

# **enHealth Workforce Project**

## **Working Paper 1**

### **Legislation and Literature Scan**

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## About this report

This is a Working Paper produced by the enHealth Workforce Project. The purpose of the project is to develop a national skills and knowledge matrix to describe the skills, knowledge and experience required by environmental health officers (EHOs) in Australia. The first step in this process is to describe the roles and responsibilities of EHOs. A number of reports have explored this territory but each takes a slightly different approach to describing common activities. Stage one of this project aims to establish a nationally consistent nomenclature to describe the EHO role. The approach needs to identify the commonalities and variations between and within jurisdictions. Appendix 1 outlines the project stages and methodology.

This is the first in a series of working papers produced by the enHealth Workforce project. This paper presents the findings of a literature review and legislative scan. Working Paper 2 presents the EHO Roles and Responsibilities Framework and Working Paper 3 provides background on skills and knowledge frameworks. These documents can be downloaded from the DHS website: <http://www.health.vic.gov.au/environment/community/practice/index.htm>

This paper draws on the following sources:

- Workforce studies produced by state health authorities. This body of work examines current and future workforce challenges in environmental health. Reports were produced for South Australia (2004), Queensland (2004; 2009), Victoria (2005) and Tasmania (2006). Each analyses the current workforce, projects future labour demand and proposes strategies to better foster and manage the skill base. Most draw on workforce survey data. In addition, a number of papers have been produced by enHealth and the Environmental Health Australia (EHA) that address workforce issues.
- A scan of selected environmental health legislation together with a review of commentary on legislative reform. This includes a paper on legislative reform specifically commissioned to support the work of this project prepared by Chris Reynolds.
- Academic work exploring the role of environmental health practitioners both in Australia and overseas.

## Structure

This paper is structured in four sections.

Section one briefly states the challenges in meeting the environmental health workforce requirements in Australia. These are well known and are shaped by chronic and persistent environmental health skill shortages.

Section two describes developments in the way public and environmental health standards are defined and enforced in legislation. It looks at the implications of legislative reform for the EHO role.

Section three explores factors that influence the way the EHO role is performed in different contexts. This discussion also outlines the approach to drawing EHO role boundaries for the purposes of describing the role in the national EHO Roles and Responsibilities Framework.

Section four reports on how enforcement agencies are currently meeting environmental health workforce needs.

### Environmental Health: A definition

Before embarking on this discussion it is useful to clarify the term 'environmental health'. The National Environmental Health Strategy (NEHS) defines health as:

*...a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.*

It defines environmental health as:

*Those aspects of human health determined by physical, chemical, biological and social factors in the environment. <sup>1</sup>*

In legislative terms, environmental health sits mainly within the wider context of public health where it competes for attention and resources with the dominant paradigms of clinical and medical health. The NEHS goes on to describe environmental health practice, highlighting its role in preventing illness rather than responding to it. EHOs focus on the environment to drive health promotion and illness prevention. It is this dual focus on public health mediated by the environment that positions environmental health between the disciplines of public health and environmental protection.

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<sup>1</sup> The National Environmental Health Strategy, 1999, p 3  
[http://www.health.gov.au/internet/main/publishing.nsf/content/c642c824473e84d3ca256f190004250c/\\$file/envstrat.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/c642c824473e84d3ca256f190004250c/$file/envstrat.pdf)

## 1. The environmental health workforce

The demand for environmental health services is steadily growing at a time when appropriately skilled labour is increasingly difficult to find and retain,. This growth is driven in part by an aging population as well as by scientific and technological advances that expand our understanding of how the environment impacts on health outcomes. Emerging challenges associated with climate change and resource depletion bring this interaction into sharp focus and point to a continuing expansion in both the role and demand for environmental health officers.

Successive studies of the environmental health workforce report significant shortfalls in the supply of suitably qualified people to meet current and future demand.<sup>2</sup>

*Simply, based on current and anticipated future needs there will not be enough EHOs to carry out the required work.<sup>3</sup>*

The workforce studies use different indicators of labour and skill shortage including the ratio of EHOs per head of population, time taken to fill vacancies and local government estimates of staffing needs. Projections draw on population data, workforce demographics, student enrolments, EHO and local government manager survey data. While there are nuances in the methodologies applied and some of the specific issues identified, the concurrence of findings is striking and by now, well known.

- All jurisdictions predict a worsening gap between skill supply and demand.
- Skill shortages are most acute in regional and remote locations. The Morton report (Qld) states that 75% of EHOs work as sole practitioners *'which are really not suitable placements for a young graduate.'* Demands on sole practitioners further compound the challenges of meeting skill and experience requirements, particularly in rural and remote areas.
- Where workforce demographic data was collected it describes a workforce in transition. As the older, predominantly male workforce nears retirement, it is being replaced by younger women. This has implications for the stability of the workforce as women are more likely to take mid-career breaks and may not necessarily return to the role.

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<sup>2</sup> See for example the state workforce reports summarised in the ISC EHO Workforce Shortage Working Group (2007) Environmental Health Officer Workforce Shortage Issues and Options Final Report, p6

<sup>3</sup> LGAQ 2009, p5

More recent (2009) anecdotal feedback from state and territory health departments report a mixed picture in terms of the short term outlook for EHO numbers. Ironically the current economic downturn may provide limited relief as retirees return or defer retirement although often they opt to work on a part time or limited basis. On the downside the current outlook puts pressure on state and local authorities to find savings. Tight financial conditions will further constrain options for attracting and retaining skilled environmental health officers. Some jurisdictions and regional areas have had some success marketing lifestyle to attract environmental health workers both from other labour markets within Australia and from overseas markets. However, endemic skill shortages and the relatively long lead times for delivering a qualified EHO mean that poaching from other labour pools is at best a very limited option.

These challenges are not confined to Australia. International reports on the environmental health workforce in developed countries echo similar workforce shortage challenges.<sup>4</sup> Cromar reports that in the England and Wales environmental health labour shortages appear to have peaked in 2004. Since then there are indications of improvements in both recruitment and retention. Cromar notes however that average statistics mask significant regional variations and notwithstanding these encouraging signs, the number of graduates entering the labour market is still too low to maintain the labour market status quo.<sup>5</sup>

In Australia all levels of government recognise the need for coherent, coordinated action on workforce planning. To this end initiatives have been established at both jurisdictional and national levels to address workforce challenges. This project is designed to contribute to this goal.

## 1.1 EHO Workforce Studies

Workforce studies surveyed EHOs about their work. These studies draw primarily on the workforce and local government surveys conducted in South Australia (2004), Victoria (2005) Tasmania (2006) and Queensland (2009).

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<sup>4</sup> See for example, National Environmental Health Association (Canada) Workforce Development initiatives: [http://www.neha.org/research/Workforce\\_Development/index.html](http://www.neha.org/research/Workforce_Development/index.html) accessed February 2009; Burke, S. Gray, I. Paterson, K. Meyrick, J. (2002) *Environmental Health 2012: A key partner in delivering the public health agenda*, Health Development Agency

<sup>5</sup> Cromar, N (2008) Local Government Environmental Health Workforce Issues in the UK, Environmental Health Australia

## Job satisfaction

Not only are there insufficient numbers of qualified EHOs but there is evidence that poor job satisfaction is affecting the morale of the existing workforce. Unless addressed this is likely to affect job retention rates. Workforce studies conducted in Queensland, Tasmania<sup>6</sup> and Victoria canvassed EHO feedback on job satisfaction. All surveys report high levels of satisfaction with work variety. Other factors identified as contributing to job satisfaction included autonomy and team work.

Factors that EHOs are least happy about included:

- Workload
- Expanding areas of responsibility
- Lack of recognition and resources
- No or little mentoring/collegiate support
- Not being able to 'make a difference'. This was linked to lack of resource/time, limited enforcement options and lack of consistency in enforcement
- Limited career advancement
- Low Pay
- Poor access to flexible, family friendly work arrangements.

Local government amalgamations which were often associated with a reduction of resources and the constant refinement and development of public and environmental health legislation shaped the broader context that influenced EHO feedback on job satisfaction.

Workforce study recommendations relating to job satisfaction included:

- Review models of environmental health service delivery. (Tas, SA)
- Develop models/guidelines to support new, flexible approaches to job design. This includes reviewing job size, job value, role breadth and effective utilisation of skills. (Tas, Vic, SA)
- Explore ways to improve consistency of outcome across councils. This could include development of support resources, policies and procedures. (Qld, Vic)
- Establish mentoring programs. (Qld, SA, Vic, Tas)
- Develop career pathways. (Qld, SA, Vic)

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<sup>6</sup> The Tasmanian survey was posted only to general managers rather than to EHOs directly.

## Awareness and valuing of the role

Job satisfaction levels were directly related to the way the role is seen and valued within the workplace, by elected councillors and within the wider community. EHOs who felt marginalised in their workplaces<sup>7</sup> identified the following concerns:

- Councillors have very limited understanding of their environmental health responsibilities. Local government operates within tight resource constraints. Unless there is a failure or systems breakdown the work of EHOs is largely invisible.
- Elected members and council managers may not be fully aware of their risk exposure related to environmental health obligations. The Tasmanian report reinforces these concerns by profiling the vastly different approaches of councils with similar profiles to setting environmental health priorities and allocating resources. The Queensland report (2004) recommended that councillors should undergo training about their legislative responsibilities.
- Within council EHOs often felt marginalised within corporate structures and had limited scope to influence key decisions in related areas such as planning.

The EHA is undertaking a project funded by Queensland Department of Health to develop a risk assessment tool to support local government to make better informed decisions when allocating resources to environmental health. Both the EHA and enHealth are coordinating a range of initiatives to more actively promote and market the EHO role.

The low status and profile of environmental health is a theme taken up in the wider literature. Goldman et al writes:

*As a result of the growth of the individual and predominantly remedial (medical intervention focussed) healthcare industry throughout the 20<sup>th</sup> Century, public and environmental health was relegated to the position of poor cousin, both in popular profile and allocation of resources<sup>8</sup>.*

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<sup>7</sup> Survey responses do not provide quantifiable data on the numbers of EHOs who support these views but qualitative feedback is consistent across the different jurisdictions on this issue.

<sup>8</sup> Goldman et al cited in South Australia Health, 2008, *Environmental Health Indicators for South Australia*

## Education and training

Feedback from EHOs on entry level and ongoing training can be grouped under three headings:

- Work readiness
- Training Gaps
- Ongoing professional development

**Work readiness:** EHOs were asked to comment on the adequacy of entry level education in preparing them for the role. Lack of 'work readiness' on completion of training was most frequently raised (SA, Qld, Vic). Opportunities for developing practical experience through work placements were strongly endorsed. Broader discussion about how to address a lack of work readiness questioned the extent to which formal training alone can achieve this outcome. The Victorian report for example questions how realistic it is for managers to expect a new graduate to 'hit the ground running' given lack of mentoring and collegiate networks.<sup>9</sup>

**Training gaps:** The Victorian report<sup>10</sup> and a working paper produced by Queensland Health<sup>11</sup> both map competencies against selected tertiary courses to identify alignment. Both found a reasonable but not complete fit between the competency needs of an EHO and course content. Given that each report has a slightly different purpose and focus, the detailed findings are not reported here. A more general point concerns the methodological constraints of comparing published curricula against role requirements. Often the required detail is not evident from reviewing these publicly available course outlines.

**Ongoing professional development:** Concerns were expressed about the need for expanded opportunities to maintain professional currency, particularly in a dynamic legislative context. Specific issues related to the need for increased resourcing of professional development including suggestions that local government be provided with guidelines on appropriate training levels. Other concerns related to variable training quality. Requests were also made for training to be structured more flexibly in terms of hours, locations and access to distance education formats. Comments on flexible delivery options related to both entry level education and ongoing professional development.

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<sup>9</sup> Windsor (2005), p55

<sup>10</sup> This report only maps EHO skills and knowledge requirements to administer the Food Act

<sup>11</sup> Queensland Health, Competencies for appointment as an authorised person Queensland Health Environmental Health Officers, Working Paper

A number of reports identified skill development needs or gaps to be addressed by professional development. The following summarises the main areas identified.

- Prosecutions
- Risk management (including legal framework and responsibilities)
- Auditing
- Investigation skills
- Communication / education / advocacy / conflict resolution
- Technical skills updates eg food; water; noise and air pollution; terrestrial environment; building etc
- Emergency /disaster management
- Project Management
- Policy Development
- Budgeting/Financial Management
- Strategic Planning
- Climate change.

In addition to the issues outlined above the workforce studies made a series of recommendations related to increasing student numbers; providing scope for more flexible pathways into the profession from related disciplines such as food technician; promoting training through cadetships and specifically targeting rural and remote areas; exploring more flexible employment arrangements supported by mentoring programs and resource sharing between councils<sup>12</sup>.

The underutilisation of EHO skills was a recurring theme in these studies. This is a longstanding concern and overlaps with issues of low morale and poor job design. A number of reports make recommendations about formalising recognition of skills at the technician or paraprofessional level. Initiatives to explore this option are in progress in a number of states and are described in the section on Job Roles.

## **2. Environmental health legislative review**

Although not the only determinant, legislation is a key driver that shapes the roles and responsibilities of EHOs in their capacity as authorised officers. This project conducted a scan of key environmental health legislation from each jurisdiction. The purpose of

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<sup>12</sup> See ISC (2007) and AIEH (2007) for a more detailed summary of recommendations

the legislative scan was not to conduct a forensic study of legislative provisions but rather to identify implications for the role and responsibilities of authorised officers and to document any criteria that applies to their appointment.

The structure of legislation governing environmental health is complex and fragmented with different aspects of the role covered under multiple acts and further amplified in related regulations, guidelines, codes of practice and local laws. Adding to this complexity, legislation in each jurisdiction has evolved in different ways so there is no consistency in the way the environmental health role is described. So for example, aspects of the role contained in a central act such as a health act in one jurisdiction but may be spread over numerous specialist acts in another.<sup>13</sup>

The approach taken to reviewing the legislation started with a request to each jurisdiction to identify relevant legislation and regulations related to environmental health<sup>14</sup>. For the purpose of this exercise, the main health, food and environmental acts were included although in most cases, local government acts were not. Also legislation under review was not included unless the bill was relatively close to finalisation. Each nominated act or regulation was reviewed and details were provided to jurisdictions for confirmation. Once confirmed, the results were summarised by functional area. This provided background information for focus groups to develop an agreed list of roles and responsibilities.

The following discussion outlines some general trends evident in the recently drafted legislation that may impact on the role of environmental health officers.

### An increasing role for local government

- The scope and responsibilities delegated to local government has steadily increased.<sup>15</sup> Local government has always had a lead role in environmental health through provision of services including basic sanitation and waste management, safe water, safe food and control of infectious disease. New legislation expanding the job role of some EHOs covers areas such as tobacco, recycled water, radiation (solaria), supported residential facilities and extended aspects of environmental protection.
- New Public Health Acts provide more explicit direction on local government responsibilities for environmental health planning and reporting. In Victoria for

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<sup>13</sup> These comments relate more to public health legislation than to food where the model food act underpins consistency across jurisdictions.

<sup>14</sup> See Appendix 2 for a list of legislation reviewed.

<sup>15</sup> This is discussed in more detail in the section on legislative reform.

example, the Victorian Public Health and Wellbeing Act (2008) requires Councils to produce Municipal public health and wellbeing plans or to incorporate public health matters in strategic or corporate plans. A number of acts also require regular reporting. Even where more robust planning and reporting are not a mandatory responsibility, they are actively promoted as part of good practice.

- Legislation supports risk management approaches to responding to public health issues. Enforcement agencies need to develop capacity to plan, collect, analyse and apply data to support evidence-based decision making rather than simply recording activity levels. Some recent initiatives include a discussion paper on environmental health indicators<sup>16</sup> commissioned by SA Health which explores the complexities of measuring environmental health outcomes and puts forward models for developing environmental health indicators. Other jurisdictions including Queensland are introducing new information management systems to support more robust capacity to interrogate data.
- In some cases, clarification of local government responsibilities will streamline workloads, particularly in food regulatory work. In Victoria for example the drive to balance public health outcomes against financial burdens on business will see a reduction in the number of premises to be inspected.

#### A focus on risk management and health outcomes

The increasing complexity and breadth of public health issues calls for new approaches to defining and responding to environmental health risks. In 2000 the National Public Health Partnership produced a paper outlining approaches to incorporating risk management principles into public health legislation.<sup>17</sup> This has shaped approaches to reviewing environmental health legislation. The traditional approach to environmental health identifies a range of statutory 'nuisances' and provides for the making of orders to respond to contraventions. It takes a primarily reactive rather than preventative approach and is measured in terms of activity levels rather than health outcomes. As Reynolds notes, these prescriptive approaches are not well placed to respond to the breadth and pace of emerging environmental health issues.<sup>18</sup>

Recently drafted legislation takes a more open-ended approach to defining risk. For example, food acts retain a prescriptive approach to setting standards for specific foods

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<sup>16</sup> Vickers, A., Reynolds, C 2008, *Environmental Health Indicators for South Australia*, Government of South Australia

<sup>17</sup> National Public Health Partnership, 2000, *The application of risk management principles in public health legislation*

<sup>18</sup> Reynolds, 2009 op cit

and mandating standards of hygiene and building requirements, but combine this more traditional approach with a risk-based approach through the implementation of Hazard Analysis and Critical Control Points (HACCP). Health Acts also support more flexible approaches to defining risk. The ACT Public Health Act, 1997 for example provides significant scope for interpretation of health risk. Section 18 allows to minister to:

*... declare an activity that may result in the transmission of disease, or that may otherwise adversely affect the health of individuals in the context of the wider health of the community, to be a public health risk activity.*

It also allows flexibility in determining appropriate responses. For example, in deciding whether to issue an abatement notice in response to a complaint of insanitary conditions, section 69(2) requires the authorised officer to take into account factors including the number of people affected, the degree, of public health risk, the level of offensiveness to community health standards, any measures the person causing the risk has taken to avoid or minimise the conditions or any measures taken by the person affected.

Draft provisions in the WA Public Health Bill 2008 go a step further in broadening the scope to determine risk. Section 24 (1) provides a general public health duty:

*A person must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person.*

This is supported by a series of general offences such as that outlined in Section 25(1) relating to causing a serious public health risk:

*A person must not —*  
*(a) carry on an activity; or*  
*(b) carry on an activity in a manner, that the person knows will cause, or is likely to cause, a serious public health risk.*

An emphasis on prevention and health promotion

Public health legislation in other jurisdictions including the Queensland Public Health Act (2005) and the Victorian Public Health and Wellbeing Act (2008) retain reference to defined nuisances but require flexibility of judgement through the inclusion of broad objectives and principles that must be considered when reaching a decision. For example, Section 4 (2) of the Victorian Public Health and Wellbeing Act (2008) commits to achieving the objects of the Act by:

*(a) protecting public health and preventing disease, illness, injury, disability or premature death;*

- (b) promoting conditions in which persons can be healthy;*
- (c) reducing inequalities in the state of public health and wellbeing.*

The Act also outlines six principles that are designed to support achievement of these objectives. Principles relate to evidence based decision-making, the precautionary principle, primacy of prevention, accountability, proportionality and collaboration.

Explicit recognition of the role of health promotion is reinforced in Section 7:

*(1) The prevention of disease, illness, injury, disability or premature death is preferable to remedial measures.*

*(2) For that purpose, capacity building and other health-promotion activities are central to reducing differences in health status and promoting the health and wellbeing of the people of Victoria.*

In summary, while there are differences in the way that legislation supports flexible approaches to defining and responding to environmental health risks, there is a general trend to expand from reliance on prescriptive lists of conditions that constitute public health hazards to approaches based on risk assessment and management. These approaches signal a clear departure from the conception of environmental health focused on sanitation and infectious disease control. It establishes a legislative framework capable of responding to emerging health issues as well as to known risks. At the same time, it places greater emphasis on gathering evidence and presenting argument on health risk that stands up to legal scrutiny. Environmental health officers need both the legislative tools and the skills to use them. This means researching, collecting and analysing evidence, assessing risk and determining and monitoring implementation of appropriate responses to an increasingly broad range of public health hazards. They also need a sound understanding of the statutory requirements for preparing and presenting successful prosecution briefs.

### Appointment of authorised officers

Most environmental health legislation refers to authorised officers rather than specifying environmental health officers. Some legislation explicitly allows flexibility for local governments to share these positions. The Victorian Public Health and Wellbeing Act, states that *two or more Councils may appoint the same person to be their environmental health officer S29(4)*. Similar provisions apply in the Queensland Food Act which states that:

*S168(3) The chief executive officers of 2 or more local governments may appoint an employee of, or another person under contract to, one of the local governments to be an authorised person for the local governments' areas.*

Legislation also extends to local government CEOs the authority to appoint authorised officers.<sup>19</sup> Appointment is typically conditional on holding the appropriate qualifications, experience or both and the Secretary, Director or Chief Health Officer may nominate relevant qualifications. Typically this advice is published in government gazettes or guidelines. This option is taken up in some but not all states. Victoria, West Australia, South Australia and Tasmania specify approved qualifications. Queensland and New South Wales do not.

Appendix 3 present excerpts from selected health and food acts on the requirements for authorised officer appointments. The wording reflects considerable variation in approaches to specifying who can carry out the role of authorised officer between acts and between jurisdictions. Even in jurisdictions that require authorised officers to hold specified environmental health qualifications, a close reading of delegations does not preclude less qualified officers from undertaking aspects of the role. Wall makes this point:

*Few of the duties that EHOs undertake require specific legislative authorisation beyond that in Local Government Acts, or else the CEOs of the Councils have the power to appoint whomever they deem competent to undertake environmental health work under the Public Health Acts – ie there is no restriction to authorise only EHOs.*<sup>20</sup>

On the one hand, this reading of legislation<sup>21</sup> offers greater flexibility to appoint people to authorised positions. On the other, it is likely to add further to uncertainty about determining which qualifications are appropriate.

Clarifying what is meant by terms such as ‘qualifications’ is only part of the challenge. Some acts allow for recognition of experience or in the case of Victoria, of qualifications that are ‘substantially equivalent’ to qualifications or experience. These provisions support recognition of the necessary skills and knowledge rather than relying on a specific qualification as a proxy for competence. These approaches allow for recognition of competence that may have been attained under other circumstances such as by undertaking relevant local or overseas qualifications not included on approved qualification lists and/or experience. Reaching an informed assessment of an application to practice as an EHO assumes the decision maker understands the requirements of the role and has a mechanism to determine whether an applicant has

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<sup>19</sup> These arrangements do not apply in the territories where environmental health functions remain centralised.

<sup>20</sup> Wall, B. (2006) Examination of the role and training of environmental health paraprofessionals

<sup>21</sup> Applies only to some legislation.

the appropriate skills and knowledge, whether acquired through training, experience or both. Both state and local governments share a common interest in developing this capability.

There is another reason to more closely consider the issue of national consistency in defining appropriate ways of recognising the skills, knowledge and experience required by authorised officers. Section 17 of the Mutual Recognition Act relates to 'entitlement to carry on an occupation':

*(1) The mutual recognition principle is that, subject to this Part, a person who is registered in the first State for an occupation is, by this Act, entitled after notifying the local registration authority of the second State for the equivalent occupation:*

*(a) to be registered in the second State for the equivalent occupation; and*

*(b) pending such registration, to carry on the equivalent occupation in the second State.*

Understanding the implications of this provision requires further information on the meaning of the term 'registration', This is defined quite broadly for the purposes of this act.

***registration** includes the licensing, approval, admission, certification (including by way of practising certificates), or any other form of authorisation, of a person required by or under legislation for carrying on an occupation.*

As a consequence of these provisions Reynolds warns that state and territory differences in defining requirements and appointing authorised officers effectively results in lowest common denominator standards:

*... the State with the least demanding entry requirements provides the de facto standard across Australia<sup>22</sup>.*

### **3. Roles and responsibilities of environmental health officers**

In addition to the roles of authorised officers outlined in legislation, the literature describes the EHO role and functions. Sources of information on EHO job roles comes from EHO and manager surveys conducted as part of the workforce studies, initiatives

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<sup>22</sup> Reynolds (2009) op cit p4

in some jurisdictions to more precisely understand and define the role<sup>23</sup>, and sample position descriptions. Although these different descriptions share common features, differences in nomenclature and approach means there is no consistent, agreed role description. In responding to workforce shortages, the first step of the enHealth agenda commits to mapping both current and future roles and functions of EHOs across all jurisdictions.<sup>24</sup>

EHOs combine generalist skills and knowledge required to respond to a very broad scope of issues they could be called on to deal with, together with very specific areas of knowledge. This section explores some of the factors that shape the EHO role. The section starts by looking at the statutory and non-statutory aspects of the role including new or expanding areas of activity. It then looks at factors that shape the job of EHOs depending on the work context. The discussion of role boundaries outlines the approach to defining EHO role boundaries. This underpins the structure and development of the national EHO Roles and Responsibilities Framework.

### Statutory components of the role

The statutory component of the role is established by authorisation which grants legal powers to officers to carry out enforcement activities. These powers differ according to each act and set out the scope and limits of the legal powers of authorised officers. Legislation can support authorisation under all or only selected parts of an act.

The EHO Roles and Responsibilities Framework includes a generic section to outline common authorised powers under public and environmental health legislation.

The legislated powers of authorised officers are the least contentious aspect of the role as they are clearly defined, however statutory functions constitute only part of a much larger and evolving role. Reynolds comments:

*...a focus on the statutory powers and responsibilities of the EHO to the exclusion of other issues will continue the 'old' and narrow approach to public health administration that is not so appropriate for emerging issues.<sup>25</sup>*

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<sup>23</sup> For example, Queensland Health has undertaken projects to define the role and responsibilities of EHOs engaged by the state. In other states unpublished papers have been developed that explore developments within the role.

<sup>24</sup> 1b of the National Environmental Health Workforce Action Plan.

<sup>25</sup> Reynolds, C, (2009) The EHO as authorised officer – new directions and opportunities in legislation and policy, Working Paper, enHealth Project

## Non statutory components of the role

The authorised officer role as defined by legislation outlines the extent and limits of surveillance and enforcement powers. While an essential aspect of the role, many argue that it is the non statutory work that EHOs do that offers most promise to change behaviour and improve compliance levels. Work such as researching and applying current and emerging science to identifying and managing risk; translating that information to support the education of businesses and the public about good practice; building business and community capacity and adaptability to recognise and respond to environmental hazards. As legislative reform opens up to more flexible interpretations of risk and risk management, EHO activities have expanded from an essentially inspectorial role supported by clearly defined standards to roles that demand more strategic, research-intensive methods.

EHOs are already skilled in the application of risk management to the specific business environment or process as required by HACCP based approaches. However changes to Health acts require capacity to design enforcement and evaluation systems at a more strategic level. It means understanding the nature of risk and allocating limited resources to manage them at a program as well as individual business level.

## New and growing aspects of the role<sup>26</sup>

The following aspects of the role have been identified as aspects that are increasing or are expected to increase.

- Environmental health planning. New legislation requires increased level of accountability from local government. EHOs are likely to play an increasing role in preparing strategic environmental health plans, risk assessments and impact statements and reporting on their achievement.
- Education and capacity building. Education has long been a feature of traditional environmental health activities. EHOs anticipate a growing role in facilitating input to environmental health policy, particularly at the local level; raising capacity around issues such as risk management and resource allocation and developing community capacity to respond to emerging challenges of climate change and lifestyle diseases.
- Integrated partnerships to support holistic public and environmental health responses. No single set of experts can generate effective solutions to

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<sup>26</sup> Identification of these aspects of the EHO role was supported by a workshop convened by the Victorian Department of Human Services to canvas this issue and by EHO focus groups convened by this project.

increasingly complex environmental health issues. These require the collaborative efforts of people from diverse specialisations. EHOs are well positioned to act as a central point of contact and coordination.

- Development and referral to support healthy lifestyles. This includes a focus on social determinants of health and strategies to address lifestyle diseases. The entry powers of EHOs also positions them as a key point of contact and referral to other social support programs.
- Increased capacity to prepare for and respond to and recover from complex emergency and disaster scenarios such as floods, bushfires and pandemics.
- Climate change was identified as a driver of a number of aspects of environmental health including increased emphasis on emergency management, vector control, water use and heat and flood-related illnesses to name just a few.
- Ability to understand, interpret and apply increasingly complex legal provisions. This includes for example, responsibility to consider the implications of new statements of principle to the interpretation and enforcement of an act.

The EHO Roles and Responsibilities Framework covers these new and emerging roles.

### Contextual factors that influence job content

There is significant variation in the way EHO work is carried out. Key drivers of these differences include:

- Split of responsibilities between state and local governments: EHOs working for state government departments can perform different roles to those performed by EHOs working in local government. In some instances states take on responsibility for whole areas. In others, they perform more extensive roles than would typically be done by a local government EHO. For example, state EHOs often take a lead role in researching matters referred from local government and developing policy and procedural guides. These are then adapted and applied at the local level.
- Location: Geographic location, population size and socio economic status have a significant impact on the role. For example, EHOs working in rural and remote locations typically carry out a wider range of activities than those working in city and metropolitan locations who are more likely to specialise in particular areas. For EHOs working in more isolated locations managing environmental issues, including solid and water waste typically comprises a greater part of the role than activities related to food. In city and metropolitan locations aspects of

these services are more likely to be contracted, requiring EHOs to negotiate and manage contracts rather than directly manage services.

- EHOs working with indigenous communities perform a similar range of functions but the context demands differences in the way these are undertaken and in the allocation of time/effort. Performance of their role relies on establishing and maintaining community credibility and relationships. Communication and education about very basic environmental health issues is a central part of the role and EHOs need to recognise and respond to infectious diseases which they would not normally encounter in other environments.

The Roles and Responsibilities Framework is designed to accommodate contextual differences that shape the EHO role.

The Framework describes the typical or common EHO roles and responsibilities. Where a function is specific to only one or some jurisdictions and/or enforcement agencies, these differences are noted.

Because EHOs could be expected to work at a state and/or local level and because there is often no clear role delineation, the Framework does not distinguish between state and local functions.

The Framework does not distinguish between work activities undertaken by EHOs working in different geographic locations. The only exception to this is in the case of EHOs working in discrete, remote indigenous communities on private land. A specific section of the Framework addresses additional functions related to EHOs working in this context.

## Role boundaries

The structure of EHO jobs often overlaps with other related job roles.

- A number of the workforce studies identify the multi-skilled nature of EHO jobs. Not only do EHOs work across a very diverse range of activities in their role as an EHO but many also take on other duties such as by laws enforcement.
- As EHOs progress to management levels, they acquire a range of generic management roles.
- Some EHOs will pursue a career path that allows them to specialise in a particular area or develop skills in a related discipline such as strategic planning, logistics management, health promotion, engineering, town planning, building and plumbing, environmental science.

- Some activities may be undertaken by an EHO although in other cases the same work may be undertaken by a person not from an environmental health background, For example, in Victoria radiation is managed by at the state level, usually by people from either a physics or environmental health background.

The Framework only considers EHO-related roles. It does not identify additional roles and functions that may be undertaken by EHOs.

Management functions are only included where they specifically relate to environmental health. Generic management functions are not included.

At this stage, the Framework describes the common, shared roles and responsibilities that could reasonably be expected of any EHO. It does not include additional, specialist activities that some EHOs may take on.

Where a function may be performed by an EHO but may also be performed by a person who is not an EHO, the activity is not included unless it is a reasonably common requirement of an EHO.

The Framework describes roles and responsibilities that may reasonably be included within the job of an EHO. It does not comment on job size and should not be understood to suggest that all aspects could be included within a single job role

## 4. Job design

The scope of the EHO role described in the literature and identified by the workshop on future EHO roles sits at odds with the reality of current job design for many EHOs. Information about the allocation of effort and resources to different aspects of the role is limited. A number of workforce studies<sup>27</sup> surveyed EHOs about time allocated to activities within the role. They report that many EHOs see their role as being primarily complaint driven and focused narrowly on inspection and enforcement activities. This finding is reinforced by Vickers and Reynolds<sup>28</sup> who draw on the local government reports provided by South Australian local government. They conclude that complaints determine the majority of environmental health activity is reactive and report that 59%

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<sup>27</sup> Time distribution was surveyed as part of the Queensland (2009), South Australia (2004), the Environmental Health Indicators for South Australia paper (2008) also provides a time estimated for 5 local councils), Victoria (2005), Tasmania (2005)

<sup>28</sup> Vickers, A., Reynolds, C 2008, *Environmental Health Indicators for South Australia*, Government of South Australia pp27-8

of councils were made aware of significant issues as a result of complaints. The same paper reports on time allocation to environmental health functions in five South Australian councils and finds that over 60% of EHO time is devoted to reactive and regulatory functions of investigating complaints and conducting routine and follow up inspections. Similar resource allocations are reported in the workforce studies. By comparison, time allocated to community education and health promotion was very low, ranging from the highest allocation in Queensland with 6% down to just 2.6% in South Australia and 2% in Victoria<sup>29</sup>.

Anecdotal feedback from EHOs reflected frustration with what they regard as poor time and resource allocation. For example, one EHO estimated spending around 30% of time responding to noise complaints. Despite significant time investment, the proportion of complaints that were resolved to the satisfaction of the parties involved was relatively low.

The gap between role expectations and reality is a recurring theme of EHO feedback reported in the workforce studies. EHOs in Queensland identified the narrow, regulatory nature of the job as a factor contributing to current workforce shortages. *'The job has largely been reduced to a policeman role focussed on compliance'*. The Victorian study echoes frustrations at the underutilisation of skills. As the role has progressively been professionalised to require an undergraduate degree as a minimum entry level, job design has not kept pace. EHOs talked of feeling 'duped' after completing training that prepared them for a breadth of work. As one commented: *I didn't do four years at uni to take samples and inspect shops*<sup>30</sup>.

Similar concerns are reported in international studies. A UK report on developments in environmental health found that:

*...the mainstream practice of environmental health has become fixed on the delivery of a narrow agenda ...(which) has resulted in environmental health officers having to take on predominantly technical and enforcement roles. This trend has been at the expense of effective practice of the wider principles of environmental health protection, and has had the effect of deskilling many in the profession, leading to both dissatisfaction among existing environmental health officers and a diminishing number of applicants for student training.*<sup>31</sup>

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<sup>29</sup> These estimates are drawn from the workforce studies conducted in Victoria (2005) and Queensland (2008) and the summary of EH department functions in Vickers and Reynolds (2008)

<sup>30</sup> Windsor (2005), op cit p53

<sup>31</sup> Burke, S. Gray, I. Paterson, K. Meyrick, J. (2002) *Environmental Health 2012: A key partner in delivering the public health agenda*, Health Development Agency, p1

Vickers and Reynolds look beyond the potential impact on staff attraction and retention to question the cost benefits of an approach that remains predominantly focused on the control of infectious disease:

*Does this narrow focus on 1.7% of the disease burden mean that Local Government is not meeting their legislative responsibilities to maintain adequate standards of health?*<sup>32</sup>

They suggest that in the absence of methods to assess and evaluate approaches to improving environmental factors to health outcomes, local government resource allocation to environmental health is narrowly focused on acquitting minimum legislative responsibilities and guided by historical activity levels.

### Filling the role

In the absence of qualified environmental health officers, state and local governments are taking different approaches to filling the shortfall. Broadly these include:

1. Not undertaking adequate surveillance and enforcement
2. Filling EHO positions with unqualified people
3. Engaging unqualified people to undertake aspects of the role
4. Establishing minimum qualification and/or competency requirements for people who are fulfilling aspects of the role.

Enforcement agencies with delegated responsibilities that take the first option are failing to meet their legal obligations. Most acts allow for an enforcement agency to apply for exemption where it is not reasonably possible to engage a qualified person. While limited exemptions may be granted, option two is clearly a course of last resort. This point is stressed in the recent policy statement issued by SA Health on qualifications of authorised officers under the Public and Environmental Health Act (1987).<sup>33</sup>

Option 3 occurs now under diverse arrangements and job titles. For example, council officers who are not qualified EHOs may undertake aspects of the role, often linked to bylaws enforcement. Specific aspects of the job such as vector control are commonly undertaken by technicians with a narrow scope of responsibilities. Typically these

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<sup>32</sup> Vickers, A., Reynolds, C 2008, *Environmental Health Indicators for South Australia* Government of South Australia, p29. The reference to 1.7% BoD is taken from Australian Institute of Health and Welfare, 2007 which estimates that infectious and parasitic diseases are responsible for only 1.7% of total Australian disease burden.

<sup>33</sup> Health SA, (December 2008), Public and Environmental Health Council policy position on qualifications of authorised officers under the Public and Environmental Health Act 1987

arrangements have evolved on an ad hoc basis with no recognised or agreed skill requirements. In response, a number of the workforce studies recommended further work to define role boundaries and related skill requirements for technicians as one of the measures that could alleviate the skills shortfall. This option was further developed in an enHealth report produced by Brian Wall. Wall argues for confining the work of environmental health paraprofessionals to activities that 'do not require judgement' to be exercised, that are supported by protocols or standard operating procedures and supervised by a qualified EHO . He proposes a list of tasks that he suggests fall into this description<sup>34</sup>.

The Queensland Local Government Association has recently developed a Diploma of Local Government (Environmental Health) targeted at local government employees with a minimum of two years experience working in environmental related health services who undertake 'a variety of low-risk and technical activities'. There are similarities with the approach proposed by Wall but differences in the activities considered appropriate for this level of environmental health worker. The Diploma specifically excludes training in the areas described as high-risk, professional activities which are identified as food safety, Environmentally Relevant Activities (ERAs) and dangerous goods. Queensland Health note that this qualification would not meet requirements for appointment as an authorised officer with Queensland Health but recognises that a graduate may undertake activities that do not require them to exercise legislative powers.<sup>35</sup>

A different approach has been taken in Victoria where the option of developing a training pathway for a Food Act Authorised Officer (FAAO) is being developed. Unlike the Wall model, the Victorian approach supports developing environmental health competencies required to fulfil rather than support the role of an authorised officer specific to the Victorian Food Act. While there is a marked difference in the approaches being pursued in different jurisdictions and by different enforcement agencies, existing and proposed paraprofessional qualifications share some common features. They are based on vocational qualifications and are intended to articulate with environmental health university courses.

The EHA offers a Certified Environmental Health Practitioner/Technician Scheme for the purposes of supporting structured professional development. Prerequisites for entry for technicians require completion of an approved VET qualification and 2 years

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<sup>34</sup> Wall, B op cit p 25-6

<sup>35</sup> Michael Smith, quoted in Queensland Environmental Health Quarterly newsletter of AIEH (Queensland Branch), Number 2, 2007

work experience in the field. As of February 2009 the accredited course list does not yet include any VET courses.<sup>36</sup>

Not surprisingly there are mixed views about the merits of formally structuring an environmental health technician role. On the one hand are those who see this development as undermining the profession and using lesser qualified and possibly cheaper workers to replace qualified EHOs. This in turn may undermine the already marginal viability of existing tertiary courses, a number of which have already collapsed without any competition from a technician training pathway. These are quite reasonable concerns and need to be addressed in developing new models. On the other hand are those who recognise that aspects of the environmental health role are already undertaken by people who are not qualified EHOs. Rather than allow this to occur on an ad hoc basis developing a structured paraprofessional role would formalise these arrangements and ensure that these environmental health workers are supported by relevant training and management systems. Also sharing this view are EHOs who want to step up to the more challenging, strategic potential of the role. It is not feasible to do this at the same time as retaining all existing activities within the role. This 'extend the top, defend the bottom' approach is resoundingly rejected by many EHOs who complain of burgeoning workloads and endless role expansion.

Most of the documented discussion concentrates on models for devolving EHO responsibilities to paraprofessionals. Much less attention has been paid to developing high-end, specialist (post graduate) skill streams. Initial focus groups convened to refine the draft Roles and Responsibilities Framework identified the following areas for potential development:

- strategic planning, policy development and outcome based evaluation models related to environmental health
- emerging environmental health risks – including socio economic and lifestyle factors; climate change and resource depletion
- water management – particularly water use and recycling
- food safety auditing of high risk activities and processes.

## Summary

The picture emerging from a discussion of the EHO role presents a profession at the crossroads. The role has developed a long way from the early days of compliance officers and food inspectors. Degree and post graduate entry level qualifications equip this workforce to take a lead role in coordinating, planning and managing an

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<sup>36</sup> <http://journal.aieh.org.au/tools/cehp/index.php>

increasingly complex set of environmental factors that affect health outcomes. This is the 'promise' yet the reality for many is a job role closely aligned with old paradigms and approaches. While some EHOs work at the more strategic end of the profession, researching, developing and promoting best practice preventative strategies and controls, many are confined to a more limited role of surveillance and enforcement. Depending on the nature and risk level of hazards, this can be a challenging place to work but many report that their work does not effectively utilise their skills. As an EHO in Queensland comments: *'The nice aspects of EH work are now going to other people such as environmental planners'*.<sup>37</sup>

It remains to be seen whether EHO job design develops to fulfil its potential to capitalise on the skills and knowledge base of graduates or whether higher order planning and systemic approaches are developed by broader health planners leaving EHOs to continue a more narrow, enforcement focus. To some extent, the resolution of this issue depends on how enforcement agencies approach their responsibilities for risk management and who in the workforce is equipped, available and eligible to carry out the associated functions.

The issue of job design is outside the scope of this project. However the Roles and Responsibilities Framework and the related Skills and Knowledge Matrix will need to be sufficiently flexible to support diverse approaches to designing environmental health job roles.

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<sup>37</sup> LGAQ, 2009 p49

## Appendix 1: enHealth Workforce Project Outline

Establishment & Research	Roles & Responsibilities	Skills, Knowledge & Experience	Final Report
Establish a national project steering committee	Convene expert focus groups to refine roles and responsibilities. Members to reflect EHO experience across city, metro, regional and remote locations; experience working with indigenous communities: Convened by EHA in Queensland Convened by SA Health in South Australia	Convene expert working groups to refine matrix. Members to include experienced EHOs from state and local governments, industry bodies, academics	
Approve project plan			
Desktop research: Legislation Scan Literature Review	Present Working Paper 1 to Steering Committee	Conduct supplementary consultation	Prepare and present draft report to Steering Committee
Convene workshop on future environmental health roles	Validate outcomes in each jurisdiction	Present Working Paper 2 to Steering Committee	Produce final report
Develop draft description of roles and responsibilities	Develop draft skills, knowledge and experience matrix to meet roles, responsibilities requirements	Validate outcomes in each jurisdiction	

## Appendix 2: List of acts and regulations administered by EHOs

This table lists the legislation and regulations nominated by jurisdictions as relevant to the EHO role. Acts under review were not considered unless the bill was close to finalisation.

State	Acts relating to Environmental Health
Western Australia	Health Act 1911 (under revision) Food Act (under revision) Poisons Act Radiation Safety Act
Victoria	Health Act 1958 (under revision) Environment Protection Act 1970 Emergency Management Act 1986 Safe Drinking Water Act 2005 Health (Infectious Diseases) Regulations 2001 Health (Pest Control Operators) Regulations 1992 Health (Prescribed Accommodation) Regulations 2001 Tobacco Act 1987 Food Act 1984 under review Water Act 1989 Planning and Environment Act 1987 Building Act 1993.
NSW	Public Health Act 1991 (under revision) Public Health (Microbial Control) Regulation 2000 Public Health (Swimming Pools and Spa Pools) Regulation 2000 Public Health (Skin Penetration) Regulation 2000 Public Health (Disposal of Bodies) Regulation 2002 Protection of the Environment Operations Act 1997 Local Government Act 1993

	<p>Protection of the Environment Operations (Waste) Regulation 2005  Environmental Planning &amp; Assessment Act 1979  Environmentally Hazardous Chemicals Act 1985  Food Act 2003  Public Health (Tobacco) Act 2008  Smoke-Free Environment Act 2000</p>
South Australia	<p>Public and Environmental Health Act 1987 (under revision);  Food Act 2001;  Supported Residential Facilities Act 1992;  SA Health Commission Act 1976;  Tobacco Products Regulation Act 1997  Environment Protection Act 1993  Housing Improvement Act 1940</p> <p>Guidelines and Codes (legally mandated)  Waste Control Systems Standard for the Construction, Installation and Operation of Septic Tank Systems in South Australia  Supplement A ~ Aerobic Sand Filters  Supplement B ~ Aerobic Wastewater Treatment Systems  Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia  Environment Protection (Burning) Policy 1994  Environment Protection (Water Quality) Policy 2003</p>
Tasmania	<p>Radiation Control Act  Public Health Act 1998.  Food Act  <u>Guidelines:</u>  Recreational Water Quality  Drinking Water Quality  Tattooing  Ear and Body Piercing  Health &amp; Safety in Public Places</p>

	Proof of Age (Tobacco Products) Paint Legionella Packaging and Labelling of tobacco products Acupuncture Notification of Notifiable Disease Price Tickets and Other Matters (Tobacco Products)
Queensland	Radiation Safety Act 2000 Public Health Act 2005 Pest Management Act 2001 Tobacco and other Smoking Products Act 1998 Health (Drugs and Poisons) Regulation 1996 Food Act 2006
Northern Territory	Food Act 2004 Public Health Act 1952 Poisons and Dangerous Drugs Act 1983 Radiation (Safety Control) Act Therapeutic Goods and Cosmetics Act 1986
ACT	Food Act 2001 Public Health Act 1997 Codes of Practice (under the Public Health Act 1997): Drinking Water Code of Practice 2007 Cooling Towers, Evaporative Condensers and Warm Water Storage Systems (Specialised Systems) Code of Practice 2005 A Code of Practice to Minimise the Public Health Risks from Swimming/Spa Pools (1999)

### Appendix 3a: Appointment of Authorised Officers - Selected public health acts

Victoria Public Health and Wellbeing Act 2008	NSW Public Health Act 1991	Qld Public Health Act 2005	TAS Public Health Act 1997
<p>S29 A Council may only appoint as an environmental health officer a person who has the <b>qualifications, or qualifications and experience</b>—</p> <p>(a) that are declared by the Secretary as necessary for appointment as an environmental health officer; or</p> <p>(b) that the Secretary or a person approved by the Secretary for the purposes of this section is satisfied are <b>substantially equivalent</b> to the qualifications or experience, or qualifications and experience, declared for the purpose of paragraph (a).</p> <p>(3) The Secretary may declare the qualifications, or qualifications and experience, which are necessary for appointment as an environmental health officer by a notice published in the Government Gazette.</p> <p>S31(2) A Council must not appoint a person to be an authorised officer for the purposes of this Act unless the Council is satisfied that the person is <b>suitably qualified or trained</b> to be an authorised officer for the purposes of this Act.</p>	<p>The act provides for different levels of authorisation. For example, in the section relating to cooling towers, "<b>authorised officer</b>", in relation to any premises, means:</p> <p>(a) an environmental health officer employed by the local authority for the area in which the premises are situated, or</p> <p>(b) an environmental health officer of the Department of Health, or</p> <p>(c) a person authorised by the Minister or the Director-General to exercise the powers conferred by this Part on an authorised officer.</p>	<p>S138 Appointment of authorised person if—</p> <p>(a) the administering executive is satisfied the person is qualified for appointment because the person has the <b>necessary expertise or experience</b>; and</p> <p>(b) the person has the <b>competencies, if any</b>, prescribed under a regulation as relevant to the person's appointment.</p>	<p>S10 Health officers (EHOs) are persons with <b>approved qualifications</b></p> <p>S11. Appointment of officers</p> <p>(1) The general manager of a council may appoint –</p> <p>(a) persons who are registered medical practitioners as medical officers of health; or</p> <p>(b) persons with <b>approved qualifications</b> as environmental health officers.</p> <p>(2) The general manager of a council, if required by the Director, must appoint –</p> <p>(a) persons who are registered medical practitioners as medical officers of health; or</p> <p>(b) persons with approved qualifications as environmental health officers.</p> <p>S12 Approved qualifications of environmental health officers</p> <p>The Director may approve the qualifications required for appointment under section 10 or 11 generally or for a particular appointment.</p>

### Appendix 3b: Appointment of Authorised Officers - Selected food acts

Victoria Food Act 1984	NSW Food Act 2003	Qld Food Act 2006	TAS Food Act 2003
<p>S20(1) The Secretary may authorise</p> <p>(a) specific people who are officers or employees of the public service or of a public statutory body;</p> <p>(b) a class of employees in the public service;</p> <p>(c) a class of officers or employees of a public statutory body;</p> <p>(d) people (either specifically or as a class) who are appointed to be inspectors or authorised officers or people having similar functions under any other Act to be authorised officers for the purposes of this Act.</p> <p>(2) In granting such an authority, the Secretary may—</p> <p>(a) limit the authority—(....)</p> <p>(b) specify that the authority is only to apply to particular powers, authorities, functions or duties of an authorised officer;</p> <p>(c) impose conditions on the authority (including a requirement to comply with any directions of the Secretary).</p>	<p>S111 allows the Food Authority to appoint a local council as an enforcement agency</p> <p>S114 Appointment of authorised officers</p> <p>(1) An enforcement agency may appoint a person to be an authorised officer for the purposes of this Act, but only if the enforcement agency considers the person has <b>appropriate qualifications or experience</b> to exercise the functions of an authorised officer.</p>	<p><i>S168(4) However, the chief executive or a chief executive officer may appoint a person as an authorised person only if satisfied the person is qualified for appointment because the person has the <b>necessary expertise or experience.</b></i></p>	<p>S101. Appointment of authorised officers</p> <p>(1) The Director of Public Health may appoint a State Service officer or State Service employee to be an authorised officer for the purpose of this Act and that officer or employee may hold that office in conjunction with State Service employment.</p> <p>(2) A council may appoint a person to be an authorised officer for the purposes of this Act.</p> <p>(3) A person may not be appointed as an authorised officer under this section unless the person holds an <b>approved qualification.</b></p> <p>(4) The Director of Public Health may approve the qualifications required for appointment as an authorised officer generally or for a particular appointment.</p>