Administrative Information

Industry Reference Committee (IRC) name: Technicians Support Services Industry Reference Committee
Skills Service Organisation (SSO) name: SkillsIQ Limited
Training Package name examined: HLT Health Training Package
Change proposed: See ***Attachment A***
Stakeholder consultation method and scale: See ***Attachment B***

Background

SkillsIQ has been commissioned by the Australian Industry and Skills Committee (AISC) to complete the necessary research and consultation to develop a proposal that presents the strategic and evidentiary Case for Change regarding the development of new Training Package Products within the HLT Health Training Package and revisions to existing Products.

The development of a new Qualification will seek to ensure that clinical coders have access to appropriate skills and knowledge, in order to meet the current and future needs of the Australian health care system.

Training Package Products Proposed for **Update**

This Case for Change proposes an update of all the current clinical coding Training Package Products, including:

- **3 x Units of Competency**
- **1 x Skill Set**.

See ***Attachment A*** for the full list of Training Package Products proposed for update.

Advice on **New** Training Package Products

This Case for Change is proposing to develop **1 new Qualification**, **7 new Units of Competency** and **1 new Skill Set** covering the following key areas:

- Introduction to the role of clinical coding in the health system, including funding models
- Medical terminology and medical science for clinical coding
- Clinical anatomy and physiology
- Understanding and applying principles of privacy and ethics in health care
- Understanding and interpreting/navigating health records in the context of the patient journey
- Abstracting information for clinical coding
- Understanding and participating in clinical coding audits.

The proposal also calls for the development of a new Diploma-level Qualification, a *Diploma of Clinical Coding*, provisioned for the entry-level clinical coder job role that is essential for the health care sector.

Further analysis and consultation will assist in determining the actual number of new Units of Competency.

Additional Units of Competency that cover the following generic skills and knowledge will be sourced from current Training Package Products:

- Organise personal work priorities and development

The Qualification is proposed to be a **Diploma of Clinical Coding** and the Skill Set will be known as the **Clinical Coding Auditor Skill Set**.

See *Attachment A* for the full list of Training Package Products proposed to be developed.

The Case for Change

Skills that Meet the Current and Future Demand for Clinical Coding Job Roles

Clinical coders are specialised health information professionals who convert information from a patient's medical record into alphanumeric codes according to a health classification system. In Australia, the health classification systems used are the International Classification of Diseases 10th Revision Australian Modification (ICD-10-AM), and the Australian Classification of Health Interventions (ACHI). Their use is supported by the Australian Coding Standards (ACS). The use of classification systems makes it easier to store, retrieve and analyse data, and these codes form part of a data collection that is used for research, funding and health care operations and planning.

Coding is completed for all admitted patient activity in health service organisations, which includes multi-day admissions, overnight stays and same-day admissions. Clinical coders are integral to the operation of the health sector, as the information they abstract and record is a key component of informing activity-based funding and payment allocation, morbidity and mortality data reporting, quality improvements, research, policy development and planning, and international benchmarking. Many countries look to Australia for current industry skills and knowledge as they use the Australian modification of the classification. This includes countries such as New Zealand, Qatar, Singapore, Ireland and Pacific nations who reach out to Australia for experienced Clinical Coders, educators and auditors.

There have been several reports relevant to skills development and clinical coding job roles which consistently highlight the lack of available and skilled individuals to fill these important positions. In addition, it is reported that the supply of clinical coders will not be able to meet predicted future workforce demand. This continued demand for coders can, in part, be attributed to the effect of the ageing population, and the increase in often-complex chronic conditions which have led to a corresponding increase in admissions, therefore putting pressure on health service organisations' coding resources. Compounding this has been the introduction of activity-based funding that puts an emphasis on the timeliness and quality of coded data required to ensure that health service organisations are remunerated appropriately for the services they provide.

Skills required by clinical coders include the ability to interpret clinical documentation, identify and abstract relevant health information and apply accurate coding of condition(s) and treatments based on an understanding of classification systems and current guidelines and standards. Clinical coders are required to verify and validate their application of codes from clinical documentation and participate in audits and the analysis of coded data. The adoption of digital health and new technology such as decision-supporting software impacts on the work of coders and will continue to have a significant and growing impact in the future.

Employers require experienced clinical coders but also recognise that they need to employ graduates and develop their skills. Employers do, however, require these graduates to have a minimum level of competency that allows them to begin work at an entry level. Currently, health service organisations spend six to twelve months mentoring new clinical coders before they are competent to code independently. This mentoring program involves systematically training and reviewing the work of the new coder, beginning with simple cases and moving on to more complex cases. An experienced clinical coder or manager must be available to check each record coded and provide feedback on errors. The coder does not move on to the next speciality until he or she has demonstrated competency. Industry is of the view that a more appropriate Qualification should provide a more job-ready graduate who will require less on-the-job mentoring.

Currently, there is a single Skill Set (Clinical Coding Skill Set) and there are three Units of Competency packaged within the *HLT37315 Certificate III in Health Administration* and the *HLT47315 Certificate IV in Health Administration* relevant to training clinical coders. These Qualifications, however, cater for other job roles in the health sector and do not address the specific training needs of clinical coders. **There is no nationally recognised Qualification available within the HLT Health Training Package for clinical coders.**

There is an existing accredited course, the *22274VIC Certificate IV in Clinical Classification*, which was developed by the Victorian Department of Education and Training in 2016 to address the lack of a suitable training pathway. There are five RTOs with this course on scope, which is accredited with the Victorian Registration and Qualifications Authority (VRQA) until June 2019. The Victorian accredited course is made up of six enterprise Units of Competency and several BSB Business Services Units. The Technical Advisory Committee (TAC) has made a note that the process of reviewing the content related to the current accredited course requires careful consideration as to its relevance and appropriateness before translating the content into HLT Training Package Products. Further, the BSB Units would also be examined for relevance and may be replaced by existing Units from the HLT Health Training Package.

There are Health Information Management (HIM) courses in Higher Education, but these are not specific to clinical coding work. The Health Information Manager performs coding as part of a broader job role.

Currently, the Victorian accredited course is the only available training option which exists in the Vocational Education and Training (VET) sector. The HLT Training Package Products are not sufficient to provide clinical coders with the skills and knowledge required to perform the essential tasks of the job role. The clinical coding workforce needs a national Qualification that will equip them with the holistic skills and knowledge required to perform the job in a health setting in any jurisdiction. The proposed new Qualification will enable the transferability of skills and knowledge, creating a consistent and standard code of practice for clinical coders.

The HLT Training Package Units of Competency will be reviewed in conjunction with the *22274VIC Certificate IV in Clinical Classification* content to determine the gaps that need to be addressed.

Career pathways for the clinical coder may, or can, lead to the job roles of clinical coding educator and/or clinical coding auditor. Depending on the size of the health service organisation, the clinical coding educator and auditor job roles may be combined.

Recommendations

Based on initial discussions with industry, it is proposed that a new Qualification and associated Units of Competency specific to clinical coding be developed which will be aimed at entry-level clinical coders.
Entry-level coders require the following skills and knowledge:

- Clinical knowledge – medical science, medical terminology, anatomy and physiology
- Health system knowledge – relevant to understanding the role of a clinical coder
- Coding knowledge – use of the classifications, coding standards, conventions and guidelines
- How coded data is used
- Accessing and abstracting clinical information from medical records
- Analysing and interpreting digital and paper medical records relevant to clinical coding
- Knowledge of health funding models
- Privacy and confidentiality, applying principles of privacy and ethics applicable to clinical coding
- The role of a clinical coder, including participating in audits.

Proposed Pathways

Clinical coding educators/auditors need to be experienced and competent as clinical coders before developing additional expertise for these roles.

Clinical coding educators need to have exceptional skills to be able to explain clinical coding in different ways. Prior to becoming an educator, the clinical coder will need to have exposure to all the different casemix records that could be coded in the health service organisation in which the training is being provided. Relevant Units of Competency from the *Certificate IV in Training and Assessment* may be completed to meet training requirements for the on-the-job instruction required for educator roles. The *HLTADM007 Complete highly complex clinical coding* Unit of Competency is also relevant for both educator and auditor roles.

Clinical coding auditors need to develop competencies in undertaking different types of internal health service organisation-based audits and participating in jurisdictional or national audits. One such requirement is to use a variety of suitable audit methodologies which have been developed by the National Centre for Classification in Health and other organisations. La Trobe University used to deliver a short four-month online course on clinical coding auditing and information on certification levels, but this course has only recently been reinstated after a lapse of many years. A Clinical Coding Auditor Skill Set within the VET sector would provide a reliable and nationally available Training Package Product to satisfy industry demand for skilled clinical coding auditors.

Industry Support for Change

Method and Scale of Stakeholder Consultation

The Technicians Support Services Industry Reference Committee (IRC) has provided the direction for the Case for Change development. The Technical Advisory Committee (TAC) gathered initial information and industry feedback. SkillsIQ conducted desktop research from industry publications. Broad industry feedback was acquired from stakeholders within the SkillsIQ database, who were notified of public consultation through the SkillsIQ website and both TAC and IRC networks. See ***Attachment B*** for the Stakeholder Consultation Method and Scale document.

Unresolved Issues and Sensitivities

The *22274VIC Certificate IV in Clinical Classification* accredited course is due to expire in June 2019. Upon approval of this Case for Change, SkillsIQ has been asked to liaise with the regulator, the Victorian Registration and Qualifications Authority (VRQA), to seek an extension of the accredited course registration for an additional twelve months to allow for the development and endorsement of the proposed national Qualification and the transition between the accredited course and the new Qualification.

Industry has noted the following:

- Training providers delivering the current accredited course have identified some challenges in delivery, namely the complexities involved in the provision of a sufficient number of 'de-identified' medical records for learners to use in training and assessment. Consultation with industry has found that this is an essential element of training required by clinical coders, and RTOs will therefore need to work with industry to access the resources required to deliver training.
- Securing suitable clinical placements is a challenging issue for training providers in both the VET and Higher Education sectors.

Impact of Change

Impact Analysis

The impacts of the proposed changes on stakeholders can be summarised as follows:

Industry and Employers

Access to a skilled clinical coding workforce and appropriate Qualifications that support the skills and knowledge requirements of the job roles as defined by industry is critical. Both industry and employers would significantly benefit from clearer training pathways and strengthened Qualifications to address current gaps due to changes in career and job structures. A current analysis of job roles and occupational outcomes aligned to Training Package Products is required. Collaborative engagement within the Health Information Management sector, which includes clinical coding, will be required to achieve this.

The risk to the workforce of **not** developing a new training pathway is that there will be a shortage of work-ready clinical coders in Australia. This will result in a continuing undersupply of appropriately skilled staff to meet demand, resulting in ongoing variability in on-the-job training and a potential increase in staff turnover due to the lack of appropriate training and clear employment pathways.

The risks to society are even more significant, including a lack of timely accurate data impacting health services, accuracy in financial accounting practices and the potential impacts on the quality and appropriateness of care.

Registered Training Organisations (RTOs)

Increased relevance of the Training Package Products serving this sector will improve opportunities for Registered Training Organisations (RTOs) to partner with industry in the provision of programs better aligned to job outcomes.

The classification system used in Australia is also utilised in a number of countries overseas. Because of this, experienced coders are also able to gain work as auditors or educators internationally, thus reducing the numbers within the affordable domestic workforce available to health services.

Endorsement of the proposed *Diploma of Clinical Coding* would provide employment opportunities for newly trained and entry-level clinical coders and assist in meeting the demand for skilled graduates. The risk of **no** change is that the current inadequate numbers of clinical coders will continue to decline further as the training offered fails to sufficiently meet industry needs.

Learners

Learners will benefit from improved employment opportunities as a result of their obtaining expected entry-level skills and being able to access appropriate Training Package Products that industry confirms reflect the current skills and knowledge required for coding job roles within the health sector. Qualifications which standardise educational outcomes will provide national standards for training and will also enhance occupational mobility within the sector and across jurisdictions.

The risk of **no** change is that learners may graduate with insufficient skills to support the sector, thereby compromising their employability.

General Public

The enhancement of skills for the clinical coding workforce will result in better information related to health information and health service operations.

The risks of **not** implementing the proposed changes are widespread, as the correct coding of health conditions and treatments received within a health service organisation affects data integrity. Coded data is used for research, planning, health sector operations and funding.

Estimated Timeframes

Central to the update process is the ongoing involvement and engagement of industry and national stakeholders. It is estimated that development will take approximately twelve months. This work will be conducted under the guidance of the Technicians Support Services IRC and the Clinical Coding Technical Advisory Committee.

Broad consultation with employers, industry professionals, graduates and training providers across Australia, including those in metropolitan, regional and rural areas, will be conducted in relation to draft Training Package Products, ensuring that the resulting Products are strongly aligned to the current skills needs of the Health Information Management (Clinical Coding) workforce.

Implementing the COAG Industry and Skills Council Reforms for Training Packages

The recommended work in this Case for Change is consistent with the Council of Australian Governments' (COAG) Industry and Skills Council (CISC) reforms for Training Packages, as follows:

- As there is limited Training Package content currently available for clinical coders, it is unlikely that there will be identified duplication or obsolescence.
- Industry expectations for training delivery and assessment will be identified via the Companion Volume Implementation Guide.
- The proposed new Qualification will provide technical, analytical, decision-making and health knowledge skills upon which to facilitate articulation, including progression to university study and degree-level Qualifications in Health Information Management.
- A Skill Set in Clinical Coding Auditing is among the Products proposed for development.

ATTACHMENT A - Training Package Components to Update or Develop

SkillsIQ Limited

Contact details: Melinda Brown, General Manager

Date submitted: August 2018

Material for update:

- Qualifications: 1
- Skill Sets: 2 (1 existing and 1 new)
- Units of Competency: 10 (3 existing and 7 new)

Training Package Code	Training Package Name	Qualification Code	Qualification Name	Unit of Competency Code	Unit of Competency Name
Qualification					
HLT	Health	New Qualification	Diploma of Clinical Coding		
Skill Sets					
HLT	Health	HLTSS00048	Clinical Coding Skill Set		
HLT	Health	New Skill Set	Clinical Coding Auditor Skill Set		
Units of Competency					
HLT	Health			HLTADM005	Produce coded clinical data
HLT	Health			HLTADM006	Undertake complex clinical coding
HLT	Health			HLTADM007	Undertake highly complex clinical coding

Training Package Code	Training Package Name	Qualification Code	Qualification Name	Unit of Competency Code	Unit of Competency Name
HLT	Health			New Unit of Competency	Understanding and interpreting/navigating health records in the context of the patient journey.
HLT	Health			New Unit of Competency	Introduction to the role of clinical coding in the health system including funding models
HLT	Health			New Unit of Competency	Abstracting information for clinical coding
HLT	Health			New Unit of Competency	Understanding and participating in clinical coding audits
HLT	Health			New Unit of Competency	Medical terminology for clinical coding
HLT	Health			New Unit of Competency	Understanding and applying principles of privacy and ethics in health care
HLT	Health			New Unit of Competency	Clinical anatomy and physiology

Attachment B: Stakeholder Consultation Method and Scale

Stakeholder Consultation

Name of Stakeholder	Organisation	Detail Method(s) and Scale of Consultation
Technicians Support Services Industry Reference Committee (IRC)		
Tony Badrick	Royal College of Pathologists of Australasia	IRC Member
Karyn Calcino	Health Industry Training	IRC Member
Alma Cassells	Fiona Stanley Hospital	IRC Member
Jodie Davis	Australian Nursing and Midwifery Federation	IRC Member
Lorah Hickman	Society of Hospital Pharmacists of Australia (SHPA)	IRC Member
Kim Lally	Australian Private Hospitals Association	IRC Member
Jane O'Keefe	Sonic Healthcare	IRC Member
Elinor Radke	Federation of Sterilizing Research Advisory Councils of Australia (FSRACA)	IRC Member
Athanasia (Soula) Siafakas	TAFE NSW, Sydney	IRC Member
Leigh Svendsen	Health Services Union (HSU)	IRC Member
Vicki Swaine	Australian Anaesthesia Allied Health Practitioners (AAAHP)	IRC Member
Clinical Coding Technical Advisory Committee (TAC)		
Gina Banfield	Greenslopes Private Hospital	TAC Member
Julie Brophy	Department of Health and Human Services	TAC Member
Karyn Calcino	Health Industry Training	TAC Member
Elinor Radke	Federation Sterilising Research Advisory Councils of Australia (FSRACA)	TAC Member
Lyn Williams	Health Information Management Association of Australia (HIMAA)	TAC Member
Sue Walker	Queensland University of Technology	TAC Member
Joceline Massa	Austin Health	TAC Member

*Additional stakeholders will be added following public consultation.