Core Body of Knowledge for the Generalist OHS Professional

A project conducted by HaSPA (the Victorian Health and Safety Professionals Alliance) funded by WorkSafe Victoria

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OHS Body of Knowledge Technical Panel

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Part A  Background

In June 2009 WorkSafe Victoria provided funding of $390 000 for the development and implementation of the core body of knowledge (BoK) for generalist OHS professionals. The Health and Safety Professionals Alliance (HaSPA), which is sponsored by WorkSafe Victoria and brings together OHS professional associations and OHS educators, "owns" the project and provides oversight. Technical aspects of the project are developed and managed by a Technical Panel comprising representatives of La Trobe University, University of Ballarat, RMIT University and the OHS Education Chapter of the Safety Institute of Australia with project management and administration by a consultant, Enhance Solutions. As HaSPA is not a legal entity, the Safety Institute of Australia is the contract holder and responsible for financial governance. While the project is funded in Victoria and managed by a Technical Panel mainly based in Victoria the project has national implications and the project plan includes extensive input from interested parties nationally.

The project has two phases: Phase 1, Development of the Core Body of Knowledge and Phase 2, Implementation of the Core Body of Knowledge. This latter phase includes development of course accreditation and professional certification processes. This paper only addresses Phase 1 of the project with Part A describing the background to the project and Part 2 presenting a draft of the current status of the Body of Knowledge.

1  Why the project is necessary

Occupational Health and Safety (OHS) is not a regulated profession and there are no educational or experience requirements for employment as an OHS advisor/coordinator/manager/consultant (Pryor, 2004). There is also substantial variation in OHS education provided by universities which may reflect the specialities of the School in which they reside e.g. health, sciences or engineering; or the interests of the key educators within the program (Pryor, 2004). Consequently there are likely to be gaps in the coverage of some important topics which, to a large extent, are due to the lack of an agreed core body of knowledge for generalist OHS professionals (Bennett, 2009).

These variations were explored more formally in the literature review and data collection for the project Safeguarding Australians: Mapping the strengths and challenges toward sustainable improvements in OHS education and practice (Toft et al., 2009). The lack of a defined core body of knowledge for generalist OHS professionals was also identified by HaSPA.
The implications of this lack of a defined body of knowledge for OHS professionals were identified by Maxwell (2004) in reviewing the Victorian OHS legislation in recommending that “...This industry may benefit from some form of industry based accreditation scheme, similar to those operating in the accounting field, so that customers can gain a level of confidence about the consultants that they may engage” (p. 271). In response to this recommendation HaSPA developed a Victorian Code of Ethics and Minimum Service Standards for Professional Members of OHS Associations. These minimum service standards include the requirement for professional certification of OHS professionals providing independent advice.

Criteria for certification includes completion of an approved education program or some alternative means of establishing that the applicant has the required knowledge (emphasis added), expertise and competencies; demonstrated practical expertise; and a minimum period of full-time practice or its equivalent (HaSPA, 2008). During the discussions underpinning the development of the code and standards, members of HaSPA identified that the lack of a recognised core Body of Knowledge informing the education and practice of generalist OHS professionals not only impacted on the quality of advice in the workplace but also inhibited the implementation of a professional certification process.

The importance of a defined Body of Knowledge for a profession is highlighted in the definition of a profession:

"A profession is a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge (emphasis added) and skills in a widely recognised body of learning derived from research, education and training at a high level (emphasis added), and who are prepared to apply this knowledge and exercise these skills in the interest of others. ...”.

(Professions Australia, 1997)

The importance of basing professional practice on a sound body of professional knowledge was also highlighted by Hoyle (1975) who described the difference between practitioners and professionals in the teaching profession as practitioners having “restricted” professionality and professionals having extended professionality with there being a continuum of professionality (Evans, 2009). A similar approach could be taken to describe OHS practitioners and professionals. Table 1, which gives some professionality descriptors for OHS using Hoyle’s professional orientation attributes for teachers as examples, highlights the role of conceptual and technical knowledge as part of extended professionality.
Table 1: Application of Hoyle’s professionality attributes to OHS

<table>
<thead>
<tr>
<th>OHS Practitioner</th>
<th>OHS Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted professionality</strong></td>
<td><strong>Extended professionality</strong></td>
</tr>
<tr>
<td>• Advice based on experience and what “seems to work”</td>
<td>• Advice based on conceptual and technical knowledge mediated by experience</td>
</tr>
<tr>
<td>• Decisions made based on own personal moral code</td>
<td>• Decisions governed by professional code of ethics</td>
</tr>
<tr>
<td>• Little/no reflection or analysis of their own practice or engagement with the profession</td>
<td>• Reflective and analytical in their own practice and open to the input of peers</td>
</tr>
<tr>
<td>• Infrequent reading of professional literature</td>
<td>• Regular reading of professional literature including peer-reviewed literature</td>
</tr>
<tr>
<td>• Avoid change and are set in their ways</td>
<td>• Welcome and test new ideas</td>
</tr>
<tr>
<td>• Perspective limited to the immediate in time and place</td>
<td>• Perspective embraces the broader organisational and social context of the advice</td>
</tr>
<tr>
<td>• Introspective with regard to approaches</td>
<td>• Approaches compared with those of colleagues and reports of practice</td>
</tr>
<tr>
<td>• Value placed on autonomy</td>
<td>• Value placed on professional collaboration</td>
</tr>
<tr>
<td>• OHS advice and risk control seen as an intuitive activity</td>
<td>• OHS advice and risk control seen as a rational activity informed by an evidence base.</td>
</tr>
</tbody>
</table>

2 Scope of the project and some definitions

In developing the project and the methodology the Technical Panel spent some time clarifying the scope of the project and defining key terms. The following questions and answers provide an important base of understanding for anybody reading or applying the core Body of Knowledge for generalist OHS professionals.

Who is the generalist OHS professional?

For the purposes of this project a generalist OHS professional is defined as “one who applies a generalist Body of Knowledge to provide enterprises with advice on the organisational arrangements that will lead to the systemic and systematic management of OHS to prevent fatality, injury, disease and ill-health (FIDI). This advice may be given from within as an employee of the business or from without on a fee-for-service- basis”. This role is differentiated from that of an OHS specialist who applies high level knowledge and skills from a particular domain/discipline to solve specific problems. Some OHS specialists may also be OHS generalists but it is not a pre-requisite for working in a specialist field. The generalist OHS professional may also undertake activities related to claims management and return to work, environment and sustainability, or security, but these allied fields are not
considered in the core Body of Knowledge for the OHS generalist professional and they may be bodies of knowledge in their own right.

**What is an OHS body of knowledge?**
The OHS body of knowledge is the collective knowledge that should be shared by Australian generalist OHS professionals to provide a sound basis for understanding the aetiology and control of work-related fatality, injury, disease and ill-health (FIDI). This knowledge can be described in terms of key concepts and language, its core theories and related empirical evidence and the application of these to promote a safe and healthy workplace.

In defining the Body of Knowledge it is recognized that knowledge is not static. Rather it is continually being re-interpreted and evolving through people engaging with and applying the knowledge and conducting research to extend the knowledge. Experience is also an important contributor to knowledge and its application. Therefore it should not be assumed that any educational program can address the whole of the core Body of Knowledge for the generalist OHS professional.

**What is the scope of the body of knowledge?**
The scope is restricted to the core that all generalist OHS professionals would be expected to engage with. It is assumed that the generalist OHS professional will have additional areas of knowledge based on their background, education and experience. This variation in areas of expertise is important in addressing the range of OHS issues in various industries and environments and should be supported, but it is the core that all generalist OHS professionals should share that is the topic of this project.

**Who is the audience for the Body of Knowledge? How will it be used?**
The key audience, or main target groups, for the Body of Knowledge are:
- educators of OHS professionals who will use it to inform the development of their learning programs;
- OHS professionals who will use it to guide their professional development;
- OHS professional bodies that will use it as a basis for course accreditation and professional certification.

The Body of Knowledge will also be important to regulators, employers and recruiters as a standard for OHS professionals.

**What will the body of knowledge look like?**
The Body of Knowledge will be an electronic document formatted as an edited book comprising a series of papers. Each paper will address an identified concept, providing a synoptical description of the concept and sub-concepts, the historical development of the concept with reference to key papers and the application of the concept to understanding the aetiology and control of work-related fatality, injury, disease and ill-health (FIDI). The book will also have chapter(s) providing an overview of the structure and how the concepts interact and overlap.
3 Principles underpinning development of the body of knowledge

A range of principles underpin the development of the core Body of Knowledge, some of which were espoused in the grant application others have been enunciated by the Technical Panel in their discussions to arrive at a structure for the Body of Knowledge.

The first principles related to the rigour underpinning the development of the Body of Knowledge.

- There would be a broad range of inputs in developing the structure and content for the Body of Knowledge including Australian and international sources, educators and academics, OHS professionals and OHS professional bodies and other interested parties;
- The Body of Knowledge would not be based on people’s opinion but be derived from the evidence-base reported in the professional peer-reviewed literature.

The second group of principles related to the nature of the Body of Knowledge. The Body of Knowledge was:

- Not a text book;
- Not a program of study or a course;
- Not a series of dot points;
- A statement of concepts presented in such a way that it would be open to OHS professionals to assimilate the knowledge into their own mental models, conceptual frameworks and work context.

The third group of principles related to application of the Body of Knowledge. The Body of Knowledge would:

- Inform OHS education but not prescribe a curriculum;
- Be able to be applied in different frameworks and contexts;
- Provide a basis for course accreditation and professional certification;
- Inform Continuing Professional Development.

Any person reading, providing comment on or applying the Body of Knowledge should be aware of these principles which have informed the development of the Body of Knowledge.

4 Process for developing the Body of Knowledge

4.1 Initial activities

Formal discussions on defining the Body of Knowledge for Generalist OHS Professionals began at a workshop for the representatives of HaSPA sponsored by WorkSafe Victoria in April 2008. This workshop chaired by Professor Dennis Else from the University of Ballarat came to two key resolutions. It was identified that:

- OHS is a multi-disciplinary field of practice;
• OHS professionals should be able to understand and explain the aetiology of workplace fatalities, injuries and disease.

Discussions at this workshop resulted in the development of the “flower model” for conceptualising the OHS body of knowledge. Under this model the body of knowledge can be visualised as comprising core knowledge (however that is eventually defined) as the centre of the flower, and borrowed knowledge, the petals, from a range of disciplines. While the Technical Panel now believes that we have moved on from this model it provided a useful starting point.

At a second workshop held in April 2008, hosted by the Safety Institute of Australia, the three Victorian Universities providing OHS professional education shared their teaching approaches and underpinning principles. This was an important starting point in enabling the key players to begin to appreciate the magnitude of the task in coming to a shared understanding of what the OHS body knowledge might be. This sharing resulted in identifying a common theme throughout the various programs (although expressed in different ways) as being a systems framework.

The background for the third workshop, held in July 2008, was set by two papers presented by Linda Evans (2008) and Susan Leggett (2008) at the VIOSH Australia, University of Ballarat 30th Anniversary Conference. All OHS educators within Australia were invited to participate in this workshop and a small number of interstate OHS educators attended. Dr Evans, a Reader in Education from Leeds University in the UK, introduced Hoyle’s (1975) notion of “extended professionality” and Susan Leggett, presented an overview of the Fawcett (2005) framework used for structuring the nursing body of knowledge. An outcome of this workshop was that Hoyle’s (1975) professional orientation attributes for teachers were considered useful as a basis for constructing the professional orientation attributes for OHS practitioners.

Discussions and consultation as part of the preparation of the submission for a grant from WorkSafe Victoria also provided further opportunity to identify areas of common ground and differences held by the Victorian OHS educators and the programs provided by the various universities.

4.2 A process model

On commencement of the project the Technical Panel decided that rather than taking an existing Body of Knowledge from another discipline as an exemplar, they would take a fresh look at the task. They were guided in their deliberations by Assoc Professor Jim Sillitoe of the Institute of Professional and Organisational Learning at the University of Ballarat (Technical Panel meeting 16/7/09). The model discussed was that used by Robert Maynard Hutchins of the University of Chicago who, in 1952, was the editor of a project to define the Body of Knowledge of Western Culture, which was updated in 1990. While comparing the development of the Body of Knowledge of the generalist OHS professional with that of Western Culture might be considered somewhat presumptuous, the Technical Panel found
that this process provided a useful base which could then be modified to suit the OHS environment, the task, and the pragmatic requirements of the project. It also ensured that there was rigour in the methodology.

Figure 1 outlines the planned process for developing the Body of Knowledge with Step 1, Data collection and Step 2, Data Analysis having been completed.

4.3 Initial data collection

As described in Figure 1, Stage 1, Data Collection involved collecting data to answer a set of questions:

- What databases currently hold OHS references, resources?
- What do universities currently teach?
- What were the findings of the ALTC study Safeguarding Australians: Mapping the strengths and challenges toward sustainable improvements in OHS education and practice?
- What are the requirements or standards of professional bodies for course content or professional knowledge?
- What key papers/references influence OHS professionals?
- What do current generalist OHS professionals do/should do?
- What data or information is available that might impact on priorities for generalist OHS professionals?

All Australian universities providing professional education for generalist OHS professionals (17) were asked to provide information on course content and reading lists; fifteen universities responded to this request. Information was also obtained from professional bodies including the Safety Institute of Australia (SIA), the Institute of Occupational Safety and Health (IOSH), the American Society of Safety Engineers (ASSE) and the US Board of Certified Safety Professionals (BCSP). Past research on what OHS professionals do (Borys, Else, Pryor, & Sawyer, 2006; Hale & Guldenmund, 2006; Pryor, 2006; Toft et al., 2009) was reviewed for information on what OHS professionals do/should do. Australian and international (WHO) information and policies were reviewed for information on OHS priorities.

4.4 Development of a draft structure

The Technical Panel worked with this information over two workshops to develop four conceptual frameworks for potentially describing the OHS Body of Knowledge. These frameworks are shown in Appendix 1. Frameworks for describing a Body of Knowledge for other professionals including physiotherapists and dietitians also informed the discussions.

These frameworks were then presented to a six-person Professional Reference Group convened for the purpose by the Dean of the SIA College of Fellows. The members of the Technical Panel worked with the Reference Group to identify a preferred model. The various models discussed are given in Appendix 2 while in the round-up discussion the “Pensieve
Model” received general support. The data collected from universities, professional bodies and other sources was then mapped against this model.

The current status of the representation of the Core Body of Knowledge for OHS Generalist Professionals is as described in Part B of this paper. This draft model will be the subject of a two-day workshop with OHS educators from all Australian universities providing OHS generalist education, the SIA College of Fellows Professional Reference Group and representatives of HaSPA. This workshop will be held in Melbourne on the 17th and 18th of February 2010. Figure 2 provides a time line for these development activities.
Figure 1: Process for development of the OHS Body of Knowledge

1. Data collection
   - BoK Technical panel Workshop
   - SIA College of Fellows Professional Reference Group

2. Data analysis
   - Draft framework
   - OHS educators, SIA College of Fellows Reference Group and HaSPA Workshop

3. Consultation
   - Document describing framework and concepts with a short paper on each concept including:
     - an outline of the concept
     - a summary of the development of the concept(s) with key references
     - justification for inclusion of the concept
     - recommended reading list for the concept

4. BOK developed
   - OHS professionals Employers Surveys
   - Employer bodies, Recruiters, Unions bodies OHS regulators, Professional associations

5. Validation
   - Revised concept outline and papers
   - OHS professionals Focus groups

- Draft BOK circulated for comment and feedback
- Final BOK for generalist OHS professionals

02-02-10
5 Summary

The need for a defined core Body of Knowledge for generalist OHS professionals as part of a professional certification program has been identified by a number of writers and studies including in the 2004 Victorian review of OHS legislation. WorkSafe Victoria has funded a project, owned by the Victorian Health and Safety Professionals Alliance, with financial management by the Safety Institute of Australia, to define and implement the core Body of Knowledge required by independently practicing generalist OHS professionals. The technical management and implementation of the project is by a Technical Panel comprising representatives of the SIA OHS Education Chapter and the Victorian universities providing OHS generalist professional education. While based in Victoria this Panel has a charter to ensure consultation and engagement nationally.

Preliminary discussions and workshops involving OHS educators and the Safety Institute of Australia enabled this project to make significant progress in the seven months since the funding was announced in June 2009. Data has been gathered from most Australian universities providing OHS generalist education and from other national and international sources. The data gathering and analysis process adopted by the Technical Panel has been loosely based on the approach taken to define the Body of Knowledge of Western Culture. Workshops attended by members of the Technical Panel and also the SIA College of Fellows Body of Knowledge Professional Reference Group have resulted in a draft concept outline and way of thinking about the Body of Knowledge that will be work-shopped further with educators and others in February 2010.
This description of the core Body of Knowledge for generalist OHS professionals should be read in the context set in Part A of this paper.

This core body of knowledge describes the collective knowledge that should be shared by Australian generalist OHS professionals to provide a sound basis for understanding the aetiology and control of work-related fatality, injury, disease and ill-health (FIDI). This knowledge may be applied in different frameworks and contexts. It is assumed that generalist OHS professionals will have additional areas of knowledge based on their background, education and experience. As experience is an important contributor to knowledge and its application it should not be assumed that any one educational program can address the whole of the core Body of Knowledge for the generalist OHS professional.

The Body of Knowledge comprises key concepts and language, its core theories and related empirical evidence and the application of these to promote a safe and healthy workplace.

Levels in the OHS Body of Knowledge

The purpose of the discipline of occupational health and safety is to understand the aetiology and control of work-related fatality, injury, disease and ill-health (FIDI). This understanding is expressed through knowing why FIDI occur and why certain actions are required and knowing how to take action.

Kim (1993) introduces this two phase approach to learning with “know how” being the physical ability to produce some action and “know why” being the ability to articulate a conceptual understanding of an experience. Kim gives the example of a carpenter who has mastered woodworking skills without understanding the concept of building structures such as tables, and a carpenter who has knowledge of design but no complementary woodwork skills. Both aspects of knowledge are important to an effective professional.

For the OHS professional, knowing why is based on concepts, perspectives related to those concepts and the underlying literature; knowing how relates to activities undertaken which require that a framework is applied to the concepts to solve a problem in a given context. Thus the core Body of Knowledge for generalist OHS professionals is described at two levels; knowing why and knowing how.

Level 1: Know Why - Key concepts

Level 1 describes the key concepts for knowing why FIDI occur and why certain actions are required.

“Concepts” are defined by Babbie (in Fawcett, 2005, p. 4) as a word or phrase that summarises ideas, observations and experiences. She describes concepts as tools that
provide mental images that can facilitate communication about and understanding of a phenomena; they are not real entities.

The *Pensieve* described by J K Rowling in the novel, *Harry Potter and the Goblet of Fire* offers a useful analogy for this level of the Body of Knowledge and so a way of thinking about the OHS Body of Knowledge. In Chapter 30 the hero discovers a mysterious bowl in his Headmaster’s study. The Pensieve is a stone basin that contains a silver white gaseous cum liquid substance that emits a silvery light. The substance comprises the thoughts of the headmaster. When he has too many thoughts cramming his mind he siphons the excess into the basin and examines them at his leisure. This makes it easier for him to identify patterns and linkages.

In applying this analogy to the OHS Body of Knowledge; the basin itself provides some boundaries within which the Body of Knowledge sits; the Headmaster’s thoughts are analogous to the key concepts that underpin OHS and are specific to the domain of the generalist professional. The concepts are drifting in an unstructured fashion but within the boundaries of the basin. The links are made naturally by the flowing of the concepts within the basin but they are also made by the OHS professional who looks into the basin, who draws on the key ideas to suit the problem or situation. Similarly OHS educators will make links in developing a curriculum or program of professional education.

The generalist OHS professional should have an understanding of these concepts, their sub-concepts or components, the underpinning evidence for the concept, and its development. However, as concepts are abstract, the OHS professional also needs to organise the concepts into a framework in order to solve a problem.
There may be other concepts to add. Also some concepts have sub-concepts listed; this does not mean that the others do not have sub-concepts but that they have not yet been defined.
Level 2: Know how to take action: Applying a framework to solve a problem

In applying the key concepts, the OHS professional in their practice will apply a framework to assist in organising this complex information. The framework will vary depending on the problem to be solved, the context and the pre-existing knowledge and the personal mental model held by the OHS professional. Mental models (as described by Senge in Kim, 1993, p. 39) are deeply held internal images of how the world works, which have a powerful influence on what we do because they also affect what we see.

Some examples of conceptual frameworks will be developed as part of the definition of the Body of Knowledge. These examples might include a process framework such as a risk management process; a human-centred, or ergonomic framework; an engineering framework or a medical framework. In many cases the actual framework applied will integrate aspects of more than one framework. Development and definition of the OHS Body of knowledge will also recognise that there may be more than one way to view a problem and so more than one way to organise and apply the conceptual framework.

As the OHS professional creates a framework in applying the concepts it is also anticipated that OHS educators will apply a framework in curriculum development for professional education programs. This framework will likely be influenced by factors such as the home faculty and the target group for the program. What is important and what is different to the current situation is that all programs for professional education will be able to demonstrate that the key concepts are addressed within the selected educational framework.
References

Bennett, S. (2009). Submission for funding: Development and implementation of the body of knowledge for generalist OHS professionals Melbourne Health and Safety Professionals Alliance


Appendix 1: Initial conceptual frameworks put forward by the Body of Knowledge Technical Panel
FRAMEWORK 1

The BoK will provide the generalist OHS professional with a sound basis for understanding the aetiology and control of work related fatalities, injury, disease and ill-health (FIDIs).

The above model conceptualises the context and processes the professional has to use to understand & control FIDIs. It is expanded on in the following slides.

Framework for the body of knowledge for OHS Professionals
Framework for the body of knowledge for OHS Professionals (Detailed)

<table>
<thead>
<tr>
<th>Understanding Aetiology of FIDI</th>
<th>Control of Causes of FIDI</th>
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<tbody>
<tr>
<td><strong>Risk</strong></td>
<td><strong>Risk Assessment</strong></td>
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<tr>
<td>Context</td>
<td>Data collection</td>
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<tr>
<td>Macro Drivers</td>
<td>Design –</td>
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<tr>
<td>Social / Legal</td>
<td>Appropriate methodology</td>
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<td>Community</td>
<td>&amp; limitations</td>
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<tr>
<td>Industry</td>
<td>Measurement</td>
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<tr>
<td>Type of Hazard</td>
<td>for end hazard</td>
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<tr>
<td>Organisational</td>
<td>Records</td>
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<tr>
<td>Business &amp; Technology</td>
<td>Risk Evaluation</td>
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<tr>
<td>Workplace</td>
<td>Evaluation</td>
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<td>Structure &amp; employment conditions</td>
<td>Methods –</td>
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<tr>
<td>Business &amp; Professional</td>
<td>Appropriate use &amp;</td>
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<tr>
<td>Ethics</td>
<td>limitations</td>
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<tr>
<td>Meta-skills</td>
<td>Risk Management</td>
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<td>6D skills</td>
<td>Appropriate</td>
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<td>Problem solving</td>
<td>use of</td>
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<td>Negotiation</td>
<td>PPE</td>
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<td>Teamwork</td>
<td>Engineering</td>
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<td>Project Mgt</td>
<td>Design</td>
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<td>General</td>
<td>Ventilation</td>
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<td>Chemical</td>
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<td>Organisation</td>
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<td>Relationships</td>
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<td>Violence</td>
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<td>Workplace</td>
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<td>Performance</td>
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<td>Emerging hazards</td>
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| Communication                    | **Risk Control**          |
|                                 | Prevention                 |
|                                 | Organisational             |
|                                 | Culture                    |
|                                 | Leadership                 |
|                                 | Mindfulness                |
|                                 | Work design                |
|                                 | Work organization          |
|                                 | Org Change                 |
|                                 | Training                   |
|                                 | Education                  |
|                                 | Information                |
|                                 | Systems                    |
|                                 | Management                 |
|                                 | Records                    |
|                                 | Safety Mgt                 |
|                                 | Engineering                |
|                                 | Design                     |
|                                 | Ventilation                |
|                                 | Locking                    |
|                                 | Personal                   |
|                                 | Procedures                 |
|                                 | Behaviour                  |
|                                 | PPE                        |
|                                 | Mitigation                 |
|                                 | Emergency Mgt              |
|                                 | PR & WH & Lab              |

| 02-02-10                         |
FRAMEWORK 2

Explanation of framework
1. Hazards and risks exist within a complex system (depicted by the overall model above). Within this model, the risk management process for which OHS professionals are responsible is shown in brown. OHS professionals are responsible for managing OHS risks and related hazards within the work system, which includes everything internal to the blue rectangle (i.e. the work system is conceptualised here as all of the above model except the outer, risk management layer).

Black arrows pointing outwards from the work system to risk management processes indicate that the types/levels of OHS risks and related hazards in any given situation should influence risk management activities.

Brown arrows pointing inwards from risk management processes to the work system indicate that various aspects of the work system should be considered during the risk management process – depending on the nature of risk(s) present.

2. The central purpose of OHS practice is to promote the health and safety of people at work.
This model therefore depicts the characteristics of people at work (particularly those characteristics that may affect their vulnerability to work-related injury or disease) as central to the process of managing work-related risks.

3 Central to “work” is the performance of one or more work tasks, performed at a workstation (meaning a particular location and related plant/equipment/tools). This model therefore depicts (in red) the central person as performing a work task. Relevant hazards are those stemming from work performance itself (e.g. due to physical over-exertion; stress stemming from excessively fast line speed; etc).

4 The tasks performed by workers constitute their overall “job”, which is performed in some kind of wider environment within which work tasks are performed. The model depicts (in green) various types of hazard stemming from job characteristics (e.g. excessive workloads, inadequate support/resources) and the workplace environment (organisational, chemical, psychosocial, physical, etc). As indicated green arrows pointing in towards the worker, these hazards affect the risk to which workers are exposed.

5 Work performance and workplaces exist within a broader context, various aspects of which affect the types and levels of risk to which workers are exposed. The model depicts (in blue) some of these broader contextual influences on risk (e.g. OHS legislative and regulatory factors, industry sector, community values and expectations, etc). As indicated by the blue arrows, these variables may affect the presence/severity of hazards at both workplace/job level (green) and task performance (red) level.
FRAMEWORK 3

In this option the key concepts are considered to be context free but they may be “themed”. In this case they are grouped into global concepts, then concepts broadly related to understanding aetiology and control. It is considered that the OHS professional and educator will apply a framework when applying the concepts.

This may not be the complete list of concepts but as the “core” is the focus of this project the number of should be kept to a minimum. Some concepts have sub concepts listed; this does not mean that the others do not have sub-concepts but that they have not yet been defined.
1. The purpose of our discipline is to:
Understand the aetiology and control of FIDIs

2. In relation to work, humans, health and safety as global concepts

3. The understanding is expressed through knowing "why" and knowing "how"

Knowing "why" is based on concepts, perspectives related to those concepts and the underlying literature. Knowing "how" relates to a set of activities undertaken.

Examples of concepts and activities

- **Concepts and their related perspectives**
  - Risk + perspectives
  - Hazard + perspectives
  - Control + perspectives
  - Culture + perspectives
  - Behaviour + perspectives
  - Cognition + perspectives
  - Management + perspectives
  - Aetiology + perspectives
  - Etc.

- **Activities**
  - Assess risk
  - Communicate and consult
  - Inspect workplaces
  - Audit safety management systems
  - Develop policies and procedures
  - Develop and conduct training
  - Investigate accidents
  - Lead or advise on organisational change
  - Propose improvements to safety culture
  - Etc.

Worked example

Know why | Know how
---|---
Risk | Assess risk
| Mediated by
Hazard | Culture
| Gives rise to
Appendix 2: Interim models developed in the workshop with the SIA College of Fellows Professional Reference Group and the Technical Panel
This model identifies five global concepts; hazard, work practice, systems, culture and leadership with these concepts all interacting in a hierarchical way and contribute to the occurrence of fatality, injury, disease and ill-health.
MODEL 2

- Adjust the definition to include:
  - Organisational well-being
  - Reduce FIDI
- Use Option 3 from the initial models
  - Add design to context
  - Add ‘organisational well-being’
  - Move bottom box to top and label it ‘Context’
  - Current top box labeled ‘Concepts’

MODEL 3

In this option the Pensieve described by J K Rowling in the novel, *Harry Potter and the Goblet of Fire* was considered to offer a useful analogy for the conceptual level of the Body of Knowledge. In Chapter 30 of *Harry Potter and the Goblet of Fire* the hero discovers a mysterious bowl in his Headmaster’s study. The Pensieve is a stone basin that contains a silver white gaseous cum liquid substance that emits a silvery light. The substance comprises the thoughts of the headmaster. When he has too many thoughts cramming his mind he siphons the excess into the basin and examines them at his leisure. This makes it easier for him to identify patterns and linkages.

In relating the penseive to the OHS Body of Knowledge, the basin itself provides some boundaries within which the Body of Knowledge sits; the Headmaster’s thoughts are analogous to the key concepts that underpin OHS and are specific to the domain of the generalist professional. The concepts are drifting in an unstructured fashion but within the boundaries of the basin. The links are made naturally by the flowing of the concepts within the basin but they are also made by the person who looks into the basin, who draws on the key ideas to suit the needs of that person or situation in activities such as curriculum design, and OHS problem solving.