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REPRESENTATIVES**

STANDING COMMITTEE ON AGRICULTURE, FISHERIES AND
FORESTRY

Reference: Rural skills training and research

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON AGRICULTURE, FISHERIES AND FORESTRY
Wednesday, 15 February 2006

Members: Mr Schultz (*Chair*), Mr Adams (*Deputy Chair*), Mr Martin Ferguson, Mr Michael Ferguson, Mr Forrest, Mr Lindsay, Mr Gavan O'Connor, Mr Secker, Mr Tuckey and Mr Windsor

Members in attendance: Mr Adams, Mr Martin Ferguson, Mr Forrest, Mr Secker, Mr Schultz and Mr Windsor

Terms of reference for the inquiry:

To inquire into and report on:

- The availability and adequacy of education and research services in the agriculture sector, including access to vocational training and pathways from vocational education and training to tertiary education and work.
- The skills needs of agricultural industries in Australia, including the expertise and capacity of industries to specify the skills-sets required for training, and the extent to which vocational training meets the needs of rural industries.
- The provision of extension and advisory services to agricultural industries, including links and coordination between education, research and extension.
- The role of the Australian government in supporting education, research and advisory programs to support the viability and sustainability of Australian agriculture.

WITNESSES

CITER, Dr Lorna, Training Services Manager, Animal Health Australia 1

KEOGH, Dr Robert Cornelius, Director Programs, Animal Health Australia 1

Committee met at 5.02 pm**CITER, Dr Lorna, Training Services Manager, Animal Health Australia****KEOGH, Dr Robert Cornelius, Director Programs, Animal Health Australia**

CHAIR (Mr Schultz)—I declare open this public hearing of the House of Representatives Standing Committee on Agriculture, Fisheries and Forestry on its inquiry into rural skills training and research. This is the 12th public hearing for this inquiry and it is part of an extensive program of public hearings and visits designed to gather information from the people directly involved with the main issues of the inquiry. I welcome the witnesses from Animal Health Australia. Although the committee does not require you to give evidence under oath, I should advise you that these hearings are formal proceedings of the parliament. Consequently, they warrant the same respect as proceedings of the House itself. It is customary to remind witnesses that giving false or misleading evidence is a serious matter and may be regarded as contempt of parliament. Do you wish to make a brief statement in relation to your submission or some introductory remarks?

Dr Keogh—I would be happy to make some introductory remarks. They relate mainly to the activities of Animal Health Australia and our particular interest in rural skills training. Animal Health Australia is a not-for-profit company established in 1996 by governments and livestock industries to coordinate the development and implementation of national animal health programs. Our membership includes the Commonwealth government, the governments of the six states and two territories and 13 national livestock industry associations covering all of the major commercial livestock species in Australia. Our vision is to promote an animal health status that provides competitive advantage and preferred market access for Australia's livestock industries and minimises the risk to human health. Our mission is to ensure that the national animal health system achieves this vision.

We regard our role in the national animal health system to be to identify national priorities, engage stakeholders in pursuing these priorities, integrate the activity of stakeholders and facilitate and manage national programs. The main national programs managed by Animal Health Australia address the following issues: biosecurity awareness planning and management, animal health services capability, animal health surveillance, emergency animal disease preparedness and response, and livestock welfare. Amongst the priorities identified by the national animal health system is the need for accredited education and training at all levels within the national animal health system. Animal Health Australia has, as one of its objectives, to advocate for and to promote relevant national animal health education and training programs—in particular, the coordination of vocational education and training activities as part of the national programs it manages.

We have an established training coordination capability, and that has largely been directed in the past at emergency animal disease response training. But, progressively, we see that extending to other of our activities. Our key objective in our training activities is to ensure national consistency so that competency gained in one jurisdiction will be recognised and can be applied in another. That would maximise the effectiveness of the resources available in the event of an emergency animal disease. We also recognise that emergency response training for animal emergencies has much in common with the training for plant disease emergencies and aquatic

disease emergencies, and we undertake our development activities in consultation with those other interested parties, particularly Plant Health Australia. We also recognise that animal disease emergencies have much in common with other civil emergencies. Where possible, we integrate our training with that of the civil emergency training to, again, maximise the efficiencies that are available.

The national animal health system is an extensive network. Animal Health Australia is a small company with a complement of about 17. We rely heavily on leveraging the resources of our members and using available training resources to implement the face-to-face training. Our role in training has been to coordinate the preparation of courses, to develop training material and to coordinate the activities rather than deliver the training. Your secretariat sent us a list of themes of interest, and we would be happy to talk about those.

CHAIR—So you are happy to take questions?

Dr Keogh—Yes.

CHAIR—Dr Citer, do you wish to make a contribution?

Dr Citer—No, not at this stage.

Mr MARTIN FERGUSON—I notice you have suggested that you have not been able to keep up with the demand for training of personnel. With a possible outbreak of bird flu, can you give the committee an undertaking that there are sufficiently trained personnel to meet such an emergency in Australia?

Dr Keogh—I referred to our capacity, that our internal resources are limited. We vigorously engage the resources of our members and use RTOs to deliver the training. The responsibility for providing the resources is that of our members. What we have done with them is to try to develop, on a risk base, the resources they would require and work with them to train those resources. For instance, with our industry members we undertook a process that identified the need for about a thousand industry—

CHAIR—I am sorry, a division has been called in the House, so I will have to suspend this hearing.

Proceedings suspended from 5.09 pm to 5.22 pm

Mr MARTIN FERGUSON—We were talking about the potential incursion of bird flu and whether or not there is a sufficient number of trained personnel to deal with that.

Dr Keogh—The management of animal health and animal disease in Australia is constitutionally a state responsibility, and it is a responsibility of each of the jurisdictions to have the resources they require to manage the risks as they perceive them. Animal Health Australia works with them to develop the resources and to try and achieve some national consistency. On the question of whether or not the resources are adequate, I think recent experience with both real diseases, Newcastle disease in Mangrove Mountain and Meredith, and the two major simulation exercises—that is, Minotaur and more recently Eleusis—would suggest that Australia

has got the capabilities. That is a product of national arrangements, whereby states and industries cooperate in developing management plans and exchanging resources. Clearly, there is a shared view amongst the members of Animal Health Australia that we could always enhance our capability, and that is one of the jobs that Animal Health Australia has in extending the training.

I mentioned the Industry Liaison Officer initiative, which is funded by the Commonwealth and the livestock industries. Under that we are in the process of training a thousand livestock producers as industry liaison officers. The Commonwealth is funding a program called the Australian Veterinary Reserve, which is training a hundred private veterinarians to support government people in emergency animal disease responses. Also, there has been the development over the last three years of a Rapid Response Team, which is a group of about 50 specialists drawn from all of the jurisdictions, that would be deployed as the first response in the event of a major disease. So the question of a guarantee is unanswerable, but the evidence is that Australia has a standing capability to mount an appropriate first response and that there are other arrangements that would help us sustain a response.

CHAIR—The submission from the Cattle Council of Australia praises your Industry Liaison Officer training program. It states that financial assistance to participating producers provides a necessary incentive. How important do you think financial incentives are in training activities?

Dr Keogh—For primary producers who have a business to run, they are significant. What we did in developing the ILO course is try to keep it to a single day so the costs associated with accommodation were minimised. We have it as a decentralised program. Wherever the Cattle Council of Australia or another one of our members can deliver 20 people, we will take the course to them. With support from the Commonwealth, we provide compensation of about \$120 per attendee to offset some of the cost of attending. We recognise that that does not necessarily compensate for the full cost of training, but it does address that in part.

CHAIR—And they do not find any problems paying that sort of money, or do you think they need financial assistance?

Dr Keogh—In this case, the Commonwealth has provided \$200,000 to be matched by the industry associations in cash or in kind, and it is out of that fund that the payments are being made. That total of \$400,000 will train a thousand ILOs.

Mr ADAMS—People are being trained as ILOs, but there are a lot of people in the early response area are veterinarians and people like that. How are we going with getting that sort of training to be a part of their learning curve at university? How are we training them? Has that been thought out? Is that being fed in?

Dr Citer—Last year, we in fact piloted a course with Charles Sturt University in which they utilised some of the materials that had been developed for the industry liaison officer training. They used it at the undergraduate level. They undertook their own assessment, which was different to the assessment that we would use but it was integrated into the undergraduate course at Charles Sturt. That was a pilot, with a view to progressing the concept or the model with the deans of the veterinarian faculties. My understanding is that Animal Health Australia has already written to the Chair of the Committee of Australian Veterinary Deans to seek their engagement in this process. We also provided an alternative undergraduate course last year at the University of

Sydney, which is probably not as far along in the process as Charles Sturt. That training has succeeded in engaging students at the undergraduate level and providing awareness of emergency disease management within the government sector.

Mr ADAMS—I understand that \$200,000 was provided for training, but what else could be done to assist training in Australia to bring us up to a good level? Are there gaps in our training? We are looking at training, which is why I am asking that question. Can you give us any evidence of where there are holes at present?

Dr Keogh—One of the initiatives that Animal Health Australia manages is the National Animal Health Performance Standards. That requires each of our members to undertake a risk based assessment of their performance against some national standards. One of those is that they have adequate resources to address the reasonable risks within their jurisdiction. The review that was completed about two years ago, combined with Exercise Minotaur, which was conducted at about that time, did highlight some needs. The Rapid Response Team initiative came out of that, along with the Australian Veterinary Reserve initiative.

I guess it is fair to say that those two, combined with ongoing training activities within the various jurisdictions, are about as much as the system can digest at present. We are working to develop new competencies for more of the roles that are described in AUSVETPLAN. Again, it is one of those things where you never have enough, but the evidence is that we have a reasonable core that we should continue to build on.

Mr ADAMS—Can you tell us about the membership of your core group?

Dr Keogh—The membership of Animal Health Australia?

Mr ADAMS—Yes.

Dr Keogh—The membership comprises the Commonwealth government, the six state governments, the two territory governments and 13 livestock industry associations—the Cattle Council, ALFA, dairy reps, two sheep representative groups, pigs, two chickens, bees, goats and three associations representing different elements of the horse industry.

Mr ADAMS—The bees are in there now with you?

Dr Keogh—Yes. They were a foundation member.

Mr SECKER—You have eight major programs here, including the emergency animal disease preparedness program. What diseases are you dealing with—bluetongue, foot and mouth, mad cow?

Dr Keogh—AUSVETPLAN, the National Emergency Animal Disease Response plan, covers some 63 diseases. Clearly, our prime focus is on those that cause the greatest concern. Foot and mouth disease, avian influenza and the insect-borne vector diseases like bluetongue, akabane and screw worm fly are all diseases that we have active programs relating to. The others we keep a watching brief on, so if circumstances in other parts of the world indicate that classical swine

fever might be an issue then we go and brush up the plan for that and disseminate that through our membership.

Mr SECKER—Do you have a shortage in skills there or are you relying on existing vets for the detection, treatment and all those sorts of things.

Dr Keogh—The system probably has an adequate number of resources. There is great concern within the animal health system about the number of vets in rural areas—and we have previously spoken to a Senate committee that addressed that subject—and there is anxiety in some areas about the ageing of some of the particular resources. Rather than the shotgun approach we are trying to identify particular deficiencies, whether it is in virologists, veterinary pathologists or diagnosticians. We are looking to develop those resources or carry out point training at those particular deficiencies.

Mr SECKER—Are you looking at students doing veterinary studies now and saying, ‘We are interested in getting you involved in the future’?

Dr Citer—The two areas that the jurisdictions seem to identify most frequently as being in greatest need of succession plans are the areas of veterinary pathology and epidemiology. One of the challenges is that both those specialisations benefit from having graduates who have had some time in the field. For Animal Health Australia it is about facilitating the training needs of those people rather than developing the courses, encouraging our members to develop succession plans or career pathways for their own staff at the jurisdictional level, making members aware of existing postgraduate opportunities, and discussing the matter with universities and ensuring greater flexibility in some university courses. By that I mean that some courses are currently offered as, say, a two-year postgrad qualification but there are modules within it and if there were the opportunity for the petitioning of the course so people could just do the module that was relevant to their career path there would probably be a greater uptake.

Mr SECKER—I notice you have one disease here on its own, Johne’s disease, as one of your special programs at both cattle and sheep. So you are running both even though they get treated a bit differently?

Dr Citer—Johne’s disease affects five species in Australia. There are two distinct strains. The bovine strain is most commonly recognised as being in goats, cattle, deer and alpaca. The sheep strain is essentially a sheep and goat strain. The training that has been developed for that particular program is not emergency disease training but reflects more on biosecurity planning as a principle and also ensuring that there are adequately trained approved veterinarians.

Mr SECKER—In those eight major programs, where would you say your greatest skills shortages are and what are you doing to try and overcome those? I know you have told us some of the things you are doing. In what areas are your worst shortages and what you doing to alleviate them?

Dr Citer—The company’s priority has always been emergency disease training. Over the last couple of years and historically that has been competency based training but working with non-endorsed competency standards. Over the last couple of years we have worked actively with the Rural Training Council on one of their projects, RTE03, to review the existing competency

standards in training packages, to identify the need for new competency standards, to develop a raft of some nine new competency standards and, in addition, to adopt competency standards from the public sector and public safety training packages. The purpose of that was severalfold: firstly, to ensure that there was consistency, a benchmark, nationally; secondly, to provide career pathways for both producers and career bureaucrats within the emergency disease sector; and, thirdly, to ensure a flexibility across emergency disciplines. Dr Keogh mentioned earlier that we have an engagement with Plant Health Australia, the agriculture people, and to a lesser extent the SES—not at our level but at the jurisdictional level.

Mr SECKER—What do you think we can recommend to make those shortages disappear?

Dr Citer—I think it would be nice to see some of the traditional registered training organisations engaged particularly in the delivery of training against the competency standards that have application to producers.

Mr SECKER—When you say producers, do you mean farmers?

Dr Citer—Yes, farmers and farm managers, and it is not limited just to them but also includes people who service the rural sector, like stock and station agents, livestock transporters and saleyard operators. In the event of an emergency disease they are quite often going to be the first people that will recognise that something is amiss and, if they do not have the training to take that a step further, we might miss that early diagnosis, and that would be a shame.

Mr FORREST—A lot of my questions you have progressively answered. Martin Ferguson's question allayed some concerns I had when I first read your submission about you not having a capacity for training, and Patrick has ended up where I wanted to start. You only responded to avian bird flu. There is a whole range of other crises and emergency diseases as well. My perception is that there are two ends. One thing is naturally the need for veterinarians. They come out of university with a piece of paper and they still need some pointing in the right direction. But the key is the point that Pat has raised, that it is people on the ground. That is probably what you are referring to in your comment about the training. You are not trying to train vets; I understand that.

Dr Keogh—We recognise a differentiation between what we call the professionals and the specialists—between the veterinarians who get their training at university and the various colleges and expertise. We are interested in ensuring that Australia has sufficient of those resources. The other side of the divide is VET, vocational education and training. That is where we see we have a particular role to play. In our submission, our reference to our resources was not intended to say that there were not the resources; they were just not in house. In fact, we believe there are plenty of training resources out there through the registered training organisations. What we have been seeking to do is to leverage and use those resources rather than duplicate them through an internal company structure. When the company was established, it was actually funding and doing training and we perceived that to have been a very inefficient use of our resources because we were really duplicating what was already out there. So we have changed our approach to confine our activities to identifying what training is needed, developing the courses and the materials to undertake that training and then coordinating with our members and RTOs to provide the training.

In this VET area we do deal with vets in training them in the emergency response roles that are prescribed in AUSVETPLAN. There are a number of roles for which vets are uniquely qualified and there are others that they could undertake, a fire control officer could undertake or a livestock producer could undertake. That is the area in which we see ourselves adding value to the system by identifying those AUSVETPLAN roles and developing the courses to train people to fill those roles and training adequate numbers of people to fill those roles.

Mr FORREST—Can we deal separately with the two. Take the people at the coalface first. Is there any resistance from them to participating in the training? There is nothing in it for them directly. Are they provided with assistance in some way?

Dr Keogh—We are working through that currently. The challenge in training a thousand is in part to find a thousand to train, because in the event of an emergency, as with a bushfire, they would be taken from their property into the local disease control centre to provide a service there; so there is concern amongst some producers about the time that they would have available and the cost to them. We are looking at it under the Emergency Animal Disease Response Agreement—that, in the event of an emergency, the state CVO would engage qualified producers as contractors to the state and pay them for the period that they were deployed so that they would not be entirely out of pocket. Then the Emergency Animal Disease Response Agreement would see that the cost of engaging them was cost shared amongst the affected parties.

Interestingly, the other thing that we have found as a source of some resistance is that people in that role could sometimes have to deliver some bad news. They might have to go to their neighbour and say, 'Under the response plan, your herd of pigs is going to have to be shot out.' Some people have come and done our training and then said, 'We don't believe that we're capable of doing that job.' For Lorna and her team as big a test as any is finding the thousand producers across Australia who are willing to take on those responsibilities.

Mr SECKER—Couldn't you bring police in to do that sort of thing?

Dr Keogh—It is not that these people would shoot the pigs. The industry liaison officer's role is to provide liaison between the management of the response and the local producers. It could well be that he has to tell his brother-in-law or neighbour, 'Your flock has been diagnosed as having it.' That is a difficulty. There are all sorts of people who could, but that is a potential exposure for an industry liaison officer and we have tended to put in front of them the worst case of what it could be.

Dr Citer—Having said that, we have trained around 250 people nationally already. Those who elect not to take up the role after the training say that the benefit of exposure to the training has been a greater engagement and awareness in matters of biosecurity and also the management of emergency disease. So, whilst we do not actually gain them as an active member or a potentially active member of a control centre, we feel that there has been a flow-on benefit to the rural community in having them participate in that training.

Mr SECKER—They do not get an annual stipend or anything like that?

Dr Citer—No, nothing like that. The other benefit, though, is that by going through the ILO training they do come out with a statement of attainment for four competencies, which can be used as part of a qualification in the rural production training package.

Mr FORREST—At the other end of the spectrum, the quality of tertiary trained veterinarians that are coming through, can you assure us, especially in respect of the issue of emergency response, that they are receiving adequate briefing through their tertiary studies?

Dr Keogh—We do not expect a veterinary graduate to come out an expert or trained in any of the particular response capabilities. We see that as a postgraduate—not a higher degree—

Mr FORREST—A professional development role?

Dr Keogh—Yes, and in that they would undertake the sort of training that we coordinate in particular roles. Clearly, people with veterinary skills would be trained for the higher more specialist roles like field surveillance officer, veterinary and those sorts of things. We would actively try and put them in the roles where their particular skills are required.

Mr FORREST—So you can assure us that you are satisfied with the quality of veterinary training?

Dr Keogh—Yes, and not only is that our own assessment but Australian vets are regarded as very well trained by people anywhere in the world.

Mr FORREST—They are well sought after.

CHAIR—The AHA submission states that the organisation has been working with the Agrifood Industry Skills Council to develop competency standards that will be the basis of nationally recognised emergency disease management training. The committee has received evidence that criticises the structure and operations of the Agrifood Industry Skills Council. Can you tell the committee what your organisation's experience has been in working with the council?

Dr Keogh—We started an involvement in the development of these emergency disease competencies with the Rural Training Council of Australia, which was then the responsible party. That was part of the RTE03 package that Lorna mentioned. I was on the steering committee for that package. During the course of that, responsibility changed from the RTCA to the Agrifood Industry Skills Council. Both from an Animal Health Australia interest and as a member of the steering committee, the transition seemed to have gone quite smoothly. I recall that we completed the drafting of the package in the fourth quarter of 2004. So the package, as far as the steering committee and Animal Health Australia was concerned, was tied up and ready to be considered by whatever the next level was and endorsed from the first quarter of 2005.

Our disappointment and concern—but we do not know where it lies—is that 15 months later that course and those competencies have, as we understand it, yet to be formally accredited. That is a difficulty for us because, as Lorna has indicated, we are doing this training with people and we hope that one of the incentives is that they get an accredited competency out of it. Until the training is accredited, we are on the verge of a misrepresentation. Our frustration is with the fact

that 15 months down the track that process has not been completed. We do not know when it will be but, as has been indicated here, the need for training goes on and we are flying a little bit blind.

CHAIR—It does not create a great deal of confidence in the actual training outcomes as a result of that.

Dr Keogh—We are confident that one of the outcomes is that people are trained but—

CHAIR—But people need to have that certification to feel confident in what they have done.

Dr Keogh—Yes.

Dr Citer—We are partnering a registered training organisation. If I could just take up from what Dr Keogh said, we finished drafting in December 2004. We went through a public consultation and validation of the competency standards in March 2005 and, in fact, convened a meeting of our interested members to attend plus invited the public to a validation meeting in Canberra. Our understanding was that the competency standards would be progressed quite quickly to DEST. One of the challenges has been the move from RTCA to AFISC at the same time as we have had ANTA moving to DEST. But we are now advised that DEST has changed some requirements and that the draft competency standards, which we are working with as if they are endorsed, have now got to undergo some additional review. We do not believe the review will impact the actual content, because it is looking at the employability skills and we are not immediate post-secondary training. At the end of the day, we are working with an RTO and we are following all the processes required for people to get a qualification. The RTO, at some inconvenience to it, has agreed to delay the issuance of the qualifications until endorsement has occurred. I think you are right: to the doubters of competency based accredited training it adds fuel to their fire. We are trying to operate within a federally agreed national training framework.

CHAIR—Thank you for that. That is very useful information from the committee's point of view. We need to know these things if we are going to make appropriate and sound recommendations to the minister once the evidence-taking process is finished and we get into the writing of the report.

Dr Keogh—In addition to that, we do not know where responsibility for that delay lies. In some ways, we do not care. It is just that we want the issue addressed.

CHAIR—I understand that from the comments that you made.

Mr SECKER—Is there someone we can write to to find out where it is at? We could even write to the food council.

CHAIR—I think that is the way to go—just to write and ask them to explain to us where it is at. That is a very good suggestion. Thank you, Mr Secker.

Mr FORREST—I have a trivial pursuit question. In the AUSVETPLAN schedule you gave us, there is a disease I am not familiar with. It is referred to as Aujeszky's disease. Do you know what that is?

Dr Citer—My understanding—and I can honestly say I have never seen a case of it—is that it is a neurological condition of pigs. But for anything further than that I would need to do a Google search.

Mr FORREST—I will look it up.

Dr Keogh—The list of the 63 diseases that we address in the AUSVETPLAN has been developed by the world animal health organisation—OIE. For those like Aujeszky's disease that are probably a low risk to Australia, we have a pro forma plan for managing them. For something like foot-and-mouth disease or classical swine fever, Australia will have a very detailed management plan that is updated or subject to updating on a regular basis.

CHAIR—That is good to hear.

Mr SECKER—What is our biggest threat?

Dr Keogh—The vets that I talk to—I am not a vet—say that foot-and-mouth disease is a showstopper. The animal health system is now very intensely engaged in the issue of avian influenza, and that is reflected in the fact that the national exercise that was done just last year was on that.

Mr MARTIN FERGUSON—The Treasurer answered a question in question time today on the issue of government resources on that.

Dr Keogh—Later this year there will be a significant exercise in WA that is based around foot-and-mouth disease.

Mr SECKER—They would get it before anyone else!

CHAIR—Thank you very much, Members. I thank both Dr Keogh and Dr Citer for making their valuable time available to come here today, address the committee and give evidence to the committee. As I have said repeatedly, it is very important from our point of view that we receive information from within the organisations that are in the business of supplying rural skills, and I would like to thank you for your significant contribution here today.

Resolved (on motion by **Mr Secker**):

That submission 105 from the Agrifood Food Industry Skills Council be accepted as evidence and be authorised for publication

Resolved (on motion by **Mr Martin Ferguson**):

That this committee authorises publication of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 5.56 pm