Critical Reflection on the SIA’s professional project and the Body of Knowledge

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Abstract

Over the last few years the Safety Institute of Australia (SIA) has developed and implemented a number of strategies to gain professional status for the ‘generalist occupational health and safety professional’. Two of the most significant developments have been the publication of the ‘Core Body of Knowledge for the Generalist OHS Professional.’ and the accreditation of university OHS courses.

Despite a considerable amount of work aimed at gaining professional status there has not been any public debate or reflection about how the professionalisation project may impact on OHS and how the project is being conducted. Professionalisation has been vigorously promoted as a sign of maturity for the SIA and which will provide unmitigated benefits for workplace health and safety.

The aim of this paper is to critically reflect on the processes of professionalisation (the professional project) and discuss some of the ways in which this project may shape the field of occupational health and safety. The implications for the role of universities will also be discussed.

The OHS profession

To date the research and scholarship on the safety profession has been largely directed towards classifying and describing the role of the professional and aiming for standardised competencies. Research conducted at the NTNU Norway & TU Delft Netherlands has led the field, see for example; Hale et al. (1986), Hale (1995), Hale (2002),Ytrehus (2003), Hale & Ytrehus(2004). This work has described many aspects of role of the safety professional (NB. In Europe the term safety professional’ appears to have been more widely used than OHS professional). In Australia there have been similar studies by Pryor (2010), Pryor & Sawyer (2010) and Borys et al (2010). However these studies in Australia and overseas generally assume that the professional project is unproblematic and appear to have been undertaken on the underlying assumption that professionalisation and improvement in OHS are the synonymous.

The professional project

The SIA has based its broad concept of an ‘OHS generalist professional’ on the definition adopted by Professions Australia as outlined below.

*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 and skills in a widely recognised body of learning derived from research, education and training at a high level, and
who are prepared to apply this knowledge and exercise these skills in the interest of others." (Professions Australia, 1997)

However, while this definition may be good for public relations it is not supported by the research into the role and function of professions. There is now an extensive body of sociological research, developed since the 1960’s, which has provided a framework for a more critical appraisal of the professions. Much of the early work was based on studies of the traditional professions, such as law and medicine but now covers wide range of professions.

Based on the research evidence it is now generally accepted that professions share a number of common features; in general professions aim to;

- exclude others from practicing
- increase the status and financial rewards for members
- define a curriculum knowledge base
- be recognised by the state

Larson (1977) is credited with developing the idea of the ‘professional project’ which explores the actions occupational groups take to further their economic and social position by developing a monopoly over specific skills and knowledge and controlling who has access to that knowledge. The original work by Larson (1977) has been supported by numerous studies which have demonstrated that professions are primarily based on the twin foundations of monopoly and closure, (MacDonald 1995, Ackroyd & Muzio 2004). However, although it has been demonstrated that self-interest is a major driver in the professional project it does not mean that all the aspects of professionalism are negative or that in some professions altruism is not operating.

**Definition of the problem by the SIA**

In developing the case for professionalisation the SIA characterised the current problem which the SIA was solving as comprising of three factors;

1. No regulatory framework or education requirements for OHS professionals
2. Lack of uniformity across OHS education programs
3. No benchmark for assessing the competence of those giving OHS professional advice

Following on from these identified factors it was then argued that this situation could adversely affect OHS in Australia, (Australian OHS Accreditation Board ND). This argument about the lack of uniformity in OHS was also advanced in the by Toft et al (2010) in a major report for the Australian Learning & Teaching Council. However the argument from the identified premise/s does not necessarily follow. For example, there is no published evidence that lack of uniformity across university courses has any adverse impact on OHS in Australia. Furthermore, the reported impetus for the SIA to develop the Body of Knowledge (BoK) was a grant from Victorian WorkCover because the Victorian WorkCover was concerned about the inaccurate advice that some consultants had been giving to employers, but there was no published evidence to show that the incorrect advice had been given by graduates of tertiary OHS courses.

**The generalist OHS professional and closure**
The occupation of the generalist OHS professional has emerged from the more narrowly defined safety officer (Hale 2002). In Australia, the broadening of the occupation of safety officer was initiated by the Robens style legislation in 1970’s and 1980’s, as well as social and labour movement activism to gain recognition of occupational disease. This new style legislation combined the provisions for occupational safety and occupational health in one statute and introduced the general duty of care. This major change in the scope, coverage and intent of the legislation was then reflected in the organisation of the jurisdictional inspectorates and the organisation of the OHS function in organisations. The revamped inspectors now had to deal with both occupational health and occupational safety issues. In the same period tertiary OHS courses commenced and these courses generally covered both occupational health and occupational safety.

The ‘generalist OHS professional’ seems to be a relatively new concept and a Google search on this term indicates that it is only used in Australia and originated with the SIA. It is apparently designed to distinguish this occupation from related but more clearly defined occupations, such as the ergonomist and occupational hygienist. Although it should be noted that the boundaries of these occupations are relatively porous and there are many ergonomists and occupational hygienists who are fulfilling roles as generalist OHS professionals.

The definition of the ‘generalist OHS professional’ is also designed to exclude those entrants without a university qualification and these people are assigned the role of the ‘OHS practitioner’. The OHS practitioner is generally assumed to be a person with a VET level qualification in comparison with the university graduate. It is perhaps relevant here to note that Ackroyd & Muzio (2004) found that in their study of the legal profession in the UK when the profession lost a degree of control of the production of legal graduates they developed more hierarchical structures within the profession so that those at the top of the profession could increase their earnings and status.

**OHS as a socio-technical process**

Although not immediately obvious the framing of OHS as primarily based on a large Body of Knowledge, which can only be gained through tertiary education, tends to undermine the conception of OHS as a social process which actively involves all those in the workplace and the tripartite social partners. The framing of OHS as a predominantly technical and scientific process which can only be undertaken by specialists could potentially have negative impacts on workplace health and safety because good practice OHS depends on a workforce informed and empowered to recognise problems and participate in developing solutions to these problems.

A reader of the Body of Knowledge would not gain a clear appreciation of the extent to which improvements in OHS have been due to the efforts of trade unions, the mass media and regulators. The important gains in OHS in the last few decades have been due to social action, government policy and regulation directed at well recognized hazards, such as chemical hazards, asbestos, working at heights, manual handling. Preventive action and control of these hazards has not generally being as a result of newly discovered scientific knowledge or the actions of professional societies.

**Control of the knowledge**
All professions exercise control over the knowledge of their members. Most often this is an undergraduate degree or a post graduate specialization or both. These entry level qualifications are then supplemented by continuing professional development (CPD). By accrediting tertiary OHS courses the SIA has now moved to control the knowledge base of OHS professionals.

However unlike other professional associations the SIA is tightly prescribing the knowledge that OHS professionals should have by using the BoK to audit OHS tertiary courses. Most other professions have been willing to let the universities develop the courses required for entry into the profession, which although similar in broad outline can vary considerably from university to university. It is not clear why the SIA has decided to base its approach on tight prescription when there is no published evidence that tertiary OHS graduates lacked any particular knowledge which was having an adverse impact of OHS.

In fact when the current tertiary OHS courses are examined they all seem to have a similar content, although it should be noted the volume of learning is not consistent. For example, masters degrees can be gained, in one year of study and in other cases they require two years.

Another apparent problem with the BoK is that in Australia tertiary education OHS is distinguished by being truly multidisciplinary and the current university courses reflect this approach. On the other hand, the BoK underplays the multidisciplinary nature of OHS by reassembling disciplinary knowledge without acknowledging the disciplinary origins. This means that much of the BoK content is de-contextualised, for example epidemiology does not appear as a BoK topic heading but some of the foundational principles of epidemiology are presented under the heading of ‘Models of Causation: Health’.

The BoK has recast a large volume of disciplinary knowledge which apparently could have more easily been accessed by referring to contemporary texts, Australian Standards and Codes of Practice and it is not clear why this approach was not taken. The volume of the BoK is certainly impressive but the reason for existence is unclear, unless it seen as a symbolic document created to give the impression that OHS was based on a large body of unified knowledge rather than a multidisciplinary area of knowledge with many contested areas and relatively low and undeveloped evidence base.

The Australian Qualifications Framework (AQF)

The SIA accreditation also relies on audit against the Australian Qualifications Framework (AQF) Levels 7, 8, 9. Although the AQF has been in use for a number of years in the VET sector it has recently been revamped to cover the tertiary sector. The use of the AQF by the SIA to some extent eases the burden of accreditation because Universities are now required to audit and comply with new AQF. However, the trend towards detailed prescription as embodied in the BoK is also found in the AQF which has applied the vocational education sector (VET) competency based learning model to the tertiary sector. A number of universities have expressed doubts about the tight prescription in the new AQF which has been seen as a shift from the central role of universities (in maintaining and creating knowledge) to employers (defining their knowledge needs) and students as consumers, (Wheelahan 2011), (Lane 2013) and (Vidovich 2012).
The SIA approach appears to mirror the VET approach to which strictly defines competencies and how they are to be assessed. However, technical competency is only part of what is needed from a professional in most fields. Increasingly OHS professionals are required to participate in solving complex problems and the tight prescription of the BoK may not be best way of preparing students for this type of team work.

Wheelahan (2011) has argued that tight prescription may not be an effective way of preparing students for complex problem solving and higher level tasks because the broader context of knowledge is lost in the detail of tight specification;

‘To insist that this should be so results in endless processes of specification that fragment knowledge and the access that students have to knowledge. This is reflected most strongly in competency based training which provides students with access to contextually specific knowledge as it is applied at work, but not the disciplinary system of meaning in which that knowledge is embedded (Wheelahan 2010)’

**The OHS course accreditation process**

The Australian OHS Education Board was set up under the auspices of the SIA. The main function of the Australian OHS Education Council (AOHSEB) is to accredit tertiary OHS education courses, (AOHSEB, 2013)

The accreditation process involves the AOHSEC appointed panel auditing the OHS course against a range of criteria, including the BoK and the AQF. If a University is successful in accreditation then the OHS qualification can be branded as being accredited by the AOHSC and given that a number of courses have already been accredited it will be difficult for any University not seek accreditation. Students will want attend accredited courses because completion of an accredited course becomes part of the requirement for professional membership of the SIA.

Currently professional membership of the SIA is not required to practice as an OHS professional however a number of employers are including SIA membership in their job selection criteria and as part of the professional project the SIA is actively working to extend this requirement as widely as possible so in a market where Universities are required to compete for students SIA/AOHSEC accreditation becomes compulsory for providers of OHS in the university sector.

**Conclusion**

The further development of a system of accreditation for OHS professionals is not in question, however it has been argued in this paper that more attention needs to be given to the potential downsides of the ‘professional project’ for the improvement of OHS. The negative effects could include the exclusion of other stakeholders in the social processes needed to improve OHS and the narrowing of the perspective of the OHS professional.

If the study by Ackroyd, S. & Muzio, D. (2004) on the British legal profession is any guide there the OHS professional project could also lead to an even more hierarchical structure for the SIA membership.
It has also been argued that the use of the current Body of Knowledge as a fairly tightly prescribed audit tool is not the most effective way of developing the necessary skills, competencies and knowledge for graduate and post graduate students. The use of the Body of Knowledge and the SIA accreditation process, together with the AQF, appears to have reduced the capacity of universities to decide what they teach and how they teach it. Although these challenges to the role of universities and academic freedom have been identified as a widespread trend in all market economies they need to be acknowledged in the OHS professional project.

REFERENCES


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