

INDEPENDENT REVIEW OF SAFEWORK NSW / NSW GOVERNMENT

FEEDBACK AND COMMENTS FROM THE AFOEM (RACP) NSW / ACT REGIONAL COMMITTEE

24.02.23

Thank you for seeking comments in relation to the planned independent review of SafeWork NSW. Please see the following comments provided by members of our committee. These do not represent any official or policy views or positions of AFOEM (RACP) but are volunteered by individual Fellows.

COMMITTEE MEMBER 1 PY COMMENTS

NSW's Work Health Safety Act and Regulations appear to have numerous aspects that relate to *health protection*, and the Regulations specifically refer to medical operations such as tests and reviews. Examples include:

- biological monitoring, and
- the assessment and management of health risks when those risks at work are inherently *medical* (i.e. *occupational medical risk*).

The review should help the public and NSW's medical profession to understand what SafeWork NSW's policy and process are for these inherently *medical* parts of the WHS legislative framework.

- How does SafeWork NSW employ or engage with people who are medical practitioners?
- How does SafeWork NSW *regulate* or *enforce* compliance with the 'experience' that a 'registered medical practitioner' requires ([see Section 2.1](#))?
- How does Safe Work NSW *clinically* govern (including enforce compliance-related protections against) the common and clinically foreseeable harms from one-off reviews of subsequent health monitoring results (e.g. giving health advice after only reviewing a single spirometry rather than the worker's spirometry results from health monitoring over time)? The Dust Diseases Authority does not appear to cover all health monitoring.

I ask because the pandemic appears to have put a spotlight on how SafeWork NSW has approached biological monitoring and health risk at work, and that spotlight appears to involve health risks in WHS systems in NSW workplaces that are not specific to COVID-19.

It would be helpful to shed light on the clinical governance systems that SafeWork NSW uses to [eliminate or mitigate](#) the inherently *medical* parts of safety systems within NSW's current WHS safety system. This is particularly but not just as it applies to workers and PCBUs that provide healthcare, such as but not just in the public healthcare sector.

COMMITTEE MEMBER 2 DC COMMENTS

In its former iteration (WorkCover NSW) and of some time ago, there was a strong interplay between Authorised Health Practitioners (AHP) and in-house medical practitioners with strong experience relating to areas such as health surveillance (eg lead, silica exposure), workplace inspection and reporting. There were also arranged didactic meetings on topics of this type.

These areas of expertise of course are not only in the domain of medical practitioners, however, the functionality of this appeared to be beneficial. Other practitioners such as occupational / industrial hygienists were also able to be contacted by way of information provision.

In relation to the review, it would be beneficial to examine the mix of medical, allied health, safety, hygiene, scientific, research and admin personnel who make up SafeWork NSW and the extent to which they interact with and are available to practitioners working in occupational medicine, rehabilitation, health and safety.



CHAIR
AFOEM (RACP) NSW / ACT REGIONAL COMMITTEE