



**SKILLSIQ**

CAPABLE PEOPLE MAKE CLEVER BUSINESS

**Aboriginal and Torres Strait  
Islander Health Worker  
Industry Reference Committee  
Industry Skills Forecast – 2020 Update**



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## Introduction

### *Annual Update to Industry Skills Forecast and Proposed Schedule of Work 2020*

In 2019, the Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee (IRC) submitted a detailed and comprehensive Industry Skills Forecast (ISF) to the Australian Industry and Skills Committee (AISC). A copy is available on the [SkillsIQ's website](#). Detailed ISFs are required once every three years, and annual updates covering key research questions instead are prepared in the intervening years.

The information and evidence provided in this *2020 Annual Update* is based on:

- Consultation with the Aboriginal and Torres Strait Islander Health Worker IRC members, and their wider networks (see Section B)
- Desktop research (drawing on key government, industry and education publications and statistics)
- Insights gathered during scoping activities conducted for the Training Package review project
- Insights gathered via SkillsIQ's *2020 Future Skills Survey* (conducted during February and March 2020).

Note: The preparation of this document commenced prior to the COVID-19 pandemic and therefore many of the trends and sources shown will not reflect the true impact of COVID-19 on the Australian job market and the Vocational Education and Training (VET) sector. Whilst the economic and social impact of COVID-19 is currently unprecedented and unknown, all industries across Australia are being affected. Future *Annual Updates* are expected to capture the impact of the pandemic across Australia as up-to-date sources and databases are made available.

## IRC Sign-off

Sign-off of this Annual Update has been confirmed by the Aboriginal and Torres Strait Islander Health Worker IRC.

Karl Briscoe, Deputy Chair, Aboriginal and Torres Strait Islander Health Worker IRC.

## Section A Industry, Workforce and Training Developments

1. Inform the AISC of any new industry workforce, skills developments or trends to emerge since the submission of a full ISF.

Aboriginal and Torres Strait Islander Peoples' health concerns are primarily met by Aboriginal and Torres Strait Islander Health Workers and Practitioners. Queensland Health defines an Aboriginal and Torres Strait Islander Health Practitioner as:<sup>1</sup>

*"...a primary health care professional providing high-quality, culturally-safe, clinical care services to Aboriginal and Torres Strait Islander people and communities.*

*Aboriginal and Torres Strait Islander Health Practitioners are independent practitioners who work alongside and collaboratively with other clinicians including doctors, nurses, midwives, allied health and oral health practitioners in a range of settings.*

*They may have a broad individual clinical scope of practice or work in a more specialised role, depending on a range of factors including the individual's qualification and competence, practice location, practice setting, level of supervision, and community need. They can assess, diagnose, treat, educate, and use scheduled medicines depending on their approved individual scope of practice outlined in a practice plan."*

An Aboriginal and Torres Strait Islander health practitioner can also be known as an Aboriginal Health Practitioner or a Torres Strait Islander Health Practitioner. These titles are protected under the Health Practitioner Regulation National Law. A person cannot use any of these titles unless they are registered with the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia (ATSHPBA).<sup>2</sup>

The Aboriginal and Torres Strait Islander Health Worker Training Package supports an array of job roles in the workforce including:<sup>3</sup>

- Health Practitioner
- Health Worker (Generalist)
- Outreach Worker
- Immuniser
- Oral Health Worker
- Mental Health Worker
- Family Health Worker
- Sexual Health Worker
- Renal Health Worker
- Education Officer
- Hospital Liaison Officer
- Drug and Alcohol Worker
- Environmental Health Worker
- Community Worker
- Healthy Living Worker
- Vascular Health Worker
- Pharmacy Health Worker
- Maternal and Perinatal Health Worker
- Womens' Health Worker
- Mens' Health Worker
- Child and Youth Health Worker
- Otitis Media Health Worker
- Nutrition Health Worker
- Eye care coordinator
- Health Promotion
- Chronic Care Worker
- Primary Health Care Practice Manager
- Primary Health Care Coordinator
- Senior Health Worker
- Advanced Health Worker
- Trainee Health Worker.

<sup>1</sup> Queensland Government. Queensland Health. *About the Aboriginal and Torres Strait Islander Health Practitioner* [Available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/aboriginal-torres-strait-islander-health-practitioner/about-the-role>] [Accessed 11 September 2020]

<sup>2</sup> Queensland Government. Queensland Health. *About the Aboriginal and Torres Strait Islander Health Practitioner* [Available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/aboriginal-torres-strait-islander-health-practitioner/about-the-role>] [Accessed 10 May 2019]

<sup>3</sup> Aboriginal Health Council of South Australia Ltd. *Aboriginal Health Worker Role* [ Available at: <https://ahcsa.org.au/our-programs/aboriginal-health-worker-role/>][Accessed 11 September 2020]

Organisations and business types involved in hiring workers supported by the Aboriginal and Torres Strait Islander Health Worker Training Package Products are also varied and can include:

- Public and private hospitals
- Aged care residential services
- Disability support service agencies
- Dental service businesses
- Public community mental health organisations
- Aboriginal Community Controlled Health Services (ACCHSs)
- Alcohol and other drug treatment services
- General practice medical services
- Specialist medical services
- Government-funded private health care clinics.

COVID-19 has impacted this sector, as well as the respective job roles in different ways. The other main challenges raised in the previous 2019 ISF continue to be significant issues. These as well as regulatory developments regarding capability requirements of the workforce are summarised below.

### **COVID-19 impact**

Government health organisations advised that Aboriginal and Torres Strait Islander people may be at higher risk, as COVID-19 is more likely to endanger people with other health conditions (cardiovascular disease, diabetes, chronic respiratory disease etc.) or people who were elderly. A range of information sources were developed and made available by government health organisations and other organisations to encourage hygiene and other infection control procedures among Aboriginal and Torres Strait Islander people to help minimise the risk of COVID-19 among these communities.<sup>4</sup>

The businesses supported by the Aboriginal and Torres Strait Islander Health Worker Training Package are in the health sector where infection control, sterilisation and hygiene are a prominent concern due to the nature of the work. As such policies and procedures were predominantly already in place to address these issues prior to COVID-19. In many workplaces, additional measures have been taken in response to the COVID-19 pandemic to improve or reinforce practices to improve infection control and help keep patients and the workforce safe.

The impact of the pandemic and focus on infection control will continue to be an area of concern for the foreseeable future, and this may need to be considered in future reviews of the Aboriginal and Torres Strait Islander Health Worker Training Package.

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<sup>4</sup> Australian Government Department of Health, *Coronavirus (COVID-19) advice for Aboriginal and Torres Strait Islander peoples and remote communities*, [Available at: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-aboriginal-and-torres-strait-islander-peoples-and-remote-communities>] [Accessed 9 November 2020].

### **Proposed professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners**

The Aboriginal and Torres Strait Islander Health Practice Accreditation Committee appointed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (supported by AHPRA) is conducting a **review of the 2013 Accreditation Standards on Aboriginal and Torres Strait Islander health practices**. As part of the review, the Committee have put forward draft professional capabilities for the workforce in scope for this IRC i.e. registered Aboriginal and Torres Strait Islander Health Practitioners.

The draft proposed capabilities are structured under five key domains which outline the key characteristics of competency for a registered Aboriginal and Torres Strait Islander Health Practitioner:

- Domain 1 Aboriginal and Torres Strait Islander Health Practitioner
- Domain 2: Professional and ethical practitioner
- Domain 3: Communicator and collaborator
- Domain 4: Lifelong learner
- Domain 5: Quality and risk manager

The 2019 Accreditation Standards are seeking education providers to align curricula of programs with the draft proposed professional capabilities. It is noted that this process will not impact the current accreditation of the *HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice* qualification.<sup>5</sup>

Consultation regarding the proposed professional capabilities was undertaken between July and September 2019. Further details regarding the draft capabilities consultation and submissions received are available on the [AHPRA website](#).

### **Staff shortages**

The SkillsIQ's *2020 Future Skills Survey* found shortages in skilled Aboriginal and Torres Strait Islander Health Workers is a concern, with employers experiencing difficulties in hiring appropriate staff. A lack of applicants, low wages, remote location, and the job being perceived to be unattractive, are some of the key reasons why it is difficult to find new staff.

There is also a severe health workforce shortage in rural and remote Australia.<sup>6</sup> This continues to be a challenge and impacts the provision of health services to Aboriginal and Torres Strait Islander people in particular. Each year the Australian Institute of Health and Welfare reports staff vacancy levels at indigenous-specific primary health care organisations, and demonstrates continued shortages in rural and remote areas.<sup>7</sup> The challenge lies in attracting and retaining experienced and skilled health professionals to work and live in rural and remote areas.<sup>8</sup>

<sup>5</sup> Aboriginal and Torres Strait Islander Health Practice Board of Australia (AHPRA)(15 July 2019) Consultation-paper---draft-professional-capabilities-for-Aboriginal-and-Torres-Strait-Islander-health-practice [Available at: <https://www.atsihealthpracticeboard.gov.au/Accreditation/Accreditation-Consultations/Past-Accreditation-Consultations.aspx>]

<sup>6</sup> Cosgrave, C, Malatzky, C & Gillespie J 2019 'Social Determinants of Rural Health Workforce Retention: A Scoping Review', *Int. J. Environ. Res. Public Health*, 16(3), 314. [Available at:<https://www.mdpi.com/1660-4601/16/3/314/htm>]

<sup>7</sup> Australian Institute of Health and Welfare, 2020, *Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections*. Cat. no. IHW 227. Canberra: AIHW. [Available at: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/what-are-indigenous-specific-primary-health-care-organisations/workforce/vacancies-fte> Accessed on 9 November 2020]

<sup>8</sup> Gwynne K, Lincoln M, 2016 'Developing the rural health workforce to improve Australian Aboriginal and Torres Strait Islander health outcomes: a systematic review', *Australian Health Review* 41, 234-238.

Current work structures also show that there is a lack of Allied Health Assistants and Aboriginal and Torres Strait Islander Health Workers who, at times, have to take on the responsibilities of organising Allied Health Clinics. This in turn means that workers are not available to carry out core role duties, including health promotion and health education.

Feedback from stakeholders has indicated there are also issues with training Aboriginal and Torres Strait Islander Health Workers including low completion of training, challenges in developing clinical skills and the variance in rural/remote and metropolitan learning infrastructures (e.g. libraries, internet access, the availability of tutors and assessors etc.), and that this is contributing to shortages in appropriately trained persons.

During 2019, several associations released key statements and information promoting the importance of Aboriginal and Torres Strait Islander Health Workers in Australia's health care system, including:

- The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) – in August 2019, NATSIHWA's Position Statement was released outlining that Aboriginal and Torres Strait Islander Health Workers are... *'pivotal to the delivery of culturally safe, responsive and effective health services across the Australian health care system'*.<sup>9</sup>
- Aboriginal and Torres Strait Islander Health Practice Board of Australia (AHPRA) – also in August 2019, AHPRA published two brochures highlighting the contribution and importance of Aboriginal and Torres Strait Islander Health Practitioners to Australia's health sector as a means for promoting the job role across the Aboriginal and Torres Strait Islander community. The brochures also outline how the job roles are helping to Close the Gap and are targeting both employees and employers to consider the job roles.<sup>10</sup>

The Australian Government Department of Health is currently leading the development of a Workforce Plan that focuses on attracting, training and retaining the Aboriginal and Torres Strait Islander health workforce across Australia.<sup>11</sup> An extensive national consultation in support of the development of the Workforce Plan was undertaken from October 2019 to February 2020.<sup>12</sup> The final Workforce Plan was expected to be delivered to the Council of Australian Governments Health Council (COAG Health Council) for endorsement in mid-2020.

### **Retention of staff**

The SkillsIQ's *2020 Future Skills Survey* found one workforce challenge was the retention of staff. A 2020 report from the National Rural Health Commissioner provides an overview of challenges with retention of health workers in rural areas.<sup>13</sup> Stakeholder feedback indicates this is in part due to an ageing workforce approaching retirement. The existing workforce has

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<sup>9</sup> National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)(August 2019) *Position Statement. The importance of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Australia's health system* [Available at: [https://natsihwa.org.au/sites/default/files/position\\_statement\\_importance\\_aboriginal\\_torres\\_strait\\_islander\\_hw\\_hp\\_in\\_aust\\_health\\_system\\_aug\\_2019.pdf](https://natsihwa.org.au/sites/default/files/position_statement_importance_aboriginal_torres_strait_islander_hw_hp_in_aust_health_system_aug_2019.pdf)]

<sup>10</sup> Aboriginal and Torres Strait Islander Health Practice Board of Australia (AHPRA)(20 August 2019) Two downloadable brochures now available [Available at: <https://www.atsihealthpracticeboard.gov.au/News/2019-08-20-Brochures.aspx>]

<sup>11</sup> National Rural Health Alliance Ltd (2019) *A national plan for the Aboriginal and Torres Strait Islander health workforce*. [Available at: <https://ruralhealth.org.au/partyline/article/national-plan-aboriginal-and-torres-strait-islander-health-workforce>] [Accessed 15 April 2020].

<sup>12</sup> The consultation process was undertaken by Cultural Fusion, an Indigenous-owned organisation. Further details are available at: <https://www.culturalfusion.com.au/nationalworkforceplan>

<sup>13</sup> National Rural Health Commissioner, 2020, *National Rural Health Commissioner Final Report*, Australian Government, Section 324 Recruitment and Retention

a high level of skill, knowledge and experience, and there are concerns about the next generation of workers who will need to fill these roles. There are suggestions for more funding from government to support the mentoring of less experienced workers.

### **Pathways**

The development of clear career pathways is considered one way to help attract and retain workers into this sector. One initiative is the Career Pathways Project, a research project aiming to help encourage recruit and retain Aboriginal and Torres Strait Islander Health Workers, so as to support health outcomes for Aboriginal and Torres Strait Islander people.<sup>14</sup>

### **Training quality**

Stakeholder feedback has expressed concerns about the quality of trainers and training, and level of skill and knowledge being shared with students. A wide range of knowledge is needed to be well prepared and capable in the role, and there are concerns this may be undermined if good quality trainers and training is not available. Another challenge is the development of learning resources that align with training requirements.

### **Suitability of job roles**

Stakeholder feedback emphasises Aboriginal and Torres Strait Islander Health Worker training and job roles need to be fit-for-purpose i.e. specifically addressing Aboriginal and Torres Strait Islander health concerns, as opposed to being portable to broad health concerns. For example, job roles need to ensure there is a focus on Aboriginal and Torres Strait Islander Health Practitioners being agents of change, i.e. a point of contact in the early detection and intervention of Aboriginal and Torres Strait Islander health issues.

### **Future skills needs**

SkillsIQ's *2020 Future Skills Survey*, in addition to consultation with sector stakeholders, has revealed that the top five short-to-medium term skills considered extremely important across the Aboriginal and Torres Strait Islander Health workforce sector include:

- Communication
- Teamwork
- Self-management
- Flexibility
- Problem solving and critical thinking.

Stakeholders across the Aboriginal and Torres Strait Islander Health Worker sector also indicated that skills involving the early detection and early intervention of health needs are important for the future workforce.

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<sup>14</sup> The Lowitja Institute, 2020, Career pathways for Aboriginal and Torres Strait Islander health professionals, <https://www.lowitja.org.au/> [Available at <https://www.lowitja.org.au/page/research/research-categories/health-services-and-workforce/workforce/projects/career-pathways>. Accessed 9 November 2020.]

## 2. Qualification utilisation:

- Identify circumstances in which employers employ people with VET qualifications
- Identify circumstances in which employers do not employ people with VET qualifications.

Across relevant job roles, the proportion of workers with VET-based qualifications is high. For example, **58.5% of Indigenous Health Workers have a Certificate III or higher VET qualification.**<sup>15</sup>

General cross-industry research and NCVET studies indicate that the main reasons for employing people with VET qualifications are that the qualifications provide the skills required for the job, or that the qualifications are required to meet industry standards, and/or legislative requirements.

In the wider health sector, there are minimum qualification requirements for certain job roles for legislative reasons, or minimum industry standards recommended by peak bodies. Among employers of Aboriginal and Torres Strait Islander Health Workers, the main reasons for employing people with VET qualifications are that the qualifications **provide the skills required for the job, to meet industry standards, and meet legislative requirements.**

Employers of Aboriginal and Torres Strait Islander Health Workers are also hiring individuals with no formal qualifications for mainly administrative roles, however over time staff are then encouraged to undertake training to gain skills and knowledge to progress into Health Worker roles. Some employers indicated this form of employment and transition to higher roles was occurring in the Northern Territory where the role of Aboriginal and Torres Strait Islander Health Worker is a protected role.

## 3. Are employers using training outside the national system and if so, why?

Across the Australian workforce, the use of informal and non-accredited training by employers is prominent. The latest national figures available show that in 2019, approximately half (49%) of employers used non-accredited training and 74% provided informal training to their employees. These levels are similar when observing the broad Health Care and Social Assistance sector where 55% and 74% of employers used non-accredited training and informal training options for their employees respectively.<sup>16</sup>

Insights from SkillsIQ's *2020 Future Skills Survey* indicated that overall, employers of Aboriginal and Torres Strait Islander Health Workers **use internal training**, as well as **other types of external training for specific industry accreditation requirements.** Online training that is not part of a university or VET qualification is increasingly being used to meet specific and short-term skills development requirements. In the case of the Aboriginal and Torres Strait Islander Health workforce, some employers mentioned they have looked for VET training options however no comparable training was available and therefore have selected

<sup>15</sup> Australian Government JobOutlook (2020) Various Job Roles [Available at: <https://joboutlook.gov.au/>][Accessed 7 September 2020]

<sup>16</sup> NCVET (2019) Survey of employer use and views of the VET system 2019 [Available at: <https://www.ncver.edu.au/research-and-statistics/infographics/employers-use-and-views-of-the-vet-system-2019>]

informal training in order to access specialist knowledge and suitable content. Some employers also indicated that informal training can be cost effective.

Employers in the sector provided some examples of external training, including specialist non-accredited short courses tailored to the specific needs for nurse educator health workers, and being able to change content according to the needs of the organisation. Other examples include workshops with resources available online on topics such as selfcare, cultural safety, and renal failure.

**4. Identify qualifications with low and no enrolments. Provide reasons and evidence for the need to retain/delete these qualifications.**

The Aboriginal and Torres Strait Islander Health Worker Training Package represents seven qualifications. The majority of the qualifications were endorsed in 2016, meaning that full implementation of the qualification only commenced in 2017 when Registered Training Organisations (RTOs) had the qualifications on scope.

The *Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care* has reported nil enrolments over the four reported years (see Table 1). This is a niche qualification used in remote Indigenous communities and as such are undertaken as needed at a local level. The Aboriginal and Torres Strait Islander Health Worker qualifications are currently undergoing an update and it is anticipated that the updates to the Training Package Products will then facilitate transition into the *Advanced Diploma* and potentially increase its uptake.

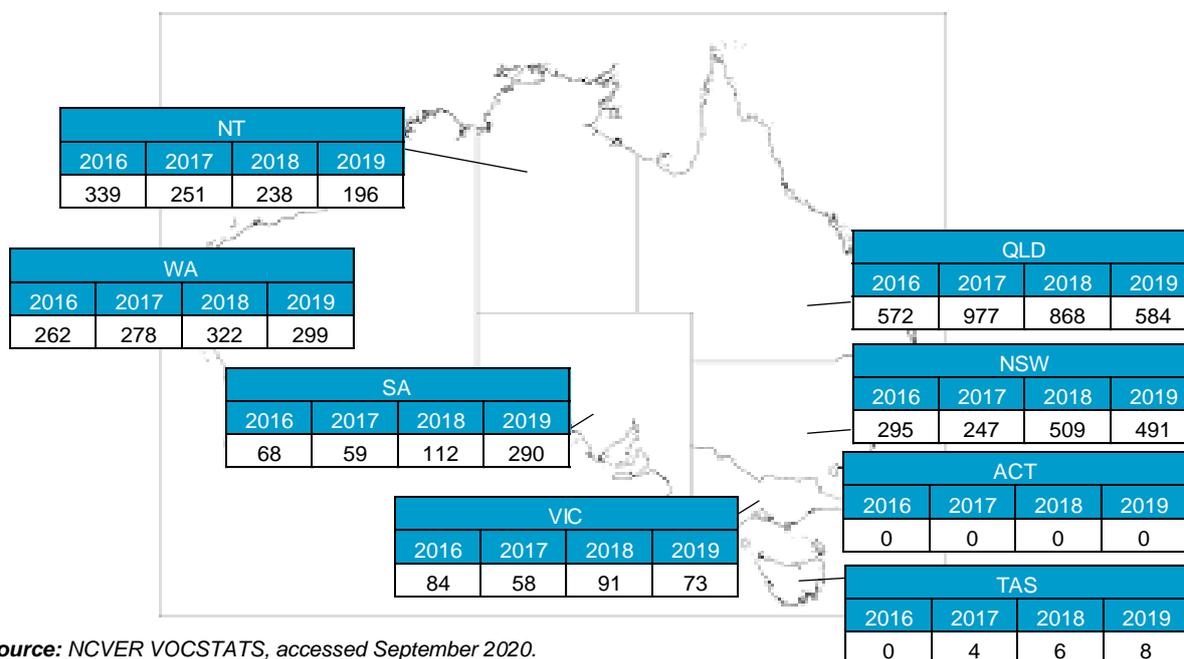
Table 1: Total number of enrolments (Total VET Activity [TVA]) by nationally recognised qualifications on scope – Aboriginal and Torres Strait Islander Health Worker Training Package Products, 2016-2019

Qualification	2016	2017	2018	2019
HLT20113 - Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	255	197	198	193
HLT30113 - Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	279	420	409	467
HLT40113 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	222	138	101	57
HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	760	826	1,059	1,146
HLT50113 - Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	42	248	358	40
HLT50213 - Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	59	45	28	53
HLT60113 - Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	-	-	-	-

**Source:** NCVET VOCSTATS, accessed September 2020.

**Note:** 1. From 2018 onwards, Registered Training Organisations (RTOs) were required to submit enrolment and completion data for all qualifications to NCVET. Thus 2018 and 2019 represent a more complete set of data, compared to previous years where data may underrepresent the true counts of enrolments and completions for a qualification. The 2016 and 2017 data is shown for indicative purposes only. 2. Public RTO and private RTO data is included in the enrolment and completion data.

Map 1: Total number of enrolments (Total VET Activity [TVA]) by RTO delivery location - Aboriginal and Torres Strait Islander Health Worker Training Package Products on scope, 2016-2019



Source: NCVET VOCSTATS, accessed September 2020.

- Reasons for non-completion of qualifications and skill sets (including micro-credentials).
  - Where students complete qualifications or skill sets, what was the purpose of undertaking them (e.g. finding employment, upskilling)?

**Note:** Completion and non-completion rate (%) data for individual qualifications is not available via NCVET VOCSTATS. The number of completions across qualifications is therefore provided instead however please note they should not be compared to enrolment counts in Table 1. NCVET enrolment counts include first year commencements (new students) and continuing enrolments in their second or higher year undertaking the qualification, and this means the comparison of enrolment to completions in one year may make the completion level look artificially low (for qualifications where the student is likely to be enrolled for more than one calendar year).

Table 2: Total number of completions (Total VET Activity [TVA]) by nationally recognised qualifications on scope – Aboriginal and Torres Strait Islander Health Worker Training Package Products, 2016-2019

Qualification	2016	2017	2018	2019
HLT20113 - Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	83	49	67	61
HLT30113 - Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	64	73	74	63
HLT40113 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	42	24	39	5
HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	148	181	150	176
HLT50113 - Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	5	4	6	5

HLT50213 - Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	1	16	9	2
HLT60113 - Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	-	-	-	-

**Source:** NCVET VOCSTATS, accessed September 2020.

**Note:** 1. From 2018 onwards, Registered Training Organisations (RTOs) were required to submit enrolment and completion data for all qualifications to NCVET. Thus 2018 and 2019 represent more complete sets of data, compared to previous years where data may underrepresent the true counts of enrolments and completions for a qualification. The 2016 and 2017 data is shown for indicative purposes only. 2. Public RTO and private RTO data is included in the enrolment and completion data. 3. The 2019 completion data is preliminary based on what was available at the time of reporting and may not represent final outcomes for the full calendar year.

The NCVET 2019 Student Outcome survey<sup>17</sup> reveals that the most popular reasons in general for undertaking a qualification are work-related (85%), particularly to get a job (31%), as many qualifications link to specific job roles. The Aboriginal and Torres Strait Islander Health Worker Training Package qualifications link to specific job roles and so it is likely a popular reason for undertaking a qualification is work-related.

The NCVET Student Outcome survey provides the following information in relation to the broad health sector and among those who completed a health-related qualification, 86% were satisfied with the overall quality of the training; and 85% achieved their main reason for doing the training. These results suggest highly positive perceptions towards the training being worthwhile for those who do complete the qualification.

Where insights are available regarding non-completion<sup>18</sup> for VET in general, the main reasons are due to training related reasons (32%) and within this that the training did not meet expectations (13%). The other main reasons for non-completion were due to personal reasons (22%) and because the student got what they wanted from the training (22%).

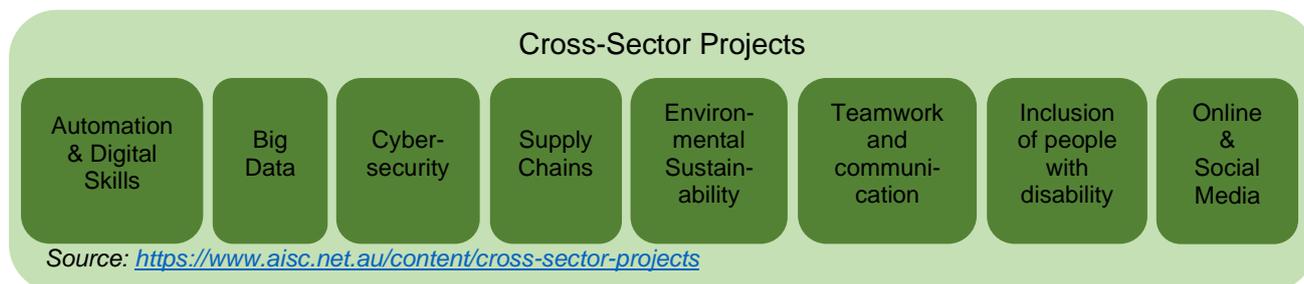
Results from SkillsIQ's 2020 Future Skills Survey showed that individuals often chose this area of study due to a personal experience of health concerns within their family. Another important reason mentioned for studying such qualifications was related to the type of work the job roles represented and it was a way to give back to the community. Some concerns were expressed about financial constraints preventing more people from undertaking the training.

Reasons why employees involved in Aboriginal and Torres Strait Islander Health Worker roles had undertaken micro-credentials included to respond to new technology, to remain competitive, and to meet highly specific training needs.

<sup>17</sup> Source: VET student outcomes 2019 (NCVER 2019) <https://www.ncver.edu.au/research-and-statistics/publications/all-publications/vet-student-outcomes-2019>

<sup>18</sup> The NCVET Student Outcome survey report uses the term "subject completers" for students who complete a subject when enrolled in a qualification but do not complete the full qualification.

6. Identify, where possible, opportunities for use of cross-sector units developed by the AISC.



Throughout the year, ongoing consideration for using cross-sector units is given by the Aboriginal and Torres Strait Islander Health Worker IRC. Currently the packaging rules for the qualifications in scope align to the specialised nature of requirements within the Aboriginal and Torres Strait Islander health workforce and cross-sector units are considered where applicable.

7. If there are jobs that have experienced changes in skill requirements, provide evidence for these changes and their impact.

The IRC is undertaking a review of Aboriginal and Torres Strait Islander Health Worker Training Package Products in consultation with sector stakeholders. One area of particular focus involves the examination of the skills needs of the workforce with the current qualifications to help identify and determine what updates are required to ensure training is aligned with industry needs for job roles.

8. Identify barriers to employers hiring apprentices and trainees. Are employers using alternative pathways/labour strategies to address these barriers?

Insights from SkillsIQ's *2020 Future Skills Survey* revealed that some employers of Aboriginal and Torres Strait Islander Health Workers are hiring apprentices or trainees for a number of reasons including:

- To fill a specific role
- To train individuals to the organisation's requirements
- Traineeships are part of an organisation's 'training culture'.

Apprenticeships and traineeships are also considered beneficial for employing staff into junior roles and providing this staff with progression pathways to undertake more advanced VET qualifications.

Employers in this specific sector have experienced difficulties recently when recruiting an apprentice or trainee with the key challenges being **limited applicants**, a **lack of existing workers**, and **remoteness of location**. Employers in the survey also mentioned challenges with supporting trainees to complete the training.

Examples of what employers are doing to fill traineeship vacancies include:

- Using trials to determine whether an individual is suitable to become a trainee
- Holding the position open while waiting for someone appropriate to apply
- Hiring an unskilled worker and providing internal training
- Providing non-VET types of training to individuals.

## 9. Other relevant activities.

The Aboriginal and Torres Strait Islander Health Worker Training Package Products are currently being updated. This update includes the following seven qualifications and associated Units of Competency:

- HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- HLT50113 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- HLT60113 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care.

## Section B Ongoing Consultation

A widespread multi-channel consultation involving the stakeholders tabled below has been conducted to identify key developments across the Aboriginal and Torres Strait Islander Health Worker sector reported in this Annual Update. Stakeholders listed represent members of the Aboriginal and Torres Strait Islander IRC.

Consultation activities involved:

- A. ongoing engagement and validation with industry and stakeholders
- B. collection of industry intelligence
- C. promotion of the VET system
- D. cultivating and maintaining networks and partnerships with industry including engagement in rural and regional areas.

Entity Name	Sector	State	Rural / Regional / Remote (RRR)	Activity
<i>Stakeholder name</i>	<i>Stakeholder Organisation</i>	<i>State, multi-state or national?</i>	<i>Is stakeholder located in RRR areas or does it represent RRR interests?</i>	<i>SSO activity as per dot points above</i>
Warren Locke	Department of Health, Queensland	QLD	RRR	A, B, C, D
Karl Briscoe	National Aboriginal & Torres Strait Islander Health Worker Association	National	RRR	A, B, C, D
Joanne Lesiputty	Aboriginal and Torres Strait Islander Practice Centre, ACT Health Directorate	ACT		A, B, C, D
Leigh Svendsen	Health Services Union (HSU)	National	RRR	A, B, C, D
Roberta Mongoo	Marr Mooditj Training	WA	RRR	A, B, C, D
Chris Eldridge	Queensland Aboriginal and Islander Health Council (QAIHC)	QLD	RRR	A, B, C, D
Iris Raye	Department of Health, Northern Territory	NT	RRR	A, B, C, D
Karrina DeMasi	Aboriginal Medical Services Alliance Northern Territory (AMSANT)	NT	RRR	A, B, C, D
Jodie Davis	Australian Nursing & Midwifery Federation (ANMF)	National	RRR	A, B, C, D
Jess Styles	National Aboriginal Community Controlled Health Organisation (NACCHO)	National	RRR	A, B, C, D
Brenton Rodgers	Department of Health	National		A, B, C, D

**Note:**

1. Approximately 40 stakeholders participated in national scoping activities for the Training Package Product review project. Feedback from stakeholders was gathered via multiple channels including workshops, webinars, an online survey and email submissions.
2. Over 600 stakeholders participated in SkillsIQ's 2020 Future Skills Survey, with a small number representing organisations in the Aboriginal and Torres Strait Islander Health Worker sector. The survey was administered as a research tool to provide stakeholders with a confidential and anonymised channel to input their views and opinions on the topics questioned. In accordance with the Australian Market and Social Research Society (AMSRS) Privacy Principles regarding anonymity of participation in survey research, the individual names and organisations of respondents are not disclosed.

## Section C Proposed New Work

No new projects are proposed in this update.

