

Competence and risk assessment

It was Victor Hugo who once said that there were few things more powerful in the world than an idea when its time has come. Today, we are embroiled with the ideas of quality, accountability, responsibility and, of course, competence. Competence is an appealing concept. It is appealing because its aim is to delineate, at least in the world of work, in explicit terms, the competence an individual should have to undertake a job.¹

In the United Kingdom, the solid basis of occupational health and safety legislation is risk assessment. Risk assessment is now included in several legislative measures including the *Control of Substances Hazardous to Health Regulations, 1994*, the *Management of Health and Safety at Work Regulations, 1992*, made to implement most of the provisions of the European Communities framework directive and the five sets of regulations, which, like the Management Regulations, which were brought into force on 1 January 1993. These were made to implement the first five of the many directives which the European Community has made subordinate to the Framework Directive. All seven sets of regulations have in common that they apply to all workplaces and more particularly, they impose upon employers the duty to assess and respond to risks.

If risk assessment is going to be the key to workplace health and safety, it follows that the person undertaking the risk assessment should be competent to do so. It is interesting that paragraph 34 of the Approved Code of Practice² states that employers must have access to competent help in applying the provisions of health and safety law, including these regulations. The Code of Practice goes so far as to say that the appointment of competent persons is of sufficient importance to be formally recorded under the requirement of Regulation 4 of these regulations. However, competence, as implied by these regulations, is not clearly defined. The Code of Practice, in paragraph 39, states that it does not necessarily depend on the possession of particular skills or qualifications. It goes on to suggest that simple situations may require an understanding of relevant current best practice, an awareness of one's limitations in both experience and knowledge and a willingness to supplement existing experience and knowledge.

The problem remains for the employer: how does one judge competence? The statement that the safety officer or occupational physician is competent or incompetent is simply not enough. A person is competent to undertake a task that is an aspect of one's work. In the context of risk assessment, this is far easier to define than in, say, the day-to-day work of a physician.

What might some of the dimensions of competence for risk assessment be? Clearly, there is an element of technical competence. The risk assessor must have some knowledge of the processes being assessed and the likely implications for the operatives. They must have some knowledge about how risk is assessed.

Identification of the risk is simply not enough. They must have some ability in assessing the likelihood of the risks coming to fruition. Once that is to hand, then some means of prioritization and identification of its impact on the workforce becomes important. Then, of course, the risk assessor, particularly if the responsibility has been delegated, will need to have some ideas about the efficient use of resources.

Life is full of trade-offs and risk assessment is no exception. Having revealed every point at which the gains and losses can be seen, the risk assessor must then make choices in the best interest of his employer and the workforce. That judgement comes with experience. Balance is learned through techniques of identifying what is important at each point.

Lastly, there is the issue of reliability. Can the risk assessor be relied on to act consistently, month in and month out? Whilst risk assessment might be a practical way forward for the management of workplace health and safety, it remains critical to the effectiveness of those policies. Failure to emphasize the importance of risk assessment as exemplified by its 'trivialization' in the content of the regulations does not provide an adequate foundation for a reliable risk assessment which is 'suitable and sufficient'. What is needed is some research into the effectiveness of risk assessment in bringing about changes in workplace health and safety.

Should risk assessors be backed by suitable training? If one draws the parallel with first-aid training where there is quality control of courses provided by various suppliers from the voluntary first-aid organizations to those in the commercial sector, the answer must be a resounding affirmative. First-aid affects a relatively small segment of the workforce, relatively rarely. Risk assessment affects everybody, every day. Apart from first-aid, there are other examples including the training required by physicians who use x-rays. Training therefore, underpins various important tasks in workplace health and safety. Risk assessment should now join those tasks considered important enough to warrant extra training. Only then can competence of the assessor be guaranteed when it is not backed by qualifications.

The risk assessment requirements may or may not fulfil the requirement of EC law. If however, it is the nature of the regulations to make improvements in workplace health and safety, then recognition and realization of the importance of risk assessment, availability of appropriate courses, which could in time become mandatory and eventual systematic reliance on such risk assessments by enforcement agencies may help. Better training for risk assessors will not necessarily lead to improved workplace health and safety, but it will be a vital first step.

On behalf of all of us who bring the Journal to you, our readers, may I wish you all a very happy Christmas and the very best for 1998.

REFERENCES

1. Rosinski EF. A generic definition of a competency based education. *Am J Pharm Edu* 1975; 39: 557-559.
2. Health and Safety Commission. *Management of Health and Safety at Work Approved Code of Practice*. Health and Safety Commission, 1992: 11.

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The Secretary at 6 St Andrew's Place, Regent's Park, London NW1 4LB, UK.
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