

## Senate Standing Committee on Education Employment and Workplace Relations

### QUESTIONS ON NOTICE Budget Estimates 2011-2012

#### Agency - Comcare

DEEWR Question No.EW0300\_12

Senator Abetz asked on 30/05/2011, Hansard page 97.

#### Question

#### Comcare Recommendation ToSRCC Re: Training

Senator ABETZ: It was Comcare, as I understood it, who accepted the recommendation that training be predominantly face-to-face, yet somehow it morphed into this exclusive method, which then, as I understand it, SRCC just adopted. Or did the SRCC avail itself of more information, new information? Mr O'Connor: Certainly the SRCC, when it made its original decision in April 2010, took into account a number of factors including how the requirement for service delivery mechanism would satisfy the overarching objectives for the guidelines. We also had a regard to that survey. I am able to clarify that I believe that survey was done before I joined Comcare and was a commissioner, which perhaps explains my absence of recall of that. Senator ABETZ: That is a pretty good alibi, I have got to say. Mr O'Connor: Also, one of the other factors that was taken into account, if I recall, in that April meeting, was a desire for overarching national consistency, consistent with the desire to move towards more synchronised, harmonised arrangements around Australia. That said, all of the perspectives that Dr Culvenor had made to the delegate, in considering whether or not to have his course re-accredited, were put before the commission, including Dr Culvenor's extensive analysis of the issues. They were considered by the commissioners at that March meeting, but the submission and all of the reasons for the commission's thinking about this have been highlighted to Dr Culvenor recently. Senator ABETZ: The rationale, with respect, is not that robust. As I understand it, Comcare put in their guidelines to the March meeting that there be exclusive provision, whereas they accepted the recommendation of the review that it be predominant. So if you can take on notice as to when that changed in Comcare's thinking, why and how, that would be very helpful, because all the evidence suggests that it might be predominant but should not be exclusive, and there was no real robust evidence.

#### Answer

*Comcare has provided the following response.*

It is correct that the recommendation in the report stated 'that HSR training be predominantly face-to-face; five days in length delivered as one block or two short blocks.'

It is also correct that the 2010 Guidelines require that 'full courses should comprise a minimum of 35 hours face to face training over a minimum of five days, with some flexible options available to accommodate the needs of the HSR providing that flexible arrangements offer the minimum of 35 hours of face to face training and include the mandatory practical skills development activities.'

The Guidelines also state 'flexible options could include one block of five consecutive days, two days plus three days or one day per week over five weeks, and that once commenced, the training must be completed within a six week period.'

It should be noted that Comcare considers the supervised workplace inspection activity to be 'face-to-face' training. Comcare does not consider that the wording of the Guidelines is inconsistent with the recommendation of the report.

Dr Culvenor's course is approximately 53 per cent 'self-directed' learning. It would not be considered 'predominately face-to-face' even if that phrase had remained in the Guidelines. That type of delivery was not endorsed by the reviewers as delivering on the required learning outcomes for HSRs.

In any event, the report was tabled at the December 2009 Safety, Rehabilitation and Compensation Commission (SRCC) meeting. The draft guidelines were discussed at the March 2010 SRCC meeting; referred to a sub-committee; and then agreed to in an out-of-sessions meeting in April 2010. The SRCC is a tripartite body with representatives from employers (including licensees), unions, government and community.

Dr Culvenor has not applied to have his course reaccredited under the revised Guidelines, despite being granted an extension of time to do so. As such, his accreditation expired on 31 December 2010.