

Wynyard Sub Branch's comments re PCR

Please give me a call if you need further clarification on points.

Regards Gavin Pearce

I'm concerned by the rec to limit the scope of the VRB. I am mindful that a large number of cases are settled by the vrb and the members of the board are suitably qualified for the task, indeed if you look at the members of the AAT I'd suggest we are looking at a similarly qualified and experienced pool of people doing much the same sort of thing. The other thing of relevance is the nature of VRB hearings vs those in the AAT, notwithstanding both consider cases on the merits rather than legal precedent, but the VRB is much more 'user friendly' to applicants and has the reputation of being a trusted and empathetic avenue of review.

I note the reference in Rec 5.1 to Defence's Sentinel system. Having used the system for one of my troop's rehab I found it to be clunky, hard to use and highly impersonal. It seemed to me that the emphasis was on the rehab provider to ensure rehab was put into effect. I hope it has changed, however i doubt it. I had no idea of it's importance - perhaps the ADF needs some better guidance in the system, what it's for and how to use it to effectively manage cases.

I am heartened by the recognition the compensation and rehab legislation is too complex (rec 8.1). The DVA advocacy review will come to the same conclusion.

agree with rec 9.1 and strongly with 9.2.

Rec 9.3. recommend review of not just the batch in question. A QA must look at individuals, individual work groups and perhaps local culture/custom and practice if it exists.

Rec 10.1 & 10.2 - same comment wrt VRB above. wrt 10.3 I am astounded the good faith requirement even has to be mentioned....

Rec 11.4 I must confess i cannot understand why the AWM would want to take over the AWGC role. I'd be interested in the British Commonwealth's view on this - if there is a view.

Rec 12.2 the streamlining of the DVA/CSC relationship makes sense. Having been on two CSC review committees (DFRDB & MSBS) the number of cases that came before the committees were very few and non controversial.

Rec 13.7 & 13.8 - we must be certain that no one will be worse off.

one concern i have is that CSC is required to review such cases on a regular basis. As of a couple of years ago no reviews had taken place as the CSC resources to do the reviews in the face of increasing workloads from disability related cases simply did not exist. any joint agency must be properly resourced.

Rec 15.1. i now understand your concern about tpi. I have some sympathy with the Productivity Commission view however, based on the view that the gold card is a gold plated prize in a battle with DVA. We both have seen abuses of the gold card system, indeed i was aware of members posted in active combat units who had a gold card - there is something intrinsically wrong with that. I also have concern about the automatic entitlement @ 70 for any veteran - i recall discussing this with CSC colleagues many years ago. Having said that there must be a robust and fair process to ensure those who have significant service related conditions to be provided for - with a greater emphasis on rehab.