



## **Approved Medical Specialist (AMS)**

# ***Information Pack for*** **SPECIALIST – MEDICAL PRACTITIONERS**

## Contents

About WorkCover WA	2
Role of an Approved Medical Specialist	2
Eligibility criteria for designation as an Approved Medical Specialist	2
How to become an Approved Medical Specialist – application process	3
Further Information	4
Approved Medical Specialist Application Form	4

# Approved Medical Specialists – Specialist medical practitioners

## About WorkCover WA

WorkCover WA is the government agency responsible for overseeing the workers' compensation and injury management system in Western Australia.

Part of the agency's role is to monitor compliance with the *Workers' Compensation and Injury Management Act 1981*, (the Act) inform and educate workers, employers and others about workers compensation and injury management, and provide an independent dispute resolution system.

## Role of an Approved Medical Specialist

Only medical practitioners who are trained in the use of the 'WorkCover WA Guidelines for the Evaluation of Permanent Impairment' (WA Guidelines) and meet WorkCover WA's eligibility criteria can be designated as an Approved Medical Specialist (AMS).

An AMS plays an important role in the WA workers' compensation scheme. AMS assess an injured worker's degree of permanent impairment which determines access to certain workers' compensation entitlements by injured workers.

## Eligibility criteria for designation as an Approved Medical Specialist

To be designated as an AMS, under section 146F(1) of the *Workers' Compensation and Injury Management Act 1981*, a person must satisfy all of the criteria below:

1. Be registered as a medical practitioner with no current notations, conditions or reprimands for disciplinary purposes recorded against their registration for medical practice; and
2. Provide evidence of current clinical practice and/or expertise in assessment; and
3. Have undertaken training in the WorkCover WA Education Module, which includes training in the WorkCover WA Guidelines; and
4.
  - (i) Undertaken training in the use of the American Medical Association Guidelines to the Evaluation of Permanent Impairment upon which the current edition of the WorkCover WA Guidelines are based; **or**
  - (ii) Have current accreditation as a "Certified Independent Medical Examiner" with the American Board of Independent Medical Examiners (ABIME); **or**
  - (iii) Undertaken other training in impairment assessment approved by WorkCover WA; and
5.
  - (i) Have qualifications as a specialist; **or**
  - (ii) Be able to demonstrate competency levels acceptable to WorkCover WA.

## How to become an Approved Medical Specialist – application process

1. Before undertaking training in the WorkCover WA Guidelines, applicants **must** have:
  - completed training in the American Medical Association Guides to the Evaluation of Permanent Impairment (**AMA 5**); or
  - current accreditation as a “Certified Independent Medical Examiner” with the American Board of Independent Medical Examiners (**ABIME**)

WorkCover WA **does not** provide training in AMA 5 or assistance with ABIME accreditation. WorkCover WA recommends medical practitioners contact an accredited training provider or their local professional body to access this training.

### **Important note:**

**WorkCover WA recognises satisfactory completion of equivalent AMA 5 training conducted by the workers’ compensation jurisdictions in New South Wales, Queensland and South Australia.**

It is the applicant’s responsibility to ensure AMA 5 training meets specific requirements. *Please contact WorkCover WA prior to undertaking Eastern States based training to confirm it meets the required standard.*

2. After completing training in AMA 5 or obtaining ABIME accreditation, medical practitioners are required to complete training in the WA Guidelines. This training is held at WorkCover WA when there is sufficient demand, usually from 5:30pm to 9pm on a weekday evening.
3. At the conclusion of the WA Guidelines training, participants will receive correspondence confirming completion of the training.
4. After completing the pre-requisite training requirements mentioned above, medical practitioners must submit the applicable completed ‘Application for designation as an Approved Medical Specialist’ (AMS application form) together with the required supporting evidence to WorkCover WA. *(Please note: WorkCover WA cannot progress your application if all supporting documentation is not received with the AMS application form).*

The completed AMS application form and any required supporting evidence should be forwarded to:

**Senior Assessment Officer  
WorkCover WA  
2 Bedbrook Place  
SHENTON PARK WA 6008**

Or via email to [regulation@workcover.wa.gov.au](mailto:regulation@workcover.wa.gov.au)

### **Important note:**

**WorkCover WA will only consider applicants that have completed the pre-requisite training requirements and meet the eligibility criteria. WorkCover WA may request further information when considering your application.**

5. Once complete applications are forwarded to WorkCover WA for consideration, WorkCover WA reviews the applications to ensure the eligibility criteria for designation as an AMS has been met.
6. A recommendation for designation or otherwise is made to the WorkCover WA Board.
7. The names of the applicants recommended for designation as an AMS will be published in the Western Australian Government Gazette.
8. Once published in the Gazette, applicants then become an AMS and are then authorised to conduct permanent impairment assessments of injured workers.
9. All applicants will be advised in writing of the outcome of their AMS application.
10. A register of current AMS is published on the WorkCover WA website for public viewing.

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## Further Information

- Further information on Approved Medical Specialists can be found at:  
[www.workcover.wa.gov.au/health-providers/approved-medical-specialists](http://www.workcover.wa.gov.au/health-providers/approved-medical-specialists)
- or by contacting:  
WorkCover WA's Advice and Assistance Service on 1300 794 744
- or by emailing: [regulation@workcover.wa.gov.au](mailto:regulation@workcover.wa.gov.au)

## Approved Medical Specialist Application Form

Please find attached the 'Application for designation as an AMS' form.

**Please note:** This information must be included and is your preferred contact details for WorkCover WA to use only (not to be displayed on the website)

**1. Personal details**

Title (Dr/Mr/Mrs/etc.) First Name(s) Surname

Date of Birth

**2. Postal address**

Unit No. No. Street Name

Suburb State Postcode

Email address for WorkCover WA contact only (**required field**) Phone No. (**required field**)

**IMPORTANT:** If your application is successful, the information in this section will be displayed on WorkCover WA's website for public use.

**3. Practice / Business name and address** (your primary place of practice where you will most likely conduct AMS assessments)

Unit No. No. Street Name

Suburb State Postcode

\*\*Phone No.

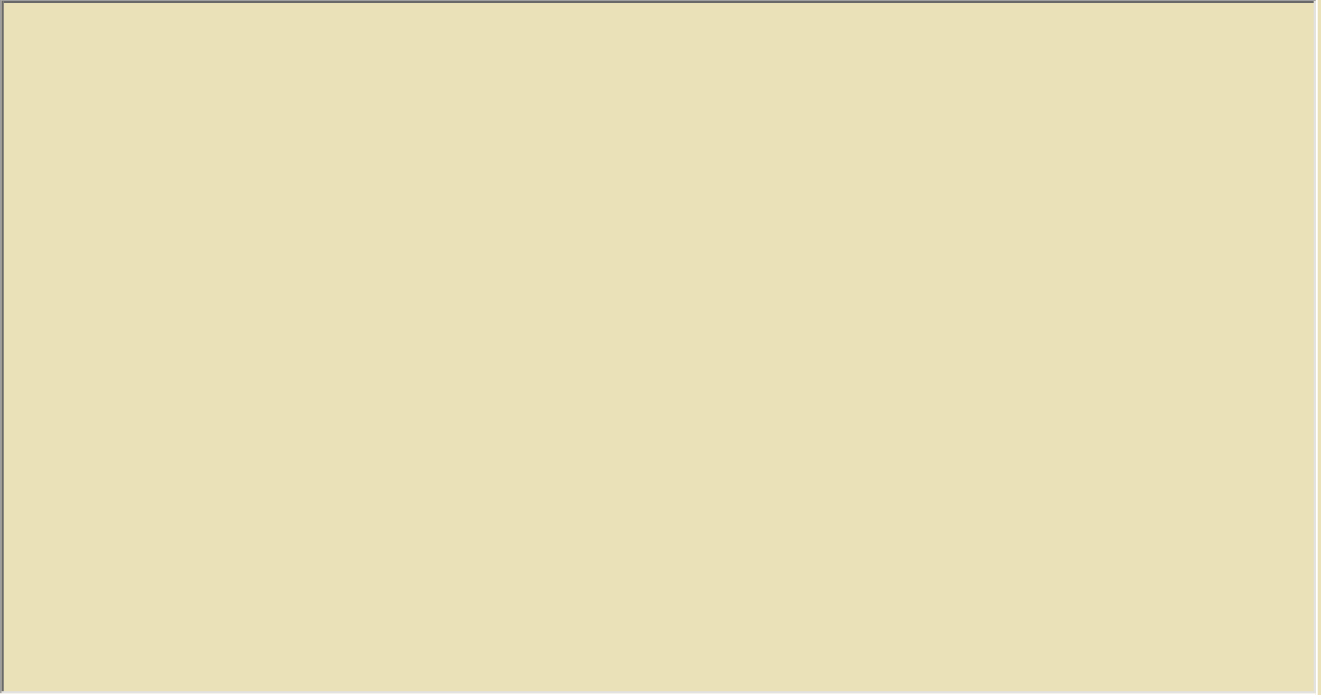
\*\*Phone number can be a mobile number but **please note** this number will be **published on WorkCover WA's website for public use.**

**4. Australian Health Practitioner Regulation Agency (AHPRA) registration details**

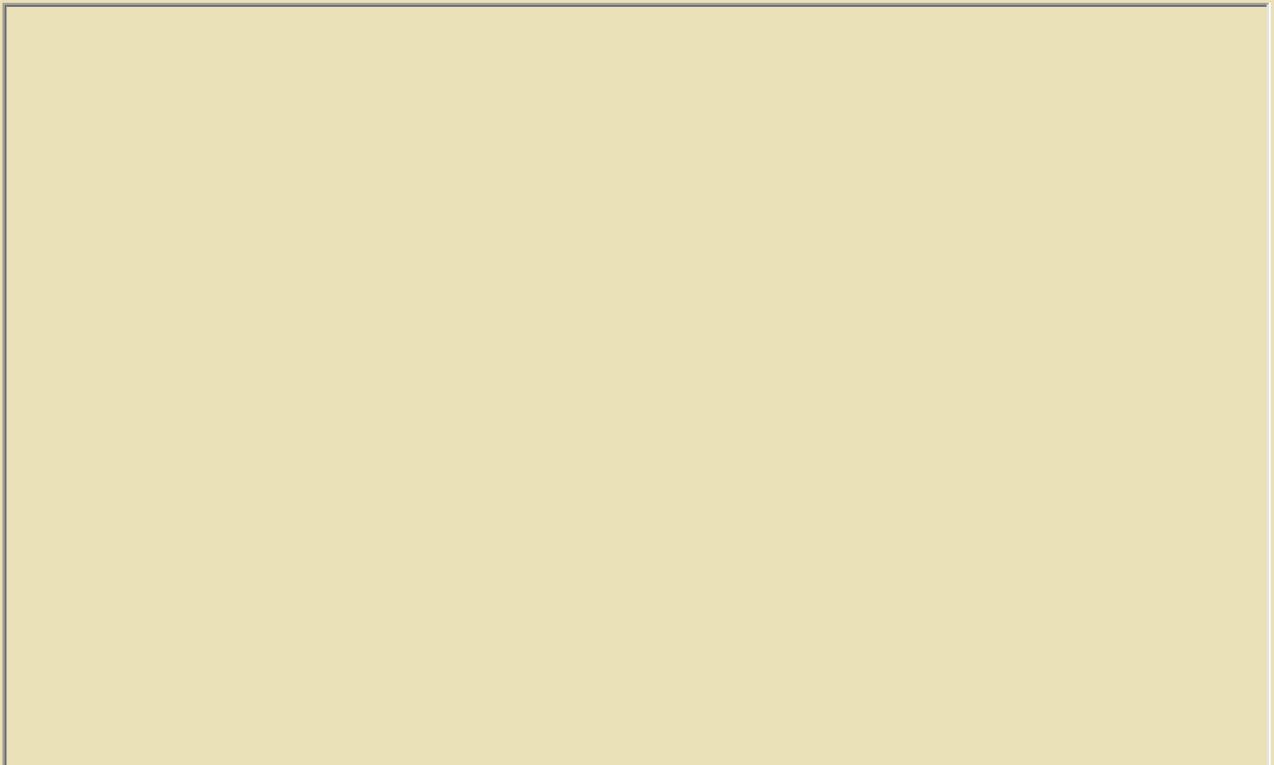
Registration No. Registration type / Speciality

Do you have any notations or restrictions on your registration? If so, provide details.

**5. Specialists** – please provide details of your qualifications or demonstrate competency levels acceptable to WorkCover WA.



List and attach any other supporting documentation you would like considered as part of your application:



**6. Training / Required Documents** - WorkCover WA will be unable to consider your application unless all required documents/information are provided with this AMS application.

Date (dd/mm/yyyy)

- WorkCover WA Education Module (**WorkCover WA Guidelines Training**) Date Attended
- Attach evidence of Certified Independent Medical Examiner (CIME) with the American Board of Independent Medical Examiners (**ABIME**) training OR
- Attach evidence of American Medical Association Guides 5<sup>th</sup> Edition (**AMA 5**) training.

**Please specify the body systems(s) you completed in your AMA 5 training:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cardiovascular System | <input type="checkbox"/> Digestive System                 | <input type="checkbox"/> Ear, Nose, Throat and Related Structures |
| <input type="checkbox"/> Endocrine System      | <input type="checkbox"/> Hearing                          | <input type="checkbox"/> Hematopoietic System                     |
| <input type="checkbox"/> Lower Extremities     | <input type="checkbox"/> Nervous System                   | <input type="checkbox"/> Psychiatric and Psychological Disorders  |
| <input type="checkbox"/> Respiratory System    | <input type="checkbox"/> Skin                             | <input type="checkbox"/> Spine                                    |
| <input type="checkbox"/> Upper Extremities     | <input type="checkbox"/> Urinary and Reproductive Systems | <input type="checkbox"/> Visual System                            |
| <input type="checkbox"/> Other _____           |   |   |

**Copy of Resume / CV attached**

**7. Declaration**

Please note WorkCover WA may request further information when considering your application.

I wish to apply for designation as an approved medical specialist in accordance with section 146F(1) of the *Workers' Compensation and Injury Management Act 1981*.

Signed

Date (dd/mm/yyyy)

**Please ensure your application is complete, signed and dated and all the information provided is accurate.**

**Please send completed application to:**

WorkCover WA by email to  
[regulation@workcover.wa.gov.au](mailto:regulation@workcover.wa.gov.au)

or

Senior Assessment Officer  
WorkCover WA  
2 Bedbrook Place  
SHENTON PARK WA 6008

**Further information can be found at:**

[www.workcover.wa.gov.au/health-providers/approved-medical-specialists](http://www.workcover.wa.gov.au/health-providers/approved-medical-specialists)

or by contacting:

WorkCover WA's Advice and Assistance Service  
on 1300 794 744