

Senate Standing Committee on Education Employment and Workplace Relations

QUESTIONS ON NOTICE Budget Estimates 2011-2012

Agency - Comcare

DEEWR Question No.EW0103_12

Senator Abetz provided in writing.

Question

Refers to previous Question No [EW0716 11](#)

Documents: 1-17; 503; 210 Follow up questions: Please note the minutes from the September meeting have been obtained under Fol. They are attached. Note section 4.5 (Doc 1-17) Questions: 1.Please look at paragraph 4.5 of the September meeting minutes (above and Doc 1-17). If the SRCC had such a well formed rationale in March 2010 why did the Chair of the SRCC ask the meeting about the rationale in September? 2.Why did the Chair not already know the rationale? 3.Once the question was asked why was there no response of substance already within the mind of the SRCC? 4.Why did none of the members known the answer? Including the CEO of Comcare who is on the Commission and was present? 5.It says clearly that Commissioner Hoy suggested that Safe Work Australia works with Comcare to develop some words on a rationale. If the rationale was already known why did two agencies of the public service need to be put to work on the rationale? 6.The letter (attached) took two months to write. If the rationale was already known, then why would it take two months? 7.Please look at the letter sent by Comcare on 23 November 2010 explaining the rationale. The letter from Comcare 23 November (Doc 503): 8.The letter says that it was an important part of the review to understand the preferred training length. Looking at the review report (Stoker and Wright 2009), I can see that there was a question about training delivery methods (Q20) but the options could all be the same duration. I do not see a question about training duration. Was there a question? 9.If not and given duration was apparently so important, why was there no question about duration? I can't believe that the agency says that this issue was important and yet conducted a survey without asking about duration. 10.Given that there was no question about duration, how can Comcare draw any conclusion about what duration people prefer based on this survey? 11.Now, let's look at what survey respondents said about training methods (p40 of the Stoker and Wright report Doc 500). It looks like there were 927 responses to this question with 622 or 67% nominating five day face to face and 305 or 33% nominating an alternative. Is that right? Putting this with the recommendation that HSR training remain "predominantly" face to face, it seems fairly clear that the report authors were suggesting that the predominant offering in the marketplace match the predominant need. There is no indication in the language of their recommendation that they intended that all other options be outlawed. This clearly does not point to any need for training to be exclusively face to face. Do you agree? 12.At the time of the report, was there one or two courses offering a different format to the full face to face routine (e.g. NWL and SRC solutions?)? 13.If about 1/3 of the HSRs wanted some other format other than five day classroom format, and at that time (2009) there were only one or two courses out of about 20 offered something different, it seems to me that the survey actually showed that more alternative courses were needed, not less. 14.I don't see any question in the survey along the following lines "At present the training guidelines allow a variety of delivery methods as long as the objectives are met. Do you think this should be changed so that all training is done entirely in a classroom and that no other format should be allowed?" That is what you have done. Do you think many people would have answered yes? 15.Do you notice in a bold heading after the results at the end of p40 of the Stoker and Wright (Doc 500) report "A mix is helpful: A strong theme from those commenting was

that the best approach might be a mix of different strategies”? 16.The second reason offered by Comcare in their letter of 23 November 2010 (Doc 503) is a training needs analysis. I have a copy of that for you to look at. The training needs analysis determined that “doing” and “practice” were key ways to establish many skills. Would a course that presented some theory in a face to face session and then set activities to be “done” and “practiced” in the workplace, on topics that were of interest to the participant, followed up by another session where feedback was received be in fact following this model? I don’t see how this training needs analysis which mentions “doing” and “practice” so many times is a useful document to justify making all courses face to face classroom lessons. What is your comment? 17.The third reason is the long since debunked nonsense about the model OHS laws. Comcare has admitted in answers to questions that the draft laws say nothing about the delivery method. The laws that propose no restriction on delivery methods are also not even in place yet. Also a possible guideline foreshadowed to be associated with these possible future changes has not yet been developed by Safe Work Australia. In the March minutes of the SRCC at 2.13 (Doc 1-17) it is claimed that “...the proposed changes are consistent with Safe Work Australia’s position on face to face training.” We now know from the CEO of Safe Work Australia that it was a least a year away from developing any guidelines to this effect. Surely the entire content of point 3 in the letter of 23 November 2010 is false on a number of grounds? 18.Is there any place in Australia where HSR training is actually a part of law? Health and safety training delivery methods are not part of law in the Commonwealth jurisdiction and we now know that there is no proposal for them to be part of law. The talk of the change in laws as being a reason for this change is surely a Furphy? Please look at the Request for Tender dated 11 March 2009 (Doc 210) 19.Comcare has stated (e.g. in the letter of 23 November 2010, Doc 503) that the duration of training was an important part of the review. In fact the motivation for the review was the time taken by Comcare to accredit courses. This is outlined at paragraphs 3.1.8-3.1.10 of the RFQ (Doc 201). The RFQ in fact focused on the accreditation process rather than the training process. Is that correct? There does not seem to be anything flagged in the RFQ that there are any concerns about the training delivery methods. If those aims are expressed, where are they written? I can’t see them. I think this was made up later. 20.How many organisations responded to the RFQ? Was it only one?

Answer

Comcare has provided the following response.

1-4. Comcare considers that any such inference cannot be drawn from the wording of the minutes of the meeting. The Commission was discussing correspondence received from Dr Culvenor and the Chair suggested that the rationale for its decision be included in the written response to Dr Culvenor. The minutes are not a verbatim record of all discussion that takes place.

5. As Comcare advised in response to *EW0716_11*, at the meeting the Safety, Rehabilitation and Compensation Commission (SRCC) resolved that ‘Comcare write to Dr Culvenor providing a rationale for the Commission’s decision on five days face-to-face training’. The Commission’s decision on the guidelines was made on 8 April 2010. It is incorrect to infer from the September 2010 meeting minutes that that the rationale had to be workshopped to justify the decision. The SRCC agreed to provide Dr Culvenor with an explanation of its April decision.

6. Comcare responded as soon as practicable.

7. (This is not a question).

8. Question 20 of the survey asked about training delivery options, including whether

participants preferred a five day block, two short blocks etc. There was also an opportunity to specify 'other' and free text.

9. Please see response to question 8.

10. The majority of participants preferred a five day block.

11. The report recommended that 'HSR training be predominantly face-to-face; five days in length delivered as one block or two short blocks.'

12. At the time of the survey, there were three courses that were not five days and/or not face-to-face.

13. (This is not a question).

14. This is a hypothetical question. However, the majority of respondents preferred training to be in a five day block. Online training was not preferred.

15. Yes, pages 40-42 of the Stoker & Wright report includes comments from survey respondents. It does state on page 40 that 'A Mix is Helpful'. It also states on page 41 'training should be face-to-face with a qualified trainer only. This material is too important to leave online or self directed learning.'

16. Face-to-face learning does not have to be in the classroom. Supervised workplace inspections are considered face-to-face (but self-directed work is not).

17. Comcare rejects the suggestion that point 3 in the letter dated 23 November 2010 is false.

18. Comcare can only comment on the requirements of the Commonwealth *Occupational Health & Safety Act 1991* (OHS Act). The OHS Act requires that HSRs attend a course that is accredited by the SRCC (section 27). Section 12(f) of the OHS Act prescribes that one of the functions of the SRCC is to accredit HSR courses. To this end, the SRCC has endorsed Guidelines prescribing the requirements that HSR courses need to meet in order to be accredited. The proposed model laws will also require HSRs to attend a course of training accredited by the Regulator. The associated Regulations to the model laws require that the course be of five days duration. Further guidelines are still being developed by the Safe Work Australia working group. The proposals under the model laws were one of the considerations in revising the Guidelines.

19. Comcare considers that the Request for Tender (RFQ) covers the accreditation process and the training process. The following extract from the RFQ demonstrates that both elements formed part of the review:

3.3. Contract Deliverables

3.3.1 A written Report on the outcomes of the Review of Health and Safety Representatives Training and Accreditation Program, including recommendations on:

- a) enhancements to the accreditation model including possible new models of accreditation, and course development in line with current best practice in vocational education and training (e.g. the use of competency based training modules, template core training modules; standardised participant assessment tools; linkages to national competency standards; etc);
- b) enhancements to the development and assessment process for HSR courses including possible new models for supporting the development of courses to

ensure quality training submissions and training outcomes and consideration of the role of the OHS Training Panel – its membership and structure;

- c) changes to the learning objectives as outlined in the Guidelines so as to enhance the effectiveness of HSR training;
- d) changes to the assessment criteria in the Guidelines so as to enhance the quality of the training accredited;
- e) possible new supporting documentation and submission requirements in line with current best practice in education and training and program governance generally; and
- f) existing governance arrangements, i.e. the Commission's role and the role of Comcare.

20. There were several enquiries relating to the RFQ but only one application.