

**Submission  
No 108**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH  
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND  
REGIONAL COMMUNITIES**

**Name:** Name suppressed

**Date Received:** 3 February 2025

Partially  
Confidential

FROM THE DESK OF



3 February 2025

**Dr Joe McGirr, MP**

Committee Chair

Select Committee on Remote, Rural and Regional Health

Parliament of New South Wales

Macquarie Street, Sydney, NSW 2000.

Via email only: [remoteruralregionalhealth@parliament.nsw.gov.au](mailto:remoteruralregionalhealth@parliament.nsw.gov.au)

**Subject:** Challenges and Opportunities in Implementing the Committee's Recommendations on Workforce Issues, Workplace Culture and Complaint

Dear Dr McGirr,

I write to you as a long-serving NSW Health employee of over 18 years.

I would like to begin by acknowledging the NSW Government's implementation of the *NSW Health Culture and Staff Experience Framework* and the establishment of the *Health Administration Unit at the NSW Ombudsman* as significant steps toward addressing workforce challenges and toxic workplace cultures, following the Committee's recommendations.

**However, critical gaps remain.**

In my attached submission, I draw upon my lived experiences to highlight ongoing challenges that pose formidable barriers towards implementing the Committee's recommendations in relation to workforce issues, workplace culture, and the effectiveness of complaint handling, escalation, and enforcement mechanisms.



These include a lack of transparency, weak managerial accountability frameworks, ineffective complaint-handling processes, and the absence of robust escalation and enforcement mechanisms.

In my submission, I detail how these challenges contributed to my work-related psychological injury, precluded my reintegration into a safe workplace and continue to obstruct meaningful reform, allowing toxic workplace cultures to persist and pose ongoing risks to staff health and well-being.

While these issues present significant challenges, they also provide opportunities for systemic reform and cultural transformation.

Strengthening governance and managerial accountability frameworks within NSW Health policies can build trust, improve staff morale, and reduce workplace bullying, ensuring that leaders are held accountable for fostering a safe and supportive work environment.

Additionally, enhancing complaint-handling processes to promote transparency, effective escalation, and enforcement mechanisms would empower staff to report concerns without fear of retaliation, facilitate timely interventions, and prevent long-term harm.

These measures are essential for the successful implementation of the NSW Health Culture and Staff Experience Framework, helping to reshape organisational values, improve working conditions, and safeguard staff well-being.

[REDACTED]

Ultimately, by addressing these critical gaps, NSW Health has an opportunity to cultivate a healthier workplace culture, enhance patient care, and strengthen overall healthcare service delivery.

I appreciate the Committee's time in considering these concerns and opportunities towards ensuring a safer, more accountable, and transparent healthcare system for all.

Yours sincerely,

[Redacted signature]

[Redacted signature]

# Submission to

*Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health*

[REDACTED]

3 February 2025

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[REDACTED]

## Relevant Terms of Reference for This Submission

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- a) *any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs*
- b) *workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms (including Recommendations 40 and 41)*



## Executive Summary

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The implementation of the *NSW Health Culture Framework* and the establishment of the *Health Administration Unit* at the *NSW Ombudsman*, following the Committee's recommendations, mark a significant step toward acknowledging and addressing **workforce challenges and toxic workplace cultures**.

However, **critical gaps remain**.

In my submission below, I draw upon my lived experiences to highlight the current challenges in implementing the committee's recommendations related to workforce issues, workplace culture, and the effectiveness of complaint handling, escalation, and enforcement mechanisms.

These include a lack of transparency, weak managerial accountability frameworks, ineffective complaint-handling processes, and the absence of robust escalation and enforcement mechanisms, which culminated in my work related psychological injury, continue to obstruct meaningful reform, allowing toxic workplace cultures to persist and with ongoing adverse implications the health and well-being of staff.

While the lack of transparency and managerial accountability, ineffective complaint-handling, escalation and enforcement mechanisms within NSW Health pose significant challenges, they also present opportunities for systemic reform and cultural transformation.

Integrating stronger governance and managerial accountability frameworks into existing NSW Health policies can build trust, improve staff morale, reduce workplace bullying, and address toxic workplace cultures by ensuring leadership accountability.

Enhancing complaint-handling processes to promote transparency, effective escalation, and enforcement mechanisms would empower staff to report concerns without fear of retaliation, facilitate timely interventions, and prevent long-term harm.



These measures are essential for the successful implementation of the NSW Health Culture Framework, helping to reshape organisational values, improve working conditions, and safeguard staff well-being.

Ultimately, such reforms would *create a healthier workplace culture, enhance patient care, and strengthen overall healthcare service delivery.*

[REDACTED]

*Medical Hospitalist*

[REDACTED]



# TABLE OF CONTENTS

<b>Executive Summary</b>	<b>3</b>
<b>Part I: Lack of Transparency, Managerial Accountability and my Work Related Psychological Injury</b>	<b>7</b>
<i>Background : About me</i> .....	7
<i>Non Compliance with Garling Commission Recommendations</i> .....	8
<i>Non Compliance with WHS Act 2011 and SafeWork Code of Practice for Managing Psychosocial Hazards.</i> ---	8
<i>Non Compliance with NSW Health Code of Conduct</i> .....	9
<i>Non Compliance with NSW Health Policy on Bullying and Harassment</i> .....	9
<i>My Work Related Psychological Injury</i> .....	10
<b>Part II: Lack of Transparency and Managerial Accountability : Ongoing Challenges To Workplace Culture.</b>	<b>11</b>
<i>Ineffective Implementation of the NSW Health Culture &amp; Staff Experience Framework</i> .....	11
<i>Ongoing Non-Compliance with NSW Health Policy on Workplace Bullying and Harassment.</i> .....	12
<i>Ongoing Non-Compliance with SafeWork Code of Practice for Managing Psychosocial Hazards.</i> .....	13
<i>Ongoing Non-Compliance with NSW Health Policy on Rehabilitation, Recovery and Return to Work.</i> .....	14
<i>Dismissal of Expert Medical Opinion: Its Impact on My Mental Health and Well-being</i> .....	15
<b>Part III: Ineffective Complaint Handling and Escalation Mechanisms : Ongoing Challenges To Workplace Culture</b>	<b>16</b>
<i>Ineffective Complaint Handling Mechanism within NSLHD</i> .....	16
<i>Ineffective Escalation to NSW Ministry of Health</i> .....	17
<i>Ineffective Escalation to Health Administration Unit - NSW Ombudsman</i> .....	18
<i>Ineffective Escalation to SafeWork NSW</i> .....	19
<i>Ineffective Escalation to State Insurance Regulatory Authority</i> .....	20
<i>Ineffective Escalation to HealthCare Complaints Commission</i> .....	21

**Part IV: Impact on my Professional Career, Health and Well Being 22**

**Part V: Opportunities to Foster Positive Workplace Cultures in NSW Health 23**

*Strengthening the Health Administration Unit at the NSW Ombudsman -----23*

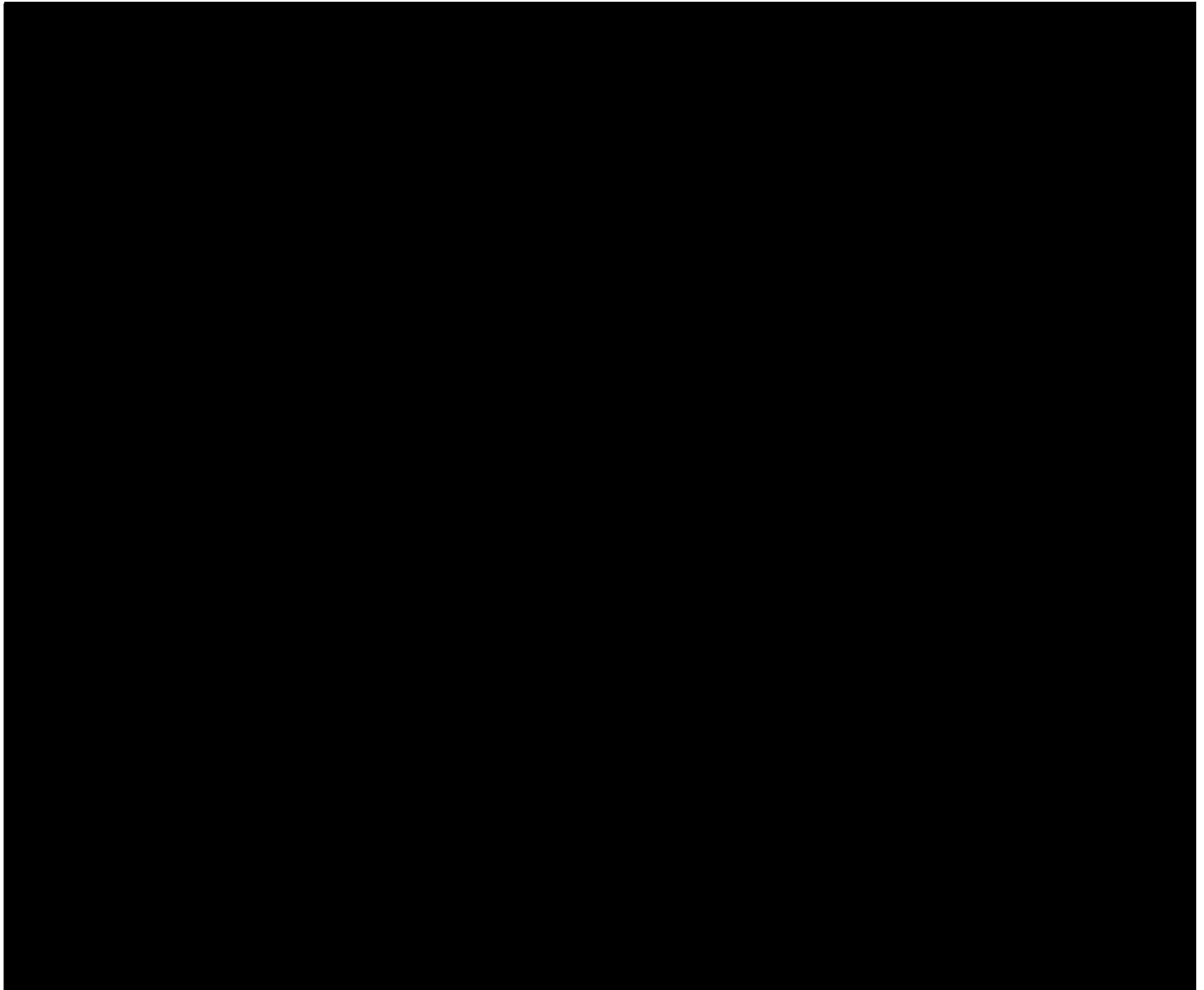
*Strengthening Compliance Enforcement Mechanisms Within SafeWork NSW and SIRA -----24*

*Empowering the HCCC to Investigate Workplace-Related Medical Professional Misconduct -----24*



## Part I: Lack of Transparency, Managerial Accountability and my Work Related Psychological Injury

Background : 



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<sup>1</sup> New Senior Hospitalist Initiative: a new medical career pathway for NSW Health. <https://www.publish.csiro.au/nb/pdf/NB11038>

<sup>2</sup> Complex care, consultant physicians and better patient outcomes A new framework for Physician Engagement. [https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a\\_14](https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14)

## *Non Compliance With Garling Commission Recommendations*

6. However, due to a lack of transparency and managerial accountability, the Garling Commission recommendations were disregarded, and despite my training and funding provided by NSW Health to support the Senior Hospitalist position, the role was never established.

As a result, I was denied the opportunity to apply my expertise and the skills I had developed to improve patient care, workplace culture, and health system outcomes.

## *Non Compliance With WHS Act 2011 and SafeWork Code of Practice for Managing Psychosocial Hazards.*

7. The *SafeWork NSW Code of Practice: Managing Psychosocial Hazards*<sup>3</sup> at Work provides a framework for employers to identify and mitigate psychosocial hazards in the workplace towards ensuring compliance with mandated obligations and duty of care under the *WHS Act 2011*.

This framework requires employers to proactively address workplace risks, including work overload, inadequate reward and recognition, poor procedural fairness, lack of reasonable opportunities for skills development, and unfair career advancement practices.

The lack of managerial accountability contributed to managerial non-compliance with the *Code of Practice: Managing Psychosocial Hazards at Work*, resulting in the denial of recognition of my skills as a graduate of the NSW Health Senior Hospitalist Program, denial of my workplace entitlements and rightful remuneration under Determination 9 of NSW Health for program graduates, and I was subject excessive workload resulting in my physical and psychological exhaustion and burn out.

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<sup>3</sup> Code of Practice: Managing psychosocial hazards at work : <https://www.safework.nsw.gov.au/resource-library/list-of-all-codes-of-practice/codes-of-practice/managing-psychosocial-hazards-at-work>

Additionally I was repeatedly targeted by vindictive and malicious workplace investigations that consistently breached mandatory procedural fairness in reprisal for raising concerns about managerial non compliance and failure to address workplace psychosocial hazards.

### ***Non Compliance With NSW Health Code of Conduct***

8. The *NSW Health Code of Conduct*<sup>4</sup> encourages employees to speak up and voice their ideas and concerns , reinforcing that raising issues is both valued and worthwhile.

However, due to a lack of managerial accountability and non-compliance with the *NSW Health Code of Conduct*, I was often prevented from speaking up.

Additionally, in reprisal for raising concerns about suboptimal patient care, fraud and waste, and managerial non-compliance with their mandated obligations and duty of care under the WHS Act, I was subjected to a targeted campaign of vindictive and malicious workplace investigations and collective bullying and harassment.

### ***Non Compliance With NSW Health Policy on Bullying and Harassment***

9. The *NSW Health Prevention and Management of Workplace Bullying Policy (PD2021\_030)* mandates managers to foster a work environment free from bullying, uphold NSW Health's Code of Conduct, and identify and eliminate unreasonable behaviours that pose a risk to the health and well-being of staff.

Throughout my employment, I made several attempts to raise concerns about the various psychosocial hazards, vindictive and malicious workplace investigations, and collective bullying I was subjected to, highlighting their adverse impact on my mental health and well-being.

However, due to a lack of accountability and managerial non-compliance, my concerns were consistently disregarded, never investigated and left unaddressed.

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<sup>4</sup> NSW Health Code of Conduct - [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2015\\_049](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2015_049)

In particular, managerial staff failed to uphold the NSW Health Code of Conduct and neglected their responsibility to identify and eliminate unreasonable behaviours that posed a risk to staff health and well-being.

Instead, in reprisal for speaking up, I was repeatedly subjected to vindictive and malicious workplace investigations intended to intimidate and silence me.

### **My Work Related Psychological Injury**

10. As detailed above, the lack of managerial transparency and accountability frameworks and led to non-compliance with the *NSW Health Code of Conduct*, the *NSW Health Policy on Bullying and Harassment*, mandated obligations and duty of care under the *WHS Act 2011*, and the *SafeWork Code of Practice for Managing Psychosocial Hazards*.

This in turn allowed workplace misconduct, psychological hazards, bullying, harassment, and toxic workplace cultures to persist unchecked, without effective intervention which contributed to my prolonged work-related psychological stress and ultimately resulted in my severe work-related psychological injury.

11. My aforementioned experiences are detailed in my submissions to the Personal Injury Commission<sup>5</sup> which contains thousands of pages of documentary and clinical evidence, including several medical reports from my nominated treatment providers, my GP, my psychologist, and multiple independent medical assessments from Consultant Psychiatrists.

These records unequivocally validate establish that my severe psychological injury was the direct and sole result of my prolonged exposure to workplace psychosocial hazards stemming from managerial non-compliance with the *NSW Health Code of Conduct*, the *NSW Health Policy on Bullying and Harassment*, their mandated obligations and duty of care under the *WHS Act 2011*, and the *SafeWork Code of Practice for Managing Psychosocial Hazards*.

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<sup>5</sup> Personal Injury Commission Matter No : W8561/23



## **Part II: Lack of Transparency and Managerial Accountability : Ongoing Challenges To Workplace Culture.**

### *Ineffective Implementation of the NSW Health Culture & Staff Experience Framework*

12. **On 11 September 2024**, pursuant to the Committee 's recommendation NSW Health introduced the NSW Health Culture and Staff Experience Framework, designed to set behavioural expectations, foster a positive, rewarding, and supportive workplace culture, and prioritise compassion, kindness, leadership, and psychological safety.

The NSW Health Culture and Staff Experience Framework <sup>6</sup> sought to set behavioural expectations, foster a positive, rewarding, and supportive workplace culture, and prioritise compassion, kindness, leadership, and psychological safety.

However, the lack of transparency and a robust managerial accountability framework has undermined its effectiveness, allowing ongoing managerial non-compliance with NSW Health policies and procedures and the SafeWork Code of Practice for Managing Psychosocial Hazards.

As a result, toxic workplace cultures persist, with little to no accountability for harmful behaviours.

In the following sections, I draw from my lived experiences to illustrate these systemic failures and their impact

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<sup>6</sup> The NSW Health Culture and Staff Experience Framework. <https://www.health.nsw.gov.au/workforce/culture/Pages/culture-experience-framework.aspx>



## ***Ongoing Non-Compliance With NSW Health Policy on Workplace Bullying and Harassment.***

### ***13. Section 4.1.5 of the Prevention and Management of Bullying in NSW Health***

*(PD2021\_030)*<sup>7</sup> requires that in cases where a worker lodges a compensation claim citing bullying as the cause of a psychological injury, a Recovery at Work Coordinator must be appointed.

The coordinator is responsible for liaising with treatment providers, such as the worker's psychologist and/or nominated treating doctor, to facilitate their participation in the investigation of the complaint and support their return to work.

Following my psychological injury due to prolonged bullying and harassment, I submitted thousands of pages of documentary and clinical evidence, including several medical reports from my nominated treatment providers, my GP, my psychologist, and multiple independent medical assessments from Consultant Psychiatrists.

In these reports, my nominated treatment providers repeatedly urged managerial staff to comply with their mandated obligations under *Section 4.1.5 of the Prevention and Management of Bullying in NSW Health (PD2021\_030)* by appointing a Recovery at Work Coordinator to coordinate with them and me, investigating and addressing my complaints about workplace bullying and harassment, and facilitating my return to a safe workplace.

However, due to a lack of managerial accountability frameworks, managers failed to comply with these mandated obligations, disregarding both policy requirements and medical recommendations.

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<sup>7</sup> Section 4.1.5 of the Prevention and Management of Bullying in NSW Health (PD2021\_030). Page 12. [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2021\\_030.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2021_030.pdf)





This failure resulted in a lack of meaningful intervention to address the bullying and harassment I experienced, contributed to my prolonged workplace exclusion, ongoing psychological distress, adversely impacted on my mental health and well being, prolonged my work-related psychological injury, and further entrenched a toxic and unsafe workplace culture.

### ***Ongoing Non-Compliance With SafeWork Code of Practice for Managing Psychosocial Hazards.***

14. *Section 4.1 of the SafeWork NSW Code of Practice: Managing Psychosocial Hazards at Work*<sup>8</sup> outlines managerial responsibilities in investigating psychosocial incidents, including work-related psychological injuries.

It requires managerial staff to conduct investigations in a fair, timely, and balanced manner to determine what happened, why it occurred, and what actions can be taken to prevent future incidents.

Additionally, *Section 5 of the SafeWork NSW Code of Practice*<sup>9</sup> mandates that managers to support a safe return to work after a work-related harm, ensuring that appropriate measures are in place to *protect the worker's health and well-being upon reintegration into the workplace* .

Since my psychological injury, my nominated treatment providers have repeatedly urged managerial staff to comply with their mandated obligations and duty of care under Sections 4.1 and 5 by investigating and addressing workplace psychosocial hazards, and facilitating my return to a safe work environment.

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<sup>8</sup> *Section 4.1 of the SafeWork NSW Code of Practice: Managing Psychosocial Hazards. Page 24.* [https://www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0004/983353/Code-of-Practice\\_Managing-psychosocial-hazards.pdf](https://www.safework.nsw.gov.au/_data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf)

<sup>9</sup> *Section 5 of the SafeWork NSW Code of Practice: Managing Psychosocial Hazards. Page 26.* [https://www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0004/983353/Code-of-Practice\\_Managing-psychosocial-hazards.pdf](https://www.safework.nsw.gov.au/_data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf)



However, due to a lack of managerial accountability, managerial failed to comply with these statutory obligations, resulting in a failure to conduct a fair, timely, and balanced investigation, allowing workplace psychosocial hazards to persist unchecked.

Further I was denied a structured and supported return-to-work process, isolating me from the workforce and exacerbating my psychological injury.

### ***Ongoing Non-Compliance With NSW Health Policy on Rehabilitation, Recovery and Return to Work.***

15. Following my work-related psychological injury, an Injury Management Plan was formulated based on independent medical examination reports from three Consultant Psychiatrists, Occupational Rehabilitation Consultant and assessments from my nominated treatment providers, including my psychologist and General Practitioner, all of whom supported my return to my pre-injury role at full capacity through a graded return-to-work program.

This plan required upon managerial staff to comply with their mandated obligations and duty of care under the *WHS Act 2011*, the *NSW Health Policy on Bullying and Harassment*, investigate and address workplace psychosocial hazards, bullying, and harassment and facilitate a my return to safe workplace.

However, due to the absence of managerial accountability frameworks, managerial staff failed to fulfill their mandated obligations and duty of care, disregarded the Injury Management Plan, and took no steps to investigate or address workplace psychosocial hazards, bullying, and harassment.

As a result, I was prevented from returning to a safe work environment, which prolonged my psychological distress and further exacerbated my work-related injury.



## *Dismissal of Expert Medical Opinion: its Impact on my Mental Health and Well-Being*

16. In addition to the above, managerial staff knowingly insisted on a medical examination that they were fully aware would compromise my mental health and well-being.

In particular, managerial staff had full knowledge of the medical advice provided by my treating providers, which explicitly stated that such medical examination was unnecessary, harmful, would retraumatise me, worsen my work-related psychological injury, and potentially trigger a recurrence of suicidal ideation.

However, due to a lack of managerial accountability frameworks, they disregarded medical guidance and the severity of the risks involved, and insisted on an examination they knew would significantly exacerbate my psychological distress and have a detrimental impact on my mental health and well-being.



## Part III: Ineffective Complaint Handling and Escalation Mechanisms : Ongoing Challenges To Workplace Culture

### Ineffective Complaint Handling Mechanism Within [REDACTED]

17. Between [REDACTED] 2024 and [REDACTED] 2024, I made several written submissions and complaints to the Local Health District, raising concerns about managerial non-compliance with the *NSW Health Code of Conduct*, the *NSW Health Culture and Staff Experience Framework*, the *NSW Health Policy on Bullying and Harassment*, the *SafeWork NSW Code of Practice for Managing Psychosocial Hazards*, and the *NSW Health Policy on Rehabilitation, Recovery, and Return to Work*.

In these complaints, I also highlighted managerial disregard for the recommendations of my nominated treatment providers and their deliberate actions that endangered my mental health and well-being.

These submissions, which included medical reports from my nominated treatment providers, detailed how this ongoing non-compliance was preventing my timely reintegration into a safe workplace, adversely impacting my mental health and well-being, and potentially increasing the risk of a recurrence of suicidal ideation.

These submissions were formally copied to the Manager of People and Culture and the CEO of the Local Health District, yet despite the severity of the concerns raised and the clear medical evidence provided, they were never addressed, leaving my well-being at continued risk.

## *Ineffective Escalation to NSW Ministry of Health*

18. Between [REDACTED] 2024 and [REDACTED] 2024, I made several efforts to engage the Ministry of Health, raising concerns about managerial non-compliance with *NSW Health policies and procedures*, including the *NSW Health Policy on Bullying and Harassment*, and their *mandated obligations and duty of care under the WHS Act 2011*. This included a formal complaint to the Office of the Minister of Health on 12 September 2024.

On [REDACTED] 2024, I received a response from the *Secretary of Health*, noting that the Local Health District had offered to meet with me to discuss my concerns and inviting me to outline specific issues in writing so the District could assess and determine my matter. The response indicated that I was in the process of determining my ongoing capacity for work with the District.

Additionally the Secretary response also noted that if I remain dissatisfied from the District, I could raise any specific concerns about the management of my complaint with the Ministry or the NSW Ombudsman.

However, contrary to the Secretary's understanding, the District never offered to meet with me or discuss my concerns, despite being provided with extensive medical and factual documentation detailing my prolonged exposure to workplace psychosocial hazards and repeated bullying and harassment.

Furthermore, several medical reports, including those from the Personal Injury Commission, an Occupational Rehabilitation Consultant, my Injury Management Plan, and report from my nominated treatment providers, had unequivocally established that I had the capacity to resume my pre-injury role, provided that managerial staff complied with NSW Health policies and procedures, including the *NSW Health Policy on Bullying and Harassment* and fulfilled their *mandated obligations and duty of care under the WHS Act 2011* by investigating and addressing workplace psychosocial hazards and facilitating my return to a safe workplace.

Despite the clear medical evidence and repeated attempts to engage with the Ministry of Health, my concerns were never addressed, the District made no efforts to investigate and address the workplace bullying and harassment and psychosocial hazards further prolonging my work-related psychological injury and reinforcing a culture of negligence and inaction.

### **Ineffective Escalation to Health Administration Unit - NSW Ombudsman**

19. In light of the advice from the Secretary of the Ministry of Health, which stated that if I remained dissatisfied with the management of my complaint, *"I could raise specific concerns with the Ministry or escalate them to the NSW Ombudsman"*, I proceeded to escalate my concerns to the NSW Ombudsman<sup>10</sup> due to my dissatisfaction with how my complaint had been handled by the Local Health District.

On [REDACTED] 2024 and [REDACTED] 2024, the NSW Ombudsman responded to my complaint, stating that *"There is no standalone Health Administration Unit. The existing Deputy Ombudsman for Complaints and Resolution has recently been dual-appointed as the Health Administration Deputy Ombudsman."*

Furthermore, they advised that under the existing legislative requirements the NSW Ombudsman was unable to address managerial non-compliance with NSW Health policies and procedures, including failures to comply with the SafeWork Code of Practice for Managing Workplace Psychosocial Hazards and NSW Health Policy on Bullying and Harassment.

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<sup>10</sup> NSW Ombudsman Complaint References : C/2024/17225 & E/2024/4176

## *Ineffective Escalation to SafeWork NSW*

20. On [REDACTED] 2024 and [REDACTED] 2024, I escalated my complaint to SafeWork NSW<sup>11</sup>, to address my concerns related to managerial non-compliance with the SafeWork NSW Code of Practice, particularly their failure to investigate and address workplace psychosocial hazards and facilitate my return to a safe workplace.

To substantiate my concerns, I provided medical reports from my nominated treatment providers, which detailed how managerial non-compliance with the SafeWork NSW Code of Practice and their failure to investigate workplace psychosocial hazards and bullying and harassment were adversely impacting my mental health and well-being.

Additionally, these reports raised concerns about managerial insistence on a medical examination, which managerial staff were fully aware would compromise my mental health, exacerbate my work-related psychological injury, and potentially trigger a recurrence of suicidal ideation.

In response to my initial complaint on [REDACTED] 2024, SafeWork NSW advised that they had *"provided the Local Health District with information to enable them to respond to the issues raised"*. However, no meaningful action was taken to address the concerns I had outlined.

Additionally, SafeWork NSW noted that *"some of the issues raised in your request fall outside the jurisdiction of SafeWork NSW. Please contact the State Insurance Regulatory Authority on 13 74 72 for assistance regarding Workers Compensation and return to work issues."*

This response failed to acknowledge that my complaint specifically related to managerial non-compliance with the SafeWork NSW Code of Practice, including their failure to investigate workplace psychosocial hazards and facilitate my return to a safe workplace, both of which fall within SafeWork NSW's regulatory oversight.

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<sup>11</sup> SafeWork NSW References : 1-489977 and 1-493362

Following my subsequent complaint on [REDACTED] 2024, highlighting ongoing managerial non-compliance, SafeWork NSW appointed an inspector to assess the situation.

On [REDACTED] 2025, the SafeWork NSW Inspector completed the investigation and noted, *"Based on the information obtained and reviewed during the inquiry, I am satisfied that obligations per CI 55A-D of the Work Health and Safety Regulation 2017 are being met."*

This conclusion was reached despite the fact that the District had made no efforts to investigate or address workplace psychosocial hazards or facilitate my return to a safe workplace.

### *Ineffective Escalation to State Insurance Regulatory Authority*

21. On [REDACTED] 2024, following SafeWork NSW's advice dated [REDACTED] 2024, I escalated my complaint to the State Insurance Regulatory Authority (SIRA)<sup>12</sup> on the basis that my concerns were classified as a "return to work issue."

In my complaint to SIRA, I reiterated my concerns regarding managerial non-compliance with the *SafeWork NSW Code of Practice*, the *NSW Health Policy on Bullying and Harassment*, and their failure to investigate and address workplace psychosocial hazards and bullying and harassment, which had prevented my return to a safe workplace.

To substantiate my concerns, I provided reports from my nominated treatment providers, detailing the impact of ongoing workplace hazards on my mental health and well-being.

On [REDACTED] 2024, SIRA responded to my complaint, advising that SafeWork NSW is the appropriate agency to address these concerns. Additionally, they encouraged me to contact AHPRA regarding these issues.

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<sup>12</sup> State Insurance Regulatory Authority Complaint number : 20228893



## *Ineffective Escalation to HealthCare Complaints Commission*

22. Following the advice from the State Insurance Regulatory Authority (SIRA) on [REDACTED] [REDACTED] 2024, I proceeded to escalate my complaint to AHPRA, as recommended.

My complaint was on the basis that managerial insistence on a medical examination, despite being fully aware that it would compromise my mental health, exacerbate my work-related psychological injury, and potentially trigger a recurrence of suicidal ideation constituted medical professional misconduct, as it violated the fundamental principle of medical professionalism to "do no harm."

AHPRA subsequently referred my complaint to the Health Care Complaints Commission (HCCC).<sup>13</sup>

On [REDACTED] 2025, AHPRA noted that they were unable to investigate medical professional misconduct that violates the principle of do no harm, adversely impacts mental health, or carries a potential risk of triggering suicidal ideation—since the conduct occurred within the context of a Return to Work Program or Workplace Health and Safety.

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<sup>13</sup> HCCC complaint reference 24/09215

## Part IV: Impact on my Professional Career, Health and Well Being

23. The lack of transparency, managerial accountability, and ineffective complaint handling and escalation mechanisms within NSW Health have had a profound and devastating impact on my professional career, health, and well-being.

[REDACTED] managerial non-compliance with NSW Health Initiatives, mandated obligations and duty of care under the *WHS Act 2011*, the *NSW Health Code of Conduct*, and the *SafeWork NSW Code of Practice for Managing Psychosocial Hazards* resulted in the denial of my rightful career progression and workplace entitlements.

Additionally, I have been subjected to retaliatory and unjust workplace investigations, intended to silence and intimidate me in response to my efforts to raise concerns about suboptimal patient care, managerial misconduct, fraud, waste, and workplace psychosocial hazards.

As detailed above, my repeated efforts to seek redress through internal complaints, NSW Health governance structures, and external regulatory bodies such as SafeWork NSW, SIRA, and the NSW Ombudsman were met with bureaucratic deflection, inaction, or outright dismissal, allowing workplace psychological hazards to persist unchecked.

This systemic failure to implement transparent and accountable complaint-handling mechanisms prolonged my workplace exclusion, exacerbated my work-related psychological injury, and eroded my professional dignity and financial security.

Moreover, the deliberate dismissal of expert medical recommendations by my treating providers, in conjunction with managerial insistence on harmful and medically unnecessary assessments, significantly impacted on my mental health, and placed my well-being at severe risk.

NSW Health's failure to ensure transparency, managerial accountability, and effective regulatory oversight continues to entrench a toxic workplace cultures undermining not only my career and health but also the fundamental principles of workplace safety, fairness, and justice.

## Part V: Opportunities to Foster Positive Workplace Cultures in NSW Health

24. There are several key opportunities to improve transparency, managerial accountability, and enforcement mechanisms within NSW Health, ensuring that workplace safety regulations and policies are effectively implemented and upheld.

Strengthening independent oversight bodies and regulatory agencies will create a more accountable, fair, and psychologically safe work environment, ultimately benefiting both employees and patient care outcomes.

### *Strengthening the Health Administration Unit at the NSW Ombudsman*

25. There is an opportunity to better resource and empower the Health Administration Unit at the NSW Ombudsman to ensure that workplace bullying, harassment, and psychosocial hazards are thoroughly investigated and effectively addressed.

Expanding this unit's authority to enforce compliance, hold managers accountable for policy breaches, and implement corrective measures would help prevent ongoing non-compliance with key workplace safety regulations, including the *NSW Health Policy on Bullying and Harassment*, the *WHS Act 2011*, and the *SafeWork NSW Code of Practice for Managing Psychosocial Hazards*.

This presents an opportunity to establish a more transparent and robust complaints framework, ensuring that employees can raise concerns without fear of retaliation and that breaches of workplace health and safety standards are swiftly addressed.

Strengthening this unit would not only reinforce duty of care obligations but also foster a workplace culture of fairness, accountability, and psychological safety, ultimately enhancing staff well-being and patient care outcomes within NSW Health.



## ***Strengthening Compliance Enforcement Mechanisms Within SafeWork NSW and SIRA***

26. There is an opportunity to enhance compliance enforcement mechanisms within SafeWork NSW and SIRA to ensure managerial accountability for workplace health and safety obligations.

Strengthening these agencies' oversight will ensure compliance with the SafeWork NSW Code of Practice, as well as the NSW Health Policy on Rehabilitation, Recovery, and Return to Work for employees with work-related psychological injuries.

By reinforcing managerial obligations to provide a safe, structured, and medically appropriate reintegration process, these reforms can prevent workplace exclusion, prolonged psychological distress, and unsafe return-to-work practices, ultimately supporting better health and career outcomes for injured employees.

## ***Empowering the HCCC To Investigate Workplace-Related Medical Professional Misconduct***

27. There is an opportunity to expand the investigative powers of the Health Care Complaints Commission (HCCC) to include breaches of medical professionalism that occur within the context of a Return to Work Program or Workplace Health and Safety processes.

This would allow the HCCC to address cases particularly in situations where such breaches of medical professionalism adversely impact mental health or carry a potential risk of triggering suicidal ideation.

Strengthening HCCC's oversight in these areas would ensure that return-to-work processes uphold ethical medical practices, and prevent harmful or unsafe decisions that compromise an employee's psychological well-being.



By leveraging these opportunities, NSW Health can establish a stronger, more accountable workplace culture, ensuring that workplace misconduct, bullying, and regulatory breaches are met with swift and effective intervention.

These reforms will enhance transparency, strengthen managerial accountability, and safeguard employee well-being, leading to a more resilient and equitable healthcare system.

