OHS Body of Knowledge

Model of OHS Practice

Core Body of Knowledge for the Generalist OHS Professional

S.I.A. Safety Institute of Australia Ltd

Australian OHS Education Accreditation Board

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Disclaimer

The OHS Body of Knowledge for Generalist
OHS Professionals has been developed under the
auspices of the **Health and Safety Professionals Alliance**

The Technical Panel established by the Health and Safety Professionals Alliance (HaSPA) was responsible for developing the conceptual framework of the OHS Body of Knowledge and for selecting contributing authors and peer-reviewers. The Technical Panel comprised representatives from:

The Safety Institute of Australia supported the development of the OHS Body of Knowledge and will be providing ongoing support for the dissemination of the OHS Body of Knowledge and for the maintenance and further development of the Body of Knowledge through the Australian OHS Education Accreditation Board which is auspiced by the Safety Institute of Australia.

Synopsis of the OHS Body of Knowledge

Background

A defined body of knowledge is required as a basis for professional certification and for accreditation of education programs giving entry to a profession. The lack of such a body of knowledge for OHS professionals was identified in reviews of OHS legislation and OHS education in Australia. After a 2009 scoping study, WorkSafe Victoria provided funding to support a national project to develop and implement a core body of knowledge for generalist OHS professionals in Australia.

Development

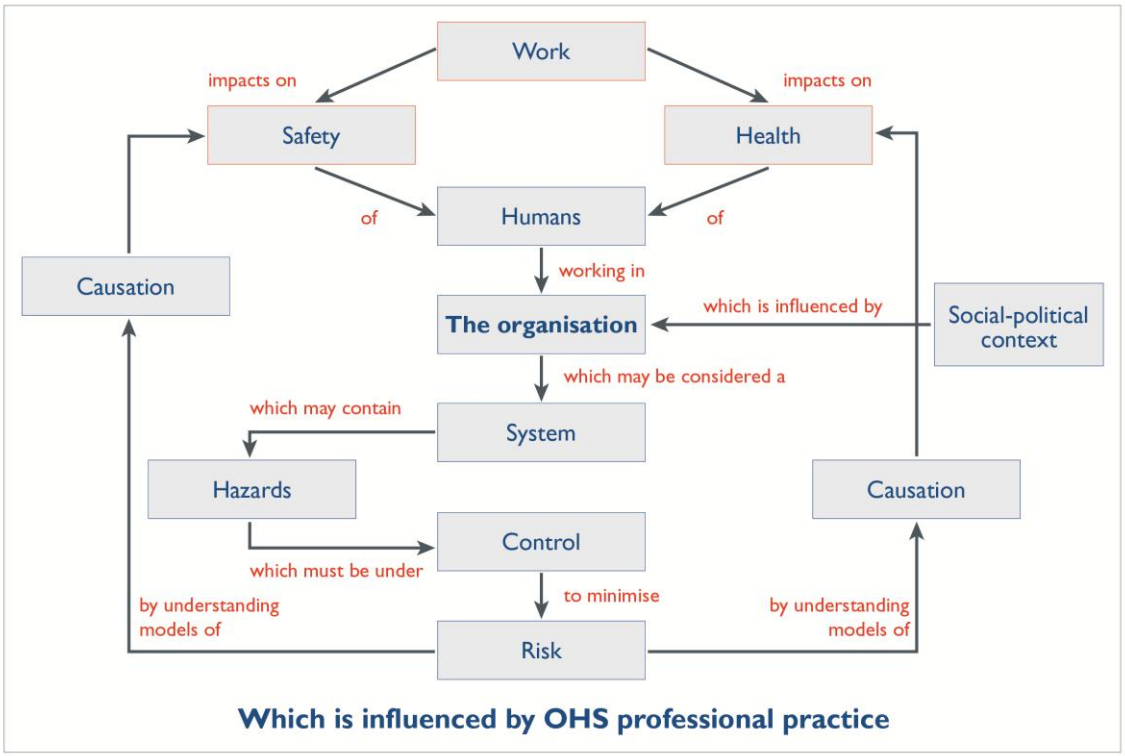
The process of developing and structuring the main content of this document was managed by a Technical Panel with representation from Victorian universities that teach OHS and from the Safety Institute of Australia, which is the main professional body for generalist OHS professionals in Australia. The Panel developed an initial conceptual framework which was then amended in accord with feedback received from OHS tertiary-level educators throughout Australia and the wider OHS profession. Specialist authors were invited to contribute chapters, which were then subjected to peer review and editing. It is anticipated that the resultant OHS Body of Knowledge will in future be regularly amended and updated as people use it and as the evidence base expands.

Conceptual structure

The OHS Body of Knowledge takes a 'conceptual' approach. As concepts are abstract, the OHS professional needs to organise the concepts into a framework in order to solve a problem. The overall framework used to structure the OHS Body of Knowledge is that:

> **Work** impacts on the **safety** and **health** of humans who work in **organisations**. Organisations are influenced by the **socio-political context**. Organisations may be considered a **system** which may contain **hazards** which must be under control to minimise **risk**. This can be achieved by understanding **models causation** for safety and for health which will result in improvement in the safety and health of people at work. The OHS professional applies **professional practice** to influence the organisation to being about this improvement.

This can be represented as:



Audience

The OHS Body of Knowledge provides a basis for accreditation of OHS professional education programs and certification of individual OHS professionals. It provides guidance for OHS educators in course development, and for OHS professionals and professional bodies in developing continuing professional development activities. Also, OHS regulators, employers and recruiters may find it useful for benchmarking OHS professional practice.

Application

Importantly, the OHS Body of Knowledge is neither a textbook nor a curriculum; rather it describes the key concepts, core theories and related evidence that should be shared by Australian generalist OHS professionals. This knowledge will be gained through a combination of education and experience.

Accessing and using the OHS Body of Knowledge for generalist OHS professionals

The OHS Body of Knowledge is published electronically. Each chapter can be downloaded separately. However users are advised to read the Introduction, which provides background to the information in individual chapters. They should also note the copyright requirements and the disclaimer before using or acting on the information.

Model of OHS Practice

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Model of OHS Practice

Abstract

This chapter describes the generation of a model of Occupational Health and Safety (OHS) practice. As part of Australia-wide consultation on the OHS Body of Knowledge, 137 members of the Safety Institute of Australia (SIA) participated in unstructured discussion about OHS professional practice. A second consultation stage comprised four focus groups with a total of 20 OHS professionals who participated in small-group model-building discussions. The consensus model derived from this consultation process has three elements: a cyclical model of the OHS problem-solving process, two metaskills that apply to all model components and a description of the areas of practice to which OHS professionals apply their skills. Although the model is presented as a work-in-progress that will benefit from further discussion and research, its existence will be useful in addressing OHS professional role-definition issues. Also, it will assist OHS educators in defining curricula, professional bodies in evaluating 'demonstrated practice,' and OHS professionals in identifying continued professional development requirements.

Keyword:
model of practice, professional, OHS, occupational health and safety

Contents

1 Introduction

Professions Australia's (1997) definition of a profession specified possession of "special knowledge *and skills*" (emphasis added). While the conceptual framework of the OHS Body of Knowledge addresses the knowledge base required by the OHS professional, consultation with OHS professionals and academics confirmed that the skills base for an OHS professional could be productively defined via development of a model of OHS practice. This chapter proposes such a model, and describes how it was developed and how it is intended to be used. While the model emerged as a result of extensive consultation, it remains a work-in-progress that will benefit from further discussion, research and refinement.

1.1 What is a model of practice?

The OHS Body of Knowledge Technical Panel saw the Model of OHS Practice as a conceptualisation linking understanding of OHS theory with its practical tasks and skill requirements. There is a paucity of information about 'models of practice' in any field of professional literature. Intuitively we know that there is a model of medical diagnostic practice which has evolved over time that leads medical practitioners to collect patient information, compare this to known pathologies and diseases, and to use this information to suggest treatment. However a search of the literature revealed that the term 'model of practice' could be interpreted in many ways from 'values' underpinning service to a step-wise approach to problem solving. Virtually no profession outside those providing health care have attempted to document the process or have formed a model of how they make decisions related to application of their professional knowledge.

In the face of this lack of clarity on models of practice, the authors decided to gather qualitative data about what current OHS professionals *do* when confronted with an OHS issue, and to form this opinion into a model that could be discussed with other professionals and develop a consensus model about how OHS professionals actually practice.

1.2 Why a model of practice is important to the OHS profession

Although the need for a model of OHS practice was not identified until mid-2010, the indicators were there for those who wished to listen. These included:

- Lack of employer and community understanding of what an OHS professional actually does (Moodie-Bain, 2008)
- Lack of distinction in Australia between the role and capabilities of university-educated OHS professionals and vocationally trained OHS practitioners (Hale & Guldenmund, 2006)
- An identified need for quality control processes for OHS consultants (HaSPA, 2009)

- Existence of a perception of the OHS role as trivial, bureaucratic or 'fun police,' and the call for "sensible risk" principles (Callahan, 2007). Indeed, while presenting at a Safety In Action Conference, Douglas (2010) called on OHS professionals/practitioners to lose the prevailing bureaucratic 'blocker/knocker' image and become observant, responsive knowledge- and skill-sharers who are integral to management solution-finding teams.
- The recognition that OHS professionals are most active in people-focused approaches to human error and compliance issues, and in implementing procedural and personal protective equipment solutions, rather than applying more modern approaches to OHS risk management (Pryor, 2006).

The existence of a model of OHS practice would address these role-definition issues and enhance the credibility of the profession.

2 Methodology for developing the model of OHS practice

In developing the conceptual framework for the OHS Body of Knowledge, members of the Technical Panel recognised the need for a concept of 'practice' and identified three areas which influenced it: (i) professional practice, (ii) practice skills and (iii) areas of practice. The subsequent development process for the model of OHS practice included two crucial consultation stages with OHS professionals – initial engagement sessions and focus group / group model building discussions.

2.1 Engagement sessions

In mid-2010, Body of Knowledge engagement sessions conducted in each Australian state and the Australian Capital Territory were attended by 137 OHS professionals. The purpose of these sessions was, firstly, to introduce OHS professionals to the conceptual framework for the OHS Body of Knowledge and obtain their feedback on its content and, secondly, to seek input from OHS professionals on what constituted OHS professional practice. Table 1 gives a summary of participants' responses to three questions: What is required for professional practice? What practice skills are required? What should be included under areas of practice?

Table 1: Components of OHS practice as identified in engagement sessions

PRACTICE	Identified components
Professional practice requirements	Ethical practice including working within own competency Taking responsibility for own work and being accountable for own work Referring to and working with other OHS professionals and specialists Evidence-informed practice Reflective practice and being open to peer discussion on practice Maintaining currency of knowledge (including 'landmark' events such as new standards, legislation, learning from disasters, as well as current industry practice) Continuing professional development Membership of and involvement in a professional body Contributing to the profession Networking to have a range of contacts and sources of information Knowledge transfer through professional practice
Practice skills required (including the theory behind the skills)	Strategic and management planning Project management Change management Understanding and working within a business context Budgets and financial management Communication Influencing and engaging Negotiation and conflict resolution Coaching and mentoring Preparation of written reports from basic to complex Speaking in groups and making oral presentations Knowledge management including searching/accessing, storing and retrieving required information IT skills (level and scope) Problem solving Critical thinking Being a researcher in the organisation Understanding and applying research to practice
Areas of OHS practice	*These are the core things that OHS professionals should be able to do.* Interpretation and application of specific legislation Evaluation and application of recognised models and tools (e.g. standards AS/NZS 4801, ISO 31000) Application of the Risk Management process Provision of advice and support for development, implementation and maintenance of OHS management approaches Evaluation of OHS performance (includes use of statistics) Auditing and compliance assurance Investigation Training Safety and health promotion

While the responses to these questions provided a good starting point, without a structure they offered limited guidance to OHS professional bodies needing to certify OHS professionals, to OHS educators wanting to provide a model of practice for the development of entry-level professionals, or for employers and regulators seeking a benchmark for good practice. Nor would they assist OHS professionals in evaluating their own practice. The stimulus for the way forward came from an engagement-session participant who asked, "Do we have a model of practice such as the medical profession has a model of medical practice?" This prompted members of the Technical Panel to formulate an initial response to the question, "How do OHS professionals approach a problem or issue?" Subsequently, this deliberation process was expanded and became more structured through the use of focus groups.

2.2 Focus groups

Informed by the process of group model building used in systems dynamics (Anderson & Richardson, 1997), the Technical Panel decided to hold focus group discussions to investigate OHS professional practice from a model-development perspective. Four focus group discussions were conducted involving a total of 20 tertiary-OHS-qualified SIA members who were working as generalist OHS professionals. Two of the focus groups involved internally employed OHS professionals and two involved external consultants in order to identify whether these groups used different models of practice.

Each focus group discussion was facilitated by a Technical Panel member, who explained the relationship of the model of practice to the OHS Body of Knowledge project, and how the output from the discussions would be used. A second Technical Panel member attended each session as a co-facilitator/reflector/record keeper. The result was an iterative process where the outcomes of earlier focus group discussions informed subsequent sessions.

At the beginning of the first two focus group discussions, the facilitator posed a typical problem that an OHS professional might encounter, and participants were given 10 minutes to reflect on how they would go about solving this problem. With the objective of arriving at a group model, each participant shared their approach to the problem with another participant and, subsequently, each pair shared their collated thoughts with the rest of the group. Areas of commonality and difference were explored. Also, the second-session participants were provided with the first-session outcomes and asked to reflect on the commonality between what they had developed and the output of the previous group. After each session, the various models were synthesised into a generic model by the authors.

Initially two models were developed – one representing the outcomes of the first group of internally employed OHS professionals and one representing the outcomes of the first group of external OHS consultants (Figures 1a and 1b).

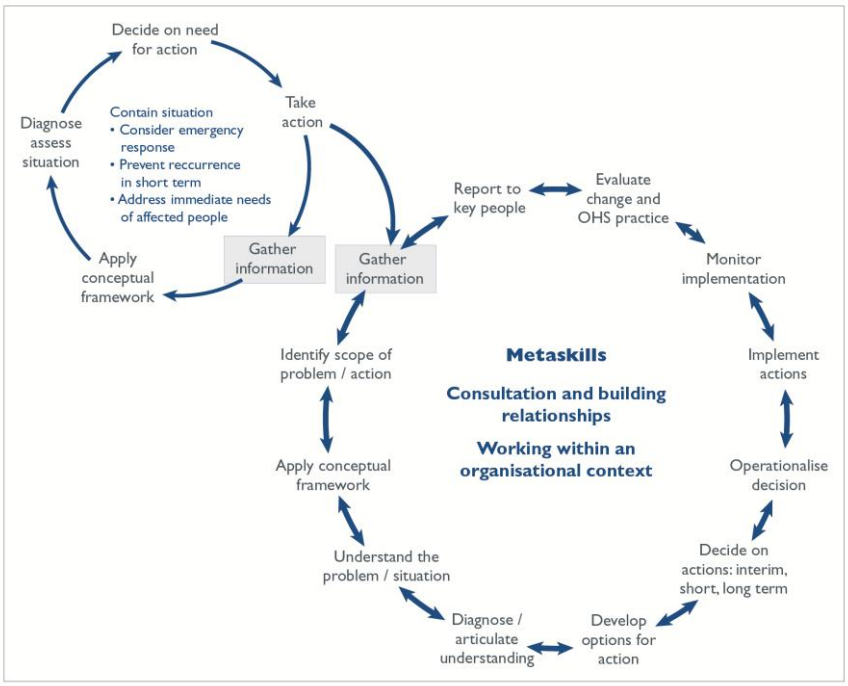

Figure 1: Preliminary Model of OHS Practice for internally employed OHS professionals

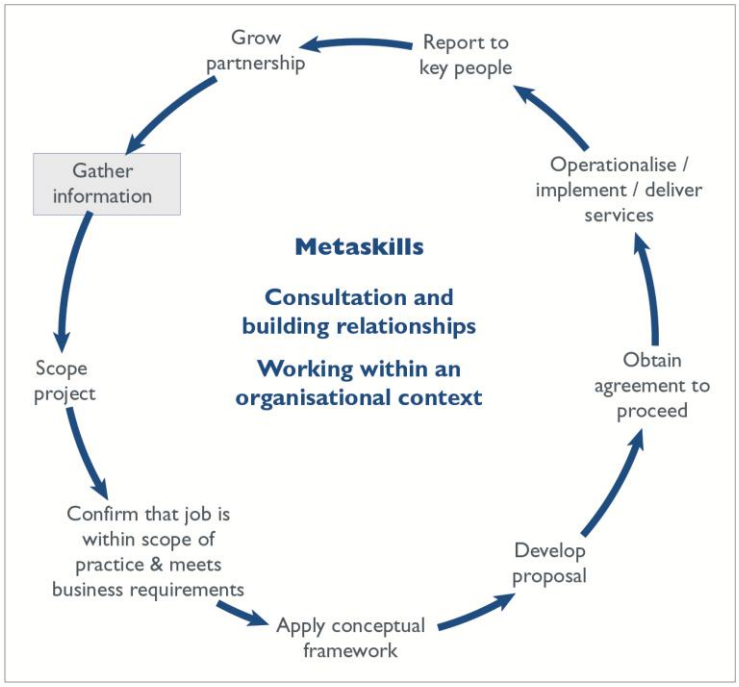

Figure 1b: Preliminary Model of OHS Practice for external consultants

Table 2: Metaskills associated with OHS Model of Practice

Metaskill 1: Consultation and building relationships	
Actions/thinking processes	**Professional practice skills**
Identify nature of organisation	Understanding organisational maturity and other tools for analysing organisations
Identify key personnel	Understand formal and informal organisational structure; understand rights and roles of champions and those affected by OHS actions and strategies
Identify required nature of relationship	Understand models of influence and consultant roles
Establish appropriate contacts within organisation	Interpersonal communication
Communicate and consult with stakeholders and key personnel	Active listening Managed conversation
Clarify role of OHS professional in the situation and the context	Ethical practice Working with other OHS professionals and specialists
Build relationships	Engage with people for influence Ethical practice to develop trust
Metaskill 2: Working within an organisational context	
Actions/thinking processes	**Professional practice skills**
Be aware of commercial, financial, market and other pressures on an organisation	Understand the internal and external context and its impact on the organisation
Understand the industry and nature of work	
Work with others within a management context	Business and management principles Budgeting and financial management
Communicate and consult with stakeholders and key personnel	Active listening Managed conversations
Promote the role of OHS in the business environment	Understand the internal and external context and its impact on the organisation Business and management principles Written, oral and interpersonal communication
Engage those in other functions and areas of the organisation	Understand the internal and external context and its impact on the organisation Engage with people for influence

The components of each preliminary model were deconstructed into three lists:

- metaskills that applied to all components of the model
- actions or thinking processes that reflected participants' cognition in their discussions to form the components of the model
- professional practice skills required to perform the tasks; these were often similar to the attributes identified in the initial engagement sessions.

Each list was then mapped to the components of the model by the authors (Tables 2 and 3).

Table 3: Actions/thinking and associated professional practice skills associated with OHS Model of Practice

Model of Practice component	Actions/thinking processes	Professional practice skills
Gather information	Ask, listen	Active listening Managed conversation Critical thinking (recognising/differentiating peoples' perception of reality)
	Observe people, practices, environment	Observation
	Review internal documents, records	Understanding the role of documentation to identify and prioritise required documents/records
	Review statistics	IT skills Data interpretation
	Review relevant external information including research	Literature access and review Knowledge management Networking/access to specialists
Apply conceptual framework	Process information	Critical thinking
	Draw on a conceptual framework	Evidence-informed practice Change management Understanding and applying research to practice
	Reference information against experience	Pattern recognition
	Reference information against evidence base	Evidence-informed practice Maintain currency of knowledge
Understand the problem/situation	Applying knowledge to the data enables understanding	Critical thinking
	Clarify goals, objectives, assumptions and pressures of key personnel	Analytical skills
Diagnose/articulate thinking	Develop statement of explanation	Analytical and synthesising
	Test statement of explanation and revise thinking if necessary	Purposeful communication Managed conversation Analytical/deductive thinking Understanding and working within an organisational context
	Articulate the problem	Clear, understandable speaking
Develop options for action	Develop options	Facilitation Engagement
Decide on options for action	Consider organisational environment	Understanding and working within an organisational context
	Consider external environment	Understanding and working within a business context
	Test options (may be physical or hypothetical)	Facilitation and consultation
	Identify preferred package of options	Understanding decision making processes Analytical skills
Operationalise	Identify champions, barriers and inhibitors	Change management Influencing
	Engage to get support	Engaging and influencing Negotiation (conflict management)
	Develop plan	Project management
	Communicate plan and required actions	Working with other OHS professionals and specialists Articulate speaking; convincing writing; good presentations
	Identify required support actions and resources	Working with other OHS professionals and specialists Influencing management Working within organisations
Implement actions	Support the implementation process	Coaching Mentoring Knowledge transfer through professional practice
Monitor implementation	Obtain feedback	Communication
		Taking responsibility for own work and being accountable for own work
Evaluate change	Monitor effectiveness of change	Reflective practice and openness to peer discussion on practice Analytical skills
	Modify plan as required	Responsiveness to environment
	Recommend further action as required	Influencing skills
Evaluate professional practice	Access research to identify implications for practice Review personal professional practice to identify areas for improvement	Reflective practice Accepting objective feedback through peer discussion and stakeholder feedback
Report to key personnel	Prepare written reports	Written communication IT skills
	Make oral presentations	Presentation and oral communication IT skills
	Informal reporting	Managed conversation

Members of the final two focus groups considered the comprehensiveness of these lists and whether further inclusions or exclusions were warranted. The results were incorporated into tables presented in section 3. Also, these group participants assessed the representativeness of the preliminary models. For example, the small additional cycle depicted in Figure 1a was included to cover situations that require immediate action, such as dealing with an emergency that necessitates a short information-gathering phase. Subsequent discussion led to the conclusion that such situations – although likely to be experienced more often by internally employed OHS professionals than external consultants – could be accommodated in a single model that served both types of OHS professional. Similarly, the final group of external consultants assessed the necessity for different models of practice for external consultants and internally employed OHS professionals. The consensus was that the differences between Figures 1a and 1b could be attributed to a business overlay by the external consultant, and to the manner in which consultants were often employed to perform specific tasks, resulting in a truncated application of the model. For example, a consultant may be requested to perform a certain task, implying that the diagnosis was undertaken by the client, and that the consultant would not be engaged in the evaluation of the outcome of their work. While mindful of these constraints, the externally employed OHS professionals agreed that the final model (see section 3) was an adequate and appropriate description of their OHS professional practice.

3 The Model of OHS Practice

The final model (Figure 2 and Table 4) represents the synthesis of input from members of the Technical Panel, engagement sessions and focus group participants as filtered through the lens of the authors' experience. The model has three elements: (i) a cyclic representation of the overall process (the process model) and a detailed breakdown of the actions and thinking underpinning each component of the process model; (ii) two metaskills applicable to all aspects of the model; and (iii) a list of 'areas of practice' where professional practice skills are applied.

3.1 Cyclic components

The cyclic representation of the process component of the Model of OHS Practice for the effective generalist OHS professional is shown in Figure 2. The model may be applied over short or long time frames and to emergency, strategic or local issues by internal or externally engaged OHS professionals. It is not intended that the components of the model be applied in a strictly sequential fashion; actual use is likely to include many feedback loops involving several components. For example, at any stage during the process of solving an OHS problem, a professional may realise the need for additional information and thus repeat the information-gathering stage which in turn should influence their diagnosis, subsequent recommendation for actions and evaluation of success.

In situations where an OHS professional enters the process after a problem has been identified by others within an organisation or by an OHS inspector, focus group participants considered that the OHS professional should, formally or informally, review the 'diagnosis' by applying their conceptual framework to understand the problem or situation and to clarify, or in some cases modify, the statement of the problem. Thus the cyclic components of the model may be applied to various contexts, time frames and situations, and each component should be considered as integral to OHS practice.

Figure 2: The Model of OHS Practice for generalist OHS professionals

3.2 Metaskills and professional practice skills

Collation of the outcomes of the initial engagement sessions and the focus group discussions led to identification of two metaskills: 'consultation and building relationships' and 'working within an organisational context.' Because it was established that these metaskills apply to every aspect of OHS professional practice, they are centrally positioned in the model. After deconstruction of the metaskills into actions/thinking processes and professional practice skills (Table 2), the key elements were incorporated into Table 4.

Table 4: Model of OHS Practice: OHS Practice Skills

Model of Practice component	Areas of practice
Consultation and building relationships (metaskill 1)	Consultation Purposeful written and oral communication Interpersonal skills
Working within an organisational context (metaskill 2)	Understanding of business and industry Understanding of organisational dynamics
Gather information	OHS legislation interpretation OHS performance evaluation Critical consumer of research Occurrence investigation Workplace inspection Monitoring data assessment
Apply conceptual framework	Relevant Body of Knowledge content Evaluation and application of recognised models and tools (e.g. standards AS/NZS 4801, ISO 31000, regulatory codes of practice, accident causation models, organisational culture models, complex systems models)
Understand the problem/situation	Critical thinking Understanding organisations
Diagnose/articulate thinking	Body of Knowledge content Advice provision Communication
Develop options for action	OHS legislation interpretation OHS management systems OHS risk management process Emergency preparedness Consultation Strategic planning
Decide on options for action	Critical thinking Pattern recognition
Operationalise	OHS Management systems Risk management process application Training Health promotion
Implement actions	Understanding organisations Change management
Monitor implementation	Auditing and inspection Environmental monitoring Performance monitoring Reporting
Evaluate change	Auditing Environmental monitoring Management system review OHS performance interpretation
Evaluate professional practice	Reflective practice Ethical practice Mentoring and peer review Continued professional development
Report to key personnel	Consultation Written, oral and interpersonal communication

3.3 Areas of practice

Areas of practice formed the third element of the model. After thematic grouping and reduction of duplication by the authors, the areas of practice identified through the consultation processes were listed in Table 4.

4 Application of the Model of OHS practice

Many people may perceive this model of OHS practice as a fairly standard problem-solving model. However, the contributors to the model consider that the key components identifying it as a model of *professional* practice are:

- Application of a conceptual framework; to
- Understand the problem/situation; and so
- Diagnosis and articulation of understanding.

Execution of these component processes should assist in differentiating OHS professionals from well-intentioned amateurs. Without the underpinning conceptual framework, OHS problem solving has the potential to revert to simplistic attempts to address what are often complex problems. While an OHS professional's conceptual framework will be a combination of OHS Body of Knowledge concepts and their individual industry and practical experience processed through their cognitive capacity to form mental models, it is hoped that the articulation of a standardised Model of Practice will facilitate clarification of these personal mental models.

It is envisaged that this model of OHS practice will be used by:

- OHS educators to structure the application of technical knowledge to practice, and as a framework for introducing and evaluating project work
- OHS professional bodies as a benchmark in evaluating the 'demonstrated practice' criteria for professional certification
- OHS professionals to reflect on their practice and plan their continuing professional development.

Also, it will provide a benchmark for what constitutes professional OHS practice for employers, recruiters and regulators.

5 Areas for further development

The final version of the Model of OHS Practice presented in this chapter is a synthesis of the deliberations of the OHS Body of Knowledge Technical Panel and the outcomes of engagement sessions with 137 OHS professionals and focus group discussions involving 20

practicing OHS professionals. The result is a fledgling model of OHS practice that should provide a fertile stimulus for further discussion and research. For example, this chapter's peer reviewers questioned whether the labelling of the metaskills as 'consultation and building relationships' and 'working within an organisational context' adequately reflected the role of the OHS professional in engagement, facilitation and negotiation processes to gain agreement on a direction, and achieve appropriate commitment and resource allocation. While many OHS professionals offered post-model-construction opinion on the scope of this role and the associated skills, the authors – restrained by their commitment to evidence-based practice – resisted the temptation to incorporate these opinions into the model, but instead call for structured research to further define and clarify the detail of the metaskills.

In addition, what constitutes *effective* professional practice should be the subject of research. There is a need for meta-analyses of existing research relating to the various professional practice skills and their effective application. Structured research should then address the identified gaps in knowledge.[1]

6 Summary

This chapter describes research undertaken to define what OHS professionals *do* in the practice of their craft. After considerable deliberation and consultation, the derived model resembles a robust problem-solving model that acknowledges the conceptual diagnostic process that precedes a recommended action. The cyclic Model of OHS Practice is supported by detail about the skill requirements of OHS practice, including two fundamental metaskills.

It is envisaged that this chapter will generate discussion from which a greater depth and breadth of understanding of what constitutes professional OHS practice will evolve. It is hoped that this understanding will assist OHS professionals in defining their identity by being able to clearly articulate what they do, and where they add value to society. Let the discussion begin!

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[1] One example of such research is the current PhD study – "Towards an Understanding of the Strategic Influence of the Occupational Health and Safety Professional." by Pryor, P.

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