

Professional Standards - Past Present and Future

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ABSTRACT

The New Zealand Workplace Health and Safety Strategy (WHSS) sets goals, to be achieved by 2015, for all who are involved in health and safety in the workplace. One of the industry led objectives is to strengthen the competency of occupational health and safety professionals. The occupational health and safety 'industry' has both in the past and present included many practitioners operating over a broad base. There are varying standards of education, training, experience and hence competency amongst these practitioners. Similarly there are several societies, institutes associations etc. to which some but by no means all of the practitioners belong. These organisations in turn have varying standards linked often to grades of membership. The 'end user' of occupational health practice is faced with a plethora of individuals and organisations all claiming to be or represent "health and safety professionals"; how then can the end user be expected to select appropriate expertise for the issues to be addressed? In the past there has been a lack of transparency and co-operation between the various organisations from an education and competency perspective. Not only has this created difficulties for 'end users' seeking appropriate skills but also presents difficulties for some wishing to pursue careers in health and safety. With the emergence of the Occupational Health and Safety Industry Group a platform exists to review the current state of occupational health and safety professional standards and establish some commonality amongst the professions to the benefit of both 'end users' and practitioners. A model whereby the individual professional bodies to set their own technical and professional standards against the agreed expectations of the other professions is proposed.

INTRODUCTION

The Workplace Health and Safety Strategy (Department of Labour 2005) aims to lift New Zealand's workplace health and safety performance. Under the strategy, actions are set and many of these have direct implications for health and safety practitioners.

Objective 3A of the strategy is to "Develop and implement industry-led initiatives to improve workplace health and safety." There are eight action points seen as contributing to reaching this objective and action point eight is of direct relevance to the health and safety 'professions'. Action point eight seeks to "Strengthen the competency of occupational safety and health professionals and practitioners through specialised education and training, and certification and professional development programmes."

In striving to achieve the goal it is important to define the present 'location' of health and safety practitioners within a number of 'boundaries'. Thereafter, the steps required to progress the action point and achieve the goal become easier to identify.

AIMS

The aim of this paper is to provide a starting point for discussion between health and safety practitioners so that progress is made in establishing robust credentials for health and safety practitioners .

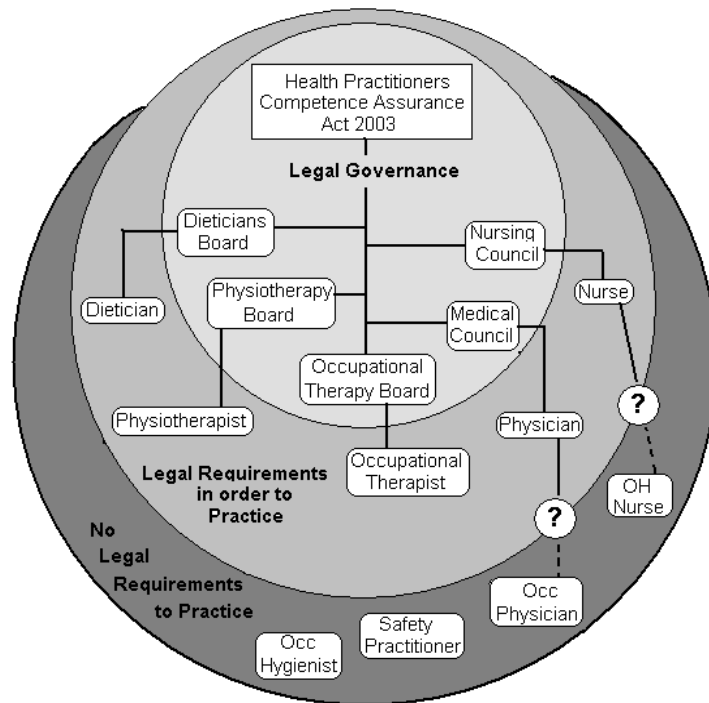
COMMENTARY

Legal framework

The reality of occupational health and safety practice in New Zealand is that for most, if not all practitioners, the use of the word 'occupational' has no legal standing whatsoever. The exception is for Occupational Therapists whose title is defined within the context of the Health Practitioners Competence Assurance Act 2003 (HPCA Act). This Act enshrines

legally “Appointed Bodies” to ensure that health practitioners are competent and fit to practise their professions. By way of example the Nursing Council establishes the criteria a person is required to meet in order that they can be admitted to the Register of Nurses and call themselves a Registered Nurse. The Nursing Council is given the legal authority to admit nurses to the Register because it has for many decades demonstrated systems that set criteria for competence, ensure nurses receive appropriate training, ensure the person is assessed for competency to practice. Once the Council is satisfied that the person meets their standards they can be admitted to the Register. However the Council’s ‘brief’ only extends to the area of general practice, it has no criteria for the competencies that are required for an occupational health nurse. Those criteria are set by the Occupational Health Nurses Association (NZOHNA) which is an Incorporated Society and as such can set its own rules and conditions of entry to the Association. The reality is that any nurse could adopt the title “Occupational Health Nurse” and have no need to have any competencies beyond that of a Registered Nurse. The same structure can be seen for physicians where the Medical Council is the legal governing body. The legal framework is illustrated in Fig 1.

Fig 1. Legal requirements to practice – health practitioners



Less well linked to any legal framework than the physicians and nurses are, for example, the Occupational Hygienists and Occupational Health and Safety practitioners. These practitioners have no equivalent of the Medical Council or the Nursing Council. Some of these practitioners hold membership of the New Zealand Safety Council (NZSC), the New Zealand Occupational Hygiene Society (NZOHS) or the New Zealand Institute of Safety Management (NZISM). However these bodies are essentially groups of people with a common interest who have formed Incorporated Societies. Like the NZOHNA they set their own rules for entry without the need to meet the criteria of any legal entity that is charged with establishing competencies. Unlike the nurses or physicians they have no equivalent of the Nursing or Medical Council yet their work demands at least the same level of competency.

Education and training

All those practitioners covered by the HPCA Act have prescribed routes to Registration which have been established by the professional bodies. Teaching establishments take what the professional body has prescribed, devising and delivering courses of study that the professional bodies accredit. Thus both the AUT School of Nursing (Auckland) and the Otago Polytechnic School of Nursing (Dunedin) have nursing courses that meet the criteria set by the Nursing Council. The same cannot be said for health and safety practitioners or occupational hygienists. For health and safety practitioners the courses available have been set by various academic establishments who are autonomous in the same way as the NZSC or the NZOHS are autonomous. So for instance one teaching establishment offers a Post Graduate Diploma in Health Sciences which is ‘endorsed for Occupational Health’ and includes education in (amongst other topics) Safety Management, Occupational Hygiene Toxicology. Yet another establishment offers a Graduate Diploma in Occupational

Safety and Health including education in Ergonomics and options on Occupational Hygiene. Graduates from the two courses could easily have very different competencies.

The point is that there are any number of ‘occupational health and safety’ courses available in New Zealand and they can be established without the need to meet any criteria unlike the way in which the Nursing or Medical Councils have prescribed their criteria for study.

This leads to the situation currently seen in New Zealand where, in the absence of any ‘profession prescribed’ courses of study for a number of practitioners in the occupational health and safety arena, there is great variation in the competence with which health and safety is practiced.

WHERE TO FROM HERE?

One of the first elements to tackle is to resolve some of the common issues that affect all occupational health professional bodies. Agreement on these major issues needs to be reached first so that the more detailed work in establishing core competencies or ‘registers’ etc. moves forward towards a common goal.

Co-operation between the ‘Professional Bodies’

The institutes representing the various ‘professions’ must co-operate to agree and clearly define what the core competencies are for practitioners in the health and safety professions. They must not be operating in isolation in this endeavour as ultimately each profession must have confidence in the others. For example if an occupational physician requests the services of an occupational hygienist that physician should be confident that their expectations will be met by choosing an occupational hygienist ‘registered’ with the hygienists ‘professional body’. Thus it would be the responsibility of the NZOHS to define the core competencies for the hygienists and then involve the other ‘professions’ by way of ensuring that their expectations are met. Thereafter the ‘professional body’ can ensure the routes to gaining these competencies are established. This inevitably means that the professions will prescribe what is to be taught and teaching establishments engaged to deliver the professions needs. The professions should also decide what level of education is required for varying grades within the profession e.g. a practitioner may need to be educated to degree level in order to be a Licensed Practitioner (see Table 1.).

Terminology

The terminology used to describe the professional status of an individual needs to be standardized. Table 1. (IOHA 2001) describes clearly what each of the commonly used terms means. Occupational health and safety professions should adopt a consistent terminology.

Table 1. Terminology describing Legal requirements to practice – a perspective for occupational health practitioners

Instrument	Type	Description
Registration*		Voluntary listing of individuals calling themselves occupational hygienists without regard to, or endorsement of, their qualifications
Certification	First party	Procedure for formal recognition of qualifications of an individual in a profession or a professional field by an established group of professional peers. Synonym: self-certification
	Third party	Procedure for formal recognition of qualifications of an individual in a profession or a professional field by an independent body of professional peers
Accreditation		Procedure to attest at regular intervals an institution's compliance with approved standards on efficiency and effectiveness as judged by uninvolved peers
Licensure	Various	Process by which an agency of government grants permission to an individual to engage in a given profession or occupation only upon finding that the applicant has met qualification standards

Table 1. shows that the title “Registered Nurse” is possibly a misnomer. Registered nurses are in fact given permission to practice by a an agency authorized by the government and as such should arguably be termed Licensed Nurses. Notwithstanding this, professional bodies should be aiming to establish themselves in the Certification and Licensure levels if they are to aspire to the status of a profession.

Education and experience

Both are needed, not one or the other. The phrase ‘A piece of paper means nothing give me experience any day.’ has hampered the development of the health and safety professions in NZ for too long. There is no substitute for the rigour of study demanded by a degree level education and nor is there any substitute for the experience gained by ‘doing the job’. From a practical perspective each profession needs to set a progressive education pathway that is supported by academic study, mentoring and continuing professional development. The ‘grandfather clause’ used by professional bodies to accommodate those without the necessary academic qualifications is also damaging the development of a credible profession. If full membership of a professional body requires (or should require) a science degree and a person does not have and/or decides not to study for a degree that is a personal choice. The dilemma that faces bodies such as the NZISM, NZSC and NZOHS is that in order to have a comparable status with overseas practitioners, degree level education is almost a pre-requisite. There are good reasons however why a professional body should establish grades that match varying ‘levels’ of education. These grades can offer practitioners the stepping stones to full ‘degree level’ membership, accommodate those who only wish to practice in a limited capacity and offer those who are nearing the end of their careers a role in the profession e.g. mentoring those who have yet to attain ‘degree level’ membership.

Quality Assurance

Not only do the professions need to attain comparability in terms of education and terminology but they also need comparability in maintenance of operational competency and professional standards. Each professional body must establish Codes of Ethics, auditable Continuing Professional Development schemes acceptable to the other professional bodies and a Complaints and Disciplinary procedure. These are essential elements of any credible professional body.

Buy in

None of the above will be progressed unless there is buy in at all levels. Government has given a lead with the WHSS and it is now the turn of the Department of Labour and ACC to lend support to the professional bodies for progress to be made. Initially the support required is some form of statement of intent that these agencies will be requiring more robust competencies and qualifications for occupational health and safety practitioners in the future.

The Occupational Health and Safety Industry Group (OHSIG) provides an ideal focal point for encouraging an interdisciplinary approach to the issues and provide the mechanisms by which transparency and comparability amongst the professions can be achieved. In the future the OHSIG could evolve into a secretariat to hold a ‘one stop’ register of all occupational health professionals and provide ‘peer review’ of registration schemes. This secretariat function does not usurp the certification or licensing role of the individual professional bodies, that peer driven function must remain with the individual professional bodies.

The individual professional bodies have the key role in conducting a critical appraisal of their current ‘registration’ criteria. Their focus should be on developing criteria that is comparable with international peer groups so that NZ practitioners have realistic prospects of having their qualifications accepted overseas. Once the criteria have been developed the professional bodies will need to provide routes of study, preferably NZ based, that can be followed to eventual ‘registration’ of the individual.

Teaching establishments may need to modify their courses to ensure they match the requirements of the professions. It should be the professions that set the academic scope required for their profession as opposed to simply accepting courses of study on offer.

Employers, employees and unions need to support the attainment of ‘professional qualifications’ when employing occupational safety and health practitioners either as full time staff or as consultants.

The aim is to improve the competency of those delivering occupational health and safety services to the workforce so that the health of the workforce is improved. The work must start now.

REFERENCES

New Zealand Legislation: Health Practitioners Competence Assurance Act 2003.

NZ Department of Labour (2005). *Workplace Health and Safety Strategy for New Zealand to 2015*.

International Occupational Hygiene Association (2001): *Certification of Occupational Hygienists: 2nd Edition 2001: A Survey of Existing Schemes and a Model Programme*