

Which Aboriginal and Torres Strait Islander primary health care worker roles should be regulated based on an assessment of risk to the public?

What qualifications should be regarded as the appropriate educational preparation for the registration of these practitioners?

A discussion paper from the

Aboriginal and Torres Strait Islander Health Practice  
Board of Australia

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## **Acknowledgement**

This project was managed by AHPRA's Kate Milbourne from its commencement. Sadly, Kate passed away suddenly on 15 September 2012. I would like to take this opportunity to acknowledge Kate's excellent contribution to the success of this project.

### **Peter Pangquee**

Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia

## Have your say! How to provide input

Write or email your submission to us by 5.00 pm Australia Eastern Daylight Time (AEDT) on **Friday 22 February 2013**.

Make sure that you let us know whether your comments are being made on behalf of an individual or an organisation.

If you or your organisation would like your submission to be treated confidentially, please indicate this clearly on the document by marking it 'private and confidential'. However, please be aware that any submission may be subject to release under the *Freedom of Information Act 1989*.

Your input will inform the deliberations of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) and the advice the Board provides to the Australian Health Workforce Ministerial Council (Ministerial Council).

**Send your feedback, comments, submission or a completed questionnaire (at the back of this Discussion Paper) by 5.00 pm AEDT on Friday 22 February 2013 to:**

### Mail

Executive Officer  
Aboriginal and Torres Strait Islander Health Practice Board of Australia  
GPO Box 9958  
Melbourne VIC 3001

or

### Email

[atsihpboardconsultation@ahpra.gov.au](mailto:atsihpboardconsultation@ahpra.gov.au)

## Copies of this Discussion Paper

Copies of this Discussion Paper can be accessed via the internet at <http://www.atsihealthpracticeboard.gov.au/News/Consultations.aspx>.

If you need a hard copy of this Discussion Paper posted to you, email your request to [atsihpboardconsultation@ahpra.gov.au](mailto:atsihpboardconsultation@ahpra.gov.au).

## Foreword by Board Chair

Aboriginal and Torres Strait Islander primary health care workers currently work in a diverse range of roles including clinical and non-clinical roles.

In 2009 the Ministerial Council decided that Aboriginal and Torres Strait Islander Health Workers in clinical roles would be included in the National Registration and Accreditation Scheme (the 'National Scheme'), under the Aboriginal and Torres Strait Islander Health Practice Board of Australia, with the protected titles of '*Aboriginal and Torres Strait Islander health practitioner*', '*Aboriginal health practitioner*' and '*Torres Strait Islander health practitioner*'.

Health practitioner regulation is in place to protect the public by ensuring that only health practitioners who have the skills, qualifications and knowledge to provide safe care are registered. Under the National Scheme practitioners register once, renew yearly, and can practise anywhere in Australia (within the scope of their registration). The qualification currently required for registration as an Aboriginal and Torres Strait Islander Health Practitioner is the *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)*, or equivalent as determined by the Board.

Whilst in the first year of implementing regulation for Aboriginal and Torres Strait Islander Health Practitioners has concentrated on those Aboriginal and Torres Strait Islander Health Workers who are working in clinical roles dealing with the physical health of patients, it is timely for the Board to explore whether there are other types of Aboriginal and Torres Strait Islander Health Worker roles that present risks to the public, and therefore, require regulation and, if so, explore the appropriate educational preparation for those roles. To help explore this question further, the Board has released this Discussion Paper to better understand the roles that Aboriginal and Torres Strait Islander primary health care workers are undertaking, what risks to patients are associated with these roles, and what qualifications adequately prepare these Aboriginal and Torres Strait Islander Health Workers for these roles.

In undertaking this work the Board would like to acknowledge the funding contribution of Health Workforce Australia, the Australian Government, and the key stakeholders who contributed to this work.

I look forward to receiving your views.

Mr Peter Pangquee

Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia

15 January 2013

## Definitions

In this Discussion Paper, the following terms are defined as follows:

- ‘Aboriginal and/or Torres Strait Islander Health Practitioner’** means an Aboriginal and/or Torres Strait Islander person who is registered by the Aboriginal and Torres Strait Islander Health Practice Board of Australia to practise as an Aboriginal and/or Torres Strait Islander Health Practitioner under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), and use the titles:
- Aboriginal Health Practitioner
  - Aboriginal and Torres Strait Islander Health Practitioner, or
  - Torres Strait Islander Health Practitioner.
- ‘Aboriginal and Torres Strait Islander Health Worker’** means a person who:
- a. identifies as an Aboriginal and/or Torres Strait Islander person and is recognised by their community as such,
  - b. is the holder of the minimum (or higher) qualification in Aboriginal and Torres Strait Islander primary health care, and
  - c. has a culturally safe and holistic approach to health care. (Source: Recommendation 1 from Health Workforce Australia’s *Growing Our Future Final Report*.)
- ‘Primary health care’** means the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. (Source: World Health Organisation, 1978)
- ‘Queensland Aboriginal Health Worker Isolated Practice Authorisation’** means the authorisation provided by the *Health (Drugs and Poisons) Regulation 1996 (Qld)* for Aboriginal and Torres Strait Islander Health Workers who:
1. hold a Diploma of Aboriginal and Torres Strait Islander Primary Health Care (Generalist) ASF 5 or higher in a recognised Health Science from a college of technical and further education or a certified equivalent qualification from an Australian Quality Training Framework registered training provider, AND
  2. have successfully completed the Isolated Practice *Health (Drugs and Poisons) Regulation 1996* Course (delivered by the Cunningham Centre, Toowoomba) or a certified equivalent course of training for the accreditation of registered nurses for practice in an isolated practice area:
    - a. to obtain, possess, or administer a controlled or restricted drug under a drug therapy protocol\* on the oral or written instruction of a doctor, nurse practitioner or

- physician's assistant,
- b. to administer or support a Scheduled 2 or Scheduled 3 poison under a drug therapy protocol\*, and
  - c. in areas of local governments forming isolated practice areas as defined by the *Health (Drugs and Poisons) Regulation 1996 (Appendix 5)*.

\*Drug Therapy protocols are specified in the Queensland *Primary Clinical Care Manual (PCCM)*.

**'Clinical practice'**

means direct clinical care of patients, using the current knowledge, skills and attitudes of the profession, whether remunerated or not, and regardless of job title (Source: The Board's Grand Parenting Provisions Registration Standard).

**'Practice'**

means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. (Source: The Board's Recency of Practice Registration Standard.)

## Purpose of this document

This Discussion Paper explores whether there is a need to expand the range of work roles for which Aboriginal and Torres Strait Islander primary health care workers need registration, with the assessment of the need for registration based on the level of risk such practitioners may present to the public if not regulated.

The Board is seeking feedback on whether the regulation of Aboriginal and Torres Strait Islander Health Practitioners, under the National Law, should be expanded to include Aboriginal and Torres Strait Islander primary health care workers working in roles other than clinical roles focusing on the physical health of patients. For example, these may include, but are not limited to, Aboriginal and Torres Strait Islander primary health care workers practising in areas of mental health, alcohol and other drugs, social and emotional wellbeing, maternal health, men's health and sexual health.

To help explore these roles further, the Board encourages stakeholders to consider the following questions.

- What work are Aboriginal and Torres Strait Islander primary health care workers currently undertaking?
- What risks to patients are associated with that work?
- What qualifications do Aboriginal and Torres Strait Islander primary health care workers who undertake this work normally have to work in these roles? Are these qualifications adequate?
- If the conclusion is that these Aboriginal and Torres Strait Islander primary health care workers should be regulated, what qualification or qualifications should be the approved qualification(s) for registration?

Feedback from stakeholders and other interested parties on this Discussion Paper will help the Board consider this matter and provide advice to the Ministerial Council.



## Chapter 1 – National registration

### What is National registration?

On 1 July 2010 (18 October 2010 in Western Australia), the National Registration and Accreditation Scheme (the National Scheme) commenced operation under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The role of the National Scheme is to regulate health practitioners and register students undertaking programs of study providing a qualification for registration in a health profession; or undertaking clinical training in a health profession. For the professions included, the National Scheme replaced registration in individual states and territories with national registration.

The first professions to be included in the National Scheme, in July 2010, were those that were already regulated in each state and territory – chiropractic, dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry, and psychology.

Under the National Law, a further four ‘partially regulated’ professions – Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, and occupational therapy – were included in the National Scheme on 1 July 2012. Unlike the first ten professions, the partially regulated professions were only registered in some states and territories.

The objectives of the National Scheme are:

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered,
- (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction,
- (c) to facilitate the provision of high quality education and training of health practitioners,
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners,
- (e) to facilitate access to services provided by health practitioners in accordance with the public interest, and
- (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

In essence, health practitioner regulation is in place to protect the public.

### Deciding which professions to regulate – the criteria and risk matrix

In 2009, the Ministerial Council decided to include Aboriginal and Torres Strait Islander Health Practice in the National Scheme. This decision was informed by national consultation and an assessment of the profession against the Australian Health Minister Advisory Council (AHMAC) criteria, designed to assess which health professions should be regulated. The criteria incorporated a public benefit test, i.e. whether the benefits of regulation to the public clearly outweigh the potential negative impact.

To warrant national registration, a profession must satisfy all six of the AHMAC criteria. Although national registration may have a number of benefits for both the regulated profession and for its individual practitioners, the guiding principles used by AHMAC in 2009 to determine which partially regulated professions should be included in the National Scheme, were:

- the sole purpose of occupational regulation is to protect the public interest, and
- the purpose of regulation is not to protect the interests of health occupations.

The individual AHMAC criteria are:

- Criterion 1 Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question?
- Criterion 2 Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
- Criterion 3 Do existing regulations or other mechanisms fail to address health and safety issues?
- Criterion 4 Is it possible to implement regulation for the occupation in question?
- Criterion 5 Is it practical to implement regulation for the occupation in question?
- Criterion 6 Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

In 2009, a risk matrix was also used as part of the assessment for regulation. The criteria in the matrix were:

1. putting an instrument, hand or finger into a body cavity,
2. procedures below dermis, mucous membrane, in or below surface of cornea or teeth,
3. prescribing a scheduled drug, supplying a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses scheduled drugs,
4. administering a scheduled drug or substance by injection,
5. supplying substances for ingestion,
6. primary care practitioners who see patients with or without a referral from a registered practitioner,
7. treatment commonly occurs without others present, and
8. patients commonly required to disrobe.

As part of the October 2008 national consultation process to assess the inclusion of partially regulated health professions into the National Scheme, above, the National Aboriginal Community Controlled Health Organisation's (NACCHO) submission<sup>1</sup> supported the inclusion of *all* Aboriginal and Torres Strait Islander Health Workers into the National Scheme, not only those in clinical roles. In addition, NACCHO's submission<sup>2</sup> to the July 2009 national consultation process on the Exposure Draft of the National Law supported restrictions on the use of the following titles under the National Law:

Aboriginal Health Worker,  
 Aboriginal and/or Torres Strait Islander Health Worker,  
 Aboriginal and/or Torres Strait Islander Health Care Practitioner, and  
 Aboriginal and/or Torres Strait Islander Community Care Practitioner.

NACCHO argued that the activities of *all* Aboriginal and Torres Strait Islander Health Workers pose a significant risk of harm to the health and safety of the public in accordance with the AHMAC criteria.

<sup>1</sup> [www.ahwo.gov.au/natreg-prp-28th.asp](http://www.ahwo.gov.au/natreg-prp-28th.asp) accessed on 27 December 2012

<sup>2</sup> [www.ahwo.gov.au/natreg-billsubs.asp?folder=documents%2FNational+Registration+and+Accreditation%2FBill+B+Submission%2FN](http://www.ahwo.gov.au/natreg-billsubs.asp?folder=documents%2FNational+Registration+and+Accreditation%2FBill+B+Submission%2FN), accessed on 27 December 2012

To support this position, NACCHO's submission stated that Aboriginal and Torres Strait Islander Health Workers may perform the following tasks:

- Utilise appropriate medical equipment to measure vital signs, identify and report significant variations from normal, and recognise signs and symptoms of a range of health conditions through performing health assessments in line with standard protocols,
- Undertake physical examinations supported by appropriate educational best practice knowledge and experience which aligns with organisational procedures and protocols such as standard infection control and occupational health and safety requirements,
- Consideration of a range of factors that may impact on client health when undertaking clinical assessment, including identification of non-clinical factors that may potentially explain test variations and repeat assessments, if required,
- Use, maintain and regularly clean medical equipment in accordance with generic Occupational Health and Safety Standards, Infection Control Guidelines and organisation policies,
- Provide clients with information regarding each examination/test to be undertaken together with the rationale for its use,
- Initiate clinical tests in response to a range of triggers in line with medical best practice, organisational policies and informed consent and agreement with the client,
- Consult relevant allied professionals and review available documentation in relation to obtaining better health outcomes for clients,
- Collect and send specimens for pathology testing in line with standard procedures,
- Inform clients regarding findings relating to physical examination and pathology testing in line with organisation policies and procedures, and
- Provide clients with information relevant to promoting and maintaining health in a manner they readily understand.

### **The Regulatory Impact Statement**

In 2009, AHMAC published the *Regulatory Impact Statement for the Decision to Implement the Health Practitioner Regulation National Law* (the RIS). The RIS assessed the regulatory impact of various options available to governments, following an Intergovernmental Agreement (IGA) to establish the National Scheme. This was approved by the Council of Australian Governments (COAG) after a stakeholder consultation process.

While the scope of practice of Aboriginal and Torres Strait Islander primary health care workers is very broad and varies significantly across and within different jurisdictions; in 2009, the RIS only considered registration of Aboriginal and Torres Strait Islander primary health care worker in a limited scope of practice. For regulation purposes, the RIS focused on practitioners involved in clinical practice in certain states and territories: the Northern Territory; South Australia; Queensland and Western Australia; where workers operate in more advanced clinical roles.

Aboriginal and Torres Strait Islander primary health care worker in these more advanced roles were viewed as posing a greater risk to public safety because they were often the first line, and sometimes the only source, of health care in a community, particularly in remote areas. The RIS established that the scope of practice of these Aboriginal and Torres Strait Islander Health Workers included:

- providing emergency first aid,
- possessing, prescribing and dispensing medications,

- performing complex clinical observations, and
- undertaking specialist areas of health care – including managing renal dialysis, undertaking clinical tests, immunisation and intravenous therapy.

In considering the more advanced roles against the six AHMAC criteria, the RIS recommended to Health Ministers that Aboriginal and Torres Strait Islander primary health care workers in clinical roles should be regulated.

### **Stakeholder consultation**

Before drafting the RIS, a consultation process was undertaken.

All submissions received in relation to inclusion in the National Scheme during the consultation period were to the effect that professional regulation would enhance public protection. The submissions argued that inclusion in the National Scheme was necessary to guarantee delivery of high quality health services by appropriately qualified professionals.

It was also noted that these services were being provided to an extremely disadvantaged group of people within the Australian community. A key theme was that not regulating Aboriginal and Torres Strait Islander primary health care workers in clinical roles would leave certain communities, which could least afford it, with a lower standard of care and lower levels of protection than that afforded to other members of the Australian community.

### **Outcome**

The Ministerial Council considered feedback from stakeholders and the RIS recommendation, and agreed that Aboriginal and Torres Strait Islander primary health care workers in clinical roles should be regulated.

## Chapter 2 – Education and scope of practice

### Introduction

The Board was appointed by the Ministerial Council in July 2011. A list of current Board members appears in [Attachment A](#).

From its appointment, the Board had twelve months to prepare for the commencement of regulation of the profession. One of the first actions of the Board was to undertake a wide-ranging consultation process on registration standards for the profession. Under section 38 of the National Law, the Board must develop and recommend to the Ministerial Council mandatory registration standards, and any other standards relevant to the eligibility of individuals for registration in the profession.

### Setting the registration qualification standard

Following the consultation process, the Board proposed that the qualification required for national registration as an Aboriginal and Torres Strait Islander Health Practitioner would be set at the *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)* (the '*Certificate IV (Practice)*') or equivalent. The main reasons for choosing this qualification were as follows:

- This qualification is specifically designed to prepare Aboriginal and Torres Strait Islander primary health care workers to work in clinical roles. The Board considered that this is also the appropriate qualification to ensure that practitioners are suitably trained and qualified to practise in a competent and ethical manner in clinical roles, thus providing for the protection of the public.
- The adoption of the *Certificate IV (Practice)* as the relevant qualification for registration was strongly supported during the public consultation process and was unanimously supported by the Board.
- Setting the qualification at this level was consistent with the Ministerial Council's agreement in August 2009 to include the partially regulated profession of Aboriginal and Torres Strait Islander Health Practitioners in the National Scheme because Aboriginal and Torres Strait Islander primary health care workers in clinical roles pose a potential risk to public safety.
- This qualification had been identified by the former Aboriginal Health Workers Board of the Northern Territory (the NT Board) as the appropriate minimum qualification for registration, given that Aboriginal Health Workers in the Northern Territory are often based in remote areas and are required to carry out clinical activities that have the potential to pose a risk to public safety, including, but are not limited to, dispensing medications, carrying out invasive procedures, and assessing clients independently. The Northern Territory Board set the qualification for registration at the *Certificate IV (Practice)* level, to ensure the education and competency levels for these Aboriginal and Torres Strait Islander Health Workers met the needs of their clients.

Although the Board will accept some other qualifications, or a combination of other qualifications, for registration purposes, these qualifications are currently carefully mapped against the competencies assessed for the *Certificate IV (Practice)*.

### Considering other qualifications

During the consultation process, there was some feedback that argued that the *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)* (the '*Certificate IV (Community Care)*') should also be included as a qualification leading to registration. The Board agreed that once national registration commenced on 1 July 2012, further work would need to be done to consider whether this qualification was adequate for the purposes of registration.

## Education framework

Aboriginal and Torres Strait Islander primary health care workers are employed in diverse roles, providing a vital link between Aboriginal and Torres Strait Islander people and primary health care services. They are employed within government health services, Aboriginal Community Controlled Health Organisations (ACCHOs) and in other organisations, e.g. Medicare Locals. In these environments they support individuals, families and community groups within the clinical and primary health care context.

The roles of Aboriginal and Torres Strait Islander primary health care workers vary greatly depending on the employer and the jurisdiction in which they are practising. For example, Aboriginal and Torres Strait Islander primary health care workers employed in the government sector generally concentrate on health promotion and illness prevention programs, having less clinically-focused roles than those in ACCHOs. However, Aboriginal and Torres Strait Islander primary health care workers in, for example, remote Queensland and the Northern Territory are performing roles with high levels of clinical responsibility.<sup>3</sup>

The Council of Australian Government's (COAG's) *Closing the Gap* initiative has seen the establishment of a range of new positions, such as Aboriginal and Torres Strait Islander outreach workers, healthy lifestyle workers and tobacco workers designed to target chronic disease. Again, there is a wide variation in these positions. While some of these new Aboriginal and Torres Strait Islander Health Workers perform similar roles to Aboriginal and Torres Strait Islander primary health care workers with an emphasis on clinical, complex and acute care; in New South Wales and the ACT their roles focus mainly on health promotion programs and cultural brokerage activities.

A qualification in Aboriginal and/or Torres Strait Islander Primary Health Care is required to become an Aboriginal and Torres Strait Islander Health Worker. The current educational framework has been designed to prepare workers at the Certificate II level onwards for occupation titles through the respective Practice and Community Care streams:

<b><i>Certificate IV (Practice)</i></b>	<b><i>Certificate IV (Community Care)</i></b>
<ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander Health Practitioner</li><li>• Aboriginal Health Practitioner</li><li>• Torres Strait Islander Health Practitioner</li><li>• Senior Aboriginal Health Worker</li><li>• Senior Torres Strait Islander Health Worker</li></ul>	<ul style="list-style-type: none"><li>• Aboriginal Health Worker (Community Health)</li><li>• Torres Strait Islander Health Worker (Community Health)</li><li>• Senior Aboriginal Health Worker</li><li>• Senior Torres Strait Islander Health Worker</li><li>• Community Health Worker (Aboriginal and/or Torres Strait Islander Health)</li><li>• Stolen Generations Worker</li><li>• Aboriginal Hospital Liaison Officer</li><li>• Aboriginal Health Education Officer</li></ul>

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<sup>3</sup> HWA Report 2011

## Clinical or community care roles

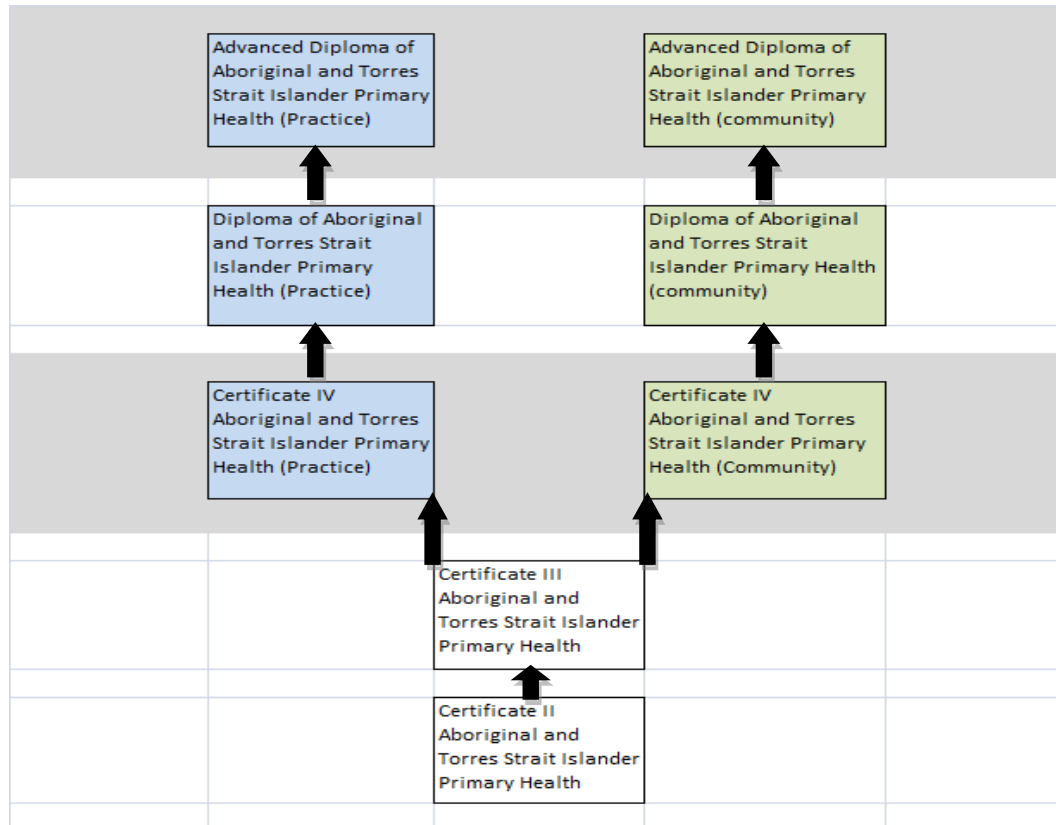
As identified in the diagram below, the Aboriginal and Torres Strait Islander Primary Health Care qualification current splits into two streams at the Certificate IV level<sup>4</sup>.

The *Certificate IV (Practice)* is designed to encompass clinical practice. It includes compulsory and prerequisite competency units covering: infection control, assessment of physical well-being, planning, implementing and monitoring health care, working with medicines and providing specific nutrition advice. The unit *HLTAHW406B Work with Medicines* is a compulsory unit that prepares graduates to possess, prescribe and administer medications in line with the legislative, regulatory and organisational requirements, in a multi-disciplinary team, with Aboriginal and Torres Strait Islander clients.

In contrast, the *Certificate IV (Community Care)* was designed to prepare workers for a broad range of community care roles. For example, graduates of the *Certificate IV (Community Care)* qualification are frequently employed in client/visitor liaison roles for hospitals and health clinics, in arranging and coordinating the provision of health care in Aboriginal and Torres Strait Islander community health clinics, undertaking community health education and in patient transportation.

Importantly, the *Certificate IV (Community Care)*, on its own, does not include a clinical component, or prepare graduates to work with medicines. However, it does encompass assessment, planning and implementation of basic health care, social and emotional support, social determinants of health, establishment and monitoring of case plans and orientation to alcohol and/or other drugs, and mental health work.

**Figure 1: Aboriginal and Torres Strait Islander Primary Health Qualification Streams**



<sup>4</sup> At the time of writing this Discussion Paper, the Community Services and Health Industry Skills Council (CS&HISC) had commenced a review of the HLT07 Health Training Package for Aboriginal and/or Torres Strait Islander Health Workers.

### **Certificate IV (Community Care) qualification**

The evidence suggests that some Aboriginal and Torres Strait Islander primary health care workers (with) the *Certificate IV, (Community Care)* do undertake clinical activities such as chronic disease management, provision of acute care, health assessments and administration of immunisations.

It is noted that there are a number of elective units that can be undertaken as part of the *Certificate IV (Community Care)* which can help to prepare Aboriginal and Torres Strait Islander Health Workers for roles that include either a clinical role or elements of clinical practice.

Attachment B maps the *HLT44007 Certificate IV (Community Care)* qualification, including possible electives, against the *Practice* qualification.

A wide-range of elective units are available including a number of “Group A” electives which are prerequisites for diploma level units in social and emotional well-being, alcohol and/or other drugs, mental health work, and sexual health.

Although beyond the scope of this Discussion Paper, review of the education framework for Aboriginal and Torres Strait Islander primary health care workers could assist in defining roles, and therefore, the need for regulation. It is worth noting, though, that at the time of writing this Discussion Paper, the Community Services and Health Industry Skills Council (CS&HISC) had commenced a review of the HLT07 Health Training Package for Aboriginal and/or Torres Strait Islander Health Workers. This review included feedback from submissions made directly to CS&HISC and from stakeholders at the CS&HISC national forums, held in June 2012.

### **Up skilling**

Recently, the Board has considered the requirements for up skilling Aboriginal and Torres Strait Islander primary health care workers with the *Certificate IV (Community Care)* against the current required qualification, the *Certificate IV (Practice)*. The Board decided that, on its own, the *Certificate IV (Community Care)* does not include a clinical component or prepare graduates to work with medicines and direct client care. The Board further decided that those who hold *Certificate IV (Community Care)* and wish to meet the eligibility requirements for registration would need to successfully complete a minimum of the following five core units from the *Certificate IV (Practice)*:

- *HLTAHW403B Plan and Implement Health Care in a Primary Health Care Context*
- *HLTAHW404B Monitor Health Care*
- *HLTAHW401B Assess Client's Physical Well Being*
- *HLTAHW406B Work with Medicines, and*
- *HLTAHW405B Deliver Primary Health Care Programs for Aboriginal and/or Torres Strait Islander Communities.*

### **Other qualifications**

In Queensland, Aboriginal and Torres Strait Islander Health Workers practicing in Cape York and the Torres Strait/Northern Peninsula are employed in complex clinical roles with differing models of care. These workers are **not** required by their employer to have a *Certificate IV (Practice)* qualification. Instead, these workers may have a range of alternative qualifications. However, to be authorised to possess, administer and supply drugs and poisons, an Aboriginal and Torres Strait Islander Health Worker must hold a *Diploma in Aboriginal and Torres Strait Islander Primary Health Care (Generalist)* or a certified equivalent qualification and have completed an



*Isolated Practice Health (Drugs and Poisons) Regulation 1996* Course or a certified equivalent course of training for the accreditation of registered nurses for practice in an isolated practice area.

Aboriginal and Torres Strait Islander Health Workers with these qualifications are authorised to possess, administer and supply medications in accordance with Queensland's *Indigenous Health Worker Drug Therapy Protocols* (defined in the *Primary Clinical Care Manual*) on the oral or written instruction of a doctor, nurse practitioner or physician's assistant and only in defined local government areas for isolated practice in Queensland.

Although further investigation and a comparative analysis is required, there is some indication that the Isolated Practice Authorisation course requirements are at least consistent with those of the *Certificate IV (Practice)* qualification with respect to working with medicines. If this is indeed the case, it may be concluded that a *Diploma or Advanced Diploma level course*, together with an Isolated Practice Course qualification, may provide adequate preparation for an Aboriginal and Torres Strait Islander Health Worker to perform clinical work within a clear and defined scope of practice.

## Chapter 3 – Risk to public safety

### Introduction

To determine whether regulation should be extended to Aboriginal and Torres Strait Islander primary health care workers in roles that do not involve clinical care focused on physical health, the Board will need to consider what aspects of the roles of Aboriginal and Torres Strait Islander Health Workers present risks to public safety. In order to do so, the Board will need to take into consideration AHMAC's six criteria and the risk matrix (as listed on p. 9-10, above).

Roles most likely to meet these criteria, that is, those that pose a risk to public safety, are those that work with vulnerable populations, for example, people with mental health issues, alcohol and/or drug problems, or in the area of sexual, child or maternal health.

It should be noted that the Board continues to exercise some caution in widening the scope of practice for which registration is required so as to guard against any unintended consequences, such as imposing unnecessary requirements and constraints on the wider Aboriginal and Torres Strait Islander Health Worker workforce. Additional constraints may deter people from working in these critical health roles or impact upon workforce flexibility. If this were to occur, it could lead to reduced access to primary health care services for Aboriginal and Torres Strait Islander peoples.

### Risks to public safety associated with community care roles

To meet the AHMAC criteria, the activities of an occupation or role, among other things, must pose a significant risk of harm to the health and safety of the public. As previously stated, the range of roles currently undertaken by Aboriginal and Torres Strait Islander primary health care workers is very broad, making it difficult to make an assessment based purely on the qualification or title alone.

It is clear that many roles currently undertaken by Aboriginal and Torres Strait Islander Health Workers are not clinically-based, and therefore, do not meet the AHMAC criteria, or the risk matrix requirements.

Through this consultation process, the Board wishes to better understand which non clinically based primary health care roles involve a risk to the public, what work is being done and what qualifications Aboriginal and Torres Strait Islander Health Workers who undertake this work normally have. If the conclusion is that these Aboriginal and Torres Strait Islander primary health care workers should be regulated, the Board wishes to identify what qualifications, or combination of qualifications are adequate preparation for these roles.

### Risks to public safety associated with clinically-oriented community care roles

Clinically-focused Aboriginal and Torres Strait Islander Health Workers meet the risk to public safety requirements within the risk matrix.

Roles that focus on mental health, sexual health, and alcohol and/or drugs do not meet all the risk matrix requirements; however, they may meet those requirements not associated with medication administration.

Furthermore, there may be a risk to public safety because these roles work with vulnerable populations. The clients these Aboriginal and Torres Strait Islander primary health care workers see do not require a referral from a registered health practitioner and treatment commonly occurs without others present. Thus, there may be an argument that the benefits of regulation for these groups outweigh the potential negative impact of regulation.

### **Are there any other mechanisms already in place?**

There are existing mechanisms in place to address complaints about unregulated Aboriginal and Torres Strait Islander primary health care workers across Australia in the form of Health Complaints Commissions and the criminal justice system.

Are these adequate, or is there a need for greater regulation?

Is it better to retain the current mechanisms to deal with concerns about these unregulated Aboriginal and Torres Strait Islander Health Workers or should these Health Workers be required to undergo a screening process, such as applying for registration, in advance of being able to practice? It is noted that supervision of these Aboriginal and Torres Strait Islander primary health care workers by registered health practitioners is not consistently available and there is no national or professional peak body currently administering self regulation.

We are seeking your views as part of this consultation – see “Discussion questions” section, below.

### **Complaint rates**

Complaint rates for Aboriginal and Torres Strait Islander primary health care workers across Australia are difficult to assess as the profession has not been regulated nationally until recently and a large percentage of the workforce remains unregulated, and therefore, data has not been collected. Information from the previous regulatory board for Aboriginal Health Workers in the Northern Territory suggests that there were complaints against Aboriginal Health Workers. This suggests there is a need to regulate this profession to enhance public safety.

### **Options for regulation**

The options for unregulated Aboriginal and Torres Strait Islander primary health care workers or a subset of Aboriginal and Torres Strait Islander primary health care workers are:

1. Continue with current arrangements, utilising existing complaints mechanisms and the criminal justice system, or
2. Introduce a system of negative licensing<sup>5</sup>. Governments are currently investigating this option for unregulated health occupations and it could be utilised when it becomes available, or
3. Expand the regulation of Aboriginal and Torres Strait Islander Health Practitioners, under the National Law, to include Aboriginal and Torres Strait Islander primary health care worker working in non clinical or less clinical roles.

We are seeking your views as part of this consultation – See “Discussion questions” section, below.

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<sup>5</sup> One definition of ‘Negative Licensing’ is a process whereby individuals or organisations are excluded from operating in a particular market or carrying out a particular industry function. This can be an effective means of excluding those individuals or organisations which, in the past, have demonstrated that they cannot meet the requirements of industry performance.

## Discussion questions

**What are the types of roles Aboriginal and Torres Strait Islander primary health care workers currently undertake in your work area?**

**What qualifications do Aboriginal and Torres Strait Islander primary health care workers who undertake this work normally have?**

**Are these qualifications adequate preparation for the role? If not, why not?**

**What, if any, of the following activities are undertaken by Aboriginal and Torres Strait Islander primary health care workers in these roles? Please tick**

1. putting an instrument, hand or finger into a body cavity,
2. procedures below dermis, mucous membrane, in or below surface of cornea or teeth,
3. prescribing a scheduled drug, supplying a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses scheduled drugs,
4. administering a scheduled drug or substance by injection,
5. supplying substances for ingestion,
6. primary care practitioners who see patients with or without a referral from a registered practitioner,
7. treatment commonly occurs without others present, and
8. patients are commonly required to disrobe.

**What other risks to patients are associated with the type of work being undertaken by Aboriginal and Torres Strait Islander primary health care workers?**

**What mechanisms are in place to deal with complaints against primary health care workers in these roles? Are these mechanisms adequate?**

**Which of the following options for unregulated Aboriginal and Torres Strait Islander primary health care workers do you think is the most appropriate?**

- (a) Continue with current arrangements, utilising existing complaints mechanisms and the criminal justice system, or
  
- (b) Introduce a system of negative licensing. Or
  
- (c) Expand the regulation (including the requirements for registration) of Aboriginal and Torres Strait Islander Health Practitioners, under the National Law, to include Aboriginal and Torres Strait Islander primary health care worker working in non clinical or less clinical roles.

**If you think that a wider range of Aboriginal and Torres Strait Islander primary health care workers should be regulated, what qualification or qualifications should be the approved qualification(s) for registration? Please explain why.**

**What are the risks to public safety with this qualification?**

**Are there any other comments you would like to make?**

## References

1. Australian Health Ministers' Advisory Council, Regulatory Impact Statement for the Decision to Implement the Health Practitioner Regulation National Law—  
3 September 2009 (see related links at <http://www.ahmac.gov.au/site/home.aspx> Accessed 8/08/2012)
2. Health Workforce Australia, *Growing Our Future - Final Report of the Aboriginal and Torres Strait Islander Health Worker Project*—December 2011 (<https://www.hwa.gov.au/sites/uploads/a-tsi-hwa-final-report-201208.pdf> ) Accessed 9/08/2012)
3. Community Services and Health Industry Skills Council –Draft Discussion Paper - *Impact of implementation of the Aboriginal and Torres Strait Islander Health Worker Qualifications in NSW* –  
4 November 2008 ([https://www.cshisc.com.au/docs/R&PProjects/discussionpaper-nswahwimpact\\_4nov08.pdf](https://www.cshisc.com.au/docs/R&PProjects/discussionpaper-nswahwimpact_4nov08.pdf) Accessed 21/08/2012)
4. Warren Bartik & Angela Dixon, *Aboriginal and Torres Strait Islander mental health training opportunities in the bush* – 2005  
(<http://www.abc.net.au/rural/events/ruralhealth/2005/papers/8nrhcfinalpaper00235.pdf> Accessed 21/08/2012)

## Attachment A

Members of the Aboriginal and Torres Strait Islander Health Practice Board of Australia:

Peter Pangquee (Chair)	Practitioner member	Northern Territory
Clare Anderson	Community member	Australia Capital Territory
Karrina DeMasi	Community member	Northern Territory
Sharon Milera	Practitioner member	South Australia
Lisa O'Hara	Practitioner member	New South Wales
Renee Owen	Practitioner member	Victoria
Jenny Poelina	Practitioner member	Western Australia
Jane Schwager	Community member	New South Wales
* <i>Vacant</i>	Practitioner member	Queensland

*\*Note: A vacancy was created by the resignation of the practitioner member from Queensland. The process of filling this vacancy is in progress.*

## Attachment B

See separate document.





## HLT44007 CERTIFICATE IV IN ABORIGINAL AND/OR TORRES STRAIT ISLANDER PRIMARY HEALTH –COMMUNITY CARE

AHPRA Project 2 –Mapping Critical Units- Stage 1/ ADDITIONAL TWO (2) UNITS

*Mapping of Additional two (2) Elective Units that may be identified as 'Critical Units' by Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)*

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# HLT44007 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)

## Modification History

HLT07 Version 4	HLT07 Version 5	Comments
HLT44007 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)	HLT44007 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)	Updated in V5 Clarification in wording of entry requirements

## Description

This qualification covers workers who provide a range of primary health care services to Aboriginal and/or Torres Strait Islander clients, including specific health care programs.

These workers can be expected to flexibly assume a variety of job roles and undertake a broad range of tasks. This qualification is suited to Australian Apprenticeship pathways.

Occupational titles for these workers may include, for example:

- Aboriginal health worker community health
- Senior Aboriginal health worker
- Community health worker (Aboriginal and/or Torres Strait Islander health)
- Aboriginal hospital liaison officer
- Torres Strait Islander health worker community health
- Senior Torres Strait Islander health worker
- Stolen generations worker
- Aboriginal health education officer

Aboriginal and Torres Strait Islander health work is an emerging area of work and occupational titles for those working in this area vary according to jurisdictional and workplace requirements.

## Recognition

All workers are to be given the opportunity to have their competencies recognised prior to undertaking any training. Assessment should focus on demonstration of the critical aspects of evidence and underpinning knowledge and skills identified in the units of competency.

## Pathways Information

Not Applicable

## Licensing/Regulatory Information

Not Applicable

### **Entry requirements**

This qualification is proposed for workers with some breadth and depth of skills and knowledge in assessment and treatment of a wide range of presenting health problems for Aboriginal and/or Torres Strait Islander clients and communities.

Workers seeking enrolment in or credit for this qualification must be able to demonstrate competence in the following units of competency from **HLT33207 Certificate III in**

#### **Aboriginal and/or Torres Strait Islander Primary Health Care:**

1. HLTAHW301B Work in Aboriginal and/or Torres Strait Islander Primary Health care context
2. HLTAHW302B Facilitate communication between clients and service providers
3. HLTAHW304B Undertake basic health assessments
4. HLTAHW305B Plan and implement basic health care
5. HLTAHW306B Provide information about social and emotional support
6. HLTF301C Apply first aid
7. HLT0HS300B Contribute to OHS processes

#### **Work application**

Certificate IV may be regarded by jurisdictions as the level at which an Aboriginal and/or Torres Strait Islander health worker may function independently.

To be assessed as competent in this qualification, individual workers are required to undertake supervised work placements in a primary health care setting, supplemented where required by simulated practical application of skills and knowledge. Individuals must demonstrate consistency of performance over time to achieve competency outcomes.

#### **The importance of culturally aware and respectful practice**

All workers undertaking work in health need foundation knowledge to inform their work with Aboriginal and/or Torres Strait Islander clients and co-workers and with clients and co-workers from culturally and linguistically diverse backgrounds. This foundation must be provided and assessed as part of a holistic approach to delivery and assessment of this qualification. Specific guidelines for assessment of this aspect of competency are provided in the Assessment Guidelines for the Health Training Package.

## Employability Skills Summary

Refer to the Topic: Introduction to the Employability Skills Qualification Summaries

### Packaging Rules

#### PACKAGING RULES

14 units of competency are required for award of this qualification, including:

- **9 core units**
- **5 elective units** A wide range of elective units is available, including:
  - **Group A electives which are recommended as a basis for proceeding to focus at diploma level on social and emotional well-being, alcohol and other drugs (AOD) and/or mental health work**
  - Other relevant electives listed below
  - Units of competency to address workplace requirements and packaged at the level of this qualification or higher in Health and/or Community Services Training Packages
  - Where appropriate, to address workplace requirements, up to 2 units of competency packaged at the level of this qualification or higher in other relevant Training Packages

#### Core units Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)

BSBWOR204A Use business technology

**CHCAOD402B Work effectively in the alcohol and other drugs sector (1)**

CHCCM402D Establish and monitor a case plan

CHCCS400C Work within a relevant legal and ethical framework

**CHCMH301B Work effectively in mental health (2)**

or

**CHCMH411A Work with people with mental health issues (2)**

HLTAHW303B Advocate for the rights and needs of community members

HLTAHW402B Assess and support client's social and emotional well being

HLTAHW408B Address social determinants of Aboriginal and/or Torres Strait Islander health

HLTAHW409B Deliver health promotion programs for Aboriginal and/or Torres Strait Islander communities

#### Relevant electives

The following units of competency may be relevant electives for both qualifications:

- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)

Additional electives may be selected in line with the packaging rules for each certificate.

Electives selected must:

- not be core units of competency specified for this qualification
- be different from units of competency that have contributed to a lower level qualification
- build on pre-requisites where specified

#### Please note

- Certain electives may be specified as mandatory for specific work
- Employers may specify that they prefer (or require) staff to have certain elective units of competency for specific work roles

### **Group A electives - recommended basis for SEWB, AOD or mental health focus**

The following group of units of competency is recommended as a basis for proceeding to focus at Diploma level on social and emotional well-being, alcohol and other drugs (AOD) and/or mental health work

CHCCOM403A Use targeted communication skills to build relationships

**CHCCS521B Assess and respond to individuals at risk of suicide (3)**

CHCDFV301A Recognise and respond appropriately to domestic and family violence

**HLTAHW410B Work in AOD and mental health with Aboriginal and/or Torres Strait Islander communities (4)**

HLTCSD306D Respond effectively to behaviours of concern

### **Other relevant electives**

The sample electives below are grouped for ease of access. Electives may be selected from any group and employers may specify that their employees should be competent in particular groupings of electives.

#### **Other social and emotional well-being electives**

CHCTC403A Provide telephone counselling in crisis situations

CHCTC404A Provide competent suicide intervention in a telephone counselling context

CHCYTH301E Work effectively with young people

CHCYTH402B Work effectively with young people in the youth work context

CHCYTH403B Support young people to create opportunities in their lives

CHCYTH404D Support young people in crisis

### **Mental health, alcohol and other drugs (AOD) and associated electives**

**CHCAOD406E Work with clients who are intoxicated (9)**

CHCAOD407D Provide needle and syringe services

**CHCAOD408B Assess needs of clients with alcohol and/or other drugs issues (5)**

**CHCAOD409DE Provide alcohol and/or other drug withdrawal services (10)**

**CHCAOD510A Work effectively with clients with complex alcohol and/or other drugs issues (6)**

**CHCMH408B Provide interventions to meet the needs of consumers with mental health and AOD issues (7)**

CHCMH504D Provide a range of services to people with mental health issues

**HLTAHW309B Assist with substance misuse care (8)**

HLTAHW421B Provide information about mental health

HLTCSD306D Respond effectively to difficult or challenging behaviour

HLTPOP403C Provide information on smoking and smoking cessation

HLTPOP404C Provide interventions to clients who are nicotine dependent

### **Family violence electives**

- CHCCHILD401A Identify and respond to children and young people at risk
- CHCCHILD404A Support the rights and safety of children and young people
- CHCDFV403C Provide crisis intervention and support to those experiencing domestic and family violence
- CHCDFV404C Promote community awareness of domestic and family violence
- CHCDFV406C Provide domestic and family violence support in Aboriginal and Torres Strait Islander communities
- CHCDFV408C Provide support to children affected by domestic and family violence

### **Service delivery and case management electives**

- CHCCHILD401A Identify and respond to children and young people at risk
- CHCCHILD404A Support the rights and safety of children and young people
- CHCCM402D Establish and monitor a case plan
- CHCCS401C Facilitate responsible behaviour
- CHCCS403B Provide brief intervention
- CHCCS419B Provide support services to clients
- CHCCS422A Respond holistically to client issues and refer appropriately
- CHCCS503A Develop, implement and review services and programs to meet client needs
- CHCLLN403A Identify clients with language, literacy and numeracy needs and respond effectively
- HLTAHW427B Supervise individual workers

### **Health promotion electives**

- CHCPROM401B Share health information
- CHCPROM502B Implement health promotion and community intervention
- HLTAHW411B Plan, develop and evaluate health promotion for Aboriginal and/or Torres Strait Islander communities

### **Specific content electives for education/promotion campaign delivery**

- HLTAHW407B Provide nutrition guidance for specific health care
- HLTAHW412B Provide information and strategies to promote nutrition for good health
- HLTAHW413B Provide information and strategies in sexual health for men
- HLTAHW414B Provide information and strategies in sexual health for women
- HLTAHW415B Provide information and strategies in chronic disease care
- HLTAHW416B Provide information and strategies in maternal and child health
- HLTAHW417B Provide information and strategies in eye health
- HLTAHW418B Provide information and strategies in hearing and ear health
- HLTAHW419B Provide information and strategies in preventing communicable disease
- HLTAHW420B Provide information and strategies in substance misuse
- HLTAHW421B Provide information about mental health
- HLTAHW422B Provide information and strategies to strengthen families
- HLTAHW423B Provide information and strategies in oral health
- HLTAHW424B Provide information and strategies in palliative care
- HLTAHW425B Provide information and strategies in disability care
- HLTAHW429B Provide healthy lifestyle programs and advice
- HLTAHW430A Provide information and support around cancer
- HLTAHW431A Provide information and support to women with breast cancer

### **Advocacy/liaison/community support/development electives**

- CHCCD412B Work within a community development framework
- CHCCD413D Work within specific communities
- CHCCD514A Implement community development strategies
- CHCCD618B Facilitate the development of community capacity to manage place
- CHCPOL301B Participate in policy development
- CHCPOL402B Contribute to policy development
- HLTAHW310B Respond to emergencies
- HLTAHW408B Address social determinants of Aboriginal and/or Torres Strait Islander health
- HLTAHW501B Facilitate access to tertiary health services

HLTPOP307C Provide information and support on environmental health issues  
HLTPOP322C Implement a disaster plan

**'Practice' electives**

HLTAHW401B Assess client's physical well being  
HLTAHW403B Plan and implement health care in a primary health care context  
HLTAHW406B Work with medicines  
HLTFA412A Apply advanced first aid (Note pre-requ: HLTFA311A)  
HLTIN301C Comply with infection control policies and procedures  
HLTOHC408B Apply fluoride varnish (Note pre-requ: HLTIN301C)  
HLTWHS401A Maintain workplace WHS processes  
HLTPAT306D Perform blood collection  
HLTPAT308D Identify and respond to clinical risks associated with pathology specimen collection  
SIRPDIS003A Assist in dispensary operations

**Specific electives for research**

CHCPOL403B Undertake research activities  
HLTAHW307B Identify community health issues, needs and strategies  
HLTAHW428B Maintain community health profile

**Specific electives for nutrition**

HLTAHW407B Provide nutrition guidance for specific health care  
HLTAHW411B Plan, develop and evaluate health promotion for Aboriginal and/or Torres Strait Islander communities  
HLTAHW412B Provide information and strategies to promote nutrition for good health  
HLTAHW416B Provide information and strategies in maternal and child health  
HLTAHW429B Provide healthy lifestyle programs and advice  
TAEDEL401A Plan, organise and deliver group-based learning

**Education/training electives**

CHCCS427A Facilitate adult learning and development  
TAEASS301B Contribute to assessment  
TAEASS401B Plan assessment activities and processes  
TAEASS402B Assess competence  
TAEDEL301A Provide work skill instruction  
TAEDEL401A Plan, organise and deliver group-based learning  
TAEDEL402A Plan, organise and facilitate learning in the workplace

**Other oral health electives**

CHCOHC303A Use basic oral health screening tools  
CHCOHC401A Inform and encourage clients and groups to understand and achieve good oral health  
CHCOHC402A Support clients and groups to learn practical aspects of oral health care  
CHCOHC404A Recognise and respond to signs and symptoms that may indicate oral health issues  
CHCOHC406A Provide or assist with oral hygiene (Note pre-requ: HLTIN301C or CHCWHS312A)  
CHCOHC407A Apply and manage use of basic oral health products





## HLT44007 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)

Aboriginal and Torres Strait Islander health workers are a diverse group who cover a wide range of clinical and non-clinical roles. The Certificate IV (Community) is a very broad qualification which prepares people for roles in social and emotional well-being but also for roles in health promotion and nutrition advice.

This mapping has been undertaken to assist the Board to explore whether the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care) qualification should be included under the definition of Aboriginal and Torres Strait Islander health practitioner or whether registration should be expanded to include practitioners who require this qualification to practice in a **drug and alcohol or mental health service delivery role**.

**The following units have been identified as reflecting the work of Aboriginal Health workers who provide drug and alcohol or mental health services to individuals and/or community members.**

### Core Units from Certificate IV (Community Care) (2) units

1. CHCAOD402B Work effectively in the alcohol and other drugs sector
2. CHCMH301C Work effectively in mental health *or*  
CHCMH411A Work with people with mental health issues (**Choose one**)

### Mental health, alcohol and other drugs (AOD) and associated electives (8) Units

3. HLTAHW410B Work in AOD and mental health with Aboriginal and/or Torres Strait Islander communities (Group A Elective)
4. CHCCS521B Assess and respond to individuals at risk of suicide (Group A Elective)
5. CHCAOD408B Assess needs of clients with alcohol and/or other drugs issues
6. CHCAOD510B Work effectively with clients with complex alcohol and/or other drugs issues
7. CHCMH408C Provide interventions to meet the needs of consumers with mental health and AOD issues
8. HLTAHW309B Assist with substance misuse care
9. CHCAOD406E Work with clients who are intoxicated (Additional unit)
10. CHCAOD409E Provide alcohol and/or other drug withdrawal services (Additional Unit)

## Overview of Additional two (2) units of competence

### Mental health, alcohol and other drugs (AOD) and associated electives

Unit Name (Work Task)	Unit Description	Evidence Requirements
<p>1. CHCAOD406E  <b>Work with clients who are intoxicated</b>                      (Additional unit)</p>	<p>This unit describes the knowledge and skills required to work with alcohol and/or other drug affected clients in a range of settings including :</p> <ul style="list-style-type: none"> <li>• night patrols, detoxification/ withdrawal units and</li> <li>• sobering up shelters</li> </ul>	<p><b>Demonstrated ability to :</b></p> <ul style="list-style-type: none"> <li>• Provide a service to intoxicated clients <b>By <u>assessing level of intoxication and nature and extent of drug use</u></b>  <b><u>Where necessary, provide first aid and seek assistance from a health professional</u></b></li> <li>• <b><u>Monitoring client's physical state regularly in accordance with organisation policies and procedures to ensure health and safety</u></b></li> <li>• Assist client with longer term needs</li> <li>• Apply strategies to reduce harm or injury</li> </ul> <p><b>The individual being assessed must provide evidence of:</b></p> <ul style="list-style-type: none"> <li>• The individual being assessed must provide evidence of specified essential knowledge as well as skills</li> <li>• Where work is undertaken with clients, assessment should include demonstration of competency on the job or in a workplace environment</li> <li>• Competence in this unit must be assessed over a period of time in order to ensure consistency of performance across contexts applicable to the work environment</li> <li>• Consistency in performance should consider the work environment, worker's role and responsibilities in the workplace</li> </ul>

Unit Name (Work Task)	Unit Description	Evidence Requirements
<p>CHCAOD409E</p> <p>Provide alcohol and/or other drug withdrawal services (Additional Unit)</p> <p><b>Mental health, alcohol and other drugs (AOD) and associated electives (9)</b></p>	<p>This unit describes the knowledge and skills required to</p> <ul style="list-style-type: none"> <li>provide support and assistance to people going through the process of withdrawing from alcohol, tobacco or other drugs, including combinations of these</li> <li>Withdrawal services may be non-medical <b>or provide pharmacological relief under relevant legislative guidelines</b></li> <li>Services may be residential or home-based</li> </ul>	<p><b>Demonstrated ability to :</b></p> <ul style="list-style-type: none"> <li>Check needs of clients</li> <li>Support management of withdrawal by <ul style="list-style-type: none"> <li>2.2 <b><i>Monitoring client's physical state regularly in accordance with policies and legislation to ensure health and safety</i></b></li> <li>2.3 <b><i>Monitoring client's fluid and nutrition intake in accordance with organisation policies and procedures and under appropriate professional supervision</i></b></li> <li>2.5 <b><i>Documenting signs of concurrent illness and refer to the appropriate person or medical officer</i></b></li> <li>2.7 <b><i>Undertaking consultation with medical officer in accordance with organisation policies and procedures and relevant legislation</i></b></li> </ul> </li> <li>Evaluate client withdrawal</li> <li>Assist clients with ongoing harm minimisation</li> </ul> <p><b>The individual being assessed must provide evidence of:</b></p> <ul style="list-style-type: none"> <li>The individual being assessed must provide evidence of specified essential knowledge as well as skills</li> <li>Competency must be demonstrated in a real work environment</li> <li>Competence in this unit must be assessed over a period of time in order to ensure consistency of performance across contexts applicable to the work environment</li> <li>Consistency in performance should consider the work environment, worker's role and responsibilities in the workplace</li> </ul>

## Mapping of Essential Knowledge -Additional Two (2) Electives

1. CHCAOD406E Work with clients who are intoxicated
2. CHCAOD409E Provide alcohol and/or other drug withdrawal services (Additional Unit)

ESSENTIAL KNOWLEDGE	CHCAOD406E	CHCAOD409E	Range Statement
Alcohol and other drug use and symptoms	√		<p><b>Assess may include:</b></p> <ul style="list-style-type: none"> <li>• Immediate drug history</li> <li>• Orientation to person, place, time</li> <li>• Level of consciousness</li> <li>• Breath analysis</li> </ul> <p><b>Behaviour or physical state inconsistent with alcohol and other drugs use may include:</b></p> <ul style="list-style-type: none"> <li>• Evidence of physical illness or injury</li> <li>• Evidence of mental illness</li> <li>• Behaviour inconsistent with drug use history obtained from client</li> <li>• Assessment of personal risk to client</li> </ul>
Drugs around in the local community	√		
Protective/risk management strategies	√	√	
Strategies for dealing with aggressive clients	√	√	
Other agencies and services provided	√	√	
Recent and relevant information on alcohol and other drugs issues	√	√	
Use of breath analysis equipment	√		
<b>Concurrent medical illnesses which may mimic/mask withdrawal</b>	√	√	
Organisation protocols for residential withdrawal and any restrictions on clients, such as contact with family and friends and curfews		√	
Organisation protocols for home-based withdrawal such as home environment supportive of withdrawal outcomes		√	
<b>Signs and symptoms of AOD withdrawal</b>		√	<p><b>Behaviour and physical symptoms inconsistent with drug use includes:</b></p> <ul style="list-style-type: none"> <li>• Evidence of physical illness or injury</li> <li>• Evidence of mental illness</li> <li>• Behaviour inconsistent with drug use history obtained from client</li> </ul>

ESSENTIAL KNOWLEDGE	CHCAOD406E	CHCAOD409E	Range Statement
Responses to the stages of withdrawal such as referral to hospital, massage and relaxation tapes		√	
Backup resources such as access to medical officer and access to hospital		√	

### Mapping of Essential Skills- Additional Two (2) Electives

ESSENTIAL SKILLS	CHCAOD406E	CHCAOD409E
<p><b><i>It is critical that the candidate demonstrate the ability to:</i></b></p> <ul style="list-style-type: none"> <li>Demonstrate first aid certification or equivalent skills (as per unit HLTF311A Apply first aid) including:</li> <li>cardio pulmonary resuscitation (CPR)</li> <li>bandaging</li> <li>managing toxic substances</li> <li>managing bleeding</li> <li>managing broken bones</li> <li>managing consciousness</li> <li>managing choking and knowledge of coma positions</li> </ul>	√	√
Work with intoxicated clients in a manner that ensures personal safety and that of others	√	√
Apply a non-judgemental approach to clients regardless of alcohol and/or other drug use	√	√
<p>Demonstrate the application of skills in:</p> <ul style="list-style-type: none"> <li>conflict resolution</li> <li>negotiation</li> <li>self-protection</li> </ul>	√	√
<ul style="list-style-type: none"> <li>Maintain a calm and reassuring manner when communicating with intoxicated people</li> </ul>	√	√
Maintain documentation as required, including effective use of relevant information technology in line with work health and safety (WHS) guidelines	√	√