

Submission by Mr Dino Pisaniello, Chair, Congress of Occupational Safety and Health Association Presidents (COSHAP)

The Congress of Occupational Safety and Health Association Presidents (COSHAP), representing OHS professionals in Australia has formed a view about OHS research coordination and support in this country.

Our view, which will be developed at the hearing, is that Australia should develop a series of OHS research centres modelled in many respects on the National Research Centre for OHS Regulation (headed by Prof Richard Johnstone) in Canberra. In particular, there should be new centres addressing occupational disease prevention, hazard control and human performance. The need for research training and research in OHS is vital, particularly if Australia is to fully embrace the objectives of the National OHS Strategy.

In our view, the area of occupational health is in crisis and needs strong leadership. Importantly, there needs to be leadership from the Dept of Health and Ageing, as the Department of Employment and Workplace Relations is incapable of managing the area by itself. The recent statements by the new Chair of NOHSC suggest a strategy of "picking low hanging fruit". Whilst recognising the need for better data on the burden of occupational diseases of long latency, we see little evidence of a long term plan for tackling this area. Ultimately, the (largely unknown) human cost is predominantly borne by the public health system. Hence the need for the direct involvement of the health agencies.

A model similar to US NIOSH, where the health agency funds OHS research training at the national level is appropriate.

In Australia, state governments should lead selected areas of OHS research and maintain 50% funding ownership, in conjunction with NOHSC and DHAC. Selected public health funding arrangements within DHAC (e.g. PHERP, Capacity Building Grants) should be re-organised to allow for priming of OHS research for the life of the current National OHS Strategy (i.e. until 2012). Akin to the National Centre for OHS Regulation, the additional national OHS centres should be based at universities, but with strong liaison with NOHSC, DHAC and the supporting state government agencies. At least 50% of funding should be unencumbered to allow for long term research on complex health issues.

A sum of at least \$5M p.a. should set aside for these initiatives.

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