TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

PERSONAL PORTFOLIO OF TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

For Aboriginal & Torres Strait Islander Health Workers & Health Practitioners
The Greater Northern Australia Regional Training Network (GNARTN) is a cross-jurisdictional collaboration between the Western Australia, Queensland and Northern Territory Departments of Health, made possible by funding provided by the Australian Government Health Department.

This report was commissioned by the GNARTN Council. The findings, outcomes and recommendations of this report do not constitute agreement or endorsement from the individual partners or governments who are party to the GNARTN Council and/or its processes.

Under agreement between GNARTN and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), this resource remains the property of GNARTN. GNARTN grants NATSIHWA a license to copy, distribute, revise and publish further updates to these resources, with appropriate acknowledgement.

The original work of the NT Government is gratefully acknowledged in regard to the development of this product. GNARTN wishes to thank all those who have contributed to the development and review of this Personal Portfolio of Training and Continuing Professional Development. Special thanks is extended to key contributors including:

Esther-Rose Seaton ATSIHP Education & Training, Department of Health NT Government
Peter Pangquee Department of Health NT Government
John Smoker WA Health Department
Helen Hewitt National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
Karen Mounsey Apunipima Cape York Health Council
Chris Eldridge Queensland Aboriginal and Islander Health Council (QAIHC)
Jenny Poelina Kimberley Aboriginal Medical Services Council (KAMSC)
Erin Lewfatt Aboriginal Medical Services Alliance Northern Territory (AMSANT)
Catrina Felton-Busch Indigenous Health Unit, James Cook University
Neroli Stayt Greater Northern Australia Regional Training Network (GNARTN)
Raelene Beale Central Australian Remote Health Development Services Ltd (CARHDS)

GNARTN Project Governance Group

Ms Wendy Ah Chin Executive Director, Aboriginal Policy & Stakeholder Engagement Division NT Department of Health
Ms Helen Hewett Corporate Manager National Aboriginal and Torres Strait Islander Health Worker Association
Ms Sally Thompson Chief Executive Officer Adult Learning Australia
Mr Peter Pangquee Board Chair Aboriginal and Torres Strait Islander Health Practice Board
Mr John Smoker Project Manager Aboriginal Health Worker Up-Skilling Project WA Department of Health
Dr Scott Davis Senior Director GNARTN
Ms Amanda Hammer Acting Director Clinician Workforce Futures Queensland Department of Health
Ms Lisa Crouch Senior Project Officer GNARTN

Document sign off

Name Dr Scott Davis
Position Senior Director, GNARTN Date 24/12/2014

Document endorsed

GNARTN Project Governance Group Date 04/12/2014
Enquiries concerning this report and its reproduction should be directed to:

Senior Director, Greater Northern Australia Regional Training Network (GNARTN)
Post PO Box 6811, Cairns QLD 4870
Telephone 07 4042 1747
Email director@gnartn.org.au
Internet www.gnartn.org.au

Chief Executive Officer, National Aboriginal and Torres Strait Islander Health Worker Association
Post PO Box 729, Mawson ACT 2607
Telephone 1800 200 800
Email info@natsihwa.org.au
Internet www.natsihwa.org.au

Suggested citation:
Greater Northern Australia Regional Training Network (2013), Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, Personal Portfolio of Training & Continuing Professional Development.


This project was possible due to funding made available by Commonwealth Department of Health
Foreword

In 2014, the Greater Northern Australia Regional Training Network (GNARTN) Council commissioned the development of a set of educational resources to support the ongoing continuing professional development (CPD) of Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners.

The role of the Aboriginal and/or Torres Strait Islander Health Worker and Practitioner is critical in providing culturally safe and holistic, client centred health care services in many regional, rural and remote communities. While the roles of both Practitioner and Worker are diverse, varied and highly dependent on the context in which they are working, there is a growing body of literature which recognises that both Practitioners and Workers are essential to improving health outcomes for Aboriginal and Torres Strait Islander people along the continuum of care.

Prior to 2012, within the Northern Territory (NT), an Aboriginal Health Worker registered as a Health Practitioner had a clearly defined scope of practice and the capacity to administer a limited range of medications in accordance with the NT Poisons and Dangerous Drugs Act. In addition, they undertook complex health interventions as independent Practitioners, as well as providing cultural brokerage as part of the multi-disciplinary health professional team.

As a result of national registration, which came into effect from the 1st of July 2012, all Aboriginal and Torres Strait Islander Health Practitioners must be registered under the national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meet the Board's registration standards, in order to practice in Australia as a Health Practitioner.

For many Health Workers, emerging and or experienced, the recent Health Practitioners national registration has created significant professional opportunities throughout Australia, and will facilitate workforce mobility and improved career opportunities.

There is strong bi-partisan support for ensuring that Aboriginal and Torres Strait Islander people, no matter where they work and live, have improved access to employment and educational opportunities. In many rural and remote communities, the health sector remains a significant employer of Aboriginal and Torres Strait Islander peoples.

Furthermore, as a result of national registration there is a requirement to undertake continuous professional development (CPD) activities to maintain registration as a Health Practitioner.

GNARTN, in partnership with the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) and a range of government and non-government agencies in Northern Australia have recognised this emerging issue, and have via this project informed the development a suite of resources to support organisations and individuals to develop a culture of CPD development within their work practice, and tools to support individual Health Practitioners to plan and record CPD activities undertaken.

As a member of the Project Governance Group noted at a recent meeting, "While these resources have been developed in consultation with key stakeholders, it is recognised that each individual Practitioner and service organisation will have differing professional development requirements, and we encourage Aboriginal and..."
Torres Strait Islander Health Workers and Practitioners to adapt these resources to meet their local needs”.

All educational resources of this nature require regular review and refinement and to this end, we encourage individuals and organisations to provide comment and critique, so that future amendment can be made to these resources to ensure that they continue to respond to the needs of the profession and the services in which they are employed.

It is with great pleasure that NATSIHWA and GNARTN can provide these resources to you in your role as an Aboriginal and/or Torres Strait Islander Health Worker and/or Practitioner; to organisations that employ Aboriginal and/or Torres Strait Islander Health Workers and/or Practitioners; and to Registered Training Providers (RTOs) that deliver training.

The Greater Northern Australia Regional Training Network (GNARTN) and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) would like to thank all those individuals and organisations who have contributed to the development and review of these resources to ensure its usefulness as a resource for Aboriginal and/or Torres Strait Islander Health Workers and Practitioners across Greater Northern Australia and beyond.

If you wish to provide feedback and or recommendations on these resources please email admin1@natsihwa.org.au

We look forward to continuing to work with you in 2015,

Zell Dodd  
**Chief Executive Officer**  
NATSIHWA

Dr Scott Davis  
**Senior Director**  
GNARTN
This Personal Portfolio belongs to:


Contact details:

Address: ..........................................................................................................................................................

Phone: .............................................................................................................................................................

Email: ..............................................................................................................................................................

* IF FOUND, PLEASE RETURN FOLDER TO THE OWNER OR TO THE MANAGER OF THE NEAREST HEALTH CENTRE
Introduction: Purpose of this document

Personal Portfolio of Training and Continuing Professional Development

This Personal Portfolio of Training and Continuing Professional Development (CPD) has been developed as a reference and resource to assist individual Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in:

- Considering training options
- Planning continuing professional development
- Keeping a record of education, training, and continuing professional development documents
- Developing and maintaining a resume

Use of the document and USB stick

The Personal Portfolio of Training and Continuing Professional Development is a reference document designed to be inserted into a ring-folder, along with your:

- CPD Plan
- CPD and Training Certificates

An electronic copy of this reference document, your CPD plan and scanned copies of your CPD and training certificates may be kept on a USB stick for convenience.

Note:

- All of your training and CPD information is personal, private and confidential
- Keep your portfolio in a safe place, where it can be accessed for your reference
- Update your portfolio on completion of education and training, and/or ongoing continuing professional development activities
- Do not give away any original documents or certificates
- Copies of your original documents and/or certificates may be required for employment, registration and professional development purposes
- On some occasions you may be requested to show an original certificate. If so, the original document can be removed from the folder for this purpose and then returned to the folder – you are not required to provide the whole folder as this is your personal and private record of your training and CPD.
SECTION 1

Training to be an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner
The Role of Aboriginal and/or Torres Strait Islander Health Workers / Health Practitioners

Aboriginal and/or Torres Strait Islander Health Workers and Practitioners play a crucial role in the provision and promotion of health treatment, strategies and information. Their unique role reflects a number of important outcomes:

- Providing primary health care to Aboriginal and/or Torres Strait Islander clients and communities
- Encouraging Aboriginal and/or Torres Strait Islander clients and community to seek healthcare where they would not have normally done so through non-Aboriginal Community Controlled Health Organisations
- Contributing to addressing cross-cultural barriers between non-Aboriginal and/or Torres Strait Islander health professionals and Aboriginal and/or Torres Strait Islander clients and community
- Providing identified work positions for Aboriginal and/or Torres Strait Islander peoples
- Contributing to the overall improvement of the health, life expectancy and living conditions of Aboriginal and/or Torres Strait Islander peoples
- Opening up career pathways into other areas of health, such as nursing and allied health professions.

Health Worker/Health Practitioner training specifically highlights the context of Aboriginal and/or Torres Strait Islanders within primary health care, defined by the World Health Organisation as:

“Incorporating curative treatment given by the first contact provider along with promotional, preventive and rehabilitative services provided by multidisciplinary teams of health-care professionals working collaboratively”.

(Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978).

Aboriginal and/or Torres Strait Islander Health Workers may perform their work roles in a range of settings:

- Within health clinics, services and hospitals
- In Aboriginal Community Controlled Health Organisations (ACCHOs)
- In rural and remote locations, either through these services or as visiting services.

This recognises that all work is undertaken by Aboriginal and/or Torres Strait Islander Health Workers and Practitioners in the context of promotion, prevention, treatment and rehabilitation. Competencies focus on assessment, referral and treatment within a multidisciplinary team to promote and support Aboriginal and Torres Strait Islander health.

(Reference: Implementation Guide for HLT Health Training Package, p 41)
Regulation and Licensing Implications for Indigenous Health Workers

National registration of Aboriginal and/or Torres Strait Islander Health Practitioners as of 1 July 2012 saw for the first time that Aboriginal and/or Torres Strait Islander Health Workers, working under the title of Health Practitioners, were regulated. Registration is based on the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (HLT40213).

Previously the Northern Territory was the only jurisdiction in Australia which allowed registered Aboriginal Health Workers to operate as Health Practitioners with a defined scope of practice. In other states ‘Health Worker’ has been a term which has been used to describe a range of employment positions filled by Aboriginal and or Torres Strait Island peoples.

Currently many Health Workers are looking to update their qualification to allow them to register under the national legislation. If you currently hold some or all of the older qualifications, please contact your local RTO or discuss upskilling with your line manager.

“Registration is a way of ensuring that only Health Practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered”.

(Aboriginal and Torres Strait Islander Primary Health Practitioner Board of Australia, Communiqué, December 2012).

For further information about the regulation standards and requirements, visit
www.atsihealthpracticeboard.gov.au
What training options are available for Aboriginal and/or Torres Strait Islander Health Workers?

There are 7 qualifications that directly relate to the work of Health Workers and Practitioner; however there are many training pathways and options available; (talk to your line manager or nearest RTO for more information).

1. HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
2. HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
3. HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
4. HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (clinical)
5. HLT50113 Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care
6. HLT50213 Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (clinical)
7. HLT60113 Advanced Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care

Note: Those familiar with the old qualifications will note the removal of the term ‘community care’ from certain qualifications. This is to emphasise that all Aboriginal and/or Torres Strait Islander Health Workers perform their work in the context of primary health care and receive skills and knowledge specifically in primary health care.

Note: To register as a Health Practitioner, completion of the HLT40213 Certificate IV is required – if you already hold another qualification please contact your nearest RTO for assistance.

The addition of the word ‘practice’ in certain qualifications reflects the clinical aspects of primary health care, such as medication and more technical health treatment procedures.

(Community Services & Health Industry Skills Council: Learning Strategies Guide for Aboriginal and/or Torres Strait Islander Health Worker Qualifications – October 2013).

Training Options Overview

The following table provides an overview of each of the qualifications for Aboriginal and/or Torres Strait Islander Health Workers (left hand column).

In the right hand column, are some other health-related courses available at each level that you may like to consider doing.

These courses/qualifications may open up other career pathways of interest to you.
Tip: Find out what courses are available through TAFE or other Registered Training Organisations (RTO’s) in your area, and/or talk with your manager in your workplace.

### Training options for Aboriginal and/or Torres Strait Islander Health Workers / Health Practitioners

<table>
<thead>
<tr>
<th>Training options: Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner</th>
<th>Training Pathways</th>
<th>Some other health courses available at each level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HLT20113 - Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care</strong>&lt;br&gt;This qualification reflects the role of workers who undertake a range of tasks under direct supervision to support the provision of primary health care services to Aboriginal and/or Torres Strait Islander clients and communities. Such work will be performed as part of a health clinic, centre or service.</td>
<td>Certificate II</td>
<td>Other health Certificate II Courses&lt;br&gt;- Indigenous Environmental Health&lt;br&gt;- Population Health</td>
</tr>
<tr>
<td><strong>HLT30113 - Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care</strong>&lt;br&gt;This qualification reflects the role of Aboriginal and/or Torres Strait Islander people working at the entry level of primary health care for Aboriginal and/or Torres Strait Islander clients. Certificate III may be regarded by many jurisdictions as the minimum level for Aboriginal and/or Torres Strait Islander health work. In some jurisdictions, however, individuals may start at Certificate II level and when ready progress to Certificate III. The qualification structure for Certificate III supports both these options.</td>
<td>Certificate III</td>
<td>Other health Certificate III Courses&lt;br&gt;- Health Services Assistance - Assistant in Nursing&lt;br&gt;- Allied Health Assistant&lt;br&gt;- Basic Health Care&lt;br&gt;- Health Administration&lt;br&gt;- Hospital Health Services Pharmacy Support&lt;br&gt;- Preventive Health&lt;br&gt;- Population Health&lt;br&gt;- Indigenous Environmental Health&lt;br&gt;- Aged Care&lt;br&gt;- Disability</td>
</tr>
<tr>
<td>Training options: Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner</td>
<td>Training Pathways</td>
<td>Some other health courses available at each level</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>HLT40113 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care</strong></td>
<td><strong>Certificate IV Health Practitioner</strong>&lt;br&gt;must be registered with Aboriginal and Torres Strait Islander Health Practice Board</td>
<td><strong>Other health Certificate IV Courses</strong>&lt;br&gt;- Health Administration&lt;br&gt;- Health Supervision&lt;br&gt;- Hospital Health Services Pharmacy Support&lt;br&gt;- Allied Health Assistance&lt;br&gt;- Indigenous Environmental Health&lt;br&gt;- Mental Health&lt;br&gt;- Population Health&lt;br&gt;- Preventive Health&lt;br&gt;- Workplace assessment and training (Note: with this qualification, Health Practitioners can train/assess other Health Workers’ competencies on the job)</td>
</tr>
<tr>
<td>This qualification reflects the role of Aboriginal and/or Torres Strait Islander people working to provide a range of non-clinical primary health care services to Aboriginal and/or Torres Strait Islander clients and communities, including specific health care programs. &lt;br&gt;These workers can be expected to flexibly assume a variety of job roles and undertake a broad range of tasks either individually or as a member of a multidisciplinary team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HLT40213- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (CLINICAL)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This qualification reflects the role of Aboriginal and/or Torres Strait Islander people working to provide a range of clinical primary health care services to Aboriginal and/or Torres Strait Islander clients and communities. &lt;br&gt;These services include specific health care programs, advice and assistance with medication and administration of medication. &lt;br&gt;These workers can be expected to flexibly assume a variety of job roles and undertake a broad range of tasks either individually or as a member of a multidisciplinary team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>This qualification addresses the specific legislative responsibilities of Aboriginal and/or Torres Strait Islander Health Practitioners and is required for national registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Training options:
**Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner**

<table>
<thead>
<tr>
<th>Training Paths</th>
<th>Some other health courses available at each level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diploma</strong></td>
<td><strong>Other health Diploma courses</strong></td>
</tr>
<tr>
<td></td>
<td>• Nursing (Enrolled)</td>
</tr>
<tr>
<td></td>
<td>• Community Services (alcohol, other drugs and mental health)</td>
</tr>
<tr>
<td></td>
<td>• Community Services (mental health)</td>
</tr>
<tr>
<td></td>
<td>• Indigenous Environmental Health</td>
</tr>
<tr>
<td></td>
<td>• Population Health</td>
</tr>
<tr>
<td></td>
<td>• Preventive Health</td>
</tr>
</tbody>
</table>

**HLT50113 - Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care**

This qualification reflects the role of Aboriginal and/or Torres Strait Islander people working to provide a range of primary health care services to Aboriginal and/or Torres Strait Islander clients.

The Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care defines the knowledge and skills for workers involved in Aboriginal and/or Torres Strait Islander primary health care and who work autonomously under the broad guidance of others.

The Diploma qualification covers workers who have a sound basis of skills and knowledge in primary health care, which they may apply in **program delivery, management and policy or education functions**.

**HLT50213 - Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (CLINICAL)**

This qualification is specific to Aboriginal and/or Torres Strait Islander people working to provide a range of primary Health care services to Aboriginal and/or Torres Strait Islander clients.

The Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice defines the knowledge and skills for workers involved in Aboriginal and/or Torres Strait Islander primary health care and who work autonomously under the broad guidance of others.

The Diploma qualification covers workers who have a sound basis of skills and knowledge in primary health care practice, which they may apply in **clinical, management or education functions**.
**Training options: Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner**

**Training Pathways**

<table>
<thead>
<tr>
<th>Some other health courses available at each level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced Diploma</strong> / <strong>Associate Degree</strong></td>
</tr>
<tr>
<td>Other health Advanced Diploma Courses</td>
</tr>
<tr>
<td>• Nursing</td>
</tr>
<tr>
<td>(Enrolled Nurse)</td>
</tr>
</tbody>
</table>

**HLT60113 - Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care**

(SENIOR WITH ADVANCED PRIMARY HEALTH CARE OR MANAGEMENT SKILLS)

This qualification reflects the role of senior Aboriginal and/or Torres Strait Islander Health Workers working in primary health care positions to provide advanced primary health care skills or management of a health clinic or service.

The Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care qualification covers workers who integrate knowledge of Aboriginal and/or Torres Strait Islander primary health care into broader aspects of management and community development, contributing to policy-making and decision-making across the spectrum of service delivery.

**Most Universities and higher education providers will consider providing advance standing for Bachelor Degrees or other qualifications attained.**

**Contact your local University for further information**

**Bachelor Degree Courses**

- Registered Nurse (including courses to upgrade from an Enrolled Nurse with 1 year's credit)
- Dietetics and nutrition
- Medicine
- Occupational therapy
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Social work
- Radiation science
- Audiology
- Oral Health
<table>
<thead>
<tr>
<th>Training options:</th>
<th>Training Pathways</th>
<th>Some other health courses available at each level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner</td>
<td><strong>Bachelor Honours Degree</strong> / <strong>Graduate Certificate</strong> / <strong>Graduate Diploma</strong></td>
<td>From a Bachelor Degree Course (above), further study can be undertaken to obtain these additional qualifications:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact your local University for further information</td>
</tr>
<tr>
<td></td>
<td><strong>Masters Degree</strong></td>
<td>Contact your nearest University for more information on the range of courses available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact your local University for further information</td>
</tr>
<tr>
<td></td>
<td><strong>Doctoral Degree</strong></td>
<td>Contact your nearest University for more information on the range of courses available</td>
</tr>
</tbody>
</table>
About undertaking certificate training

Prerequisites and entry requirements

There are no prerequisites or mandatory entry requirements, allowing flexible entry points that reflect an entrant’s knowledge, skills and experience.

Competencies may be attained via:

- Formal or informal education and training
- Experiences in the workplace
- General life experience, and/or
- Any combination of the above

Transfer Credit

Currently there are no credit transfer arrangements between qualifications in Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner’s and higher education qualifications.

However, work is currently being carried out by Community Services and Health Industry Skills Council (CS&HISC) to work out credit transfer arrangements with various higher education intuitions. That means, at some point in the future, you may be able to get credit from your Health Worker / Health Practitioner qualifications towards, for example, a nursing degree.

Learning and Assessment

Learning and assessment pathways usually incorporate a mix of formal structured training and structured workplace experience with formative assessment activities through which candidates can acquire and demonstrate skills and knowledge from the relevant units of competency.

Structured learning and assessment programs may be:

- Group-based
- Work-based
- Project-based
- Self-paced
- Action learning-based
- Conducted by distance or e-learning and
- Involve practice and experience in the workplace
About undertaking certificate training continued

Work Placements

A mandatory work placement has been included in several qualifications in this training package.

Industry strongly supports the use of work placements for a number of reasons:

- To strengthen the individual’s experience of the workplace to support future expectations of performance in the workforce
- To develop practice skills and application of knowledge within the workplace to promote stronger embedding of learning
- To provide exposure to real workplace situations and circumstances which cannot be replicated in a learning environment or simulation

Where an Aboriginal and/or Torres Strait Islander Health Worker has undertaken a qualification involving a work placement, those hours may be counted towards another qualification. This is because there is an overlap of core units with the qualifications at Certificate III, Certificate IV and Diploma level.

However, a work placement of 50 hours for the Certificate II will not mean a decrease in the hours required for the Certificate III because there is no overlap of core units.

Opportunities to learn specific skills in the work environment are important because:

- They allow the student to see how a workplace functions in real time
- Work activity is given more meaning when performed in the workplace, rather than in simulation
- Activities performed during the placement are directly relevant to the outcomes of the competencies of course of study
- Students can see how other skills impact on specific work activities e.g. communication, time management, team work, problem solving
SECTION 2

Your
Continuing Professional
Development Plan
What is Continuing Professional Development (CPD)?

The Aboriginal and Torres Strait Islander Health Practice Board of Australia states that:

‘Continuing Professional Development is an interactive process to maintain and extend the practitioner’s knowledge, expertise and competence throughout their career. This is vital in the provision of safe and effective health services.’

Reference: Guidelines for continuing professional development

Why do I need to undertake CPD?

Under the National Law, all registered Aboriginal and Torres Strait Islander Health Practitioners must undertake CPD as a condition of registration. Currently the requirement is that all practicing Aboriginal and Torres Strait Islander Health Practitioners must complete a minimum of 10 hours of CPD per year and a minimum of 60 hours over three years towards maintaining and improving competence in their area of practice.

What If I’m not a registered practitioner?

1. While there is no requirement to undertake CPD, by undertaking CPD activities you, the Health Worker, can maintain and develop your knowledge, skills and competence (or clinical practice) to achieve improved health outcomes for your clients and the community

2. CPD is a way for you to develop clinical practice leadership skills and expertise in Aboriginal and Torres Strait Islander health

3. CPD can also assist you to achieve higher qualifications (e.g. Certificate 111; Certificate IV; Diploma)

4. Having higher qualifications provides you with opportunities to apply for a broader range of interesting and higher level positions
5. Life-long learning is an important part of being an Aboriginal and Torres Strait Islander Health Worker

For information about ongoing education and professional development opportunities, you can contact the National Aboriginal and Torres Strait Islander Health Worker Association.

Email: membership@natsihwa.org.au  
Website: www.natsihwa.org.au

For a List of RTO’s that provide the qualification to attain National registration as an Aboriginal and/or Torres Strait Islander Health Practitioner see link below

What is the role of CPD for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners?

The National Aboriginal and Torres Strait Islander Health Worker Association has developed “The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework”.

The Professional Practice Framework is a guide for Health Workers / Health Practitioners and those who work with them to describe the expectations of the Health Worker / Practitioner role.

Aims of the Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework

For Health Workers / Health Practitioners, the framework has been developed to provide guidance on what is expected of them on a day to day basis in their role.

This includes outlining their professional and ethical responsibilities in addition to their clinical and/or practice responsibilities.

This framework is intended to cover all Health Workers irrespective of their level of educational attainment.

This framework also recognises that Health Workers work across a variety of settings and often take on different areas of specialisation. It is for this reason that the framework has been left intentionally broad, however, it outlines the minimum level of knowledge and behaviours expected of Health Workers to perform their role.

The Framework also considers the different levels of experience of Health Workers from those who are new to the profession as well as those with greater levels of experience and training and outlines the different expectations for each level.

For those who work with Health Workers, this framework will assist in understanding what Health Workers do on a daily basis and what may be expected of them in their role, given their levels of experience.
Domains within the Professional Practice Framework

Providing culturally safe health care

- Knowing and respecting our history, context, culture and customs
- Engaging and consulting respectfully with the community and its elders
- Addressing local community health issues and needs
- Advocating for the rights and needs of the individual and the community
- Promoting culturally safe health care

Delivering health care in a holistic way

- Knowing how natural and built environments affect health
- Understanding the social, spiritual and cultural conditions which impact on emotional and physical wellbeing
- Providing social and emotional support in a holistic manner

Caring for the community

- Assessing, identifying and communicating health care needs considering community values, beliefs and protocols
- Implementing safe and appropriate care according to care planning principles
- Promoting self-determination and self-management
- Implementing effective health promotion and prevention strategies

Leading and developing self and others

- Promoting and advancing the Health Worker profession
- Reflecting on and developing own practice
- Understanding and developing the workplace
- Sharing and creating knowledge
- Collaborating and communicating with other health professionals

Practising in a professional and ethical way

- Practising ethically
- Understanding and practising within confidentiality guidelines
- Understanding and practising within legislative frameworks and policies
- Understanding and professionally managing relationships with family and community

Reference: http://www.natsihwa.org.au (Complete framework provided in the appendix of this document)
Aboriginal and/or Torres Strait Islander Health Workers/Practitioners play a crucial role in providing primary health care to Aboriginal and/or Torres Strait Islander clients and communities including:

- Provision of health treatment, strategies and information, and
- Promotion of health and wellbeing

Health Workers / Health Practitioners are the interface between the health service and the community. CPD provides the means for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to develop their skills and competencies to effectively:

- Provide culturally safe health care
- Deliver health care in a holistic way
- Care for the community
- Lead and develop self and others
- Practise in a professional and ethical way
Planning CPD

(Noote: Templates for planning your CPD can be found at the end of this section)

Health Workers / Health Practitioners developing their knowledge and skills to improve their professional practice

Improved professional practice supporting the delivery of health care, meeting the needs of the community, and achieving better health outcomes for community members

Things to consider in planning CPD

- Your current Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner qualifications, skills and competencies and how you would like to develop these
- Looking at other training options you may be interested in, and what skills and competencies you might need for these
- Identifying the knowledge and skills you want to develop within the Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner Professional Practice Framework
- What courses may be available through your workplace, at TAFE or other Registered Training Organisations in your local area

A useful way to think about and plan your CPD is to use a Reflective Practice Process. This process can be used to develop your skills and competencies throughout your whole career.

(The 5 Step CPD Reflective Practice Process is provided on the following page)
## 5 Step Reflective Practice Process

<table>
<thead>
<tr>
<th>Reflective Practice Process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical reflection on practice</strong></td>
</tr>
<tr>
<td>• Think about where you are now and look for learning opportunities</td>
</tr>
<tr>
<td>• What are your strengths and weaknesses?</td>
</tr>
<tr>
<td>• What do you need to know for your job?</td>
</tr>
<tr>
<td>• What skills do you need to develop?</td>
</tr>
<tr>
<td><strong>Identification of learning goals and needs</strong></td>
</tr>
<tr>
<td>• Decide on the skills you need and set some goals</td>
</tr>
<tr>
<td>• What do you need to find out and who can help you?</td>
</tr>
<tr>
<td>• Think about short and longer term goals i.e. what would you like to do in the next 12 months, and, where would you like to be in the next few years?</td>
</tr>
<tr>
<td><strong>Individual CPD Plan</strong></td>
</tr>
<tr>
<td>• What skills could you learn at work and what do you need to do to achieve this? (you could discuss this with your manager and/or talk to other Health Workers and ask them what they do)</td>
</tr>
<tr>
<td>• Check out the Learning Calendar in your workplace to see what training opportunities may be coming up</td>
</tr>
<tr>
<td>• Check out the RTO’s (Registered Training Organisations) in your area to see what courses of interest they might be offering (a list of RTO’s in your state can be found at <a href="http://www.natsiwha.org.au">http://www.natsiwha.org.au</a>)</td>
</tr>
<tr>
<td>• What activities or types of ‘informal’ learning could you personally undertake?</td>
</tr>
<tr>
<td><strong>CPD training and workshops</strong></td>
</tr>
<tr>
<td>• Keep a record of all your learning activities, workshops and courses you undertake</td>
</tr>
<tr>
<td><strong>CPD learning into professional practice</strong></td>
</tr>
<tr>
<td>• Once your CPD plan has been implemented, review what happened and what you learned</td>
</tr>
<tr>
<td>• Did you complete the planned activities? Did you achieve your goals?</td>
</tr>
<tr>
<td>• How have these activities improved the quality of care for your clients and the community?</td>
</tr>
<tr>
<td>• How have these activities contributed to your career goals?</td>
</tr>
<tr>
<td>• Think about what goals you might set for your future CPD. What activities will help you achieve these goals?</td>
</tr>
</tbody>
</table>

Work through the Reflective Practice Process to start planning your CPD. Think about what courses might be useful in helping you to improve your knowledge, skills and competencies, and/or assist you in working towards a higher qualification?

(Note: Templates for planning your CPD can be found at the end of this section)
What counts as CPD?

All learning activities that help you maintain competence is acceptable for CPD¹.

Learning activities can include:

- Accredited courses
- Conferences, forums and seminars
- Undertaking research and presentation of work
- Courses leading to a certificate, diploma, degree or higher degree
- On-line learning (interactive discussion and chat rooms)
- In-service education programs
- Making presentations
- Videoconferencing
- Tertiary courses

Non-formal and incidental learning activities can include:

- Reflecting on experience in day-to-day activities
- Reading books and journals
- Secondment and/or contact with other health professionals
- Quality assurance activities, such as accreditation
- Participation in committees
- Information sharing at meetings
- Discussion with colleagues
- Internet research

Learning activities you undertake as part of your work can be credited to you to help you achieve your personal CPD goals and also help you work towards a higher qualification.

For example:

**If you are a member of a health team or responsible for delivering a health program that involves (for instance), working with an Indigenous community and facilitating communication between community members and the health service team, and contributing to the achievement of good outcomes for families and the health team because of your support, care and good work – this can be documented and used as evidence of your competence in these areas.**

**Tip:** Talk to your Manager and/or the course coordinator at a TAFE or RTO in your local area to find out how this can be facilitated

¹ For more information on what is acceptable CPD activities please see http://www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx
Making sure your CPD activity is credited to you

The way to have your learning and CPD activities credited to you is to keep a record of them

This record should include:

- A personal collection of evidence of ongoing development. This includes:
  - Keeping a portfolio (like this one), with sections to document all of your professional development
  - Keeping your portfolio in a safe place, but somewhere handy so you remember to keep your portfolio up-to-date when you attend workshops etc.
  - Setting personal goals for what you would like to achieve in your professional development and career

- A record of attendance at formal learning activities
  - This could include: completing an accredited course; work-based training workshop; attending in-service education sessions; attending a conference or forum

- A record of informal and incidental learning with details of what you did and what you learnt
  - Informal learning might include: reading a journal article; participating in quality improvement activities such as the One21seventy audit and best practice in chronic disease program; participating in committees

- A record of important supporting documents
  - This could include: certificates of attendance; certificates of completion; conference and conference workshop registration documents; qualification certificates (Cert 111; Cert IV; Diploma etc.)

Note to registered Practitioners:

Registered Practitioners are required to make a declaration stating that they have undertaken CPD throughout the period of registration

Keeping a record of your CPD

On the pages following are some templates for:

1. Planning your CPD – writing down your goals, the activities you will undertake to achieve these goals, and then, writing down the outcomes of this plan

2. A template to record your Formal Learning Activities, and

3. A template to record your Informal and Incidental Learning Activities

4. Ensure that you keep copies of your annual performance appraisal.

Tip: Keep your CPD Portfolio in a handy, safe spot so you can keep it up to date. Write down the details of your training activities as soon as you have completed them so you don’t forget the details.
## CONTINUING PROFESSIONAL DEVELOPMENT PLAN

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>My Goals</strong></th>
<th><strong>Planned Activities To Achieve My Goals</strong></th>
<th><strong>Outcomes:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus:</strong></td>
<td><strong>What range of professional development activities will help me to achieve my goals?</strong> What options and opportunities are available to me?</td>
<td>a) What progress have I made in completing the planned activities? b) How have these activities improved the quality of care for my clients and the community? c) How have these activities contributed to my career goals?</td>
</tr>
<tr>
<td>- Providing culturally safe health care</td>
<td>1. Work with my manager to identify training opportunities to improve my communication/advocacy skills and confidence, and apply to attend the courses identified</td>
<td>In this column, write down the progress you have made with the activities you planned for</td>
</tr>
<tr>
<td>- Delivering health care in a holistic way</td>
<td>1.1 Ask my manager if I can work with a more senior health worker on a regular basis so I can learn from their skills/experience</td>
<td></td>
</tr>
<tr>
<td>- Caring for the community</td>
<td><strong>Example of planned activities</strong></td>
<td></td>
</tr>
<tr>
<td>- Leading and developing self and others</td>
<td><strong>Example of planned activities</strong></td>
<td></td>
</tr>
<tr>
<td>- Practising in a professional, ethical way</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example Goal**

1. To develop more skill in communicating effectively with different members of the health team, and to be have confidence to speak up for the needs and wishes of my clients and the community
# FORMAL LEARNING ACTIVITIES/COURSES ATTENDED

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity <em>(Workshop/Course)</em></th>
<th>Time</th>
<th>Provider <em>(Who ran the course)</em></th>
<th>Learning Outcomes <em>(What did you learn?)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## INFORMAL & INCIDENTAL LEARNING ACTIVITIES

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Time</th>
<th>Where (e.g. at work)</th>
<th>Learning Outcomes (What did you learn?)</th>
</tr>
</thead>
</table>
SECTION 3

Developing and Maintaining Your Resume
Developing and Maintaining Your Resume

Many of the jobs you may be interested in will require you to submit a resume in order to be considered for the position.

What is a resume?

A resume is an easy-to-read summary of your skills, capabilities and accomplishments - what you have achieved through education and training, and continuing professional development.

What is the purpose of a resume?

- To get the attention of the employer for the job you are interested in
- To help you to stand out as a good applicant for the job
- To help you get an interview for the job

What should my resume look like?

Resumes can be written in different ways. Overall, your resume needs to:

- Be neat and well-written (and checked for spelling mistakes)
- Include your education, training and professional development
- Include a record of your work history (jobs you have had)
- Emphasise your strengths (the things you are good at and do well), including community involvement and life experiences.

Keeping your resume up to date

It is important to keep your resume up to date. When you start a new job, or complete some education, training and/or professional development, it is a good idea to update your resume with this information to ensure you have an accurate record of all your achievements.

Resume templates

Sometimes an employer asks for a resume that is no longer than 1-2 pages long. For other jobs, an employer may want more detail and description of your skills and the work you have done. Two templates are attached – a short one and a longer one that includes your key responsibilities and the things you have achieved in the position. You can decide which resume you would like to keep.

Referees

When you write your resume, you may be asked to include a number of referee’s. Referees are people with who you have worked or studied who can provide information relevant to the position you are applying for. Often a referee is your last line manager.
## Short Resume

**Resume of …………………….** (Detailed version available on request)

<table>
<thead>
<tr>
<th>Personal Details</th>
<th>Skills &amp; Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Address, Email, Phone)</td>
<td>E.g. Health Promotion / Primary Health Care / Indigenous Health / Community Development /</td>
</tr>
</tbody>
</table>

### Qualifications

<table>
<thead>
<tr>
<th>Year of Completion</th>
<th>(Name of Qualification)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E.g. Cert IV Primary Health Care are Name of training organisation</td>
</tr>
</tbody>
</table>

### Short Courses

<table>
<thead>
<tr>
<th>Year</th>
<th>(Name of short course/course provider/length of course)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e.g. Communication Skills, Queensland Health, 1 day</td>
</tr>
</tbody>
</table>

### Work Experience

<table>
<thead>
<tr>
<th>e.g.</th>
<th>(Name of position/name of organisation/short overview of role)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2013 to Present</td>
<td>e.g. Aboriginal Health Worker, Queensland Health</td>
</tr>
</tbody>
</table>

The purpose of this position is to support Aboriginal and Torres Strait Islander people and their children through the implementation of a range of primary health care and associated activities.
### Resume of ………………………………………

<table>
<thead>
<tr>
<th>Personal Details</th>
<th>Skills &amp; Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Address, Email, Phone)</td>
<td>E.g. Health Promotion / Primary Health Care / Indigenous Health / Community Development /</td>
</tr>
</tbody>
</table>

#### Qualifications

<table>
<thead>
<tr>
<th>Year of Completion</th>
<th>(Name of Qualification)</th>
<th>E.g. Cert IV Primary Health Care Name of training organisation</th>
</tr>
</thead>
</table>

#### Short Courses

<table>
<thead>
<tr>
<th>Year</th>
<th>(Name of short course/course provider/length of course)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e.g. Communication Skills, Queensland Health, 1 day</td>
</tr>
</tbody>
</table>

#### Work Experience

<table>
<thead>
<tr>
<th>Position</th>
<th>e.g. Health Worker (Chronic Disease) Bayside Chronic Disease Team, Queensland Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Responsibilities</td>
<td>e.g. Key Responsibilities</td>
</tr>
<tr>
<td>Achievements</td>
<td>e.g. Achievements</td>
</tr>
</tbody>
</table>

- Engage with the local Aboriginal and Torres Strait Islander community and relevant health and social services to identify and implement priority actions to improve the health outcomes of Aboriginal and Torres Strait Islander people and their families.
- Support and liaise with hospital and community Chronic Disease services to coordinate health care service delivery and information for Aboriginal and Torres Strait Islander people and their families.

- Talked to young mums about starting a pram walking group to increase their physical activity
- Started a 10-week pram walking program and had between 7-12 young mums participating on 1-2 days per week for the 10-week program
- Worked with families to attend family and child health checks and increased the number of child and family health checks at the clinic
<table>
<thead>
<tr>
<th>Position</th>
<th>Key Responsibilities</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Applying for a job: tips for answering Selection Criteria

Selection criteria are statements that describe the qualifications, knowledge, skills, abilities, and experiences that are required in a job. When asked to respond to selection criteria, you are being asked to describe how you meet the requirements of the job. This is done by providing examples of what you have done in other jobs that demonstrates or shows that you are able to do this kind of work and get good results.

One way to do this, is by using the STAR model that includes:

**Situation**
Outline when and where you got the experience, or used the required skills or qualities

**Task**
What was the work or job that had to be done? Who were the people involved?

**Action**
What was your role in this, what did you do and how did you do it?

**Results**
What did you achieve? What were the results of what you did?

Example: Use of the STAR model for answering Selection Criteria

One way to answer the selection criteria using the STAR model might look something like the following example.

Example Selection criteria

**Demonstrated effective communication and liaison skills with the community and Primary Health Care staff**

**(SITUATION)** In my previous job as AHW at Seaside Primary Health Care Service, Queensland Health, **(TASK)** I was responsible for communicating and liaising with the community and primary health care teams to assist in the smooth running of clinics, and to ensure that families and the community were appropriately consulted and engaged in their health care. **(ACTION)** My role included:

- Talking to families and community members about their health and healthcare, listening to their problems and concerns, helping to problem solve these concerns through liaison with other family members and members of the primary health care team, and arranging appointments and transport as required
- Supporting families and patients, and assisting members of the primary health team during appointments and treatments by providing translation and arranging follow up appointments and care
- Talking to community members and organising community groups to come together for outreach clinics and health promotion programs.

**(RESULTS)** During the two years that I worked at Seaside Primary Health Care Service I was successful in improving clinic attendance, there was an increase in the number of adult and child health checks due to my expertise in communicating and liaising effectively with the community and primary health care service.
SECTION 4

Evidence of Training and CPD:
Looking After Your Training Certificates
Looking after your training and CPD certificates

The documents you place in this section of your Portfolio provide evidence of your qualifications and the evidence you need to be credited with CPD. These documents are an important record of all your learning activities.

**IMPORTANT TIP:**

DO NOT give away any *original certificates* to anyone else. The original certificates can be shown to others as proof that you have completed a course of training but DO NOT give it away to anyone.

On some occasions you may be required to provide a *copy* of your original certificate as proof of completion of training courses which is ok.

Here are some suggestions for what you can keep in this section (each one in a plastic sleeve in the ring folder):

1. Your original education and training certificates
2. A copy of your registration papers and other key documents e.g. blue cards
3. Copies of your education and training certificates (or just make copies as required)
4. Summaries of workshops, forums, training or conference sessions you attend (with the learning objectives and learning outcomes if provided)
5. Copies of your job descriptions
6. Copies of your job applications (these are handy to refer to if and when you apply for another position. You can refer to your responses to the selection criteria and use some of this - as applicable - for writing your new application)
7. A list of the key national strategy documents you need to know about for your work, and any other key readings relevant to your work
8. A list of useful websites for your reference (which you can add to at any time)
9. Anything else you think might be useful
Some useful websites for your reference

(Add useful references to this list as you find them)

- Aboriginal and Torres Strait Islander Health Practice Board of Australia http://www.atsihealthpracticeboard.gov.au

- National Aboriginal and Torres Strait Islander Health Worker Association http://www.natsihwa.org.au/


- Australian Institute of Aboriginal and Torres Strait Islander Studies http://www.aiatsis.gov.au/corporate/about.htm

- The Lowitja Institute - Australia’s National Institute for Aboriginal and Torres Strait Islander Health Research http://www.lowitja.org.au/


- Unique Student Identifier (USI) http://www.usi.gov.au/Pages/default.aspx
Appendices

Appendix 1: Guidelines for continuing professional development: Aboriginal and Torres Strait Islander Health Practice Board of Australia

http://www.atsihealthpracticeboard.gov.au

Appendix 2: The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework

Introduction

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has developed these guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The purpose of these guidelines is to provide further information about continuing professional development (CPD) requirements outlined in the Continuing professional development registration standard (the Standard).

The guidelines:
- explain the activities that qualify as CPD, and
- provide information for Aboriginal and Torres Strait Islander health practitioners on how to establish and maintain appropriate records of CPD activities.

Who needs to use these guidelines?

The Standard applies to all Aboriginal and Torres Strait Islander health practitioners except students and those with non-practising registration.

Under the National Law, all Aboriginal and Torres Islander health practitioners must undertake CPD as a condition of registration. These guidelines should be used together with the Standard.

Background

The Aboriginal and Torres Strait Islander community has a right to expect that Aboriginal and Torres Strait Islander health practitioners will provide services in a competent and contemporary way, and meet best practice standards.

CPD is an interactive process to maintain and extend the practitioner’s knowledge, expertise and competence throughout their career, vital in the provision of safe and effective health services.

All practitioners must become familiar with the following requirements outlined in the Standard.

---

1 The National Law is contained in the schedule to the Health Practitioner Regulation National Law Act 2009 (Qld).
1. Requirements
All CPD undertaken must be relevant to the profession.
As specified in the Standard:
(a) All practising Aboriginal and Torres Strait Islander health practitioners must complete a minimum of 10 hours of CPD per year and a minimum of 60 hours over three years towards maintaining and improving competence in their area of practice.
(b) The CPD activities claimed must be directed towards improving the practitioner’s competence.
(c) Of the 60 hours over three years, at least 45 hours are required to be formal CPD activities. The remainder may consist of informal CPD activities.
(d) Your 60 CPD hours are in addition to your core requirement of completing a current first aid certificate which includes annual training in cardio pulmonary resuscitation.
(e) The standard will commence on 1 July 2012. Prior to 1 July 2015, practitioners will be required to complete a minimum of 10 CPD hours per year with a total of 60 CPD hours over a three year cycle. When a practitioner registers for the first time, or has his or her registration restored after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis.
(f) A CPD record must be kept to document details of activities completed over the past four years and must be available for audit by the Board.
(g) Practitioners will be required to sign a declaration of compliance with the CPD registration standard when renewing their registration each year.
(h) Periodic audits may be conducted to ensure that practitioners are compliant with this standard. If audited a practitioner must produce their CPD record as evidence.

1.1 Board monitoring of CPD
An Aboriginal and Torres Strait Islander health practitioner renewing their registration will be required to make a declaration stating that they have undertaken CPD throughout the period of registration as required by the Standard.
In line with its function to monitor the competence of Aboriginal and Torres Strait Islander health practitioners, the Board may conduct an annual audit of Aboriginal and Torres Strait Islander health practitioners registered in Australia.

2. Continuing professional development (CPD)
CPD is the maintenance, enhancement and extension of the knowledge, expertise and competence of health practitioners throughout their careers.
It is important to recognise that people learn in different ways and CPD may include formal and informal learning activities.

3. The importance of CPD CPD can improve competence and result in better outcomes for patients and clients. CPD is important in the continued provision of safe and effective services by health professionals.

4. CPD learning activities
All learning activities which help Aboriginal and Torres Strait Islander health practitioners maintain competence will be accepted as CPD, as long as the practitioner completes a minimum of 45 hours of formal learning over a three year period.
CPD must also be made up of three different activities. For example, a total of 45 hours of formal learning cannot be achieved by attending conferences only. Examples of formal and informal learning activities include but are not limited to the following.

4.1 Formal learning activities
- Tertiary courses
- Accredited courses
- Conferences, forums and seminars
- Undertaking research and presentation of work
- Courses leading to a certificate, diploma, degree or higher degree
- Online learning (interactive discussion and chat rooms)
- In-service education programs
4.2 Non-formal and incidental learning activities

- Reflecting on experience in day-to-day activities
- Reading books, journals, etc.
- Secondment and/or contact with other health professionals
- Quality assurance activities, such as accreditation
- Participation in committees
- Information sharing at meetings
- Discussion with colleagues
- Internet research

5. Recording CPD

It is a requirement of the registration standard that Aboriginal and Torres Strait Islander health practitioners record their CPD activities. This record should include:

- A personal collection of evidence of ongoing development
- A record of informal and incidental learning (details of what you did and what you learnt)
- A record of attendance at formal learning activities, and important supporting documents.

If an Aboriginal and Torres Strait Islander health practitioner is required to provide the Board with evidence of CPD, their record of CPD activities will enable them to demonstrate that they have met the minimum CPD requirements.

6. Action by the Board

If the Board finds, through declaration or audit, that an Aboriginal and Torres Strait Islander health practitioner does not meet the CPD requirement, it will take appropriate action, which may include:

- Requesting the practitioner to undertake further CPD or supervised practice, and/or
- Imposing conditions on the practitioner's registration.

7. Definitions

An Aboriginal and Torres Strait Islander health practitioner is an individual registered by the Aboriginal and Torres Strait Islander Health Practice Board of Australia. The practitioner may use the titles:

- Aboriginal health practitioner
- Aboriginal and Torres Strait Islander health practitioner, or
- Torres Strait Islander health practitioner.

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether paid or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of these guidelines, practice is not restricted to the provision of direct clinical care. It also includes:

- Working in a direct nonclinical relationship with clients
- Working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional development activities means participation in formal learning activities, such as attendance at courses or conferences, as well as informal learning gained through experience and interaction with colleagues.

Appendices

Appendix 1: Continuing Professional Development Record of Activities

Attachments

Attachment A: Extract of relevant provisions from the Health Practitioner Regulation National Law Act 2009(QLD)

Date: 27 March 2012
Date of review: This guideline will be reviewed at least every three years
Last reviewed: 27 March 2012
Appendix 1

Continuing professional development record of activities

**Continuing professional development (CPD)**

CPD is a requirement of Aboriginal and Torres Strait Islander Health Practice Board of Australia registration. Every year when you renew your registration, you will be required to sign a declaration stating that you have undertaken sufficient CPD to maintain your competence throughout the past 12 months and that you commit to undertake sufficient CPD to maintain competence throughout the next 12 months. This record of activities gives an example of how to record your professional development plan and activities to meet the Board’s requirements. All your CPD should be recorded. A minimum of 10 hours is required annually with a total of 60 hours over a three-year period.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Registration Period:</th>
</tr>
</thead>
</table>

**Development Plan**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Formal Learning Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Time</th>
<th>Provider</th>
<th>Learning outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Informal and Incidental Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Time</th>
<th>Provider</th>
<th>Learning outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment A  
Extract of relevant provisions from the Health Practitioner Regulation National Law Act 2009 (Qld)

Division 3 Registration standards and codes and guidelines

Section 39 – Codes and guidelines
A National Board may develop and approve codes and guidelines—
(a) to provide guidance to the health practitioners it registers; and
(b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of Section 133.

Section 40 – Consultation about registration standards, codes and guidelines
(1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.

(2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.

(3) The following must be published on a National Board’s website—
(a) a registration standard developed by the Board and approved by the Ministerial Council;
(b) a code or guideline approved by the National Board.

(4) An approved registration standard or a code or guideline takes effect—
(a) on the day it is published on the National Board’s website; or
(b) if a later day is stated in the registration standard, code or guideline, on that day.

Section 41 – Use of registration standards, codes or guidelines in disciplinary proceedings
An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

Subdivision 3 Obligations of registered health practitioners and students

Section 128 – Continuing professional development
(1) A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

(2) A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

(3) In this section—registered health practitioner does not include a registered health practitioner who holds non-practising registration in the profession.
Appendix 2: The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework

THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER PROFESSIONAL PRACTICE FRAMEWORK

November 2012
The Diversity of the Health Worker workforce

It is also important to recognise that Health Workers across Australia work in a variety of environments. While a large majority are employed in Aboriginal Community Controlled Health Organisations (ACCHOs) or the Government Health Sector, many also work within mainstream services such as general practices, acute hospitals and other non-government organisations.

Health Worker roles exist in metropolitan, regional and remote areas with the largest percentage of Health Workers practicing in regional areas.

There are a number of titles used to describe Health Workers. These titles vary significantly across Australia and may or may not describe the specialty of a Health Worker or their level of training. The large range of titles is illustrated below:

- Health Worker (Generalist)
- Aboriginal and/or Torres Strait Islander Health Practitioner
- Outreach Worker
- Mental Health Worker
- Family Health Worker
- Medical Health Worker
- Education Officer
- Hospital Liaison Officer
- Oral/Dental Health Worker
- Chronic Disease Worker
- Drug and Alcohol Worker
- Environmental Health Worker
- Community Worker
- Healthy Living Worker
- Vascular Health Worker
- Pharmacy Health Worker
- Maternal and Perinatal Health Worker
- Otitis Media Health Worker
- Obstetrics Health Worker
- Nutrition Health Worker

Importance of the Health Worker workforce

It is important to provide context to the Aboriginal and Torres Strait Islander Health Worker (Health Worker) profession to better understand the importance of their role within the Australian health system and this Framework.

The Health Worker role is specific to the Aboriginal and Torres Strait Islander population and is vital in delivering care to the community in a culturally safe environment. It has been noted that for many years there has been an imbalance in the service availability and accessibility for Aboriginal and Torres Strait Islanders due to a number of barriers which are often cultural in nature. These include:

- cultural relevance and appropriateness of health services
- gender imbalance in the Health Worker workforce
- perceived and actual discrimination
- transport needs and the availability of locally delivered services
- cost of health care.

Whilst these barriers are not exclusive to Aboriginal and Torres Strait Islander health care, they are more significant in this context due to the unique cultural beliefs and practices of Aboriginal and Torres Strait Islander peoples. It is for these reasons that the Health Worker workforce has critical role in improving the accessibility of services by breaking down some of the above barriers. Their ability to do this is through their unique insights into their own culture and to deliver safe holistic health care in a primary care setting. Many of these Health Workers are also recognised to be a respected member of the community and as such provide a level of trust and security for the members of their community when seeking access to health care.

Health Workers often have a better understanding of the health issues that members of their community face and are able to address them in a more culturally appropriate and holistic manner.

Some Health Workers have now become registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) as Aboriginal and/or Torres Strait Islander Health Practitioners under the national law. The Board will set the standards for this group but they are still considered Health Workers.
How to use this framework

It is envisaged that this framework can be used:

- To guide Health Workers, employers and other health professionals to better understand the Health Worker role particularly the unique cultural brokerage role Health Workers can play in the community.
- To understand the different expectations of Health Workers as they develop and become more experienced in their profession and how they may be able to be more involved in mentoring and developing peers.
- By Health Workers to communicate to other health professionals regarding the expectations of their role and their scope of practice.

National qualifications for the Aboriginal and Torres Strait Islander Health Worker workforce

It is important to note that this Framework does not constitute an industry benchmark for training and assessment. The industry benchmark is established in the nationally endorsed competency standards contained in the Aboriginal and/or Torres Strait Islander health work qualifications.

The Community Services and Health Industry Skills Council (CS&HISC) is the nationally recognised body funded by the Australian Government to involve industry in the development of nationally applicable Vocational Education and Training (VET) qualifications.

There are a number of pathways to enter the Health Worker profession and these are supported by the following qualifications:

- Certificate II – Aboriginal and Torres Strait Islander Primary Health (HLT21307) (eg as may be delivered through a VET schools program)
- Certificate III – Aboriginal and Torres Strait Islander Primary Health (HLT33207)
- Certificate IV – Aboriginal and Torres Strait Islander Primary Health (Practice) HLT43907
- Certificate IV – Aboriginal and Torres Strait Islander Primary Health (Community Care) HLT44007
- Diploma of Aboriginal and Torres Strait Islander Primary Health (Practice) HLT52107
- Diploma of Aboriginal and Torres Strait Islander Primary Health (Community Care) HLT52207
- Advanced Diploma of Aboriginal and Torres Strait Islander Primary Health (Practice) HLT61207
- Advanced Diploma of Aboriginal and Torres Strait Islander Primary Health (Community Care) HLT61307

The Aboriginal and Torres Strait Islander Health Practice Board of Australia has set currently the minimum qualification for application for national registration as the Certificate IV – Aboriginal and Torres Strait Islander Primary Health (Practice).

In addition to these Aboriginal and/or Torres Strait Islander Health Worker qualifications, there are also 8 qualifications within the Public Health qualifications framework, which may be applicable to some workers.

Further information on any of the above qualifications can be found on the CS&HISC website, that is http://www.cshisc.com.au/

Many aspects of the Health Worker qualifications are included as part of this framework. Initial work has been undertaken to reference the framework to the national competency standards, however this Framework has not been comprehensively mapped to the national competencies. It is important to note the link to the competency standards is not an exhaustive list, rather there may be other competency standards which have not been documented that may touch on aspects of the principles.

CS&HISC undertake continuous improvement of the qualifications framework and invites feedback. Their contact details for feedback can also be found on the CS&HISC website.
There are a number of key terms that are critical to the understanding of Health Worker practice. They are listed below.

**Holistic health**

The concept of holistic health is central to the cultural belief system held by many Aboriginal and Torres Strait Islander peoples. Although Aboriginal and Torres Strait Islander peoples are culturally, linguistically and ethnically diverse, most share a holistic understanding of 'health'.

For Aboriginal and Torres Strait Islander people, health is more than the provision of care by Doctors and other health professionals to improve the physical well-being of an individual. "Health" to Aboriginal peoples is a matter of determining all aspects of their life, the physical, social, emotional and cultural well being of both the individual and the community, it encompasses justice, dignity and community self esteem.

**Primary health care**

Primary health care has two definitions: the narrow definition, referring to primary medical care; and the broader definition often described as comprehensive primary health care (Aboriginal Medical Services Alliance Northern Territory, 2010).

The Australian Government Department of Health and Ageing has defined primary health care for the Australian context as:

"Primary health care is the socially appropriate, universally accessible scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that gives priority to those most in need and addresses health inequities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation."

(Australian Government Department of Health and Ageing, 2009)

Comprehensive primary health care builds upon the definitions above. According to the Aboriginal Medical Services Alliance Northern Territory (AMSANT), primary health care is just one part of comprehensive primary health care, which is defined as:

"...the broader, holistic approach to health problems. As well as primary medical care, comprehensive primary health care addresses a range of health concerns that have no specific medical intervention."

(Aboriginal Medical Services Alliance Northern Territory, 2010)

**Aboriginal and Torres Strait Islander primary health care**

The term 'Aboriginal and Torres Strait Islander primary health care' reflects a holistic, comprehensive approach to primary health care. Embedded in the primary health care definition specific to Health Workers is both the idea of holistic health and a comprehensive primary health care approach.

This is reflected in the NACCHO definition of primary health care in the Aboriginal and Torres Strait Islander context, which is adapted from the DoHA definition above:

"Primary Health Care has always been a continuing integral aspect of our Aboriginal life, and is the collective effort of the local Aboriginal community to achieve and maintain its cultural well being. Primary health care is a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to Communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination. The provision of this calibre of health care requires an intimate knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems, including promotive, preventative, curative and rehabilitative services."

(National Aboriginal Community Controlled Health Organisation, 2008)

It is further reiterated in NACCHO’s definition of ‘Aboriginal health-related services’ below:

"Aboriginal health-related services’ means those services covered by the Aboriginal holistic definition of health including, but not restricted to, such services as health promotion and disease prevention services, substance misuse, men’s and women’s health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking the amelioration of, poverty within Aboriginal communities."

(National Aboriginal Community Controlled Health Organisation, 2006)

**Cultural safety, security and respect**

Terms like cultural safety, cultural security and cultural respect are often used interchangeably. Although this is often appropriate in certain contexts, there is slight variation in the meaning of these terms.

In the context of health care, cultural safety is defined as:

"The effective care of a person/family from another culture by a health care provider who has undertaken a process of reflection on their own cultural identity and recognises the impact of the health care professional’s culture on their practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual."

(The Nursing Council of New Zealand, 2002)
Culturally safe health care refers to the facilitation of health service delivery in a culturally safe way. For example, in the Aboriginal and Torres Strait Islander context, culturally safe health care should reflect the holistic conceptualisation of health defined above.

Cultural security is similar in meaning but implies a greater sense of permanence or longevity. More specifically, cultural security has been defined as:

‘...the capacity of a society to conserve its specific character in spite of changing conditions and real or virtual threats; more precisely, it involves the permanence of traditional schemas of language, culture, associations, identity and national or religious practices, allowing for changes that are judged to be acceptable.’

(Weaver et al., 1993)

Cultural respect is defined as the “recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples” (Australian Health Ministers’ Advisory Council, 2004). Cultural respect is essential to the creation of culturally safe and culturally secure environments.

Definition developed by the Australian Health Care Research Institute for the ADGP Primary Health care Position Statement 2005, cited in Commonwealth of Australia, 2009, Primary Health Care Reform in Australia.
The figure below illustrates the five domains and structure contained within this Professional Practice Framework.

Figure 2: Domains of the Professional Practice Framework

The Professional Practice Framework is divided into three levels, that is Domains (see Figure 2), supported by a number of Principles and Elements which are further subdivided into levels of experience. This is illustrated below.

<table>
<thead>
<tr>
<th>Level 1: Domains</th>
<th>Level 2: Principles</th>
<th>Level 3: Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>As depicted in Figure 2, there are five domains in this Professional Practice framework which covers the broad areas of practice that all Health Workers will be likely required to work within.</td>
<td>Underpinning each domain, there are up to five principles which relate specifically to each domain. It is likely that Health Workers will be working within most of the principles.</td>
<td>Within each principle, core elements that are likely to be part of the Health Worker role have been articulated. These have also been divided to reflect the potential levels of experience a Health Worker may have, that is the levels of ‘New’, ‘Experienced’ and ‘Advanced’. It is important to note that the list of elements underpinning each principle is not exhaustive, that is, a Health Worker may perform some or all of the elements and even additional ones which have not been described. This may be due to reasons such as their area of speciality or interest or the role they play within the health service.</td>
</tr>
</tbody>
</table>

- Domain 1: Providing culturally safe health care
- Domain 2: Delivering health care in a holistic manner
- Domain 3: Caring for the community
- Domain 4: Leading and developing self and others
- Domain 5: Practising in a professional and ethical way
The table below provides a guide as to interpreting the ‘levels of experience’ in the Domains. In particular:

- It is important to note that the ‘levels of experience’ are not tied to specific qualification or education attainment, rather they are more indicative of the level of practical and on-the-job experience Health Workers may have.
- It is possible that a Health Worker may be performing at different levels across different domains at any given time as a result of the level of qualification or education attainment they have achieved, however, it is expected that Health Workers are able to perform the majority of activities that are required at the level of ‘New’ before progressing on to any subsequent level. That is, to be considered at any Domain/Principle at the ‘Experienced’ level, Health Workers must meet the expectations of the ‘New’ level first.

<table>
<thead>
<tr>
<th>LEVELS OF EXPERIENCE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| New                  | The broad characteristics of a Health Worker that may meet the definition of new includes:  
  - A Health worker who is newly entering the profession, generally upon completion of study or training, irrespective of the level of qualification attainment.  
  - A Health Worker who has little to no practical experience in current setting  
  - A Health Worker who may require significant to moderate levels of assistance, guidance and supervision when performing tasks |
| Experienced          | The broad characteristics of a Health Worker that may meet the definition of ‘Experienced’ includes:  
  - A Health Worker who successfully demonstrates they are able to perform all the activities at the ‘New’ Level  
  - A Health Worker who has been performing the role for a number of years  
  - A Health Worker who is able to undertake and participate in all required activities with no or limited supervision |
| Advanced             | The broad characteristics of a Health Worker that may meet the definition of ‘Advanced’ includes:  
  - A Health Worker who successfully demonstrates they are able to perform all the activities at the ‘Experienced’ Level  
  - A Health worker who has sufficient years of experience to be able to educate, mentor and supervise peers in all required activities  
  - A Health Worker who takes on a strategic role in the organisation and provides advice on how to promote and advance the profession/role |
### Domain 1: Providing Culturally Safe Health Care

#### Principles

<table>
<thead>
<tr>
<th>Elements</th>
<th>Experienced / Advanced As per ‘NEW’ with the following additional elements</th>
<th>Competency Standard Code*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Knowing and respecting our history, context, culture and customs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Understand the context of local, regional, state, national as well as traditional and contemporary Aboriginal and Torres Strait Islander history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Identify, consider and respect the local community values, beliefs, gender roles when providing health care to the Aboriginal and Torres Strait Islander people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Understand the context of government policies, legislation on Aboriginal and Torres Strait Islander communities, families and individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Engaging and consulting respectfully with the community and its elders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Identify the key community structures within the local context</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Identify the elders and other relevant stakeholders within the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Addressing local community health issues and needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Identify areas of local health service need and potential growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Participate in strategies that seek to address community health issues and needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Participate in evaluating the strategies to ensure they are meeting community need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Communicate the outcome of these strategies to the community to seek feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Advocating for the rights and needs of the individual and the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Understand the rights and needs of individuals, families and their communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Provide information on the rights and needs of individuals, families and communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Promoting culturally safe health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Raise awareness and promote local, regional, state and national cultural protocols to all relevant stakeholders (for example, raising awareness and promoting across the organisation cultural protocols relating to maintaining confidentiality, dignity, gender roles, family structures and engagement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Participate in the development of culturally safe work practices and policies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*HLTAHW304B  CHCCD413D  CHCCD514A  HLTAWH201B  HLTAWH301B  HLTAWH307B  HLTAWH201B  HLTAWH301B  HLTAWH303B  HLTAWH405B*
## DOMAIN 2: DELIVERING HEALTH CARE IN A HOLISTIC WAY

### ELEMENTS

<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>Elements</th>
<th>NEW</th>
<th>EXPERIENCED / ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
</table>
| 1. Knowing how natural and built environments affect health | a. Observe and identify potential environmental health hazards or risks that may impact on individual and/or community’s health (eg accommodation, water, air, food)  
b. Understand the impact on individuals, communities and/or other relevant parties concerns or issues identified in relation to environmental health hazards or risks impacting on health  
c. Understand the impact on individuals and their families the importance of looking after country and the impact it has on healthy people, healthy country and healthy community | a. Understand the impact and communicate to individuals and their families the importance of looking after country and the impact it has on healthy people, healthy country and healthy community | HLTAW408B  
HLTPO307C |
| 2. Understanding the social, spiritual and cultural conditions which impact on emotional and physical wellbeing | a. Understand the impact of removal from country and the importance of return to country (stolen generation) on individuals, their families and the community  
b. Understand the impact of employment, family structures and social networks on individuals, their families and the community | a. Support individuals and their families to connect to social, emotional and cultural wellbeing  
b. Acknowledge the impact of social, emotional and cultural wellbeing has on physical wellbeing | HLTAW408B |
| 3. Providing social and emotional support in a holistic manner | a. Consider the social, emotional, cultural and spiritual well being of both the individual and the community and understand their impact on physical well being when providing health care services  
b. Understand the different signs and symptoms of mental health, alcohol and other drug issues underpinning social and emotional state, particularly in relation to grief and trauma  
c. Understand indicators of harm, neglect, abuse or risk of harm for men, women and children  
d. Able to identify a person at risk of self harm and refer the person to other health providers as appropriate | a. Assess and evaluate individual’s current social and/or emotional state  
b. Accurately assess risk of self harm, puts in place active plans to protect the person and others and follows up as appropriate to ensure care delivered  
c. Identify signs and symptoms of mental health issues, alcohol and other drug issues underpinning social and emotional state, particularly in relation to grief and trauma  
d. Identify indicators of harm, neglect, abuse or risk of harm for men, women and children  
e. Identify and make referrals where appropriate to address the social, emotional and cultural issues of the individual and community as part of the provision of health care services  
f. Contribute to the development of care plans by providing information on individual’s social and/or emotional state | HLTAW306B  
HLTAW402B  
CHCCS422A |

The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework - July 2012
## DOMAIN 3: CARING FOR THE COMMUNITY

### PRINCIPLES

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED As per ‘NEW’ with the following additional elements</th>
<th>ADVANCED As per ‘NEW’ and ‘EXPERIENCED’ with the following additional elements</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessing, identifying and communicating health care needs considering community values, beliefs and protocols</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Obtain basic health information and history from individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Assist in conducting basic physical examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Assist in conducting physical examinations in accordance to standard infection control and occupational health and safety requirements and procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Collect individual findings to be placed on to client file</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Communicate findings to the individual and their family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Refer to other health services/professionals as required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Report all notifiable diseases identified in accordance to organisational policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Obtain accurate and detailed health information and history from individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Conduct basic physical examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Conduct physical examinations which may involve use of medical equipment in accordance to standard infection control and occupational health and safety requirements and procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Collect and document individual findings on the client file</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Communicate findings and assess individual’s understanding of findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Make assessments on appropriate referrals to other health services/professionals for clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Review health history and obtain new and detailed information on clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Plan, conduct and provide supervision on basic physical examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Plan, conduct and supervise physical examinations involving the use of medical equipment in accordance to standard infection control and occupational health and safety requirements and procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Collect and collate relevant client history and findings to be documented onto client file</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Comprehensively explain and communicate findings and assess individual’s understanding of findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Action and facilitate appropriate referrals to other health services/professionals for clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Report all notifiable diseases identified in accordance to organisational policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW203B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW302B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW304B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW401B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW405B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW501B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IMPLEMENTING SAFE AND APPROPRIATE CARE ACCORDING TO CARE PLANNING PRINCIPLES

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED As per ‘NEW’ with the following additional elements</th>
<th>ADVANCED As per ‘NEW’ and ‘EXPERIENCED’ with the following additional elements</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Assist in the development of individual care plans and provide advice on how the individual care plans can impact the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Develop individual care plans and provide advice on how the individual care plans can impact the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Develop an individual care plan and plan for the impacts of the care plans on the family and community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW305B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW403B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. HLTAHW405B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. CHCCM401D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. CHCCM402D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Domain 3: Caring for the Community

### Principles

#### 3. Promoting self determination and self management

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>Competency Standard Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Understand the principles of self determination including how to empower individuals and encourage them to be involved in controlling their lives and making their own health care decisions.</td>
<td>a. Implement principles of self determination by provide individuals with information, knowledge and support to build their confidence to be involved in controlling their lives and making their own health care decisions.</td>
<td>a. Promote, educate and provide guidance to peers and other health professionals on the principles and importance of self determination for individuals and the community.</td>
<td></td>
</tr>
<tr>
<td>b. Engage and assist individuals to understand the impacts of healthy lifestyle and behaviours on the physical wellbeing.</td>
<td>b. Actively engage and comprehensively explain to individuals the impacts of healthy lifestyle and behaviours on physical well being.</td>
<td>b. Educate and actively demonstrate the impacts of healthy lifestyle and behaviours on physical well being.</td>
<td></td>
</tr>
<tr>
<td>c. Understand the principles of self management, including motivational interview techniques particularly in the area of goal setting and self management with aim of empowering individuals to manage their health conditions.</td>
<td>c. Apply principles of self management including undertaking motivational interviews to assist individuals to set goals and objectives with the aim of empowering them to manage their health conditions.</td>
<td>c. Promote, educate and provide guidance to peers and other health professionals on the principles and importance of self management.</td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Implementing effective health promotion and prevention strategies

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>Competency Standard Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Participate in delivering health promotion programs and activities.</td>
<td>a. Identify and deliver health promotion strategies and activities.</td>
<td>a. Plan, identify, develop and deliver health promotion strategies and activities.</td>
<td></td>
</tr>
<tr>
<td>b. Seek feedback from the community on effectiveness of health promotion strategies and provide feedback to organisation on advice received about effectiveness of programs.</td>
<td>b. Evaluate health promotion activities to assess relevance to individuals and the community.</td>
<td>b. Evaluate, monitor, assess (including health outcomes) and report on the effectiveness of health promotion strategies and activities on individuals and communities.</td>
<td></td>
</tr>
</tbody>
</table>

*HLTAHW404B*
### Domain 4: Leading and Developing Self and Others

#### Principles

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Participate and work effectively within their own role.</td>
<td>a. Work effectively within their own role.</td>
<td>a. Develop and lead peer support and mentoring programs.</td>
</tr>
<tr>
<td>b. Act as a role model for their peers.</td>
<td>b. Act as a role model for their peers.</td>
<td>b. Assist organisation to identify programs and services that may be required to support the workforce and work with the organisation to develop and lead professional development programs.</td>
</tr>
<tr>
<td>c. Participate in peer support programs.</td>
<td>c. Participate in peer support programs.</td>
<td>c. Develop strategies to attract others to the Health Worker profession.</td>
</tr>
<tr>
<td>d. Act as a mentor to new Health Workers.</td>
<td>d. Act as a mentor to new Health Workers.</td>
<td></td>
</tr>
<tr>
<td>e. Communicate the role of Health Workers to peers and other health professionals.</td>
<td>e. Communicate the role of Health Workers to peers and other health professionals.</td>
<td></td>
</tr>
</tbody>
</table>

#### Elements

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Have in place a performance appraisal agreement which outlines skills, competencies and aspirations.</td>
<td>Have in place a detailed performance appraisal agreement which outlines skills, competencies and aspirations.</td>
<td>HLTHIR301B</td>
</tr>
<tr>
<td>b.</td>
<td>Actively reflect on own practice and undertake self assessments during performance appraisal process.</td>
<td>Actively reflect on own practice and undertake self assessments during performance appraisal process.</td>
<td>BSBWOR202A</td>
</tr>
<tr>
<td>c.</td>
<td>Identify gaps in knowledge/skills and actively seek out opportunities for further training and education.</td>
<td>Identify gaps in knowledge/skills and actively seek out opportunities for further training and education.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Seek assistance when required to practice beyond skillset.</td>
<td>Seek assistance when required to practice beyond skillset.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Recognise signs of fatigue and burnout and seek assistance.</td>
<td>Recognise signs of fatigue and burnout and seek assistance.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Have in place a performance appraisal agreement which outlines skills, competencies and aspirations.</td>
<td>Have in place a detailed performance appraisal agreement which outlines skills, competencies and aspirations.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Identify gaps in knowledge/skills and actively seek out opportunities for further training and education.</td>
<td>Identify gaps in knowledge/skills and actively seek out opportunities for further training and education.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Seek assistance when required to practice beyond skillset.</td>
<td>Seek assistance when required to practice beyond skillset.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Recognise signs of fatigue and burnout and seek assistance.</td>
<td>Recognise signs of fatigue and burnout and seek assistance.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Develop and lead peer support and mentoring programs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Assist organisation to identify programs and services that may be required to support the workforce and work with the organisation to develop and lead professional development programs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Develop strategies to attract others to the Health Worker profession.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Have in place a performance appraisal agreement which outlines skills, competencies and aspirations.</td>
<td>Have in place a detailed performance appraisal agreement which outlines skills, competencies and aspirations.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Identify gaps in knowledge/skills and actively seek out opportunities for further training and education.</td>
<td>Identify gaps in knowledge/skills and actively seek out opportunities for further training and education.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Seek assistance when required to practice beyond skillset.</td>
<td>Seek assistance when required to practice beyond skillset.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Recognise signs of fatigue and burnout and seek assistance.</td>
<td>Recognise signs of fatigue and burnout and seek assistance.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEW</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Actively promote organisational policies and procedures.</td>
<td>Actively promote organisational policies and procedures.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Identify opportunities for improvements for service delivery and participate in implementation.</td>
<td>Identify opportunities for improvements for service delivery and participate in implementation.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Identify breaches in organisational policies and procedures and respond appropriately.</td>
<td>Identify breaches in organisational policies and procedures and respond appropriately.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Comply with organisational policies and procedures.</td>
<td>Comply with organisational policies and procedures.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Identify opportunities for improvements for service delivery and participate in implementation.</td>
<td>Identify opportunities for improvements for service delivery and participate in implementation.</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Assist organisation to develop them.</td>
<td>Assist organisation to develop them.</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Leads and contributes to the development of culturally safe policies and procedures and improve service delivery.</td>
<td>Leads and contributes to the development of culturally safe policies and procedures and improve service delivery.</td>
<td>CHCCPO301B</td>
</tr>
</tbody>
</table>
## DOMAIN 4: LEADING AND DEVELOPING SELF AND OTHERS

### PRINCIPLES

<table>
<thead>
<tr>
<th>ELEMENTS</th>
<th>EXPERIENCED</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>As per ‘NEW’ with the following additional elements</td>
<td>As per ‘NEW’ and ‘EXPERIENCED’ with the following additional elements</td>
</tr>
</tbody>
</table>
| 4. Sharing and creating knowledge | a. Actively share basic knowledge with peers informally  
b. Participate in quality improvement and research activities | a. Actively share knowledge and skills with peers  
b. Actively participate in developing and implementing quality improvement and research activities |
| 5. Collaborating and communicating with other health professionals | a. Understand the variety of roles (other health professionals and non-health professionals)  
b. Understand the Health Worker role within a multidisciplinary team setting  
c. Develop effective working relationship with peers within the organisation  
d. Effectively communicate individual’s health care information to other team members | a. Develop effective working relationship with peers within the organisation and with other health professionals outside the organisation  
b. Contribute effectively to the multidisciplinary team  
c. Actively participate communication and dissemination of individual’s health care and referrals within the multidisciplinary team  
d. Have an established network of peers and health professionals  
e. Work with the organisation to identify ways improving the effectiveness of the multidisciplinary team |

### COMPETENCY

<table>
<thead>
<tr>
<th>STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHCPO4038</td>
</tr>
</tbody>
</table>
| HLTAHAND302B  
HLTAHW501B |
### DOMAIN 5: PRACTISING IN A PROFESSIONAL AND ETHICAL WAY

#### PRINCIPLES

<table>
<thead>
<tr>
<th>ELEMENTS</th>
<th>EXPERIENCED / ADVANCED</th>
<th>COMPETENCY STANDARD CODE*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW</strong></td>
<td>As per 'NEW' with the following additional elements</td>
<td></td>
</tr>
</tbody>
</table>

1. **Practising ethically**
   - a. Awareness of all relevant duty of care frameworks or ethical guidelines in which Health Workers work within
   - b. Understand and practice within relevant duty of care and ethical guidelines
   - a. Promote appropriate behaviour in accordance with all duty of care and ethical guidelines
   - b. Provide advice/counselling to peers on any issues or concerns arising in relation to duty of care, ethical behaviours or cultural protocols and responsibilities in the workplace
   - c. Assist peers and the organisation to address and resolve any breaches of duty of care and/or ethical guidelines
   - d. Monitor, identify and report any breach or non-adherence to duty of care or ethical guidelines to relevant personnel

2. **Understanding and practising within confidentiality guidelines**
   - a. Maintain confidentiality of client information regardless of personal, family and community pressure or status
   - b. Exhibit caution when communicating client information by oral and written means to ensure confidentiality
   - c. Explains to the client/patient their rights for confidentiality
   - d. Understand when to consult peers in relation to issues of client confidentiality and duty of care
   - e. Works to ensure client/patient records are maintained in a secure and environment
   - a. Assist peers and the organisation to address and resolve any breaches of client confidentiality
   - b. Monitor, identify and report any breach or non-adherence to client confidentiality to relevant personnel

3. **Understanding and practising within legislative frameworks and policies**
   - a. Awareness of all legislative frameworks and policies including mandatory reporting requirements
   - b. Practice within all legislative frameworks and policies and adhere to all mandatory reporting requirements
   - a. Understand and practice within all legislative frameworks and policies including mandatory reporting guidelines
   - b. Promote awareness and appropriate behaviours in accordance with all legislative frameworks and policies including mandatory reporting guidelines
   - c. Provide advice/counselling to peers on any issues or concerns arising in relation to legislative frameworks or mandatory reporting requirements in the workplace
   - d. Identify and report any breach or non-adherence to legislative frameworks and policies including mandatory reporting guidelines
   - e. Assist peers and the organisation to address and resolve any breaches to legislative frameworks or policies

4. **Understanding and professionally managing relationships with family & community**
   - a. Understands professional responsibility to community and organisation
   - b. Able to identify and set role boundaries particularly in relation to family, community and cultural responsibilities
   - c. Identifies when ethically challenging relationships with family and/or community occur and consults peers
   - a. Able to identify and manage ethically challenging relationships, requirements and requests from peers, families and the community
   - b. Able to identify and set role boundaries particularly in relation to family, community and cultural responsibilities and assists peers in doing so
   - c. Ensures that quality care is provided particularly when cultural protocols and responsibilities limit the ability to provide care themselves
   - d. Works to develop systems and relationships to foster positive family and community relationships

* This is not intended to be an exhaustive list and there may be other competency standards that may touch on aspects of the principles which have not been recorded here.
APPENDIX A

Membership of the Technical Advisory Group

The development of this framework was guided by a Technical Advisory Group convened through the Health Workforce Australia Aboriginal and Torres Strait Islander Health Worker Project. The membership of the group included representatives from various jurisdictions along with representation from relevant bodies. Those members were as follows:

- Mr. Robin Flynn – Community Services & Health Industry Skills Council
- Mr Craig Gear - PricewaterhouseCoopers
- Ms. Faye Law – Queensland Aboriginal and Torres Strait Islander Health Worker Education Program Aboriginal Corporation
- Ms Karen Lee - PricewaterhouseCoopers
- Ms. Anna Leditschke – Health Workforce Australia
- Mr. Warren Locke – Queensland Health
- Ms. Kate Milbourne – Australian Health Practitioner Regulation Authority
- Mr. Peter Pangquee – Northern Territory Health and Northern Territory Aboriginal Health Worker Registration Board
- Ms. Jenny Poelina - National Aboriginal and Torres Strait Islander Health Worker Association
- Mr. Clarke Scott – National Aboriginal and Torres Strait Islander Health Worker Association
- Ms. Renee Williams – National Aboriginal and Torres Strait Islander Community Controlled Health Organisations

The Framework was presented and reviewed by NATSIHWA members and stakeholders at the NATSIHWA AGM on 31st January 2012. The final version Framework was endorsed by the NATSIHWA Board in June 2012.

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)

As the peak national professional association for Aboriginal and Torres Strait Islander Health Workers, NATSHWA’s aims and objectives are to:

- Advocate on behalf of Aboriginal and Torres Strait Islander Health Workers to ensure input and engagement on various workforce issues, including recruitment and retention strategies and career pathways and support.
- Represent all Aboriginal and Torres Strait Islander Health Workers at peak regional, state and national forums.
- Provide a range of communications resources to assist members to keep up to date with developments in their profession.
- Facilitate the mentoring and the provision of support for Aboriginal and Torres Strait health workers.
- Identity and pursue opportunities to provide advice and policy input into the national accreditation and registration process for Aboriginal and Torres Strait Islander health workers.
- Promote and facilitate cultural capability, safety and respect within the workplace of Aboriginal and Torres Strait Islander Health workers.
- Protect the cultural integrity of Aboriginal and Torres Strait Islander Health Workers.

This Framework is the property of HWA and is licenced to NATSIHWA. It may only be used with HWA’s written permission. Development of the Framework was possible due to funding made available by Health Workforce Australia as an Australian Government Initiative. NATSIHWA receives funding from the Australian Government Department of Health and Ageing.
Director:
Email: director@gnartn.org.au
Mobile: 0410 477 166
Office: 07 4042 1747

Project Manager:
Email: projectmanager@gnartn.org.au
Mobile: 0417 654 252
Office: 07 4042 1741

Postal Address:
Greater Northern Australia Regional Training Network,
PO Box 6811, Cairns QLD 4870