to be notified that she has accepted the resignation of—

The Honourable JOHN MARK DEMPSEY as Minister for Police and Community Safety.

CAMPBELL NEWMAN
PREMIER

- Minister for Local Government, Community Recovery and Resilience
- Minister for Communities, Child Safety and Disability Services
- Minister for National Parks, Recreation, Sport and Racing
- Minister for Tourism, Major Events, Small Business and the Commonwealth Games
- Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier
- Minister for Housing and Public Works
- Minister for Science, Information Technology, Innovation and the Arts

- (b) revoke the proclamation made under section 43 of the Act, on 20 February 2013 (published in the gazette on 20 February 2013 at page 259).

[L.S.]
PENELOPE WENSLEY,
Governor

Signed and sealed on 1 November 2013.

By Command

CAMPBELL NEWMAN

God Save the Queen

ENDNOTES

1. Made by the Governor on 1 November 2013.
2. Published in an Extraordinary Gazette on 1 November 2013.
3. The administering agency is the Department of the Premier and Cabinet.

Premier's Office
Brisbane, 1 November 2013

Her Excellency the Governor directs it to be notified that she has been pleased to appoint—

The Honourable JOHN MARK DEMPSEY to be Minister for Police, Fire and Emergency Services.

CAMPBELL NEWMAN
PREMIER

Queensland



Constitution of Queensland 2001

PROCLAMATION

I, PENELOPE WENSLEY, Governor—

- (a) acting under section 43 of the *Constitution of Queensland 2001*, declare the following offices to be offices to which persons may be appointed as Ministers of the State—

- Premier
- Deputy Premier, Minister for State Development, Infrastructure and Planning
- Treasurer and Minister for Trade
- Minister for Health
- Minister for Education, Training and Employment
- Attorney-General and Minister for Justice
- Minister for Transport and Main Roads
- Minister for Police, Fire and Emergency Services
- Minister for Agriculture, Fisheries and Forestry
- Minister for Environment and Heritage Protection
- Minister for Natural Resources and Mines
- Minister for Energy and Water Supply

*Constitution of Queensland 2001***ADMINISTRATIVE ARRANGEMENTS ORDER (No. 2) 2013****TABLE OF PROVISIONS**

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Short Title

1. This order in council may be cited as the *Administrative Arrangements Order (No. 2) 2013*.

Administrative Arrangements

2. (1) The public business of the State is distributed among Ministers as set out in the Schedule.

(2) Each Minister is to administer the matters set out in the Schedule next to the Minister's title as follows:

- (a) the matters connected with the public business of the State listed under the heading '*Principal Ministerial Responsibilities*';
- (b) the legislation listed under the heading '*Acts Administered*'; and
- (c) the administrative units listed under the heading '*Administrative Units*'.

(3) Information in the Schedule under the heading '*Responsible Heads*' is included for information only and does not form part of this order.

Repeal of earlier Administrative Arrangements

3. The *Administrative Arrangements Order (No. 1) 2013* is repealed.

ENDNOTES

- 1. Made by the Governor in Council on 1 November 2013.
- 2. Published in the Government Gazette on 1 November 2013.
- 3. The administering agency is the Department of the Premier and Cabinet.

SCHEDULE

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
Premier	Chairperson of Cabinet and its Committees	Assisted Students (Enforcement of Obligations) Act 1951 Auditor-General Act 2009	Department of the Premier and Cabinet	Director-General
	Coordination of Government Communications	Australian Constitutions Act 1842 (Imperial) Australian Constitutions Act 1844 (Imperial)		
	Coordination of Policy Development Governance	Australian Waste Lands Act 1855 (Imperial) Century Zinc Project Act 1997 (ss1-4, 5(1), 8, 18-20)		
	Legislative Drafting and Publishing Protocol and Intergovernment Relations	Commonwealth Powers (Air Transport) Act 1950 Constitution Act 1867 Constitution Act Amendment Act 1890 Constitution Act Amendment Act 1934 Constitution of Queensland 2001 Constitutional Powers (Coastal Waters) Act 1980 Emblems of Queensland Act 2005 Governors (Salary and Pensions) Act 2003 Integrity Act 2009 Legislative Standards Act 1992 Ministerial and Other Office Holder Staff Act 2010 Off-shore Facilities Act 1986 Parliament of Queensland Act 2001 Parliamentary Service Act 1988 Queensland Boundaries Declaratory Act 1982 Queensland Coast Islands Act 1879 Queensland Independent Remuneration Tribunal Act 2013 Queensland International Tourist Centre Agreement Act Repeal Act 1989 Reprints Act 1992 Senate Elections Act 1960 Statute of Westminster 1931 (Imperial) Statute of Westminster Adoption Act 1942 (Cwlth) Statutory Instruments Act 1992		
	Overall public service management and employment conditions to ensure the development of a highly professional public service Senior Executive Service	Public Sector Ethics Act 1994 Public Service Act 2008	Public Service Commission	Commission Chief Executive
Deputy Premier, Minister for State	Investment Facilitation Land Use Planning	Economic Development Act 2012 Gasfields Commission Act 2013	Department of State Development,	Director-General

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
Development, Infrastructure and Planning	<p>Regional Statutory Planning</p> <p>State Development including:</p> <ul style="list-style-type: none"> • strategic planning for priority industry sectors • local industry policy • major project strategic interventions such as Queensland Investment Incentive Scheme • regional economic development <p>Strategic Policy, Planning and Programs for Priority Industry Sectors</p> <p>Urban Land Development Authority</p> <p>Urban Growth and Growth Management Queensland</p>	<p>Integrated Resort Development Act 1987</p> <p>Local Government (Robina Central Planning Agreement) Act 1992</p> <p>Mixed Use Development Act 1993</p> <p>Queensland Industry Participation Policy Act 2011</p> <p>Royal National Agricultural and Industrial Association of Queensland Act 1971</p> <p>Sanctuary Cove Resort Act 1985</p> <p>South Bank Corporation Act 1989</p> <p>Southern Moreton Bay Islands Development Entitlements Protection Act 2004</p> <p>Surat Basin Rail (Infrastructure Development and Management) Act 2012</p> <p>Sustainable Planning Act 2009 (except to the extent administered by the Minister for Housing and Public Works)</p> <p>Townsville Breakwater Entertainment Centre Act 1991</p> <p>Townsville City Council (Douglas Land Development) Act 1993</p>	<p>Infrastructure and Planning</p>	
	<p>Infrastructure Coordination and Planning</p> <p>Major Project Development and Facilitation</p>	<p>Alcan Queensland Pty. Limited Agreement Act 1965 (except to the extent administered by the Treasurer and Minister for Trade and the Minister for Natural Resources and Mines)</p> <p>Amoco Australia Pty. Limited Agreement Act 1961</p> <p>Ampol Refineries Limited Agreement Act 1964</p> <p>Austral-Pacific Fertilizers Limited Agreement Act 1967</p> <p>Central Queensland Coal Associates Agreement Act 1968 (except to the extent administered by the Minister for Transport and Main Roads and the Minister for Natural Resources and Mines) (Sch pt VI)</p> <p>Central Queensland Coal Associates Agreement (Amendment) Act 1986 (except to the extent administered by the Minister for Natural Resources and Mines)</p> <p>Central Queensland Coal Associates Agreement Amendment Act 1989 (except to the extent administered by the Minister for Natural Resources and Mines)</p>	<p>Department of State Development, Infrastructure and Planning</p>	<p>Coordinator-General</p>

<u>Minister</u>	<u>Principal Ministerial Responsibilities</u>	<u>Acts Administered</u>	<u>Administrative Units</u>	<u>Responsible Heads</u>	
Treasurer and Minister for Trade	Capital Works Monitoring	Central Queensland Coal Associates Agreement and Queensland Coal Trust Act 1984 (except to the extent administered by the Minister for Natural Resources and Mines)			
	Economic Policy	Central Queensland Coal Associates Agreement Variation Act 1996			
	Government owned enterprises	Century Zinc Project Act 1997 (ss14-17)			
	Government Statistics	Queensland Nickel Agreement Act 1970 (except to the extent administered by the Minister for Transport and Main Roads and the Minister for Natural Resources and Mines)			
	Government Superannuation	Queensland Nickel Agreement Act 1988 (except to the extent administered by the Minister for Natural Resources and Mines)			
	Insurance	State Development and Public Works Organisation Act 1971			
	Mineral and Petroleum Royalties	Townsville Zinc Refinery Act 1996			
	Nominal Defendant	Aboriginal Land Act 1991 (Part 18 to the extent that it is relevant to royalties)		Queensland Treasury and Trade	Under Treasurer
	Public Sector Financial Policy	Agent-General for Queensland Act 1975			
	Regulatory Reform	Airport Assets (Restructuring and Disposal) Act 2008			
	Skilled and Business Migration	Alcan Queensland Pty. Limited Agreement Act 1965 (to the extent that it is relevant to royalties)			
	State Actuary	Appropriation Act 2012			
	State Budget	Appropriation Act 2013			
	State Taxation (Administration)	Appropriation Act (No. 2) 2008			
	State Taxation (Policy)	Appropriation (Parliament) Act 2012			
	Trade Development	Appropriation (Parliament) Act 2013			
			Brisbane Trades Hall Management Act 1984		
		Building Boost Grant Act 2011			
		Central Queensland Coal Associates Agreement Act 1968 (to the extent that it is relevant to royalties); (Sch pt V)			
		Commonwealth Aluminium Corporation Pty. Limited Agreement Act 1957 (to the extent that it is relevant to royalties)			
		Commonwealth Places (Mirror Taxes Administration) Act 1999			

		<ul style="list-style-type: none"> Community Ambulance Cover Levy Repeal Act 2011 Competition Policy Reform (Queensland) Act 1996 Dalrymple Bay Coal Terminal (Long-term Lease) Act 2001 Duties Act 2001 Financial Accountability Act 2009 Financial Agreement Act 1994 Financial Intermediaries Act 1996 Financial Sector Reform (Queensland) Act 1999 First Home Owner Grant Act 2000 Fossicking Act 1994 (to the extent that it is relevant to royalties) Fuel Subsidy Repeal Act 2009 Gaming Machine Act 1991 (s 322(a)) Geothermal Energy Act 2010 (to the extent that it is relevant to royalties) Government Owned Corporations Act 1993 GST and Related Matters Act 2000 Infrastructure Investment (Asset Restructuring and Disposal) Act 2009 Judges (Pensions and Long Leave) Act 1957 (s17) Land Tax Act 2010 Mineral Resources Act 1989 (to the extent that it is relevant to royalties) Motor Accident Insurance Act 1994 Mount Isa Mines Limited Agreement Act 1985 (to the extent that it is relevant to royalties) Mutual Recognition (Queensland) Act 1992 Occupational Licensing National Law (Queensland) Act 2010 Offshore Minerals Act 1998 (to the extent that it is relevant to royalties) Payroll Tax Act 1971 Petroleum Act 1923 (to the extent that it is relevant to royalties) Petroleum and Gas (Production and Safety) Act 2004 (to the extent that it is relevant to royalties) Petroleum (Submerged Lands) Act 1982 (to the extent that it is relevant to royalties) 		
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<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Public Officers Superannuation Benefits Recovery Act 1988		
		Queensland Competition Authority Act 1997		
		Queensland Investment Corporation Act 1991		
		Queensland Nickel Agreement Act 1970 (all financial and related matters); (to the extent that it is relevant to royalties)		
		Queensland Treasury Corporation Act 1988		
		South East Queensland Water (Restructuring) Act 2007 (including as a responsible Minister for the purposes of Chapter 2 of the Act)		
		State Financial Institutions and Metway Merger Facilitation Act 1996		
		State Penalties Enforcement Act 1999 (except to the extent administered by the Attorney-General and Minister for Justice)		
		Statistical Returns Act 1896		
		Statutory Authorities (Superannuation Arrangements) Act 1994		
		Statutory Bodies Financial Arrangements Act 1982		
		Superannuation (Public Employees Portability) Act 1985		
		Superannuation (State Public Sector) Act 1990		
		Taxation Administration Act 2001		
		Thiess Peabody Coal Pty. Ltd. Agreement Act 1962 (to the extent that it is relevant to royalties)		
		Thiess Peabody Mitsui Coal Pty. Ltd. Agreements Act 1965 (to the extent that it is relevant to royalties)		
		Torres Strait Islander Land Act 1991 (Part 13 to the extent that it is relevant to royalties)		
		Trade and Investment Queensland Act 2013		
		Trans-Tasman Mutual Recognition (Queensland) Act 2003		
Minister for Health	Aboriginal and Torres Strait Islander Health Alcohol and Drug Services Ambulance Service Community Health Services Disease Surveillance	Ambulance Service Act 1991 Food Act 2006 Health Act 1937 Health Ombudsman Act 2013 Health Practitioner Regulation National Law Act 2009 Health Practitioners (Disciplinary Proceedings) Act 1999	Queensland Health	Director-General

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	Health Care for Special Needs Groups	Health Practitioners (Special Events Exemption) Act 1998		
	Health Promotion	Health Quality and Complaints Commission Act 2006		
	Health Rights	Hospital and Health Boards Act 2011		
	Hospitals	Hospitals Foundations Act 1982		
	Mental Health	Mater Public Health Services Act 2008		
	Nursing Homes and Hostels	Mental Health Act 2000		
	Offender Health Services of Prisoners	Pest Management Act 2001		
	Oral Health	Pharmacy Business Ownership Act 2001		
	Public Health	Private Health Facilities Act 1999		
	Registration of Health Professionals	Public Health Act 2005		
		Public Health (Infection Control for Personal Appearance Services) Act 2003		
		Queensland Institute of Medical Research Act 1945		
		Queensland Mental Health Commission Act 2013		
		Radiation Safety Act 1999		
		Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003		
		Tobacco and Other Smoking Products Act 1998		
		Transplantation and Anatomy Act 1979		
		Water Fluoridation Act 2008		
Minister for Education, Training and Employment	Early Childhood Education and Care including- <ul style="list-style-type: none"> Kindergarten Programs Education including- <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Education Distance Education Education of Students in Youth Detention Centres International Education Primary Education Secondary Education Special Education Employment Policies and Programs	Australian Catholic University (Queensland) Act 2007 Bond University Act 1987 Central Queensland University Act 1998 Child Care Act 2002 Community Services Act 2007 (jointly administered with the Minister for Communities, Child Safety and Disability Services and the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier) Education (Accreditation of Non-State Schools) Act 2001 Education and Care Services Act 2013 Education and Care Services National Law (Queensland) Act 2011 Education (Capital Assistance) Act 1993 Education (General Provisions) Act 2006 Education (Overseas Students) Act 1996 Education (Queensland College of Teachers) Act 2005 Education (Queensland Studies Authority) Act 2002	Department of Education, Training and Employment	Director-General
	Higher Education including- <ul style="list-style-type: none"> State Government Policy and Planning International Vocational Education			

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	and Training Non-State School Funding Registration of Teachers Smart State Education Initiatives Vocational Education and Training including Technical and Further Education	Education (Work Experience) Act 1996 Grammar Schools Act 1975 Griffith University Act 1998 Higher Education (General Provisions) Act 2008 James Cook University Act 1997 Queensland University of Technology Act 1998 TAFE Queensland Act 2013 University of Queensland Act 1998 University of Southern Queensland Act 1998 University of the Sunshine Coast Act 1998 Vocational Education and Training (Commonwealth Powers) Act 2012 Vocational Education, Training and Employment Act 2000		Chief Executive Officer
	Skills and Workforce Development		Skills Queensland	Director-General
Attorney-General and Minister for Justice	Administration of Justice Administrative Reform Adult Corrective Services (excluding offender health services) Births, Deaths and Marriages Censorship Coroners Criminal Justice Reform Criminal Proceedings Dispute Resolution Elections and Referendums Individual Rights and Freedoms Judges and Magistrates Justices of the Peace and Commissioners for Declarations Law Reform Legal Advice and Services to Government Legal Aid Legal Profession Substituted Decision Making	Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 Part 4, sections 18-25 (sections 4, 8, 64-67, 70 and 71 jointly administered with the Minister for Communities, Child Safety and Disability Services) Aboriginal Land Act 1991 (sections 62 to 73; Part 19; sections 286 and 294 as they apply to the provisions of the Act administered by the Minister and relevant sections relating to the Land Tribunal, Land Court, Land Appeal Court and Supreme Court) Acts Interpretation Act 1954 Adoption Act 2009 (Part 14A) Anti-Discrimination Act 1991 Appeal Costs Fund Act 1973 Attorney-General Act 1999 Australia and New Zealand Banking Group Limited (NMRB) Act 1991 Australian Consular Officers' Notarial Powers and Evidence Act 1946 Bail Act 1980 Births, Deaths and Marriages Registration Act 2003	Department of Justice and Attorney-General	Director-General

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	Youth Justice			
		Body Corporate and Community Management Act 1997		
		British Probates Act 1898		
		Burials Assistance Act 1965		
		Carruthers Inquiry Enabling Act 1996		
		Cattle Stealing Prevention Act 1853		
		Child Protection Act 1999 (jointly administered with the Minister for Communities, Child Safety and Disability Services)		
		Childrens Court Act 1992 (except to the extent administered by the Minister for Communities, Child Safety and Disability Services)		
		Choice of Law (Limitation Periods) Act 1996		
		Civil Liability Act 2003		
		Civil Proceedings Act 2011		
		Classification of Computer Games and Images Act 1995		
		Classification of Films Act 1991		
		Classification of Publications Act 1991		
		Commercial Arbitration Act 2013		
		Commissions of Inquiry Act 1950		
		Commonwealth Places (Administration of Laws) Act 1970		
		Commonwealth Powers (De Facto Relationships) Act 2003		
		Commonwealth Powers (Family Law-Children) Act 1990		
		Community Services Act 2007 (jointly administered with the Minister for Communities, Child Safety and Disability Services to the extent it is relevant to Youth Justice Services)		
		Companies (Acquisition of Shares) (Application of Laws) Act 1981		
		Companies and Securities (Interpretation and Miscellaneous Provisions) (Application of Laws) Act 1981		
		Companies (Application of Laws) Act 1981		
		Co-operative Schemes (Administrative Actions) Act 2001		
		Coroners Act 2003		
		Corporations (Administrative Actions) Act 2001		
		Corporations (Ancillary Provisions) Act 2001		
		Corporations (Commonwealth Powers) Act 2001		

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Corporations (Queensland) Act 1990		
		Corrective Services Act 2006		
		Court Funds Act 1973		
		Cremations Act 2003		
		Crime and Misconduct Act 2001		
		Crimes at Sea Act 2001		
		Criminal Code Act 1899 (including Criminal Code)		
		Criminal Code Amendment Act 1922		
		Criminal Law Amendment Act 1892		
		Criminal Law Amendment Act 1894		
		Criminal Law Amendment Act 1945		
		Criminal Law (Rehabilitation of Offenders) Act 1986		
		Criminal Law (Sexual Offences) Act 1978		
		Criminal Organisation Act 2009		
		Criminal Proceeds Confiscation Act 2002		
		Crown Proceedings Act 1980		
		Dangerous Prisoners (Sexual Offenders) Act 2003		
		Defamation Act 2005		
		Director of Public Prosecutions Act 1984		
		Disposal of Unexecuted Warrants Act 1985		
		Dispute Resolution Centres Act 1990		
		District Court of Queensland Act 1967		
		Domicile Act 1981		
		Drugs Misuse Act 1986 (except to the extent administered by the Minister for Agriculture, Fisheries and Forestry)		
		Electoral Act 1992		
		Electronic Transactions (Queensland) Act 2001		
		Evidence Act 1977		
		Evidence and Discovery Act 1867		
		Evidence (Attestation of Documents) Act 1937		
		Evidence on Commission Act 1988		
		Federal Courts (State Jurisdiction) Act 1999		
		Financial Transaction Reports Act 1992		
		Futures Industry (Application of Laws) Act 1986		
		Guardianship and Administration Act 2000		
		Imperial Acts Application Act 1984		
		Information Privacy Act 2009		
		Invasion of Privacy Act 1971		
		Judges (Pensions and Long Leave) Act 1957 (except to		

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		the extent administered by the Treasurer and Minister for Trade)		
		Judicial Remuneration Act 2007		
		Judicial Review Act 1991		
		Jurisdiction of Courts (Cross-vesting) Act 1987		
		Jury Act 1995		
		Justice and Other Information Disclosure Act 2008		
		Justices Act 1886		
		Justices of the Peace and Commissioners for Declarations Act 1991		
		Land Court Act 2000		
		Law Reform Act 1995		
		Law Reform Commission Act 1968		
		Legal Aid Queensland Act 1997		
		Legal Profession Act 2007		
		Limitation of Actions Act 1974		
		Magistrates Act 1991		
		Magistrates Courts Act 1921		
		Maintenance Act 1965		
		Neighbourhood Disputes (Dividing Fences and Trees) Act 2011		
		Oaths Act 1867		
		Ombudsman Act 2001		
		Parole Orders (Transfer) Act 1984		
		Peace and Good Behaviour Act 1982		
		Peaceful Assembly Act 1992		
		Penalties and Sentences Act 1992		
		Personal Injuries Proceedings Act 2002		
		Powers of Attorney Act 1998		
		Printing and Newspapers Act 1981		
		Prisoners International Transfer (Queensland) Act 1997		
		Prisoners (Interstate Transfer) Act 1982		
		Professional Standards Act 2004		
		Property Law Act 1974		
		Prostitution Act 1999		
		Public Interest Disclosure Act 2010		
		Queensland Civil and Administrative Tribunal Act 2009		
		Recording of Evidence Act 1962		
		Referendums Act 1997		

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Regulatory Offences Act 1985		
		Relationships Act 2011		
		Retail Shop Leases Act 1994		
		Right to Information Act 2009		
		Securities Industry (Application of Laws) Act 1981		
		Solicitor-General Act 1985		
		Standard Time Act 1894		
		State Penalties Enforcement Act 1999 (to the extent that it is relevant to the prescription of offences as infringement notice offences)		
		Status of Children Act 1978		
		Succession Act 1981		
		Succession to the Crown Act 2013		
		Supreme Court Library Act 1968		
		Supreme Court of Queensland Act 1991		
		Surrogacy Act 2010		
		Telecommunications Interception Act 2009		
		Terrorism (Commonwealth Powers) Act 2002		
		Torres Strait Islander Land Act 1991 (sections 190 and 197 as they apply to the provisions of the Act administered by the Minister and relevant sections relating to the Land Court and Supreme Court)		
		Trust Accounts Act 1973		
		Trustee Companies Act 1968		
		Trusts Act 1973		
		Vexatious Proceedings Act 2005		
		Vicious Lawless Association Disestablishment Act 2013		
		Victims of Crime Assistance Act 2009		
		Witness Protection Act 2000		
		Young Offenders (Interstate Transfer) Act 1987		
		Young Justice Act 1992 (jointly administered with the Minister for Communities, Child Safety and Disability Services)		
		Anzac Day Act 1995		
		Building and Construction Industry (Portable Long Service Leave) Act 1991		
		Child Employment Act 2006		
		Contract Cleaning Industry (Portable Long Service Leave)		
	Chemical Hazards			
	Electrical Safety			
	Industrial Relations			
	Workers' Compensation			
	Workplace Health and Safety			

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Act 2005		
		Electrical Safety Act 2002		
		Fair Work (Commonwealth Powers) and Other Provisions Act 2009		
		Holidays Act 1983		
		Industrial Relations Act 1999 (except to the extent administered by the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier)		
		Pastoral Workers' Accommodation Act 1980		
		Private Employment Agents Act 2005		
		Safety in Recreational Water Activities Act 2011		
		Trading (Allowable Hours) Act 1990		
		Workers' Accommodation Act 1952		
		Workers' Compensation and Rehabilitation Act 2003		
		Work Health and Safety Act 2011		
		All Saints Church Lands Act 1924		
		All Saints Church Lands Act 1960		
		Anglican Church of Australia Act 1895		
		Anglican Church of Australia Act 1895 Amendment Act 1901		
		Anglican Church of Australia Act 1977		
		Anglican Church of Australia Constitution Act 1961		
		Anglican Church of Australia (Diocese of Brisbane) Property Act 1889		
		Ann Street Presbyterian Church Act 1889		
		Associations Incorporation Act 1981		
		Bishopsbourne Estate and See Endowment Trusts Act 1898		
		Boonah Show Ground Act 1914		
		Breakwater Island Casino Agreement Act 1984		
		Brisbane Casino Agreement Act 1992		
		Building Units and Group Titles Act 1980 (Parts 4 and 5; sections 121 to 125; sections 127 to 132; Schedules 2, 3 and 4; sections 5, 5A, 119, 133 and 134 jointly administered with the Minister for Natural Resources and Mines)		
		Business Names (Commonwealth Powers) Act 2011		
	Casinos			
	Fair trading and consumer protection			
	Incorporation of associations and co-operatives			
	Liquor Licensing			
	Lotteries, Keno and Wagering			
	Machine Gaming			
	Occupational licensing including auctioneers, real estate agents, commercial agents, motor dealers, pawnbrokers and security providers			
	Registration of charitable and community purpose organisations			

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Cairns Casino Agreement Act 1993		
		Casino Control Act 1982		
		Charitable and Non-Profit Gaming Act 1999		
		Charitable Funds Act 1958		
		Chinese Temple Society Act 1964		
		Churches of Christ, Scientist, Incorporation Act 1964		
		Collections Act 1966		
		Cooperatives Act 1997		
		Credit (Commonwealth Powers) Act 2010		
		Credit (Rural Finance) Act 1996		
		Disposal of Uncollected Goods Act 1967		
		Factors Act 1892		
		Fair Trading Act 1989		
		Funeral Benefit Business Act 1982		
		Gaming Machine Act 1991 (except to the extent administered by the Treasurer and Minister for Trade)		
		Guides Queensland Act 1970		
		Interactive Gambling (Player Protection) Act 1998		
		Introduction Agents Act 2001		
		Jupiters Casino Agreement Act 1983		
		Keno Act 1996		
		Land Sales Act 1984		
		Liquor Act 1992		
		Lotteries Act 1997		
		Mercantile Act 1867		
		Partnership Act 1891		
		Personal Property Securities (Ancillary Provisions) Act 2010		
		Personal Property Securities (Commonwealth Powers) Act 2009		
		Presbyterian Church of Australia Act 1900		
		Presbyterian Church of Australia Act 1971		
		Property Agents and Motor Dealers Act 2000		
		Queensland Congregational Union Act 1967		
		Queensland Temperance League Lands Act 1985		
		Returned & Services League of Australia (Queensland Branch) Act 1956		
		Returned Servicemen's Badges Act 1956		
		Roman Catholic Church (Corporation of the Sisters of		

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Mercy of the Diocese of Cairns) Lands Vesting Act 1945		
		Roman Catholic Church (Incorporation of Church Entities) Act 1994		
		Roman Catholic Church Lands Act 1985		
		Roman Catholic Church (Northern Lands) Vesting Act 1941		
		Roman Catholic Relief Act 1830		
		Sale of Goods Act 1896		
		Sale of Goods (Vienna Convention) Act 1986		
		Salvation Army (Queensland) Property Trust Act 1930		
		Scout Association of Australia Queensland Branch Act 1975		
		Sea-Carriage Documents Act 1996		
		Second-hand Dealers and Pawnbrokers Act 2003		
		Security Providers Act 1993		
		Storage Liens Act 1973		
		TAB Queensland Limited Privatisation Act 1999		
		Tattoo Parlours Act 2013		
		Tourism Services Act 2003		
		Travel Agents Act 1988		
		United Grand Lodge of Antient Free and Accepted Masons of Queensland Trustees Act 1942		
		Uniting Church in Australia Act 1977		
		Wagering Act 1998		
		Wesleyan Methodist Trust Property Act 1853		
		Wesleyan Methodists, Independents, and Baptists Churches Act 1838		
		Wine Industry Act 1994		
		Public Trustee Act 1978	Public Trust Office	Public Trustee
Minister for Transport and Main Roads	Air Services Busways Land Transport and Safety Main Roads Marine Infrastructure – Project Delivery Maritime	Adult Proof of Age Card Act 2008 Air Navigation Act 1937 Central Queensland Coal Associates Agreement Act 1968 (Sch pts IV-IVC) Century Zinc Project Act 1997 (ss 5(2)-(7), 11, 12, 13, 21) Civil Aviation (Carriers' Liability) Act 1964 Gold Coast Waterways Authority Act 2012	Department of Transport and Main Roads	Director-General

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>	
Minister for Police, Fire and Emergency Services	Passenger Transport	Heavy Vehicle National Law Act 2012			
	Ports	Maritime Safety Queensland Act 2002			
	Railways	Queensland Nickel Agreement Act 1970 (Sch pts IV-V)			
	Transport Infrastructure		Queensland Rail Transit Authority Act 2013		
			State Transport Act 1938		
			State Transport (People Movers) Act 1989		
			Thiess Peabody Mitsui Coal Pty. Ltd. Agreements Act 1965		
			Tow Truck Act 1973		
			Transport Infrastructure Act 1994		
			Transport Operations (Marine Pollution) Act 1995		
			Transport Operations (Marine Safety) Act 1994		
			Transport Operations (Passenger Transport) Act 1994		
			Transport Operations (Road Use Management) Act 1995		
	Transport Planning and Coordination Act 1994				
Transport (Rail Safety) Act 2010					
Transport (South Bank Corporation Area Land) Act 1999					
Transport Security (Counter-Terrorism) Act 2008					
Police Services		Australian Crime Commission (Queensland) Act 2003	Queensland Police	Commissioner of the Police Service	
		Child Protection (Offender Prohibition Order) Act 2008	Service		
		Child Protection (Offender Reporting) Act 2004			
		Police Powers and Responsibilities Act 2000			
		Police Service Administration Act 1990			
		Public Safety Preservation Act 1986			
		Queensland Police Welfare Club Act 1970			
		Summary Offences Act 2005			
		Terrorism (Preventative Detention) Act 2005			
		Weapons Act 1990			
Disaster Management and State Emergency Service Fire and Rescue Service		Disaster Management Act 2003	Queensland Fire and Emergency Services	Director-General	
		Fire and Rescue Service Act 1990			
Queensland Government Air Services			Public Safety Business Agency	Director-General	
Minister for Agriculture,	Agricultural Chemicals Agricultural Colleges	Agricultural and Veterinary Chemicals (Queensland) Act 1994	Department of Agriculture, Fisheries	Director-General	

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
Fisheries and Forestry	Agriculture, Fisheries and Forestry Research, Development and Extension Animal Welfare Biosecurity Commercial Forestry for native forests under the Forestry Act 1959 Commercial Plantation Forestry Custody and Management of State Forests covered by the Plantation Licence Area Fisheries Food and Fibre Production Food Processing and Value Adding Development Forestry Industry Development Plant and Animal Diseases Private Forestry Quarry Sales under the Forestry Act 1959 Strategic Cropping Land Mitigation Fund	Agricultural Chemicals Distribution Control Act 1966 Agricultural College Act 2005 Agricultural Standards Act 1994 Animal Care and Protection Act 2001 Animal Management (Cats and Dogs) Act 2008 Apiaries Act 1982 Biological Control Act 1987 Brands Act 1915 Chemical Usage (Agricultural and Veterinary) Control Act 1988 Chicken Meat Industry Committee Act 1976 Diseases in Timber Act 1975 Drugs Misuse Act 1986 (Part 5B) Exotic Diseases in Animals Act 1981 Fisheries Act 1994 (except for Fish Habitat Areas which are administered with the Minister for National Parks, Recreation, Sport and Racing) Food Production (Safety) Act 2000 Forestry Act 1959 (jointly administered with the Minister for National Parks, Recreation, Sport and Racing) Land Protection (Pest and Stock Route Management) Act 2002 (except to the extent that it is relevant to Stock Route Management) (jointly administered with the Minister for Natural Resources and Mines) Nature Conservation Act 1992 (to the extent that it is relevant to demonstrated and exhibited native animals) (jointly administered by the Minister for National Parks, Recreation, Sport and Racing and Minister for Environment and Heritage Protection) Plant Protection Act 1989 Rural and Regional Adjustment Act 1994 Stock Act 1915 Strategic Cropping Land Act 2011 (Chapter 5 excluding sections 139(1), 143 and 144 – jointly administered with the Minister for Natural Resources and Mines) Sugar Industry Act 1999 Torres Strait Fisheries Act 1984 Veterinary Surgeons Act 1936	and Forestry	

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
Minister for Environment and Heritage Protection	Climate Change Policy Coastal Management, excluding the Tweed River Entrance Sand Bypassing Project Contaminated Land Ecologically Sustainable Development Environment including Management of Mining Environmental Planning Environmental Protection Policy associated with Healthy Waterways Historical Cultural Heritage Nature Conservation excluding Demonstrated and Exhibited Native Animals and the Management of the Protected Area Estate and Forest Reserves (not including nature refuges) Pollution Management Waste Management Wet Tropics Management	Cape York Peninsula Heritage Act 2007 (except to the extent administered by the Minister for Natural Resources and Mines) Coastal Protection and Management Act 1995 Currumbin Bird Sanctuary Act 1976 Environmental Protection Act 1994 Gurulmundi Secure Landfill Agreement Act 1992 Lake Eyre Basin Agreement Act 2001 (to the extent that it is relevant to environmental matters) National Environment Protection Council (Queensland) Act 1994 National Trust of Queensland Act 1963 Nature Conservation Act 1992 (except to the extent that it is relevant to demonstrated and exhibited native animals and to the extent that it is relevant to the management of the protected area estate and forest reserves, not including nature refuges) (jointly administered by the Minister for National Parks, Recreation, Sport and Racing and Minister for Agriculture, Fisheries and Forestry) Newstead House Trust Act 1939 Queensland Heritage Act 1992 Waste Reduction and Recycling Act 2011 Water Act 2000 (Chapter 3) Wet Tropics World Heritage Protection and Management Act 1993 Wild Rivers Act 2005	Department of Environment and Heritage Protection	Director-General
Minister for Natural Resources and Mines	Mining and Petroleum including – • Extractive Resource Planning • Gas Pipelines • Geological Survey, Exploration • Promotion and Investment • Attraction • Greenhouse Gas Storage • Land Access Policy • Mineral and Energy Resources • Mineral Resources Impacts on Aboriginal and Torres Strait	Aboriginal Land Act 1991 (except to the extent administered by the Treasurer and Minister for Trade; the Attorney-General and Minister for Justice; and the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier) Aboriginal and Torres Strait Islander Land Holding Act 2013 Aborigines and Torres Strait Islanders (Land Holding) Act 1985 Acquisition of Land Act 1967	Department of Natural Resources and Mines	Director-General

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	Islander Interests	Alcan Queensland Pty. Limited Agreement Act 1965		
	• Mining and Petroleum Industry Development	(except to the extent administered by the Treasurer and Minister for Trade and the Deputy Premier, Minister for State Development, Infrastructure and Planning) (Sch)		
	• Mining, Petroleum and Geothermal Tenures	Allan and Stark Burnett Lane Subway Authorisation Act 1926		
	• Pipeline Licences	Aurukun and Mornington Shire Leases Act 1978		
	• Rents	Building Units and Group Titles Act 1980 (except to the extent administered by the Attorney-General and Minister for Justice; sections 5, 5A, 119, 133 and 134 jointly administered with the Attorney-General and Minister for Justice)		
	Safety and Health including –	Cape York Peninsula Heritage Act 2007 (except to the extent administered by the Minister for Environment and Heritage Protection)		
	• Abandoned Mines, Explosives, Extractive Industries, Gas, Geothermal, Mining and Petroleum	Central Queensland Coal Associates Agreement Act 1968 (except to the extent administered by the Treasurer and Minister for Trade and the Deputy Premier, Minister for State Development, Infrastructure and Planning); (Sch pt III)		
	Aboriginal and Torres Strait Islander matters including—	(Sch 1 pt III – to the extent that it is relevant to mining or resource management matters)		
	• Land Interests	Central Queensland Coal Associates Agreement (Amendment) Act 1986 (to the extent that it is relevant to mining or resource management matters)		
	• Land Titles	Central Queensland Coal Associates Agreement Amendment Act 1989 (to the extent that it is relevant to mining or resource management matters)		
	Governance and Oversight of Category 2 Water Authorities	Central Queensland Coal Trust Act 1984 (to the extent that it is relevant to mining or resource management matters)		
	Land including—	Century Zinc Project Act 1997 (sections 9 and 10)		
	• Allocation, Management and Use of State Land	Clean Coal Technology Special Agreement Act 2007		
	• Compulsory Acquisition	Coal and Oil Shale Mine Workers' Superannuation Act 1989		
	• Conservation	Coal Mining Safety and Health Act 1999		
	• Information	Commonwealth Aluminium Corporation Pty. Limited Agreement Act 1957 (except to the extent administered		
	• Land Titles			
	• Strategic Cropping Land			
	• Surveying and Mapping			
	• Valuations			
	Management of Strategic Cropping Land			
	Native Title			
	Natural Resource Management including—			
	• Catchment Management			
	• Water Resource Management			
	Place Names			
	Selling allocation of State quarry			

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	material under the Water Act 2000			
	Registration of Valuers and Surveyors			
	Water Resource Allocation, Planning and Management			
	Western Rivers			
		Explosives Act 1999		
		Foreign Governments (Titles to Land) Act 1948		
		Foreign Ownership of Land Register Act 1988		
		Fossicking Act 1994 (except to the extent administered by the Treasurer and Minister for Trade)		
		Geothermal Energy Act 2010 (except to the extent administered by the Treasurer and Minister for Trade)		
		Greenhouse Gas Storage Act 2009		
		Ipswich Trades Hall Act 1986		
		Lake Eyre Basin Agreement Act 2001 (except to the extent administered by the Minister for Environment and Heritage Protection)		
		Land Act 1994 (except to the extent administered by the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier)		
		Land Protection (Pest and Stock Route Management) Act 2002 (to the extent that it is relevant to Stock Route Management) (jointly administered with the Minister for Agriculture, Fisheries and Forestry)		
		Land Title Act 1994		
		Land Valuation Act 2010		
		Mineral Resources Act 1989 (except to the extent administered by the Treasurer and Minister for Trade)		
		Mining and Quarrying Safety and Health Act 1999		
		Mount Isa Mines Limited Agreement Act 1985 (except to the extent administered by the Treasurer and Minister for Trade)		
		Native Title (Queensland) Act 1993		
		New South Wales-Queensland Border Rivers Act 1946		
		North Stradbroke Island Protection and Sustainability Act 2011 (except to the extent administered by the Minister for National Parks, Recreation, Sport and Racing)		
		Offshore Minerals Act 1998 (except to the extent administered by the Treasurer and Minister for Trade)		
		Petroleum Act 1923 (except to the extent administered by		

		<p>the Treasurer and Minister for Trade)</p> <p>Petroleum and Gas (Production and Safety) Act 2004 (except to the extent administered by the Treasurer and Minister for Trade)</p> <p>Petroleum (Submerged Lands) Act 1982 (except to the extent administered by the Treasurer and Minister for Trade)</p> <p>Place Names Act 1994</p> <p>Queensland Nickel Agreement Act 1970 (Sch pts II-III (except to the extent administered by the Treasurer and Minister for Trade), VI and VII) (to the extent that it is relevant to mining or resource management matters)</p> <p>Queensland Nickel Agreement Act 1988 (to the extent that it is relevant to mining or resource management matters)</p> <p>Registration of Plans (H.S.P. (Nominees) Pty. Limited) Enabling Act 1980</p> <p>Registration of Plans (Stage 2) (H.S.P. (Nominees) Pty. Limited) Enabling Act 1984</p> <p>River Improvement Trust Act 1940</p> <p>Soil Conservation Act 1986</p> <p>Soil Survey Act 1929</p> <p>Starcke Pastoral Holdings Acquisition Act 1994</p> <p>Strategic Cropping Land Act 2011 (jointly administered with the Minister for Agriculture, Fisheries and Forestry who has responsibility for Chapter 5 excluding sections 139(1), 143 and 144)</p> <p>Survey and Mapping Infrastructure Act 2003</p> <p>Surveyors Act 2003</p> <p>Thiess Peabody Coal Pty. Ltd. Agreement Act 1962 (except to the extent administered by the Treasurer and Minister for Trade)</p> <p>Thiess Peabody Mitsui Coal Pty. Ltd. Agreements Act 1965 (except to the extent administered by the Treasurer and Minister for Trade)</p> <p>Torres Strait Islander Land Act 1991 (except to the extent administered by the Treasurer and Minister for Trade; and the Attorney-General and Minister for Justice)</p> <p>Valuers Registration Act 1992</p>		
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<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
Minister for Energy and Water Supply	<p>Energy and Water Utilities including-</p> <ul style="list-style-type: none"> • Clean Energy • Electricity and Gas Sectors and Markets Regulation, Monitoring and Consumer Protection • Energy Efficiency, Conservation and Demand Management • Energy Industry Development • Nuclear Energy Policy • Renewable Energy • Reticulated Fuel Gas Distribution and Retail • Sufficiency of Supply of Fuel Gas and Liquid Fuel 	<p>Vegetation Management Act 1999 Water Act 2000 (except to the extent administered by the Minister for Environment and Heritage Protection and the Minister for Energy and Water Supply) and Chapter 8 s. 999, Part 4A and Part 5 jointly administered with the Minister for Energy and Water Supply Water (Commonwealth Powers) Act 2008 Yeppoon Hospital Site Acquisition Act 2006</p>	Department of Energy and Water Supply	Director-General
	<p>Energy and Water Utilities including-</p> <ul style="list-style-type: none"> • Clean Energy • Electricity and Gas Sectors and Markets Regulation, Monitoring and Consumer Protection • Energy Efficiency, Conservation and Demand Management • Energy Industry Development • Nuclear Energy Policy • Renewable Energy • Reticulated Fuel Gas Distribution and Retail • Sufficiency of Supply of Fuel Gas and Liquid Fuel 	<p>Electricity Act 1994 Electricity-National Scheme (Queensland) Act 1997 Energy and Water Ombudsman Act 2006 Gas Supply Act 2003 Gladstone Power Station Agreement Act 1993 Liquid Fuel Supply Act 1984 Metropolitan Water Supply and Sewerage Act 1909 National Gas (Queensland) Act 2008 Nuclear Facilities Prohibition Act 2007</p>		
	<p>Bulk Water supply, distribution and retail arrangements Management of Water Supply Emergencies Protection of Public Health and Safety in Provision of Water and Sewerage Services Safe Operation and Management of Referable Dams Water Recycling Strategy Water Supply Policy, Planning and Regulation</p>	<p>South-East Queensland Water (Distribution and Retail Restructuring) Act 2009 South East Queensland Water (Restructuring) Act 2007 (in so far as the Minister is a jointly Responsible Minister for the purpose of Chapter 2 of this Act) Water Act 2000 Chapter 2, Part 2 Div 2A and 4, Chapter 2A, Chapter 4 (to the extent that it is relevant to Category 1 Water Authorities), Chapter 9 Part 2 and, to the extent relevant to all these parts, Chapters 5, 6 and 7) Chapter 8, s. 999 and Part 4A and Part 5 (jointly administered with the Minister for Natural Resources and Mines) Water Efficiency Labelling and Standards Act 2005</p>		

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
Minister for Local Government, Community Recovery and Resilience	Local Government	Water Supply (Safety and Reliability) Act 2008 Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 (Part 9, Div 2 and Part 10) City of Brisbane Act 2010 Local Government Act 2009 Local Government Electoral Act 2011	Department of Local Government, Community Recovery and Resilience	Director-General
	Reconstruction of Queensland following statewide flooding and Cyclone Yasi 2010-2011 and the Queensland 2013 floods	Queensland Reconstruction Authority Act 2011	Queensland Reconstruction Authority	Chief Executive Officer
Minister for Communities, Child Safety and Disability Services	Adoption Carers Child Protection Services Community Recovery Community Services Disability Services Home and Community Care Seniors Social Inclusion Women's Policy and Office for Women Youth Affairs	Adoption Act 2009 (except to the extent administered by the Attorney-General and Minister for Justice) Carers (Recognition) Act 2008 Childrens Court Act 1992 (ss 20(1)(f) and 20(2)(a)(ii)) Child Protection Act 1999 (jointly administered with the Attorney-General and Minister for Justice) Child Protection (International Measures) Act 2003 Commission for Children and Young People and Child Guardian Act 2000 Community Services Act 2007 (jointly administered with the Minister for Education, Training and Employment, the Attorney-General and Minister for Justice, the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier and the Minister for Housing and Public Works) Disability Services Act 2006 Domestic and Family Violence Protection Act 2012 Family Services Act 1987 Forensic Disability Act 2011 Guide, Hearing and Assistance Dogs Act 2009 Youth Justice Act 1992 (jointly administered with the Attorney-General and Minister for Justice)	Department of Communities, Child Safety and Disability Services	Director-General
Minister for National	Custody and Management of State	Eagle Farm Racecourse Act 1998	Department of	Director-General

Minister	Principal Ministerial Responsibilities	Acts Administered	Administrative Units	Responsible Heads
Parks, Recreation, Sport and Racing	<p>Forests not part of the Plantation Licence Agreement</p> <p>Fish Habitat Areas</p> <p>Marine Infrastructure – Strategic Planning</p> <p>Marine Parks Management</p> <p>National Parks</p> <p>Protected Area Estate Management and Forest Reserves (excluding Nature Refuges)</p> <p>Racing</p> <p>Recreation excluding Natural Resource Recreation and Education</p> <p>Sport</p>	<p>Fisheries Act 1994 (as it relates to Fish Habitat Areas)</p> <p>Forestry Act 1959 (jointly administered with the Minister for Agriculture, Fisheries and Forestry)</p> <p>Major Sports Facilities Act 2001</p> <p>Marine Parks Act 2004</p> <p>Mt. Gravatt Showgrounds Act 1988</p> <p>Nature Conservation Act 1992 (to the extent that it is relevant to the management of the protected area estate and forest reserves, excluding Nature Refuges) (jointly administered by the Minister for Agriculture, Fisheries and Forestry and Minister for Environment and Heritage Protection)</p> <p>North Stradbroke Island Protection and Sustainability Act 2011 (except to the extent relevant to matters administered by the Minister for Natural Resources and Mines)</p> <p>Racing Act 2002</p> <p>Racing Venues Development Act 1982</p> <p>Recreation Areas Management Act 2006</p> <p>Sports Anti-Doping Act 2003</p>	<p>National Parks, Recreation, Sport and Racing</p>	
Minister for Tourism, Major Events, Small Business and the Commonwealth Games	<p>Commonwealth Games</p> <p>Developing Small Business Capability</p> <p>Investment Promotion</p> <p>Motor Racing Events</p> <p>Small Business Regulatory Reform</p> <p>Small Business Resilience</p> <p>Tourism Development and Promotion</p>	<p>Commonwealth Games Arrangements Act 2011</p> <p>Motor Racing Events Act 1990</p> <p>Tourism and Events Queensland Act 2012</p> <p>Traveller Accommodation Providers (Liability) Act 2001</p>	<p>Department of Tourism, Major Events, Small Business and the Commonwealth Games</p>	<p>Director-General</p>
Minister for Aboriginal and Torres Strait Islander Affairs and Minister Assisting the Premier	<p>Aboriginal and Torres Strait Islander Cultural Heritage</p> <p>Aboriginal and Torres Strait Islander Policy, Rights and Culture</p> <p>Multicultural Affairs</p>	<p>Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 (except to the extent administered by the Attorney-General and Minister for Justice – Part 4, sections 18-25); (sections 4, 8, 64-67, 70 and 71, jointly administered with the Attorney-General and Minister for Justice)</p> <p>Aboriginal Cultural Heritage Act 2003</p> <p>Aboriginal Land Act 1991 (to the extent that it is relevant to the transfer of land as Aboriginal land prior to the dedication of national parks (Cape York Peninsula</p>	<p>Department of Aboriginal and Torres Strait Islander and Multicultural Affairs</p>	<p>Director-General</p>

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
		Aboriginal land) under the Nature Conservation Act 1992 and associated transfers of land as Aboriginal land)		
		Community Services Act 2007 (jointly administered with the Minister for Communities, Child Safety and Disability Services and the Minister for Education, Training and Employment)		
		Family Responsibilities Commission Act 2008		
		Land Act 1994 (to the extent that it is relevant to dealing with land associated with the dedication of national parks (Cape York Peninsula Aboriginal land) under the Nature Conservation Act 1992, associated transfers of land as Aboriginal land and actions agreed in Indigenous Land Use Agreements for those lands)		
		Torres Strait Islander Cultural Heritage Act 2003		
	Public Sector Industrial Relations	Industrial Relations Act 1999 (to the extent it relates to public sector industrial relations)	Public Service Commission	Commission Chief Executive
	Public Sector Wages Policy and Enterprise Bargaining			
Minister for Housing and Public Works	Building and Plumbing Standards	Architects Act 2002		
	Government Accommodation and Public Service Residences	Building Act 1975		
	Government Buildings	Building and Construction Industry Payments Act 2004		
	Government Motor Vehicles	Community Services Act 2007 (jointly administered with the Minister for Communities, Child Safety and Disability Services to the extent it is relevant to Homelessness)		
	Government Printing and Publishing	Domestic Building Contracts Act 2000		
	Government Purchasing (including electronic procurement)	Housing Act 2003		
	Homelessness	Housing (Freeholding of Land) Act 1957		
	Housing Services including—	Inala Shopping Centre Freeholding Act 2006		
	• Community Housing assistance	Manufactured Homes (Residential Parks) Act 2003		
	• Housing assistance policy	Plumbing and Drainage Act 2002		
	• Indigenous Housing assistance	Professional Engineers Act 2002		
	• Private Housing assistance	Queensland Building Services Authority Act 1991		
	• Public Housing	Residential Services (Accreditation) Act 2002		
	Licensing and regulation of the Queensland building industry	Residential Tenancies and Rooming Accommodation Act 2008		
	Licensing of Plumbers and Drainers	Retirement Villages Act 1999		
	Queensland home warranty insurance		Department of Housing and Public Works	Director-General

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	<p>scheme</p> <p>Professional Practices and Registration of Professional Engineers and Architects</p> <p>Property Facilities Management and Property Related Services for Government including-</p> <ul style="list-style-type: none"> • Design, Construction and Maintenance • Project Management • Protective Services <p>Registration of Retirement Villages</p> <p>Regulation of accommodation services – boarding houses and residential parks</p> <p>Urban Design and Government Architect</p>	<p>State Buildings Protective Security Act 1983</p> <p>Subcontractors' Charges Act 1974</p> <p>Sustainable Planning Act 2009 (Chapter 7, part 2)</p>		
Minister for Science, Information Technology, Innovation and the Arts	<p>Administration of Crown Copyright and Intellectual Property</p> <p>CITEC</p> <p>Coastal Management relating to the Tweed River Entrance Sand Bypassing Project</p> <p>Digital Economy</p> <p>Environment, Climate and Natural Resource Sciences – Research, Development and Advice</p> <p>Government Information and Communication Technology Services and Delivery including-</p> <ul style="list-style-type: none"> • Portfolio, Program and Project Assurance Services • Public Sector Development • Capability Development • Government-Industry Liaison • Telecommunications, Broadband and Digital Economy <p>Innovation Policy, Strategy and</p>	<p>Biodiscovery Act 2004</p> <p>Gene Technology Act 2001</p> <p>Tweed River Entrance Sand Bypassing Project Agreement Act 1998</p>	<p>Department of Science, Information Technology, Innovation and the Arts</p>	<p>Director-General</p>

<i>Minister</i>	<i>Principal Ministerial Responsibilities</i>	<i>Acts Administered</i>	<i>Administrative Units</i>	<i>Responsible Heads</i>
	<p>Programs</p> <p>International Collaborations</p> <p>Research and Development Coordination and Planning</p> <p>Science Policy, Strategy and Investment</p> <p>Shared Services Provision (other than Queensland Health and the Department of Education, Training and Employment)</p> <p>Shared Services Systems</p> <p>Smart Service Queensland</p>	<p>Libraries Act 1988</p> <p>Public Records Act 2002</p> <p>Queensland Art Gallery Act 1987</p> <p>Queensland Museum Act 1970</p> <p>Queensland Performing Arts Trust Act 1977</p> <p>Queensland Theatre Company Act 1970</p> <p>Schools of Arts (Winding Up and Transfer) Act 1960</p> <p>Schools of Arts (Winding Up and Transfer) Act Amendment Act 1981</p>		
	<p>Archives</p> <p>Arts</p>			
	<p>Lead the Development of Science and Innovation Strategy across Government</p> <p>Promote Queensland Science Science and Innovation Stakeholder Engagement</p>		<p>Department of Science, Information Technology, Innovation and the Arts</p>	<p>Chief Scientist</p>
	<p>Government Information and Communication Technology Policy and Planning including-</p> <ul style="list-style-type: none"> • ICT Governance • ICT Investment Assurance • Information Systems and Information Technology Strategy • ICT Policy and Standards 		<p>Department of Science, Information Technology, Innovation and the Arts</p>	<p>Queensland Government Chief Information Officer</p>

Minister ***Principal Ministerial Responsibilities*** ***Acts Administered*** ***Administrative Units*** ***Responsible Heads***

- (including Shared Services)
Queensland Government
Enterprise Architecture

*Public Service Act 2008***PUBLIC SERVICE DEPARTMENTAL ARRANGEMENTS
NOTICE (NO.8) 2013****Short Title**

1. This notice is made under the *Public Service Act 2008* and may be cited as the *Public Service Departmental Arrangements Notice (No.8) 2013*.

Commencement

2. This notice is to commence on 1 November 2013.

Establishment and Naming of Department

3. Under sections 15 (a) and (e) of the Act, a department of government is established and named Queensland Fire and Emergency Services.

Renaming of Department

4. Under section 15 (e) of the Act, the Department of Community Safety is renamed Public Safety Business Agency.

Establishment and Declaration of Government Entity

5. Under sections 14(2) and 15(a) of the Act, that part of the Public Safety Business Agency known as Emergency Management Queensland excluding (a) that part responsible for administering the Natural Disaster Resilience Program and the Natural Disaster Relief and Recovery Arrangements; (b) that part responsible for providing corporate services and (c) Helicopter Rescue is established as a government entity and declared to be part of the Public Safety Business Agency.
6. Under sections 14(2) and 15(a) of the Act, that part of Emergency Management Queensland within the Public Safety Business Agency responsible for administering the Natural Disaster Resilience Program and the Natural Disaster Relief and Recovery Arrangements is established as a government entity and declared to be part of the Public Safety Business Agency.
7. Under sections 14(2) and 15(a) of the Act, that part of the Public Safety Business Agency known as Queensland Fire and Rescue Service excluding that part responsible for providing corporate services is established as a government entity and declared to be part of the Public Safety Business Agency.
8. Under sections 14(2) and 15(a) of the Act, that part of the Public Safety Business Agency known as Queensland Corrective Services is established as a government entity and declared to be part of the Public Safety Business Agency.
9. Under sections 14(2) and 15(a) of the Act, that part of the Public Safety Business Agency responsible for providing corporate services to Queensland Corrective Services is established as a government entity and declared to be part of the Public Safety Business Agency.
10. Under sections 14(2) and 15(a) of the Act, that part of the Department of the Premier and Cabinet known as the Government Air Wing is established as a government entity and declared to be part of the Department of the Premier and Cabinet.
11. Under sections 14(2) and 15(a) of the Act, that part of Queensland Health responsible for administering the Community Helicopter Provider Network is established as a government entity and declared to be part of Queensland Health.
12. Under sections 14(2) and 15(a) of the Act, that part of the Queensland Police Service known as the Queensland Police Service Air Wing excluding the Aerial Surveillance Unit is established as a government entity and declared to be part of Queensland Police Service.

Amalgamation and Declaration

13. Under sections 14(2) and 15(b) of the Act, the government entities established under Parts 5 and 7 of this notice are amalgamated with, and declared to be part of, Queensland Fire and Emergency Services.
14. Under sections 14(2) and 15(b) of the Act, the government entity established under Part 6 of this notice is amalgamated with, and declared to be part of, the Department of Local Government, Community Recovery and Resilience.
15. Under sections 14(2) and 15(b) of the Act, the government entities established under Parts 8 and 9 of this notice are amalgamated with, and declared to be part of, the Department of Justice and Attorney-General.
16. Under sections 14(2) and 15(b) of the Act, the government entities established under Parts 10, 11 and 12 of this notice are amalgamated with, and declared to be part of, the Public Safety Business Agency.

Declaration of Departments and Titles of Office for Chief Executives

17. Under section 14(1) of the Act, within the schedule, an entity in column 1 is declared to be a department of government. The title specified in column 2 is the title of office for the chief executive of the stated department and is included for information only and does not form part of this notice.

SCHEDULE

Column 1	Column 2
Department of Government	Title of Office for the Chief Executive
Department of Aboriginal and Torres Strait Islander and Multicultural Affairs	Director-General, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
Department of Agriculture, Fisheries and Forestry	Director-General, Department of Agriculture, Fisheries and Forestry
Department of Communities, Child Safety and Disability Services	Director-General, Department of Communities, Child Safety and Disability Services
Department of Education, Training and Employment	Director-General, Department of Education, Training and Employment
Department of Energy and Water Supply	Director-General, Department of Energy and Water Supply
Department of Environment and Heritage Protection	Director-General, Department of Environment and Heritage Protection
Department of Housing and Public Works	Director-General, Department of Housing and Public Works
Department of Justice and Attorney-General	Director-General, Department of Justice and Attorney-General
Department of Local Government, Community Recovery and Resilience	Director-General, Department of Local Government, Community Recovery and Resilience
Department of National Parks, Recreation, Sport and Racing	Director-General, Department of National Parks, Recreation, Sport and Racing
Department of Natural Resources and Mines	Director-General, Department of Natural Resources and Mines
Department of the Premier and Cabinet	Director-General, Department of the Premier and Cabinet

Public Safety Business Agency	Director-General, Public Safety Business Agency
Queensland Fire and Emergency Services	Director-General, Queensland Fire and Emergency Services
Queensland Health	Director-General, Queensland Health
Queensland Police Service	Commissioner of the Police
Queensland Treasury and Trade	Under Treasurer, Queensland Treasury and Trade
Department of Science, Information Technology, Innovation and the Arts	Director-General, Department of Science, Information Technology, Innovation and the Arts
Department of State Development, Infrastructure and Planning	Director-General, Department of State Development, Infrastructure and Planning
Department of Tourism, Major Events, Small Business and the Commonwealth Games	Director-General, Department of Tourism, Major Events, Small Business and the Commonwealth Games
Department of Transport and Main Roads	Director-General, Department of Transport and Main Roads

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Queensland Workers' Compensation Scheme

Guidelines for Evaluation of Permanent Impairment

First Edition

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This publication may refer to legislation that has been amended or repealed. When reading this publication you should always refer to the latest laws. Information on the latest laws can be checked at the Queensland legislation website - <https://www.legislation.qld.gov.au/>

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Foreword

The *Guidelines for Evaluation of Permanent Impairment* (the Guide) is issued for the purpose of assessing the degree of permanent impairment that arises from a compensable injury or disease. When a person sustains a permanent impairment the Guide is intended for use by trained medical assessors to ensure an objective, fair and consistent method for evaluating the degree of impairment.

The first edition of the Guide is based on the American Medical Association's *Guides to the Evaluation of Permanent Impairment, Fifth Edition* (AMA5 Guides). The American Medical Association's Guides are the most authoritative and widely used source for evaluating permanent impairment. However extensive work by eminent Australian medical specialists representing all Australian Medical Colleges has gone into reviewing the AMA Guides to ensure they are aligned with clinical practice in Australia.

The Introduction is divided into two parts. The first part is intended for the use of medical practitioners who are applying the Guide in their assessment of permanent impairment that results from an injury or disease.

The second part describes the legislative instrument that adopts the Guide as the formal methodology for the assessment of permanent impairment for injuries compensable in Queensland. This second part also outlines the legislative requirements relevant to the assessment of permanent impairment that needs to be understood and applied by assessing medical practitioners.

Publications such as this only remain useful to the extent that they meet the needs of users and those injured who sustain a permanent impairment. It is therefore important that the protocols set out in the Guide are applied consistently and methodically. Any difficulties or anomalies need to be addressed through modification of the publication and not by idiosyncratic reinterpretation of any part. All suggestions for improvement should be addressed to the workers' compensation regulator.

1 Introduction

Part 1

1.1 This Guide adopts the AMA5 Guides in most cases. Where there is any deviation, the difference is defined in this Guide and the procedures contained therein are to prevail if there is any inconsistency with AMA5 Guides.

1.1(a) Assessing permanent impairment involves clinical assessment on the day of assessment taking account of the injured person's relevant medical history and all available relevant medical information in order to determine, in accordance with diagnostic and other objective criteria as detailed in this Guide:

- whether the condition is stable and stationary
- whether the injured person's compensable injury/condition has resulted in impairment
- whether the resultant impairment is permanent
- the degree of permanent impairment that results from the injury, and
- the proportion of permanent impairment due to any previous injury, pre existing condition or abnormality.

1.1(b) The referral for an assessment of permanent impairment is to make clear to the assessor the injury or other medical condition for which an assessment is sought.

1.1(c) In calculating the final level of assessment, the assessor needs to clarify the degree of impairment that results from the compensable condition. Any deductions for pre-existing conditions are to be clearly identified in the report and calculated. If, in an unusual situation, a related condition has not been identified, an assessor should record the nature of any previously unidentified condition in their report and specify the causal connection to the relevant compensable injury or medical condition – see also paragraphs 1.51 and 1.52.

1.2 Medical assessors are expected to be familiar with Chapters 1 and 2 of the AMA5 Guides in addition to the information contained in this introduction.

1.3 In the case of a complex injury, where different medical assessors are required to assess different body systems, a 'lead assessor' should be nominated to coordinate and calculate the final level of permanent impairment as a percentage of whole person impairment (% WPI) resulting from the individual assessments.

1.4 This Guide may specify more than one method that assessors can use to establish the degree of an injured person's permanent impairment. In that case, assessors should use the method that produces the highest degree of permanent impairment. (This does not apply to gait derangement - see items 3.5 and 3.10).

Development of the Guide

1.5 This Guide was developed by groups of medical specialists brought together to review the AMA5 Guides.

1.6 This Guide is meant to assist suitably qualified and experienced medical practitioners to assess the degree of permanent impairment. Medical practitioners are required to exercise their clinical judgment in determining diagnosis, whether the original condition has resulted in impairment and whether the impairment is permanent.

Body systems covered by the Guide

- 1.7 AMA5 Guides are used for most body systems, with the exception of Vision where, on the medical specialists (ophthalmologists) advice, assessments are conducted according to *AMA Guides to the Evaluation of Permanent Impairment, 4th Edition* (AMA4 Guides). The Chapter Mental and Behavioural Disorders (Chapter 14 in AMA 5 Guides) is likewise omitted. This Guide contains a substitute Chapter on Psychiatric and Psychological Disorders (Chapter 11) which was written by a group of Australian Psychiatrists.
- 1.8 The Chapter on Pain (Chapter 18 in the AMA 5 Guides) is excluded entirely at the present time. Conditions associated with chronic pain should be assessed on the basis of the underlying diagnosed condition, and not on the basis of the chronic pain. Where pain is commonly associated with a condition, an allowance is made in the degree of impairment assigned in this Guide. Complex regional pain syndrome should be assessed in accordance with Chapter 16 p495-497 of the AMA 5 Guides.
- 1.9 Evaluation of Permanent Impairment due to Hearing Loss adopts the methodology indicated in these guides (Chapter 9) with some reference to AMA5 Guides, Chapter 11 (p245-251), but uses National Acoustic Laboratory (NAL) Tables from the NAL Report No 118, *Improved Procedure for Determining Percentage Loss of Hearing*, January 1988.

Multiple impairments

- 1.10 Impairments arising from the same injury are to be assessed together. Impairments from multiple injuries that arise out of the same event are to be assessed together to calculate the degree of permanent impairment of the injured person, except for psychiatric or psychological injuries. The degree of permanent impairment for psychiatric or psychological injuries must be assessed separately.
- 1.11 The Combined Values Chart (p604-606, AMA5 Guides) is used to derive a % WPI that arises from multiple impairments. An explanation of its use is found on p9-10 of AMA5 Guides. When combining more than two impairments, the Assessor should commence with the highest impairment and combine with the next highest and so on.

Permanent impairment

- 1.12 Assessments are only to be conducted when the medical assessor considers that the degree of permanent impairment of the injured person is unlikely to improve further and is stable and stationary – see paragraph 1.48 for definition of stable and stationary.
- 1.13 If the medical assessor considers that the injured person's treatment has been inadequate and the impairment is not stable and stationary, the assessment should be deferred and comment made on the value of additional/different treatment and/or rehabilitation – subject to paragraph 1.14.

Refusal of Treatment

- 1.14 If the injured person has been offered, but refused, additional or alternative medical treatment that the assessor considers is likely to improve the injured person's condition; the medical assessor should evaluate the current condition, without consideration of potential changes associated with the proposed treatment. The assessor may note the potential for improvement in the injured person's condition in the evaluation report, and the reasons for refusal by the injured person, but should not adjust the degree of impairment on the basis of the injured person's decision.

Future Deterioration of a Condition

- 1.15 Similarly, if a medical assessor forms the opinion that the injured person's condition is stable for the foreseeable future, but that it may deteriorate in the long term, the assessor should make no allowance for this deterioration, but note its likelihood in the evaluation report.

Information Required for Assessments

- 1.16 On referral, the medical assessor should be provided with all relevant medical and allied health information, including results of all clinical investigations related to the injury in question.
- 1.17 The degree of permanent impairment that results from the injury/condition must be determined using the tables, graphs and methodology given in this Guide and AMA5 Guides. Most importantly, assessors must have available to them all information about the onset, subsequent treatment, diagnostic tests, and functional assessments of the person claiming a permanent impairment. The absence of required information could result in an assessment being discontinued or deferred. Section 1.5 of Chapter 1 of AMA5 Guides (p10) applies to the conduct of assessments and expands on this concept.
- 1.18 AMA5 Guides and this Guide indicate the information and investigations that are required to arrive at a diagnosis and to measure permanent impairment. Assessors must apply the approach outlined in the Guides. Referrers must consult this publication in order to gain an understanding of the information that should be provided to the assessor in order to conduct a comprehensive evaluation.

Medical assessors

- 1.19 An assessor will be a medical practitioner with qualifications, training and experience relevant to the body system being assessed who has undertaken the requisite training in use of this Guide, or a medical practitioner elected by the referring insurer.
- 1.20 Assessors may be one of the injured person's treating practitioners or an assessor engaged to conduct an assessment for the purposes of determining the degree of permanent impairment, as arranged by the insurer.

Code of conduct

- 1.21 Assessors are referred to the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*, 8.7 Medico-legal, insurance and other assessments.
- 1.22 Assessors are reminded that they have an obligation to act in an ethical, professional and considerate manner when examining an injured person for the determination of permanent impairment.
- 1.23 Effective communication is vital to ensure that the injured person is well-informed and able to maximally cooperate in the process. Assessors should:
- ensure that the injured person understands who the assessor is and the assessor's role in the evaluation
 - ensure that the injured person understands how the evaluation will proceed
 - take reasonable steps to preserve the privacy and modesty of the injured person during the evaluation, and

- 1.32 The assessed degree of permanent impairment is to be expressed as a % WPI.
- 1.33 The report should include a conclusion of the assessor, including the final % WPI. This is to be included as the final paragraph in the body of the report, and not as a separate report - see paragraph 1.54 to 1.58 for specific provisions regarding the delivery of the report.

Ordering of additional investigations

- 1.34 As a general principle, the assessing medical practitioner should not order additional radiographic or other investigations purely for the purpose of conducting an assessment of permanent impairment; however this does not apply to a Medical Assessment Tribunal.
- 1.35 If, however, the investigations previously undertaken are not as required by this Guide or are inadequate for a proper assessment to be made, the medical assessor should consider the value of proceeding with the evaluation of permanent impairment without adequate investigations.
- 1.36 In circumstances where the assessor considers that further investigation is essential for a comprehensive evaluation to be undertaken and deferral of the evaluation would considerably inconvenience the injured person (e.g. when the injured person has travelled from a country region specifically for the assessment), the assessing medical specialist may proceed to order the appropriate investigations provided that there is no undue risk to the injured person. The approval of the referring body for the additional investigation will be required to ensure that the costs of the test are met.

Conditions which are not covered by the Guide - Equivalent or Analogous Conditions

- 1.37 AMA5 Guides (p11) states: "Given the range, evolution and discovery of new medical conditions, the Guides cannot provide an impairment rating for all impairments... In situations where impairment ratings are not provided, the Guides suggest that medical practitioners use clinical judgment, comparing measurable impairment resulting from the unlisted condition to measurable impairment resulting from similar conditions with similar impairment of function in performing activities of daily living. The assessor must stay within the body part/region when using analogy for musculoskeletal injuries."
- 1.38 The physician's judgment, based upon experience, training, skill, thoroughness in clinical evaluation, and ability to apply the Guides criteria as intended, will enable an appropriate and reproducible assessment to be made of clinical impairment."

Inconsistent Presentation

- 1.39 AMA5 Guides, p19, states: "Consistency tests are designed to ensure reproducibility and greater accuracy. These measurements, such as one that checks the individual's range of motion are good but imperfect indicators of people's efforts. The physician must use the entire range of clinical skill and judgment when assessing whether or not the measurements or test results are plausible and consistent with the impairment being evaluated. If, in spite of an observation or test result, the medical evidence appears insufficient to verify that an impairment of a certain magnitude exists, the physician may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing." This paragraph applies to inconsistent presentation only.

Activities of Daily Living

- not provide any opinion to the injured person about their claim.
- 1.24 Information produced for injured persons regarding independent medical examinations and assessments of permanent impairment should be supplied by insurers when advising the appointment details.
- 1.25 Complaints received in relation to the behaviour of an assessor during an evaluation will be initially handled by the insurer that made the referral. If complaints recur or the initial review reveals that a problem potentially exists, the complaint will be referred to the Australian Health Practitioner Regulation Agency for investigation and appropriate action.

Adjustment for the effects of orthoses and prostheses

- 1.26 Assessments of permanent impairment are to be conducted without assistive devices, except where these cannot be removed. The assessor will need to make an estimate as to what is the degree of impairment, without such a device, if it cannot be removed for examination purposes. Further details may be obtained in the relevant Chapters in this Guide.
- 1.27 Impairment of vision should be measured with the injured person wearing their prescribed corrective spectacles and/or contact lenses, if this was usual for them before the injury. If, as a result of the injury, the injured person has been prescribed corrective spectacles and/or contact lenses for the first time, or different spectacles and/or contact lenses than those prescribed pre-injury, the difference should be accounted for in the assessment of permanent impairment.

Adjustment for the effects of treatment

- 1.28 As previously indicated, where an injured person has declined treatment which the assessor believes would be beneficial, the impairment rating should be neither increased nor decreased – see paragraphs 1.49 and 1.50 for more information.

Reports

- 1.29 A report of the evaluation of permanent impairment should be accurate, comprehensive and fair. It should clearly address the question being asked of the assessing medical practitioner. In general, the assessor will be requested to address issues of:
- current clinical status, including the basis for determining whether the injury is stable and stationary,
 - the degree of permanent impairment that results from the injury, and
 - the proportion of permanent impairment due to any previous injury, pre-existing condition or abnormality, if any.
- 1.30 The report should contain factual information based on all available medical information and results of investigations, the assessor's own history taking and clinical examination. The other reports or investigations that are relied upon in arriving at an opinion should be appropriately referenced in the assessor's report.
- 1.31 This Guide is to be used in assessing permanent impairment and the report of the evaluation should provide a rationale consistent with the methodology and content of this Guide. It should include a comparison of the key findings of the evaluation with the impairment criteria in this Guide. If the evaluation was conducted in the absence of any pertinent data or information, the assessor should indicate how the impairment rating was determined with limited data.

Stable and stationary

- 1.48 This is considered to occur when the worker's condition has been medically stable for the previous three months and is unlikely to change by more than 3%WPI in the next 12 months with or without further medical or surgical treatment.

Adjustment for the effects of treatment

- 1.49 In circumstances where the treatment of a condition leads to a further, secondary impairment, other than a secondary psychological impairment, the assessor should use the appropriate parts of this Guide to evaluate the effects of treatment, and use the Combined Values Chart (p604-606 AMA5 Guides) to arrive at a final Whole Person Impairment.
- 1.50 Where the effective long term treatment of an illness or injury results in apparent substantial or total elimination of the injured person's permanent impairment, but the injured person is likely to revert to the original degree of impairment if treatment is withdrawn, the assessor may increase the percentage of whole person impairment by 1, 2 or 3% WPI. This percentage should be combined with any other impairment percentage, using the Combined Values Chart. This paragraph does not apply to the use of analgesics or anti-inflammatory medication for pain relief.

Deductions for Pre-existing Condition or Injury

- 1.51 The degree of permanent impairment resulting from pre-existing impairments should not be included in the final calculation of permanent impairment if those impairments are not related to the compensable injury. The assessor needs to take account of all available evidence to calculate the degree of impairment that pre-existed the injury.
- 1.52 In assessing the degree of permanent impairment resulting from the compensable injury, the assessor is to indicate the degree of impairment due to any previous injury, pre-existing condition or abnormality. This proportion is known as "the deductible proportion" and should be deducted from the degree of permanent impairment determined by the assessor.

Disputes over Assessed Degree of Impairment

- 1.53 If a worker disagrees with their assessed degree of impairment, the worker must advise the insurer within 20 business days after the insurer issues the notice of assessment that the worker does not agree.

Reports

- 1.54 Reports are to be provided within ten working days of the assessment being completed, or as agreed between the referrer and the assessor.
- 1.55 Reports that comply with the requirements below are paid at a higher level than other medical reports. If the assessment report does not comply, the insurer may request further details before payment is processed.
- 1.56 The report must state the matters taken into account, and the weight given to the matters, in deciding the degree of permanent impairment.
- 1.57 It is recommended that the final report contains:
- a medical history
 - clinical evaluation details such as the range of movement, neurological findings and any relevant investigations

- 1.40 Many tables in AMA5 Guides give class values for particular impairments, with a range of possible impairment values within each class. Commonly, the tables require the medical practitioners to consider the impact of the injury/illness on activities of daily living in determining the precise impairment value. The activities of daily living which should be considered, if relevant, are listed in Table 1-2, p4, AMA5 Guides. The impact of the injury on activities of daily living is not considered in assessments of the upper or lower extremities.

- 1.41 The assessment of the impact of the injury on activities of daily living should be verified wherever possible by reference to objective assessments, for example, physiotherapist or occupational therapist functional assessments and other medical reports.

Rounding

- 1.42 Occasionally the methods of this Guide will result in an impairment value which is not a whole number (e.g. an assessment of peripheral nerve impairment in the upper extremity). All such values must be rounded to the nearest whole number before moving from one degree of impairment to the next (e.g. from finger impairment to hand impairment, or from hand impairment to upper extremity impairment) or from a regional impairment to a whole person impairment. Figures should also be rounded before using the combination tables. This will ensure that the final whole person impairment will always be a whole number. The usual mathematical convention is followed where rounding occurs - values of 0.4 or less are rounded down to the nearest whole number and values of 0.5 and above are rounded up to the next whole number. The method of calculating further hearing loss is shown in Chapter 9, paragraph 9.15, p46.

Quality Assurance

- 1.43 The degree of permanent impairment that results from the injury must be determined using the tables, graphs and methodology given in this Guide, and the applicable legislation. If it is not clear that a report has been completed in accord with this Guide, clarification may be sought from the trained medical assessor who prepared the report.

Part 2 – Specific requirements

- 1.44 For the purposes of the Queensland workers' compensation scheme, this Guide is made under section 183 of the *Workers' Compensation and Rehabilitation Act 2003* and is to be used in the evaluation of permanent impairment arising from work injuries in accordance with section 179 of the *Workers' Compensation and Rehabilitation Act 2003*.

Date of Effect

- 1.45 This Guide is to be used in the assessment of impairment from the date of effect of the Guide as published in the gazette.

Use of this Guide

- 1.46 Assessors of levels of permanent impairment for injuries that occur after 15 October 2013 are required to use the Guide current at the time of the assessment.

Psychological Injury

- 1.47 Where applicable, impairments arising from psychological and psychiatric injuries are to be assessed separately from the degree of impairment that results from physical injuries arising out of the same event.

2 Upper Extremity

AMA5 Chapter 16 applies to the assessment of permanent impairment of the upper extremities, subject to the modifications set out below.

Introduction

- 2.1 The upper extremities are discussed in AMA 5 Chapter 16 (pp 433-521). This chapter provides guidelines on methods of assessing permanent impairment involving these structures. It is a complex chapter that requires an organised approach with careful documentation of findings.
- 2.2 Evaluation of anatomical impairment forms the basis for upper extremity impairment assessment. The ratings reflect the degree of impairment and its impact on the ability of the person to perform activities of daily living. There can be clinical conditions where evaluation of impairment may be difficult, for example, lateral epicondylitis of the elbow. Such conditions are evaluated by their effect on function of the upper extremity, or if all else fail, by analogy with other impairments that have similar effects on upper limb function.

The Approach to Assessment of the Upper Extremity and Hand

- 2.3 Assessment of the upper extremity mainly involves clinical evaluation. Cosmetic and functional evaluations are performed in some situations. The impairment must be permanent and stable. The injured person will have a defined diagnosis that can be confirmed by examination.
- 2.4 The assessed impairment of a part or region can never exceed the impairment due to amputation of that part or region. For an upper limb, therefore, the maximum evaluation is 60% WPI, the value for amputation through the shoulder.
- 2.5 Active range of motion should be measured with several repetitions to establish reliable results. Only active motion is measured, not passive motion.
- 2.6 To achieve an accurate and comprehensive assessment of the upper extremity, findings should be documented on a standard form: AMA 5 Figures 16-1a and 16-1b (pp 436-437) are extremely useful, both to document findings and to guide the assessment process.
- 2.7 The hand and upper extremity are divided into regions: thumb, fingers, wrist, elbow, and shoulder. Close attention needs to be paid to the instructions in Figures 16-1a and 16-1b (pp 436-437, AMA5) regarding adding or combining impairments.
- 2.8 Table 16-3 (pp 439, AMA5) is used to convert upper extremity impairment to whole person impairment.

Specific Interpretation of the AMA 5 Guides – The Hand and Upper Extremity

Impairment of the Upper Extremity due to Peripheral Nerve Disorders

- 2.9 If an upper extremity impairment results solely from a peripheral nerve injury the assessor should not also evaluate impairment(s) from Section 16.4, abnormal motion (pp 450-479, AMA5) for that upper extremity. Section 16.5 should be used for evaluation of such impairments. For peripheral nerve lesions use Table 16-15 (p 492, AMA5) together with Tables 16-10 and 16-11 (pp 482 and 484, AMA5) for evaluation.

- whether the injury is stable and stationary, that is, has been medically stable for the previous three months and is unlikely to change by more than 3% WPI in the next 12 months with or without further medical or surgical treatment
- methodology used (with reference to AMA Guides chapter, section and table)
- conclusions with reasons
- the nature of the permanent impairment (description of work related medical injury/illness) and calculated applicable % WPI
- any other issues which are relevant to the impairment assessment. For example, this may include whether the clinical findings and/or degree of impairment is medically consistent with the injury's stated mechanism. Do not comment on whether the claim should have been accepted or not. This is not in the scope of the impairment assessment. Once the insurer has accepted the claim, the decision cannot be reversed even with medical evidence to the contrary
- any pre-existing impairment considerations (apportionment for prior injuries/illness).

1.58 For those medical practitioners unfamiliar with the permanent impairment assessment structure according to the AMA Guides and/or the Queensland workers' compensation reporting format, refer to the sample report format on the Regulator's website.

Fractures Involving Joints

- 2.17 Displaced fractures involving joint surfaces are generally to be rated by range of motion. If, however, this loss of range is not sufficient to give an impairment rating and movement is accompanied by pain and there is 2mm or more of displacement, allow 2% UEI (1% WPI).

- 2.10 When applying Tables 16-10 (pp 482, AMA5) and Table 16-11 (p 484, AMA5) the examiner must use clinical judgement to estimate the appropriate percentage within the range of values shown for each severity grade. The maximum value is NOT applied automatically.

Impairment Due to Other Disorders of the Upper Extremity

- 2.11 The section "Impairment of the Upper Extremity Due to Other Disorders" (AMA5 Section 16.7 pp 498-507) should be used only when other criteria (as presented in Sections 16.2 - 16.6 (pp 441-498 of AMA 5)) have not adequately encompassed the extent of the impairments. Impairments from the disorders considered in Section 16.7 are usually estimated using other criteria. The assessor must take care to avoid duplication of impairments.
- 2.12 Relevant imaging studies for carpal instability (AMA5 Table 16-25, p 503) should only be considered, if available, along with the clinical signs. X-ray examination should not be performed solely for this evaluation.
- 2.13 Strength evaluation, as a method of upper extremity impairment assessment should only be used in rare cases and its use justified when loss of strength represents an impairing factor not adequately considered by more objective rating methods. If chosen as a method, the caveats detailed on AMA5 p 508, under the heading "16.8a Principles" need to be observed, i.e. decreased strength cannot be rated in the presence of decreased motion, painful conditions, deformities and absence of parts (e.g. thumb amputation).

Conditions affecting the shoulder region

- 2.14 All shoulder assessments must have the following 'inclusion criteria':
1. A clear history of a shoulder injury
 2. Symptoms consistent with a shoulder disorder (to be distinguished from symptoms due to referred pain from the neck).
- (i) Most shoulder disorders with an abnormal range of movement are assessed according to AMA5 Section 16.4 - Evaluating Abnormal Motion.
- (ii) Rare cases of rotator cuff injury, where the loss of shoulder motion does not reflect the severity of the tear, and there is no associated pain, may be assessed according to AMA5 Section 16.8c - Strength Evaluation.
- (iii) Other specific shoulder disorders, where the loss of shoulder motion does not reflect the severity of the disorder, associated with pain, should be assessed by comparison with other impairments that have similar effect(s) on upper limb function.

- 2.15 **Ruptured long head of biceps** shall be assessed as an upper extremity impairment (UEI) of 3% UEI or 2% WPI where it exists in isolation from other rotator cuff pathology. Impairment for ruptured long head of biceps cannot be combined with any other rotator cuff impairment.

Impingement

- 2.16 Diagnosis of impingement is made on the basis of positive findings on appropriate provocative testing and is only to apply where there is no loss of range of motion. Symptoms must have been present for at least 12 months. An impairment rating of 3% UEI or 2% WPI shall apply.

3 Lower Extremity

AMA5 Chapter 17 applies to the assessment of permanent impairment of the lower extremities, subject to the modifications set out below.

Introduction

3.1 The lower extremities are discussed in AMA5 Chapter 17 (pp 523–564). This section is complex and provides a number of alternative methods of assessing permanent impairment involving the lower extremity. An organised approach is essential and findings should be carefully documented on a worksheet.

The approach to assessment of the lower extremity

3.2 Assessment of the lower extremity involves physical evaluation, which can use a variety of methods. In general, the method should be used that most specifically addresses the impairment present. For example, impairment due to a peripheral nerve injury in the lower extremity should be assessed with reference to that nerve rather than by its effect on gait.

3.3 There are several different forms of evaluation that can be used, as indicated in Sections 17.2b to 17.2h (pp 528–554 AMA5). Table 17–2 (p 526 AMA5) indicates which evaluation methods can be combined and which cannot. It may be possible to perform several different evaluations as long as they are reproducible and meet the conditions specified below and in AMA5. The most specific method of impairment assessment should be used.

3.4 It is possible to use an algorithm to aid in the assessment of lower extremity impairment. Use of a worksheet is essential. Table 3.3 on page 22 is such a worksheet and may be used in assessment of permanent impairment of the lower extremity.

3.5 In the assessment process, the evaluation giving the highest impairment rating is selected. That may be a combined impairment in some cases, in accordance with the Guide to the Appropriate Combination of Evaluation Methods Table (Table 17–2, p 526 AMA5), using the Combined Values Chart (pp 604–606, AMA5).

3.6 When the Combined Values Chart is used, the assessor must ensure that all values combined are in the same category of impairment rating (i.e. % WPI, Lower extremity impairment percentage, Foot impairment percentage, and so on). Regional impairments of the same limb (e.g. several lower extremity impairments) should be combined before converting to % WPI.

3.7 Table 17–2 (p 526, AMA5) needs to be referred to frequently to determine which impairments can be combined and which cannot.

Specific interpretation of AMA5 — the lower extremity

Leg length discrepancy

3.8 When true leg length discrepancy is determined clinically (AMA5 Section 17.2b, p 528), the method used must be indicated (for example, tape measure from anterior superior iliac spine to the medial malleolus). Clinical assessment of leg length discrepancy is an acceptable method but if full length computerised tomography films are available they should be used in preference. Such an examination should not be ordered solely for determining leg lengths.

3.9 When applying Table 17–4 (p 528, AMA5), the element of choice should be removed and impairments for leg length discrepancy should be read as the higher figure of the range quoted (i.e., 0, 3, 5, 7, or 8 for whole person impairment, or 0, 8, 13, 18 or 19 for lower limb impairment).

Note that the figures for lower limb impairment in table 17–4 (p 528, AMA5) are incorrect and the correct figures are shown below.

Discrepancy (cm)	Whole person (Lower Extremity) impairment (%)
0 - 1.9	0
2 - 2.9	2 - 3 (4 - 8)
3 - 3.9	4 - 5 (9 - 13)
4 - 4.9	6 - 7 (14 - 18)
5+	8 (19)

Gait derangement

3.10 Assessment of gait derangement is only to be used as a method of last resort. Methods of impairment assessment most fitting the nature of the disorder should always be used in preference. If gait derangement (AMA5 Section 17.2c, p 529) is used it cannot be combined with any other evaluation in the lower extremity section of AMA5.

3.11 Any walking aid used by the subject must be a permanent requirement and not temporary.

3.12 In the application of Table 17–5 (p 529, AMA5), delete item b, as the Trendelenburg sign is not sufficiently reliable.

Muscle atrophy (unilateral)

3.13 This section (AMA5 Section 17.2d, p 530) is not applicable if the limb other than that being assessed is abnormal (for example, if varicose veins cause swelling, or if there is another injury or condition which has contributed to the disparity in size).

3.14 In the use of Table 17–6 (p 530, AMA5) the element of choice should be removed in the impairment rating and only the higher figure used. Therefore, for the thigh, the whole person impairment should be assessed as 0, 2, 4, or 5 %, or lower limb impairment as 0, 6, 11 or 12 % respectively. For the calf the equivalent figures have the same numerical values.

Note that the figures for lower limb impairment in Table 17–6 (p 530, AMA5) are incorrect and the correct figures are shown in the following version of Table 17–6.

Table 3.1 Impairment for ankylosis in the optimum position

Joint	Whole person	Lower extremity	Ankle or foot
Hip	20%	50%	–
Knee	27%	67%	–
Ankle	15%	37%	53%
Foot	4%	10%	14%

Note that the figures in Table 3.1 suggested for ankle impairment are greater than those suggested in AMA5.

Ankylosis of the ankle in the neutral/optimal position equates with 15 (37) [53] % impairment as per Table 3.1. Table 3.1(a) is provided below as guidance to evaluate additional impairment owing to variation from the neutral position. The additional amounts at the top of each column are added to the figure for impairment in the neutral position. In keeping with AMA5, p.541, the maximum impairment for ankylosis of the ankle remains at 25 (62) [88] % impairment.

Table 3.1(a) Impairment for ankylosis in variation from the optimum position

Position	Whole person (lower extremity) [foot] impairment (%)		
	2 (5) [7]	4 (10) [14]	7 (17) [24]
1. Dorsiflexion	5 - 9 °	10 - 19 °	20 - 29 °
2. Plantar flexion		10 - 19 °	20 - 29 °
3. Varus	5 - 9 °	10 - 19 °	20 - 29 °
4. Valgus		10 - 19 °	20 - 29 °
5. Internal rotation	0 - 9 °	10 - 19 °	20 - 29 °
6. External rotation	15 - 19 °	20 - 29 °	30 - 39 °

Also note that the whole person impairment from ankylosis of a joint, or joints, in a lower limb cannot exceed 40% WPI or 100% lower limb impairment. If this figure is exceeded when the combination of lower limb impairments is made then only 40% can be accepted as the maximum WPI for a lower limb.

Arthritis

- 3.19 Impairment due to arthritis (AMA5 section 17.2n, pp544–545) following a work-related injury is uncommon, but may occur in isolated cases. The presence of arthritis may indicate a pre-existing condition and this should be assessed and an appropriate deduction made (see Chapter 1).
- 3.20 The presence of osteoarthritis is defined as cartilage loss. Cartilage loss can be assessed by plain radiography, computed tomography (CT), magnetic resonance imaging (MRI) or by direct vision (arthroscopy).
- 3.21 Detecting the subtle changes of cartilage loss on plain radiography requires comparison with the normal side. All joints should be imaged directly through the joint space, with no overlapping of bones. If comparison views are not available, AMA5 Table 17–31 (p 544) is used as a guide to assess joint space narrowing.
- 3.22 One should be cautious in making a diagnosis of cartilage loss on plain radiography if secondary features of osteoarthritis, such as osteophytes, subarticular cysts or

Table 17-6 Impairment Due to Unilateral Leg Muscle Atrophy

Difference in circumference (cm)	Impairment degree	Whole person (Lower Extremity) impairment (%)
a. Thigh: The circumference is measured 10cm above the patella with the knee fully extended and the muscles relaxed.		
0 - 0.9	None	0
1 - 1.9	Mild	1 - 2 (2 - 6)
2 - 2.9	Moderate	3 - 4 (7 - 11)
3+	Severe	5 (12)

Difference in circumference (cm)	Impairment degree	Whole person (Lower Extremity) impairment (%)
b. Calf: The maximum circumference on the normal side is compared with the circumference at the same level on the affected side.		
0 - 0.9	None	0
1 - 1.9	Mild	1 - 2 (2 - 6)
2 - 2.9	Moderate	3 - 4 (7 - 11)
3+	Severe	5 (12)

Manual muscle strength testing

3.15 The Medical Research Council (MRC) gradings for muscle strength are universally accepted. They are not linear in their application, but ordinal. Only the six grades (0-5) should be used, as they are reproducible among experienced assessors. The descriptions in Table 17-7 (p 531, AMA5) are correct. The results of electrodiagnostic methods and tests are not to be considered in the evaluation of muscle testing which can be performed manually. Table 17-8 (p 532, AMA5) is to be used for this method of evaluation.

Range of motion

- 3.16 Although range of motion (ROM) (AMA5 Section 17.2f, pp 533–538) appears to be a suitable method for evaluating impairment, it may be subject to variation because of pain during motion at different times of examination, possible lack of cooperation by the person being assessed and inconsistency. If there is such inconsistency then ROM cannot be used as a valid parameter of impairment evaluation.
- 3.17 If range of motion is used as an assessment measure, then Tables 17-9 to 17-14 (p 537, AMA5) are selected for the joint or joints being tested. If a joint has more than one plane of motion, the impairment assessments for the different planes should be added. For example, any impairments of the six principal directions of motion of the hip joint are added (p 533, AMA5).

Ankylosis

3.18 Ankylosis is to be regarded as the equivalent to arthrodesis in impairment terms only. For the assessment of impairment when a joint is ankylosed (AMA5, Section 17.2g, pp 538–543) the calculation to be applied is to select the impairment if the joint is ankylosed in optimum position (See Table 3.1 below), and then if not ankylosed in the optimum position by adding (not combining) the values of %WPI using Tables 17-15 to 17-30 (pp 538–543, AMA5).

subchondral sclerosis are lacking, unless the other side is available for comparison. The presence of an intra-articular fracture with a step in the articular margin in the weight bearing area implies cartilage loss.

3.23 The accurate radiographic assessment of joints always requires at least two views. In some cases, further supplementary views will optimise the detection of joint space narrowing or the secondary signs of osteoarthritis.

Sacro-iliac joints: Being a complex joint, modest alterations are not detected on radiographs, and cross-sectional imaging may be required. Radiographic manifestations accompany pathological alterations. The joint space measures between 2 mm and 5 mm. Osteophyte formation is a prominent characteristic of osteoarthritis of the sacro-iliac joint.

Hip: An anteroposterior view of the pelvis and a lateral view of the affected hip are ideal. If the affected hip joint space is narrower than the asymptomatic side, cartilage loss is regarded as being present. If the anteroposterior view of pelvis has been obtained with the patient supine, it is important to compare the medial joint space of each hip as well as superior joint space, as this may be the only site of apparent change. If both sides are symmetrical, then other features, such as osteophytes, subarticular cyst formation, and calcar thickening should be taken into account to make a diagnosis of osteoarthritis.

Knee:

- **Tibio-femoral joint:** The best view for assessment of cartilage loss in the knee is usually the erect intercondylar projection, as this profiles and stresses the major weight bearing area of the joint which lies posterior to the centre of the long axis. The ideal x-ray is a posteroanterior view with the patient standing, knees slightly flexed, and the x-ray beam angled parallel to the tibial plateau. Both knees can readily be assessed with the one exposure. In the knee it should be recognised that joint space narrowing does not necessarily equate with articular cartilage loss, as deficiency or displacement of the menisci can also have this effect. Secondary features, such as subchondral bone change and the past surgical history, must also be taken into account.

- **Patello-femoral joint:** Should be assessed in the "skyline" view, again preferably with the other side for comparison. The x-ray should be taken with 30 degrees of knee flexion to ensure that the patella is load-bearing and has engaged the articular surface femoral groove.

Footnote to Table 17-31 (p544 AMA5) regarding patello-femoral pain and crepitation: This item is only to be used if there is a history of direct injury to the front of the knee. This item cannot be used as an additional impairment when assessing arthritis of the knee joint itself, of which it forms a component. If patello-femoral crepitus occurs in isolation (ie no other signs of arthritis) following direct trauma, then it can be combined with other diagnosis based estimates (Table 17-33). Signs of crepitus need to be present at least one year post injury.

Ankle: The ankle should be assessed in the mortice view, (preferably weight-bearing) with comparison views of the other side, although this is not as necessary as with the hip and knee.

Subtalar: This joint is better assessed by CT (in the coronal plane) than by plain radiography. The complex nature of the joint does not lend itself to accurate and easy plain x-ray assessment of osteoarthritis.

Talonavicular and calcaneocuboid: Anteroposterior and lateral views are necessary. Osteophytes may assist in making the diagnosis.

Intercuneiform and other intertarsal joints: Joint space narrowing may be difficult to assess on plain radiography. CT (in the axial plane) may be required. Associated osteophytes and subarticular cysts are useful adjuncts to making the diagnosis of osteoarthritis in these small joints.

Great toe metatarsophalangeal: Anteroposterior and lateral views are required. Comparison with the other side may be necessary. Secondary signs may be useful.

Interphalangeal: It is difficult to assess small joints without taking secondary signs into account. The plantar-dorsal view may be required to get through the joints, in a foot with flexed toes.

3.24 If arthritis is used as the basis for assessing impairment assessment, then the rating cannot be combined with gait disturbance, muscle atrophy, muscle strength or range of movement assessments. It can be combined with a diagnosis-based estimate. (Table 17-2, AMA5, p 526.)

Amputation

3.25 Where there has been amputation of part of a lower extremity Table 17-32 (p 545, AMA5) applies. In that table the references to 3 inches for below-the-knee amputation should be converted to 7.5 cm.

Diagnosis-based estimates (lower extremity)

3.26 Section 17.2j (pp 545-549, AMA5) lists a number of conditions that fit a category of Diagnosis-Based Estimates. They are listed in Tables 17-33, 17-34 and 17-35 (pp 546-549, AMA5). When using this table it is essential to read the footnotes carefully. The category of mid cruciate and collateral ligament laxity has inadvertently been omitted in table 17-33 of AMA 5. The appropriate rating is 5% WPI (12% LEI).

3.27 It is possible to combine impairments from Tables 17-33, 17-34 and 17-35 for diagnosis-related estimates with other components (e.g. nerve injury) using the Combined Values Chart (pp 604-606, AMA5) after first referring to the Guide to the Appropriate Combination of Evaluation Methods (see 3.5 above).

3.28 In the interpretation of Table 17-33 (p 547, AMA5), reference to the hindfoot, intra-articular fractures, the words subtalar bone, talonavicular bone, and calcaneocuboid bone imply that the bone is displaced on one or both sides of the joint mentioned. To avoid the risk of double assessment, if avascular necrosis with collapse is used as the basis of impairment assessment, it cannot be combined with the relevant intra-articular fracture in Table 17-33 column 2. In Table 17-33 column 2, metatarsal fracture with loss of weight transfer means dorsal displacement of the metatarsal head.

3.29 Table 3.2 given on the following page for the impairment of loss of the Tibia-Os Calcis Angle is to replace Table 17-29 (p 542, AMA5) and the section in Table 17-33 dealing with loss of Tibia-Os Calcis Angle. These two sections are contradictory, and neither gives a full range of loss of angle.

Table 17-35 Rating Knee replacement Results

Deductions (minus) d, e, f	Number of points
d. Flexion contracture	
5-9°	2
10-15°	5
16-20°	10
> 20°	20
e. Extension Lag	
< 10°	5
10-20°	10
> 20°	15
f. Alignment – valgus	
5-10°	0
0-4°	3 points per degree
11-15°	3 points per degree
> 15°	20
Deductions subtotal	

Skin loss (lower extremity)

3.32 Skin loss (p 550, AMA5) can only be included in the calculation of impairment if it is in certain sites and meets the criteria listed in Table 17-36 (p 550, AMA5).

Peripheral nerve injuries (lower extremity)

3.33 When assessing the impairment due to peripheral nerve injury (pp 550-552, AMA5) assessors should read the text in this section. Note that the separate impairments for the motor, sensory and dysaesthetic components of nerve dysfunction in Table 17-37 (p 552, AMA5) are to be *combined*.

3.33 Note that the (posterior) tibial nerve is not included in Table 17-37, but its contribution can be calculated by subtracting ratings of common peroneal nerves from sciatic nerve ratings.

3.34 Peripheral nerve injury impairments can be *combined* with other impairments, but not those for gait derangement, muscle atrophy, muscle strength or complex regional pain syndrome, as shown in Table 17-2 (p 526, AMA5).

Complex regional pain syndrome (lower extremity)

3.35 The Section 17.2m, "Causalgia and Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy)" (p 553, AMA5) should not be used. Complex Regional Pain Syndrome involving the lower extremity should be evaluated in the same way as the upper limb using the method described in Section 16.5e (pp 495-497, AMA5). This section provides a detailed method that is in keeping with current terminology and understanding of the condition. Use of the same methods of impairment assessment for Complex Regional Pain Syndrome involving either the upper or lower extremity also will improve the consistency of this Guide.

Peripheral vascular disease (lower extremity)

3.36 Lower extremity impairment due to vascular disorders (pp 553-554, AMA5) is evaluated using Table 17-38 (p 554, AMA5). Note that Table 17-38 gives values for lower extremity not whole person impairment. In that table there is a range of lower extremity impairments within each of the classes 1 to 5. As there is a clinical

Table 3.2 Impairment for loss of the Tibia-Os Calcis Angle

Angle (degree)	Whole Person (Lower Extremity) [Foot] Impairment (%)
110 – 100	5 (12) [17]
99 – 90	8 (20) [28]
Less than 90	+1 (2) [3] per ° up to 15 (37) [54]

3.30 Table 17-34 and Table 17-35 (pp 548-549, AMA5) use a different concept of evaluation. A point score system is applied, and then the total of points calculated for the hip (or knee) joint is converted to an impairment rating from Table 17-33. Tables 17-34 and 17-35 refer to the hip and knee joint replacement respectively. Note that, while all the points are *added* in Table 17-34, some points are *deducted* when Table 17-35 is used.

3.31 In respect of "distance walked" under "b. Function" in Table 17-34 (p 548, AMA5), the distance of six blocks should be construed as 600 m, and three blocks as 300 m.

Note that Table 17-35 (p 549 AMA5) is incorrect. The correct table is shown below.

Table 17-35 Rating Knee replacement Results

	Number of Points
a. Pain	
None	50
Mild or occasional	45
Stairs only	40
Walking and stairs	30
Moderate	20
Occasional	10
Continual	0
Severe	0
b. Range of Motion	
Add 1 point per 5° up to 125°	25 (maximum)
c. Stability	
(maximum movement in any position)	
Anteroposterior	
< 5 mm	10
5-9 mm	5
> 9 mm	0
Mediolateral	
5°	15
6-9°	10
10-14°	5
> 14°	0
Subtotal	

Table 3.3: Lower extremity worksheet

Item	Impairment	AMA5 Table	AMA5 page	Potential impairment	Selected impairment
1	Limb length discrepancy	17-4	528		
2	Gait derangement	17-5	529		
3	Unilateral muscle atrophy	17-6	530		
4	Muscle weakness	17-8	532		
5	Range of motion	17-9 to 17-14	537		
6	Joint ankylosis	17-15 to 17-30	538-543		
7	Arthritis	17-31	544		
8	Amputation	17-32	545		
9	Diagnosis-based estimates	17-33 to 17-35	546-549		
10	Skin loss	17-36	550		
11	Peripheral nerve deficit	17-37	552		
12	Complex regional pain syndrome	Section 16.5e	495-497		
13	Vascular disorders	17-38	554		
Combined impairment rating (refer to Table 17-2, p 526 AMA5 for permissible combinations)					

Potential impairment is the impairment percentage for that method of assessment. Selected impairment is the impairment, or impairments selected that can be legitimately combined with other lower extremity impairments to give a final lower extremity impairment rating.

description of which conditions place a person's lower extremity in a particular class, the assessor has a choice of impairment rating within a class, the value of which is left to the clinical judgement of the assessor.

Measurement of selected joint motion

- 3.37 Valgus and varus knee angulation are to be measured in a weight-bearing position using a goniometer.
- 3.38 When measuring dorsiflexion at the ankle, the test is carried out initially with the knee in extension and then repeated with the knee flexed to 45°. The average of the maximum angles represents the dorsiflexion range of motion (figure 17-5, p535, AMA5).

4.10 Section 15.1a (pp 374–377, AMA5) is a valuable summary of history and physical examination, and should be thoroughly familiar to all assessors.

4.11 The assessor should include in the report a description of how the impairment rating was calculated, with reference to the relevant tables and/or figures used.

4.12 The optimal method to measure the percentage compression of a vertebral body is a well centred plain x-ray. Assessors should state the method they have used. The loss of vertebral height should be measured at the most compressed part and must be documented in the impairment evaluation report. The estimated normal height of the compressed vertebra should be determined where possible by averaging the heights of the two adjacent (unaffected and normal) vertebrae.

Specific interpretation of AMA5

4.13 The range-of-motion (ROM) method is *not* used, hence any reference to this is omitted (including Table 15-7, p 404, AMA5).

4.14 Motion segment integrity alteration can be either *increased* translational or angular motion, or *decreased* motion resulting from developmental changes, fusion, fracture healing, healed infection or surgical arthrodesis. Motion of the individual spine segments cannot be determined by a physical examination, but is evaluated with flexion and extension radiography.

4.15 The assessment of altered motion segment integrity is to be based upon a report of trauma resulting in an injury, and not on developmental or degenerative changes.

4.16 When routine imaging is normal and severe trauma is absent, motion segment disturbance is rare. Thus, flexion and extension imaging is indicated only when a history of trauma or other imaging leads the physician to suspect alteration of motion segment integrity.

DRE definitions of clinical findings

4.17 DRE II is a clinical diagnosis based upon the features of the history of the injury and clinical features. Clinical features which are consistent with DRE II and which are present at the time of assessment include muscle guarding or spasm, asymmetric loss of range of movement or radicular symptoms not objectively present. Localised (not generalised) tenderness may be present. In the lumbar spine additional features include a reversal of the lumbosacral rhythm when straightening from the flexed position and compensatory movement for an immobile spine such as all flexion from the hips. In assigning category DRE II, the assessor must provide detailed reasons why the category was chosen.

While imaging and other studies may assist medical assessors in making a diagnosis, the presence of a morphological variation from 'normal' in an imaging study does not make the diagnosis. Approximately 30% of people who have never had back pain will have an imaging study that can be interpreted as 'positive' for a herniated disc, and 50% or more will have bulging discs. The prevalence of degenerative changes, bulges and herniations increases with advancing age. To be of diagnostic value, imaging findings must be concordant with clinical symptoms and signs. In other words, an imaging test is useful to confirm a diagnosis, but an imaging result alone is insufficient to qualify for a DRE category.

4.18 The clinical findings used to place an individual in a DRE category are described in Box 15-1 (pp 382–383, AMA5).

4 The Spine (excluding spinal cord injury)

AMA5 Chapter 15 applies to the assessment of permanent impairment of the spine, subject to the modifications set out below.

Introduction

4.1 The spine is discussed in AMA5 Chapter 15 (pp 373–431). That chapter presents two methods of assessment, the diagnosis-related estimates method and the range of motion method. Evaluation of impairment of the spine for workers' compensation is only to be done using diagnosis-related estimates (DREs).

4.2 The method relies especially on evidence of neurological deficits and less common, adverse structural changes, such as fractures and dislocations. Using this method, DREs are differentiated according to clinical findings that can be verified by standard medical procedures.

4.3 The assessment of spinal impairment is made when the person's condition is stable and stationary. If surgery has been performed, the outcome of the surgery as well as structural inclusions must be taken into consideration when making the assessment.

Assessment of the spine

4.4 The assessment should include a comprehensive, accurate history; a review of all pertinent records available at the assessment; a comprehensive description of the individual's current symptoms and their relationship to daily activities; a careful and thorough physical examination, and all findings of relevant laboratory, imaging, diagnostic and ancillary tests available at the assessment. Imaging findings that are used to support the impairment rating should be concordant with symptoms and findings on examination. The assessor should record whether diagnostic tests and radiographs were seen or whether they relied solely on reports.

4.5 The DRE model for assessment of spinal impairment should be used. The Range of Motion model (Sections 15.8-15.13 inclusive, pp 398-427, AMA5) should not be used.

4.6 If a person has spinal cord or cauda equina damage, including bowel, bladder and/or sexual dysfunction, he or she is assessed according to the method described in Section 15.7 and Table 15.6 (a) to (g), pp 395-398, AMA5.

4.7 If an assessor is unable to distinguish between two DRE categories, then the higher of those two categories should apply. The reasons for the inability to differentiate should be noted in the assessor's report.

4.8 Possible influence of future treatment should not form part of the impairment assessment. The assessment should be made on the basis of the person's status at the time of interview and examination, if the assessor is convinced that the condition is stable and permanent. Likewise, the possibility of subsequent deterioration, as a consequence of the underlying condition, should not be factored into the impairment evaluation. Commentary can be made regarding the possible influence, potential or requirements for further treatment, but this does not affect the assessment of the individual at the time of impairment evaluation.

4.9 All spinal impairments are to be expressed as a percentage of whole person impairment (%WPI).

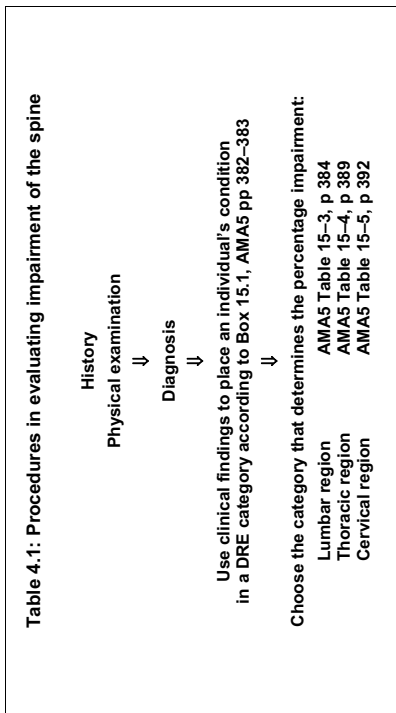
The reference to 'Electrodiagnostic Verification of Radiculopathy' should be disregarded.

(The use of electrodiagnostic procedures such as electromyography is proscribed as an assessment aid for decisions about the category of impairment into which a person should be placed. It is considered that competent assessors can make decisions about which DRE category a person should be placed in from the clinical features alone. The use of electrodiagnostic differentiators is generally unnecessary).

4.19 Cauda equina syndrome and neurogenic bladder disorder are to be assessed by the method prescribed in the spine chapter of AMA5, Section 15.7, pp 395-398. For an assessment of neurological impairment of bowel or bladder, there must be objective evidence of spinal cord, or cauda equina injury.

Applying the DRE method

4.20 The specific procedures and directions section of AMA5 (Section 15.2a, pp 380–381) indicates the steps that should be followed to evaluate impairment of the spine (excluding references to the ROM method). Table 4.1 is a simplified version of that section, incorporating the amendments listed above.



4.21 Common developmental findings, spondylosis, spondylolisthesis and disc protrusions without radiculopathy occur in 7%, 3 %, and up to 30% respectively in individuals up to the age of 40 (p383, AMA5). Their presence does not of itself mean that the individual has an impairment due to injury.

4.21 Common developmental findings, spondylosis, spondylolisthesis and disc protrusions without radiculopathy occur in 7%, 3 %, and up to 30% respectively in individuals up to the age of 40 (p383, AMA5). Their presence does not of itself mean that the individual has an impairment due to injury.

4.22 **Loss of sexual function** should only be assessed where there is other objective evidence of spinal cord, cauda equina or bilateral nerve root dysfunction. The ratings are described in Table 15-6 (pp 396-397, AMA5). There is no additional impairment rating system for loss of sexual function in the absence of objective neurological findings. Loss of sexual function is **not** assessed as an activity of daily living.

4.23 **Radiculopathy** is the impairment caused by malfunction of a spinal nerve root or nerve roots. In general, in order to conclude that radiculopathy is present, 2 or more of the following criteria should be found, one of which must be major (major criteria in bold):

- **Loss or asymmetry of reflexes**
- **Muscle weakness that is anatomically localised to an appropriate spinal nerve root distribution**
- **Reproducible impairment of sensation that is anatomically localised to an appropriate spinal nerve root distribution**
- Positive nerve root tension (Box 15-1, p382 AMA5)
- Muscle wasting – atrophy (Box 15-1, p382 AMA5)
- Findings on an imaging study consistent with the clinical signs (p382 AMA5)

4.24 Note that radicular complaints of pain or sensory features that follow anatomical pathways but cannot be verified by neurological findings (somatic pain, non-verifiable radicular pain) do *not* alone constitute radiculopathy.

4.25 Global weakness of a limb related to pain or inhibition or other factors does not constitute weakness due to spinal nerve malfunction.

4.26 Vertebral body fractures and/or dislocations at more than one vertebral level are to be assessed as follows:

- Measure the percentage loss of vertebral height at the most compressed part for each vertebra, and
- Add the percentage loss at each level:
 - Total loss of more than 50% = DRE IV
 - Total loss of 25% to 50% = DRE III
 - Total loss of less than 25% = DRE II
- If radiculopathy is present then the person is assigned one DRE category higher

One or more end plate fractures in a single spinal region without measurable compression of the vertebral body are assessed as DRE category II.

Posterior element fractures (excludes fractures of transverse processes and spinous processes) at multiple levels are assessed as DRE III.

4.27 Displaced fractures of transverse or spinous processes at one or more levels are assessed as DRE Category II because the fracture does not disrupt the spinal canal (p 385, AMA5) and does not cause multilevel structural compromise.

4.28 Within a spinal region separate spinal impairments are not combined. The highest value impairment within the region is chosen. Impairments in different spinal regions are combined using the combination tables.

If both C7 and T1 are fractured only one region of the spine (the cervical) is assessed for whole person impairment. If both T12 and L1 are fractured, then only one region of the spine (the thoracic) is assessed.

4.29 Impact of ADL. Tables 15-3, 15-4 and 15-5 of AMA5 give an impairment range for DREs II to V. The bottom of the range is chosen initially, and a percentage of from 0-3% WPI may be added for the impact of the injury on the worker's ADL. Hence, for example, for an injury which is rated DRE Category II, the impairment is 5%, to which may be added an amount of up to 3% for the effect of the injury on the worker's ADL's. The determination of the impact on ADLs is not solely dependent on self reporting, but is an assessment based on all clinical findings and other reports.

method where an operation for an intervertebral disc prolapse or spinal canal stenosis has been performed and where there is a residual radiculopathy following surgery.
 Example 15-4 (p 386, AMA5) should therefore be ignored.

Table 4.2: Modifiers for DRE categories where radiculopathy persists after surgery

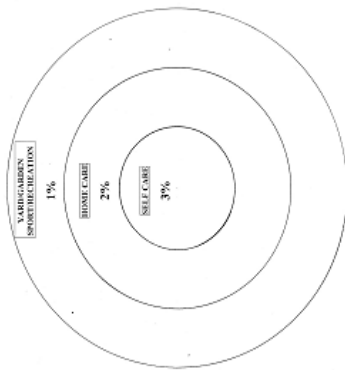
Procedures	Cervical	Thoracic	Lumbar
Discotomy, or single-level decompression with residual signs and symptoms	3%	2%	3%
2 nd and further levels, operated on, with medically documented pain and rigidity	1% each additional level	1% each additional level	1% each additional level
Second operation	2%	2%	2%
Third and subsequent operations	1% each	1% each	1% each

In summary, to calculate whole person impairment (WPI) for persisting radiculopathy (as per definition) following surgery:

1. Select the appropriate DRE category from Table 15-3, 15-4, or 15-5;
2. Determine a WPI value within the allowed range in Table 15-3, 15-4 or 15-5 according to the impact on the worker's activities of daily living;
3. Combine this value with the appropriate additional amount from Table 4.2 to determine the final WPI.

- 4.34 **Disc Replacement Surgery.** The impairment resulting from this procedure is to be equated to that from a spinal fusion.
- 4.35 Impairment due to **pelvic fractures** should be evaluated with reference to table 4.3 on the following page which replaces Table 15-19 in AMA 5.

4.30 The following diagram should be used as a **guide** to determine whether 0, 1, 2, or 3% WPI should be added to the bottom of the appropriate impairment range. This is only to be added if there is a difference in activity level as recorded and compared to the worker's status prior to the injury.



4.31 The diagram is to be interpreted as follows:

- Increase base impairment by:
- 3% WPI if worker's capacity to undertake personal care activities such as dressing, washing, toileting and shaving has been affected;
 - 2% WPI if the worker can manage personal care, but is restricted with usual household tasks such as cooking, vacuuming, making beds or tasks of equal magnitude such as shopping, climbing stairs or walking reasonable distances;
 - 1% WPI for those able to cope with the above, but unable to get back to previous sporting or recreational activities such as gardening, running and active hobbies etc.

4.32 The maximum amount that the base impairment due to spinal injury can be increased due to impact on ADL is 3% WPI. An additional amount for ADL can only be assessed for one spinal region, irrespective of the number of spinal regions injured.

- 4.33 **Effect of surgery:** Tables 15-3, 15-4 and 15-5 (pp 384, 389 and 392, AMA5), do not adequately account for the effect of surgery upon the impairment rating for certain disorders of the spine.
- Surgical decompression for spinal stenosis is DRE III
 - Operations where the radiculopathy has resolved are considered under the DRE category III (AMA5, Tables 15-3, 15-4, 15-5);
 - Operations with surgical ankylosis (fusion) are considered under DRE category IV (AMA5, Tables 15-3, 15-4, 15-5).
 - Radiculopathy persisting after surgery is not accounted for by AMA5 Table 15-3, and incompletely by Tables 15-4 and 15-5, which only refer to radiculopathy which has improved after surgery.

Therefore Table 4.2 was developed to rectify this anomaly. Table 4.2 indicates the additional ratings which should be combined with the rating determined using the DRE

Table 4.3: Pelvic Fractures

Disorder	%WPI
1. Non-displaced, healed fractures	0
2. Fractures of the pelvic bones (including sacrum) (i) maximum residual displacement <1cm (ii) maximum residual displacement 1 to 2 cm (iii) maximum residual displacement >2cm (iv) bilateral pubic rami fractures, as determined by the most displaced fragment a. maximum residual displacement ≤2cm b. maximum residual displacement >2cm	2 5 8 5 8
3. Traumatic separation of the pubic symphysis (i) <1cm (ii) 1 to 2 cm (iii) >2cm	5 8 12
4. Sacro-iliac Joint dislocations or fracture dislocations (i) maximum residual displacement ≤1cm (ii) maximum residual displacement >1cm	8 12
5. Fractures of the coccyx (i) Healed, (and truly) displaced fracture (ii) Excision of the coccyx	1 5
Fractures of the acetabulum: Evaluate based on restricted range of hip motion	

The rating of WPI is evaluated based on radiological appearance when the injury is stable and stationary, whether or not surgery has been performed. Multiple disorders of the pelvis are not combined. The maximum WPI for pelvic fractures is 12%.

Very severe injuries, which have been treated by open reduction and internal fixation but are associated with residual symptoms, should be given an assessment commensurate with the severity of their original injuries at the discretion of the assessor with reasons provided.

4.36 **Arthritis:** See sections 3.20–3.23 of Chapter 3 of this guide (p 16).

4.37 **Posterior Spacing or Stabilisation Devices:** The insertion of such devices does not warrant any addition to WPI.

5 Nervous System

AMA5 Chapter 13 applies to the assessment of permanent impairment of the nervous system, subject to the modifications set out below.

Introduction

5.1 AMA5 Chapter 13, The Central and Peripheral Nervous System (pp 305–356), provides guidelines on methods of assessing permanent impairment involving the central nervous system. It is logically structured and consistent with the usual sequence of examination of the nervous system. Cerebral functions are discussed first, followed by the cranial nerves, station, gait and movement disorders, the upper extremities related to central impairment, the brain stem, the spinal cord and the peripheral nervous system, including neuromuscular junction and muscular system. A summary concludes the Chapter.

5.2 Spinal cord injuries are to be assessed using AMA5 Chapter 13.

5.3 The relevant parts of the upper extremity, lower extremity and spine sections of AMA5 Chapter 13 should be used to evaluate impairments of the peripheral nervous system.

The approach to assessment of permanent neurological impairment

5.4 AMA5 Chapter 13 should be used to assess cerebral impairments.

These impairments are to be combined using the Combined Values Chart (pp 604–606, AMA5). These impairments should then be combined with other neurological impairments indicated in AMA5 Table 13–1 (p 308).

5.5 It should be noted that AMA5 Sections 13.5 and 13.6 (pp 336–340) should be used for cortical motor or sensory impairments and therefore this section covers hemiplegia due to cortical injury. However, if a person has a spinal injury with spinal cord or cauda equina damage, including bowel, bladder and/or sexual dysfunction, he or she is assessed according to the method described in Section 15.7 and Table 15.6 (a) to (g), pp 395-398 AMA5 (see section 4.19 of this Guide).

5.6 Complex regional pain syndrome is to be assessed using the method indicated in AMA5 Chapter 16, The Upper Extremities (pp 495–497).

5.7 The nervous system Chapter of AMA5 (Chapter 13) lists many impairments where the range for the associated whole person impairment is 0–9% or 0–14%. Where there is a range of impairment percentages listed, the assessor should nominate an impairment percentage based on the complete clinical circumstances revealed during the consultation and in relation to all other available information.

Specific interpretation of AMA5

5.8 In assessing disturbances of mental status and integrative functioning, and emotional or behavioural disturbances (Sections 13.3d and 13.3f, pp 319–322, 325–327, AMA5), the assessor should make ratings of mental status impairments and emotional and behavioural impairments based on clinical assessment and the results of neuropsychometric testing. Clinical assessment should indicate at least one of the following:

- significant medically verified abnormalities in initial post injury Glasgow Coma Scale score; or

Table 5.1 Criteria for Rating Miscellaneous Peripheral Nerves

Peripheral Nerve	Whole Person Impairment Rating			
	0%	1%	2% - 3%	4% - 5%
Greater Occipital Nerve	No neuralgia	Sensory loss only in an anatomic distribution	Mild to moderate neurogenic pain in an anatomic distribution	Severe neurogenic pain in an anatomic distribution
Lesser Occipital Nerve				
Greater Auricular Nerve				
Intercostal Nerve				
Genitofemoral Iliioinguinal				
Iliohypogastric				
Pudendal				

Note: Table found on p 344, AMA6.

- significant duration of post-traumatic amnesia; or
- significant intracranial pathology on CT scan or MRI.

Neuropsychological testing should be conducted by a registered clinical neuropsychologist who is a member, or is eligible for membership, of the Australian Psychological Society's College of Neuropsychology.

5.9 Assessment of **arousal and sleep disorders** (Section 13.3c, pp 317–319, AMA5): refers to assessment of primary sleep disorders following neurological injury. The assessor should make ratings of arousal and sleep disorders based on the clinical assessment that would normally have been done for clinically significant disorders of this type (i.e. sleep studies or similar tests).

5.10 **Olfaction and taste**: the assessor should use AMA5 Chapter 11, Section 11.4c (p 262) and Table 11–10 (pp 272–275) to assess olfaction and taste, for which a maximum of 5% WPI is allowable for total loss of either sense.

5.11 **Visual impairment** assessment (AMA4 Chapter 8, pp 209–222): An ophthalmologist should assess all impairments of visual acuity, visual fields, extra-ocular movements or diplopia.

5.12 **Trigeminal nerve** assessment (p 331, AMA5): Sensory impairments of the trigeminal nerve should be assessed with reference to AMA5 Table 13–11 (p 331). The words "sensory loss or dysaesthesia" should be added to the table after the words "neuralgic pain" in each instance. Impairment percentages for the three divisions of the trigeminal nerve should be apportioned with extra weighting for the first division. If present, motor loss for the trigeminal nerve should be assessed in terms of its impact on mastication and deglutition (p 262, AMA5).

5.13 **Spinal accessory nerve**: AMA5 provides insufficient reference to the spinal accessory nerve (cranial nerve XI). This nerve supplies the trapezius and sternomastoid muscles. For loss of use of the nerve to trapezius, the assessor should refer to AMA5 Chapter 16 on upper limb assessment, and a maximum of 10% impairment of the upper limb may be assigned. For additional loss of use of sternomastoid, a maximum of 3% upper limb impairment may be added.

5.14 Assessment of **sexual functioning** (Chapter 7, pp 143–171, AMA5): Impotence should only be assessed as an impairment where there is objective evidence of spinal cord, cauda equina, or bilateral nerve root dysfunction, or lombo-sacral plexopathy. There is no additional impairment rating for impotence in the absence of objective clinical findings.

5.15 Impairment due to miscellaneous peripheral nerves should be evaluated with reference to the table on the following page:

Table 6.1: Criteria for rating permanent impairment due to facial disorders and/or disfigurement

Class 1 0%–5% impairment of the whole person	Class 2 6%–10% impairment of the whole person	Class 3 11%–15% impairment of the whole person	Class 4 16%–50% impairment of the whole person
Facial abnormality limited to disorder of cutaneous structures, such as visible simple scars (not hypertrophic or atrophic) or abnormal pigmentation (refer to AMA5 Chapter 8 for skin disorders)	Facial abnormality involves loss of supporting structure of part of face, with our without cutaneous disorder (eg, depressed cheek, nasal, or frontal bones)	Facial abnormality involves absence of normal anatomic part or area of face, such as loss of eye or loss of part of nose, with resulting cosmetic deformity, combine with any functional loss, eg, vision (AMA5 Chapter 12)	Massive or total distortion of normal facial anatomy with disfigurement so severe that it precludes social acceptance, or
or	or	or	or
mild, unilateral, facial paralysis affecting most branches	near complete loss of definition of the outer ear	severe unilateral facial paralysis affecting most branches	severe, bilateral, facial paralysis affecting most branches
or	or	or	or
nasal distortion that affects physical appearance		mild, bilateral, facial paralysis affecting most branches	loss of a major portion of or entire nose
or			
partial loss or deformity of the outer ear			

Note: Tables used to classify the examples in Section 11.3 (pp 256–259, AMA5) should also be ignored and assessors should refer to the modified table above for classification.

6.5 Example 11–11 (p 257, AMA5): Add “Visual impairment related to enophthalmos must be assessed by an Ophthalmologist”.

The nose, throat and related structures

Respiration (Section 11.4a, pp259–261, AMA5)

6.6 In regard to the reference to sleep apnoea in Chapter 11 of AMA5 (Section 11.4a, p259, AMA5): a sleep study is mandatory and an examination by a specialist appropriate to the cause of the person’s sleep apnoea (for example, an ear, nose and throat specialist) should be conducted before an assessment for sleep apnoea is conducted by an approved assessor.

6.7 The assessment of sleep apnoea is addressed in Section 5.6 of AMA5 (p 105) and assessors should refer to this Chapter, as well as sections 8.8–8.10 (p 38-39) in this Guide.

6.8 **AMA5 Table 11–6 criteria for rating impairment due to air passage defects** (p 260, AMA5): this table should be replaced with Table 6.2 on the following page when assessing permanent impairment due to air passage defects.

6 Ear, nose, throat and related structure

AMA5 Chapter 11 applies to the assessment of permanent impairment of the ear (with the exception of hearing impairment), nose, throat and related structures, subject to the modifications set out below.

Introduction

6.1 AMA5 Chapter 11 (pp 245–275) details the assessment of the ear, nose, throat and related structures. With the exception of hearing impairment, which is dealt with in Chapter 9 of this Guide, AMA5 Chapter 11 should be followed in assessing permanent impairment, with the variations included below.

6.2 The level of impairment arising from conditions that are not work related needs to be assessed by the medical assessor and taken into consideration in determining the level of permanent impairment. The level at which pre-existing conditions and lifestyle activities such as smoking contribute to the level of permanent impairment requires judgement on the part of the clinician undertaking the impairment assessment. The manner in which any deduction for these is applied needs to be recorded in the assessing specialist’s report.

The ear

6.3 Equilibrium is assessed according to Section 11.2b (pp 252–255, AMA 5), but add these words to Table 11–4 (p 253, AMA5), Class 2:

“...without limiting the generality of the above, a positive Hallpikes test is a sign and an objective finding.”

The face (pp255–259 AMA5)

6.4 Table 11–5 (p 256 AMA5) should be replaced with the Table 6.1 on the following page when assessing permanent impairment due to facial disorders and/or disfigurement.

Table 6.2: criteria for rating permanent impairment due to air passage defects

Percentage impairment of the whole person					
Class 1a 0%–5%	Class 1 0%–10%	Class 2 11%–29%	Class 3 30%–49%	Class 4 50%–89%	Class 5 90%+
There are symptoms of significant difficulty in breathing through the nose. Examination reveals significant partial obstruction of the right and/or left nasal cavity or nasopharynx or significant septal perforation.	Dyspnea does not occur at rest and dyspnea is not produced by walking freely on a level surface, climbing stairs freely or performance of other usual activities of daily living and dyspnea is not produced by stress, prolonged exertion, hurrying, hill-climbing, or recreational or similar activities requiring intensive effort* and examination reveals partial obstruction of the oropharynx, larynx, upper trachea (to the fourth cartilaginous ring), lower trachea, bronchi, or complete (bilateral) obstruction of the nose or nasopharynx	Dyspnea does not occur at rest and dyspnea is not produced by walking freely on a level surface, climbing one flight of stairs, or performance of other usual activities of daily living but dyspnea is produced by stress, prolonged exertion, hurrying, hill-climbing, or recreational or similar activities (except sedentary forms) and examination reveals partial obstruction of the oropharynx, larynx, upper trachea (to the fourth cartilaginous ring), lower trachea, bronchi, or complete (bilateral) obstruction of the nose or nasopharynx	Dyspnea does not occur at rest and dyspnea is produced by walking freely more than one or two level blocks, climbing one flight of stairs even with periods of rest, or performance of other usual activities of daily living and dyspnea is produced by stress, prolonged exertion, hurrying, hill-climbing, or recreational or similar activities and examination reveals partial obstruction of the oropharynx, larynx, upper trachea (to the fourth cartilaginous ring), lower trachea or bronchi	Dyspnea occurs at rest, although individual is not necessarily bedridden and dyspnea is aggravated by the performance of any of the usual activities of daily living (beyond personal cleansing, dressing or grooming) and examination reveals partial obstruction of the oropharynx, larynx, upper trachea (to the fourth cartilaginous ring), lower trachea or bronchi	Severe dyspnea occurs at rest and spontaneous respiration is inadequate and respiratory ventilation is required and examination reveals partial obstruction of the oropharynx, larynx, upper trachea (to the fourth cartilaginous ring), lower trachea or bronchi

*Propylactic restriction of activity, such as strenuous competitive sport, does not exclude subject from class 1.

Note: Individuals with successful permanent tracheostomy or stoma should be rated at 25% WPI. Example 11–16 (p 261, AMA5): Partial obstruction of the larynx affecting only one vocal cord is better linked to voice (Section 11.4e, AMA5).

6.9 When using Table 11–7, Relationship of Dietary Restrictions to Permanent Impairment (p 262, AMA5), consider % impairment of the whole person — first category to be 0–19%, not 5%–19%.

Speech (pp 262–264, AMA5)

- 6.10 Regarding the first sentence of the "Examining procedure" subsection (pp 263–264): the examiner should have sufficient hearing for the purpose — disregard "normal hearing as defined in the earlier section of this Chapter on hearing".
- 6.11 Examining procedure (pp 263–264), second paragraph: "The examiner should base judgements of impairment on two kinds of evidence: (1) attention to and observation of the individual's speech in the office — for example, during conversation, during the interview, and while reading and counting aloud — and (2) reports pertaining to the individual's performance in everyday living situations." Disregard the next sentence: "The reports or the evidence should be supplied by reliable observers who know the person well."
- 6.12 Examining procedure (pp 263–264): where the word "American" appears as a reference, substitute "Australian", and change measurements to the metric system (e.g., 8.5 inch = 22 cm).

The voice (Section 11.4e, pp 264–267, AMA5)

- 6.13 Substitute the word "laryngopharyngeal" for "gastroesophageal" in all examples where it appears.
- 6.14 Example 11.25 (Impairment Rating, p 269), second sentence: add the underlined phrase "Combine with appropriate ratings due to other impairments including respiratory impairment to determine whole person impairment."

Ear, nose, throat and related structures impairment evaluation summary

- 6.15 Table 11–10 (pp 272–275, AMA5): Disregard this table, except for impairment of olfaction and/or taste, and hearing impairment as determined under this Guide.

Table 7.2: Criteria for rating permanent impairment due to bladder disease

Class 1 0%–15% WPI	Class 2 16%–40% WPI	Class 3 41%–70% WPI
Symptoms and signs of bladder disorder and requires intermittent treatment and normal functioning between malfunctioning episodes	Symptoms and signs of bladder disorder e.g., urinary frequency (urinating more than every two hours), severe nocturia (urinating more than three times a night), urge incontinence more than once a week and requires continuous treatment	Abnormal (ie under- or over-) reflex activity (eg, intermittent urine dribbling, loss of control, urinary urgency and urge incontinence once or more each day) and/or no voluntary control of micturition; reflex or areflexic bladder on urodynamics and/or total incontinence e.g. fistula

7.6 Example 7–16 (p151, AMA5) should be reclassified as an example of Class 2, as the urinary frequency is more than every two hours and continuous treatment would be expected.

Urethra

7.7 Table 7–4 (p 153, AMA5) should be replaced with Table 7.3, below, when assessing permanent impairment due to urethral disease. This table includes ratings involving stress incontinence

Table 7.3: Criteria for rating permanent impairment due to urethral disease

Class 1 0%–10% WPI	Class 2 11%–20% WPI	Class 3 21%–40% WPI
Symptoms and signs of urethral disorder and requires intermittent therapy for control	Symptoms and signs of urethral disorder, stress urinary incontinence more than three times a week and cannot effectively be controlled by treatment	Urethral dysfunction resulting in intermittent urine dribbling, or stress urinary incontinence at least daily

Urinary incontinence

7.8 Urge urinary incontinence is the involuntary loss of urine associated with a strong desire to void. Stress urinary incontinence is the involuntary loss of urine occurring with clinically demonstrable raised intra-abdominal pressure. It is expected that urinary incontinence of a regular or severe nature (necessitating the use of protective pads or appliances) will be assessed as follows:

- Stress urinary incontinence (demonstrable clinically): 11–25% according to severity
- Urge urinary incontinence: 16–40% according to severity
- Mixed (urge and stress) incontinence: 16–40% according to severity
- Nocturnal enuresis or wet in bed: 16–40% according to severity
- Total incontinence (continuously wet, e.g. from fistula): 50–70%

The highest scoring condition is to be used to assess impairment — combinations are not allowed.

7 Urinary and reproductive systems

AMA5 Chapter 7 applies to the assessment of permanent impairment of the urinary and reproductive systems, subject to the modifications set out below.

Introduction

- 7.1 AMA5 Chapter 7 (pp 143–171) provides clear details for assessment of the urinary and reproductive systems. Overall the Chapter should be followed in assessing permanent impairment, with the variations included below.
- 7.2 For both male and female sexual dysfunction, identifiable pathology should be present for an impairment percentage to be given.

Urinary diversion

- 7.3 Table 7–2 (p 150, AMA5) should be replaced with Table 7.1, below, when assessing permanent impairment due to urinary diversion disorders. This table includes ratings for neobladder and continent urinary diversion.
- 7.4 Continent urinary diversion is defined as a continent urinary reservoir constructed of small or large bowel with a narrow catheterisable cutaneous stoma through which it must be emptied several times a day.

Table 7.1: Criteria for rating permanent impairment due to urinary diversion disorders

Diversion type	% WPI
Ureterointestinal	10%
Cutaneous ureterostomy	10%
Nephrostomy	15%
Neobladder/replacement cystoplasty	15%
Continent urinary diversion	20%

Bladder

7.5 Table 7–3 (p 151, AMA5) should be replaced with Table 7.2 on the following page when assessing permanent impairment due to bladder disease. This table includes ratings involving urge and total incontinence (defined in paragraph 7.8).

Male reproductive organs

Penis

7.9 AMA5, p 157: the box labelled "Class 3, 21–35%" should read "Class 3, 20% Impairment of the Whole Person" as the descriptor "No sexual function possible" does not allow a range. (The correct value is shown in Table 7–5). Note, however, that there is a loading for age, so a rate higher than 20% is possible.

Testicles, epididymides and spermatic cords

7.10 Table 7–7 (p 159, AMA5) should be replaced with Table 7.4, below, when assessing permanent impairment due to testicular, epididymal and spermatic cord disease. This table includes rating for infertility and equates impairment with female infertility (see Table 7.5. in this Chapter of this Guide). Infertility in either sex must be considered to be of equal impact, age for age.

7.11 **Male infertility** is defined as azoospermia or other cause of inability to cause impregnation even with assisted contraception techniques.

7.12 Loss of sexual function **related to spinal injury** should only be assessed as an impairment where there is other objective evidence of spinal cord, cauda equina or bilateral nerve root dysfunction. The ratings described in Table 13–21 on p 342 of AMA5 are used in this instance. There is no additional impairment rating system for loss of sexual function in the absence of objective clinical findings.

Table 7.4: Criteria for rating permanent impairment due to testicular, epididymal and spermatic cord disease

Class 1 0%–10% WPI	Class 2 11%–15% WPI	Class 3 16%–35% WPI
Testicular, epididymal or spermatic cord disease symptoms and signs and anatomic alteration and no continuous treatment required and no seminal or hormonal function or abnormalities or solitary testicle	Testicular, epididymal or spermatic cord disease symptoms and signs and anatomic alteration and cannot effectively be controlled by treatment and detectable seminal or hormonal abnormalities	Trauma or disease produces bilateral anatomic loss of the primary sex organs or no detectable seminal or hormonal function or infertility

Female reproductive organs

Fallopian tubes and ovaries

7.13 Table 7–11 (p167, AMA5) should be replaced with Table 7.5, on the following page, when assessing permanent impairment due to fallopian tube and ovarian disease. This table includes rating for infertility and equates impairment with male infertility (see Table 7.4, above). Infertility in either sex must be considered to be of equal impact, age for age.

7.14 **Female infertility**: a woman in the childbearing age is infertile when she is unable to conceive naturally. This may be due to anovulation, tubal blockage, cervical or vaginal blocking or an impairment of the uterus.

Table 7.5: Criteria for rating permanent impairment due to fallopian tube and ovarian disease

Class 1 0%–15% WPI	Class 2 16%–25% WPI	Class 3 26%–35% WPI
Fallopian tube or ovarian disease or deformity symptoms and signs do not require continuous treatment or only one functioning fallopian tube or ovary in the premenopausal period or bilateral fallopian tube or ovarian functional loss in the postmenopausal period	Fallopian tube or ovarian disease or deformity symptoms and signs require continuous treatment, but tubal patency persists and ovulation is possible	Fallopian tube or ovarian disease or deformity symptoms and signs and total tubal patency loss or failure to produce ova in the premenopausal period or bilateral fallopian tube or bilateral ovarian loss in the premenopausal period; infertility

8.9 Before permanent impairment can be assessed, the person must have appropriate assessment and treatment by an ear, nose and throat surgeon and a respiratory physician who specialises in sleep disorders.

8.10 Degree of permanent impairment due to sleep apnoea should be calculated with reference to Table 13-4 (p 317, AMA5).

Hypersensitivity pneumonitis (AMA5 Section 5.7)

8.11 Permanent impairment arising from disorders included in this section is assessed according to the impairment classification in AMA5 Table 5-12.

Pneumoconiosis (AMA5 Section 5.8)

8.12 Permanent impairment due to pneumoconiosis is assessed according to the impairment classification in AMA5 Table 5-12.

Lung cancer (AMA5 Section 5.9)

8.13 Permanent impairment due to lung cancer should be assessed at least six months after surgery. Table 5-12 (not Table 5-11) should be used for assessment of permanent impairment.

8.14 Persons with residual lung cancer after treatment are classified in Respiratory Impairment Class 4 (Table 5-12).

Permanent impairment due to respiratory disorders (AMA5 Section 5.10)

8.15 Table 5-12 (p 107, AMA5) should be used to assess permanent impairment for respiratory disorders. The pulmonary function tests listed in Table 5-12 must be performed under standard conditions. Exercise testing is not required on a routine basis.

8.16 An isolated abnormal diffusing capacity for carbon monoxide (Dco) in the presence of otherwise normal results of lung function testing should be interpreted with caution and its aetiology should be clarified.

8 Respiratory system

AMA5 Chapter 5 applies to the assessment of permanent impairment of the respiratory system, subject to the modifications set out below.

Introduction

8.1 AMA5 Chapter 5 provides a useful summary of the methods for assessing permanent impairment arising from respiratory disorders.

8.2 The level of impairment arising from conditions that are not work related needs to be assessed by the medical assessor and taken into consideration in determining the level of permanent impairment. The level at which pre-existing conditions and lifestyle activities such as smoking contribute to the level of permanent impairment requires judgement on the part of the clinician undertaking the impairment assessment. The manner in which any deduction for these is applied needs to be recorded in the assessing specialist's report.

Examinations, clinical studies and other tests for evaluating respiratory disease (AMA5 Section 5.4)

8.3 AMA5 Tables 5-2b, 5-3b, 5-4b, 5-5b, 5-6b and 5-7b give the lower limits of normal values for pulmonary function tests. These are used in Table 5-12 to determine the impairment classification for respiratory disorders.

8.4 Classes 2, 3 and 4 in Table 5-12 list ranges of whole person impairment. The assessor should nominate the nearest whole percentage based on the complete clinical circumstances when selecting within the range.

Asthma (AMA5 Section 5.5)

8.5 In assessing permanent impairment arising from occupational asthma, the assessor will require evidence from the treating physician that:

- At least three lung function tests have been performed over a six month period and that the results were consistent and repeatable over that period; and
- the worker has received maximal treatment and is compliant with his/her medication regimen.

8.6 Bronchial challenge testing should not be performed as part of the impairment assessment, therefore in Table 5-9 (p 104, AMA5) ignore column four (PC20 mg/mL or equivalent, etc).

8.7 Permanent impairment due to asthma is rated by the score for the best post-bronchodilator forced expiratory volume in one second (FEV1) (score in column 2, AMA5 Table 5-9) plus per cent of FEV₁ (score in column 3) plus minimum medication required (score in column 5). The total score derived is then used to assess the percent impairment in Table 5-10 (p 104, AMA5).

Obstructive sleep apnoea (AMA5 Section 5.6)

8.8 This section needs to be read in conjunction with Section 11.4 (p 259, AMA5) and Section 13.3c (p 317).

In the presence of significant conduction hearing loss, the extension tables do not apply. AMA5 Table 11-3 is replaced by Table 9.1 at the end of this chapter.

Hearing impairment

- 9.8 Impairment of a worker's hearing is determined according to evaluation of the individual's binaural hearing impairment.
- 9.9 **Permanent hearing impairment** should be evaluated when the condition is stable. Prosthetic devices (that is, hearing aids) must not be worn during the evaluation of hearing sensitivity.
- 9.10 **Hearing threshold level for pure tones** is defined as the number of decibels above standard audiometric zero for a given frequency at which the listener's threshold of hearing lies when tested in a suitable sound attenuated environment. It is the reading on the hearing level dial of an audiometer that is calibrated according to Australian Standard AS 2586-1983.
- 9.11 **Evaluation of binaural hearing impairment:** Binaural hearing impairment is determined by using the tables in the 1988 NAL publication with allowance for presbycusis according to the presbycusis correction table, if applicable, in the same publication.

The Binaural Tables RB 500-4000 (NAL publication, pp11-16) are to be used, except when it is not possible or would be unreasonable to do so. For the purposes of calculating binaural hearing impairment, the better and worse ear may vary as between frequencies.

Where it is necessary to use the monaural tables, the binaural hearing impairment (BHI) is determined by the formula:

$$BHI = \frac{<4 \times (\text{better ear hearing loss}) + \text{worse ear hearing loss}}{5}$$

- 9.12 **Presbycusis correction** (NAL publication, p 24) only applies to occupational hearing loss contracted by gradual process — for example, occupational noise induced hearing loss and/or occupational solvent induced hearing loss.

- 9.13 **Binaural hearing impairment and severe tinnitus:** Up to 5% may be added to the work-related binaural hearing impairment for severe tinnitus caused by a work-related injury.

- after presbycusis correction, if applicable; and
- before determining whole person impairment.

Assessment of severe tinnitus is based on a medical specialist's assessment.

- 9.14 **Only hearing ear:** A worker has an "only hearing ear" if he or she has suffered a non-work-related severe or profound sensorineural hearing loss in the other ear. If a worker suffers a work-related injury causing a hearing loss in the only hearing ear of x dBHL at a relevant frequency, the worker's work-related binaural hearing impairment at that frequency is calculated from the binaural tables using x dB as the hearing threshold level in both ears. Deduction for presbycusis if applicable and addition for severe tinnitus is undertaken according to this guide.

- 9.15 When necessary, binaural hearing impairment figures should be rounded to the nearest 0.1%. Rounding up should occur if equal to or greater than 0.05%, and rounding down should occur if equal to or less than 0.04%.

9 Hearing

AMA5 Chapter 11 applies to the assessment of permanent impairment of hearing, subject to the modifications set out below.

Assessment of hearing impairment (hearing loss)

- 9.1 A worker may present for assessment of hearing loss for compensation purposes before having undergone all or any of the health investigations that generally occur before assessment of permanent impairment. For this reason and to ensure that conditions other than "occupational hearing impairment" are precluded, the worker must undergo an audiometric test for hearing conducted by an audiologist for the purposes of assessment. For air conduction testing, the test must comply with AS/NZS 1269.4:2005 (Occupational noise management – Auditory assessment).

- 9.2 The worker's hearing levels must be determined separately for the left and right ears at audiometric test frequencies 500, 1000, 1500, 2000, 3000 and 4000Hz with an audiometer complying with AS IEC 60645.3:2002 (Electroacoustics – Audiological equipment – Auditory test signals of short duration for audiometric and neurological purposes).

- 9.3 The medical assessment needs to be undertaken in accordance with the hearing impairment section of the Evaluation Summary Table 11-10 (pp 272-273, AMA5). The test must be preceded by a period of quiet of at least 8 hours. The audiologist performing the assessment must examine the worker. The audiologist's assessment must be based on medical history and ear, nose and throat examination, evaluation of relevant audiological tests and evaluation of other relevant investigations available to the medical assessor. Only audiologists can sign medical reports.

- 9.4 Some of the relevant tests are discussed in the Evaluation Summary Table 11-10 (pp 272-273, AMA5). The relevant row for these guides is the one headed "Hearing impairment" with the exception of the last column headed "Degree of impairment". The degree of impairment is determined according to this Guide.

- 9.5 Disregard Sections 11.1b and 11.2 (pp 246-255, AMA5), but retain Section 11.1a (Interpretation of Symptoms and Signs, p 246).

- 9.6 The level of hearing impairment caused by non-work-related conditions is assessed by the audiologist and considered when determining the level of work-related hearing impairment. While this requires medical judgment on the part of the examining audiologist, any non-work-related deductions should be recorded in the report.

- 9.7 Disregard Tables 11-1, 11-2, 11-3 (pp 247-250, AMA5). For the purposes of this Guide, National Acoustic Laboratory (NAL) Tables from the NAL Report No. 118, *Improved Procedure for Determining Percentage Loss of Hearing* (January 1988) are adopted as follows:

- Tables RB 500-4000 (pp 11-16)
- Tables RM 500-4000 (pp 18-23)
- Appendix 1 and 2 (pp 8-9)
- Appendix 5 and 6 (pp 24-26)
- Tables EB 4000-8000 (pp 28-30)
- Table EM 4000-8000 (pp 32-34)

10 The visual system

AMA4 Chapter 8 applies to the assessment of permanent impairment of the visual system, subject to the modifications set out below.

Introduction and approach to assessment

- 10.1 The visual system must be assessed by an ophthalmologist.
- 10.2 For any visual system injury that results in an assessment of permanent impairment, the degree of PI must be assessed as follows:
 - The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Eye Guide for a visual injury.
 - If a vision injury results in permanent impairment of vision and this injury is not specifically mentioned in the RANZCO Eye Guide, the degree of permanent impairment resulting from the injury must be assessed under Chapter 8 (pp 209–222) of the American Medical Association *Guides to the Assessment of Permanent Impairment Fourth Edition* (AMA4) which is adopted without significant change.
- 10.3 The RANZCO Guide and AMA4 are used rather than AMA5 for the assessment of permanent impairment of the visual system because:
 - the equipment recommended for use in AMA5 is expensive and not owned by most privately practising ophthalmologists (eg, the Goldman apparatus for measuring visual fields);
 - the assessments recommended in AMA5 are considered too complex, raising a risk that resulting assessments may be of a lower standard than if the AMA4 method was used.
 - there is little emphasis on diplopia in AMA5, yet this is a relatively frequent problem.
 - many ophthalmologists are familiar with the RANZCO impairment guide, which is similar to AMA4.

10.4 Impairment of vision should be measured with the injured worker wearing their prescribed corrective spectacles and/or contact lenses, if that was normal for the injured worker before the workplace injury. If, as a result of the workplace injury, the injured worker has been prescribed corrective spectacles and/or contact lenses for the first time, or different spectacles and/or contact lenses than those prescribed before injury, the difference should be accounted for in the assessment of permanent impairment.

10.5 The ophthalmologist should perform, or review, all tests necessary for the assessment of permanent impairment rather than relying on tests, or interpretations of tests, done by the orthoptist or optometrist.

10.6 An ophthalmologist should assess visual field impairment in all cases.

10.7 In Section 8.5, "Other Conditions" (p 222, AMA4), the "additional 10% impairment" referred to means 10% whole person impairment, not 10% impairment of the visual system.

9.16 Table 9.1 is used to convert binaural hearing impairment, after deduction for presbycusis (if applicable), after deduction of the first 5% of the worker's diminution of hearing (consistent with section 125(4) of the *Workers' Compensation and Rehabilitation Act 2003*) and after addition for severe tinnitus, to whole person impairment.

- 9.17 The method of subtracting a previous impairment for noise induced hearing loss, where the previous impairment was not assessed in accordance with this Guide, is:
 - The current level of binaural hearing impairment is established by the relevant specialist.
 - Convert this to WPI from Table 9.1 below.
 - Calculate the proportion of the current binaural hearing impairment that was accounted for by the earlier assessment and express it as a percentage of the current hearing impairment.
 - The percentage of current hearing impairment that remains is the amount to be compensated.
 - This needs to be expressed in terms of WPI for calculation of compensation entitlement.

Table 9.1: Relationship of binaural hearing impairment to WPI

% Binaural hearing impairment	% WPI	% Binaural hearing impairment	% WPI
0.0–1.1	0	50.1–52.7	21
1.2–2.5	1	52.8–55.0	22
2.6–4.7	2	55.1–57.7	23
4.8–7.6	3	57.8–60.0	24
7.7–9.7	4	60.1–62.5	25
9.8–12.6	5	62.6–65.0	26
12.7–15.0	6	65.1–67.7	27
15.1–17.6	7	67.8–70.0	28
17.7–19.8	8	70.1–72.8	29
19.9–22.6	9	72.9–75.0	30
22.7–24.8	10	75.1–77.8	31
24.9–27.4	11	77.9–80.0	32
27.5–29.9	12	80.1–82.8	33
30.0–32.6	13	82.9–85.1	34
32.7–34.9	14	85.2–87.8	35
35.0–37.7	15	87.9–90.2	36
37.8–39.9	16	90.3–92.7	37
40.0–42.7	17	92.8–95.1	38
42.8–44.9	18	95.2–97.6	39
45.0–47.7	19	97.7–100	40
47.8–50.0	20		

11 Psychiatric and psychological disorders

AMA5 Chapter 14 is excluded and replaced by this chapter.

Introduction

- 11.1 This chapter lays out the method for assessing psychiatric impairment. The evaluation of impairment requires a medical examination.
- 11.2 Evaluation of psychiatric impairment is conducted by a Medical Assessment Tribunal.
- 11.3 Psychiatric and psychological disorders may be a primary impairment or secondary to a physical impairment and are assessed in the same way.

Background to the development of the scale

- 11.4 The psychiatric impairment rating scale (PIRS) used here was originally developed, using AMA4, for the New South Wales Motor Accidents Authority. It was then further modified for Comcare. At this time the conversion table was added. Finally, to ensure relevance in the workers' compensation context, the PIRS was extensively reviewed with reference to AMA5. Changes have been made to the method for assessing pre-injury impairment, and to some of the descriptors within each of the functional areas.

Diagnosis

- 11.5 The impairment rating must be based upon a psychiatric diagnosis (according to a recognised diagnostic system) and the report must specify the diagnostic criteria upon which the diagnosis is based. Impairment arising from any of the somatoform disorders (pp 485–511, DSM IV TR) are excluded from this chapter.
- 11.6 If pain is present as the result of an organic impairment, it should be assessed as part of the organic condition under the relevant table. This does not constitute part of the assessment of impairment relating to the psychiatric condition. The impairment ratings in the body organ system chapters in AMA5 make allowance for any accompanying pain.
- 11.7 It is expected that the Medical Assessment Tribunal will provide a rationale for the rating based on the injured worker's psychiatric symptoms. The diagnosis is among the factors to be considered in assessing the severity and possible duration of the impairment, but is not the sole criterion to be used. Clinical assessment of the person may include information from the injured worker's own description of his or her functioning and limitations; from family members and others who may have knowledge of the person. Medical reports, feedback from treating professionals, 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. Evaluation of impairment will need to take into account variations in the level of functioning over time. Percentage impairment refers to "whole person impairment".

Permanent impairment

- 11.8 A psychiatric disorder is permanent if in your clinical opinion, it is likely to continue indefinitely. Regard should be given to:
- the duration of impairment;
 - the likelihood of improvement in the injured workers' condition;
 - whether the injured worker has undertaken reasonable rehabilitative treatment;
 - any other relevant matters.

Effects of treatment

- 11.9 Consider the effects of medication, treatment and rehabilitation to date. Is the condition stable? Is treatment likely to change? Are symptoms likely to improve? If the injured worker declines treatment, this should not affect the estimate of permanent impairment. The Medical Assessment Tribunal may make a comment in the report about the likely effect of treatment or the reasons for refusal of treatment.

Co-morbidity

- 11.10 Consider co-morbid features (e.g. Alzheimer's disease, personality disorder, substance abuse) and determine whether they are directly linked to the work-related injury or whether they were pre-existing or unrelated conditions.

Pre-existing impairment

- 11.11 To measure the impairment caused by a work-related injury or event, the psychiatrist must measure the proportion of WPI due to a pre-existing condition. Pre-existing impairment is calculated using the same method for calculating current impairment level. The assessing psychiatrist uses all available information to rate the injured workers pre-injury level of functioning in each of the areas of function. The percentage impairment is calculated using the aggregate score and median class score using the conversion table below. The injured worker's current level of impairment is then assessed, and the pre-existing impairment level (%) is then subtracted from their current level to obtain the percentage of permanent impairment directly attributable to the work-related injury. If the percentage pre-existing impairment cannot be assessed, 10% of the estimated level of the condition now being assessed is to be deducted.

Psychiatric impairment rating scale (PIRS)

- 11.12 Behavioural consequences of psychiatric disorder are assessed on six scales, each of which evaluates an area of functional impairment:

1. Self care and personal hygiene (Table 11.1)
 2. Social and recreational activities (Table 11.2)
 3. Travel (Table 11.3)
 4. Social functioning (relationships) (Table 11.4)
 5. Concentration (Table 11.5)
 6. Employability (Table 11.6)
- } Activities of daily living

- 11.13 Impairment in each area is rated using class descriptors. Classes range from 1 to 5, in accordance with severity. The standard form must be used when scoring the PIRS. The examples of activities are examples only. The assessing psychiatrist should take account of the person's cultural background. Consider activities that are usual for the person's age, sex and cultural norms.

Table 11.5: Psychiatric impairment rating scale — Concentration, persistence and pace

Class 1	No deficit, or minor deficit attributable to the normal variation in the general population. Able to pass a TAFE or university course within normal time frame.
Class 2	Mild impairment: can undertake a basic retraining course, or a standard course at a slower pace. Can focus on intellectually demanding tasks for periods of up to 30 minutes, then feels fatigued or develops headache.
Class 3	Moderate impairment: unable to read more than newspaper articles. Finds it difficult to follow complex instructions (eg, operating manuals, building plans), make significant repairs to motor vehicle, type long documents, follow a pattern for making clothes, tapestry or knitting.
Class 4	Severe impairment: can only read a few lines before losing concentration. Difficulties following simple instructions. Concentration deficits obvious even during brief conversation. Unable to live alone, or needs regular assistance from relatives or community services.
Class 5	Totally impaired: needs constant supervision and assistance within institutional setting.

Table 11.6: Psychiatric impairment rating scale — Employability

Class 1	No deficit, or minor deficit attributable to the normal variation in the general population. Able to work full time. Duties and performance are consistent with the injured worker's education and training. The person is able to cope with the normal demands of the job.
Class 2	Mild impairment. Able to work full time but in a different environment from that of the pre-injury job. The duties require comparable skill and intellect as those of the pre-injury job. Can work in the same position, but no more than 20 hours per week (eg, no longer happy to work with specific persons, or work in a specific location due to travel required).
Class 3	Moderate impairment: cannot work at all in same position. Can perform less than 20 hours per week in a different position, which requires less skill or is qualitatively different (eg, less stressful).
Class 4	Severe impairment: cannot work more than one or two days at a time, less than 20 hours per fortnight. Pace is reduced, attendance is erratic.
Class 5	Totally impaired. Cannot work at all.

Using the PIRS to measure impairment

11.14 Rating psychiatric impairment using the PIRS is a two-step procedure:

- Determine the median class score.
- Calculate the aggregate score.

Determining the median class score

11.5 Each area of function described in the PIRS is given an impairment rating which ranges from Class 1 to 5. The six scores are arranged in ascending order, using the standard form. The median is then calculated by averaging the two middle scores. E.g.:

Example A:	1, 2, 3, 3, 4, 5	Median Class = 3
Example B:	1, 2, 2, 3, 3, 4	Median Class = 2.5 = 3*
Example C:	1, 2, 3, 5, 5	Median Class = 4

*If a score falls between two classes, it is rounded up to the next class. A median class score of 2.5 thus becomes 3.

11.16 The median class score method was chosen, as it is not influenced by extremes. Each area of function is assessed separately. While impairment in one area is neither

Table 11.1: Psychiatric impairment rating scale — Self care and personal hygiene

Class 1	No deficit, or minor deficit attributable to the normal variation in the general population
Class 2	Mild impairment: able to live independently, looks after self adequately, although may look unkempt occasionally; sometimes misses a meal or relies on take-away food.
Class 3	Moderate impairment: Can't live independently without regular support. Needs prompting to shower daily and wear clean clothes. Does not prepare own meals, frequently misses meals. Family member or community nurse visits (or should visit) 2-3 times per week to ensure minimum level of hygiene and nutrition.
Class 4	Severe impairment: Needs supervised residential care. If unsupervised, may accidentally or purposefully hurt self.
Class 5	Totally impaired: Needs assistance with basic functions, such as feeding and toileting.

Table 11.2: Psychiatric impairment rating scale — Social and recreational activities

Class 1	No deficit, or minor deficit attributable to the normal variation in the general population: regularly participates in social activities that are age, sex and culturally appropriate. May belong to clubs or associations and is actively involved with these.
Class 2	Mild impairment: occasionally goes out to such events without needing a support person, but does not become actively involved (eg, dancing, cheering favourite team).
Class 3	Moderate impairment: rarely goes out to such events, and mostly when prompted by family or close friend. Will not go out without a support person. Not actively involved, remains quiet and withdrawn.
Class 4	Severe impairment: never leaves place of residence. Tolerates the company of family member or close friend, but will go to a different room or garden when others come to visit family or flat mate.
Class 5	Totally impaired. Cannot tolerate living with anybody, extremely uncomfortable when visited by close family member.

Table 11.3: Psychiatric impairment rating scale — Travel

Class 1	No deficit, or minor deficit attributable to the normal variation in the general population: Can travel to new environments without supervision.
Class 2	Mild impairment: can travel without support person, but only in a familiar area such as local shops, visiting a neighbour.
Class 3	Moderate impairment: cannot travel away from own residence without support person. Problems may be due to excessive anxiety or cognitive impairment.
Class 4	Severe impairment: finds it extremely uncomfortable to leave own residence even with trusted person.
Class 5	Totally impaired: may require two or more persons to supervise when travelling.

Table 11.4: Psychiatric impairment rating scale — Social functioning

Class 1	No deficit, or minor deficit attributable to the normal variation in the general population: No difficulty in forming and sustaining relationships (eg, partner, close friendships lasting years).
Class 2	Mild impairment: existing relationships strained. Tension and arguments with partner or close family member, loss of some friendships.
Class 3	Moderate impairment: previously established relationships severely strained, evidenced by periods of separation or domestic violence. Spouse, relatives or community services looking after children.
Class 4	Severe impairment: unable to form or sustain long term relationships. Pre-existing relationships ended (eg, lost partner, close friends). Unable to care for dependants (eg, own children, elderly parent).
Class 5	Totally impaired: unable to function within society. Living away from populated areas, actively avoiding social contact.

equivalent nor interchangeable with impairment in other areas, the median seems the fairest way to translate different impairments onto a linear scale.

Median class score and percentage impairment

11.17 Each median class score represents a range of impairment, as shown below.

- Class 1 = 0–3%
- Class 2 = 4–10%
- Class 3 = 11–30%
- Class 4 = 31–60%
- Class 5 = 61–100%

Calculation of the aggregate score

11.18 The aggregate score is used to determine an exact percentage of impairment within a particular Median Class range. The six class scores are added to give the aggregate score.

Use of the conversion table to arrive at percentage impairment

11.19 The aggregate score is converted to a percentage score using the conversion table.
 11.20 The conversion table was developed to calculate the percentage impairment based on the aggregate and median scores.

11.21 The scores within the conversion table are spread in such a way to ensure that the final percentage rating is consistent with the measurement of permanent impairment percentages for other body systems.

Table 11.7: Conversion table

		Aggregate score																									
		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Class 1	% Impairment	0	0	1	1	2	2	2	3	3																	
Class 2	% Impairment			4	5	5	6	7	7	8	9	9	10														
Class 3	% Impairment								11	13	15	17	19	22	24	26	28	30									
Class 4	% Impairment												31	34	37	41	44	47	50	54	57	60					
Class 5	% Impairment																	61	65	70	74	78	83	87	91	96	10

Conversion table — explanatory notes

- A. Distribution of aggregate scores**
- The lowest aggregate score that can be obtained is: 1+1+1+1+1+1=6
 - The highest aggregate score is 5+5+5+5+5+5= 30
 - The table therefore has aggregate scores ranging from 6 to 30.
 - Each Median Class score has an impairment range, and a range of possible aggregate scores (eg, Class 3 = 11–30%)
 - The lowest aggregate score for Class 3 is 13 (1+1+2+3+3+3= 13)
 - The highest aggregate score for Class 3 is 22. (3+3+3+3+5+5=22)
 - The conversion table distributes the impairment percentages across aggregate scores

B. Same aggregate score in different classes

- The conversion table shows that the same aggregate score leads to different percentages of impairment in different median classes.

- For example, an aggregate score of 18 is equivalent to an impairment rating of:
 - 10% in Class 2,
 - 22% in Class 3,
 - 34% in Class 4.
- This is due to the fact that an injured worker whose impairment is in Median Class 2 is likely to have a lower score across most areas of function. They may be significantly impaired in one aspect of their life, such as travel, yet have low impairment in Social Function, Self-care or Concentration.
- Someone whose impairment reaches Median Class 4 will experience significant impairment across most aspects of his or her life.

Examples: (Using the previous cases)

Example A

PIRS scores	1	2	3	4	5	Median class	= 3
Aggregate score	1 +	2 +	3 +	3 +	4 +	5 =	18
Total % Impairment							22%

Example B

PIRS scores	1	2	2	3	4	Median class	= 3
Aggregate score	1 +	2 +	2 +	3 +	3 +	4 =	15
Total % Impairment							15%

Example C

PIRS scores	1	2	3	5	5	Median class	= 4
Aggregate score	1 +	2 +	3 +	5 +	5 +	5 =	21
Total % Impairment							44%

12 Haematopoietic system

AMA5 Chapter 9 applies to the assessment of permanent impairment of the haematopoietic system, subject to the modifications set out below.

Introduction

12.1 AMA5 Chapter 9 (pp 191–210) provides guidelines on the method of assessing permanent impairment of the haematopoietic system. Overall, that chapter should be followed when conducting the assessment, with variations indicated below.

12.2 Impairment of end organ function due to haematopoietic disorder should be assessed separately, using the relevant chapter of this Guide. The percentage whole person impairment due to end organ impairment should be combined with any percentage whole person impairment due to haematopoietic disorder, using the Combined Values Table (pp 604–606, AMA5).

Anaemia

12.3 Table 12.1 (below) replaces Table 9–2 (p 193, AMA5).

Table 12.1: Classes of anaemia and percentage whole person impairment

Class 1: 0–10% WPI	Class 2: 11–30% WPI	Class 3: 31–70% WPI	Class 4: 71–100% WPI
No symptoms and haemoglobin 100–120g/L and no transfusion required	Minimal symptoms and haemoglobin 80–100g/L and no transfusion required	Moderate to marked symptoms and haemoglobin 50–80g/L before transfusion and transfusion of 2 to 3 units required, every 4 to 6 weeks	Moderate to marked symptoms and haemoglobin 50–80g/L before transfusion and transfusion of 2 to 3 units required, every 2 weeks

12.4 The assessor should exercise clinical judgement in determining whole person impairment, using the criteria in Table 12.1. For example, if comorbidities exist which preclude transfusion, the assessor may assign Class 3 or Class 4, on the understanding that transfusion would under other circumstances be indicated. Similarly, there may be some claimants with Class 2 impairment who, because of comorbidity, may undergo transfusion.

12.5 Pre-transfusion haemoglobin levels in Table 12.1 are to be used as indications only. It is acknowledged that for some claimants, it would not be medically advisable to permit the claimant's haemoglobin levels to be as low as indicated in the criteria of Table 12.1.

12.6 The assessor should indicate a percentage whole person impairment, as well as the Class.

Polycythaemia and myelofibrosis

12.7 The level of symptoms (as in Table 12.1) should be used as a guide for the assessor in cases where non-anaemic tissue iron deficiency results from venesection.

Table 11.8: PIRS rating form

Name	Claim reference number
D.O.B.	Age at time of injury
Date of injury	Occupation before injury
Date of assessment	Marital status before Injury

Psychiatric diagnoses	1.	2.
Psychiatric treatment	3.	4.
Is impairment permanent?	Yes	No (Circle one)

PIRS category	Class	Reason for decision
Self care and personal hygiene		
Social and recreational activities		
Travel		
Social functioning		
Concentration, persistence and pace		
Employability		

Score Class Median =

Aggregate Score Total =

+ + + + +

Impairment (%WPI) from table 11.7

Less pre existing impairment (if any)

Final Impairment (%WPI)

White blood cell diseases

12.8 In cases of functional asplenia, the assessor should assign 3% whole person impairment. This should be combined with any other impairment rating, using the Combined Values Table (pp 604–606, AMA5).

Haemorrhagic and platelet disorders

12.9 Table 9–4 (p 203, AMA5) is to be used as the basis for assessing haemorrhagic and platelet disorders.

12.10 For the purposes of this Guide, the criteria for inclusion in Class 3 of AMA5 Table 9–4 (p 203) is:

- Symptoms and signs of haemorrhagic and platelet abnormality and/or
- Requires continuous treatment and
- Interference with daily activities; requires occasional assistance.

12.11 For the purposes of this Guide, the criteria for inclusion in Class 4 of Table 9–4 (p 203, AMA5) is:

- Symptoms and signs of haemorrhagic and platelet abnormality and/or
- Requires continuous treatment and
- Difficulty performing daily activities; requires continuous care.

Thrombotic disorders

12.12 Table 9–4 (p 203, AMA5) is used as the basis for determining impairment due to thrombotic disorder.

13 The endocrine system

AMA5 Chapter 10 applies to the assessment of permanent impairment of the endocrine system, subject to the modifications set out below.

Introduction

13.1 AMA5 Chapter 10 provides a useful summary of the methods for assessing permanent impairment arising from disorders of the endocrine system.

13.2 Refer to other chapters in AMA5 for related structural changes — the visual system (Chapter 12), the skin (pigmentation, Chapter 8), the central and peripheral nervous system (memory, Chapter 13), the urinary and reproductive system (infertility, renal impairment, Chapter 7), the digestive system (dyspepsia, Chapter 6), the cardiovascular system (Chapters 3 and 4).

13.3 The clinical findings to support the impairment assessment are to be reported in the units recommended by the Royal College of Pathologists of Australia. (See Appendix 1 of this Chapter, p69).

13.4 Westergren erythrocyte sedimentation rate (WSR) is equivalent to ESR.

Adrenal cortex

13.5 AMA5, p 222, first paragraph: disregard the last sentence, "They also affect inflammatory response, cell membrane permeability, and immunologic responses, and they play a role in the development and maintenance of secondary sexual characteristics." Replace with: "Immunological and inflammatory responses are reduced by these hormones and they play a role in the development and maintenance of secondary sexual characteristics."

13.6 AMA5 Example 10–18 (pp 224–225); see reference to ESR (13.4, above).

13.7 AMA5 Example 10–20 (p 225): History: For "hypnotic bladder" read "hypotonic bladder".

Diabetes mellitus

13.8 AMA5, p 231: refer to the Australian Diabetes Association Guidelines with regard to levels of fasting glucose. (Position statement from the Australian Diabetes Society, reprinted in Appendix 2 to this chapter).

13.9 AMA5, p 231: insert at the end of the second paragraph: "The goal of treatment is to maintain haemoglobin A1c within 1% of the normal range (4%–6.3%)."

Mammary glands

13.10 AMA5 Example 10–45 (p 239), Current Symptoms: Disregard the last sentence, "Both bromocriptine and cabergoline cause nausea, precluding use of either drug" and replace with: "Routine use of bromocriptine and cabergoline is normal in Australia. It is rare that nausea precludes their use."

Criteria for rating permanent impairment due to metabolic bone disease

13.11 AMA5, p 240: Impairment due to a metabolic bone disease itself is unlikely to be associated with a work injury and would usually represent a pre-existing condition.

13.12 Impairment from fracture, spinal collapse or other complications may arise as a result of a work injury associated with these underlying conditions (as noted in AMA5, Section 10.10c) and would be assessed using the other Chapters indicated, with the exception of Chapter 18 (Pain) which is excluded from this Guide.

Appendix 13.1 Interpretation of pathology tests

From *Manual of Use and Interpretation of Pathology Tests*, 3rd edition. Reprinted with kind permission of the Royal College of Pathologists of Australasia.

Reference ranges, plasma or serum, unless otherwise indicated

Alanine aminotransferase (ALT)	(adult)	< 35 U/L
Albumin	(adult)	32–45 g/L
Alkaline phosphatase (ALP)	(adult, non-pregnant)	25–100 U/L
Alpha fetoprotein	(adult, non-pregnant)	< 10 µg/L
Alpha-1-antitrypsin		1.7–3.4 g/L
Anion gap		8–16 mmol/L
Aspartate aminotransferase (AST)		< 40 U/L
Bicarbonate (total CO ₂)		22–32 mmol/L
Bilirubin (total)	(adult)	< 20 µmol/L
Calcium	(total)	2.10–2.60 mmol/L
	(ionised)	1.17–1.30 mmol/L
Chloride		95–110 mmol/L
Cholesterol (HDL)	(male)	0.9–2.0 mmol/L
	(female)	1.0–2.2 mmol/L
Cholesterol (total)		< 5.5 mmol/L
<i>(National Heart Foundation Australia> recommendation)</i>		
Copper		13–22 µmol/L
Creatine kinase (CK)	(male)	60–220 U/L
	(female)	30–180 U/L
Creatinine	(adult male)	0.06–0.12 mmol/L
	(adult female)	0.05–0.11 mmol/L
Gamma glutamyl transferase (GGT)	(male)	< 50 U/L
	(female)	< 30 U/L
Globulin	adult	25–35g/L
Glucose	(venous plasma) - (fasting)	3.0–5.4 mmol/L
	(venous plasma) - (random)	3.0–7.7 mmol/L
Lactate dehydrogenase (LD)	(adult)	110–230 U/L
Magnesium	(adult)	0.8–1.0 mmol/L
Osmolality	(adult)	280–300 m.osmol/kg water
pCO ₂	(arterial blood)	4.6–6.0 kPa (35–45 mmHg)
PH	(arterial blood)	7.36–7.44 (36–44 mmol/L)

Reference ranges, plasma or serum, unless otherwise indicated (cont.)

Phosphate		0.8–1.5 mmol/L
pO ₂	(arterial blood)	11.0–13.5 kPa (80–100 mmHg)
Potassium	(plasma)	3.4–4.5 mmol/L
	(serum)	3.8–4.9 mmol/L
Prolactin	(male)	150–500 mU/L
	(female)	0–750 mU/L
Protein, total	(adult)	62–80 g/L
Sodium		135–145 mmol/L
Testosterone and related androgens	See Table A (below)	

Therapeutic intervals

Amitriptyline	150–900 nmol/L	60–250 µg/L
Carbamazepine	20–40 µmol/L	6–12 mg/L
Digoxin	0.6–2.3 nmol/L	0.5–1.8 µg/L
Lithium	0.6–1.2 mmol/L	
Nortriptyline	200–650 nmol/L	50–170 µg/L
Phenobarbitone	65–170 µmol/L	15–40 mg/L
Phenytoin	40–80 µmol/L	10–20 mg/L
Primidone	22–50 µmol/L	4.8–11.0 mg/L
Procaïnamide	17–42 µmol/L	4–10 mg/L
Quinidine	7–15 µmol/L	2.3–4.8 mg/L
Salicylate	1.0–2.5 mmol/L	140–350 mg/L
Theophylline	55–110 µmol/L	10–20 mg/L
Valproate	350–700 µmol/L	50–100 mg/L
Thyroid stimulating hormone (TSH)		0.4–5.0 mIU/L
Thyroxine (free)		10–25 pmol/L
Triglycerides (fasting)		< 2.0 mmol/L
Triiodothyronine (free)		4.0–8.0 pmol/L
Urate	(male)	0.20–0.45 mmol/L
	(female)	0.15–0.40 mmol/L
Urea	(adult)	3.0–8.0 mmol/L
Zinc		12–20 µmol/L

Table A: Reference intervals for testosterone and related androgens (serum)

	Male		Female	
	Pre-pubertal	Adult (age related)	Pre-pubertal	Adult (age related)
Free testosterone (pmol/L)	< 0.5	170–510	< 0.5	< 4.0
Total testosterone (nmol/L)	55–100	8–35	< 0.5	< 4.0
SHBG (nmol/L)	55–100	10–50	55–100	30–90 (250–500 in the 3rd trimester)
Dihydrotestosterone (nmol/L)		1–2.5		

Reference ranges, plasma or serum, unless otherwise indicated	
Iron	(adult) 10–30 µmol/L
Iron (total) binding capacity (TIBC)	45–80 µmol/L
Transferrin	1.7–3.0 g/L
Transferrin saturation	0.15–0.45 (15–45%)
Ferritin	(male) 30–300 µg/L
	(female) 15–200 µg/L
Vitamin B12	120–680 pmol/L
Folate	(red cell) 360–1400 nmol/L
	(serum) 7–45 nmol/L

Reference ranges, citrated plasma

Activated partial thromboplastin time (APTT)	25–35 seconds
– Therapeutic range for continuous infusion heparin	1.5–2.5 x baseline
Prothrombin time (PT)	11–15 seconds
International normalised ratio (INR)	
– Therapeutic range for oral anticoagulant therapy	2.0–4.5
Fibrinogen	1.5–4.0 g/L

Reference ranges, serum

Rheumatoid factor (nephelometry)	< 30 IU/L
C3	0.9–1.8 g/L
C4	0.16–0.50 g/L
C-reactive protein	< 5.0 mg/L
Immunoglobulins:	
IgG	6.5–16.0g/L
IgA	0.6–4.0g/L
IgM	0.5–3.0g/L

Reference intervals for lymphocyte subsets

	Adult
Total lymphocytes	1.5–4.0
CD3	0.6–2.4
CD4 (T4)	0.5–1.4
CD8 (T8)	0.2–0.7
CD19	0.04–0.5
CD16	0.2–0.4
CD4/CD8 ratio	1.0–3.2

Reference ranges, urine

Calcium	2.5–7.5 mmol/24 hours
Chloride (depends on intake, plasma levels)	100–250 mmol/24 hours
Cortisol (free)	100–300 nmol/24 hours
Creatinine	(child) 0.07–0.19 mmol/24 hours/kg
	(male) 9–18 mmol/24 hours
	(female) 5–16 mmol/24 hours
HMMA	< 10 mmol/mol creatinine
	(infant) < 35 µmol/24 hours
	(adult) 2.5–8.0 mmol/24 hours
Magnesium	50–1200 m.osmol/kg water
Osmolality (depends on hydration)	10–40 mmol/24 hours
Phosphate (depends on intake, plasma levels)	40–100 mmol/24 hours
Potassium (depends on intake, plasma levels)	
Protein, total	< 150 mg/24 hours
	< 250 mg/24 hours
	(pregnancy) 75–300 mmol/24 hours
Sodium (depends on intake, plasma levels)	(male) 2.2–6.6 mmol/24 hours
Urate	(female) 1.6–5.6 mmol/24 hours
Urea (depends on protein intake)	420–720 mmol/24 hours

Reference ranges, whole blood

Haemoglobin (Hb)	(adult male) 130–180 g/L
	(adult female) 115–165 g/L
Red cell count (RCC)	(adult male) 4.5–6.5 x 10 ¹² /L
	(adult female) 3.8–5.8 x 10 ¹² /L
Packed cell volume (PCV)	(adult male) 0.40–0.54
	(adult female) 0.37–0.47
Mean cell volume (MCV)	80–100 fL
Mean cell haemoglobin (MCH)	27–32 pg
Mean cell haemoglobin concentration (MCHC)	300–350 g/L
Leucocyte (White Cell) Count (WCC)	4.0–11.0 x 10 ⁹ /L
Leucocyte differential count	
– Neutrophils	2.0–7.5 x 10 ⁹ /L
– Eosinophils	0.04–0.4 x 10 ⁹ /L
– Basophils	< 0.1 x 10 ⁹ /L
– Monocytes	0.2–0.8 x 10 ⁹ /L
– Lymphocytes	1.5–4.0 x 10 ⁹ /L
Platelet count	150–400 x 10 ⁹ /L
Erythrocyte sedimentation rate (ESR)	male 17–50 yrs 1–10 mm/hour
	male >50 yrs 2–14 mm/hour
	female 17–50 yrs 3–12 mm/hour
	female >50 yrs 5–20 mm/hour
Reticulocyte count	10–100 x 10 ⁹ /L (0.2–2.0%)

Appendix 13.2 New classification and criteria for diagnosis of diabetes mellitus
Position Statement from the Australian Diabetes Society* New Zealand Society for the Study of Diabetes,¹ Royal College of Pathologists of Australasia² and Australasian Association of Clinical Biochemists³

Peter G Colman,* David W Thomas,† Paul Z Zimmet,* Timothy A Welborn,* Peter Garcia-Webb§ and M Peter Moore†

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Introduction

Recently, there has been major growth in knowledge about the aetiology and pathogenesis of different types of diabetes and about the predictive value of different blood glucose levels for development of complications. In response, both the American Diabetes Association (ADA) and the World Health Organization (WHO) have re-examined, redefined and updated the classification of and criteria for diabetes, which have been unchanged since 1985. While the two working parties had cross-representation, they met separately, and differences have emerged between their recommendations.

The ADA published its final recommendations in 1997,¹ while the WHO group published its provisional conclusions for consultation and comment in June 1998.²

The WHO process called for comments on the proposal by the end of September 1998, with the intention of finalising definitive classification and criteria by the end of December 1998 and of publishing these soon thereafter. However, WHO publications need to go through an internal approval process and it may be up to 12 months before the final WHO document appears.

A combined working party of the Australian Diabetes Society, New Zealand Society for the Study of Diabetes, Royal College of Pathologists of Australasia and Australasian Association of Clinical Biochemists was formed to formulate an Australasian position on the two sets of recommendations and, in particular, on the differences between them. This is an interim statement pending the final WHO report, which will include recommendations on diabetes classification as well as criteria for diagnosis. We see it as very important to inform Australasian health professionals treating patients with diabetes about these changes.

What are the new diagnostic criteria?

The new WHO criteria for diagnosis of diabetes mellitus and hyperglycaemia are shown in Box 1. The major change from the previous WHO recommendation³ is the lowering of the

diagnostic level of fasting plasma glucose to ≥ 7.0 mmol/L, from the former level of ≥ 7.8 mmol/L. For whole blood, the proposed new level is ≥ 6.1 mmol/L, from the former ≥ 6.7 mmol/L.

This change is based primarily on cross-sectional studies demonstrating the presence of microvascular⁴ and macrovascular complications⁵ at these lower glucose concentrations. In addition, the 1985 WHO diagnostic criterion for diabetes based on fasting plasma glucose level (≥ 7.8 mmol/L) represents a greater degree of hyperglycaemia than the criterion based on plasma glucose level two hours after a 75 g glucose load (≥ 11.1 mmol/L).⁶ A fasting plasma glucose level of ≥ 7 mmol/L accords more closely with this 2 h post-glucose level.

Recommendation: The ADA and the WHO committee are unanimous in adopting the changed diagnostic level, and the Australasian Working Party on Diagnostic Criteria recommends that healthcare providers in Australia and New Zealand should adopt it immediately.

Clinicians should note that the diagnostic criteria differ between clinical and epidemiological settings. In clinical practice, when symptoms are typical of diabetes, a single fasting plasma glucose level of ≥ 7.0 mmol/L or 2 h post-glucose or casual postprandial plasma glucose level of ≥ 11.1 mmol/L suffices for diagnosis. If there are no symptoms, or symptoms are equivocal, at least one additional glucose measurement (preferably fasting) on a different day with a value in the diabetic range is necessary to confirm the diagnosis. Furthermore, severe hyperglycaemia detected under conditions of acute infective, traumatic, circulatory or other stress may be transitory and should not be regarded as diagnostic of diabetes. The situation should be reviewed when the primary condition has stabilised.

1: Values for diagnosis of diabetes mellitus and other categories of hyperglycaemia²

	Glucose concentration (mmol/L <mg/dL>)		
	Whole blood		Plasma
	Venous	Capillary	Venous
Diabetes mellitus			
Fasting	≥ 6.1 (≥ 110)	≥ 6.1 (≥ 110)	≥ 7.0 (≥ 126)
or 2 h post-glucose load	≥ 10.0 (≥ 180)	≥ 11.1 (≥ 200)	≥ 11.1 (≥ 200)
or both			
Impaired glucose tolerance (IGT)	< 6.1 (< 110)	< 6.1 (< 110)	< 7.0 (< 126)
Fasting (if measured)	≥ 6.7 (≥ 120) and < 10.0 (< 180)	≥ 7.8 (≥ 140) and < 11.1 (< 200)	≥ 7.8 (≥ 140) and < 11.1 (< 200)
and 2 h post-glucose load	≥ 5.6 (≥ 100) and < 6.7 (< 120)	≥ 5.6 (≥ 100) and < 6.1 (< 110)	≥ 6.1 (≥ 110) and < 7.0 (< 126)
Impaired fasting glycaemia (IFG)	≥ 5.6 (≥ 100) and < 6.7 (< 120)	< 7.8 (< 140)	< 7.8 (< 140)
Fasting			≥ 6.1 (≥ 110) and < 7.0 (< 126)
2 h post-glucose load (if measured)			< 8.9 (< 160)

For epidemiological or population screening purposes, the fasting or 2 h value after 75 g oral glucose may be used alone. For clinical purposes, the diagnosis of diabetes mellitus should always be confirmed by a second test. In the absence of symptoms, there is unequivocal hyperglycaemia with acute metabolic decompensation or obvious symptoms. Glucose concentrations should not be determined on serum unless red cells are immediately removed, otherwise glycolysis will result in an unpredictable underestimation of the true concentrations. It should be stressed that glucose presentatives do not totally prevent glycolysis. If whole blood is used, the sample should be kept at 0–4°C or centrifuged immediately, or assayed immediately. Table reproduced with permission from Alberti KGMM, Zimmet PZ. Definition, diagnosis and classification of diabetes mellitus and its complications. Part 1: diagnosis and classification of diabetes mellitus. Provisional Report of a WHO Consultation. *Diabet Med* 1998; 15: 539–553. Copyright John Wiley & Sons Limited.

Key messages

Diagnosis of diabetes is not in doubt when there are classical symptoms of thirst and polyuria and a random venous plasma glucose level ≥ 11.1 mmol/L.

The Australasian Working Party on Diagnostic Criteria for Diabetes Mellitus recommends:

- Immediate adoption of the new criterion for diagnosis of diabetes as proposed by the American Diabetes Association (ADA) and the World Health Organization (WHO) — fasting venous plasma glucose level ≥ 7.0 mmol/L;
- Immediate adoption of the new classification for diabetes mellitus proposed by the ADA and WHO, which comprises four aetiological types — type 1, type 2, other specific types, and gestational diabetes — with impaired glucose tolerance and impaired fasting glycaemia as stages in the natural history of disordered carbohydrate metabolism.
- Awareness that some cases of diabetes will be missed unless an oral glucose tolerance test (OGTT) is performed. If there is any suspicion or other risk factor suggesting glucose intolerance, the OGTT should continue to be used pending the final WHO recommendation.

How has the classification of diabetes changed?

The proposed new classification encompasses both clinical stages and aetiological types of hyperglycaemia and is supported by numerous epidemiological studies. The classification by aetiological type (Box 2) results from new knowledge of the causes of hyperglycaemia, including diabetes. The terms insulin-dependent and non-insulin-dependent diabetes (IDDM and NIDDM) are eliminated and the terms type 1 and type 2 diabetes retained. Other aetiological types, such as diabetes arising from genetic defects of β -cell function or insulin action, are grouped as "other specific types", with gestational diabetes as a fourth category.

The proposed staging (Box 3) reflects the fact that any aetiological type of diabetes can pass or progress through several clinical phases (both asymptomatic and symptomatic) during its natural history. Moreover, individuals may move in either direction between stages.

Impaired glucose tolerance and impaired fasting glycaemia

Impaired glucose tolerance (IGT), a discrete class in the previous classification, is now categorised as a stage in the natural history of disordered carbohydrate metabolism. Individuals with IGT are at increased risk of cardiovascular disease, and not all will be identified by fasting glucose level.

In reducing the use of the OGTT, the ADA recommended a new category — impaired fasting glycaemia (IFG) — when fasting plasma glucose level is lower than that required to diagnose diabetes but higher than the reference range (< 7.0 mmol/L but \geq 6.1 mmol/L). Limited data on this category show that it increases both risk of progressing to diabetes⁹ and cardiovascular risk.⁵ However, data are as yet insufficient to determine whether IFG has the same status as IGT as a risk factor for developing diabetes and cardiovascular disease and as strong an association with the metabolic syndrome (insulin resistance syndrome).

IFG can be diagnosed by fasting glucose level alone, but if 2 h glucose level is also measured some individuals with IFG will have IGT and some may have diabetes. In addition, the number of people with OGTT results indicating diabetes but fasting plasma glucose level < 7.0 mmol/L is unknown, but early data suggest there may be major variation across different populations.¹⁰

2: Aetiological classification of disorders of glycaemia*

Type 1 (β -cell destruction, usually leading to absolute insulin deficiency)
Autoimmune idiopathic

Type 2 (may range from predominantly insulin resistance with relative insulin deficiency to a predominantly secretory defect with or without insulin resistance)

Other specific types
Genetic defects of β -cell function
Genetic defects in insulin action
Diseases of the exocrine pancreas
Endocrinopathies
Drug or chemical induced
Infections
Uncommon forms of immune-mediated diabetes
Other genetic syndromes sometimes associated with diabetes

Gestational diabetes
* As additional subtypes are discovered, it is anticipated they will be reclassified within their own specific category. Includes the former categories of gestational impaired glucose tolerance and gestational diabetes. Table reproduced with permission from Alberti KGMM, Zimmet PZ. Definition, diagnosis and classification of diabetes mellitus and its complications. Part 1: diagnosis and classification of diabetes mellitus. Provisional Report of a WHO Consultation. Diabet Med 1998; 15: 539-553. Copyright John Wiley & Sons Limited.

In epidemiological settings, for study of high-prevalence populations or selective screening of high-risk individuals, a single measure — the glucose-level 2 h post-glucose load — will suffice to describe prevalence of impaired glucose tolerance (IGT).

What about the oral glucose tolerance test?

Previously, the oral glucose tolerance test (OGTT) was recommended in people with a fasting plasma glucose level of 5.5–7.7 mmol/L or random plasma glucose level of 7.8–11.0 mmol/L. After a 75 g glucose load, those with a 2 h plasma glucose level of < 7.8 mmol/L were classified as normoglycaemic, of 7.8–11.0 mmol/L as having IGT and of \geq 11.1 mmol/L as having diabetes.

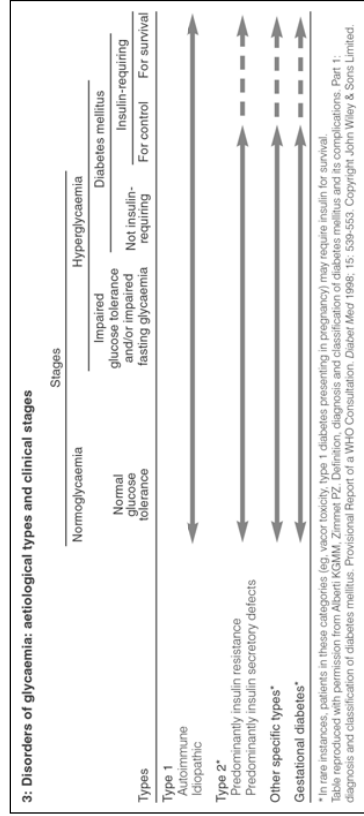
The new diagnostic criteria proposed by the ADA and WHO differ in their recommendations on use of the OGTT. The ADA makes a strong recommendation that fasting plasma glucose level can be used on its own and that, in general, the OGTT need not be used.¹ The WHO group² argues strongly for the retention of the OGTT and suggests using fasting plasma glucose level alone only when circumstances prevent the performance of the OGTT.

There are concerns that many people with a fasting plasma glucose level < 7.0 mmol/L will have manifestly abnormal results on the OGTT and are at risk of microvascular and macrovascular complications. This has major ramifications for the approach to diabetes screening, particularly when the Australian National Diabetes Strategy proposal,⁷ launched in June 1998 by Dr Michael Woodridge, then Federal Minister for Health and Aged Care, has early detection of type 2 diabetes as a key priority.

Recommendation: The Australasian Working Party on Diagnostic Criteria has major concerns about discontinuing use of the OGTT and recommends that a formal recommendation on its use in diabetes screening be withheld until the final WHO recommendation is made. However, in the interim, the OGTT should continue to be used.

Diabetes in pregnancy

The ADA has retained its old criteria for diagnosis of gestational diabetes.¹ These differ from those recommended by both WHO² and the Australian Working Party on Diabetes in Pregnancy⁸ and are generally not recognised outside the United States. The new WHO statement retains the 1985 WHO recommendation that both IGT and diabetes should be classified as gestational diabetes. This is consistent with the recommendations of the Australasian Diabetes in Pregnancy Society, which recommended a diagnostic 2 h venous plasma glucose level on the OGTT of \geq 8.0 mmol/L. In New Zealand, a cut-off level of \geq 9.0 mmol/L has been applied.⁸



A number of studies, including the DECODE initiative of the European Diabetes Epidemiology Group, have reported that individuals classified with IFG are not the same as the IGT group.¹¹ The European Group believes that, on available European evidence, the ADA decision to rely solely on fasting glucose level would be unwise.

14 The skin

AMA5 Chapter 8 applies to the assessment of permanent impairment of the skin, subject to the modifications set out below.

- 14.1 AMA5 Chapter 8 (pp 173–190) refers to skin diseases generally rather than work-related skin diseases alone. This Chapter has been adopted for measuring impairment of the skin system, with the following variations.
- 14.2 Disfigurement, scars and skin grafts may be assessed as causing significant permanent impairment when the skin condition causes limitation in the performance of activities of daily living (ADL).
- 14.3 For cases of facial disfigurement, refer to Table 6.1 in Chapter 6 (p 34).
- 14.4 Table 8–2 (p 178, AMA5) provides the method of classification of impairment due to skin disorders. Three components — signs and symptoms of skin disorder, limitations in activities of daily living and requirements for treatment — define five classes of permanent impairment. The assessing specialist should derive a specific percentage impairment within the range for the class that best describes the clinical status of the claimant.
- 14.5 The skin is regarded as a single organ and all non-facial scarring is measured together as one overall impairment rather than assessing individual scars separately and combining the results.
- 14.6 A scar may be present and rated as 0% WPI.
- 14.7 The Table for the Evaluation of Minor Skin Impairment (TEMSKI) (See Table 14.1) is an extension of Table 8-2 in AMA5. The TEMSKI divides Class 1 of Permanent Impairment (0-9%) due to skin disorders into 5 categories of impairment. The TEMSKI may be used by trained assessors (who do not specialise in the skin body system), for determining impairment from 0 – 4% in the Class 1 category, that has been caused by minor scarring following surgery. Impairment greater than 4% must be assessed by a specialist who has undertaken the requisite training in the assessment of the skin body system.
- 14.8 The TEMSKI is to be used in accordance with the principle of 'best fit'. The assessor must be satisfied that the criteria within the chosen category of impairment best reflect the skin disorder being assessed. The skin disorder should meet most, but does not need to meet all, of the criteria within the impairment category in order to satisfy the principle of 'best fit'. The assessor must provide detailed reasons as to why this category has been chosen over other categories.
- 14.9 Where there is a range of values in the TEMSKI categories, the assessor should use clinical judgement to determine the exact impairment value.
- 14.10 The case examples provided in AMA5 Chapter 8 do not, in most cases, relate to permanent impairment that results from a work-related injury. Reference should be made to similar cases previously determined by the MAT or provided in training, in addition to AMA5 Examples 8.1–8.22 (pp 178–187).

Recommendation: The Australasian Working Party on Diagnostic Criteria recommends immediate adoption of the new classification. However, clinicians should be aware that some cases of diabetes will be missed unless an OGTT is performed. Thus, if there is any suspicion or other risk factor suggesting glucose intolerance, the working party continues to recommend use of an OGTT pending the final WHO recommendation.

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15 Cardiovascular system

AMA5 Chapters 3 and 4 apply to the assessment of permanent impairment of the cardiovascular system, subject to the modifications set out below.

Introduction

15.1 The cardiovascular system is discussed in AMA5 Chapters 3 (Heart and Aorta) and 4 (Systemic and Pulmonary Arteries) (pp 25–85). These Chapters can be used to assess permanent impairment of the cardiovascular system with the following minor modifications.

15.2 It is noted that in this chapter there are wide ranges for the impairment values in each category. Assessors should use their clinical judgement to express a specific percentage within the range suggested.

Exercise stress testing

15.3 As with other investigations, it is not the role of a medical assessor to order exercise stress tests purely for the purpose of evaluating the extent of permanent impairment.

15.4 If exercise stress testing is available, then it is a useful piece of information in arriving at the overall percentage impairment.

15.5 If previous investigations are inadequate for a proper assessment to be made, the medical assessor should consider the value of proceeding with the evaluation of permanent impairment without adequate investigations and data (see Chapter 1, p 9 — Ordering of additional investigations).

Permanent impairment — stable and stationary

15.6 As for all assessments, a permanent impairment is one that remains stable and stationary, meaning it has been medically stable for the previous three months and is unlikely to change by more than 3%WPI in the next 12 months with or without further medical or surgical treatment.

Vascular diseases affecting the extremities

15.7 Note that in this section, Table 4–4 and Table 4–5 (p 76, AMA5) refer to percentage impairment of the upper or lower extremity. Therefore, an assessment of impairment concerning vascular impairment of the arm or leg requires that the percentages identified in Tables 4–4 and 4–5 be converted to whole person impairment. The table for conversion of the upper extremity is Table 16–3 (p 439, AMA5) and the table for conversion of the lower extremity is Table 17–3 (p 527, AMA5).

Thoracic outlet syndrome

15.8 Impairment due to thoracic outlet syndrome is assessed according to AMA5 Chapter 16, The Upper Extremities and Chapter 2 (pg 10) of this Guide.

This table uses the principle of 'best fit'. You should assess the impairment to the whole skin system against each criteria and then determine which impairment category best fits (or describes) the impairment. A skin impairment will usually meet most, but does not need to meet all, criteria to best fit a particular impairment category.

Criteria	0% WPI	1% WPI	2% WPI	3 - 4% WPI	5 - 9% WPI
Description of the scar(s) and/or skin condition(s) (shape, texture, colour)	Claimant is not conscious or is barely conscious of the scar(s) or skin condition	Claimant is conscious of the scar(s) or skin condition	Claimant is conscious of the scar(s) or skin condition	Claimant is conscious of the scar(s) or skin condition	Claimant is conscious of the scar(s) or skin condition
Location	Any staple or suture marks are barely visible	Minimal trophic changes	Any staple or suture marks are clearly visible	Any staple or suture marks are clearly visible	Any staple or suture marks are clearly visible
ADL / Treatment	No effect on any ADL	Negligible effect on any ADL	Minor limitation in the performance of few ADL	Minor limitation in the performance of few ADL AND exposure to chemical or physical agents (for example, sunlight, heat, cold etc.) may temporarily increase limitation.	Limitation in the performance of few ADL (INCLUDING restriction in grooming or dressing AND exposure to chemical or physical agents (for example, sunlight, heat, cold etc.) may temporarily increase limitation or restriction.
Contour	No contour defect	Minor contour defect	Contour defect visible	Contour defect easily visible	Contour defect easily visible
Adherence to underlying structures	No adherence	No adherence	No adherence	No adherence	Some adherence
Location	Anatomic location of the scar(s) or skin condition is not usually visible with usual clothing/hairstyle	Anatomic location of the scar(s) or skin condition is usually visible with usual clothing/hairstyle	Anatomic location of the scar(s) or skin condition is usually visible with usual clothing/hairstyle	Anatomic location of the scar(s) or skin condition is visible with usual clothing/hairstyle	Anatomic location of the scar(s) or skin condition is usually and clearly visible with usual clothing/hairstyle
ADL / Treatment	No effect on any ADL	Negligible effect on any ADL	Minor limitation in the performance of few ADL	Minor limitation in the performance of few ADL AND exposure to chemical or physical agents (for example, sunlight, heat, cold etc.) may temporarily increase limitation.	Limitation in the performance of few ADL (INCLUDING restriction in grooming or dressing AND exposure to chemical or physical agents (for example, sunlight, heat, cold etc.) may temporarily increase limitation or restriction.
Adherence to underlying structures	No adherence	No adherence	No adherence	No adherence	Some adherence

Table 14.1 Table for the Evaluation of Minor Skin Impairment (TMSKI)

16 Digestive system

AMA5 Chapter 6 applies to the management of permanent impairment of the digestive system.

- 16.1 The digestive system is discussed in AMA5 Chapter 6 (pp 117-142). This Chapter can be used to assess permanent impairment of the digestive system.
- 16.2 **AMA5, p 136: Section 6.6 Hernias.** Occasionally in regard to inguinal hernias there is damage to the ilio inguinal nerve following surgical repair. Where there is loss of sensation in the distribution of the ilio inguinal nerve involving the upper anterior medial aspect of the thigh, a 1% WPI should be assessed.
- 16.3 Where, following repair, there is severe dysaesthesia in the distribution of the ilio inguinal nerve, a 2% WPI should be assessed.
- 16.4 Where, following repair of a hernia of the abdominal wall, there is residual persistent excessive induration at the site, which is associated with significant discomfort, this should be assessed as a Class 1 herniation (Table 6-9, p 136, AMA5).
- 16.5 Impairments due to nerve injury and induration can not be combined. The higher impairment should be chosen.
- 16.6 A person who has suffered more than one work related hernia recurrence and who now has limitation of ADL's (e.g. lifting) should be assessed as herniation Class 1 (Table 6-9, p 136, AMA5).

Evaluation of permanent impairment arising from chronic pain

Following consultation with Professor Michael Cousins and Doctor Mike Nicholas of the University of Sydney Pain Management and Research Centre, the AMA5 Chapter devoted to assessment of chronic pain is to be disregarded for the purposes of this Guide.

The reasons for this are:

- the Chapter does not contain validated instruments that convert the rating given by an examiner into a whole body impairment rating.
- no work has been done at this time to enable such conversion to occur.
- measuring impairment for this condition is complex and requires a high degree of specialised knowledge and experience. This level of knowledge and experience is not widespread and it would be difficult to ensure consistency and equity in the assessment process.

Impairment ratings in this Guide attempt to account for the pain commonly associated with many disorders and others, such as complex regional pain syndrome, are specifically included in the Guide. It is recognised in AMA5 that chronic pain is not adequately accounted for in the other Chapters. However, work on a better method is still in progress and it would be premature to specify an alternative at present.

Work is being undertaken by the University of Sydney Pain Management and Research Centre that will enable such a chapter to be written in the future.

As with all largely subjective complaints in compensation systems, there is a concern that monetary compensation for non-specific conditions such as chronic pain can in some cases complicate the restorative and rehabilitative efforts of the worker and his or her health advisers. Hence the need for further investigation to determine a better and fairer system that recognises the difficulties associated with these conditions while, at the same time, promoting effective rehabilitation.

When the work is completed, it may be possible to introduce assessment of permanent impairment arising from chronic pain.

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[No. 53

Land Act 1994

**TEMPORARY CLOSING OF ROADS
NOTICE (No 19) 2013**

Short title

1. This notice may be cited as the *Temporary Closing of Roads Notice (No 19) 2013*.

Roads to be temporarily closed [s.98 of the Act]

2. The road described in the Schedule is temporarily closed.

SCHEDULE

North Region, Cairns Office

An area of about 2100 m² now established as Lot C on AP20055 (parish of Marathon, locality of Hawkins Creek) in the Department of Natural Resources and Mines. (2009/011197)

ENDNOTES

1. Published in the Gazette on 8 November 2013.
2. Not required to be laid before the Legislative Assembly.
3. The administering agency is the Department of Natural Resources and Mines.

Land Act 1994

**REOPENING OF TEMPORARILY CLOSED
ROAD NOTICE (No 31) 2013**

Short title

1. This notice may be cited as the *Reopening of Temporarily Closed Road Notice (No 31) 2013*.

Reopening temporarily closed road [s.107 of the Act]

2. It is declared that the areas of land comprised in the former Road Licence mentioned in the Schedule is reopened as road.

SCHEDULE

Central Region, Emerald Office

Areas totalling about 2.65 ha being part of Hoadleys Road abutting Lot 8 on SP256221 and Lot 2 on SP235019, being the land contained within former Road Licence No. 0/236879, (parish of Alberta). (2012/005664)

ENDNOTES

1. Published in the Gazette on 8 November 2013.
2. Not required to be laid before the Legislative Assembly.
3. The administering agency is the Department of Natural Resources and Mines.

Land Act 1994

**CORRECTION OF ERROR IN DEED OF GRANT
NOTICE (No 09) 2013**

Short title

1. This notice may be cited as the *Correction of Error in Deed of Grant Notice (No 09) 2013*.

Notice of correction of error [s.359(1) of the Act]

2. Notice is given that it is intended, after publication of this notice, to recommend to the Governor in Council that a further notice be made correcting the Deed of Grant described in Schedule 1 as set out in Schedule 2.

Applicant

3. The applicant for the correction of the error made in preparing the deed is the State.

SCHEDULE 1

North Region, Hughenden Office

Deed of Grant - 40054223

Current Title Reference - 50670331

Land granted - Lot 38 on MPH21973, parish of Norden

Area - 706 m²

SCHEDULE 2

Correction of an error in describing the specified reservations of the Deed of Grant -

omit '(e) All quarry material (as defined by the Forestry Act 1959) on and below the surface of the land'.

ENDNOTES

1. Published in the Gazette on 8 November 2013.
2. Not required to be laid before the Legislative Assembly.
3. The administering agency is the Department of Natural Resources and Mines.
4. File Reference - 2013/005777

Land Act 1994

**OBJECTIONS TO PROPOSED ROAD CLOSURE
NOTICE (No 43) 2013**

Short title

1. This notice may be cited as the *Objections to Proposed Road Closure Notice (No 43) 2013*.

Application for road closure [s.100 of the Act]

2. Applications have been made for the permanent closure of the roads mentioned in the Schedule.

Objections

3.(1) An objection (in writing) to a proposed road closure mentioned in the Schedule may be lodged with the Regional Service Director, Department of Natural Resources and Mines, at the regional office for the region in which the road is situated.

(2) Latest day for lodgement of objections is **19 December 2013**.

(3) Any objections received may be viewed by other parties interested in the proposed road closure under the provisions of the *Right to Information Act 2009*. If you lodge an objection, please include in your objection letter whether you would like to be consulted if this issue becomes the subject of an access request under the *Right to Information Act 2009*.

Plans

4. Inspection of the plans of the proposed road closures may be made at-

- (a) the Department of Natural Resources and Mines Offices at Mackay, Rockhampton, Brisbane, Gold Coast, Gympie, Maryborough and Roma; and
- (b) the Local Government Offices of Isaac Regional, Rockhampton Regional, Brisbane City, Gold Coast City, Gympie Regional, South Burnett Regional and Balonne Shire;

for a particular plan in that district or that local government area.

SCHEDULE**PERMANENT CLOSURE****Central Region, Mackay Office**

1 An area of about 5760 m² being part of the unnamed road abutting the western boundary of Lot 6 on I7953 (parish of Long Hill, locality of Ilbilbie) and shown as plan of proposed road to be permanently closed on Drawing 13/535A/CEN. (2013/005069)

Central Region, Rockhampton Office

2 An area of about 800 m² being part of Normanby Street separating Lot 6 on RP605924 from Lot 102 on SP246027 (parish of Rockhampton, locality of The Range) and shown as plan of proposed road to be permanently closed on Drawing 13/027//CEN. (2013/003965)

South Region, Brisbane Office

3 An area of about 146 m² being part of Beeston Street adjoining Lot 275 on RP9138 (parish of North Brisbane, locality of Teneriffe) and shown as road proposed to be permanently closed on Drawing 13/212. (2013/005819)

South Region, Gold Coast Office

4 An area of about 210 m² adjoining Lot 10 on SP240012 (parish of Tallebudgera, locality of Bilinga) and shown as road proposed to be permanently closed on Drawing 13/189. (2013/004669)

5 An area of about 180 m² adjoining Lot 0 on BUP2389 (parish of Tallebudgera, locality of Tugun) and shown as road proposed to be permanently closed on Drawing 13/194. (2013/004963)

6 An area of about 163 m² adjoining Lot 2 on C33126 and an area of about 30 m² adjoining Lot 11 on C33126 (parish of Tallebudgera, locality of Tugun) and shown as Parts A and B, road proposed to be permanently closed on Drawing 13/211. (2013/004392)

South Region, Gympie Office

7 An area of about 612 m² being part of the road abutting the western boundary of Lot 1 on MPH31587 (parish of Woonga, locality of Southside) and shown as road proposed to be permanently closed on Drawing 13/207. (2013/005709)

South Region, Maryborough Office

8 An area of about 2.16 ha abutting the northern boundary of Lot 24 on FY27 (parish of Taabinga, locality of Goodger) and shown as road proposed to be permanently closed on Drawing 13/191. (2013/005420)

South Region, Roma Office

9 An area of about 171 ha being part of the road intersecting Lot 5 on LO56 (parish of Baykool, locality of Langlo) and shown as road to be closed permanently on Drawing DD2013/174. (2012/006578)

ENDNOTES

1. Published in the Gazette on 8 November 2013.
2. Not required to be laid before the Legislative Assembly.
3. The administering agency is the Department of Natural Resources and Mines.



Queensland Government Gazette

TRANSPORT AND MAIN ROADS

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[No. 54

Acquisition of Land Act 1967
Transport Infrastructure Act 1994
Transport Planning and Coordination Act 1994

AMENDING RESUMPTION NOTICE (No. 2654) 2013

Short title

1. This notice may be cited as the *Amending Resumption Notice (No. 2654) 2013*.

Amendment of Resumption Notice [s. 11(1) and s. 11(2) of the *Acquisition of Land Act 1967*]

2. Taking of Land Notice (No. 2629) 2013 dated 15 August 2013 and published in the Gazette of 23 August 2013, at page 1009, relating to the taking of leasehold interests in land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland, is amended as described in the Schedule.

SCHEDULE

Amend the Taking of Land Notice (No. 2629) 2013 dated 15 August 2013 and published in the Gazette of 23 August 2013, at page 1009, relating to the taking of leasehold interests in land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland as follows -

Omit - "TAKING OF LEASEHOLD INTERESTS IN LAND NOTICE (No. 2629) 2013

Short Title

1. This notice may be cited as the *Taking of Leasehold Interests in Land Notice (No. 2629) 2013*.

Leasehold Interests in Land to be taken [s.9(6) of the *Acquisition of Land Act 1967*]

2. The leasehold interests in land described in the Schedule are taken by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland for the purpose of transport, in particular, road purposes, as from 23 August 2013, and vests in the State of Queensland.

SCHEDULE

Leasehold Interests in Land Taken”

Insert - “TAKING OF LEASE INTERESTS IN LAND NOTICE (No. 2629) 2013

Short Title

1. This notice may be cited as the *Taking of Lease Interests in Land Notice (No. 2629) 2013*.

Lease Interests in Land to be taken [s.9(6) of the *Acquisition of Land Act 1967*]

2. The lease interests in land described in the Schedule are taken by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland for the purpose of transport, in particular, road purposes, as from 23 August 2013, and vests in the State of Queensland.

SCHEDULE

Lease Interests in Land Taken”

ENDNOTES

1. Made by the Governor in Council on 31 October 2013.
2. Published in the Gazette on 8 November 2013.
3. Not required to be laid before the Legislative Assembly.
4. The administering agency is the Department of Transport and Main Roads.

Acquisition of Land Act 1967
Transport Infrastructure Act 1994
Transport Planning and Coordination Act 1994

AMENDING TAKING OF SUB LEASE INTERESTS IN LAND NOTICE (No. 2669) 2013

Short title

1. This notice may be cited as the *Amending Taking of Sub Lease Interests in Land Notice (No. 2669) 2013*.

Amendment of Sub Lease Interests in Land to be taken [s. 11(1) and s.11(3) of the *Acquisition of Land Act 1967*]

2. Schedule to the Taking of Sub Lease Interests in Land Notice (No. 2438) 2012, dated 16 August 2012 and published in the Gazette of 24 August 2012, at page 1039, relating to the taking of sub lease interests in land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland, is amended as described in the Schedule.

SCHEDULE

Amend Schedule to the Taking of Sub Lease Interests in Land Notice (No. 2438) 2012, dated 16 August 2012 and published in the Gazette of 24 August 2012, at page 1039, relating to the taking of sub lease interests in land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland as follows -

Omit - “*County of Nares, Parish of Grafton* - an area of about 752.4 square metres being part of Lot 141 on SP109359 contained in Title Reference: 48000471.

As shown approximately on Plan R203-773 held in the office of the Chief Executive, Department of Transport and Main Roads, Brisbane.

Cairns Region
 Bruce Highway (Innisfail – Cairns)
 Upgrade of Wrights Creek Bridge and Approaches
 495/6078”

Insert - “*County of Nares, Parish of Grafton* - an area of 942 square metres being Lot 1 on SP260107 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 48000471.

Cairns Region
 Bruce Highway (Innisfail – Cairns)
 Upgrade of Wrights Creek Bridge and Approaches
 495/6078”

ENDNOTES

1. Made by Director (Property Acquisitions and Disposals) on 25 October 2013, pursuant to delegation for the Minister for Transport and Main Roads under section 51 of the *Acquisition of Land Act 1967*.
2. Published in the Gazette on 8 November 2013.
3. Not required to be laid before the Legislative Assembly.
4. The administering agency is the Department of Transport and Main Roads.

Acquisition of Land Act 1967
Transport Infrastructure Act 1994
Transport Planning and Coordination Act 1994

AMENDING TAKING OF LAND NOTICE (No. 2671) 2013

Short title

1. This notice may be cited as the *Amending Taking of Land Notice (No. 2671) 2013*.

Amendment of Land to be taken [s. 11(1) and s. 11(2) of the *Acquisition of Land Act 1967*]

2. Schedule to the Taking of Land Notice (No. 2588) 2013, dated 24 April 2013 and published in the Gazette of 3 May 2013, at pages 3 and 4, relating to the taking of land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland, is amended as described in the Schedule.

SCHEDULE

Amend Schedule to the Taking of Land Notice (No. 2588) 2013, dated 24 April 2013 and published in the Gazette of 3 May 2013, at pages 3 and 4, as amended by Amending Taking of Land Notice (No. 2655) 2013, dated 17 September 2013 and published in the Gazette of 27 September 2013, at pages 115 and 116, relating to the taking of land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland as follows -

Omit - "Omit - "*County of Stanley, Parish of Enoggera* - a volume of about 132 cubic metres being part of Lot 2 on SP203164 contained in Title Reference: 50705286.

"*County of Stanley, Parish of Enoggera* - a volume of about 372 cubic metres being part of Lot 4 on SP203164 contained in Title Reference: 50705287.

"*County of Stanley, Parish of Enoggera* - a volume of about 14 cubic metres being part of Lot 6 on SP203164 contained in Title Reference: 13350130.

As shown approximately on Plan R206-34(D) held in the office of the Chief Executive, Department of Transport and Main Roads, Brisbane.

Brisbane City
Western Arterial Road (Jindalee – Everton Park)
Wardell Street Flood Reconstruction Works
495/659; 6521 to 6523"

Insert - "*County of Stanley, Parish of Enoggera* - a volume of 137 cubic metres being Lot 3 on SPSP264958 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 50705286.

- "*County of Stanley, Parish of Enoggera* - a volume of 378 cubic metres being Lot 1 on SPSP264958 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 50705287.

- "*County of Stanley, Parish of Enoggera* - a volume of 14 cubic metres being Lot 5 on SPSP264958 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 13350130.

Brisbane City
Western Arterial Road (Jindalee – Everton Park)
Wardell Street Flood Reconstruction Works
495/659; 6521 to 6523"

Insert - "Omit - "*County of Stanley, Parish of Enoggera* - a volume of about 132 cubic metres being part of Lot 2 on SP203164 contained in Title Reference: 50705286.

County of Stanley, Parish of Enoggera - a volume of about 372 cubic metres being part of Lot 4 on SP203164 contained in Title Reference: 50705287.

County of Stanley, Parish of Enoggera - a volume of about 14 cubic metres being part of Lot 6 on RP93777 contained in Title Reference: 13350130.

As shown approximately on Plan R206-34(D) held in the office of the Chief Executive, Department of Transport and Main Roads, Brisbane.

Brisbane City
Western Arterial Road (Jindalee – Everton Park)
Wardell Street Flood Reconstruction Works
495/659; 6521 to 6523"

Insert - "*County of Stanley, Parish of Enoggera* - a volume of 137 cubic metres being Lot 3 on SP264958 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 50705286.

County of Stanley, Parish of Enoggera - a volume of 378 cubic metres being Lot 1 on SP264958 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 50705287.

County of Stanley, Parish of Enoggera - a volume of 14 cubic metres being Lot 5 on SP264958 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 13350130.

Brisbane City
Western Arterial Road (Jindalee – Everton Park)
Wardell Street Flood Reconstruction Works
495/659; 6521 to 6523” ”

ENDNOTES

1. Made by Director (Property Acquisitions and Disposals) on 28 October 2013, pursuant to delegation for Minister for Transport and Main Roads under section 51 of the *Acquisition of Land Act 1967*.
2. Published in the Gazette on 8 November 2013.
3. Not required to be laid before the Legislative Assembly.
4. The administering agency is the Department of Transport and Main Roads.

Acquisition of Land Act 1967
Transport Infrastructure Act 1994
Transport Planning and Coordination Act 1994

AMENDING TAKING OF LAND NOTICE (No. 2672) 2013

Short title

1. This notice may be cited as the *Amending Taking of Land Notice (No. 2672) 2013*.

Amendment of Land to be taken [s. 11(1) and s. 11(3) of the *Acquisition of Land Act 1967*]

2. Schedule to the Taking of Land Notice (No. 2611) 2013, dated 20 June 2013 and published in the Gazette of 28 June 2013, at pages 539 and 540, relating to the taking of land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland, is amended as described in the Schedule.

SCHEDULE

Amend Schedule to the Taking of Land Notice (No. 2611) 2013, dated 20 June 2013 and published in the Gazette of 28 June 2013, at pages 539 and 540, relating to the taking of land by the Chief Executive, Department of Transport and Main Roads, as constructing authority for the State of Queensland as follows -

Omit - “*County of Stanley, Parish of Redcliffe* - an area of about 65.6 square metres being part of Lot 5 on SP230535 contained in Title Reference: 50834153.

As shown approximately on Plan R2-1289(B) held in the office of the Chief Executive, Department of Transport and Main Roads, Brisbane.

Moreton Bay Region
Moreton Bay Rail Link Corridor Project
(Petrie to Kallangur) 2 A,
(Kallangur to Murrumba Downs) 2B and
(Griffin to Mango Hill East) 2C
495/880, 5526

Insert - “*County of Stanley, Parish of Redcliffe* - an area of 66 square metres being Lot 505 on SP255136 (being a plan to be registered in Queensland Land Registry, Department of Natural Resources and Mines), being part of the land contained in Title Reference: 50834153.

Moreton Bay Region
Moreton Bay Rail Link Corridor Project
(Petrie to Kallangur) 2A,
(Kallangur to Murrumba Downs) 2B and
(Griffin to Mango Hill East) 2C
495/880, 5526”

ENDNOTES

1. Made by Director (Property Acquisitions and Disposals) on 30 October 2013, pursuant to delegation for Minister for Transport and Main Roads under section 51 of the *Acquisition of Land Act 1967*.
2. Published in the Gazette on 8 November 2013.
3. Not required to be laid before the Legislative Assembly.
4. The administering agency is the Department of Transport and Main Roads.



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LOCAL GOVERNMENT
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[No. 55

Sustainable Planning Act 2009

REDLAND CITY COUNCIL PUBLIC NOTICE
ADOPTION OF AN ADMINISTRATIVE AMENDMENT TO THE
REDLANDS PLANNING SCHEME

Notice is given under the *Sustainable Planning Act 2009* that Redland City Council under delegated authority by its Chief Executive Officer, resolved to make an administrative amendment to the Redlands Planning Scheme on 30 October 2013.

The administrative amendment involves removing Domestic Additions and Private Swimming Pools from the Habitat Protection Overlay. These types of building work were inadvertently reintroduced into the table of assessment of the Habitat Protection Overlay as part of Minor Amendment Package 02/2013, which took effect on 28 October 2013.

The administrative amendment to the Redlands Planning Scheme comes into effect on 11 November 2013.

The amendment can be viewed at Council's Customer Service Centres and online at Council's website www.redland.qld.gov.au. For further information on the planning scheme amendment, please contact Redland City Council's City Planning and Assessment Group on (07) 3829 8654.

Bill Lyon
 Chief Executive Officer
 Redland City Council

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GENERAL

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FRIDAY 8 NOVEMBER 2013

[No. 56

Department of Justice and Attorney-General
Brisbane, 6 November 2013

It is notified that, pursuant to Section 21(5) of the *Justices of the Peace and Commissioners for Declarations Act 1991*, each of the persons whose name appears in the schedule hereunder has been appointed and is registered as a Commissioner for Declarations.

Damien Mealey
Registrar and Manager
Justices of the Peace Branch

THE SCHEDULE

Jann Meriel AFFLECK	Sonja FENWICK	David Laurence MORTIMER
Mavis Dawn AKERS	Belinda FERGUSSON	Allan Richard MOWBRAY
Tanya Lesley BAKENS	Elizabeth Eleanor FOSTER	Peter Maxwell MULCAHY
Allan James BAKER	Rodney Gerard GAROZZO	Donald Ross MUNRO
Russel BAMBERRY	Margaret Eileen GILL	John MUTJANKO
Ian Douglas BELL	Colin Leonard GORDON	Pamela NICHOL
Tara Kaitlyn BERRY	Keith David GOSLEY	Brian Donald NIELSON
Bernard Cletus BESWICK	Cheryll Karen GOSSNER	Diana Colburn ORTH
Peter Adam BLACK	Roslyn Diane GRIESHABER	Philip Grant ORTH
Keith Allan BOND	Robert Lee Edwin HAMES	Paul Rae OVERELL
Warwick George BONNER	Colin John HAMILTON	John Kenneth PASCOE
Juanita Margaret BOSEL	Phillip Graham HILL	Alan Edmond PETTY
Kenneth Mervyn BOWLES	Adam Christopher HOEY	Debra Ann PHELPS
Ronald Douglas BRADY	Michael John HOLLINGSWORTH	Kim PRIORY
Beverley Janice BRAMER	Leslie Keith HOWARD	Rosemary RALOS
Robert Andrew BRICE	Neil Raymond INGLIS	Jesse Lee Muller RAMSEY
Kathryn Jane BROWN	Wayne Douglas IRWIN	Harold Mervyn REYNOLDS
Gregory George BUCKLEY	Nadine Gaye JENSEN	Debra Jeannette RYAN
Peter Charles William BURNETT	Jennifer Sue JOHNSON	Judith Kaye SCOTT
Marie Therese BURTON	Cornel JONGEJAN	Hazel Jean SHARPE
Joan Veronica BUSHHELL	Vicki Jeanette KELLER	Roy Allan SKINNER
Elaine May CARR	Roland Francis KIRK	Alicia Elizabeth SMITH
Richard John CARTER	Michael Thomas LALOR	Gregory Ross Woollard SMITH
Carolyn Ann CHAY	Peter LANGLEY	Jessica Michelle SMITH
David Phillip CHEE	Christine Margaret LAW	Leslie James SMITH
Michael John CONNOLLY	Clifford Joseph LEE	Audrey SOUTER-ROBERTSON
Irene Frances COOMBES	Gordon William Bignell LEES	Lloyd Spencer SQUIRE
Neville Arthur COPE	Anthony John LEVER	Ronald James TOOMEY
Marie Anne COPEMAN	William John LIESEGANG	Anthony Richard TURNER
Anita Leigh COWAN	Jennifer Gai LOUGHNAN	Terence Kimball TURNER
Shirley Heather DAVEY	Gary John MAHER	Marilyn Clare TUTT
Eleanor June DEAN	Robert John MALLETT	Joanna WAGNER
Alan Geoffrey DEETH	Gladys Jean MAYBURY	Charlie Albert WARE
Kevin Charles DELLOW	John Frederick MCAULIFFE	Valda May WARRELL
Michea Mary DERN	Veronica May MCGLINCHEY	Ian Russell WATT
Amos Alfred DIXON	Elena Patricia MCKAY	Bruce Neville WEIER
Phillip Graeme DOWNIE	Brian Joseph MEHARG	Christopher John WILSON
Kathryn Anne DUFF	William MILLIS	Donald Edward WISKAR
Cody Rebekah DUNN	Colin Jeffrey MILLS	Carol Ann WRIGHT
Daniel Thomas ELDER	Colin John Ronald MITCHELL	Graeme Robert William WYER

Marie Dawn ELLIOTT
Raff Alex EULER

Jeffery Thomas MOON
Ethel Merle MORGENSTERN

Department of Justice and Attorney-General
Brisbane, 6 November 2013

It is notified that, pursuant to Section 23 of the *Justices of the Peace and Commissioners for Declarations Act 1991*, each of the persons whose name appears in the schedule hereunder has resigned as a Commissioner for Declarations.

Damien Mealey
Registrar and Manager
Justices of the Peace Branch

THE SCHEDULE

Joanne Therese BAKER
Edith Elizabeth BENNETTO
Nola Monica DAVIS

Keith Beilby EVANS
Douglas George HARDGRAVE
Raymond William MACKERETH

Brian Francis MCLOUGHLIN
David William MOODIE
Richard Geoffrey SMERDON

Department of Justice and Attorney-General
Brisbane, 6 November 2013

It is notified that, pursuant to Section 23 of the *Justices of the Peace and Commissioners for Declarations Act 1991*, each of the persons whose name appears in the schedule hereunder has resigned as a Justice of the Peace (Commissioner for Declarations).

Damien Mealey
Registrar and Manager
Justices of the Peace Branch

THE SCHEDULE

Joy Evelyn BAUER
Reginald William BETTS
George FALVO
Noela Mary FARLEY
Michael John FOX
Marlene Anne GREEN

June HASSUM
Mary Mills HUNTRESS
Arthur Trevor JONES
Robert Clegg KRECHMANN
Albert John LIND
David Ross MCALLAN

John Derek NIXON-SMITH
Francis James PAGE
Elizabeth Mary POHLMANN
Maurice Maxwell SCHWARTEN
William Holt TURNOCK

Department of Justice and Attorney-General
Brisbane, 6 November 2013

It is notified that, pursuant to Section 21(5) of the *Justices of the Peace and Commissioners for Declarations Act 1991*, each of the persons whose name appears in the schedule hereunder has been appointed and is registered as a Justice of the Peace (Magistrates Court).

Damien Mealey
Registrar and Manager
Justices of the Peace Branch

THE SCHEDULE

Darren Nicholas MACUMBOY

Department of Justice and Attorney-General
Brisbane, 6 November 2013

It is notified that, pursuant to Section 21(5) of the *Justices of the Peace and Commissioners for Declarations Act 1991*, each of the persons whose name appears in the schedule hereunder has been appointed and is registered as a Justice of the Peace (Qualified).

Damien Mealey
Registrar and Manager
Justices of the Peace Branch

THE SCHEDULE

Julie Margaret ALLEN
Janelle Margaret BERRY
Timothy Shannon Kim Hung DAWSON
Shannon Louise DEMPSTER
Troy David ELLEM
Brendan Leonard John ELLIOTT
Will Clifford HAWNEY
Andre JANSSEN
Hazel Velloa JOHNSON
Melissa Ann KIRKPATRICK

Satharajan KOLLANPARAMPIL NARAYANAN
Christopher L'ECLUSE
Kerry Charles LOVELL
Jaana Heli Kaarina MOLLOY
Edward David NOAKES
Hugh Joseph O'BRIEN
Robert Edwin PRESCOTT
Joanne Elizabeth RADICS
Charles William McWatters REICH
Eric Hartley RUSHTON

Phillip David STITT
Karen Fonda TOSCANO
Mark David WHITBY
Richard John WHITE
Anne Dorothy WILLIAMS
Gregory George WILLIAMS
Linda Mary WOO
Paul William YOUNG

Department of Justice and Attorney-General
Brisbane, 6 November 2013

It is notified that, pursuant to Section 23 of the *Justices of the Peace and Commissioners for Declarations Act 1991*, each of the persons whose name appears in the schedule hereunder has resigned as a Justice of the Peace (Qualified).

Damien Mealey
Registrar and Manager
Justices of the Peace Branch

THE SCHEDULE

Arthur Douglas BOTTERILL
Mary CATALDO

Catherine Jean CROSS
David Graham Rowland GARNER

Kathleen Grace HARB
Derek Gary VENSKE

Department of Justice and Attorney-General
Brisbane, 8 November 2013

NOTICE OF APPOINTMENT

Her Excellency the Governor, acting by and with the advice of the Executive Council and in pursuance of the provisions of the *Workers' Compensation and Rehabilitation Act 2003* and the *Public Service Act 2008*, has approved the appointment of the public service officer who holds the title of the office of Deputy Director-General, Office of Fair and Safe Work Queensland, in the Department of Justice and Attorney-General, as the Workers' Compensation Regulator under section 326 of the *Workers' Compensation and Rehabilitation Act 2003* for a period of five years from the date of Governor in Council approval.

JARROD BLEIJIE MP
Attorney-General and Minister for Justice

Department of Justice and Attorney-General
Brisbane, 8 November 2013

Her Excellency the Governor, acting by and with the advice of the Executive Council, has approved under the *Crime and Misconduct Act 1954* that-

- Kenneth St. Clair Levy, or if he is absent from duty or from the State or is, for any reason unable to perform the duties of the office,
- George Cameron Fox

be appointed to act as Chairperson of the Crime and Misconduct Commission during any vacancy in the office of the Chairperson of the Crime and Misconduct Commission, or during any period, or all periods, when the Chairperson is absent from duty or from the State or, for another reason, can not perform the duties of the office, on and from 23 November 2013 up to and including 22 May 2014.

JARROD BLEIJIE MP

NOTIFICATION OF THE FILLING OF ADVERTISED VACANCIES

The following appointments to various positions have been made in accordance with the provisions of the *Public Service Act 2008*.

NOTIFICATION OF THE FILLING OF APPOINTMENTS PART I

A public service officer, tenured general employee or a tenured public sector employee of a public sector unit listed in schedule 1 of *Public Service Regulation 2008* who wishes to appeal against a promotion listed in Part 1 must give a written Appeal Notice within 21 days following gazettal of the promotion to –

Industrial Registrar
Industrial Registry
Email: qirc.registry@justice.qld.gov.au
Web Address: www.qirc.qld.gov.au for Appeal Notice
For general enquiries prior to lodgement of an appeal:
Contact PSC Advisory Service 1300 038 472 or email pscenquiries@psc.qld.gov.au

APPOINTMENT PART I - APPEALABLE

Reference Number	Vacancy	Date of Appointment	Name of Appointee	Previous Position and Classification (Unless otherwise indicated)
COMMUNITIES, CHILD SAFETY AND DISABILITY SERVICES				
25511/13	Manager, Disability and Community Services, Brisbane (AO8)	Date of duty	Wainwright, Robyn Lyne	Principal Program Officer, Disability and Community Care Contract Management, Disability and Community Services, Brisbane (AO7)
COMMUNITY SAFETY				
16364/13	Officer in Charge, Local Ambulance Service Network, Gold Coast, Queensland Ambulance Service, Coolangatta (Stn03)	14-10-2013	Payne, Justin	Paramedic, Local Ambulance Service Network, Gold Coast, Queensland Ambulance Service, Southport (APARA)
16906/13	Executive Manager Staff Support Services, Central Office, Staff Support Services, Queensland Ambulance Service, Kedron (PO6)	14-10-2013	Wehr, Todd	Paramedic, Local Ambulance Service Network, Metro North, Queensland Ambulance Service, Deception Bay (APARA)
16940/13	Manager Operational Projects, State LASN Operations, Office of the Executive Director, Queensland Ambulance Service, Kedron (M7)	04-11-2013	Ferguson, Darren	Senior Educator (Clinical), In Service Education Unit, Queensland Combined Emergency Service Academy, Office of the Deputy Commissioner, Queensland Ambulance Service, Lutwyche (Stn04)
16504/13	Program Delivery Officer Leve2, Lotus Glen Correctional Centre, Custodial Operations, Queensland Corrective Services, Mareeba (PO3)	04-11-2013	Seivers, Jasmine	Program Delivery Officer Leve1, Lotus Glen Correctional Centre, Custodial Operations, Queensland Corrective Service, Mareeba (PO2)
16685/13	Senior Program Delivery Officer, Wolston Correctional Centre, Custodial Operations, Queensland Corrective Services, Wacol (PO4)	28-10-2013	Jacks, Shelley	Program Delivery Officer Leve2, Wolston Correctional Centre, Custodial Operations, Queensland Corrective Service, Wacol (PO3)
15795/12	Station Officer, Queensland Fire and Rescue Service, Brisbane Employment Location (SOF1)	04-11-2013	Bell, Eric	Firefighter, Brisbane Region, Queensland Fire and Rescue Service, Brisbane (FFL)
EDUCATION, TRAINING AND EMPLOYMENT				
SER 10358/13	Senior Finance Officer, Eagleby Office, South East Region, Education Queensland Division, Brisbane (AO6)	23-09-2013	McLean, Bianca	Finance Officer, Eagleby Office, South East Region, Education Queensland Division, Brisbane (AO4)

APPOINTMENT PART I - APPEALABLE

Reference Number	Vacancy	Date of Appointment	Name of Appointee	Previous Position and Classification (Unless otherwise indicated)
ENVIRONMENT AND HERITAGE PROTECTION				
25592/13	Executive Officer, Environmental Services and Regulation, Office of the Deputy Director-General, Brisbane (AO8)	Date of duty	McMain, Lisa	Principal Project Officer, Office of the Deputy Director-General, Environmental Services and Regulation, Brisbane (AO7)
GASFIELDS COMMISSION QUEENSLAND				
GFCQ 01/13	Administration Officer, GasFields Commission Queensland, Brisbane (AO4)	16-09-2013	Scott, Patricia	Administration Officer, Department of State Development, Infrastructure and Planning, Toowoomba (AO2)
HOUSING AND PUBLIC WORKS				
16965/13	Senior Asset Manager, Accommodation Office, Strategic Asset Management, Brisbane (AO6)	Date of duty	West, Laura Kate Levingston	Asset Manager, Accommodation Office, Strategic Asset Management, Brisbane (AO5)
16952/13	Manager, Loans Delivery and Management, Housing, Strategy Policy Program and Performance, Housing Services, Service Delivery and Community Housing Development, Housing Loans and Debt Management, Brisbane (AO6)	Date of duty	Rhodes, Mary	Senior Client Service Manager, Loans Delivery and Management, Housing, Strategy Policy Program and Performance, Housing Services, Service Delivery and Community Housing Development, Housing Loans and Debt Management, Brisbane (AO4)
JUSTICE AND ATTORNEY-GENERAL				
16886/13	Executive Legal Secretary, Workcover, Government Insurance Branch, Crown Law, Brisbane (AO4)	Date of duty	Hammond, Natalie	Senior Legal Secretary, Workcover, Commercial Property Insurance and Risk, Crown Law, Brisbane (AO3)
16922/13	Decision Maker, Right to Information and Privacy Unit, Strategic Policy, Legal and Executive Services, Brisbane (AO5)	Date of duty	Crabtree, Mark John	Administrative Officer, Magistrates Courts Service, Queensland Courts Service, Justice Services, Brisbane (AO2)
16882/13	Senior Guardian (Position Behaviour Support), Office of The Adult Guardian, Justice Services, (City), Townsville (AO6)	Date of duty	Woolnough, Sheryl	Senior Guardian, Office of The Adult Guard, Justice Services, (City) Townsville (AO5)
16584/13	Principal Internal Audit, Internal Audit, Office of the Director General, Brisbane (AO7)	Date of duty	Shield, Diana	Senior Performance Auditor, External Audit, Queensland Audit Officer, Brisbane (AO6)
16907/13	Team Leader CVP, Community Visitor Program, Office of the Adult Guardian, Justice Services, City- Inner, Brisbane (AO6)	Date of duty	Saunders, Kalina	Community Visitor Coordinator, Community Visitor Program, Office of The Adult Guardian, Justice Services, Brisbane (AO5)
16976/13	Team Support Officer, Office of Fair and Safe Work Queensland, Workplace Health and Safety Queensland, Service Delivery and Technical Support, Licensing and Advisory Service, Lutwyche (AO4)	Date of duty	White, Graham	Client Service Officer, Workplace Health and Safety Queensland, Service Delivery and Technical Support, Licensing and Advisory Service, Lutwyche (AO3)
16976/13	Team Support Officer, Licensing and Advisory Services, Workplace Health and Safety Queensland, Office of Fair and Safe Work Queensland, Bowen Hills (AO4)	Date of duty	Holmes, Katherine Patricia	Client Services Officer, Licensing and Advisory Services, Workplace Health and Safety Queensland, Office of Fair and Safe Work Queensland, Bowen Hills (AO3)

APPOINTMENT PART I - APPEALABLE

Reference Number	Vacancy	Date of Appointment	Name of Appointee	Previous Position and Classification (Unless otherwise indicated)
NATURAL RESOURCES AND MINES				
25108/13	Principal Surveyor, Central Region, Service Delivery, Mackay or Rockhampton (PO5)	Date of duty	Killian, Ian	Senior Surveyor, Land Service, Central Region, Service Delivery, Mackay (PO4)
QUEENSLAND POLICE SERVICE				
16564/13	Principal Finance Officer, Financial Resource Services Group, Finance and Business Support Division, Brisbane (AO7)	23-09-2013	Hotz, Melissa Anne	Senior Financial Accountant, Financial Accounting Services Branch, Finance and Business Support Division, Brisbane (AO6)
16617/13	Principal Finance Officer, Financial Resource Services Group, Finance and Business Support Division, Brisbane (AO7)	23-09-2013	Maharaj, Praveen Lata Mishra	Senior Finance Officer, Senior Financial Accounting Services Branch, Finance and Business Support Division, Brisbane (AO6)
QUEENSLAND TREASURY AND TRADE				
25341/13	Revenue Officer – Level 2, Office of State Revenue, Business Revenue, Channel Management, Brisbane (AO4)	Date of duty	Shevchenko, Stefania	Revenue Officer – Level 1, Office of State Revenue, Land Revenue, Land Tax, Brisbane (AO3)
25569/13	Treasury Analyst, Inter- Governmental Relations, Regulation and IGR, Economic and Structural Policy, Brisbane (AO5)	Date of duty	Maroni, Peter	Treasury Analyst, Inter- Governmental Relations, Regulation and IGR, Economic and Structural Policy, Brisbane (AO4)
25343/13	Investigations Officer - Level 2, Specialist Services, Business Revenue Division, Office of State Revenue, Brisbane (AO4)	Date of duty	Abbasi, Hiva	Investigations Officer – Level 1, Payroll Tax Specialist Services, Business Revenue, Office of State Revenue, Brisbane (AO3)
TRANSPORT AND MAIN ROADS				
25518/13	Manager, Policy, Planning and Investment, Policy and Planning, Transport Planning Delivery, Planning Delivery 1, Brisbane (AO8)	Date of duty	Nightingale, Darren	Senior Planner, Development Outcomes, Planning Management, Policy and Planning, Policy, Planning and Investment, Brisbane (AO6)
25435/13	Senior Call Centre Consultant, Customer Services, Safety and Regulation, Customer Services, Strategic Planning and Performance, Call Centre (CS Direct), Brisbane Call Centre, Brisbane (AO4)	Date of duty	Balharry, Bianca	Client Relations Consultant, Brisbane Call Centre, Call Centre (CS Direct), Strategic Planning and Performance, Customer Services, Safety and Regulation, Brisbane (AO3)
25461/13	Senior Data Integrity Officer, Systems, Procedures and Training, Customer Services, Customer Services, Safety and Regulation, Brisbane, Carseldine (AO3)	Date of duty	Gill, Carolyn	Data Integrity Officer, Systems Procedures and Training, Strategic Planning and Performance, Customer Services, Customer Services, Safety and Regulation, Brisbane (AO2)

NOTIFICATION OF THE FILLING OF APPOINTMENTS PART II

Appointments have been approved to the undermentioned vacancies.
Appeals do not lie against these appointments.

APPOINTMENTS PART II - NON-APPEALABLE

Reference Number	Vacancy	Date of Appointment	Name of Appointee
EDUCATION, TRAINING AND EMPLOYMENT			
CO 10393/13	Director, Financial Analysis and Advice, Finance Performance Unit, Finance Branch, Corporate Services Division, Brisbane (SO)	28-10-2013	Dobbs, David
PUBLIC TRUST OFFICE			
PT 18/13	Public Trust Officer, Client Services, Mackay (AO3)	Date of duty	Pulbrook, Jenna Rebecca
PT 18/13	Public Trust Officer, Client Services, Mackay (AO3)	Date of duty	McCulloch, Pamela Marie
RESIDENTIAL TENANCIES AUTHORITY			
* RTA 01/13	Client Contact Services Officer, Client Contact Centre, Client Contact Services, Brisbane (AO3)	Date of duty	Ryan, Jessica

* Temporary to permanent appointment.

**GOVERNMENT AND PUBLIC NOTICES IN THE GAZETTES AS FROM
1 JULY 2013 INCLUDES 2.4% CPI INCREASE**

	New Price	GST	Total
EXTRAORDINARY GAZETTE - FULL PAGE TEXT			
Formatted electronic files or E-mail (check for compatibility) per page	\$ 227.77	\$ 22.78	\$ 250.55
PROFESSIONAL REGISTER AND LISTS GAZETTES			
Formatted electronic files or E-mail (check for compatibility) 0-50 pages	\$ 135.52	\$ 13.55	\$ 149.07
Formatted electronic files or E-mail (check for compatibility) 51+ pages	\$ 115.42	\$ 11.54	\$ 126.96
ENVIRONMENT AND RESOURCE MANAGEMENT GAZETTE AND TRANSPORT AND MAIN ROADS GAZETTE			
Formatted electronic files or E-mail (check for compatibility) per page	\$ 143.79	\$ 14.38	\$ 158.17
LOCAL GOVERNMENT GAZETTE			
Formatted electronic files or E-mail (must be compatible) Full page text	\$ 227.77	\$ 22.78	\$ 250.55
Formatted electronic files or E-mail (that require formatting to make compatible) Full page text	\$ 264.06	\$ 26.41	\$ 290.47
Single column, all copy to set	\$ 2.42	\$ 0.24	\$ 2.66
Double column, all to set	\$ 4.90	\$ 0.49	\$ 5.39
Single column, formatted electronic files or E-mail (check for compatibility)	\$ 0.88	\$ 0.09	\$ 0.97
Double column, formatted electronic files or E-mail (check for compatibility)	\$ 1.78	\$ 0.18	\$ 1.96
VACANCIES GAZETTE IS NO LONGER PUBLISHED - APPOINTMENT NOTICES NOW APPEAR WITHIN THE GENERAL GAZETTE			
GENERAL GAZETTE - FULL PAGE TEXT			
Formatted electronic files or E-mail (must be compatible)	\$ 227.77	\$ 22.78	\$ 250.55
Formatted electronic files or E-mail (that require formatting to make compatible)	\$ 264.06	\$ 26.41	\$ 290.47
GENERAL GAZETTE - PER MM TEXT			
Single column, all copy to set	\$ 2.42	\$ 0.24	\$ 2.66
Double column, all to set	\$ 4.90	\$ 0.49	\$ 5.39
Single column, formatted electronic files or E-mail (check for compatibility)	\$ 0.88	\$ 0.09	\$ 0.97
Double column, formatted electronic files or E-mail (check for compatibility)	\$ 1.78	\$ 0.18	\$ 1.96
GENERAL GAZETTE - APPOINTMENT NOTICES PART I (APPEALABLE) AND PART II (NON-APPEALABLE)			
APPOINTMENTS - PART I & PART II			
2 lines	\$ 44.28	\$ 4.43	\$ 48.71
3 lines	\$ 61.99	\$ 6.20	\$ 68.19
4 lines	\$ 79.70	\$ 7.97	\$ 87.67
5 lines	\$ 92.98	\$ 9.30	\$ 102.28
6 lines	\$ 110.69	\$ 11.07	\$ 121.76
7 lines	\$ 123.97	\$ 12.40	\$ 136.37
8 lines	\$ 137.25	\$ 13.73	\$ 150.98
9 lines	\$ 150.54	\$ 15.05	\$ 165.59
SUBMISSION DEADLINES:			
DEPARTMENTAL APPOINTMENT SUBMISSIONS - PART I & PART II	before 12 noon on Tuesday		
GENERAL GAZETTE SUBMISSIONS	before 12 noon on Wednesday		
LOCAL GOVERNMENT GAZETTE SUBMISSIONS	before 12 noon on Wednesday		
EXTRAORDINARY GAZETTE SUBMISSIONS	any day of the week		
For more information regarding Gazette notices, please email gazette@hpw.qld.gov.au Prices are GST inclusive unless otherwise stated.			



ELECTORAL COMMISSION OF QUEENSLAND

In accordance with Section 63 of the *Electoral Act 1992*, I have ascertained and set out in Schedule A hereunder, as at the date indicated, the number of electors enrolled in each Electoral District for the State of Queensland and have determined the average district enrolment and the extent to which the number of electors enrolled in each district differs from the average enrolment.

Schedule B indicates the adjusted enrolment for Electoral Districts of 100,000 square kilometres or more in area, being the sum of the number of enrolled electors and the additional large district number as specified in Section 45 of the Act, and the extent to which those districts differ from the average district enrolment in Schedule A.

Walter van der Merwe
Acting Electoral Commissioner

SCHEDULE A

Electoral District	Enrolment as at 31/10/2013	% Deviation from Average District Enrolment
1 ALBERT	34,152	6.60%
2 ALGESTER	30,721	-4.11%
3 ASHGROVE	31,937	-0.32%
4 ASPLEY	30,395	-5.13%
5 BARRON RIVER	36,403	13.62%
6 BEAUDESERT	33,593	4.85%
7 BRISBANE CENTRAL	31,375	-2.07%
8 BROADWATER	31,705	-1.04%
9 BUDERIM	30,981	-3.30%
10 BULIMBA	33,194	3.61%
11 BUNDABERG	29,648	-7.46%
12 BUNDAMBA	34,970	9.15%
13 BURDEKIN	30,978	-3.31%
14 BURLEIGH	33,161	3.50%
15 BURNETT	32,903	2.70%
16 CAIRNS	34,006	6.14%
17 CALLIDE	30,330	-5.33%
18 CALOUNDRA	31,535	-1.57%
19 CAPALABA	31,876	-0.51%
20 CHATSWORTH	33,572	4.79%
21 CLAYFIELD	33,071	3.22%
22 CLEVELAND	33,646	5.02%
23 CONDAMINE	35,431	10.59%
24 COOK*	29,101	-9.17%
25 COOMERA	35,830	11.84%
26 CURRUMBIN	32,773	2.29%
27 DALRYMPLE*	29,524	-7.85%
28 EVERTON	31,664	-1.17%
29 FERNY GROVE	31,550	-1.52%
30 GAVEN	33,113	3.36%
31 GLADSTONE	33,303	3.95%
32 GLASS HOUSE	33,300	3.94%
33 GREENSLOPES	30,987	-3.28%
34 GREGORY*	26,301	-17.91%
35 GYMPIE	32,052	0.04%
36 HERVEY BAY	34,557	7.86%
37 HINCHINBROOK	31,888	-0.47%
38 INALA	30,188	-5.77%
39 INDOOROOPILLY	29,597	-7.62%
40 IPSWICH	32,158	0.37%
41 IPSWICH WEST	32,721	2.13%
42 KALLANGUR	31,547	-1.53%
43 KAWANA	33,706	5.21%
44 KEPPEL	34,129	6.53%
45 LOCKYER	31,717	-1.00%
46 LOGAN	29,602	-7.60%
47 LYTTON	31,664	-1.17%

Electoral District	Enrolment as at 31/10/2013	% Deviation from Average District Enrolment
48 MACKAY	29,171	-8.95%
49 MANSFIELD	29,265	-8.66%
50 MAROOCHYDORE	34,222	6.82%
51 MARYBOROUGH	34,086	6.39%
52 MERMAID BEACH	32,960	2.88%
53 MIRANI	33,483	4.51%
54 MOGGILL	32,257	0.68%
55 MORAYFIELD	31,843	-0.61%
56 MOUNT COOT-THA	30,037	-6.25%
57 MOUNT ISA*	19,574	-38.90%
58 MOUNT OMMANEY	30,687	-4.22%
59 MUDGEERABA	32,233	0.61%
60 MULGRAVE	29,549	-7.77%
61 MUNDINGBURRA	29,539	-7.80%
62 MURRUMBA	35,112	9.59%
63 NANANGO	33,765	5.39%
64 NICKLIN	32,158	0.37%
65 NOOSA	33,920	5.87%
66 NUDGEE	33,527	4.65%
67 PINE RIVERS	31,868	-0.53%
68 PUMICESTONE	35,970	12.27%
69 REDCLIFFE	32,939	2.81%
70 REDLANDS	31,970	-0.21%
71 ROCKHAMPTON	31,626	-1.29%
72 SANDGATE	31,377	-2.06%
73 SOUTH BRISBANE	32,170	0.41%
74 SOUTHERN DOWNS	33,119	3.37%
75 SOUTHPORT	32,593	1.73%
76 SPRINGWOOD	32,553	1.61%
77 STAFFORD	30,892	-3.58%
78 STRETTON	32,019	-0.06%
79 SUNNYBANK	30,042	-6.23%
80 SURFERS PARADISE	32,570	1.66%
81 THURINGOWA	32,595	1.74%
82 TOOWOOMBA NORTH	33,951	5.97%
83 TOOWOOMBA SOUTH	33,415	4.30%
84 TOWNSVILLE	31,647	-1.22%
85 WARREGO*	26,535	-17.18%
86 WATERFORD	33,793	5.48%
87 WHITSUNDAY	34,727	8.39%
88 WOODRIDGE	30,066	-6.16%
89 YEERONGPILLY	33,009	3.03%
STATE-TOTAL	2,851,389	
AVERAGE ENROLMENT	32,038	

*Electoral Districts of 100,000 sq kms or more in area

**SCHEDULE B
ENROLMENT FOR
ELECTORAL DISTRICTS OF 100,000 SQUARE KILOMETRES OR MORE IN AREA**

District Name	Area (Sq Kms)	2% of Area	Actual Enrolment as at 31/10/2013	Weighted Enrolment	% Deviation from Average District
COOK	196,805.00	3,936	29,101	33,037	3.12%
DALRYMPLE	105,337.00	2,107	29,524	31,631	-1.27%
GREGORY	327,212.00	6,544	26,301	32,845	2.52%
MOUNT ISA	570,502.00	11,410	19,574	30,984	-3.29%
WARREGO	279,546.00	5,591	26,535	32,126	.27%



Department of Justice and Attorney-General
Brisbane, 8 November 2013

CHANGE OF NAME OF CORPORATION

Her Excellency the Governor, acting by and with the advice of the Executive Council and under the provisions of the *Associations Incorporation Act 1981* and the *Religious Educational and Charitable Institutions Act 1861* (repealed), has approved that on and from the date of issue of the Letters Patent the name and style given to the corporation the "Evangelical Lutheran Trinity Congregation, Woombye" on 27 September 1962, shall cease to be the name and style of the corporation and that the name and style of the corporation shall be "Trinity Evangelical Lutheran Congregation, ELCR, Woombye".

JARROD BLEIJIE MP
Attorney-General and Minister for Justice

Education (General Provisions) Act 2006

SCHOOL ENROLMENT MANAGEMENT PLAN

In accordance with Chapter 8, Part 3 Section 170, of the *Education (General Provisions) Act 2006*, School Enrolment Management Plan for the following schools have been prepared by the Regional Directors, Metropolitan and North Coast region, delegate of the chief executive.

Copies of School Enrolment Management Plans are available for public inspection, without charge, during normal business hours at the department's head office, and accessible on the department's website <http://education.qld.gov.au/schools/catchment>

Region: Metropolitan
School: Holland Park State School (update)
Ipswich Central State School (update)
Pallara State School (update)
Rochedale State School (update)
Warrigal Road State School (update)

Region: North Coast
School: North Lakes State College (update)

Department of National Parks, Recreation, Sport and Racing
Brisbane, 7 November 2013

Her Excellency the Governor, acting by and with the advice of the Executive Council and in pursuance of the provisions of the *Major Sports Facilities Act 2001*, has declared the major sports facility events outlined in Schedule 1 as declared events for the periods indicated:

SCHEDULE 1

Major Sports Facility event	Declared Period	Major Sports Facility
Twenty/20 Big Bash - Brisbane Heat vs Perth Scorchers	22 December 2013 2:00pm - 11:00pm	Brisbane Cricket Ground
Twenty/20 Big Bash - Brisbane Heat vs Hobart Hurricanes	28 December 2013 2:00pm - 11:00pm	Brisbane Cricket Ground
Twenty/20 Big Bash - Brisbane Heat vs Sydney Sixers	2 January 2014 2:00pm - 11:00pm	Brisbane Cricket Ground
Twenty/20 Big Bash - Brisbane Heat vs Melbourne Stars	11 January 2014 2:00pm - 11:00pm	Brisbane Cricket Ground
Twenty/20 Big Bash - 1 st Semi Final (to be confirmed)	4 February 2014 2:00pm - 11:00pm	Brisbane Cricket Ground
Twenty/20 Big Bash - 2 nd Semi Final (to be confirmed)	5 February 2014 10:00am - 11:00pm	Brisbane Cricket Ground
Twenty/20 Big Bash - Final (to be confirmed)	7 February 2014 11:00am - 11:00pm	Brisbane Cricket Ground
Sheffield Shield - Final (to be confirmed)	6:00am 21 March 2014 - 7:00pm 25 March 2014	Brisbane Cricket Ground
Big Day Out	19 January 2014 8:00am - 11:30pm	Metricon Stadium
Legends Football League - Queensland Brigade vs New South Wales Surge	4 January 2014 3:00pm - 11:30pm	Skilled Park
Legends Football League - Queensland Brigade vs Victoria Maidens	18 January 2014 3:00pm - 11:30pm	Skilled Park
Hyundai A-League - Round 11 Brisbane Roar vs Newcastle Jets	20 December 2013 2:30pm - 10:30pm	Suncorp Stadium

Steve Dickson MP
Minister for National Parks, Recreation, Sport and Racing

**NOTIFICATION OF APPROVED FORMS UNDER THE
ENVIRONMENTAL PROTECTION ACT 1994**

Commencement

The following forms have been approved by Lindsay Delzoppo, Director, Department of Environment and Heritage Protection on 30 October 2013 to take effect from Friday, 8 November 2013.

Forms approved

The following forms have been approved:

Form No.	Version No.	Form Heading
EM815	2	Application Form – Application to be a contaminated land auditor
EM837	1	Form – Part B – Submission of site investigation/validation reports/site management plans
EM1015	1	Form – Part B – Application for contaminated soil disposal permit
EM384	1	Form – Notification of Land
EM1124	3	Form – Part A – General details for all applications

Withdrawal of approval of existing forms

Approval of the following forms has been withdrawn:

Form No.	Version No.	Form Heading
EM815	1	Application Form – Application to be a contaminated land auditor

Availability of forms

These forms are available from:

Department of Environment and Heritage Protection
13 QGOV (13 74 68)

<http://www.ehp.qld.gov.au> using the form number as a search term

Lindsay Delzoppo
Director

Department of Environment and Heritage Protection

**NOTIFICATION OF APPROVED FORMS UNDER THE
WASTE REDUCTION AND RECYCLING ACT 2011**

Commencement

The following forms have been approved by Lindsay Delzoppo, Director, Department of Environment and Heritage Protection on 30 October 2013 to take effect from Friday, 8 November 2013.

Forms approved

The following forms have been approved:

Form No.	Version No.	Form Heading
EM849	5	Application Form – Part B – Transfer or amendment of an approval of a resource for beneficial use
EM1844	4	Application Form – Part B – Approval of a resource for a beneficial use

Withdrawal of approval of existing forms

Approval of the following forms has been withdrawn:

Form No.	Version No.	Form Heading
EM849	2	Application Form – Part B – Transfer or amendment of an approval of a resource for beneficial use
EM1844	2	Application Form – Part B – Approval of a resource for a beneficial use

Availability of forms

These forms are available from:

Department of Environment and Heritage Protection
13 QGOV (13 74 68)

<http://www.ehp.qld.gov.au> using the form number as a search term

Lindsay Delzoppo
Director

Department of Environment and Heritage Protection

**NOTIFICATION OF APPROVAL OF FORMS UNDER THE
WORKERS' COMPENSATION AND REHABILITATION ACT 2003**

1. Approval of Form

The forms listed in the following table were approved by the Workers' Compensation Regulator on the date listed:

TABLE

Item	Form Heading	Section	Approved on	Form no.	Version
NOTICE OF ASSESSMENT – PERMANENT IMPAIRMENTS					
1	Notice of Assessment (No degree of permanent impairment)	185	7 November 2013	185.2013.01	1
2	Notice of Assessment (No claim for compensation)	185	7 November 2013	185.2013.02	1
3	Notice of Assessment (Industrial deafness only)	185	7 November 2013	185.2013.03	1
4	Notice of Assessment (Physical injury but no industrial deafness)	185	7 November 2013	185.2013.04	1
5	Notice of Assessment (Physical injury and industrial deafness)	185	7 November 2013	185.2013.05	1
6	Notice of Assessment (Psychiatric/ psychological injury)	185	7 November 2013	185.2013.06	1
SUPPLEMENTARY NOTICE OF ASSESSMENT					
7	Supplementary Notice of Assessment (Gratuitous care)	185	7 November 2013	185.2013.07	1
8	Supplementary Notice of Assessment (Gratuitous and additional lump sum)	185	7 November 2013	185.2013.08	1
9	Supplementary Notice of Assessment (Additional lump sum)	185	7 November 2013	185.2013.09	1
10	Application for Claims History Summary	571D	7 November 2013	571D.1	1

2. Availability of form

Copies of the items listed above are available from the Department of Justice and Attorney-General:

PO Box 149 Brisbane Queensland 4001
50 Ann St, Brisbane Queensland 4001

www.justice.qld.gov.au

Phone: 1300 369 915

BILLS OF PARLIAMENT ASSENTED TO**Queensland Legislative Assembly
Brisbane**

It is hereby notified for general information that, on 7 November 2013, Her Excellency the Governor, in the name and on behalf of Her Majesty, assented to the undermentioned Bills passed by the Legislative Assembly of Queensland in Parliament assembled, viz—

A Bill for An Act authorising the Treasurer to pay an amount from the consolidated fund for Queensland Treasury and Trade for the financial year starting 1 July 2012

Short title: *Appropriation Act (No. 2) 2013* – Act No. 54 of 2013

Commencement: Date of Assent.

A Bill for An Act to amend the *Aboriginal Land Act 1991*, the *Civil Liability Act 2003*, the *Environmental Protection Act 1994*, the *Forestry Act 1959*, the *Fossicking Act 1994*, the *Geothermal Energy Act 2010*, the *Greenhouse Gas Storage Act 2009*, the *Land Act 1994*, the *Land Protection (Pest and Stock Route Management) Act 2002*, the *Marine Parks Act 2004*, the *Mineral Resources Act 1989*, the *Nature Conservation Act 1992*, the *Petroleum Act 1923*, the *Petroleum and Gas (Production and Safety) Act 2004*, the *Recreation Areas Management Act 2006*, the *Survey and Mapping Infrastructure Act 2003*, the *Sustainable Planning Act 2009* and the *Vegetation Management Act 1999* for particular purposes, and to make consequential or minor amendments to the Acts as stated in schedule 1 for purposes related to those particular purposes

Short title: *Nature Conservation and Other Legislation Amendment Act (No. 2) 2013* – Act No. 55 of 2013

Commencement: Parts 3 and 4 and schedule 1, parts 2 and 3 commence on a day to be fixed by proclamation.

A Bill for An Act to provide for the safety and security of persons attending the Group of Twenty leaders' summit in Brisbane in 2014 and other related meetings and events in Queensland in 2014, to ensure the safety of members of the community and to protect property during the hosting of the summit and other related meetings and to amend the Criminal Code, the *Holidays Act 1983*, the *Industrial Relations Act 1999*, the *Right to Information Act 2009* and the *Trading (Allowable Hours) Act 1990* for particular purposes

Short title: *G20 (Safety and Security) Act 2013* – Act No. 56 of 2013

Commencement: Date of Assent.

A Bill for An Act to amend the *Health Legislation Amendment Act 2011*, the *Hospital and Health*

Boards Act 2011, the *Public Health Act 2005*, the *Queensland Institute of Medical Research Act 1945*, the *Queensland Mental Health Commission Act 2013* and the *Transplantation and Anatomy Act 1979* for particular purposes

Short title: *Health Legislation Amendment Act 2013* – Act No. 57 of 2013

Commencement: Part 4 of this Act commences on a day to be fixed by proclamation.

A Bill for An Act to amend the *Residential Tenancies and Rooming Accommodation Act 2008*, the *Queensland Building and Construction Commission Act 1991* and the *Guide, Hearing and Assistance Dogs Act 2009* for particular purposes

Short title: *Residential Tenancies and Rooming Accommodation and Other Legislation Amendment Act 2013* – Act No. 58 of 2013

Commencement: This Act, other than the following provisions, commences on a day to be fixed by proclamation—

- (a) part 2, heading;
- (b) section 3;
- (c) sections 8 to 19;
- (d) section 20, to the extent it inserts chapter 13A, heading and new sections 527A, 527B, 527D and 527E;
- (e) section 21;
- (f) section 22, to the extent it inserts chapter 14, part 3, heading and new sections 553(1) and 556;
- (g) section 23;
- (h) part 5;
- (i) the schedule.

A Bill for An Act to amend the *Education (General Provisions) Act 2006* for particular purposes

Short title: *Education (Strengthening Discipline in State Schools) Amendment Act 2013* – Act No. 59 of 2013

Commencement: This Act commences on a day to be fixed by proclamation.

A Bill for An Act to amend the *City of Brisbane Act 2010*, the *Local Government Act 2009*, the *Local Government and Other Legislation Amendment Act 2012* and the *Sustainable Planning Act 2009* for particular purposes, and to make consequential or minor amendments of other legislation as stated in schedule 1 for purposes related to those purposes

Short title: *Local Government and Other Legislation Amendment Act 2013* – Act No. 60 of 2013

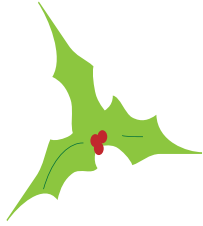
Commencement: (1) The following provisions commence on a day to be fixed by proclamation—

- sections 25 to 29;
- section 31 to the extent it inserts new chapter 10, part 8, division 1;
- section 32(3) to (6);
- schedule 1 to the extent it amends the *Sustainable Planning Act 2009*.

(2) The following provisions commence on 1 January 2014—

- section 17;
- section 19 to the extent it inserts new chapter 9, part 7, division 2;
- section 31 to the extent it inserts new chapter 10, part 8, division 2;
- section 32(1) and (2).

N J Laurie
Clerk of the Parliament



Christmas & New Year Dates & Closing Times for 2013-2014

Final 2013 Gazettes - Published Friday 20 December 2013

Deadlines

Vacancies Appointments - 12 noon Tuesday 17 December 2013



Other Gazettes - 12 noon Wednesday 18 December 2013
Final Proofs by - Close of business Wednesday 18 December 2013

First 2014 Gazettes Published Friday 10 January 2014

Deadlines

Vacancies Appointments - 12 noon Tuesday 7 January 2014

Other Gazettes - 12 noon Wednesday 8 January 2014
Final Proofs by - Close of business Wednesday 8 January 2014



If you have queries regarding this matter please do not hesitate to contact the Gazette Team - gazette@hpw.qld.gov.au

Have a Merry Christmas & a Happy New Year



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