

**A Review of the Comcare  
Health and Safety Representatives  
Training Course  
Accreditation Program**

**Final Report**

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# Table of Contents

<b>Summary of Recommendations .....</b>	<b>3</b>
<b>Part 1 Consultation and Recommendations .....</b>	<b>4</b>
1. Introduction & Context.....	5
1.1 Background .....	5
1.2 Current training accreditation process.....	5
1.3 Proposed national model legislation.....	6
1.4 About this Report.....	6
2.0 Consultation Process .....	7
3.0 Distinctiveness of HSR Training.....	8
4.0 HSR Training Accreditation .....	10
5.0 Role of the Occupational Health and Safety Training Panel.....	15
6.0 Training .....	17
7.0 Role of Comcare .....	21
7.1 Information based initiatives .....	22
7.2 Improved relationship between HSRs and Comcare Investigators..	22
7.3 Support for HSRs in the workplace.....	23
<b>Conclusion .....</b>	<b>24</b>
<b>Part 2 Report of the HSR Survey .....</b>	<b>25</b>
Q1 Demographic information.....	26
Q2 How long have you been a Health and Safety Representative (HSR)? .....	27
Q3 Have you ever issued a Provisional Improvement Notice (PIN)?.....	28
Q4 Have you ever been in the situation where you thought you should issue a Provisional Improvement Notice (PIN) but DID NOT? .....	28
Q6 Have you ever called a Comcare Investigator into the workplace?.....	30
Q7 Have you accompanied a Comcare Investigator during a visit to your workplace? .....	30
Q8 Have you ever negotiated a health or safety outcome with your employer, on behalf of your Designated Work Group (DWG)?.....	30
Q9 What outcome did you achieve?.....	30
Q10 Have you conducted a workplace inspection? .....	31
Q11 What was the reason .....	31
Q12 Are you (as the HSR) invited to attend your Health and Safety Committee (HSC) meetings? .....	32
Q13 Are you (as the HSR) a member of your HSC?.....	33
Q14 Have you ever attended accredited HSR training? .....	33
Q15 If yes - if yes, what type of accredited training have you attended?.....	34
Q16 When did you attend accredited HSR training?.....	34
Q17 Changes to HSR training requirements.....	35
Q18 Improving HSR training.....	36
Q19 HSR training.....	39
Q20 Training can be delivered in different formats. Which would you choose? .....	40
Q21 Ongoing support received from HSR's employer .....	42
Q22 Assistance received from Comcare .....	43
Q23 If Comcare provided additional support for HSRs, which of the following would you potentially use?.....	44
<b>References .....</b>	<b>46</b>

## Summary of Recommendations

- 1: The SRCC continue to accredit HSR Training
- 2: HSR Training Accreditation Process is modified
- 3: The technical assessment is undertaken by independent contractors, with a standardised assessment report provided to Comcare for approval by the SRCC delegate
- 4: SRCC consider partial cost recovery to fund an improved accreditation process
- 5: New and reaccrediting Training Providers must attend an orientation session provided by Comcare
- 6: That the training accreditation process includes evaluation and courses not meeting requirements are suspended until the provider can demonstrate compliance
- 7: That the current HSR Training Panel be renamed the HSR Advisory Panel with responsibility for providing strategic advice on ongoing training and development of HSRs
- 8: Comcare conduct a HSR role skills analysis
- 9: That Comcare should provide further guidance on content with a focus on learning outcomes rather than providing curriculum.
- 10: That HSR training be predominantly face-to-face; five days in length delivered as one block or two short blocks
- 11: Comcare should encourage Training Providers to identify pathways to formal qualifications and clarify opportunities for recognition
- 12: There should be regular (preferably annual) mandatory refresher training for HSRs
- 13: That Comcare develop information products to support HSRs
- 14: That Comcare develop strategies to improve the awareness and understanding of Comcare Investigators in relation to the HSR role
- 15: Comcare consider additional strategies to increase support for HSRs in the workplace

# **Part 1 Consultation and Recommendations**

# 1. Introduction & Context

## 1.1 Background

The Safety, Rehabilitation and Compensation Commission (SRCC) requested a review of the Health and Safety Representatives Training Course Accreditation Program. The objectives of the project were to provide a review and advice to the Commission on the:

- capacity of the current accreditation model to deliver best practice for Health and Safety Representatives (HSRs) education and training to the jurisdiction; and
- effectiveness of the assessment process in delivering cost effective and quality training courses to the jurisdictions; and
- capacity of the learning objectives contained in the Guidelines to provide HSRs with the necessary skills and knowledge to undertake their roles as prescribed in the Act.

## 1.2 Current training accreditation process

Section 27 of the *Occupational Health and Safety Act 1991* mandates the requirements of the training provided to HSRs. The Act requires that HSRs must undertake a course of training that is accredited by the Safety Rehabilitation and Compensation Commission (the Commission). The Commission has delegated to Comcare under section 89R of the *Safety, Rehabilitation and Compensation Act 1988* its power to accredit courses.

In 1991, the Commission established an Occupational Health and Safety (OHS) Training Panel, which is a tripartite accreditation advisory panel comprising an employer, an employee and a Comcare representative.

This panel assesses and recommends accreditation of HSR training courses against two Commission guidelines:

- Guideline: Accreditation of Occupational Health and Safety Training Courses for Health and Safety Representatives, November 1991; and
- Health and Safety Representatives Training Guidance for Training Providers Seeking Course Accreditation, November 1994.

The Panel may seek expert advice to assist it with technical or accreditation issues as necessary. Accreditation is granted for a period of two years after which courses will need to be resubmitted for accreditation.

The Guidelines which set out the criteria against which HSR training courses are developed and assessed are used by organisations and training providers to develop their HSR courses for submission for accreditation by the Commission.

To have a course accredited training providers must demonstrate to the Commission that the course satisfies the goal, aims and training objectives as well as the following criteria:

- quality and relevance of the course materials;
- recognition and use of adult learning principles;

- adaptable content and structure to suit the differences between workplaces of participants;
- appropriate examples of existing occupational health and safety policies and agreements developed under section 16 of the Act included as learning resources;
- provision of learning resources for retention as reference materials by the health and safety representative; and
- Issue a record of participation to health and safety representatives who complete the training course.
- Accreditation will apply only to a course when it is conducted by the provider/s who submitted the course for accreditation.

### **1.3 Proposed national model legislation**

The project team recognises that the recently published reports *National Review Into Model Occupational Health And Safety Law: First Report to Workplace Relations Ministers' Council – October 2008* and *National Review Into Model Occupational Health And Safety Law: Second Report to Workplace Relations Ministers' Council – January 2009* may have a significant impact on the future role of, and training for HSRs. The proposed recommendations include changes to HSR functions, rights and powers and mandatory training and refresher training.

The timing of this Project means that there may be changes required to any recommendations contained in this report as the National harmonisation project impacts on the legislation and associated regulations. The recommendations contained in this report are based on the information provided at the time of writing but it is clear that as work on the new legislation continues some parameters may change. Readers must note that while this was considered wherever possible the currently changing context will have some implications.

### **1.4 About this Report**

A number of issues have been identified regarding the current accreditation process. The consultation process identified difficulties and challenges but also strengths and opportunities and ideas for solutions. These are woven throughout the following sections. Some of the issues listed here were identified in a briefing from Comcare staff, at the outset of the project and were subsequently confirmed from the feedback provided during the consultation.

The framing of the Report has been somewhat difficult. Although there are a relatively small number of high level issues these are interwoven and interdependent and so changes in one will impact on others. For ease of reading we have divided the following material into sections, each with a set of specific recommendations. It should be noted that these are not independent and that the recommendations as they are implemented will impact on each other. To represent the consultation we have added quotes from the interviews, focus groups and the HSR Survey - these appear in the text:

*indented and in italics*

## 2.0 Consultation Process

Consultation was conducted with Comcare staff, HSRs Employers, Self insurers, Unions, Comcare investigators, Panel Members and Training Providers. It included face- to- face and phone interviews, focus groups and an on-line survey for HSRs. A full schedule of the consultation process is provided at Appendix 1.

Training providers were from three groups. Those that were from organisations (ie employers) who conduct training ‘in-house’, training providers formally associated with Unions and Trades and Labour Councils who are also employee advocates and those who provide HSR training as part of a commercial training business.

A focus group was conducted with HSRs. Given the diversity and number of individuals and given they are the end user of the training it was decided to develop an on-line survey to allow for a more diverse and representative sample with an opportunity to voice an opinion about how the training is currently provided and how well it meets their learning needs. The design of this Survey was based and built on the report from a previous survey of HSRs commissioned by Comcare (Osborn, Reaburn, Greig and Perera 2008).

The response rate to the Survey was unexpectedly high with over 630 individuals completing the survey. The respondents represent the range of workplace types in the Commonwealth jurisdiction - Government Departments, “quasi-Government” organisations (such as Australia Post) and Self Insurers (usually large nationally based companies). The themes from the responses to the Survey are included in the following sections. Given the size of the response and the relevance of the material which will be of interest to a number of stakeholders a specific account on the survey is included as Part Two of this report.

### 3.0 Distinctiveness of HSR Training

The consultants examined approaches to HSR training accreditation in other jurisdictions and the national accreditation process for vocational education and training (often referred to as competency based training).

During the course of this project it has become clear that the HSR role and training program has some idiosyncrasies that make other training accreditation approaches inappropriate.

Clearly the most significant feature is the nature of the HSR role. Unlike other OHS functions which are part of paid positions (eg Managers, Supervisors and OHS officers) the HSR Role is *voluntary* (in most cases not even with notional remuneration) and *elected* for a specific term by the designated work group (DWG). It is not the job that a person is employed to do but an additional responsibility that they have volunteered to do. The role therefore is not vocational as such and so it could be difficult to incorporate into the Australian Qualifications Framework (AQF) designed for vocational training.

A number of those consulted noted that in many workplaces it is often difficult to identify individuals who are prepared to take on the extra responsibility of the role. In that case insisting on formal assessment as part of a mandatory qualification could be intimidating and /or onerous and may result in less people prepared to nominate for the role.

During the face to face interviews and focus groups with Training Providers, Panel Members, Employee and some Employer representatives it was made very clear that this is not the right circumstances for mandatory assessment and qualification. It was acknowledged that it might be possible to explore this as an option in the longer term and under different circumstances.

Although in the short term this is not a suitable approach, many of the HSRs noted their support for assessment and potentially resulting qualifications. This could be developed as an option when either:

1. HSR role is nationally consistent (eg as a result of the harmonisation of OHS laws) which would mean that size of potential trainees and number of workplaces involved across the country means portability of qualifications becomes more realistic); and/or
2. HSR role is remunerated (ie a 'professionalization' of the role, similar to First Aid Officers)

This finding early on in the process has clear implications for the recommendations and strategies to improve the training accreditation process. In the short term accreditation of HSR Training in line with the Australian Qualifications Framework (AQF) is not a suitable option.

#### **Recommendation 1: The SRCC continue to accredit HSR Training**

The project team also recognises the potential issues that may arise from the dual role of many of the stakeholders. There seems to be some overlap in the

roles of key individuals and the Organisations they represent in various aspects of implementation of HSR training. Employers are sometimes training providers; training providers are sometimes also employee advocates, panel members maybe more than just one of the above. Of course, this is only an issue if there is a conflict of interest or it is perceived that there is a conflict of interest. It is hoped the following recommendations will also address this issue.

## 4.0 HSR Training Accreditation

An initial briefing with Comcare staff identified some issues both from comments submitted to Comcare over the last twelve months and from Comcare staff themselves.

Since December 2006, there have been substantive increases in the number of courses submitted for accreditation and accredited under the HSR Training Course Accreditation Program.

The current assessment and accreditation process takes at least six months and includes:

- an initial pre-assessment of the Course by the OHS Policy section of Comcare;
- feedback to the applicant (chasing up information, minor changes etc)
- a second assessment by OHS Training Panel members with recommendations on the suitability of the course being accredited;
- a decision from the Comcare delegate on accreditation, taking into account the advice from the OHS Training Panel; and
- the applicant is advised of the outcome of the assessment and accreditation process.

In cases where training is not accredited the training provider may choose to resubmit and repeat the process.

The increased number of programs needing to be accredited and the length of time it takes to accredit training programs have contributed to a significant backlog. HSR courses recently submitted for accreditation have taken even longer to go through the assessment process, sometimes 12 months or more. This issue was frequently raised during the consultation and it is clear that it is unsatisfactory situation for all stakeholders.

Training providers in particular noted their concerns about the impact this has on their business. Training providers also commented that the current process does not prevent variation in quality and content of material so does not guarantee a minimum standard of training.

The weaknesses of the current approach were described in the following way:

*Takes too long; variability in standards and structure; costly; lack of communication due to lack of resources; we were at a commercial disadvantage; not enough knowledge in Comcare; lack of consistency across providers.*

Given the objectives of the brief, it may be stating the obvious, but it should be noted there was consensus that the accreditation process needs to be streamlined so that it takes less time, made more transparent and more consistent.

### **Recommendation 2: HSR Training Accreditation Process is modified**

It was also evident from discussions including those with Comcare, that changes are necessary to make the process more efficient and effective and to mitigate the impact of the multiple roles that Comcare has in the management and development of HSRs:

*Administratively onerous; significantly under resourced; revolving door in Comcare so shortage of skill set; courses sat for 12 months on Comcare desk's putting providers at a disadvantage; clear conflict of interest – regulating providing assessing and accrediting...monitor enforcer*

Essentially much of the capacity of the Comcare Project Officers is taken up in the process of providing feedback and assessment of courses and coordinating the approval process for the HSR Training Panel and Delegate.

There are no particular qualification requirements of the Comcare team in relation to training expertise or experience and yet they, like the Panel are required to apply technical expertise in the assessment.

This means the accreditation process ends up being time consuming, repetitive (both staff and members of the Panel essentially repeat the assessment process). Over the last few years this has resulted in courses of inconsistent quality receiving (or being denied) accreditation because the process is so dependent on the available experience & capacity of the Comcare staff and the Panel. Feedback about potential solutions to improve the accreditation process included:

*..would support an independent process; Comcare needs to manage it; ...more consistency...same relationship with each provider; system needs to be transparent and rigorous; more formal process...standardised; information session upfront so we know what is expected of us...reaccreditation as well...annual session for changes to legislation etc.*

In order to streamline the process it is recommended that there be a separation between the technical appraisal of the HSR training course and the development of a strategic approach to supporting HSRs. In order to expedite the technical appraisal this should be undertaken by an independent OH&S and training consultant as a contractor. A small short list of contractor(s) would be engaged in accordance with the existing contractual arrangements that Comcare use with specific emphasis on preventing conflict of interest; competing interest and confidentiality provisions. Comcare would still manage the process and the Commission would still be the accrediting body.

**Recommendation 3: The technical assessment is undertaken by independent contractors, with a standardised assessment report provided to Comcare for approval by the SRCC delegate.**

In order for consistency and quality to be maintained there are a number of tasks that Comcare will have to undertake:

- Contract specifications including criteria (statement of work) for the assessors;

- Criteria for assessment which would be based on the Guidelines but with a focus on content, opportunities for participatory and problem-based learning rather than presentation and grammar. This may involve a ‘self-review matrix’ which is a model currently used in Victoria;
- Technical Assessment Report template. This would be a template that the providers would have access to, they would be aware of it’s use(s) to ensure the process is transparent;
- Feedback report to the training providers – forwarded for approval or returned for amendments – as part of the standardised template;
- An appropriate ‘appeal’ process in the event that a provider is not satisfied with the outcome.

It is suggested that the accreditation process would take no more than eight weeks from submission to notification to the provider. This benchmark is used in Western Australia and we consider has a number of benefits. These include the ability of Comcare to use the timeframe as one part of the ‘quality assurance’ between independent contracted assessors, giving the training providers confidence in the process and it would also be a strong selling point to the existing providers.

In order to streamline the accreditation process the SRCC may wish to consider charging Training Providers a notional cost recovery fee. The Training providers did not support such a move when asked about it in the consultation but would be likely to accept this in exchange for a fast, efficient and fair accreditation process. Comcare would have to make it clear that payment of an administration fee would not guarantee that a course was accredited, only that the process was efficient.

#### **Recommendation 4: SRCC consider partial cost recovery to fund an improved accreditation process.**

During the consultation, observation was made that issues related to the HSR role are complex and sometimes ambiguous. Some of the variation in training seems to stem from inconsistency in understanding of core issues. This and possibly other factors lead to different emphasis in the training. For example, some trainers spend a lot of time examining the legislation in detail; others are more focused on advocacy and others on the skill development.

There is some evidence that some trainers may not have adequate knowledge and understanding about the specific role of HSRs.

A point made by the Providers was that Comcare does not always provide sufficient information on these less precise aspects of the HSR role. As previously discussed this ambiguity can lead to variations or confusion in the interpretation.

Training Providers were asked specifically about the current “Guidelines for Accreditation of Occupational Health and Safety training courses for Health and Safety Representatives under the Occupational Health and Safety Act 1991” (the Guidelines). This was to see whether the Guidelines contributed to inconsistency in training design. There was some general agreement that while some improvements could be made there for the most part, the

Guidelines provide clear parameters for the development of training curriculum.

While the HSR Training Guidelines do present a framework there is not currently an opportunity to discuss the detailed issues with Comcare staff. The Training providers commented that this is made more complex by the dual role of the Comcare officers – on one hand being the source of advice and interpretation on the other being responsible for the technical appraisal of the training and not wanting to compromise that role.

Increased separation of these roles would allow for Comcare to interact more with the Training Providers and therefore clarify some of the more loosely defined aspects of HSR roles and responsibilities.

One strategy to address this would be to introduce a formal orientation session for new and reaccrediting providers. This session would occur regularly and on a predictable time-line and would ensure that all providers are given the same information before applying to be accredited or reaccredited. It would give Comcare an opportunity to indicate where emphasis in the training should be and to clarify various aspects of the HSR role. Victoria has a similar model which seems to be of benefit. Timing of the sessions would be linked to the calendar of the accreditation process so that attending the sessions would not impede the timing of accreditation.

The sessions would provide clarifying information with the technical assessors present to ensure the same information was communicated to all parties. Any training provider seeking to have training accredited would have to attend this as it would become part of the accreditation requirements.

### **Recommendation 5: New and reaccrediting Training Providers must attend an orientation session provided by Comcare.**

A theme throughout the consultation was that there also does not seem to be any system in place to monitor quality assurance of the training delivery. Training accreditation should include assessment of the curriculum (the content and the learning activities) **and** the delivery of the training (the skills of the trainers, the quality of the activities and the focus and emphasis during the time participants are with the trainers).

There is a clear need for Comcare to be much more proactive about the implementation of Training. The current accreditation process is completely focused on the curriculum and there is no evaluation of the delivery of the training. The accreditation ‘process’ should include suspension of courses that do not meet quality and delivery consistent with the curriculum.

*no audits are done and allows providers to cut corners because they know they are not going to be audited; Comcare need to sit in on a course; Comcare should do a yearly review of the course*

Even with some freeing up of Comcare resources it is unlikely that every course could be evaluated. The accreditation process should include a variety of evaluation processes some of which are regularly monitored and some of

which are more randomly audited. There should also be clear repercussions for training that doesn't meet agreed specifications. It is essential that the evaluation process has implications – training that is not delivered according to previously provided criteria and so is evaluated as not meeting the required standard must be temporarily suspended. The criteria for this decision must be made readily available.

**Recommendation 6: That the training accreditation process includes evaluation and courses not meeting requirements are suspended until the provider can demonstrate compliance.**

There are a number of ways to evaluate training and it is likely that Comcare will need to develop an approach that includes a mix of methods that meet the both the needs of trainers – to be transparent and achievable; and Comcare – informative but not too onerous. Whatever mix of strategies is adopted it should include provision for Comcare or its delegates to attend HSR training courses regularly. The details of the process would need to be a provision in the Guidelines and would clearly articulate to the providers the conduct and behaviour of Comcare officers during these visits. Attending training courses would also have the added benefit of building relationships with providers and HSRs by increasing Comcare visibility.

Strategies for evaluation could include:

- A Comcare or delegated officer to attend training delivery and make an on-site assessment of training
- An on-line participant survey at the conclusion of the training
- A training evaluation process implemented by the provider
- A training evaluation form distributed by Comcare to HSRs at completion of the training

Another issue raised was accessibility and availability of training courses. In some states access seems quite limited, for instance, we could not identify local providers in Western Australia, Queensland or Tasmania. There are no specific strategies to manage this given the commercial basis of training provision. It is hoped that a more streamlined accreditation process might encourage additional providers.

## 5.0 Role of the Occupational Health and Safety Training Panel

The issue of technical expertise was also raised in relation to the Occupational Health and Safety Training Panel (OHS Training Panel). This group of individuals, highly knowledgeable with a broad base of skills consists of Comcare, an employer and an employee representative. “The panel assesses courses submitted for accreditation and advises the Commission on whether a course meets certain criteria, including the course goals and objectives outlined in these guidelines. The OHS Training Panel may seek expert advice to assist it with technical or accreditation issues as necessary” ([www.comcare.gov.au](http://www.comcare.gov.au).)

There is no requirement that the members of the panel have specific training assessment qualifications or experience. During the consultation, questions were asked about whether the terms of reference for the OHS Training Panel is sufficiently strategic and whether the current very narrow focus potentially allowed conflicts of interest.

*Focus on accreditation limits their effectiveness; they had a vested interest and access to intellectual property; too much involvement in the detail; lack of confidentiality of the panel;*

A number of issues were raised about the current role of the HSR Training panel including the ability of the panel to meet timelines, the decision-making level at which they currently operate and the skills required of panel members in relation to training:

*...narrow view...too much involvement in the detail; timeliness of panel meetings; lack of skill set in panel members for the decisions they are making; how does the panel add value? The panel needs to be more strategic*

Other concerns raised, in particular by the providers, related to the integrity of the current process:

*...access to intellectual property (of external providers); ...members had vested interest in outcome; confidentiality issues of the panel.*

The tripartite nature of the panel is highly regarded but it was clear that the members of the panel are bogged down in the technical detail of accreditation of individual training courses, a role for which they do not have technical qualifications. This is at the expense of a broader focus on HSR training and development and a more strategic use of the expertise and time of the individuals involved.

Throughout all aspects of the consultation many people made the point that ongoing support for HSRs is crucial. HSRs are an important ‘plank’ of a comprehensive approach to occupational health and safety in the workplace. As a representative of the work group they are in touch with the issues raised by their peers on a daily basis. The adult education and organisational literature is clear that workplace based learning is most effective as an ongoing

and developmental process. In this context the mandatory training provided to HSRs should be considered as a first phase of learning with other supportive strategies in place to further HSR development. This does not necessarily mean more training. The literature provides a number of ways workers can be supported to learn.

What is currently missing is the opportunity to explore other options for learning and development and ways HSRs can better be supported to 'grow' into their role. There is an opportunity for the tripartite panel to be able to identify ideas, recommend strategies and take on the role of overseeing training and ensuring it fits into a more comprehensive approach to support HSRs to contribute to improved health and safety outcomes in the workplace.

In relation to the training accreditation it is important that there is a way to ensure that there is sufficient number of courses approved, that the process remains linked to other developments including changes to the National legislation and to ensure that the range and scope of training providers is sufficient to meet the needs of the various workplaces included in the Comcare jurisdiction.

The consultants consider that the Commission has an opportunity to develop the current tri-partisan arrangement of the existing panel and elevate their responsibilities into shaping and developing strategic directions for HSR training. In this context we make the following recommendation:

**Recommendation 7: That the current HSR Training Panel be renamed the HSR Advisory Panel with responsibility for providing strategic advice on ongoing training and development of HSRs**

The panel would continue to be tripartite, consisting of Employer representative, Union (Employee) representative and Comcare. Comcare might also consider having a HSR representative. To ensure the integrity of the role of the panel, members should not come from existing provider organisations. The panel would meet quarterly or twice a year with sitting dates set 12 months advance with the possibility for some out of session meetings.

The panel would have the following responsibilities:

- Development of an annual strategy to support and develop HSRs
- Overview of training approvals
- Oversight of training evaluations
- Making recommendations for new initiatives
- Endorsement of new initiatives
- Strategic advice on current approaches to HSR program management and training
- Report to the Commission annually

Comcare would need to develop the following to support the panel:

- Terms of reference that included the recommendations above
- Selection criteria for panel members including length of office
- A Panel Meeting annual calendar and agendas
- A process to report on training approvals and evaluations

## 6.0 Training

It was evident throughout the consultation phase that there was a lot of confusion about the role and responsibilities of the HSR. This ranged from undertaking management responsibilities for managing OH&S through to a narrow role related only to advocacy. In part this results from but then also contributes to, training inconsistencies.

It also became clear that there has not been a formal assessment of the specific knowledge and skills required to undertake this role. This is important because training providers tend to emphasise the knowledge and skills related to the aspects of the role they believe are most important. Once again this leads to inconsistency in the design and delivery of training programs.

A clear and consistent list of knowledge and skills required by a HSR would be an advantage to improving the training. It would be possible to develop such a list by undertaking a role skills audit. Designs for this process are freely available but caution must be used to ensure that the voluntary nature of this role which is an addition to their paid job is properly considered.

Such a skills analysis will also need to be linked to any changes in the legislation.

### **Recommendation 8: Comcare conduct a HSR role skills analysis**

It is evident that there needs to be some flexibility in the training as HSRs come from different organisations, industries and types of workplaces. Having said that, it is also evident that the training currently provided is not necessarily matched to those needs.

During the consultation a few different approaches to improve the consistency of the course content were canvassed. There were mixed opinions on what the role of Comcare in the development of the course curriculum should be:

*More content would be helpful as it provides consistency but companies should be able to tailor and include activities appropriate for them; Need to be able to tailor to meet client's needs; the ability to customise and develop own activities; instructional documentation would be useful*

Some of the larger providers supply training in multiple jurisdictions and so were able to comment on the different approaches they have experienced. For the most part training providers feel they have the capability to design curriculum (ie the content and how this is to be delivered in a way that meets learners' needs) but would benefit from more direction about content.

NSW currently provides detailed curriculum and accredits trainers. The disadvantage of this is that it is not flexible enough to take into account the variable needs of learners and their contexts and to take advantage of the different skills of the trainers. Comments were also made that there are some areas of content that are contentious and standardised material would be helpful (eg fact sheets) and that if there are changes to the legislation these should be summarised and supplied as an update. More discussion about this

strategy is found in Section 7.0 the Role of Comcare. There was consensus that Comcare's focus should remain on clarifying the learning outcomes.

**Recommendation 9: That Comcare should provide further guidance on content with a focus on learning outcomes rather than providing curriculum.**

The variability in length of the HSR training course was an issue in which training providers, Union representatives and employers had opinions that varied and were often opposing:

*we want to be able to offer flexible options as clients have different needs; course should remain as 5 days; the course is too long and there is too much time wasting; We prefer 5 days for consistency and standardisation; we prefer 5 days for staff; can't deliver the course appropriately in less than 5 days; why can't the training be less than 5 days, doesn't reflect a needs approach.*

HSRs were also asked which format they would choose (and were able to choose more than one option). Over half (62%) nominated that training should be provided in a 5-day block. Some of the same respondents also chose two short blocks (eg two and three day blocks).

The majority clearly supported five days face to face. There were additional comments which indicated that many HSRs supported a mix of approaches to their training:

*A blend of learning solutions would likely appeal to all participants; Having a mix of face-to-face and online is useful, as it is easier to refer back to on-line training when incidents occur to help devise approach or response to issues in the DWG; Pre reading prior to face to face training, then an online assessment; Training could be partially on line but must be formally completed in class room environment with a qualified, competent & current facilitator; Theory could be on-line, face to face would then focus more on putting the theory into practice; Training should be face-to-face with a qualified trainer ONLY... this material is too important to leave to online or self-directed learning.*

The course length may well be mandated by legislation and therefore Comcare will need to consider a transition strategy for those organisations and training providers that currently deliver courses of less than 5 days duration.

Online training was not favoured by HSRs, training providers, employers or employee advocates:

*Definitely not on line or self directed too much is gained by group face to face training; not all of our employees have access to a computer or the internet; we surveyed our clients and the response was a resounding NO as they believed the face-to-face and networking opportunities were invaluable; online won't work for HSRs, need to mix with other people and computer skills and access are an issue.*

However there was general support for more information to be available via the Comcare Website. There may also need to be provision for some flexibility in delivery to cater for specific circumstances eg HSRs in isolated and remote locations.

**Recommendation 10: That HSR training be predominantly face-to-face; five days in length delivered as one block or two short blocks**

On the issue of national recognition for the HSR course, the opinions of training providers, employers and Unions were varied, however this was highly desirable for the HSRs themselves with 95% of respondents stating they either agreed or strongly agreed with obtaining a nationally recognised certificate and 78% agreeing or strongly agreeing that their skills and knowledge should be tested after training. This is in direct conflict with some training providers, unions and employers who said:

*it is an elected position, the DWG should determine competency; not formal assessment, should use the principles of CBT to ensure understanding of the practical exercises; Good for RTOs but not for non-RTOs; not enough capacity to move between companies to support national qualifications.*

Other employers and training providers said:

*Satisfactory attendance is a weakness in the current system, there is no requirement for a person to be deemed competent; mandating a role requires competency; would love to see it in place because national qualifications are great but some parts (of the training) are nationally appropriate and some parts are client specific; .*

As previously noted the AQF framework is not appropriate at this time for HSR Training and that the current context is not right for mandatory assessment and qualification. There would be more possibility to explore this as an option in the longer term under some circumstances.

In the short term it would also be possible to look at developing pathways for HSRs who might wish to gain qualifications based on their training and workplace based experience in this role. It may also be possible for HSRs to undertake competency based training for OHS and have this recognised for some components of HSR training. OHS Units of competency exist in a large number of training packages (eg Certificate IV in Government) and there are also existing qualifications in Occupational Health and Safety at different levels (eg Certificate III, IV and a Diploma in Occupational Health & Safety).

This role is best undertaken by Training providers but they are more likely to do this with encouragement and support from Comcare.

**Recommendation 11: Comcare should encourage Training Providers to identify pathways to formal qualifications and clarify opportunities for recognition**

The lack of refresher training for HSRs was raised consistently throughout the consultation process by all stakeholders and also by the HSRs themselves in the survey. The concept that HSRs need more support once they commence their role was clearly expressed. This was reiterated throughout the consultation and repeated many times during the survey itself. The clearest message was about the expressed need for refresher or follow up training. Once the HSR is out in the workplace and exposed to issues it would be invaluable to regularly (many said once per year) to come together with other HSRs and be able to discuss issues, work through problems and be made aware of any changes to the legislation. Providers' particularly emphasised the need for this to be coordinated flexibly to ensure it meets HSR needs. A workshop approach with the opportunity for HSRs to come together with their peers in facilitated discussion and problem solving without necessarily having mandated content was the preferred strategy.

*Regular short refresher courses for HSRs; I think clearer advice on when refresher training should occur. My understanding is there is currently no requirement and I don't think this helps HSR stay abreast of changes in requirements; More frequency (of training) to keep up with changes; Should be in the model legislation; Should be mandatory and flexible  
It (refresher training) would reenergise the HSR*

### **Recommendation 12: There should be regular (preferably annual) mandatory refresher training for HSR**

As previously noted adult education and workforce development literature describe the need for ongoing support for learning on the job. Improved ongoing support and developmental opportunities for HSRs from Comcare will result in improved knowledge and skills for HSRs and a more successful management of OHS in the workplace.

## 7.0 Role of Comcare

The role of Comcare in the management and development of the HSR training program was discussed with all stakeholders. There was very positive feedback about the support from Comcare during the accreditation process:

*Good advice, supportive; regular communication with Comcare and very helpful; Comcare very responsive; very knowledgeable; subject matter experts; we work closely with Comcare.*

However, there was general agreement that the current role of Comcare needed to change to improve the accreditation and training system and that these changes to the accreditation process should result in more support on content and overall strategies and less of a focus on advice about spelling, grammar and page layout in material that is after all, only used by the trainers.

*The approach is designed around inefficiencies and is not transparent and appropriate for a regulator; ...Involved at all levels and not at arm's length; inordinate amount of time spent on text...(this) is not a policy role; check feedback; pedantic assessment... annual report is numbers focused not quality*

There was a clear sense that Comcare would be able to support HSRs in other ways than accrediting training.

*Comcare could support employers to support HSRs; Need more support from Comcare; HSRs need to be backed up when a PIN is issued  
Comcare needs to market their resources; we need posters from Comcare; development of a checklist or ideas from Comcare to support the training; Comcare needs to be heavily involved and manage the process; Comcare needs to audit courses  
concerns that other courses are cheaper but not as good in quality; instructional documentation would be useful e.g. PIN writing; need list of trained HSRs.*

Comcare could take on a program management role in the development of the HSR training program. The training accreditation process if adopted as recommended would be more at arm's length and so allow Comcare to develop other strategies to support training providers, the HSRs, employee organisations and employers. The program staff within Comcare would ideally have an appropriate skill set, namely tertiary qualifications and/or equivalent experience in both Occupational Health & Safety and Education.

During the consultation the idea of Comcare providing "Information sheets" was reiterated. These information and/or resource sheets would tackle some of the more ambiguous areas, should be short (preferably no more than a page and written in plain English not legalise or formal language). They should be available on the website but also accessible in hard copy as some HSRs do not have access or time to be on line during working hours. Trainers could have some copies to distribute to HSRs during training.

Recommendations for the issues covered by such resources included:

- Role of HSR

- Role of Comcare
- Role of an Investigator
- Issuing a PIN
- HSR role in workplace inspection
- How to develop an inspection checklist
- Updates on legislation changes
- Recommendations for employers
- HSR disqualification criteria and process
- Changes to the legislation

There were also a number of suggestions made through out the consultation identifying other support strategies. Clearly Comcare will have to assess the capacity and cost of such options as they vary considerably in scope and scale. They are offered here as a basis for further discussion within Comcare. They fall into three main categories.

## 7.1 Information based initiatives

- Website based information and problem solving forum
- Register of HSRs - employers will be required to supply names & emails of trained HSRs. Training Providers will also be required to provide a list of names and contact details of trainees who complete their course. This could be relatively easily designed as an automated electronic data base.
- Regular short emails notifying HSRs about new resources, development opportunities or changes they should be aware of. This should be on an 'opt-in' model based on the registration list suggested above.
- HSR registration online and subsequent evaluations of training via on-line survey
- HSR online 'help' forum – similar to Victorian model

**Recommendation 13: That Comcare develop information products to support HSRs.**

## 7.2 Improved relationship between HSRs and Comcare Investigators

Both the HSRs and the Comcare Investigators identified that there is capacity for their working relationship to be improved for the benefit of both of their roles and OHS principally. As a minimum HSRs and Investigators should have improved understanding about each other's roles. An information sheet as described above should be developed and be available to both groups. The investigators were clear they were not sure about what the HSR role was and how they might be expected to work with them.

There would also be advantages to including information about the HSR role in the Investigators training and in conferences. Comcare may also be able to facilitate involvement in HSRs and Investigators in discussions or problem solving around specific issues or incidents.

One suggestion from Investigators was that they have access to a database of HSRs so that when they go to a workplace they can ask for the HSR by name and or can contact HSRs directly. It was also suggested that HSRs wear name badges or identification patches (similar to the current practice used by First Aid Officers) so they are readily identified in the workplace.

**Recommendation 14: That Comcare develop strategies to improve the awareness and understanding of Comcare Investigators in relation to the HSR role**

### 7.3 Support for HSRs in the workplace

Training providers, HSRs, Union representatives, investigators and even employer representatives indicated that support and understanding for HSRs in the workplace can “make or break” the HSR ability to contribute to improved OHS.

There are a number of facets to this listed here for consideration.

- Managers and supervisors do not necessarily have a good understanding of OHS. Training is not mandatory for this group.
- Managers do not have a good understanding of the role of HSR. They are not necessarily informed about the responsibilities of the HSR. Informing Managers would not necessarily lead to a change in attitude but might prevent a Manager unintentional undermining of the HSR.
- HSRs often feel like they are caught in the middle of Unions and Management – a position reiterated by Managers and Unions. OHS issues often get caught up as part of, or mistaken for, industrial issues. Many people commented that an adversarial approach isn't the best way to resolve an issue but it was often the position taken.

Clearly some of these issues are beyond the scope of Comcare to solve in isolation. However there are possibly some strategies that Comcare could adopt specifically around supporting HSRs.

- The information sheets described above should also be made available to Managers and employers.
- Comcare should incorporate information about the role of HSRs into their meetings and forums with Employers. For instance, conferences and workshops should include information about HSRs whenever possible.
- Comcare Website should include information about HSRs for Managers (there is a section of the website designed for HSRs but it seems Managers are unlikely to access this section).
- Managers should be encouraged to identify HSRs in the workplace (eg posters and signs in common areas identifying who the HSRs are).
- Information about the role of HSRs should be included in Management OHS Training.
- Comcare should provide OHS training for Managers.
- Comcare should provide feedback to Managers about HSRs.

Another issue related to workplaces was the size of DWGs. There is no defined limit to a DWG and clearly HSRs have almost no capacity to meet the expectations of their role for DWGs that are based on the whole of an

organisation or where the DWG includes one or more states. As part of the new legislation and or regulations Comcare might consider defining the upper limit of a DWG.

**Recommendation 15: Comcare consider additional strategies to increase support for HSRs in the workplace**

## Conclusion

The project team would like to acknowledge and thank all of the stakeholders for the commitment shown and the time given, during the review. We would also like to recognise the commitment and enthusiasm that the HSRs demonstrated for their role, through their responses to the survey.

It is quite clear to the project team that the role of the HSR is highly regarded across the majority of stakeholders and organisations. However there is also opportunity for Comcare to influence some stakeholders to work towards better support for HSRs and improved safety in the workplace.

## **Part 2 Report of the HSR Survey**

## Q 1 Demographic information

### Company

Approximately 135 different Departments or Companies are represented in the survey with a mix of Government Departments and self insurers. The following table provides the location of the 'top ten' sites ie those the majority of respondents came from. The largest site was the Australian tax office (about 30% of all respondents) possibly explained by the ATO Training Unit's involvement in the consultation process and their active encouragement of their HSRs to respond.

Company/Dept:	
Australian Taxation Office	194
Centrelink	53
Department of Defence / RAAF	46
TNT	27
Australian Customs	22
Thales	16
DIAC	13
Medicare	13
Telstra	10
ABC	9

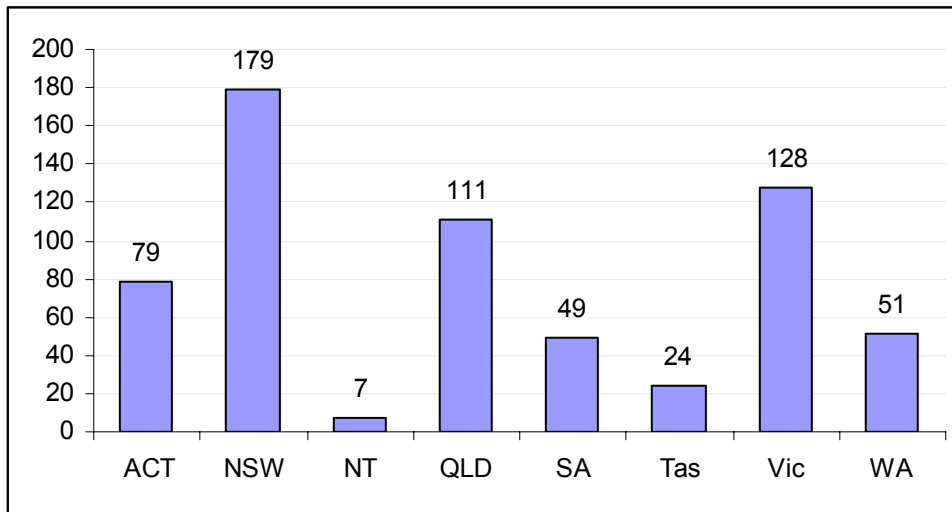
### City/ Town

The information provided demonstrates that responses were quite well spread in terms of geographic information. The city/ town responses indicate that while the majority of respondents came from large cities (approx 400) about one third of respondents came from rural towns (approx 200).

Sydney	105	Mulwala	3	Alice springs	1	Gosford	1	Orange	1
Canberra	75	Williamstown	3	Bandiana	1	Goulburn	1	Osbourne park	1
Melbourne	72	Wollongong	3	Batemans bay	1	Greenway	1	Perth Kewdale	1
Brisbane	52	Ballarat	2	Bathurst	1	Gungahlin	1	Port Augusta	1
Adelaide	34	Clyde	2	Blackburn	1	Gunnedah	1	Puckapunyal	1
Perth	30	Coffs harbour	2	Box hill	1	HMAS Cerberus	1	Raymond terrace	1
Newcastle	17	Essendon	2	Broken hill	1	Hume	1	Redcliffs	1
Hobart	15	Fremantle	2	Broome	1	Kalgoorlie	1	Rockingham	1
Albury	12	Glenorchy	2	Bullsbrook	1	Katherine	1	Southport	1
Townsville	10	Gympie	2	Burnie	1	Kewdale	1	Sunshine coast	1
Amberley	9	Mackay	2	Burwood	1	Kingston	1	Thomastown	1
Chermside	8	Mildura	2	Camden	1	Kurri kurri	1	Toowoomba	1
Edinburgh	8	Northbridge	2	Campbelltown	1	Lake haven	1	Tuggeranong	1
Dandenong	7	Port Macquarie	2	Christmas island	1	Lismore	1	Tullamarine	1
Laverton	7	Richmond	2	Dubbo	1	Lonsdale	1	Tweed heads	1
Cairns	6	Rockhampton	2	East Geelong	1	Mawson lakes	1	Vermont	1
Bundaberg	5	Sale	2	Enfield	1	Middle swan	1	Weipa	1
Darwin	5	Salisbury south	2	Esperance	1	Mt Gravatt	1	Wellington NZ	1
Geelong	5	Seymour	2	Eveleigh	1	Mt Macedon	1	Wingfield	1
Lithgow	5	Shepparton	2	Exmouth	1	Murarie	1	Wingham	1
Gold coast	4	Smithton	2	Fisherman's bend	1	Nambucca heads	1	Woy Woy	1
Monee ponds	4	Upper mount Gravatt	2	Forest lake	1	Narooma	1	Wyong	1
Bendigo	3	Wagga wagga	2	Frankston	1	Nedlands	1	Yarrowonga	1
Launceston	3	Warrnambool	2	Geraldton	1	Noosa	1		

## State

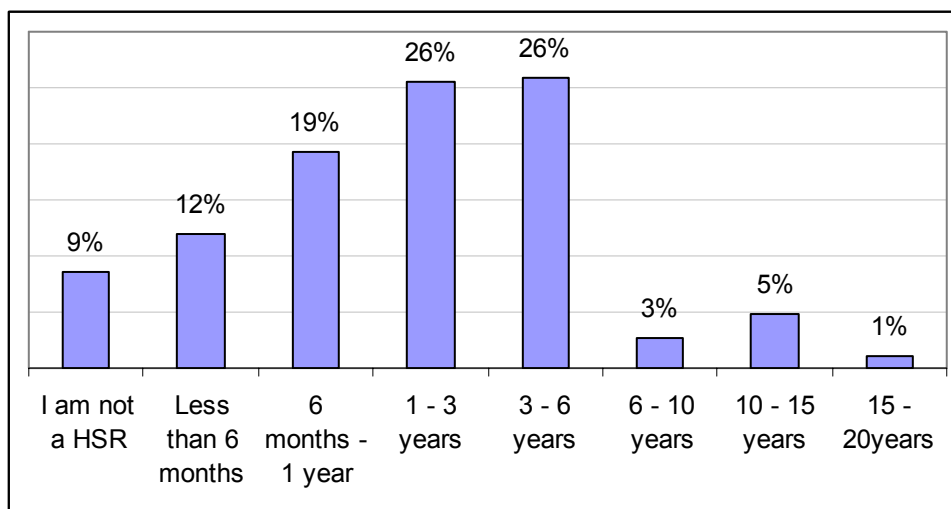
Apart from the one respondent from New Zealand the distribution of respondents across the States was not unexpected.



## Q 2 How long have you been a Health and Safety Representative (HSR)?

Of the 9% of respondents that said they were not a HSR, most went onto say they had been a HSR recently and in some cases for a long period of time. A few were also Deputy HSRs.

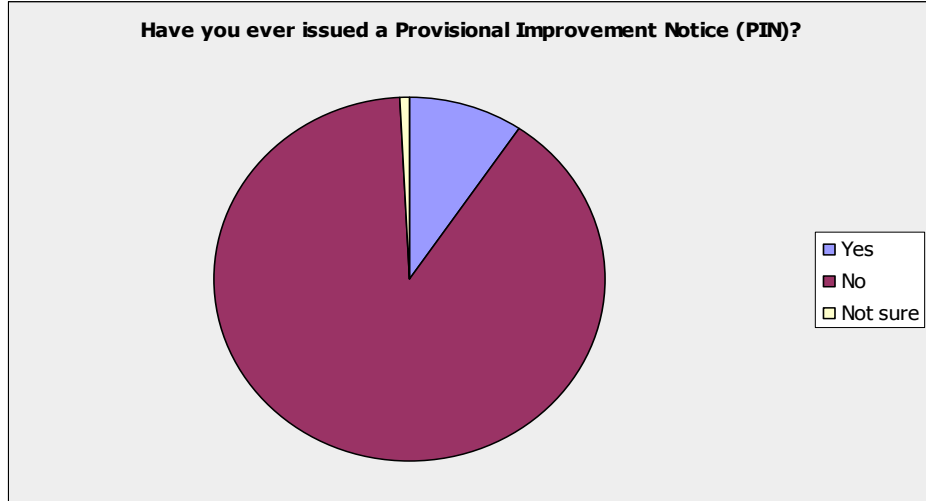
Over 50% had been HSRs between 1 and 6 years.



	Response Count
I am not a HSR	50
> 6 months	69
6 m - 1 year	112
1 - 3 years	148
3 - 6 years	150
6 - 10 years	16
10 - 15 years	28
15 - 20years	6

### Q 3 Have you ever issued a Provisional Improvement Notice (PIN)?

Ninety percent of respondents had never issued a PIN



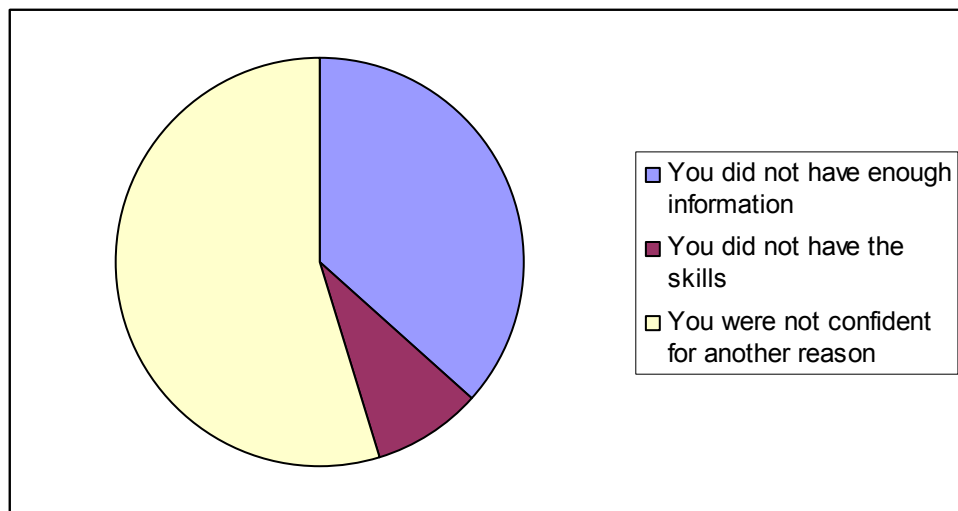
### Q 4 Have you ever been in the situation where you thought you should issue a Provisional Improvement Notice (PIN) but DID NOT?

Twenty-two percent of respondents answered yes to this question and of those 40% did not have enough information, 10% did not have the skills and 60% were not confident for another reason.

*Initially due to not enough skills - yes, we are taught it in training, but there was little follow-up support in the workplace*

*At the time I did not really know what to do and was frightened to do it.*

*Could not find reference material outlining the process and steps*



The other reasons could be grouped into the following themes:

### **Action/ issue resolved before issuing a PIN**

These were the most common “other” reasons identified.

*Action/rectification of the issue resolved before issuing of the PIN  
I didn't give up on negotiation  
Ongoing consultation addressed the problem  
Did not have the time to follow up more promptly. Fault was eventually remedied  
before I issued the PIN*

### **The threat was enough to get action**

A number of respondents gave this reason for not issuing a PIN

*The threat of issuing a PIN was enough to have the issue fixed.  
Organisation dealt with the issue after the threat of issuing a PIN  
allowed management to sort it out first  
After advising of possibly placing a PIN, work was done almost immediately and the  
PIN was not required  
I was able to get management to act without the PIN, although they were well  
aware that I had one prepared to go.*

### **The HSR wanted to have more time to negotiate an outcome**

*Giving management an opportunity to solve/remedy the OH&S problem*

### **Insufficient evidence or unsure that the issue warranted a PIN**

*Not confident on Comcare's reply  
Written staff backup was not there to support the claim.  
I have wondered whether ongoing problems justify a PIN. Personally I wouldn't  
hesitate to issue one if it were a more clear cut issue.  
Sometimes a PIN does seem to be sledgehammer to crack a nut. The fact that the  
Act (section 28(2)) is silent as to who pays for a 'consultant' makes that something of  
a 'toothless tiger' too*

### **Felt isolated or without backup**

*Insufficient support from other members  
Work place kept promising results. Pressure from colleagues not to.  
Retaliation by management  
Local Comcare indicated lack of support, lack of information forthcoming from local  
management*

### **Other issues**

There were also reasons given that don't easily fall into these categories

*Was of time issuing a PIN notice when they are basically useless & can be  
cancelled by 1 phone call  
The situation was dealt with by a PIN, but as it was across two HSR area's the  
other HSR issued this. I had input to what when on the PIN though.  
I did not want my superiors to misjudge my intent  
Not sure of issuing to whom as the site had several directors but no one was the  
designated site director  
The risk involved to stop works was greater than allowing completion  
Management reps stifle decisions by committees in taking hazard reducing actions  
and sit on hot issues*

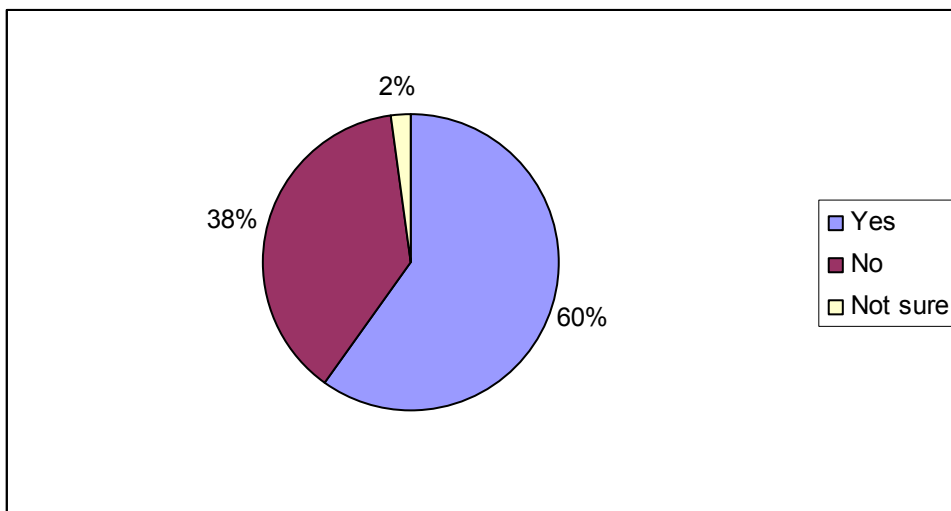
**Q6 Have you ever called a Comcare Investigator into the workplace?**

	Response Percent
Yes	4%
No	96%
Not sure	0%

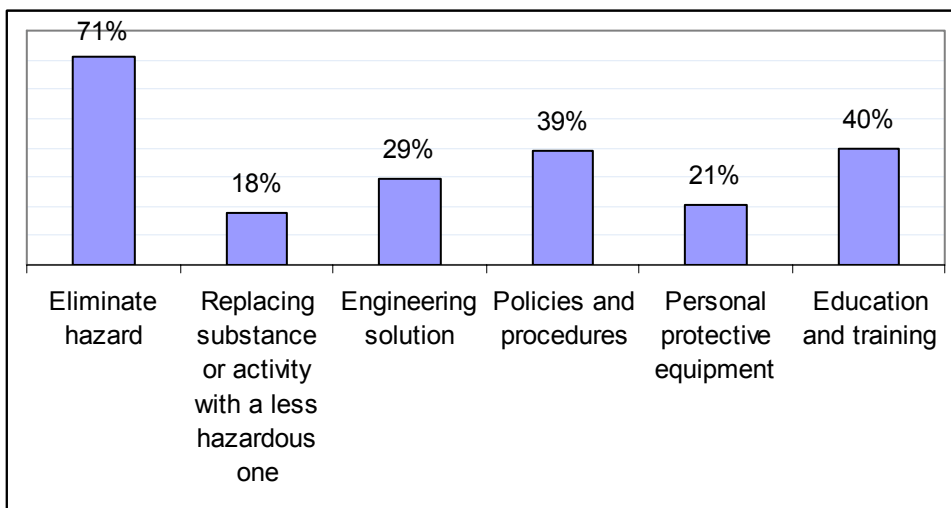
**Q7 Have you accompanied a Comcare Investigator during a visit to your workplace?**

	Response Percent
Yes	8%
No	92%
Not sure	0%

**Q 8 Have you ever negotiated a health or safety outcome with your employer, on behalf of your Designated Work Group (DWG)?**



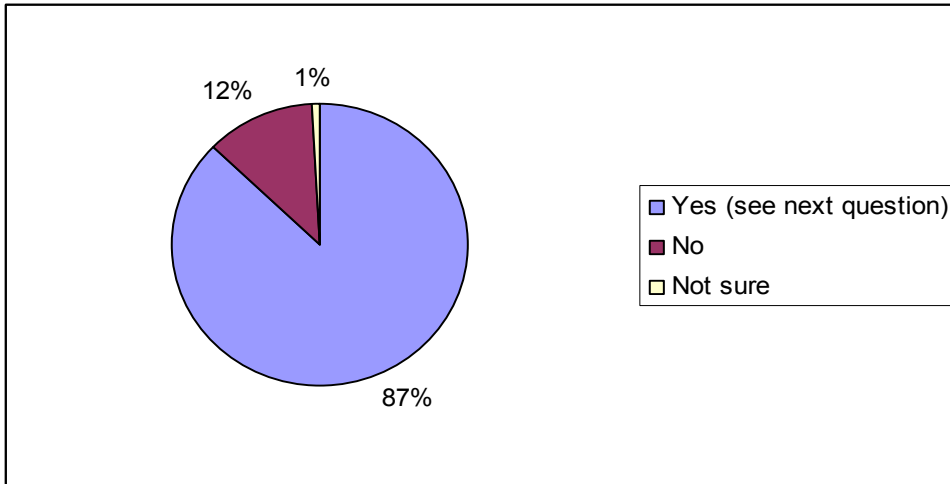
**Q9 what outcome did you achieve?**



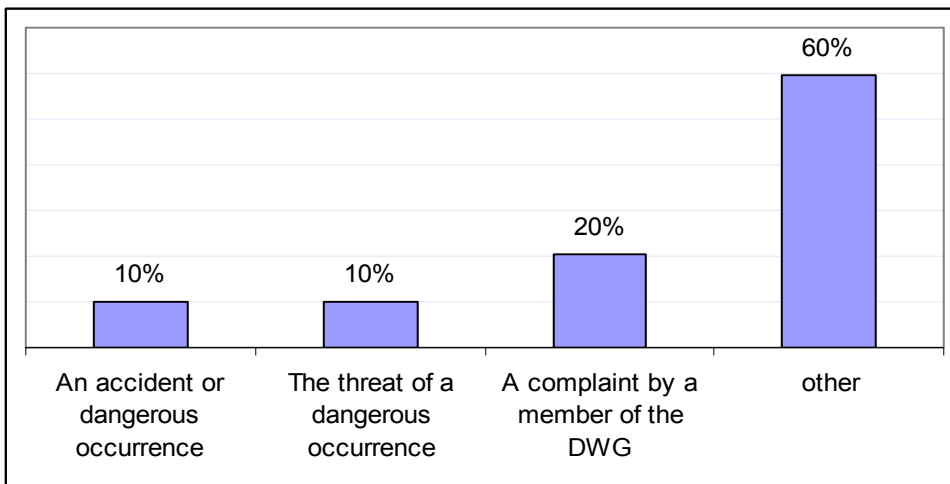
**Other outcomes included:**

- Workplace closed temporarily
- Health and Safety Audit
- improved communication
- change of attitude
- Repairs/ maintenance
- relocation
- review working environment
- Signage, renovation of premises
- Replacement of hazardous equipment by new equipment.

**Q 10 Have you conducted a workplace inspection?**



**Q 11 What was the reason**



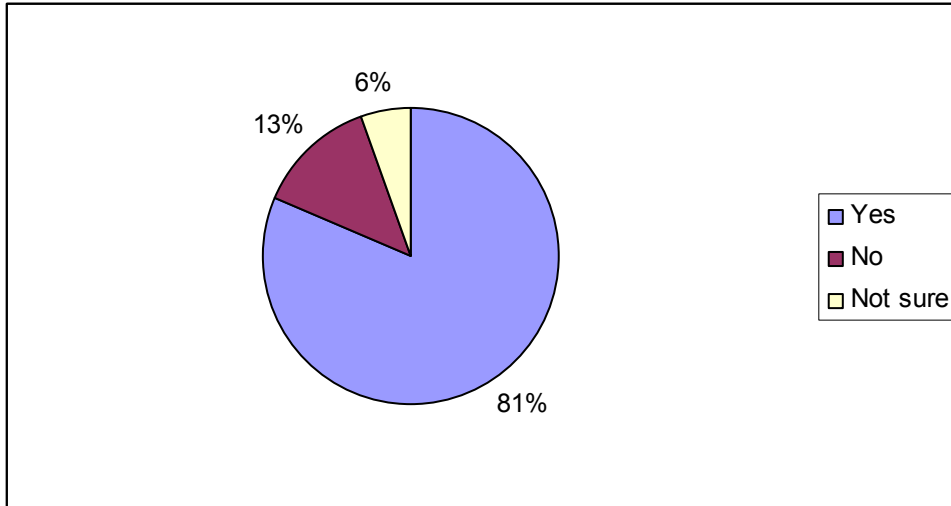
The most common other response was:

- A regular inspection is carried out by the HSR
  - fortnightly
  - 3 months
  - 6 months
  - Annually

Respondents also listed other reasons inspections were carried out:

- As part of HSR training
- Hazard Audit
- As a result of an incident

## Q 12 Are you (as the HSR) invited to attend your Health and Safety Committee (HSC) meetings?



### Comments

*We have a HSR meeting. I assume HSC is the OH&S overarching committee under new OH&S laws - so I don't attend those.*

*Only on a rotational basis with 6 other HSRs. Not always up to date because of the few meetings attended*

*When we have them I am able to attend if I wish*

*Don't have HSC due to size of office*

*I was invited several years ago but they stopped for some reason*

*But I attend Site Safety forums for the organisation by phone as too far away- in remote site*

*All HSRs are invited to attend the meetings*

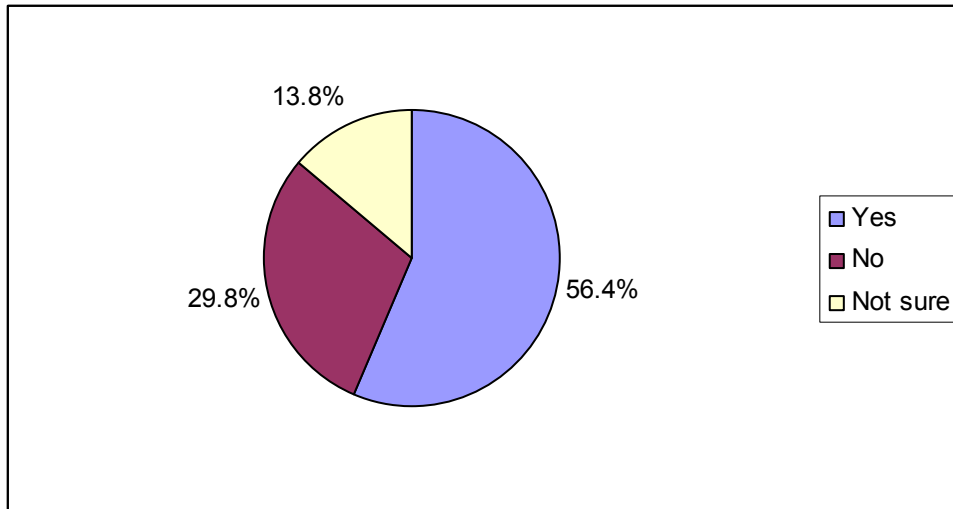
*I am not a member but I can join the meetings*

*We don't have a OHS Committee*

*As an observer*

*Why are HSRs not essential core members of the committee as they were according to my training?*

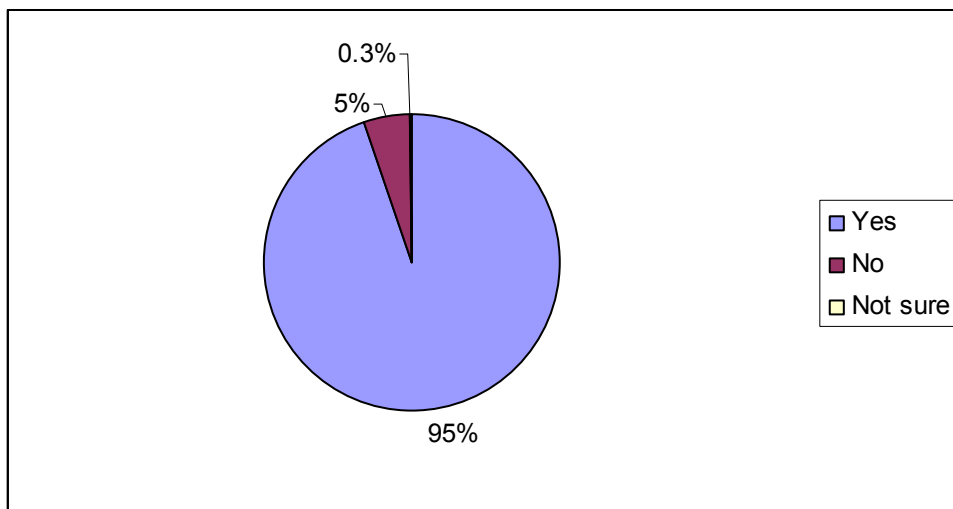
### Q 13 Are you (as the HSR) a member of your HSC?



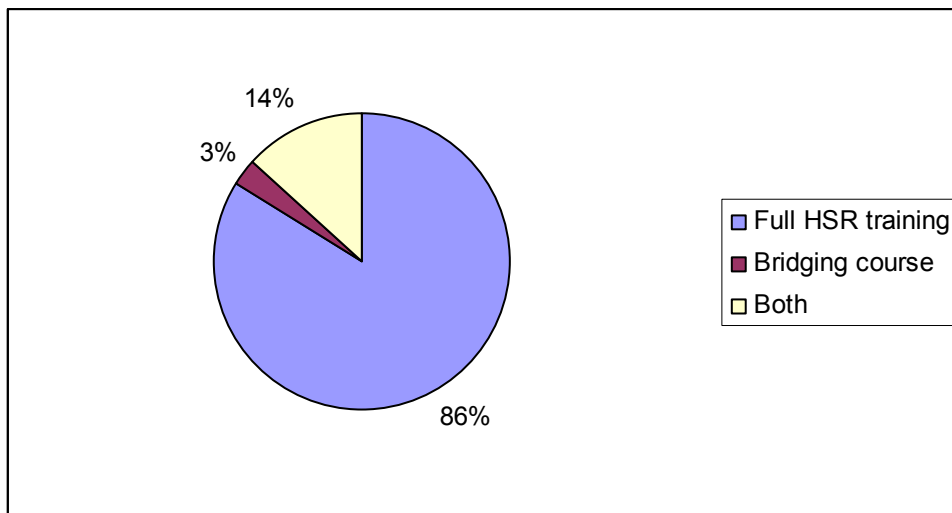
Comments included:

*On a rotational basis*  
*We don't have an HSC*  
*We do have a HSR on our HSC*  
*Local 'informal' HSC formed on our initiative, yes; Company or National HSC no*

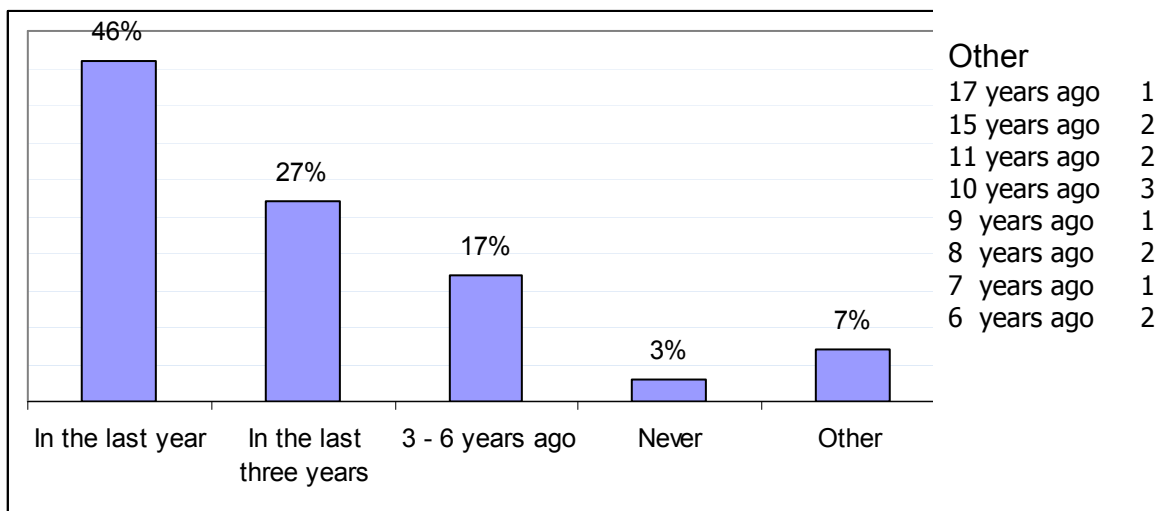
### Q 14 Have you ever attended accredited HSR training?



## 15 If yes - if yes, what type of accredited training have you attended?



## Q16 When did you attend accredited HSR training?



Comments included:

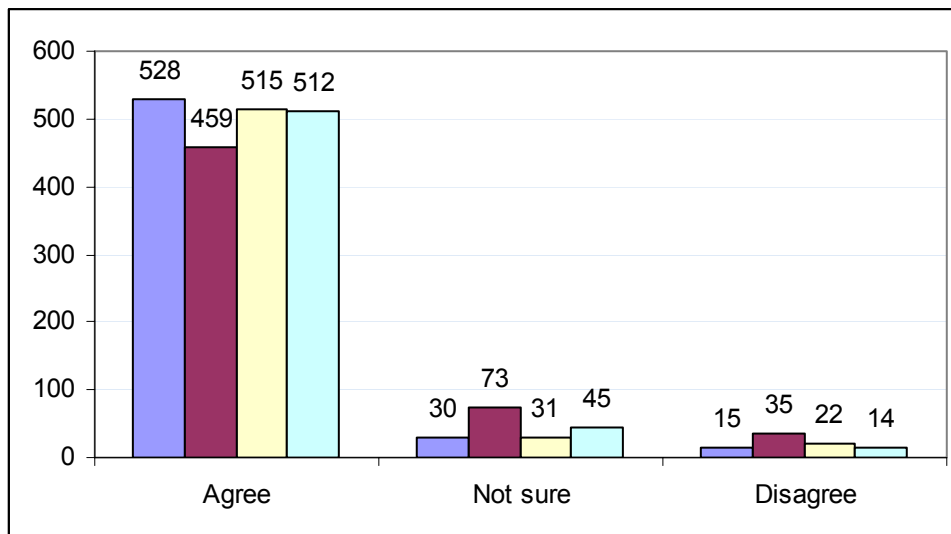
*I attended a refresher course in the last year*  
*Have been waiting to become accredited since June... course keeps being rescheduled due to lack of bookings*  
*Just started*  
*Have done Full HSR training twice & bridging course once over a 5 year period*

## Q 17 Changes to HSR training requirements

This question was designed to test out suggestions for improving the content of the training. The full wording of the questions was: *Comcare is considering making changes to the HSR training accreditation process. This might result in changes to HSR training requirements. Please rate your agreement with the following statements:*

Answer Options	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Response Count
Increasing emphasis on the HSR role	273	255	30	15	0	573
Exercises "writing" a provisional improvement notice (PIN)	161	298	73	31	4	567
Clarifying when a HSR would inspect the workplace	201	314	31	21	1	568
Negotiating on behalf of a DWG	230	282	45	13	1	571
Comment:						
					<b>answered question</b>	<b>573</b>
					<b>skipped question</b>	<b>66</b>

There was overwhelming support for each of the suggestions. By merging the categories “strongly agree” & “agree” and then “disagree” & “strongly disagree” the clear preferences of respondents can be seen.



- Clarifying when a HSR would inspect the workplace
- Increasing emphasis on the HSR role
- Exercises "writing" a provisional improvement notice (PIN)
- Clarifying when a HSR would inspect the workplace

## Q18 Improving HSR training

Two hundred and forty three (243) respondents answered the question “Do you have any suggestions on how to improve HSR training?” which is almost half of the total respondents for the survey. Some clear themes have come through these responses.

### Refresher training

The concept that HSRs need more support once they commence their role was expressed the most (over thirty respondents). This was reiterated throughout the consultation and repeated many times during the survey itself. The clearest message was about the expressed need for refresher or follow up training. Once the HSR is out in the workplace and exposed to issues it would be invaluable to regularly (many said once per year) to come together with other HSRs and be able to discuss issues, work through problems and be made aware of any changes to the legislation.

*Regular short refresher courses for HSRs*

*I think clearer advice on when refresher training should occur. My understanding is there is currently no requirement and I don't think this helps HSR stay abreast of changes in requirements.*

*More frequency (of training) to keep up with changes*

Clearly HSRs feel isolated and many commented on need for more contact with other HSRs

*The key is to create a network and platform for HSRs to meet up regularly have their voices heard and discuss issues amongst their peers. This will help foster confidence and support in HSRs.*

Other strategies were suggested for HSRs to keep in touch including forums, email and video conferencing. Respondents also suggested Comcare should provide ongoing access to information and resources through the Comcare website.

*Sending out reminder tips by email to members on a regular basis as some HSRs have very little to do and can forget some of the training over time.*

*Reference point...(for) other resources*

*Access to FAQs for after training as an online resource*

### More practical, more reality based training

The next most common thread was that the training should be more practical – more based in the HSRs’ real world experiences and the learning should be more interactive. A number of comments related to boring theoretical presentations and a focus on the legislation, delivered in a didactic style, which didn’t really help the HSR when they returned to their workplace.

*More activity and involvement, less reading slides*

*More situational interactivity, less video*

*More practical examples or mock inspection of a workplace during training*

*HSRs undertake the training but don't know how to apply it to their work environment. Perhaps some exercises on addressing workplace hazards and what to do to progress the issues would be useful*

*The bit about writing the a PIN notice if there where more examples provided, or somewhere, ... you can look at samples, the task is daunting when you have to do one. The training I attended had a lot of problems. They spent a*

*lot of time on irrelevant topics to those in attendance who were all office employees. They also glossed over the important parts of the Act and how to issue a PIN etc. I didn't feel that I had enough training on the important topics.*

Many commented on the need to make the training more relevant to their specific workplaces and of course within the Comcare jurisdiction there are many different types of workplaces. A number of comments related to the need for specific information on high risk issues that HSRs are likely to encounter. Many commenting that they work in office environments where the issues are more likely to be psychological effects, air-conditioning or workstation related issues and that training focused on manufacturing or other industry was not helpful.

*Needs to be more tailored to workplace. Nearly all the HSRs in my training group worked in office environments (11 of 12), yet the training videos etc focused on factory or other settings. The course was also very broad - more focus to our duties and DWG would have been better*

*To make HSR training more industry specific. Much of (the) content is aimed at industrial and/or construction environments. It would be helpful to have an office worker focus.*

*My DWG works in many environments, including entering unfamiliar premises without notice to the occupiers. There is a need to move away from "office" training or "factory" training. Those who work in multiple environments are in need of a broader view*

## **More on HSR role**

Many respondents commented that they did not feel the training sufficiently addressed the role of the HSR.

*Should be more focussed on what we actually do and our responsibilities  
Training tends to be too much of an overview with not enough emphasis on  
the fundamental reasons we have HSRs*

*Better clarification of roles and powers  
More focus on role of HSR and day to day activities*

There was also comment that the roles and responsibilities of the different players in relation to each other should be clearer – particularly roles of Managers, HSRs and to a lesser extent investigators. People also commented that the training needs to include more on negotiating with management

## **Managers**

Many respondents indicated that Managers did not understand the role of the HSR and that one of the toughest challenges they faced was trying to work through issues with Managers. One strategy suggested by a few respondents was to make it mandatory for Managers to do training. It is of concerns that many of the HSRs do not feel supported in their role.

*HSRs need to be confident that they will not be victimised for issuing PINs or taking other action in their role*  
*Management should be made aware of HSR role & rights*  
*Training should emphasise that, while employers will usually do the right thing on Health & Safety when an issue is brought to their attention, they cannot be relied upon to do so in all cases. This is why HSRs are independent of the employer and responsible to their DWG instead. This is why HSRs have the powers they do.*  
*Training needs to be independent of the agency or organisation that employs the HSR*  
*Make it more realistic to the resistance in our workplace*  
*How to deal with difficult managers who just see OH&S as a financial burden*  
*Negotiating with employers who don't want to deal with OH&S issues is a major concern that needs to be addressed*

## **Unions**

The role of the Union in training was also frequently commented on, although there was not consensus

*More emphasis on the role of the union in OH&S*  
*To have it run by an impartial body and not be unionised*  
*Support for the unions (training) should be mandatory.*  
*Get Comcare to do the training instead of unions.*

Maybe as one respondent suggested there should be...

*impartiality - neither a union nor management view*

## **Structure and content**

In question 20 respondents were asked about their preferred format and over 60% nominated a five day block approach. In this question there were a number of respondents who commented that the course was too long or too much in one go – ie shorter blocks would be preferred.

*Rather than do 5 days straight maybe 5 days over a few weeks - allow the HSR (to be) to get back into the work place and have 'practical' homework (?)*

*The course is way too long - it should be workplace specific, the length of the course STRONGLY discourages workers from being an HSR, no other course takes so much time!*

*Making the training shorter to 3 days and more scenarios of situations that a HSR may come across.*

There is apparently variation in the training currently provided. Two respondents said it needs to be standardised. In terms of the quality and content and suggestions to improve included better trainers and describing the legislation in plain English.

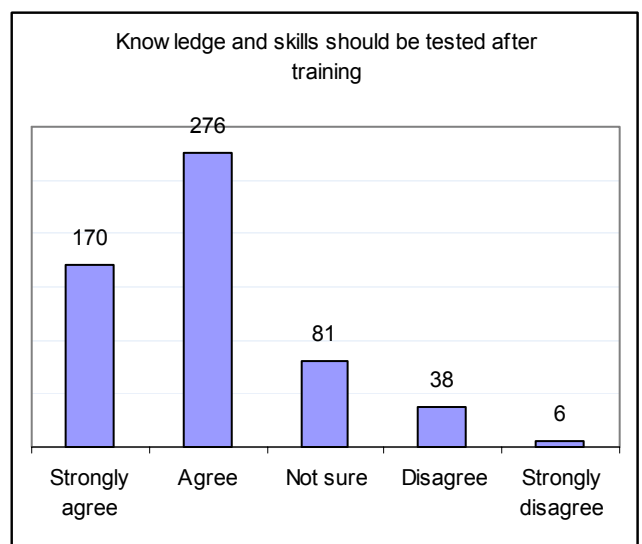
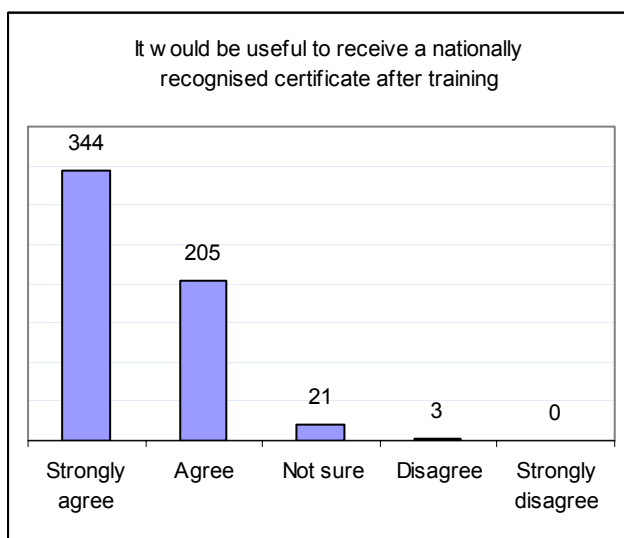
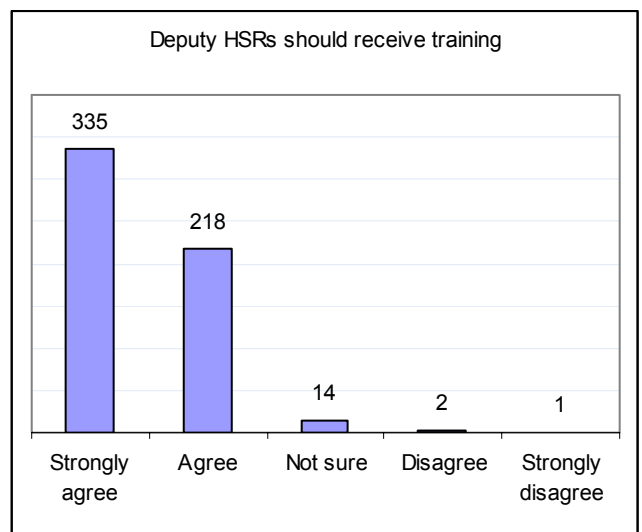
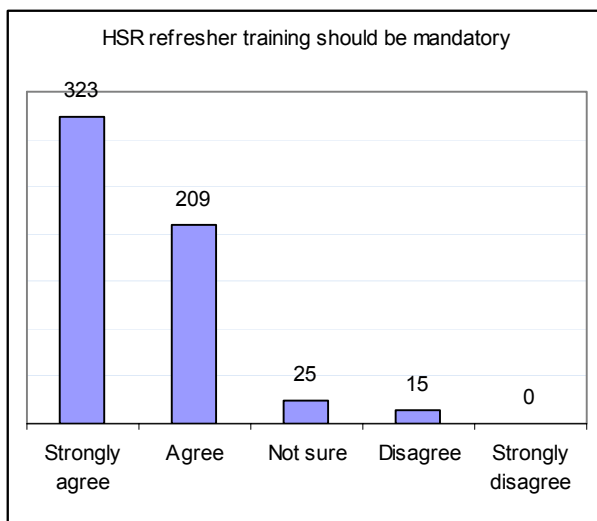
## ***More support from Comcare***

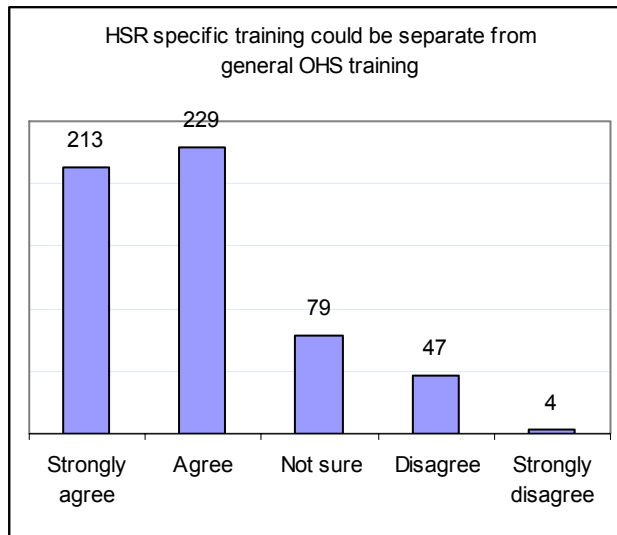
As in other questions respondents indicated they appreciated the role and involvement of Comcare and more contact would improve their training.

*Liaison with local Comcare staff  
 More support from Comcare  
 One to one with a Comcare delegate  
 I have had training from several suppliers and the best, most relevant training ever was from an organisation which had a former Comcare inspector as one of the instructors. This was so much better than courses run by instructors without experience in responding to genuine high impact workplace incidents*

## Q19 HSR training

This question asked people to rate their agreement to five different statements testing ideas that had been offered during the consultation interviews and focus groups. The graphs speak for them selves

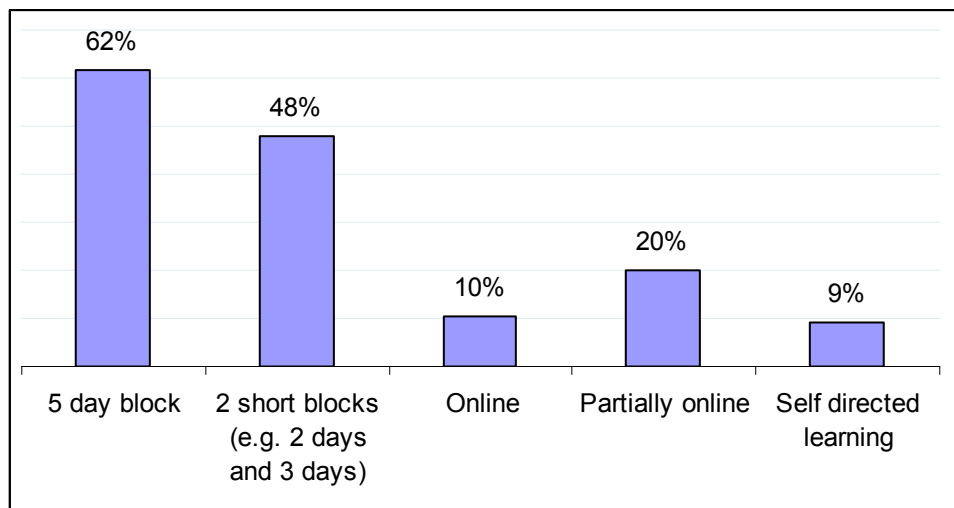




## 20 Training can be delivered in different formats. Which of the following would you choose?

A majority of respondents nominated a preference for 5 days as a block, but the other approaches were also given support. In the comments people indicated a preference for a mix of strategies

Answer Options	Response Percent	Response Count
5 day block	62%	349
2 short blocks (e.g. 2 days and 3 days)	48%	273
Online	10%	59
Partially online	20%	114
Self directed learning	9%	52
Other (please specify)		80
<b>answered question</b>		<b>567</b>



The comments provide some more insight with a few themes coming out

### A mix is helpful

A strong theme from those commenting was that the best approach might be a mix of different strategies.

*A blend of learning solutions would likely appeal to all participants  
Having a mix of fact-to-face and online is useful, as it is easier to refer  
back to on-line training when incidents occur to help devise approach  
or response to issues in the DWG.*

*Pre reading prior to face to face training, then an online assessment  
Training could be partially on line but must be formally completed in  
class room environment with a qualified, competent & current facilitator  
Theory could be on-line, face to face would then focus more on putting  
the theory into practice*

*Training should be face-to-face with a qualified trainer ONLY -> this  
material is too important to leave to online or self-directed learning.*

The response was not in favour of on-line

*Definitely not on line or self directed too much is gained by group face to face training*

For those who favoured on-line it was as a partial strategy with many noting how important it was to have some face to face facilitation, be able to network with a group of their peers and learn from each other in an interactive environment.

*A group environment encourages sharing of experience & the opportunity to  
ask questions*

*The interaction with other people is a very important part of training  
interaction with other HSRs is very important*

*A group environment encourages sharing of experience & the opportunity to  
ask questions*

A few commented that one of the draw backs of self directed and online is that people find it hard to do that in their work time unless they are away from their workplace.

*Online and self directed training sounds good in theory but the reality will be  
that employers won't give HSRs time in the workplace to undertake the on  
line training required*

As well as a mix of strategies, a mix of participants was also helpful

*Diversity of work places in any course adds to skill base and also differing  
problems are adding to diversity of problem types.*

## **5 Days is the minimum**

The majority thought 5 days was a minimum

*There is a lot of information to take in - recommend 5 days minimum  
With the 5 day block I found it was a lot of information on policy. I would like  
to see more practical sessions and have the manuals just for reference*

Some people noted that for them it was too long

*5 days is too long*

*5 days in one block was very tiring especially for those who do not live in  
metropolitan areas.*

*Does it really need to be 5 days. I think the time can be reduced some  
exercises are repetitive*

*5 days in a row can get a bit intense and information forgotten*

A few indicated their preference for breaking up the training and having it in two short blocks

*2 days one week and 3 days the next*

One interesting comment was that most learning is done on the job,

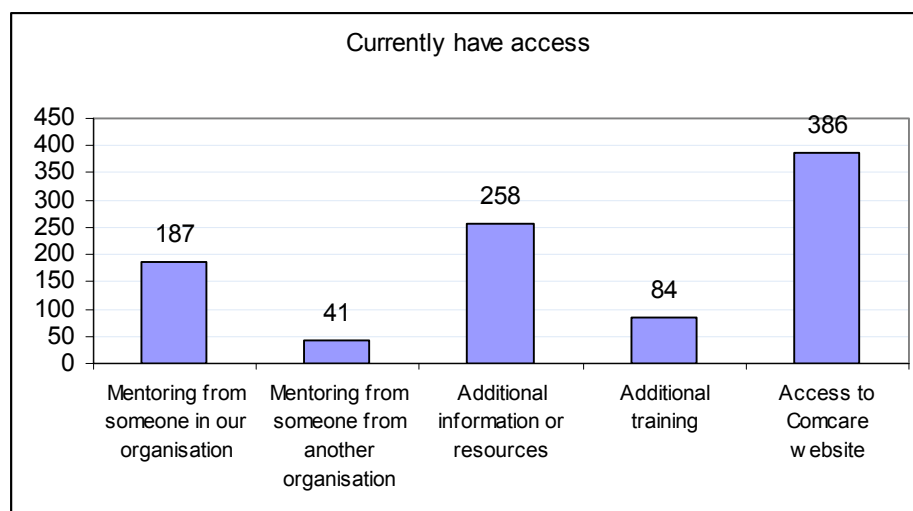
*Most of the training, is done on the job, school of hard knocks so to speak.*

*HSR reps should always work in two's rather the just by themselves sometimes.*

## Q21 Ongoing support received from HSR's employer

	Currently have access	Potentially have access but do not use	Would like to have access	Not sure
Mentoring from someone in our organisation	187	133	175	63
Mentoring from someone from another organisation	41	99	199	202
Additional information or resources	258	100	159	35
Additional training	84	100	279	85
Access to Comcare website	386	69	65	31

Of the 558 respondents who answered this question 70% of people indicated they currently have access to the Comcare website, 47% have access to information and resources one third have access to a mentor from within their organisation. Only 15% have access to additional training and 8% have access to a mentor from outside their organisation.





Of the respondents who answered this question one third would like access to mentoring form within their organisation, 37% would like access to mentoring from outside their organisation, 29% would like access to additional information and resources and just over ten percent would like access to the Comcare website.

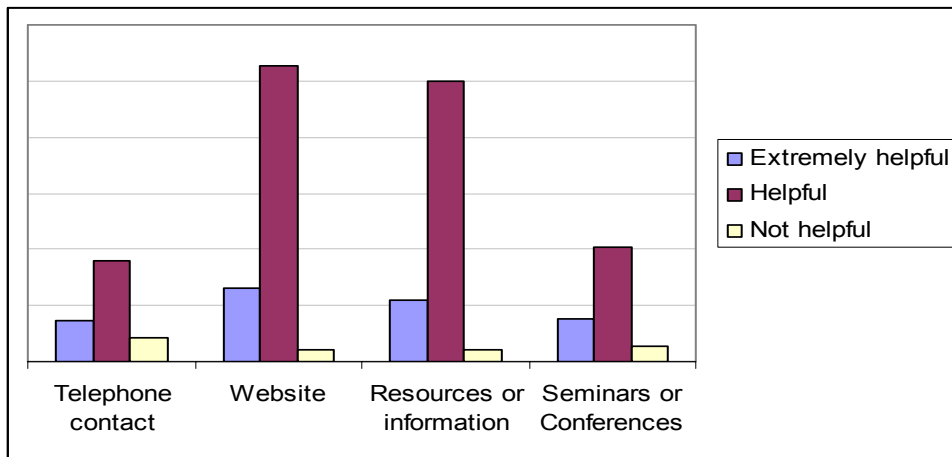
Half of the respondents indicated they would like more training.

## Q 22 Assistance received from Comcare

The majority of respondents have never sought assistance from Comcare

Answer Options	Extremely helpful	Helpful	Not helpful	I have never sought this assistance	Response Count
Telephone contact	36	90	21	406	553
Website	66	264	11	220	561
Resources or information	55	250	11	243	559
Seminars or Conferences	38	102	13	391	544

Those who have, for the most part found that support helpful



## Q 23 If Comcare provided additional support for HSRs, which of the following would you potentially use?

The notion of increased assistance was highly supported. One of the themes was that HSRs were not confident that they would have support to get assistance.

*It is absolutely vital that HSRs do not feel constrained about contacting Comcare even routinely. The employer is able to manipulate, prevaricate, obfuscate and delay in so many ways but would think twice if ... there was a constant flow of information between HSRs and Comcare.*

All of the suggestions in the Survey were supported by at least half of the respondents.

### Seminars and/or Conferences (67% supported)

Respondents were enthusiastic about this option

*Would be great to attend seminar or conferences  
I would particularly use a forum, I have used forum groups and found them far more useful than a website*

However a few noted that employers are not always supportive in terms of time and /or resources to attend. If the new legislation supports one day “refresher training” this would be an opportunity for some HSRs to take advantage of conferences and seminars.

### Working sessions with local Comcare Investigators (66% supported)

What came through was that HSRs would really like the “hands on aspect” of sessions with investigators

*The number1 priority would be working sessions with local Comcare learning through doing with an experienced operative would be invaluable  
Would be good to have participation in COMCARE inspections at other sites  
Work experience for a day perhaps?*

### **Website based information or resources (63% supported)**

Some people commented they already used the Comcare website, some indicated they weren't aware of existing and so the development of web based resources would need to be supported by a communication program to ensure HSRs knew about the resource

*A "one stop shop" website for HSRs  
...to obtain information quickly to enable them to respond quickly to  
workplace issues.*

### **Mentoring (61% supported)**

Many of the comments related to having someone to check in with or test out ideas

*The more networking and exposure to issues not yet experienced the  
better  
Allocate a specific "caseworker" to a specific Government department.  
Comcare do regular workplace inspections and invite the HSRs to  
accompany them.  
Need to get a second opinion when there is a OHS situation.  
Some time the HSR role is very lonely if you are the only one in your site,  
this would be helpful to compare notes*

### **Website based problem solving forums (54% supported)**

A significant level of support for this suggestion even though some respondents noted that they do not have time or good access to web based services.

### **Meeting with Comcare Investigators (48% supported)**

*I have not been able to get support from Investigators. Also  
I do not believe there are adequate numbers of Investigators to provide  
this assistance*

## References

1. *Occupational Health and Safety Act 1991*
2. *Safety, Rehabilitation and Compensation Act 1988*
3. *Comcare 1991, Accreditation of Occupational Health and Safety Training Courses for Health and Safety Representatives.*
4. *Comcare 1994, Comcare, Health and Safety Representatives Training Guidance for Training Providers Seeking Course Accreditation*
5. *National Review Into Model Occupational Health And Safety Law: First Report to Workplace Relations Ministers' Council – October 2008*
6. *National Review Into Model Occupational Health And Safety Law: Second Report to Workplace Relations Ministers' Council – January 2009*
7. *Osborn, M; Reaburn T; Greig, E; & Perera, S. (2008) Review of Health and Safety Representatives Support Mechanisms.*

## 8. Appendix 1 Organisations and individuals that participated in the consultation phase

<b>Date</b>	<b>Name</b>	<b>Organisation</b>	<b>Method of Consultation</b>
2009 17 April	Colleen Kelly Ian Ireland	Comcare	Face to face
4 June	Anna Mori	CSIRO – Employer’s rep Panel Member	Telephone
22 June	John Culvenor	New Workplace Learning	Face to face
22 June	David Mclvor	Occupational Safety & Health Associates - Training Provider	Face to face
22 June	Don Lee Roanne Allan	Recovre - Training Provider	Face to face
22 June	Sue Powell	ACTU and Employees’ Panel Member	Face to face
23 June	Dr Michael Barbour Peter Frede Sema Khatri	Australia Post Employer and Training Provider)	Face to face
23 June	Kathy Butcher Kim Slater Chris Hughes	ACTU, Trades and Labour Council	Face to face
30 June	Anthony Hill; Wayne Darvall; Ashley Neil; Bert Blackburn (ACTU); John; Mark; Mike, Carol Gee (CEPU)	HSRs various organisations;	Telephone
10 July	Sean Lennard	ATO	Telephone
23 July	Ian Harris	ATO Employer Representative and Panel Member)	Face to face
23 July	Trevor LeBreton Lisa DeMarco	National Safety Council of Australia Training Provider)	Face to face
23 July	Sandra Fisher Louise Hughes	SRC Solutions Training Provider)	Face to face
23 July	Greg Seberry Mick Peterson	Training Providers	Face to face
23 July	Adam Gutteridge & Esther schiller	Medicare - Employer	Face to face
23 July	Greg Webb, Craig Dunkeld, William Elder,	Comcare Investigators	Face to face

23 July	Stephen Pasfield, Chris Pearson, Dominic Fabbo, Christopher Mee HSRs	Australian Taxation Office HSRs	Face to face
23 July	Andrew Graves	Acting Delegate	Face to face
3 August	Sandra Fisher Louise Hughes	SRC Solutions Training Provider)	Telephone
20 June – 31 July	HSRs	Multiple organisations	Online survey