

Profile of an OHS professional in Australia and implications for achievement of the National OHS Strategy 2002 - 2012

Pam Pryor FSIA (as summarised from a report written by D Borys, D Else, P Pryor and N Sawyer)

Abstract

The National OHS Strategy for Australia has five priorities and national action plans have been set for each priority with the first encompassing 2002 -2005. This paper examines the results of an Australian survey into what OHS professionals do in practice to identify the implications for achievement of the priorities identified in the National strategy.

The analysis of the responses by OHS professionals to the survey on their role and activities suggests that the current role and activities of OHS professionals is not being optimized to support achievement of the National Strategy. Some outcomes, such as the finding that OHS professionals are most often involved in a people-focused approach on human error and compliance issues and implementing procedural and PPE solutions, are contrary to the philosophy of most modern approaches to OHS risk management. They are also probably contrary to the principles underpinning the education of the OHS professional. OHS professionals are supporting adoption of systematic approaches to managing safety at a functional level but their input at the strategic business level is often limited, or not even considered part of their role.

The question arises as to the source of these outcomes of concern and what is the best way to change the situation to ensure that governments, advisory bodies and workplaces have access to specialist OHS advice to optimise achievement of the National OHS Strategy and so improve occupational health and safety and business outcomes for all Australians?

1 The survey

OHS has developed rapidly in Australia and overseas over the past two decades in response to social and legal pressures to reduce the incidence of fatalities, injuries and disease. As a result, there has been a corresponding increase in the numbers of workers employed in the OHS field, however little is known about what OHS professionals actually do (Hale & Ytrehus, 2004). As a result, the European Network of Safety and Health Practitioner Organisations (ENHSPO) launched a survey to learn more about what OHS professionals do in practice to provide information as a basis for design of OHS professional education. The survey was extended to Australia in a project jointly coordinated by the Safety Institute of Australia and the University of Ballarat (through VIOSH Australia) and with the support of the then National Occupational Health and Safety Commission and CCH Australia.

In keeping with the European survey, and for reasons of international comparison, the survey was limited to what might be termed “generalist” OHS professionals. This meant that other groups who might also see themselves as OHS professionals, for example ergonomists, occupational hygienists and occupational health nurses, were not included in the survey. The survey sample of generalist OHS professionals was drawn from the Safety Institute of Australia (SIA) member database (Associates, Members, Fellows and Chartered Fellows) and the VIOSH Australia graduate database. The latter included graduates of both higher education and TAFE sector courses.

To some extent, the outcomes and discussion are limited by the design of the questionnaire which was set by the European Network of Safety and Health Professional Organisations (ENSHPO).

The survey generated a rich array of data enabling a never-before-seen profile of an Australian OHS professional, and what they do, to emerge. The Australian survey results are presented under three headings:

Part 1: Profile of an OHS professional in Australia presented at this conference in a paper by David Borys.

Part 2: Implications for achievement of the National OHS Strategy 2002-2012, which is the topic of this paper.

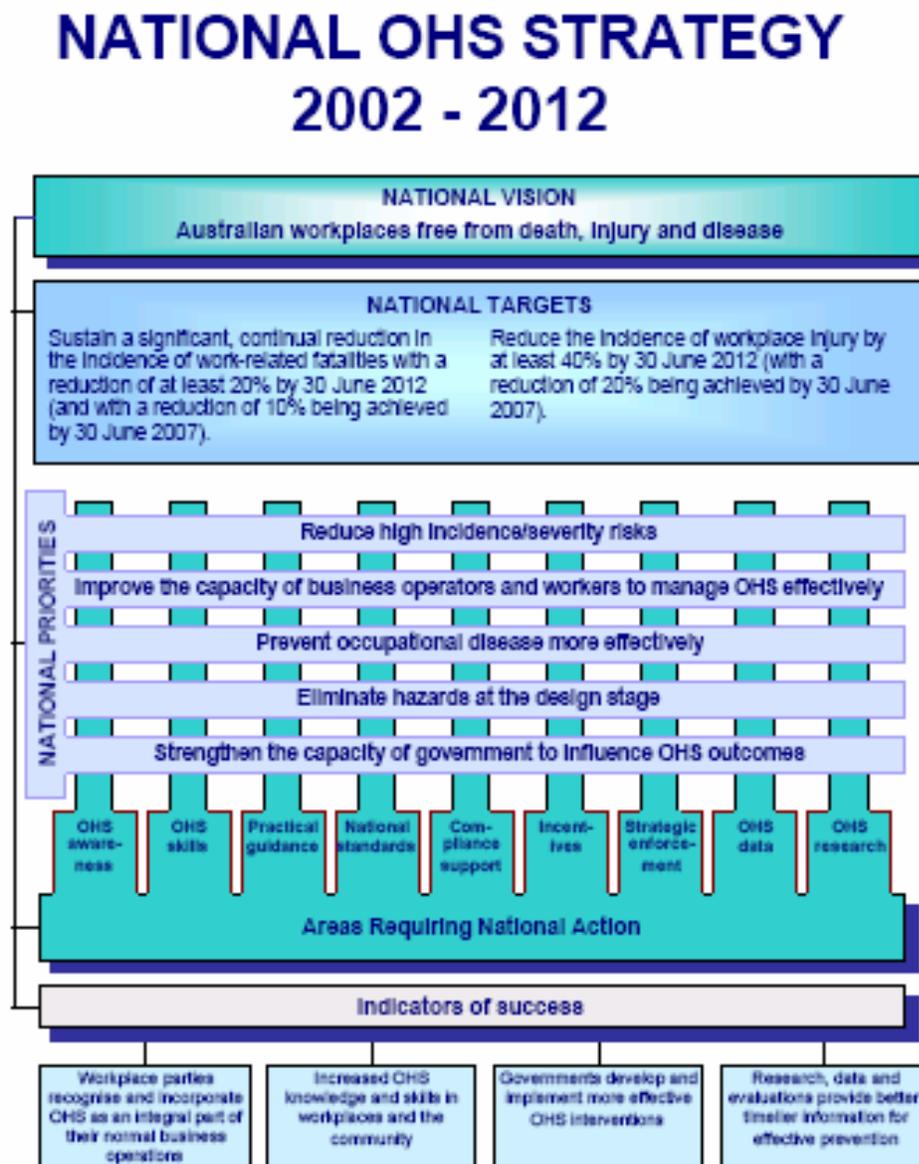
Part 3: International comparison of results, which is presented by Professor Andrew Hale of Delft University of Technology.

2 The National Strategy

In 2002 it was identified that, while there had been significant improvements in OHS performance in recent years, Australia's continuing high rates of work-related fatal and non-fatal injury and disease presented a significant challenge (National Occupational Health and Safety Commission, 2002a). To improve prevention the then National Occupational Health and Safety Commission, made up of the Commonwealth and all State and Territory Governments and representatives of employers and employees developed the National OHS Strategy. The landmark ten year *National OHS Strategy* was endorsed in May 2002 by the Workplace Relations Ministers' Council (WRMC) comprised of all Commonwealth, State and Territory Ministers with responsibility for occupational health and safety (OHS) policy, and also the heads of the peak bodies for the employers and trade unions. (National Occupational Health and Safety Commission, 2002a).

The Strategy sets the vision of *Australian workplaces free from death, injury and disease* and for the first time sets national targets as milestones. Figure 1 summarises the vision, targets, national priorities and indicators of success.

Figure 1 National OHS Strategy 2002-2012



Achievement of the vision and targets will require action at government, peak body and workplace levels. The quality of advice available to and accessed by governments, peak bodies and workplaces will be a key factor in identifying and implementing appropriate actions for effective change. It would be expected that OHS professionals would play a key role in providing such advice.

Do the current knowledge and skills, and the focus of activities of OHS professionals position them to be providers of specialist advice to support the achievement of the vision and targets of the National OHS strategy?

3 Analysis of survey results against national priorities

3.1 National Priority 1 Reduce high incidence/severity risks

Although OHS problems can affect workers in any work situation, not all workers face the same degree or type of risk of injury as others. Risks may vary by, for example, the type of industry, occupation or work. By targeting hazards, injuries, industries or occupations where the incidence of injury and/or numbers of deaths is particularly high, significant improvements can be made in Australian OHS performance.

(National Occupational Health and Safety Commission, 2002a).

Key focus and major areas of action where it would be expected that OHS professionals would influence:

Target mechanisms of injury:

- slips, trips and falls;
- being hit by or hitting an object;
- body stressing.

The target industries:

- health & community services;
- manufacturing;
- construction;
- mining;
- agriculture, forestry & fishing;
- transport & storage;
- retail / wholesale trade.

The National Priority Action Plan 1 (2002-2005) identifies that falls, trips and slips, being hit by moving objects and body stressing represent 89% of injuries and 34% of fatalities. The health and community services, manufacturing, construction, mining, agriculture, forestry and fishing, transport and storage, and retail/wholesale trade industries constitute 72% of injuries and 77% of fatalities (National Occupational Health and Safety Commission, 2002b).

Results:

While employment of OHS professionals in an organisation is affected by a number of factors including size of the organization (Borys, 2006), the proportion of OHS professionals working in high risk industries gives some indication of the level of specialist advice available within those industries.

Most OHS professionals are employed in manufacturing (18.2%), mining (15.5%) and the health and community services industries (13%). The other priority industries of transport and storage, construction, retail and wholesale trade and agriculture, forestry and fishing combined only attract a total of 18% of OHS professionals. (Refer Table 1.)

TABLE 1

Priority industry compared with employment of OHS professionals

The target industry in NS	Industry	% of respondents employed in the industry	
Manufacturing	Metal manufacture & products	5.4	18.2
	Car & other transport vehicle manufacture	1.1	
	Furniture & wood working	0.5	
	Food, drink & tobacco	4.9	
	Textiles, leather & clothing	0.5	
	Chemicals	2.2	
	Paper & printing	1.9	
	Rubber, plastics, glass, ceramics & cement	1.7	
Mining	Mining & quarrying	12.2	15.5
	Oil & coal	3.3	
Health & Community Services	Health & welfare	13.0	13.0
Transport & Storage	Transport, post, communications & storage	7.0	7.0
Construction	Building & construction	5.4	5.4
Retail / Wholesale Trade	Retail trade	3.3	3.3
Agriculture, Forestry & Fishing	Agriculture or forestry	2.4	2.4
	Fishing	0	

It would be expected that OHS professionals would direct a significant part of their attention to the causes of the most frequent and high risk injuries and fatalities. Borys (2006) notes that the most frequent hazard categories dealt with on a monthly basis were 'human error' and biomechanical hazards. Analysis of the response to specific questions in the survey relating to the National Strategy priority mechanisms of injury reinforce the finding that OHS professionals deal with body stressing mechanisms of injury most often with the next most frequent mechanism being falls. Being hit by or hitting an object was only addressed in the survey as relating to vehicles. Other potentially high severity hazards addressed in the survey were, in order of frequency, machinery, electricity, fire, explosion and subsidence/collapses. (Refer Table 2.)

The data for respondents acknowledging that the hazard is present in their organisation but they have not been involved in risk control activities indicates that OHS professionals are most frequently involved in managing hazards related to high frequency incidents however high consequence hazards (but usually less frequent) such as fire, explosion and subsidence and collapses receive significantly less attention (Table 2).

TABLE 2

Priority mechanism of injury compared with hazard-related activity of OHS professional

Target mechanisms of injury in NS	Hazards listed in questionnaire	% of respondents	
		that deal with the hazard group at least monthly	where hazard is present but no task performed
Body stressing	Lifting	79.3	5.0
	Work posture	75.4	5.5
	Other physical workload	68.6	7.9
Slips, trips & falls	Falls	62.7	5.0
Being hit by or hitting an object	Vehicles	52.4	11.6
Other high severity hazards	Machinery & installations	55.8	10.9
	Electricity	54.1	13.6
	Fire	39.2	15.7
	Explosion	25.6	20.2
	Subsidence & collapses	16.2	25.4

Effective and durable reduction in the number of injuries and fatalities requires that workplaces focus on OHS risk controls that are directed to the source of the hazard, ie they aim to eliminate the hazard or minimise the risk by design. Table 3 shows that plant-related hazards receive significant attention by OHS professionals and there is considerable effort put into job safety and risk analysis. However, it is concerning that OHS risk controls based on procedures and personal protective equipment appear to dominate in the control activities of OHS professionals (refer Table 4).

TABLE 3

Frequency of selected tasks carried out by OHS professionals relevant to control of high severity risks

Tasks carried out related to high severity risks	% of respondents who carried out the task at least monthly
Investigate & evaluate workplace or plant risks	91
Perform job safety analyses	74.3
Carry out risk analyses of projects, designs or activities	67.6

TABLE 4

Level of OHS solution with which OHS professionals are most often involved

Level of solution	% of respondents who are involved at least monthly
Design/planning	15.6
Procedure	50.2
PPE	38.6

Discussion:

Using the spread of employment of OHS professionals as an indicator of availability of OHS advice, the priority industries of manufacturing, mining, and health and community services have ready access to OHS specialist advice. Transport and storage and also construction have significantly less access while retail and wholesale trade, and agriculture, forestry and fishing, have minimal access to specialist advice. The size of the organisation is likely to be a major factor in whether specialist advice is available. Thus, the strategies to provide OHS information should take account of the size of the organisation and the industry. Strategies for providing information to agriculture, forestry and fishing industries should take account of the fact that specialist OHS advice is rarely available to employers and workers in these industries. OHS advice may be available to employers and workers in the construction, and transport and storage, industries but it is likely to depend on the size of the organisation.

Of the priority mechanisms of injury, body stressing hazards certainly receive significant attention by OHS professionals with falls having less frequent but still quite high attention. Apart from vehicle related-injuries, the questionnaire did not address injuries arising from 'being hit by or hitting another object'. It is of concern that OHS professionals, and probably the workplace in total, are less involved in the management of high consequence but less frequent hazards. This is likely to significantly impact on the achievement of this national priority and the reduction in fatalities. Similarly, the apparent emphasis on the

low level risk controls of procedures and PPE impact on the reliability and durability of controls for both high incidence and high consequence hazards. The reasons for this comparative lack of attention to high consequence hazards and also higher reliability controls may lie with the OHS professional or may be a result of the nature of workplace performance measures and/or management focus. The underlying reasons should be further investigated as this relatively low focus is likely to reflect the level of attention by workplace management and workers.

3.2 National Priority 2 Improve capacity of business operators and workers to manage OHS

The aim of this national priority is to build the motivation and ability of employers and workers to effectively manage OHS risks and of workers to work more safely and participate in OHS consultations.

(National Occupational Health and Safety Commission, 2002a).

Key focus and major areas of action where it would be expected that OHS professionals would influence:

- Skill enhancement for OHS representatives and employer and employee representatives on OHS committees;
- Promotion of the case for better OHS management including how it contributes to improved business outcomes;
- Adoptions of systematic approaches to management.

The workplace-based, and consultant, OHS professional has a key role to play in providing information, advice, support and training.

Results:

Responses in the survey indicate that OHS professionals most frequently communicate with employees, first-line supervisors and line management. Communication with health and safety representatives and top management occurs more often on a monthly basis, as do training activities. The frequency of communication across all levels is quite high. (Refer Tables 5 and 6.) However the level of communication (and therefore influence) of the OHS professional in budget preparation and justification, and strategic planning, indicates that about only half of all OHS professionals operate at this level (refer Table 6). This is reinforced by the finding that only 51% of OHS professionals deal with finance personnel on a monthly basis (refer Table 7). From a strategic aspect the finding that for 22.3% of respondents preparing an annual safety plan is not part of their job and for 26.0% preparing an annual report on safety is also not part of their job is astounding (Table 6).

TABLE 5

Frequency of communication related to skill enhancement of employer, OHS reps & OHS committee representatives

Task carried out	% of respondents carrying out task	
	Weekly or more	Monthly/ quarterly
Inform/discuss with employees about possible risks & safety measures	42.7	40.1
Inform/discuss with safety representatives/committee about possible risks & safety measures	27.9	50.7
Inform/discuss with first line supervisors about possible risks & safety measures	45.7	39.4
Inform discuss with line managers about possible risks & safety measures	45.8	41.1
Inform/discuss with top management about possible risks & safety measures	33.9	45.7
Give safety training programs, courses or workshops	19.9	48.5

TABLE 6

Frequency of communication to promote how OHS contributes to improved performance

Task carried out	% of respondents	
	carrying out task at least yearly	not part of my job
Inform/discuss with top management about possible risks & safety measures	95.2	2.8
Prepare (parts of) an annual plan for safety	70.8	22.3
Prepare (parts of) an annual report on safety	65.4	26.0
Advise on/set budget for safety	44.8	43.8
Carry out cost-benefit analyses of safety measures or policies	47	32.3
Lead or advise on organisational change to achieve improvement in safety performance	57.1	9.8

TABLE 7

Frequency of communication with people of different levels in the organisation

People dealt with	% of respondents dealing with people at least monthly
Employees	94.1
Line management	95.6
Top management	90.4
Financial division	51.0

Capacity of business operators and workers to control OHS risks requires the ability to systematically manage OHS and to participate in consultative processes which are integrated into day-to-day business operations (NOHSC 2002). This should be a major focus for the activities of OHS professionals.

While tasks such as:

- develop company safety management system;
- monitor functioning of the safety management system;
- conduct audits of the safety management system;
- propose improvements to the safety management system;

rate highly on the tasks carried by OHS professionals on a yearly basis (as would be expected), the relatively high proportion of OHS professionals who list these core tasks as 'not part of my job' is difficult to explain. (Refer Table 8).

The lower level of involvement in documenting the safety management system (74% on a yearly basis) may be interpreted as the result of purchasing a 'package' of documentation. If this is the case there are implications for the level of practical understanding and application of systematic approach to managing safety in those workplaces.

That 14% of OHS professionals do not consider that designing performance indicators for the safety management system as part of their job reinforces the finding in other parts of this report of the lack of involvement of OHS professionals at a strategic level of management.

TABLE 8**Frequency of tasks supporting a systematic approach to managing safety**

Task carried out	% of respondents		
	carrying out task at least monthly	carrying out task at least yearly	not part of my job
Develop company safety management system	57.7	82.8	12
Document the safety management system	42.7	74.3	18.8
Monitor functioning of the safety management system	66.7	86.4	8.5
Conduct audits of safety management system	58.9	86.7	8.1
Propose improvements to the safety management system	72.7	92.6	3.6
Design performance indicators for safety management system	41.2	76.1	13.9

Discussion:

Line managers, supervisors and OHS committees appear to be the focus of communication and support by OHS professionals. The OHS professional has less strategic involvement with only about half leading, or advising, on organisational change to achieve improvement in safety performance and less than half involved in cost benefit analyses and budgeting for safety, or the development of performance measures for the management of safety. This lack of involvement at a strategic level is further demonstrated by the 22- 26% of respondents who are not involved in annual planning or reporting. It may be that OHS professionals see themselves, and are seen, as advisors and it is the role of management to plan and report. However, it would be expected that strategic organisations that value the advice of an OHS professional would include them in the annual planning and reporting process.

While managers have the ultimate responsibility to manage the business of the organisation including safety, it appears that, even where OHS professionals are employed, their specialist input is not always occurring at the strategic level. It is like employing an accountant and using them as a book keeper. Is this a result of the knowledge and skills of the OHS professional, their ability to operate at a strategic level in a business environment or is it due to perceptions of managers of the role of the OHS professional?

OHS professionals are supporting the action area of enhancing the skills of OHS representatives and employer and employee representatives on OHS committees and they support the adoption of systematic approaches to managing safety at a functional level but their input at the strategic business level is often limited or not even considered

part of their role. Thus an important resource for the achievement of this national priority is not being fully utilised.

3.3 National Priority 3 Prevent occupational disease more effectively

The world of work is changing, creating new occupational health risks. Unlike traumatic injuries and fatalities, it may not always be possible to clearly identify the cause and effect relationship in the case of occupational disease and associated deaths. The effects may not show up for a considerable time after exposure to a particular hazard. Sometimes a particular disease may be caused by work and non-work exposures. The result of these factors is that opportunities to protect the health of employees may not always be immediately recognised.

This national priority aims to develop the capacity of authorities, employers, workers and other interested parties to identify risks to occupational health and to take practical action to eliminate or otherwise control them.

(National Occupational Health and Safety Commission, 2002a)

Key focus and major areas of action where it would be expected that OHS professionals would influence

- Hazards of long latency;
- Hazardous substances and dangerous goods.

Results:

Borys (2006) reported that, on a monthly basis, chemical hazards are the fourth most frequent type of hazard or issue dealt with (34% of OHS professionals) after 'human error', biomechanical hazards and physical hazards while on a 'yearly or less' basis, chemical hazards rate as the second most frequent category (35% of OHS professionals). Thus, it appears that OHS professionals are not particularly engaged in the management of chemical hazards (one of the major causes of occupational ill health).

Looking more specifically at hazardous substances and dangerous goods, OHS professionals have a high level of involvement in specifying safety measures for hazardous substances and dangerous goods with a much lower involvement in checking compliance (refer Table 9). Strategically, only 37.8% of OHS professionals are involved at least monthly at the policy level for hazardous substances and dangerous goods but this increases to 75.6% by including those who are involved yearly or less. There is a similar level of involvement in tasks related to designing or improving procedures for storage and use of hazardous substances and dangerous goods (refer Table 9).

TABLE 9

Level of strategic involvement in control of hazardous substances and dangerous goods

Task carried out	% of responses carried out	
	at least monthly	yearly or less
Prepare company policy relating to hazardous substances or dangerous goods	37.8	37.8
Design/improve safety procedures for the use & storage of hazardous substances or dangerous good	39.2	35.2
Specify safety measures for hazardous substance or dangerous good	52.1	29.6
Check compliance with safety procedures for hazardous substances or dangerous good	54.1	29.2

Table 10 shows that, of the hazards affecting health, OHS professionals are most often involved in dealing with noise hazards (probably the simplest and most well understood occupational health hazard) while relatively few OHS professionals deal with toxic, carcinogenic or biological hazards. The low level of involvement with ionising radiation is partly due to these hazards not being spread across a high proportion of workplaces (36.8% say that the hazard is not present in their company).

The number of responses indicating that the hazard is present in the organisation but not dealt with by the respondent raises some serious questions (Table 10). If the hazard is not being dealt with by the OHS professional who is managing the hazard, is it being managed at all?

The response of 49% of OHS professionals involved in dealing with mental workload/stress reflects the increasing profile of such factors. The relatively low level of involvement in workplace bullying and harassment may be because these hazards are often seen as human resources issues rather than a safety matter (23.2% say that bullying and harassment are present in their company but they have not carried out related tasks) (Table 10).

TABLE 10

Frequency of dealing with hazards related to occupational disease

Hazards related to occupational disease		% of respondents	
		dealing with hazard at least monthly	hazard present but not dealt with
Noise		81.6	7.2
Toxic and carcinogenic substances		41.7	12.4
Biological hazards		31.3	17.7
Ionising radiation		14.1	22.8
Causes of other occupational disease		32.5	16.6
Psychosocial hazards	Mental workload/stress	48.8	14.3
	Bullying & harassment	30.9	23.2
	Violence against employees	25.7	25.6

Around 30% of OHS professionals routinely deal with occupational hygienists, occupational physicians and other medical specialists while there is little contact with work and organisational psychologists (Table 11). It should be noted that the contact with occupational physicians and other medical specialists may be in relation to claims management and return to work rather than control of occupational health hazards.

TABLE 11

Frequency of involvement with occupational health professionals

People dealt with	% of respondents dealing with people at least monthly
Occupational hygienists	28.5
Occupational physician	31.4
Work & organisational psychologists	11.9
Other medical specialist	28.0

Discussion:

Hazards related to occupational disease are dealt with less frequently than biomechanical, physical or 'human error' issues and hazards and, where they do occur, the activities focus on specific safety measures and compliance. There is a relatively high incidence of hazards to occupational health and hazards of long latency being present but not dealt with (by the OHS professional). This finding is consistent with the finding under Priority 1

that the high frequency hazards were being addressed most often while there was less involvement in the high consequence (and low frequency and therefore less visible) hazards.

While the OHS professional identifies the presence of hazards to occupational health these hazards are not receiving attention in the workplace. Is this because the employer and the worker do not recognise the risk of these hazards and therefore are not interested, or do not want to hear, about changes in work practices related to these hazards? This relatively low level of activity is likely to impact on the achievement of this national priority.

3.4 National Priority 4 Eliminate hazards at the design stage

Responsibility to eliminate hazards or control risk rests at its source. This principle applies to all sources of hazards. Responsibility falls on a wide range of parties, including those outside of the workplace such as designers, manufacturers, constructors and suppliers. This national priority aims to build awareness and observance of this approach and to give people the practical skills to recognise design issues and to ensure safe outcomes.

(National Occupational Health and Safety Commission, 2002a)

The importance of this national priority is highlighted in the analysis of the National Coroners' Information System which identified that 37% (77) of the 210 fatalities for 1997-2002 definitely or probably had design related issues involved, with another 14% (29) where the circumstances suggested that design issues were involved (Driscoll, Harrison, Bradley & Newson, 2004)

Key focus and major areas of action where it would be expected that OHS professionals would influence

- Incorporate safe design principles by working with designers, manufacturers, constructors and suppliers.

OHS professionals have a role in facilitating incorporation of safe design principles by working with designers, manufacturers and constructors and well as 'internal designers' such as engineering and maintenance personnel who modify plant and the workplace.

Results:

While nearly 70% of OHS professionals are regularly involved in risk analysis of projects, designs or activities, less than 40% are regularly involved as members of design teams or in safety reviews of designs (Table 12). Few (around 20%) of OHS professionals are involved in planning and assessing maintenance modifications (Table 12). A low 21% have ever been involved in standards committees on product safety (Table 12). Only 21%

have regular contact with internal company designers or planners (Table 13). 18% (for designers) and 19% (for planners) said that it was part of their job but they had not done it yet, however 28.6% (for designers) and 35.8% (for planners) said that it was not part of their job

TABLE 12

Frequency of involvement in design-related activities

Task carried out	% of respondents carrying out task at least monthly
Involvement as a member of a design team, in integrating safety in the design of plant, processes, buildings etc	39.8
Review a design, based on safety criteria, as someone external to the design team	34.8
Carry out risk analysis of projects, design or activities	67.6
Member of a team for planning large scale maintenance or modifications	16.5
Assessing the plan for large scale maintenance and modifications	14.5
Be a member of a standards committee for product safety	5.7 (total 21.3 yearly or less)

TABLE 13

Frequency of involvement with design personnel

People and authorities dealt with	% of responses dealt with at least monthly
Designer	21.8
Company planner	21.5

Considering the level of solution as an indication of the emphasis on design, the finding that OHS professionals are more often involved in the lower level solutions of procedures and personal protective equipment than those higher level controls that focus on design, also has implications for achievement of this national priority (Table 4).

Discussion:

The major concern for achievement of this national priority is the focus, as reported by OHS professionals, on risk control measures that focus on low level, procedural controls. While this approach to risk control exists, the 'safe design' mindset essential for achievement of this priority will not be established. There is a low level of engagement of OHS professionals with designers and planners and this is not likely to increase while 28.6% of OHS professionals say dealing with designers is not part of their job and,

similarly, 35.8% say that dealing with planners is not part of their job. While the Safe Design Action Plan (National Occupational Health and Safety Commission, 2004) identifies the education of designers (engineers, architects and draftspersons) as a key action it would also be expected that input by specialist OHS persons would support the development of design skills by these persons. This is not likely to happen while it is not seen as the role of the OHS professional to be involved in design and planning functions. Quite appropriately the Safe Design Action Plan also targets OHS professionals for further education in safe design principles and process. This is not likely to have a great flow an effect unless there is a change in the perception of the role of the OHS professional.

The Safe Design Action Plan 2004-2012 should be reviewed in the light of these findings to enhance the flow of specialist information and support by OHS professionals to design personnel. It should also consider the implications for 'in house' design and design decisions within the workplace that emphasise lower level risk controls.

3.5 National Priority 5 Strengthen the capacity of government to influence OHS outcomes

Governments are major employers, policy makers, regulators and purchasers of equipment and services. They have a leadership role in preventing work-related death, injury and disease in Australia. This national priority aims to sharpen the effectiveness of governments in securing better OHS outcomes and providing examples of good practice'.

(National Occupational Health and Safety Commission, 2002a)

As stated in the National Priority Action Plan 5 2002 – 2005, the focus for this priority is that government should be an exemplar of OHS practice, OHS policy making and regulation, whole of government procurement model and awareness and action on OHS issues by non OHS agencies (National Occupational Health and Safety Commission, 2002c).

Key focus and major areas of action where it would be expected that OHS professionals would influence

- Sharpen the effectiveness of governments in securing better OHS outcomes;
- Policy making and regulation.

Results

Unless directly employed by government departments and government bodies, it is unlikely that OHS professionals are able to influence the capacity of government to be an exemplar of OHS practice and to implement a whole of government procurement model. From Borys et al (2006) we find that 13% of OHS professionals are employed by 'government including OHS regulatory bodies', the assumption here is that most of these will be employed by OHS regulatory bodies.

While 30% of OHS professionals indicate that they are involved in 'making laws and rules' at a national/regional or industry level it is assumed that that this is indirectly through their industry bodies or through public comment processes.

There is an interesting response in that, on a yearly basis, 26% of people have dealt with a policy maker at ministry level. However the nature of the questionnaire does not identify whether this contact is in giving or seeking advice.

Discussion:

While 13% of OHS professionals are employed by OHS regulatory bodies and a total of 30% indicate that they are involved in 'making laws and rules' it is a reasonable to assume that the OHS professional is unlikely to have any direct impact on the achievement of this National Priority.

4 Conclusion

The National OHS Strategy 2002-2012 has now been in place five years. Achievement of the vision and targets will require action at government, peak body and workplace levels with this action informed by expert advice. While there may be a range of interpretations of the results, this analysis of the responses by OHS professionals to a survey on their role and activities suggests that the current role and activities of OHS professionals is not being optimized to support achievement of the National Strategy.

Specifically, these outcomes of concern are that:

- specialist advice and support is being provided to supervisors, line managers and representatives but there is much less involvement with top management;
- activities by OHS professionals focus on functional roles rather than strategic development and improvement of the management of safety and the control of risks;
- some priority industries have little access to specialist OHS advice;
- high consequence (and low frequency) hazards and hazards affecting health are receiving significantly less attention than hazards resulting in high frequency injuries (but usually lower consequence);
- low level of involvement of OHS professionals in design and planning activities and a focus on low level risk controls.

The question arises as to the source of this focus of these outcomes of concern. Is it an outcome of the education of the OHS professional? Is the OHS professional responding to workplace and organisational pressures? Is it because the OHS professional does not have the skills and attributes to operate at a strategic level and to set the agenda rather than just respond? What is the best way to change the situation to ensure that governments, advisory bodies and workplaces have access to specialist OHS advice to optimise achievement of the National OHS Strategy and so improve occupational health and safety and business outcomes for all Australians?

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