

**Submission
No 9**

INQUIRY INTO PERSONAL INJURY COMPENSATION LEGISLATION

Organisation:

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Subject:

Summary

9 March 2005

The Director
General Purpose Standing Committee No1
Legislative Council
Parliament House
Macquarie Street
Sydney
NSW 2000

Dear Sir /Madam

Inquiry into personal Injury Compensation Legislation

I returned to NSW last September, and have worked only *very* briefly in the Injury Management and Rehabilitation field. Consequently, I am not yet completely *au fait* with all aspects of the system or legislation here. However, as a qualified and very experienced Occupational Health Nurse, I believe that I have some comments that may be of interest to the committee.

It seems to me that:

- There is a huge amount of unnecessary bureaucracy associated with the whole IM and Rehabilitation industry.
- If there was as much effort and money pumped into *preventative* strategies, and *assistance given* to employers, particularly the SME sector, with their practical application, there would be a huge saving to the public purse and employers.
- A high turnover of staff in both the Insurance and the IM and Rehab industry results in a loss of continuity and consistency for the injured worker, often culminating in unnecessary delays in processing claims, or arranging workplace assessments, specialist assistance such as Physiotherapy etc.
- There appears to be a lack of *creative thinking* in terms of resolving the problems of the long-term unemployed. One example I came across was a lady who used to work as a chef and catering manager, and who sustained a back injury. She was still unemployed many months after being refused funding from the insurance company to undertake a fast track teacher training course to allow her to teach her 'craft' at TAFE. She would have been almost through the course by now, and looking forward to being a useful, valued member of the workforce once more. To me, this seems such a waste of her skills and experience.
- Workplace assessments carried out by IM & Rehab Providers appear to be too narrowly focused – the Case Managers/OTs do not seem to be looking at the *whole picture* (or if they do, they ignore most of it!) For example, I attended, as an observer, one of these during my short spell in the industry, and was appalled that we were not supposed to comment on any other aspects of health & safety that should be addressed. (The place in question was a Nursing Home, where there were *many tripping hazards for the patients*, far less the staff member who was being interviewed regarding a potential return to work after an injury!)

- In another example, from my reading of a report carried out by an Occupational Therapist (only qualified 18 months) that he was recommending an injured employee go back into work in an area where I could plainly see was very likely to result in an exacerbation of the original injury, and/or cause a similar one to a colleague.
- Consideration should be given to developing a state-wide or national Occupational Health system with *properly qualified OH Nurses and Doctors*. They are trained to treat clients and situations holistically and professionally, act impartially and are bound by the ethics of confidentiality. *Finally, and importantly, they are concerned in the first instance with working to prevent ill health and injury in the workplace.*
- There should be some control over who can call themselves an 'Occupational Health Consultant'. I am quite disturbed that someone with little or no industrial experience *and* minus the requisite OH&S educational background can do so.

I trust that the foregoing will be of interest to the committee. I wish you well in your deliberations. Please note that I would prefer that my name not be attributed to these particular comments.

Yours faithfully

MS RHONA MACLEOD
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