Aboriginal and Torres Strait Islander Health Worker Training Package Products

Qualifications in Primary Health Care Practice

Draft 1 Consultation Guide

May 2022

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Introduction

SkillsIQ is a not-for-profit Skills Service Organisation (SSO) supporting industry in developing standards to equip the people-facing workforce with the right skills for jobs now and into the future. SkillsIQ is funded by the Commonwealth Department of Education, Skills and Employment to support the Industry Reference Committees (IRCs) responsible for the development and maintenance of training packages in the following sectors:

- Community Services
- Floristry
- Funeral Services
- Hairdressing and Beauty Services
- Health
- Local Government
- Public Sector
- Retail Services
- Sport, Fitness and Recreation
- Tourism, Travel and Hospitality.

IRCs drive the process of training package development and are made up of people with experience, skills and knowledge of their particular industry sector. IRCs are responsible for the provision of strategic input and advice that represents the needs of their workforce and ensuring training package products reflect these needs.

This project

On 12 November 2021, the Australian Industry and Skills Committee (AISC) approved the following qualifications along with 55 Units of Competency:

- HLT20121Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT30121 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40121 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT50221 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management
- HLT60121 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management

The AISC has asked the Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee (IRC) to reconsider the Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice using the updated and approved Units of Competency. Therefore, SkillsIQ, under the direction of the Aboriginal and Torres Strait Islander Health Worker IRC, is consulting on an update of two practice qualifications:

- HLT40222 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- HLT50122 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

Please note that this consultation is limited to stakeholder feedback ***only*** on these two Qualifications and not on Units of Competency which have already been approved by the AISC and endorsed by State and Territory Skills Ministers.

Consultation activities and timelines

National consultation for Draft 1 Qualifications will be open for a period of four weeks from **Monday 16 May 2022** to **Friday 10 June 2022**. Due to strict submission timeframes for this project, this deadline cannot be extended.

Webinars

Throughout the consultation period SkillsIQ will be undertaking a series of national webinars which will provide an overview of the proposed qualifications and provide details of how and where you can give feedback during the consultation period.

To attend a webinar, please select the most convenient time and date and register your details by clicking on the link below. Each webinar will involve the same presentation, they are simply held at different times to allow people a choice of date and time. Please register each attendee separately.

- Webinar 1: Thursday 19 May 2022 10.30am -11.30am AEST
- Webinar 2: Tuesday 24 May 2022 2.00pm -3.00pm AEST
- Webinar 3: Wednesday 1 June 2022 1.00 pm -2.00 pm AEST
- Webinar 4: Tuesday 7 June 2022 11.00 am -12.00 pm AEST

Feedback Forum

Feedback can be provided online via the SkillsIQ Feedback Forum. The Feedback Forum is an online tool designed to capture stakeholder feedback on draft Training Package Products. It provides an opportunity for stakeholders to view feedback left by others.

To access the Feedback Forum, click here.

For information on how to use the Feedback Forum, please visit the following page https://www.skillsiq.com.au/FeedbackForum/How-To

To remain up to date with project developments, subscribe to SkillsIQ at: https://www.skillsiq.com.au/Subscribetoournewsletter.aspx

IRC Member Consultation Activities

Some Individual IRC member organisations will be conducting consultation sessions during the consultation period. For details of these, please enquire with the organisation directly.

Project timelines

Following the close of the Draft 1 consultation period, feedback received will be collated and evaluated. This feedback will inform the development of Draft 2, which will be made publicly available for validation prior to the submission for endorsement.

It is anticipated that the Aboriginal and/or Torres Strait Islander Health Work Training Package Products (two qualifications) will be submitted to the AISC for consideration in September 2022.

Table 1: Timelines for the Aboriginal and/or Torres Strait Islander Health Work qualification update

Consultation Draft 1	16 May 2022 – 10 June 2022
Validation Draft 2	4 July 2022 – 15 July 2022
State Training Authorities Engagement	25 August 2022 – 7 September 2022

Submission	9 September 2022

About this Consultation Guide

This guide, which should be read in conjunction with the Draft 1 Qualifications, provides:

- information on the two proposed Qualifications
- key consultation questions to guide your feedback
- the two proposed Qualifications (Appendix A)
- a list of approved Aboriginal and/or Torres Strait Islander Health Units of Competency (Appendix B)
- Copies of the endorsed units specifically referred to in the Consultation questions (Appendix C).

Contact details

For more information please contact:

Melinda Brown

General Manager

E: melinda.brown@skillsiq.com.au

P: 0417 766 372

Draft 1 Qualifications are submitted as proposals. They are subject to change after this public consultation.

Overview of Draft 1 Qualifications

These national Qualifications recognise that Aboriginal and Torres Strait Islander health practitioners can work in a diversity of locations including urban, rural and remote settings, and in a diversity of health care settings including Aboriginal and/or Torres Strait Islander community organisations, and the public or private health sector.

At each qualification level, core units have been chosen to include the essential skills and knowledge required by all practitioners, no matter where they are located, or in which setting they work.

At each qualification level, elective units have been chosen for their relevance to the health practitioner job role. These include further Aboriginal and/or Torres Strait Islander Health Work units coded HLTA, Health units coded HLT, and a range of imported units, e.g. Community Services units coded CHC.

Packaging rules allow flexibility of elective choice in recognition of the diverse job roles of Aboriginal and/or Torres Strait Islander health practitioners. Units are grouped so that at least some units much be chosen from a health discipline area to add to core health skills.

The qualifications appear in Appendix A of this guide.

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

This qualification reflects the role of Aboriginal and Torres Strait Islander health practitioners. It provides culturally safe health and wellbeing promotion, preventative health care and clinical treatment skills suited to an entry level practitioner role.

This qualification can be used by Registered Training Organisations (RTOs) to design and accredit their courses for the purpose of graduates applying for registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

This qualification reflects the role of senior Aboriginal and Torres Strait Islander health practitioners. It is a qualification that allows practitioners to extend their skills in culturally safe health and wellbeing promotion, preventative health care and clinical treatment.

Senior practitioners may specialise in particular health disciplines, and specialisations are available ***but not mandatory*** to achieve this qualification.

Certificate IV Practice – information and questions

Certificate IV – 19 Units, 14 Core and 5 Elective Units

Refer to Appendix A for full details of the qualification.

Core Units

Are the core units appropriate? Do they reflect the essential skills required by entry level Aboriginal and/or Torres Strait Islander health practitioners?

Should any units be added to or deleted from the core units?

HLTAHPR007 Promote lifestyle change (refer Appendix C for a copy of the endorsed unit) appears in the core of the qualification.

This unit describes the performance outcomes, skills and knowledge required to promote lifestyle change by providing education on lifestyle disease, lifestyle risk factors, and advice on healthy lifestyle choices. It requires the ability to support clients to make changes through personal goal setting, and to provide referrals to specialist health professionals and support services when required. It covers providing information about healthy eating, about lifestyle choices, and impact of unhealthy choices, including alcohol, smoking and illicit drugs.

Does this unit cover essential skills and knowledge required by Aboriginal and/or Torres Strait Islander health practitioners? Should this be retained as a core unit or moved to an elective?

Please provide your reasons for any suggested changes.

Packaging Rules and Elective Units

5 elective units are required.

- 5 elective units, consisting of:
  - **2 units from Group A**
    Group A: Health Care and Clinical Treatment (provides a choice of 25 Units).
  - **2 units from Group A or Group B**
    Group A: Health Care and Clinical Treatment (provides a choice of 25 Units).

    Group B: Advocacy, Health Promotion and Education, Population Health (provides a choice of 11 Units).

    Total choice of 36 Units.
  - **1 unit from Group A, Group B, or Group C, or from any current training package or accredited course**
    Group A 25 Units

    Group B 11 Units

    Group C: General Electives (provides a choice of 21 Units).

Are the packaging rules appropriate to allow employers, learners and registered training organisations flexibility to meet their needs?

The packaging rules require selection of units from specified groups. Is this appropriate?

Should any units be added to or deleted from any of the groups?

Are the HLTA units included in elective lists those most relevant to the entry level Aboriginal and/or Torres Strait Islander health practitioner job role?

Are the general health and imported electives those most relevant to the entry level Aboriginal and/or Torres Strait Islander health practitioner job role?

Please provide your reasons for any suggested changes.

Elective units
HLTAHCS003 Complete routine physical assessments (refer Appendix C for a copy of the endorsed unit) This unit has been included in the elective unit list because some stakeholders have said this skill is missing from Certificate IV. The content of a **core** unit *HLTAHCS004 Complete comprehensive physical health assessments* (refer Appendix C for a copy of the endorsed unit) covers skills for completing both routine and comprehensive health assessments. The IRC seeks your view on this. Is it necessary to include HLTAHCS003 (routine unit) in electives? If selected, would this result in repetitive training and assessment?
HLTAID011 Provide first Aid Industry stakeholders have expressed the view that first aid is an essential skill for health practitioners, but that learners should be provided with training that meets up to date practice. This unit appears as an elective unit and not a core. The rationale for its placement as an elective unit is: • First aid units are regularly reviewed, and updated units are usually not equivalent. This triggers regular updates for qualifications where first aid appears in the core. RTOs are then required to update their scope. • RTOs are required to deliver an outdated version of a first aid unit if it appears in the core, until the qualification is updated. This means outdated practices may be delivered. • If RTOs outsource first aid training, they can find it difficult to find a provider still delivering the outdated (yet mandated) core unit. • If the first aid unit appears in the elective list, RTOs can choose the updated version. The IRC seeks your view on this issue. Should HLTAID011 Provide first Aid appear as a core or an elective unit? Please provide your reasons.
This Certificate IV has been adjusted since it was previously submitted as a Diploma of Practice in 2021. The following elective units have been removed because they describe complex skills not well suited to the entry level practitioner role and an AQF level 4 qualification. They appear instead in the Diploma of Practice qualification. • CHCAOD007 Develop strategies for alcohol and other drugs relapse prevention and management • CHCAOD008 Provide advanced interventions to meet the needs of clients with alcohol and other drugs issues • CHCDFV006 Counsel clients affected by domestic and family violence • CHCMHS005 Provide services to people with coexisting mental health and alcohol and other drugs issues • CHCPRT003 Work collaboratively to maintain an environment safe for children and young people • HLTAMAT001 Provide antenatal health care • HLTAMAT002 Assist with childbirth • HLTAMAT003 Provide postnatal health care for mothers and babies • HLTAMED004 Manage medications in Aboriginal and/or Torres Strait Islander primary health care • HLTASEW004 Contribute to the care of clients living with mental illness • HLTASXH003 Provide sexual health care

Elective units
• HLTRNL004 Apply renal replacement therapy Do you agree with the removal of these elective units from the Certificate IV? Are there any that can apply to the entry level practitioner job role? Please provide your reasons if you think any should be retained in the Certificate IV Practice qualification.
The following elective units have been removed from the Certificate IV Practice for other reasons which are indicated. These do not appear in the Diploma of Practice. • CHCCSL001 Establish and confirm the counselling relationship Unit focuses on the counsellor and client relationship. A relevant counselling unit is included in the Certificate IV and Diploma - *CHCCSL003 Facilitate the counselling relationship and process*. • CHCCSL007 Support counselling clients in decision-making processes This unit crosses over with *HLTAHPR007 Promote lifestyle change* which appears in the core of Certificate IV. • CHCGRP002 Plan and conduct group activities Appropriate skills for presenting to a group (information session, workshop etc.) are covered by elective *BSBCMM411 Make presentations*. • CHCDFV004 Provide domestic and family violence support in Aboriginal and Torres Strait Islander communities Unit is largely written for non-Aboriginal and/or Torres Strait Islander people and focuses more on cultural issues than DFV. There are three other DFV units included in electives. • CHCPRT002 Support the rights and safety of children and young people Content crosses over with that in other relevant units included in Certificate IV and Diploma, e.g. *CHCPRT001 Identify and respond to children and young people at risk*, *CHCPRT003 Work collaboratively to maintain an environment safe for children and young people* and *CHCDFV002 Provide support to children affected by domestic and family violence*. • HLTPOP014 Assess readiness for and effect behaviour change This unit duplicates *HLTAHPR007 Promote lifestyle change* which appears in the core of Certificate IV. Do you agree with the removal of these elective units from the Certificate IV? Please provide your reasons if you think any should be retained in the Certificate IV Practice or Diploma qualification.

Diploma of Practice – information and questions

Diploma – 15 Units, 5 Core and 10 Elective Units

Refer to Appendix A for full details of the qualification.

Core Units

Are the core units appropriate? Do they reflect the essential skills required by senior Aboriginal and/or Torres Strait Islander health practitioners?

Should any units be added to or deleted from the core units?

In particular, should the following team leadership units be included in the core of the qualification:

- *HLTASEW005 Provide supervision for Aboriginal and/or Torres Strait Islander health workers* (refer Appendix C for a copy of the endorsed unit)

  This unit describes the performance outcomes, skills and knowledge required to support health worker and practitioner wellbeing through structured debriefings and ongoing processes of communication and feedback. It requires the ability to identify and use information from supervision activities for continuous improvement of organisational practice.
- HLTINF003 Implement and monitor infection prevention and control policies and procedures
- HLTWHS003 Maintain work health and safety

The IRC seeks your view on whether or not *HLTAHCS016 Develop primary health care programs* (refer Appendix C for a copy of the endorsed unit) should be included in the core (currently it appears as an elective).

This unit describes the performance outcomes, skills and knowledge required to plan, organise and evaluate primary health care programs to address identified needs in Aboriginal and/or Torres Strait Islander communities. It requires the ability to use critical thinking, planning and collaboration skills.

Please provide your reasons for any suggested changes.

Packaging Rules and Elective Units

10 elective units are required.

- 10 elective units, consisting of:
  - **8 units from Groups A to J**
    Groups A to I comprise units for a particular discipline, e.g. maternal health

    Group J contains Aboriginal and/or Torres Strait Islander Health Work units and other HLT Health units

    Groups A to J provide a choice of 50 units.
  - **2 units from Groups A to K or from any current training package or accredited course**
    Group K: General Electives (provides a choice of 19 units).

Open selection is available

It is not necessary to select all units from any of the specialist groups. For example, 2 units could be selected from Group A, 3 from Group D, 1 from Group E, 2 from Group J and 2 from Group K to make up the 10 required electives.

Specialisations are available

Senior practitioners may specialise in particular health disciplines, and specialisations are available ***but not mandatory*** to achieve this qualification.

Packaging Rules and Elective Units

Specialisations are available in the following nine disciplines:

- Alcohol and other Drugs Care
- Aural Health
- Children's Health
- Chronic Condition Health
- Leadership and Management
- Maternal Health
- Oral Health
- Sexual Health
- Social and Emotional Wellbeing

It is possible to select two specialisations, e.g. Children's Health and Maternal Health.

Are the packaging rules appropriate to allow employers, learners and registered training organisations flexibility to meet their needs?

Are the specialisations helpful in providing skills for those senior practitioners that specialise in a particular discipline? Do you support the specialisations? Can you identify any other specialisations that could be added to support community health needs?

Should any units be added to or deleted from any of the groups?

Are the HLTA units included in elective lists those most relevant to the senior Aboriginal and/or Torres Strait Islander health practitioner job role?

Are the general health and imported electives those most relevant to the senior Aboriginal and/or Torres Strait Islander health practitioner job role?

Should any units be added to or deleted from the elective lists?

Please provide your reasons for any suggested changes.

Proposed entry requirement for the Diploma of Practice

Draft 1 proposes an entry requirement for the Diploma of Practice. The qualification is intended for practitioners who have a set of existing health care and clinical treatment skills. It provides a training and career pathway for those practitioners who wish to extend their skills and/or who may wish to specialise in a discipline. The inclusion of an entry requirement is suited to this cohort and avoids the need to include, within the structure of the Diploma qualification, repeat content from the Certificate IV Practice.

The proposed entry requirement is as follows:

Entry to this qualification is open to individuals who:

- hold current registration as an Aboriginal Health Practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)

  OR
- hold the following units of competency, or units that have been superseded by these units, OR who can demonstrate competency in these units through workplace experience and application:
  - CHCCOM002 Use communication to build relationships
  - CHCLEG001 Work legally and ethically
  - HLTAADV002 Support the rights and needs of clients
  - HLTAHPR007 Promote lifestyle change
  - HLTAHCS004 Complete comprehensive physical health assessments

- HLTAHCS006 Implement complex health care plans
- HLTAMED002 Support the safe use of medications
- HLTAMED003 Administer medications
- HLTASEW002 Assess and support the social and emotional wellbeing of clients
- HLTAWOR003 Use and promote reflective practice in Aboriginal and/or Torres Strait Islander primary health care
- HLTAWOR002 Work in Aboriginal and/or Torres Strait Islander primary health care
- HLTAWOR004 Provide support to address social and cultural determinants of client and community health
- HLTINF001 Comply with infection prevention and control policies and procedures
- HLTWHS001 Participate in workplace health and safety

The 14 units listed are the core units in the Certificate IV Practice qualification.

The entry requirement provides an optional entry pathway:

1. A registered Aboriginal and Torres Strait Islander health practitioner would have the requisite underpinning skills to enter the qualification and then build on existing skills for advanced practice.
2. Other individuals may also wish to enrol in this qualification. They would need to demonstrate they have the requisite underpinning skills to enter the qualification, measured against current or superseded units of competency. The flexibility to hold superseded units allows individuals with earlier qualifications to enter.

The IRC seeks your view on this issue.

Is it appropriate to have an entry requirement for the Diploma of Practice?

Does the entry requirement provide enough flexibility for entry to the qualification?

Should the Entry Requirement be restricted to ***only*** those individuals who hold current registration as an Aboriginal Health Practitioner with the Australian Health Practitioner Regulation Agency (AHPRA) or is the alternate pathway listing units of competency also required?

Please provide your reasons if you disagree with the entry requirement, or if you suggest any changes.

Appendix A: Draft 1 Qualifications

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

QUALIFICATION CODE	HLT40222
QUALIFICATION TITLE	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
QUALIFICATION DESCRIPTION	This qualification reflects the role of Aboriginal and Torres Strait Islander health practitioners. It is specific to Aboriginal and/or Torres Strait Islander people who work as part of a multidisciplinary health care team providing primary health care services to Aboriginal and/or Torres Strait Islander clients and communities. They provide culturally safe health and wellbeing promotion, preventative health care and clinical treatment services in a diversity of locations including urban, rural and remote settings. Aboriginal and Torres Strait Islander health practitioners use initiative and judgement within the parameters of practice standards, treatment protocols and clinical supervision arrangements established by the employing organisation. Clinical supervision might be provided by doctors, nurses, or other registered health practitioners. This qualification provides a pathway to work in a range of health care settings including Aboriginal and/or Torres Strait Islander community organisations, and the public or private health sector. Aboriginal and Torres Strait Islander health practitioners are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and, only when registered, can use the protected title of Aboriginal and/or Torres Strait Islander health practitioner. However, registration is not automatically linked to an individual's certification in this qualification. Current requirements for practitioners to complete an accredited course of study, and how training organisations accredit their course, should be checked with ATSIHPBA.
ENTRY REQUIREMENTS	There are no entry requirements for this qualification.

PACKAGING RULES	19 units must be completed:
	
	• 14 core units
	• 5 elective units, consisting of:
	  ◦ 2 units from Group A
	  ◦ 2 units from Group A or Group B
	  ◦ 1 unit from Group A, Group B, or Group C, or from any current training package or accredited course.
	
	The selection of electives must be guided by the job outcome sought, local industry requirements and the complexity of skills appropriate to the AQF level of this qualification.

	Core CHCCOM002 Use communication to build relationships CHCLEG001 Work legally and ethically HLTAADV002 Support the rights and needs of clients HLTAHPR007 Promote lifestyle change HLTAHCS004 Complete comprehensive physical health assessments HLTAHCS006 Implement complex health care plans HLTAMED002 Support the safe use of medications HLTAMED003 Administer medications HLTASEW002 Assess and support the social and emotional wellbeing of clients HLTAWOR003 Use and promote reflective practice in Aboriginal and/or Torres Strait Islander primary health care HLTAWOR002 Work in Aboriginal and/or Torres Strait Islander primary health care HLTAWOR004 Provide support to address social and cultural determinants of client and community health HLTINF001 Comply with infection prevention and control policies and procedures HLTWHS001 Participate in workplace health and safety **Electives** **Group A: Health Care and Clinical Treatment** CHCPAL002 Plan for and provide care services using a palliative approach HLTAID011 Provide first aid HLTAEDR002 Assess and respond to medical emergencies HLTAHCS003 Complete routine physical assessments HLTAHCS007 Provide support to men with cancer HLTAHCS008 Provide support to women with cancer HLTAHCS009 Provide support to clients with diabetes HLTAHCS010 Provide support to clients with chronic disease HLTAHCS011 Provide support to clients experiencing alcohol and other drugs problems HLTAHCS013 Provide eye health care HLTAHCS014 Provide ear health care HLTAMAT004 Assess children's health HLTAMAT005 Provide health care for children HLTASEW003 Provide support to clients affected by loss, grief or trauma HLTAUD001 Assess hearing HLTAUD002 Conduct play audiometry HLTRNL003 Contribute to the nursing care of a person with renal impairment HLTPAT001 Identify and respond to clinical risks in pathology HLTPAT002 Perform venous blood collections HLTPAT004 Collect pathology specimens other than blood

	HLTOHC007 Recognise and respond to oral health issues HLTOHC008 Inform and support patients and groups about oral health HLTOHC009 Apply and use basic oral health products HLTOHC010 Use basic oral health screening tools HLTOHC011 Apply fluoride varnish **Group B: Advocacy, Health Promotion and Education, Population Health** HLTAADV003 Support the rights and needs of clients in the justice system HLTAHCS015 Facilitate access to tertiary health services HLTAHPR002 Promote awareness and early detection of cancer to men HLTAHPR003 Promote awareness and early detection of cancer to women HLTAHPR004 Promote awareness and early detection of diabetes HLTAHPR005 Promote awareness and prevention of chronic disease HLTASEW001 Work according to the principles of social and emotional wellbeing care HLTASXH001 Promote men's sexual health HLTASXH002 Promote women's sexual health HLTPOP030 Determine and implement disease prevention and control measures HLTPOP031 Provide information and support on environmental health issues **Group C: General electives** BSBCMM411 Make presentations BSBOPS403 Apply business risk management processes CHCAOD004 Assess needs of client with alcohol and other drugs issues CHCAOD005 Provide alcohol and other drugs withdrawal services CHCAOD009 Develop and review individual alcohol and other drugs treatment plans CHCCCS003 Increase the safety of individuals at risk of suicide CHCCCS020 Respond effectively to behaviours of concern CHCCSL003 Facilitate the counselling relationship and process CHCDFV001 Recognise and respond appropriately to domestic and family violence CHCDFV002 Provide support to children affected by domestic and family violence CHCDFV003 Promote community awareness of domestic and family violence CHCFAM010 Provide intervention support for families CHCDIS010 Provide person-centred services to people with disability with complex needs CHCPRT001 Identify and respond to children and young people at risk HLTAID013 Provide first aid in remote or isolated site

	HLTAID015	*Provide advanced resuscitation and oxygen therapy (Prerequisite is HLTAID011)*
	HLTPOP015	Provide information on smoking and smoking cessation
	HLTPOP016	Provide interventions to clients who are nicotine dependent
	PUAECO002	Process emergency incident calls and enquiries
	PUASAR022	Participate in a rescue operation
	PUASAR024	Undertake road crash rescue *Note prerequisites: PUASAR022 Participate in a rescue operation and HLTAID011 Provide first aid*
QUALIFICATION MAPPING INFORMATION	No equivalent qualification	
LINKS	Companion Volume Implementation Guide	

Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

QUALIFICATION CODE	HLT50122
QUALIFICATION TITLE	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice
QUALIFICATION DESCRIPTION	This qualification reflects the role of senior Aboriginal and Torres Strait Islander health practitioners. It is specific to Aboriginal and/or Torres Strait Islander people who work as part of a multidisciplinary health care team providing primary health care services to Aboriginal and/or Torres Strait Islander clients and communities. They provide culturally safe health and wellbeing promotion, preventative health care and clinical treatment services in a diversity of locations including urban, rural and remote settings. Senior Aboriginal and Torres Strait Islander health practitioners are able to work independently using specialist clinical knowledge, discretion and judgement within the parameters of practice standards, treatment protocols and clinical supervision arrangements established by the employing organisation. Clinical supervision might be provided by doctors, nurses, or other registered health practitioners. Senior practitioners may specialise in particular health disciplines, and specialisations are available but not mandatory to achieve this qualification. This qualification provides a pathway to work in a range of health care settings including Aboriginal and/or Torres Strait Islander community organisations, and the public or private health sector. Aboriginal and Torres Strait Islander health practitioners are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and, only when registered, can use the protected title of Aboriginal and/or Torres Strait Islander health practitioner. Current registration requirements should be checked with ATSIHPBA.
ENTRY REQUIREMENTS	Entry to this qualification is open to individuals who: • hold current registration as an Aboriginal Health Practitioner with the Australian Health Practitioner Regulation Agency (AHPRA) ***OR*** • hold the following units of competency, or units that have been superseded by these units, OR who can demonstrate competency in these units through workplace experience and application: ◦ CHCCOM002 Use communication to build relationships ◦ CHCLEG001 Work legally and ethically ◦ HLTAADV002 Support the rights and needs of clients ◦ HLTAHPR007 Promote lifestyle change

	◦ HLTAHCS004 Complete comprehensive physical health assessments ◦ HLTAHCS006 Implement complex health care plans ◦ HLTAMED002 Support the safe use of medications ◦ HLTAMED003 Administer medications ◦ HLTASEW002 Assess and support the social and emotional wellbeing of clients ◦ HLTAWOR003 Use and promote reflective practice in Aboriginal and/or Torres Strait Islander primary health care ◦ HLTAWOR002 Work in Aboriginal and/or Torres Strait Islander primary health care ◦ HLTAWOR004 Provide support to address social and cultural determinants of client and community health ◦ HLTINF001 Comply with infection prevention and control policies and procedures ◦ HLTWHS001 Participate in workplace health and safety
PACKAGING RULES	15 units must be completed: • 5 core units • 10 elective units, consisting of: ◦ 8 units from Groups A to J ◦ 2 units from Groups A to K, or from any current training package or accredited course. The selection of electives must be guided by the job outcome sought, local industry requirements and the complexity of skills appropriate to the AQF level of this qualification. **Packaging rules to achieve a specialisation** All 5 units from Group A must be selected for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Alcohol and other Drugs Care) 3 units must be selected from Group B for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Aural Health) All 3 units must be selected from Group C for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Children's Health) 4 units must be selected from Group D for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Chronic Condition Health) All 3 units must be selected from Group E for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Leadership and Management) 2 units must be selected from Group F for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Maternal Health)

4 units must be selected from Group G for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Oral Health)

2 units must be selected from Group H for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Sexual Health)

3 units must be selected from Group I for award of Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Social and Emotional Wellbeing)

Core

HLTAHPR005	Promote awareness and prevention of chronic disease
HLTASEW003	Provide support to clients affected by loss, grief or trauma
HLTASEW005	Provide supervision for Aboriginal and/or Torres Strait Islander health workers
HLTINF003	Implement and monitor infection prevention and control policies and procedures
HLTWHS003	Maintain work health and safety

Electives

Group A – Alcohol and other Drugs Care

CHCAOD004	Assess needs of client with alcohol and other drugs issues
CHCAOD005	Provide alcohol and other drugs withdrawal services
CHCAOD007	Develop strategies for alcohol and other drugs relapse prevention and management
CHCAOD009	Develop and review individual alcohol and other drugs treatment plans
HLTAHCS011	Provide support to clients experiencing alcohol and other drugs problems

Group B – Aural Health

HLTAHCS014	Provide ear health care
HLTAUD001	Assess hearing
HLTAUD002	Conduct play audiometry
HLTAUD003	Assess and respond to occupational noise risk

Group C – Children's Health

HLTAMAT004	Assess children's health
HLTAMAT005	Provide health care for children
CHCPRT001	Identify and respond to children and young people at risk

Group D – Chronic Condition Health

CHCPAL002	Plan for and provide care services using a palliative approach
HLTAHCS007	Provide support to men with cancer
HLTAHCS008	Provide support to women with cancer

	HLTAHCS009 Provide support to clients with diabetes HLTAHCS010 Provide support to clients with chronic disease HLTRNL003 Contribute to the nursing care of a person with renal impairment HLTRNL004 Apply renal replacement therapy **Group E – Leadership and Management** BSBOPS502 Manage business operational plans BSBTWK502 Manage team effectiveness CHCLEG003 Manage legal and ethical compliance **Group F – Maternal Health** HLTAMAT001 Provide antenatal health care HLTAMAT002 Assist with childbirth HLTAMAT003 Provide postnatal health care for mothers and babies **Group G – Oral Health** HLTOHC007 Recognise and respond to oral health issues HLTOHC008 Inform and support patients and groups about oral health HLTOHC009 Apply and use basic oral health products HLTOHC010 Use basic oral health screening tools HLTOHC011 Apply fluoride varnish **Group H – Sexual Health** HLTASXH001 Promote men's sexual health HLTASXH002 Promote women's sexual health HLTASXH003 Provide sexual health care **Group I – Social and Emotional Wellbeing** CHCCCS003 Increase the safety of individuals at risk of suicide CHCMHS005 Provide services to people with coexisting mental health and alcohol and other drugs issues HLTASEW001 Work according to the principles of social and emotional wellbeing care HLTASEW004 Contribute to the care of clients living with mental illness **Group J – Advocacy, Health Care Promotion and Education, Population Health** HLTAADV003 Support the rights and needs of clients in the justice system HLTAEDR002 Assess and respond to medical emergencies HLTAHCS012 Provide support to older clients HLTAHCS013 Provide eye health care HLTAHCS015 Facilitate access to tertiary health services HLTAHCS016 Develop primary health care programs

	HLTAHPR002	Promote awareness and early detection of cancer to men
	HLTAHPR003	Promote awareness and early detection of cancer to women
	HLTAHPR004	Promote awareness and early detection of diabetes
	HLTAID011	Provide first aid
	HLTAMED004	Manage medications in Aboriginal and/or Torres Strait Islander primary health care *(Note prerequisite: HLTAMED003 Administer medications)*
	HLTARES003	Research community health
	HLTPAT001	Identify and respond to clinical risks in pathology
	HLTPAT002	Perform venous blood collections
	HLTPAT004	Collect pathology specimens other than blood
	HLTPOP030	Determine and implement disease prevention and control measures
	HLTPOP031	Provide information and support on environmental health issues
	Group K – General Electives	
	BSBCMM411	Make presentations
	BSBOPS403	Apply business risk management processes
	CHCAOD008	Provide advanced interventions to meet the needs of clients with alcohol and other drugs issues
	CHCCCS020	Respond effectively to behaviours of concern
	CHCCSL003	Facilitate the counselling relationship and process
	CHCDFV001	Recognise and respond appropriately to domestic and family violence
	CHCDFV002	Provide support to children affected by domestic and family violence
	CHCDFV003	Promote community awareness of domestic and family violence
	CHCDFV006	Counsel clients affected by domestic and family violence
	CHCFAM010	Provide intervention support for families
	CHCDIS010	Provide person-centred services to people with disability with complex needs
	CHCPRT003	Work collaboratively to maintain an environment safe for children and young people
	HLTAID013	Provide first aid in remote or isolated site
	HLTAID015	Provide advanced resuscitation and oxygen therapy *(Prerequisite is HLTAID011)*
	HLTPOP015	Provide information on smoking and smoking cessation
	HLTPOP016	Provide interventions to clients who are nicotine dependent
	PUAECO002	Process emergency incident calls and enquiries
	PUASAR022	Participate in a rescue operation

	PUASAR024	Undertake road crash rescue *Note prerequisites: PUASAR022 Participate in a rescue operation and HLTAID011 Provide first aid*
QUALIFICATION MAPPING INFORMATION	No equivalent qualification	
LINKS	Companion Volume Implementation Guide	

Appendix B: List of approved units and prerequisites

Unit Code	Unit Title	Prerequisites
Advocacy (ADV)		
HLTAADV001	Support clients to access health services	Nil
HLTAADV002	Support the rights and needs of clients	Nil
HLTAADV003	Support the rights and needs of clients in the justice system	Nil
HLTAADV004	Advocate on behalf of groups or the community	HLTAADV002 Support the rights and needs of clients
Emergency and Disaster Response (EDR)		
HLTAEDR001	Respond to community disasters	Nil
HLTAEDR002	Assess and respond to medical emergencies	Nil
HLTAEDR003	Develop medical emergency plan	Nil
Health Care and Support (HCS)		
HLTAHCS001	Provide basic health information to clients	Nil
HLTAHCS002	Assist with health assessments	Nil
HLTAHCS003	Complete routine physical health assessments	Nil
HLTAHCS004	Complete comprehensive physical health assessments	Nil
HLTAHCS005	Implement basic health care plans	Nil
HLTAHCS006	Implement complex health care plans	Nil
HLTAHCS007	Provide support to men with cancer	Nil
HLTAHCS008	Provide support to women with cancer	Nil
HLTAHCS009	Provide support to clients with diabetes	Nil
HLTAHCS010	Provide support to clients with chronic disease	Nil
HLTAHCS011	Provide support to clients experiencing alcohol and other drugs problems	Nil
HLTAHCS012	Provide support to older clients	Nil
HLTAHCS013	Provide eye health care	Nil
HLTAHCS014	Provide ear health care	Nil
HLTAHCS015	Facilitate access to tertiary health services	Nil
HLTAHCS016	Develop primary health care programs	Nil
Health Promotion (HPR)		
HLTAHPR001	Develop health promotion programs	Nil
HLTAHPR002	Promote awareness and early detection of cancer to men	Nil
HLTAHPR003	Promote awareness and early detection of cancer to women	Nil
HLTAHPR004	Promote awareness and prevention of diabetes	Nil
HLTAHPR005	Promote awareness and prevention of chronic disease	Nil

Unit Code	Unit Title	Prerequisites
HLTAHPR006	Provide healthy lifestyle information	Nil
HLTAHPR007	Promote lifestyle behaviour change	Nil
Maternal and Children's Health (MAT)		
HLTAMAT001	Provide antenatal health care	Nil
HLTAMAT002	Assist with childbirth	Nil
HLTAMAT003	Provide postnatal health care for mothers and babies	Nil
HLTAMAT004	Assess children's health	Nil
HLTAMAT005	Provide health care for children	Nil
Medications (MED)		
HLTAMED001	Work under instructions to support the safe use of medications	Nil
HLTAMED002	Support the safe use of medications	Nil
HLTAMED003	Administer medications	Nil
HLTAMED004	Manage medications in Aboriginal and/or Torres Strait Islander primary health care	HLTAMED003 Administer medications
Community Health Research (RES)		
HLTARES001	Gather information and report on community health	Nil
HLTARES002	Prepare and maintain community health profile	Nil
HLTARES003	Research community health	Nil
Social and Emotional Wellbeing (SEW)		
HLTASEW001	Work according to the principles of social and emotional wellbeing care	Nil
HLTASEW002	Assess and support the social and emotional wellbeing of clients	Nil
HLTASEW003	Provide support to clients affected by loss, grief or trauma	Nil
HLTASEW004	Contribute to the care of clients living with mental illness	Nil
HLTASEW005	Provide supervision for Aboriginal and/or Torres Strait Islander health workers	Nil
Sexual Health (SXH)		
HLTASXH001	Promote men's sexual health	Nil
HLTASXH002	Promote women's sexual health	Nil
HLTASXH003	Provide sexual health care	Nil
Working in Aboriginal and/or Torres Strait Islander Health (WOR)		
HLTAWOR001	Work in an Aboriginal and/or Torres Strait Islander health support role	Nil
HLTAWOR002	Work in Aboriginal and/or Torres Strait Islander primary health care	Nil

Unit Code	Unit Title	Prerequisites
HLTAWOR003	Use and promote reflective practice in Aboriginal and/or Torres Strait Islander primary health care	Nil
HLTAWOR004	Provide support to address social and cultural determinants of client and community health	Nil
HLTAWOR005	Contribute to Aboriginal and/or Torres Strait Islander health strategies	Nil

Appendix C: Copies of endorsed units referred to in Consultation Questions

UNIT CODE	HLTAHPR007
UNIT TITLE	Promote lifestyle change
APPLICATION	This unit describes the performance outcomes, skills and knowledge required to promote lifestyle change by providing education on lifestyle disease, lifestyle risk factors, and advice on healthy lifestyle choices. It requires the ability to support clients to make changes through personal goal setting, and to provide referrals to specialist health professionals and support services when required. Information about healthy eating and exercise is based on the current Australian national dietary and physical activity guidelines. Information may be provided to individual clients in the course of general health service provision, or during dedicated individual or group education sessions. This unit is specific to Aboriginal and/or Torres Strait Islander people working as health workers or health practitioners. They work as part of a multidisciplinary primary health care team to provide primary health care services and health education activities to Aboriginal and/or Torres Strait Islander clients. The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice. No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).
PREREQUISITE UNIT	Nil
COMPETENCY FIELD	Health Promotion
UNIT SECTOR	Aboriginal and/or Torres Strait Islander Health
ELEMENTS	**PERFORMANCE CRITERIA**
Elements describe the essential outcomes	*Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Raise awareness of lifestyle risk factors and health impacts.	1.1. Communicate consistently in culturally appropriate and safe ways with clients, using plain language. 1.2. Explain lifestyle risk factors that impact on health in the context of local community, cultural and family issues. 1.3. Provide information about the incidence of lifestyle disease in Aboriginal and/or Torres Strait Islander communities. 1.4. Provide information about lifestyle choices, and impact of unhealthy choices, including alcohol, smoking and illicit drugs. 1.5. Outline potential short and longer-term health problems linked to lifestyle choices.

	1.6. Explain healthy approaches to alcohol consumption. 1.7. Provide consumer-based education resources and information on ways to reduce health risks linked to lifestyle choices.
2. Provide healthy eating advice.	2.1. Provide information about patterns of healthy eating and appropriate proportions of different food types based on national dietary guidelines. 2.2. Advise on limiting daily intake of discretionary foods outlined in national dietary guidelines. 2.3. Provide clear advice about how to interpret food labels and identify both positive and negative information. 2.4. Highlight methods of cooking that support healthy eating and those that have the potential to cause ill-health if overused. 2.5. Explain the key features of safe food storage and preparation that support health. 2.6. Use visual aids and consumer-based education resources to support client understanding.
3. Provide information about physical activity.	3.1. Outline the relationship between sedentary behaviour and health outcomes including risk of disease and obesity. 3.2. Provide information about healthy patterns of physical activity including frequency, intensity and type of physical activity outlined in national physical activity guidelines. 3.3. Highlight linkages between physical activity and emotional wellbeing. 3.4. Use techniques that support clients to actively use and engage with the information provided.
4. Assist clients to plan for change.	4.1. Acknowledge and explain common barriers to lifestyle change and how these might be overcome. 4.2. Provide clients with information and techniques for making change based on their individual needs. 4.3. Explain ways of setting and monitoring personal lifestyle goals that are specific, measurable and realistic. 4.4. Support clients to set their preferred goals and suggest specific changes based on their goals and preferences. 4.5. Identify clients who require lifestyle advice beyond own limitations and refer to relevant health professionals and support services according to organisational procedures.
5. Evaluate effectiveness of lifestyle education activities.	5.1. Seek and evaluate feedback from clients about value of information and education resources provided. 5.2. Evaluate effectiveness of information provided from own perspective and identify areas for improvement. 5.3. Provide ongoing feedback to relevant people based on clients' views and own input.

FOUNDATION SKILLS

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

SKILLS	DESCRIPTION
Reading skills to:	• interpret key recommendations implementation advice in national guideline documentation.
Oral communication skills to:	• ask open and closed probe questions and actively listen to determine client understanding of information • use facilitation techniques to support client learning.
Numeracy skills to:	• interpret numerical aspects of the national dietary guidelines:

	◦ food intake expressed in proportions ◦ measurement information expressed in kilojoules, cups, grams, millilitres, centimetres, percentages and fractions.
Learning skills to:	• use information provided in national guidelines to update and extend knowledge of healthy lifestyle practices.
UNIT MAPPING INFORMATION	No equivalent unit
LINKS	Companion Volume Implementation Guide

TITLE	Assessment Requirements for HLTAHPR007 Promote lifestyle change

PERFORMANCE EVIDENCE	Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and:
	• provide information about lifestyle disease and making lifestyle changes to Aboriginal and/or Torres Strait Islander clients including:
	  ◦ two individual clients
	  ◦ one group of a minimum of three people
	• on each occasion:
	  ◦ provide information covering:
	  - the incidence of lifestyle disease in Aboriginal and/or Torres Strait Islander communities
	  - lifestyle risk factors, particularly those relevant to the client/s, and their potential short and long term impacts on health
	  - recommendations for healthy eating and healthy ways to prepare and cook food using the Australian national dietary guidelines
	  - recommendations for physical activity based on the Australian national physical activity guidelines
	  - common barriers to initiation of lifestyle change, particularly those relevant to the client, and how these might be overcome
	  - techniques for making lifestyle change including ways to set goals and monitor progress towards achievement
	  ◦ seek and evaluate feedback from clients and provide to relevant people within the health service
	• discuss lifestyle concerns with two clients and respond by providing referrals to relevant health professionals or support services.

KNOWLEDGE EVIDENCE	Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:
	• organisational procedures for referral
	• role and limitations of Aboriginal and/or Torres Strait Islander health care workers and practitioners in providing healthy lifestyle education to clients and types of situations when referral is indicated
	• roles of medical, allied health professionals and others in providing healthy lifestyle advice and change practices, and their expertise in addressing different needs:
	  ◦ medical practitioners and registered nurses
	  ◦ accredited practising dietitians
	  ◦ exercise physiologists
	  ◦ alcohol and other drug counsellors
	• nutritional, physical activity and drug and alcohol support services available in the community, state or territory
	• physical activity groups operating in the local community
	• how to access current and credible:
	  ◦ consumer based education resources about lifestyle risk factors and healthy lifestyle practices
	  ◦ statistics for lifestyle disease in Aboriginal and/or Torres Strait Islander and other Australian populations
	  ◦ visual aids for lifestyle education

	• meaning of lifestyle disease and modifiable behavioural risk factors • types of lifestyle disease and their prevalence and statistical incidence in Aboriginal and/or Torres Strait Islander populations compared to non-Aboriginal and/or Torres Strait Islander populations: ◦ cardiovascular disease ◦ diabetes ◦ obesity ◦ chronic respiratory disease ◦ alcoholic liver disease and cirrhosis ◦ drug related infectious disease • lifestyle risk factors and their short and long term impacts on health: ◦ smoking ◦ physical inactivity ◦ unhealthy nutrition and body weight ◦ consumption of alcohol at unsafe levels ◦ use of illicit drugs • key recommendations and healthy eating guidance contained in current Australian national dietary guidelines and associated resources: ◦ the principal recommendations and guidelines ◦ characteristics of the five food groups and the nutrients they contribute to the diet ◦ daily patterns of healthy eating and recommended proportions of the five food groups ◦ types of discretionary foods to be limited and why ◦ recommended daily intake of alcohol ◦ nutritional needs of people at different stages in the lifecycle • daily living skills, informed by national dietary guidelines, that support clients with healthy eating: ◦ how to interpret food labels, including health star rating labelling systems to support healthier food choices ◦ healthy ways to prepare and cook food ◦ safe food preparation and storage • key contents of current Australian national physical activity guidelines including guidelines for frequency, intensity and types of exercises: ◦ movement guidelines for the early years, children and young people ◦ physical activity guidelines for adults ◦ physical activity guidelines for older people • the benefits to health and emotional wellbeing of combining healthy eating and physical activity • the role of sleep and rest as part of a healthy lifestyle • common barriers to initiation of lifestyle change and how these can be overcome: ◦ dietary: - perceived or actual cost of healthy foods - easy access to unhealthy foods - time to prepare and cook healthy meals and motivation - shortage of healthy food options in the local area

	◦ physical activity: - low importance placed on exercise - lack of time - access to appropriate facilities and costs - initial low fitness levels and low confidence ◦ alcohol and drug use: - fear of withdrawal - access to support services - influences including environmental triggers and other people • stages in the behaviour change process and how these apply to lifestyle change: ◦ pre-contemplation ◦ contemplation ◦ preparation ◦ action ◦ maintenance ◦ relapse, and how it can be managed • approaches to goal setting and achievement: ◦ setting short, medium and long term goals ◦ importance of goals that are specific, measurable, achievable, realistic and time based (SMART): ◦ different types of goals: - outcome - process - performance ◦ recording goals and monitoring progress, and types of technology that can assist • methods used to evaluate health education activities: ◦ client evaluation questionnaires ◦ informal conversations with clients ◦ self-reflection on client responses to information including any difficulties in understanding • ways that Aboriginal and/or Torres Strait Islander health workers and practitioners can: ◦ provide feedback on healthy lifestyle education activities ◦ contribute to the evaluation and planning of overall education and prevention programs.
ASSESSMENT CONDITIONS	Skills can be demonstrated through: • work activities completed within an Aboriginal and/or Torres Strait Islander health service, or • simulations and case studies completed within a training organisation, based on comprehensive information about client needs. Assessment must ensure the use of: • interaction with Aboriginal and/or Torres Strait Islander clients either through actual work activities or simulations • current consumer-based education resources from credible sources about lifestyle risk factors and healthy practices • current Australian national dietary guidelines and associated resources: ◦ full guideline and summary documents ◦ consumer brochures

	◦ teaching tools • current Australian national physical activity guidelines: ◦ movement guidelines for the early years, children and young people ◦ physical activity guidelines for adults ◦ physical activity guidelines for older people • visual aids for lifestyle education • organisational procedures for referral. Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and: • be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health worker or practitioner, or • be a registered health practitioner or a health educator with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.
LINKS	Companion Volume Implementation Guide

UNIT CODE	HLTAHCS003
UNIT TITLE	Complete routine physical health assessments
APPLICATION	This unit describes the performance outcomes, skills and knowledge required to complete health assessments of Aboriginal and/or Torres Strait Islander clients as part of a multidisciplinary health care team. It requires the ability to complete routine physical examinations and tests, and to assess client health. This unit covers the ability to evaluate short term and uncomplicated health conditions and also to recognise serious presentations that require further investigation. Health assessments may be routinely scheduled at specific intervals, could be completed when a client presents with a specific health issue or as part of ongoing care for a diagnosed condition. This unit is specific to Aboriginal and/or Torres Strait Islander people working as health workers and health practitioners. They work as part of a multidisciplinary primary health care team to provide primary health care services to Aboriginal and/or Torres Strait Islander clients. The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice. No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).
PREREQUISITE UNIT	Nil
COMPETENCY FIELD	Health Care and Support
UNIT SECTOR	Aboriginal and/or Torres Strait Islander Health
ELEMENTS	**PERFORMANCE CRITERIA**
Elements describe the essential outcomes	*Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Obtain client information and determine scope of assessment.	1.1. Complete health assessments according to scope of practice and organisational standard treatment protocols. 1.2. Consult relevant health professionals and available documentation about client health. 1.3. Obtain client and family medical and social history and discuss specific presenting problems using culturally appropriate and safe communication. 1.4. Obtain client information about effectiveness of any current medications and treatments. 1.5. Explain organisational requirements for maintaining confidentiality of information and permissions for disclosure. 1.6. Accurately document client history according to organisational policies and procedures. 1.7. Determine specific examination and test requirements from information gathered.

2. Complete physical examination and tests.	2.1. Explain the reason and procedures for each examination to the client, confirm understanding and obtain informed consent. 2.2. Implement required infection control precautions according to examination and test requirements. 2.3. Use correct protocols to measure vital signs and identify any significant variation from normal reference range. 2.4. Conduct physical examination and tests based on observations and client's presentation, and with respect for community values, beliefs and gender roles. 2.5. Accurately record details of all measurements, examinations and tests according to organisational policies and procedures.
3. Evaluate, present and confirm health assessment findings.	3.1. Evaluate examination and test results to identify signs and symptoms of common, uncomplicated health conditions. 3.2. Recognise from examinations and tests signs and symptoms of potentially serious health problems and trigger referral for further investigation. 3.3. Determine own interpretation of client's current health status based on history, presenting problems, examination and test results. 3.4. Provide clear and accurate reports and consult with other health care team members to verify results and confirm client's health status. 3.5. Report any confirmed notifiable diseases according to procedural and legal requirements and within scope of own responsibility. 3.6. Update client records with health assessment details according to organisational policies and procedures.
4. Discuss assessment outcomes with client and/or significant others.	4.1. Provide information about verified assessment results in plain language using culturally appropriate and safe communication. 4.2. Discuss options for treatments and other interventions. 4.3. Encourage client and/or significant others to question and clarify outcomes, and purpose of potential treatments and interventions. 4.4. Confirm understanding and document information provided in client records.

FOUNDATION SKILLS

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

SKILLS	DESCRIPTION
Reading skills to:	• interpret detailed familiar organisational policies and procedures • interpret sometimes complex and unfamiliar standard treatment protocols and client records involving medical terminology and abbreviations.
Writing skills to:	• use fundamental sentence structure, health terminology and abbreviations to complete forms and reports that require factual information.
Oral communication skills to:	• ask open and closed probe questions and actively listen to elicit information from clients and determine understanding of information provided.

Numeracy skills to:	• interpret sometimes complex medical numerical data and abbreviations in standard treatment protocols and client records • take and record accurate measurements involving weights, lengths, rates and degrees • complete calculations involving, percentages and ratios • document medical numerical abbreviations in client records.
Planning and organising skills to:	• determine a structured approach for health assessments and complete physical examinations and tests in a logical, time efficient sequence.
Technology skills to:	• select and use medical equipment suited to purpose of physical examination and client characteristics.
UNIT MAPPING INFORMATION	No equivalent unit
LINKS	Companion Volume Implementation Guide

TITLE	Assessment Requirements for HLTAHCS003 Complete routine physical health assessments
PERFORMANCE EVIDENCE	Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and: • complete a physical health assessment of a total of five Aboriginal and/or Torres Strait Islander clients to collectively include: ◦ females ◦ males ◦ people across the lifespan including children and adolescents through to the elderly • for each of the five clients, complete a head to toe physical examination and tests: ◦ measurement of height, weight and waist circumference and calculation of body mass index ◦ measurement of temperature ◦ measurement of blood pressure, pulse rate and rhythm ◦ measurement of respiratory rate and peak flow ◦ examination of: - eyes, including physical examination and vision test - ears and hearing, including otoscopy - mouth, throat, teeth and gums - skin - hands and feet including observations for infective and fungal issues, oedema, abnormalities in the structure and shape, and nerve damage - chest by visual and aural observation of respiration for any signs of congestion and distress - abdomen by visual observation ◦ urinalysis via dipstick testing ◦ blood glucose test with a blood glucose testing meter ◦ examinations for specific presenting problems • for each of the five clients: ◦ evaluate all assessment information and report own interpretation of client's current health status to health care team ◦ consult with the health care team to verify assessment results and confirm client's health status ◦ discuss assessment outcomes with the client ◦ document, in client's records, accurate details of: - medical and social history - observations, examinations and tests completed - evaluation notes about the health of each client - information and referrals provided to the client • from assessments personally completed or from case study assessment documentation: ◦ identify signs, symptoms and implications of four different potentially serious health problems, and report on and refer

	◦ identify one notifiable disease and implement procedures to notify.
KNOWLEDGE EVIDENCE	Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit: • organisational policies and procedures for: ◦ maintaining client confidentiality ◦ documenting health assessments • local state or territory legal requirements, and associated organisational procedures for reporting notifiable communicable diseases • organisational responsibilities and role boundaries of those involved in health assessments: ◦ Aboriginal and/or Torres Strait Islander health workers and practitioners ◦ medical practitioners, registered nurses and other members of the multidisciplinary care team • the role of standard treatment protocols in health assessments: ◦ types that are used by primary health care organisations including Standard Treatment Manuals (STM) and how to access ◦ purpose, format and inclusions ◦ how to use to identify physical health assessment requirements • key information collected and recorded in medical and social histories for health assessments and how this may differ according to the age of the client • key elements of routine physical health assessments and how types of examinations and tests may differ according to the age of the client and their presentations • different types of infection control precautions and when these would be used for different types of physical examinations and tests • equipment and procedures for health examinations and tests, and 'normal' reference range for adults: ◦ height, weight, waist circumference and body mass index ◦ temperature ◦ blood pressure, pulse rate and rhythm ◦ respiratory and peak flow rate ◦ examination of: - eyes, including physical examination and vision test - ears and hearing, including otoscopy - mouth, throat, teeth and gums - skin - hands and feet including observations for infective and fungal issues, oedema, abnormalities in the structure and shape, and nerve damage - chest including visual and aural observation of respiration for any signs of congestion or distress - abdomen including visual observation ◦ urinalysis via dipstick testing

	◦ blood glucose test with a blood glucose testing meter • understanding of anatomy and physiology sufficient to identify major body systems, associated organs and their overall functions: ◦ circulatory system ◦ digestive system ◦ endocrine system ◦ immune system ◦ integumentary system ◦ musculoskeletal system ◦ nervous system ◦ reproductive system for females and males ◦ respiratory system ◦ urinary system • common short term and uncomplicated health conditions (those that would generally respond to a course of treatment or ongoing self-care), common presenting signs and symptoms and required examinations: ◦ respiratory tract infections ◦ eye, ear and mouth infections ◦ bacterial, viral, fungal and parasitic skin infections ◦ digestive and gastrointestinal conditions including gastroenteritis ◦ urinary tract infections • for chronic and communicable diseases of high incidence in Aboriginal and/or Torres Strait Islander populations, the major risk factors, signs and symptoms that would trigger referral for investigation: ◦ cardiovascular disease ◦ chronic respiratory disease, including asthma and obstructive lung disease ◦ chronic kidney disease ◦ chronic liver disease ◦ cancer ◦ diabetes ◦ musculoskeletal conditions, including arthritis ◦ eye, ear and oral disease ◦ sexually transmitted infections (STIs) ◦ blood borne viruses including HIV, hepatitis A, hepatitis B and hepatitis C ◦ communicable diseases of current significance in the local state, territory or local community.
ASSESSMENT CONDITIONS	Skills must be demonstrated in a health service workplace within a multidisciplinary primary health care team. Evidence of performance must be gathered: • during on-the-job assessments in the workplace under live conditions while interacting with Aboriginal and/or Torres Strait Islander people, or • during off-the-job assessments in the workplace, not under live conditions, using simulated activities while interacting with Aboriginal and/or Torres Strait Islander people.

	Evidence of workplace performance can be gathered and reported through third party report processes. (Refer to the Companion Volume Implementation Guide for information on third party reporting.)
	
	Evidence can be supplemented by assessments in a simulated workplace environment using simulated activities, scenarios or case studies only when:
	• the full range of situations covered by the unit cannot be provided in the individual's workplace, or
	• situations covered by the unit occur only rarely in the individual's workplace.
	
	Assessment must ensure the use of:
	• personal protective equipment for infection control
	• medical equipment and consumables used for health assessments
	• clinical waste and sharps disposal bins
	• client records
	• template forms or reports for documenting client histories, assessment details and results
	• health assessment standard treatment protocols used by the organisation, which can include Standard Treatment Manuals
	• organisational procedures for:
	  ◦ maintaining client confidentiality
	  ◦ documenting health assessments
	  ◦ reporting notifiable communicable diseases.
	
	Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and:
	• be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health worker or practitioner, **or**
	• be a registered health practitioner with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.

LINKS	Companion Volume Implementation Guide

UNIT CODE	HLTAHCS004
UNIT TITLE	Complete comprehensive physical health assessments
APPLICATION	This unit describes the performance outcomes, skills and knowledge required to complete health assessments of Aboriginal and/or Torres Strait Islander clients as part of a multidisciplinary health care team. It requires the ability to complete physical examinations and pathology tests, and to assess their health. This unit covers the ability to evaluate short term and uncomplicated health conditions, and also complex conditions and chronic diseases. Health assessments may be routinely scheduled at specific intervals, could be completed when a client presents with a specific health issue or as part of ongoing care for a diagnosed condition, including chronic disease. This unit is specific to Aboriginal and/or Torres Strait Islander people working as health practitioners. They work as part of a multidisciplinary primary health care team to provide primary health care services to Aboriginal and/or Torres Strait Islander clients. The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice. No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).
PREREQUISITE UNIT	Nil
COMPETENCY FIELD	Health Care and Support
UNIT SECTOR	Aboriginal and/or Torres Strait Islander Health
ELEMENTS	**PERFORMANCE CRITERIA**
Elements describe the essential outcomes	*Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Obtain client information and determine health assessment requirements.	1.1. Complete health assessments according to scope of practice and organisational standard treatment protocols. 1.2. Consult relevant health professionals and client health records to evaluate current status of client's health and impact of any previous treatment strategies. 1.3. Obtain current client medical and social history and discuss specific presenting problems using culturally appropriate and safe communication. 1.4. Obtain client information about effectiveness of any current treatments and self-care strategies. 1.5. Explain organisational requirements for maintaining confidentiality of information and permissions for disclosure. 1.6. Accurately document client history according to organisational policies and procedures.

	1.7. Determine specific examination and clinical test requirements from information gathered.
2. Complete physical examination and tests.	2.1. Explain the reason and procedures for each examination and test to the client, confirm understanding and obtain informed consent. 2.2. Implement required infection control precautions according to examination and test requirements. 2.3. Use correct protocols to measure vital signs and identify any significant variation from normal reference range. 2.4. Conduct physical examination and clinical tests based on observations and client presentation, and with respect for community values, beliefs and gender roles. 2.5. Use correct clinical protocols to collect, record and send specimens for pathology testing. 2.6. Accurately record details of all measurements, examinations and tests according to organisational policies and procedures.
3. Interpret, document and confirm health assessment findings.	3.1. Evaluate pathology test results, check numerical test values against normal reference range and identify abnormal results. 3.2. Identify, from examination results, any significant variations from normal reference range or client's baseline and previous measurements. 3.3. Evaluate significance of outcomes on the clinical progress or regression of any pre-existing client disease. 3.4. Accurately identify any signs, symptoms and test results that indicate emerging or worsening disease and/or comorbidity. 3.5. Determine own interpretation of client's current health status based on history, presenting problems, examination and test results. 3.6. Provide clear and accurate reports and consult with other health care team members to verify results and confirm client's health status. 3.7. Report any confirmed notifiable diseases according to procedural and legal requirements and within scope of own responsibility. 3.8. Update client records with health assessment details according to organisational policies and procedures.
4. Provide assessment outcomes to clients and/or significant others.	4.1. Provide information about verified assessment results in plain language using culturally appropriate and safe communication. 4.2. Explain significance of examination and pathology test results in the context of any pre-existing client disease and health care plan. 4.3. Explain to client importance of regular check-ups and tests for the ongoing management of their health. 4.4. Provide client with recommendations and referrals to assist with ongoing treatment and management of their health. 4.5. Encourage client and/or significant others to question and clarify outcomes, and purpose of potential treatments and interventions. 4.6. Confirm understanding and document information provided in client records.

FOUNDATION SKILLS	
Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.	
SKILLS	**DESCRIPTION**
Reading skills to:	• interpret detailed familiar organisational policies and procedures • interpret sometimes complex and unfamiliar standard treatment protocols and client records involving medical terminology and abbreviations.
Writing skills to:	• use fundamental sentence structure, health terminology and abbreviations to complete forms and reports that require factual information.
Oral communication skills to:	• ask open and closed probe questions and actively listen to elicit information from clients and determine understanding of information provided.
Numeracy skills to:	• interpret sometimes complex medical numerical data and abbreviations in standard treatment protocols and client records • take and record accurate measurements involving weights, lengths, rates and degrees • interpret pathology test results involving graphs, percentages and ratios • document medical numerical abbreviations in client records.
Planning and organising skills to:	• determine a structured approach for health assessments and complete physical examinations and tests in a logical, time efficient sequence.
Technology skills to:	• select and use medical equipment suited to purpose of physical examination, clinical tests and client characteristics.
UNIT MAPPING INFORMATION	No equivalent unit
LINKS	Companion Volume Implementation Guide

TITLE	Assessment Requirements for HLTAHCS004 Complete comprehensive physical health assessments
PERFORMANCE EVIDENCE	Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and: • complete a comprehensive health assessment of a total of five Aboriginal and/or Torres Strait Islander clients to collectively include: ◦ females ◦ males ◦ people across the lifespan including children and adolescents through to the elderly ◦ people presenting with: - complex acute conditions - chronic disease - communicable disease • for each of the five clients, complete a head to toe physical examination and tests including: ◦ measurement of height, weight and waist circumference and calculation of body mass index ◦ measurement of temperature ◦ measurement of blood pressure, pulse rate and rhythm ◦ measurement of lung function including respiratory and peak flow rate and spirometry breathing test ◦ examination of: - eyes, including physical examination and vision test - ears and hearing, including otoscopy - mouth, throat, teeth and gums - skin and any wounds present - hands and feet including observations for infective and fungal issues, oedema, abnormalities in the structure and shape, and nerve damage - chest by visual and aural observation of respiration for any signs of congestion or distress - abdomen by visual observation and palpation ◦ urinalysis via dipstick and pathology testing ◦ blood glucose test with a blood glucose testing meter ◦ examinations for specific presenting problems • for each of the five clients: ◦ determine requirements for specific pathology tests according their individual presentations ◦ collect and process blood samples for pathology testing ◦ process swabs (collected by self or client) for pathology testing ◦ evaluate the results of pathology tests ◦ evaluate all assessment information and report own interpretation of client's current health status to health care team ◦ consult with the health care team to verify assessment results and confirm client's health status ◦ discuss assessment outcomes with the client ◦ document, in client's records, accurate details of:

	- medical and social history - observations, examinations and tests completed - evaluation notes about the health of each client - information and referrals provided to the client • from assessments personally completed or from case study assessment documentation: ◦ identify signs of emerging comorbidity for two clients with existing chronic disease ◦ identify signs of the following conditions or diseases: - cardiovascular disease - acute or chronic respiratory disease, including asthma - kidney disease - liver disease - cancer - diabetes - musculoskeletal conditions, including arthritis - eye, ear and oral disease - communicable disease ◦ identify one notifiable disease and implement procedures to notify.
KNOWLEDGE EVIDENCE	Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit: • organisational policies and procedures for: ◦ maintaining client confidentiality ◦ documenting health assessments • local state or territory legal requirements, and associated organisational procedures for reporting notifiable communicable diseases • organisational responsibilities and role boundaries of those involved in comprehensive, complex health assessments: ◦ Aboriginal and/or Torres Strait Islander health practitioners ◦ medical practitioners, registered nurses and other members of the multidisciplinary care team • the role of standard treatment protocols in health assessments: ◦ types that are used by primary health care organisations including Standard Treatment Manuals (STM) and how to access ◦ purpose, format and inclusions ◦ how to use to identify physical health assessment requirements for clients with complex needs • key information collected and recorded in medical and social histories for health assessments and how this may differ according to the age of the client • key elements of comprehensive physical health assessments and how types of examinations and tests may differ according to the age of the client and their presentation • the meaning of primary and secondary survey in health assessments • the value of an opportunistic approach to chronic and communicable disease surveillance including completing

	comprehensive health assessments and tests as people come to the clinic for any reason • different types of infection control precautions and when these would be used for different types of physical examinations and collection of specimens for pathology testing • equipment and procedures for health examinations and tests, and 'normal' reference range of outcomes for adults: ◦ height, weight, waist circumference and body mass index ◦ temperature ◦ blood pressure, pulse rate and rhythm ◦ lung function including respiratory and peak flow rate, and spirometry tests ◦ examination of: - eyes, including physical examination and vision test - ears and hearing, including otoscopy - mouth, throat, teeth and gums - skin and wounds - hands and feet including observations for infective and fungal issues, oedema, abnormalities in the structure and shape, and nerve damage - chest including visual and aural observation of respiration for any signs of congestion and distress - abdomen including visual observation and palpation ◦ urinalysis via dipstick testing ◦ blood glucose test with a blood glucose testing meter • pathology tests and where to locate information in Standard Treatment Manuals: ◦ full blood examination ◦ erythrocyte sedimentation rate (ESR) ◦ random and fasting blood glucose ◦ haemoglobin and glycated haemoglobin ◦ blood ketones ◦ electrolytes and creatinine ◦ liver function ◦ lipid profile ◦ thyroid function ◦ iron studies ◦ cardiac enzymes ◦ urinary albumin-creatinine ratio ◦ urine microscopy, culture and sensitivity ◦ microscopy, culture and sensitivities for infections via body fluid and swab collection • for each of the above listed pathology tests: ◦ indications including what signs and symptoms may trigger tests; what diseases or conditions are diagnosed and monitored using these tests ◦ correct methods of collection, storage and transport of specimens, and requirements for documentation ◦ 'normal' range of test values

	◦ the significance of results that vary significantly from the normal range and what types of conditions and diseases abnormal results may indicate • typical inclusions of pathology request forms, and the importance of accuracy when completing • understanding of anatomy and physiology sufficient to identify major body systems, associated organs and their functions: ◦ circulatory system ◦ digestive system ◦ endocrine system ◦ immune system ◦ integumentary system ◦ musculoskeletal system ◦ nervous system ◦ reproductive system for females and males ◦ respiratory system ◦ urinary system • common acute conditions associated with major body systems and organs and common presenting signs and symptoms, and required examinations • features of chronic disease: ◦ complex causality ◦ multiple risk factors, including genetic and lifestyle ◦ long latency periods ◦ a prolonged course of illness ◦ functional impairment or disability • lifestyle risk factors that can contribute to, exacerbate and progress all types of chronic disease: ◦ smoking ◦ physical inactivity ◦ unhealthy nutrition and body weight ◦ consumption of alcohol at unsafe levels ◦ use of illicit drugs ◦ unsafe sexual practices • chronic and communicable diseases of high incidence in Aboriginal and/or Torres Strait Islander populations ◦ cardiovascular disease including coronary heart disease, heart failure, cardiomyopathy, rheumatic heart disease, atherosclerosis, peripheral vascular disease and cerebrovascular disease ◦ chronic respiratory disease, including Asthma and obstructive lung disease ◦ chronic kidney disease and end stage renal failure ◦ chronic liver disease including alcoholic liver disease and cirrhosis ◦ cancer ◦ diabetes ◦ musculoskeletal conditions, including arthritis ◦ eye, ear and oral disease ◦ sexually transmitted infections (STIs) ◦ blood borne viruses including HIV, hepatitis A, hepatitis B and hepatitis C

	◦ communicable diseases of current significance in the local state, territory or local community • for each of the above listed chronic and communicable diseases of high incidence in Aboriginal and/or Torres Strait Islander populations: ◦ the major signs and symptoms ◦ blood and other tests used to diagnose and monitor ◦ basic pathophysiology sufficient to understand the impact and functional changes on relevant body organs and systems ◦ the concept of comorbidity and overview of the main linkages between diseases sufficient to understand that signs and symptoms may indicate the presence of multiple diseases • for cardiovascular disease ◦ the concept of 'cardiovascular risk factors' ◦ the significance of an individual having multiple risk factors ◦ the concept of 'high absolute risk' • for chronic kidney disease: ◦ the importance of early stage detection in deferring or preventing end-stage kidney disease (renal failure) • for diabetes: ◦ main elements of the diabetes annual cycle of care ◦ causes, signs and symptoms of diabetic foot disease ◦ screening tools and procedures that can be used to assess diabetic foot disease.
ASSESSMENT CONDITIONS	Skills must be demonstrated in a health service workplace within a multidisciplinary primary health care team. Evidence of performance must be gathered: • during on-the-job assessments in the workplace under live conditions while interacting with Aboriginal and/or Torres Strait Islander people, or • during off-the-job assessments in the workplace, not under live conditions, using simulated activities while interacting with Aboriginal and/or Torres Strait Islander people. Evidence of workplace performance can be gathered and reported through third party report processes. (Refer to the Companion Volume Implementation Guide for information on third party reporting.) Evidence can be supplemented by assessments in a simulated workplace environment using simulated activities, scenarios or case studies only when: • the full range of situations covered by the unit cannot be provided in the individual's workplace, or • situations covered by the unit occur only rarely in the individual's workplace. Assessment must ensure the use of: • personal protective equipment for infection control

	• medical equipment and consumables used for health assessments
	• clinical waste and sharps disposal bins
	• specimen collection documents
	• pathology results
	• client records
	• template forms or reports for documenting client histories, assessment details and results
	• health assessment standard treatment protocols used by the organisation, which can include Standard Treatment Manuals
	• organisational procedures for:
	  ◦ maintaining client confidentiality
	  ◦ documenting health assessments
	  ◦ reporting notifiable communicable diseases.
	
	Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and:
	• be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health practitioner, or
	• be a registered health practitioner with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.

LINKS	Companion Volume Implementation Guide

UNIT CODE	HLTASEW005
UNIT TITLE	Provide supervision for Aboriginal and/or Torres Strait Islander health workers
APPLICATION	This unit describes the performance outcomes, skills and knowledge required to support health worker and practitioner wellbeing through structured debriefings and ongoing processes of communication and feedback. It requires the ability to identify and use information from supervision activities for continuous improvement of organisational practice. This unit applies to senior roles in Aboriginal and/or Torres Strait Islander organisations that provide primary health care services to Aboriginal and/or Torres Strait Islander clients and communities. The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice. No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).
PREREQUISITE UNIT	Nil
COMPETENCY FIELD	Social and Emotional Wellbeing
UNIT SECTOR	Aboriginal and/or Torres Strait Islander Health
ELEMENTS	**PERFORMANCE CRITERIA**
Elements describe the essential outcomes	*Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Support health worker wellbeing.	1.1. Identify the different supervision needs of individual health workers dealing with client health and wellbeing issues. 1.2. Maintain professional boundaries and confidentiality during all supervision activities. 1.3. Use culturally safe communication to encourage workers to acknowledge and address personal impacts of work experiences. 1.4. Respond to issues raised by individual workers and their colleagues with sensitivity and professionalism and according to organisational procedures. 1.5. Provide workers with information and guidance about self-care strategies and sources of professional assistance. 1.6. Identify situations of imminent risk to the health and safety of the worker or others and make appropriate referrals for crisis intervention.
2. Facilitate structured debriefings.	2.1. Schedule debriefings that relate to specific incidents in a timely way. 2.2. Provide a safe environment for the debriefing process. 2.3. Guide health workers through a process of self-reflection and review of key issues.

	2.4. Use questioning techniques that encourage workers to explore and acknowledge their concerns. 2.5. Document and report debriefing outcomes according to organisational procedures.
3. Provide ongoing feedback to health workers.	3.1. Seek information about health worker practices and impacts on their wellbeing. 3.2. Provide feedback which reinforces strengths and sensitively addresses the potential for change. 3.3. Provide professional development information and guidance to health workers. 3.4. Collaborate with worker to identify and progress changes to enhance their practice.
4. Contribute to practice improvements.	4.1. Identify information from supervision activities that is relevant to ongoing improvement processes. 4.2. Evaluate information from a client, health worker and organisational perspective. 4.3. Provide input to organisational continuous improvement activities based on assessment.

FOUNDATION SKILLS

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

SKILLS	DESCRIPTION
Reading skills to:	• interpret detailed familiar organisational procedures • interpret detailed unfamiliar information about professional development and professional assistance services.
Writing skills to:	• use fundamental sentence structure to complete reports that require both factual and subjective information.
Oral communication skills to:	• use language and terms sensitive to health worker emotional state • ask open and closed probe questions and actively listen to understand the nuances of health worker responses • facilitate structured debriefing sessions involving confronting and emotionally challenging content.
Teamwork skills to:	• lead collaborative discussions about complex work issues and responses.
Self-management skills to:	• observe professional boundaries when working with close colleagues.
UNIT MAPPING INFORMATION	No equivalent unit
LINKS	Companion Volume Implementation Guide

TITLE	Assessment Requirements for HLTASEW005 Provide supervision for Aboriginal and/or Torres Strait Islander health workers
PERFORMANCE EVIDENCE	Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and: • provide an individual professional supervision session for two different Aboriginal and/or Torres Strait Islander health workers, and for each worker: ◦ use culturally appropriate and safe communication skills to: - build rapport and trust - support the worker to discuss personally confronting issues - support a positive and constructive feedback process ◦ respond appropriately to two different issues raised ◦ provide information on self-care strategies tailored to individual health worker needs • conduct and document one structured debriefing session • according to actual supervision activities or from case study documentation, extract and evaluate information, and provide a written report about strengths and areas for improvement that relate to each of the following: ◦ client outcomes ◦ individual health worker practice ◦ organisational practices.
KNOWLEDGE EVIDENCE	Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit: • organisational policies and procedures for: ◦ maintaining confidentiality of client and health worker information ◦ responding to issues raised by health workers ◦ conducting and documenting structured debriefings • for mandatory reporting: ◦ local state or territory legal requirements ◦ organisational procedures for reporting practitioners who present with issues that may put their patients or clients at harm • the definition of professional supervision, in the context of health care support work, and key practices that support effective supervision • factors that may impact how individual health workers react to confronting work situations, and how they may affect the type and scope of supervision needed: ◦ lived experience ◦ cultural issues ◦ own personal, family or community issues ◦ potential relationship with clients ◦ individual characteristics, strengths and resilience levels • indicators, features and common impacts of the following on Aboriginal and/or Torres Strait Islander health workers and practitioners: ◦ excessive stress

	◦ burn out ◦ grief ◦ trauma, including transgenerational trauma ◦ being subjected to violent or threatening behaviour (towards self and other workers or clients) ◦ managing conflicting priorities ◦ racism and discrimination in the workplace • organisational practices that support health worker wellbeing: ◦ appropriate workloads ◦ ensuring the appropriate skills mix of workers to cover types of services offered ◦ clear work roles and work role boundaries ◦ appropriate physical working environment ◦ processes to manage workplace conflicts ◦ systems that support work/life balance ◦ availability of professional supervision and support • formal and informal ways of supporting positive communication in the workplace: ◦ one-to-one discussions ◦ team meetings ◦ making discussion of personal impacts a regular part of work discussions ◦ external meetings ◦ communities of practice ◦ professional development activities • worker self-care strategies: ◦ engaging with own support networks including family, friends and community groups ◦ setting realistic goals ◦ prioritising work ◦ focussing on success ◦ striving for work/life balance ◦ using stress management techniques and activities • techniques for effective communication to: ◦ build rapport and trust ◦ sensitively probe and elicit responses ◦ encourage workers to disclose personally confronting issues ◦ support a positive and constructive feedback process • key features of a structured debriefing process: ◦ when they take place ◦ what makes for a safe environment and how this may vary for different workers ◦ types of issues explored: - what happened - causes and consequences - individual experience - normal reactions - methods to manage emotional responses • the definition of crisis intervention and the types of situations in which it may be needed • for workers at risk of self-harm and suicide: ◦ common risk factors

	◦ common verbal and non-verbal behavioural indicators ◦ types of rapid response assessment questions and actions that can be used to triage ◦ emergency referral pathways • the role of employee assistance programs and the types of services they typically offer • external support services for professional supervision • techniques for identifying and evaluating information for its value in the improvement of future work practices and client outcomes.
ASSESSMENT CONDITIONS	Skills can be demonstrated through: • work activities completed within an Aboriginal/and or Torres Strait Islander health service, or • simulations and case studies completed within a training organisation. Assessment must ensure the use of: • interaction with Aboriginal and/or Torres Strait Islander health workers or practitioners either through actual work activities or simulations • information about situations experienced by the worker • organisational policies and procedures for: ◦ maintaining confidentiality of client and worker information ◦ responding to issues raised by workers ◦ conducting structured debriefings ◦ mandatory reporting. Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and: • be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health worker or practitioner, or • be a registered health practitioner or a senior health care worker with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.
LINKS	Companion Volume Implementation Guide

UNIT CODE	HLTAHCS016
UNIT TITLE	Develop primary health care programs
APPLICATION	This unit describes the performance outcomes, skills and knowledge required to plan, organise and evaluate primary health care programs to address identified needs in Aboriginal and/or Torres Strait Islander communities. It requires the ability to use critical thinking, planning and collaboration skills. Primary health care programs are those programs which provide services to address particular health issues. Health issues are diverse and programs could concentrate on physical health issues (e.g. eye, ear and oral health, chronic disease), social and emotional wellbeing, or health issues for specific populations (e.g. maternal and children's health). Activities could be short term or ongoing. The development of health promotion programs is covered in another unit. This unit applies to senior roles in Aboriginal and/or Torres Strait Islander organisations that provide primary health care and other support services to Aboriginal and/or Torres Strait Islander clients and communities. It is specific to Aboriginal and/or Torres Strait Islander people working as health workers or health practitioners. The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice. No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).
PREREQUISITE UNIT	Nil
COMPETENCY FIELD	Health Care and Support
UNIT SECTOR	Aboriginal and/or Torres Strait Islander Health
ELEMENTS	**PERFORMANCE CRITERIA**
Elements describe the essential outcomes	*Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Establish community needs and program scope.	1.1. Use holistic approaches that support the community to take a self-determination approach to health. 1.2. Identify community representatives and other individuals and organisations who play a role in local community health service provision. 1.3. Create a process for community representatives and other individuals and organisations to be consulted and actively involved in the development of primary health care programs. 1.4. Identify and assess existing community information and research that provides data about diseases of high incidence and health care needs and priorities.

	1.5. Consult with colleagues to obtain their perspectives and feedback on program needs and service gaps. 1.6. Identify and consider government and non-government Aboriginal and/or Torres Strait Islander primary health strategies, policies, and resources that could support program development.
2. Plan primary health care programs.	2.1. Follow agreed consultation and collaboration processes. 2.2. Develop specific program objectives and key performance indicators based on identified health priorities. 2.3. Determine program delivery and follow-up methods according to community needs, the nature of the health issue being addressed and operational constraints and opportunities. 2.4. Determine human, financial and physical resource requirements and the actions required to facilitate their availability. 2.5. Develop processes and procedures that address ethical and compliance requirements and are consistent with the principles underpinning work in Aboriginal and/or Torres Strait Islander health. 2.6. Establish health monitoring and program evaluation criteria and processes. 2.7. Document plans that include clear actions, responsibilities and timelines for implementation. 2.8. Obtain organisational and community approval for proposed program, according to community protocols.
3. Organise program implementation.	3.1. Follow organisational procedures for accessing additional financial resources. 3.2. Organise required training based on the program plan. 3.3. Access and arrange required internal and external services and resources for program delivery. 3.4. Identify local roles and responsibilities for program delivery and consult with colleagues to plan practical details.
4. Communicate program details.	4.1. Identify key internal and external health services stakeholders who need to be made aware of the program. 4.2. Determine the best ways of providing information about the program based on its scope and specific audience needs. 4.3. Provide information about the program and how it will be implemented to the community and other stakeholders.
5. Monitor and evaluate primary health care programs.	5.1. Seek and review feedback from colleagues and client about the effectiveness of program delivery. 5.2. Take action to make minor adjustments to delivery based on feedback received. 5.3. Evaluate health care programs against agreed criteria. 5.4. Identify program strengths and areas for improvement. 5.5. Collect, document and use information and program data to identify service gaps and further opportunities. 5.6. Communicate evaluation outcomes to community representatives and other stakeholders to inform future planning. 5.7. Use evaluation as the basis for advocacy activities related to primary health care programs.

FOUNDATION SKILLS	
Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.	
SKILLS	**DESCRIPTION**
Reading skills to:	• interpret detailed familiar organisational procedures • interpret varied, unfamiliar and potentially complex information about health issues from research, funding and strategy documents.
Writing skills to:	• structure and draft program planning and implementation documentation and procedures • integrate and link information from diverse sources in program implementation information.
Oral communication skills to:	• facilitate community and team consultations and negotiations using open probe questions and active listening.
Numeracy skills to:	• interpret and analyse potentially complex financial and health research data • develop financial estimates and scenarios using complex calculations.
Teamwork skills to:	• work collaboratively with both internal and external colleagues.
Planning and organising skills to:	• establish implementation plan that involves diverse logistical elements.
Technology skills to:	• create, structure and format digital planning documentation.
UNIT MAPPING INFORMATION	No equivalent unit
LINKS	Companion Volume Implementation Guide

TITLE	Assessment Requirements for HLTAHCS016 Develop primary health care programs
PERFORMANCE EVIDENCE	Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and: • develop one primary health care program for an Aboriginal and/or Torres Strait Islander community that focuses on a local priority health need, and includes: ◦ two different sources of local community information as the basis for development ◦ a documented development, implementation and evaluation plan ◦ implementation procedures and resources tailored to local needs ◦ supporting materials to promote the program • consult with all of the following in the process of developing the program: ◦ community members ◦ internal colleagues ◦ external colleagues • for an actual program delivered, or according to case study information: ◦ evaluate the effectiveness of program delivery ◦ identify program strengths and areas for improvement.
KNOWLEDGE EVIDENCE	Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit: • organisational policies and procedures for: ◦ obtaining additional financial resources ◦ obtaining program approval • for identified current national, state or territory government and non-government Aboriginal and/or Torres Strait Islander health strategies and programs: ◦ key objectives ◦ key action areas ◦ implications for local services and program development • guiding principles that underpin the work of Primary Health Networks (PHNS) and Aboriginal Medical Services (AMS) and the role of each in progressing those principles • roles and responsibilities of different people and organisations involved in primary health care and the role of collaboration: ◦ internal ◦ external • culturally appropriate consultation and approval processes for health care programs and local community protocols • types of information that inform primary health care programs: ◦ community health profile and other local research ◦ observations and anecdotal evidence from service provision

	◦ health research and strategies developed by state or territory and federal governments • current local health issues and priorities • types of delivery and follow-up methods for primary health care programs, and the constraints and opportunities for the local community: ◦ one-to-one interactions during service provision ◦ special clinics (permanent and mobile) ◦ outreach services ◦ care coordination ◦ service integration ◦ special provisions for travel to specialist services ◦ telehealth services ◦ recall and reminder protocols • potential internal and external resource requirements: ◦ human: - additional training - specialist expertise - more people to provide services ◦ financial: - short term - long term ◦ physical: - facilities in which to provide services - medical equipment and supplies - technology infrastructure for increased online delivery/telehealth services - vehicles for transporting clients • types of processes and procedures impacted by specific ethical and compliance requirements: ◦ confidentiality ◦ record maintenance ◦ reporting, including to funding bodies ◦ data collection ◦ client follow-up and recall protocols • key principles and concepts that underpin the provision of primary health care and how these translate into planning and implementation in the local area: ◦ focus on core priority areas ◦ collaboration, engagement and self-determination ◦ models of primary health care and their key benefits and limitations, including functional, team and client assignment ◦ holistic client-centred care ◦ strengths-based approaches ◦ evidence-based practice: - evidence-based practice as best practice - what constitutes reliable evidence - current evidence-based approaches in priority areas of Aboriginal and/or Torres Strait Islander health • key stages of the program planning and implementation cycle and the requirements at each stage in the context of primary health care in Aboriginal and/or Torres Strait Islander communities:

	◦ research ◦ planning ◦ development ◦ implementation ◦ evaluation • considerations for program development: ◦ how to define what is needed for different program and activity types ◦ information sources for specific program type ◦ tailoring of implementation to local participant needs ◦ how to identify when specialist expertise may be needed ◦ the potential complementary role of traditional healing methods • types of communication strategies for encouraging use of primary health care programs • methods used to monitor and evaluate primary health care programs: ◦ staff and client evaluation questionnaires ◦ debriefs with those delivering specific activities ◦ evaluation of complaints or problems with service provision ◦ data collected on uptake of program activities ◦ data collected on health outcomes for clients.
ASSESSMENT CONDITIONS	Skills can be demonstrated through: • work activities completed within an Aboriginal and/or Torres Strait Islander health service, or • project activities and case studies completed within a training organisation, based on comprehensive information about the community and the operation of an actual or simulated health service. Assessment must ensure the use of: • interaction with internal, external and Aboriginal and/or Torres Strait Islander community stakeholders either through actual work activities or simulations • information and research about local community health issues • information about national government and non-government strategies and programs that support primary health care in Aboriginal and/or Torres Strait Islander communities • computer and software programs used to produce text documents • organisational policies and procedures for: ◦ obtaining additional financial resources ◦ obtaining program approval. Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and: • be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health worker or practitioner, or

	• be a registered health practitioner or a health program manager with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.
LINKS	Companion Volume Implementation Guide