

**INDIGENOUS HEALTH UNIT**

# **ABORIGINAL & TORRES STRAIT ISLANDER HEALTH WORKER SKILLS RECOGNITION & UP-SKILLING PROJECT**

*FINAL REPORT - KRISTY HILL & CATRINA FELTON-BUSCH*

*September 2015*



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Prepared by Kristy Hill & Catrina Felton-Busch



This project was possible due to funding made available by Health Workforce Australia.



# EXECUTIVE SUMMARY



## *Background*

In 2012 Health Workforce Australia's (HWA) Growing Our Future Final Report recommended assisting the existing Health Worker workforce to meet the qualification (Aboriginal and Torres Strait Islander Primary Health Care Certificate IV Practice) for registration as Aboriginal and Torres Strait Islander Health Practitioners via skills recognition and upskilling training.

*In August 2013, HWA contracted James Cook University (JCU) and its consortia to implement the "Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project" over two years.*

## *Project Goal*

To deliver the necessary skills assessment, recognition and/or up-skilling training to eligible Aboriginal and Torres Strait Islander Health Workers to assist them to qualify for a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

## *Unexpected Events*

A number of unexpected events occurred particularly during the establishment phase which impacted on The Project. These include: reduced funding; closure of HWA; withdrawal of Kimberley Aboriginal Medical Services Council (KAMSC) (our more experienced RTO partner); the need to develop training resources for revised HLT40213 National Training Package; and TAFE North Cairns experienced organisational realignment.

## EXECUTIVE SUMMARY (CONT.)

### *Revised Project Deliverables*

Due to unexpected events listed above the project deliverables were revised to include:

- ▶ Deliver Upgrade 'Practice' skill set training units to 50 Aboriginal and Torres Strait Islander Health Workers; and
- ▶ Provide RPL to 10 Aboriginal and Torres Strait Islander Health Workers.

### *Achievements*

- ▶ 200 (approx.) Health Workers expressed an interest in Skills Recognition and Upskilling training.
- ▶ 127 applications received from Health Workers across North Queensland (in addition to 63 names of Health Workers supplied by Torres Strait Health Service).
- ▶ 53 Health Workers completed the two week residential Upgrade/'Practice' Skill Set training units
- ▶ 39 of these Health Workers received statements of attainment for all five units.
- ▶ 13 of these Health Workers completed 169 additional units via RPL.
- ▶ Nine Health Workers obtained the full Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.
- ▶ A total of 386 units were successfully completed.
- ▶ Ten have gained Health Practitioner registration with The Aboriginal and Torres Strait Islander Health Practice Board (AHPRA) and a further 10 (approx.) are awaiting a response to their applications.
- ▶ The project identified a large unmet training need - 150 names of Health Workers remain on the waitlist for upskilling training.
- ▶ The project supported a local North Queensland RTO (TAFE North Cairns) to prepare for the delivery of a quality Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

- ▶ Facilitated collaboration between health industry and higher education regarding the exploration of issues and implications of the Health Practitioner training and registration in North Queensland.

### *Recommendations for future Upskilling Training*

- ▶ Time spent conducting a comprehensive selection process including using selection criteria and building relationships with employers and Health Workers is a solid investment in positive training outcomes.
- ▶ Time spent building stronger relationships with employers and employees will not only ensure more satisfied students and employers but also assist in bridging the gap between the higher education sector and the health industry.
- ▶ Future funding models need to allow for adequate face to face teaching time, especially time for students to practice clinical skills.
- ▶ Language, Literacy and Numeracy (LLN) Support needs be considered, planned for and adequately resourced.
- ▶ Respond to the large unmet training need by exploring strategies and funding to continue to support Health Workers to access upskilling training.
- ▶ Ongoing work is required to continue to facilitate collaboration regarding how to support the development of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in North Queensland, including leveraging the clinical capacity (technical expertise & infrastructure) of University Department of Rural Health (UDRHs), clinical schools and regional universities.
- ▶ More flexible funding models that support LLN; vocational placement; promote collaboration between university, VET sector and health industry; and support broader capacity building (rather than narrow skills training) such as fostering reflective and critical thinking and promoting comprehensive primary health care.

## BACKGROUND



### *Policy & Industry Context*

In 2012, the Health Workforce Australia presented its “Growing Our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project” to the Standing Council on Health. The Project aimed to inform the development of policies and strategies that will strengthen and sustain the Aboriginal and Torres Strait Islander Health Worker workforce to deliver care in response to the known burden and distribution of disease prevalent within the Aboriginal and Torres Strait Islander population. In particular the Growing Our Future report recommended assisting the existing workforce to meet the minimum qualification requirements for registration as an Aboriginal and Torres Strait Islander health practitioner via recognition of prior learning and/or further education.

The Aboriginal and Torres Strait Islander Health Practice Board, established to regulate Aboriginal & Torres Strait Islander health practitioners, has specified the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

as the eligible qualification for registration. While a proportion of Aboriginal and Torres Strait Islander Health Workers became registered as Aboriginal and Torres Strait Islander Health Practitioners under the National Registration and Accreditation Scheme in 2012, many Aboriginal and Torres Strait Islander Health Workers were not eligible for registration as they did not hold this qualification. For the remaining Aboriginal and Torres Strait Islander Health Workers to meet the registration requirement, each individual needed to undergo a skills assessment process and undertake further training as necessary to meet the required qualification standard to enable registration. To assist with this endeavour, HWA provided funding to four national training consortia under the “Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project”. This project was funded by the former Health Workforce Australia (HWA) and the then Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education (DIICCSRTE).



## BACKGROUND (CONT.)

### *Local context*

The Aboriginal and Torres Strait Islander Health Worker profession has a long, proud and complex history in North Australia. Aboriginal and Torres Strait Islander Health Workers emerged in the early 1960s in North Australia in response to incredibly high health needs and under-resourced health services. The profession was established to respond to the pragmatic needs of communities. Hence, Health Worker's tasks initially focused on acute illness in children and adults (often for diarrhoea and dehydration), the recognition and treatment of pneumonia, health consultations over the radio and the organisation of emergency medical evacuations.

By the end of the 1970s, Federal funding significantly increased the number of Health Workers across Australia. The roll out of the profession nationally influenced the Health Worker role and scope, as positions responded to local need. Whilst formal Health Worker training programs got off the ground in the 1980s, legislative framework and full professional recognition of the role outside of the North Territory did not eventuate. Hence, Health Worker training and roles evolved in a diverse manner that reflected the history of services, community needs and the imperatives of regional directors, central agency priorities and the Aboriginal and Torres Strait Islander community controlled health sector (ACCCHS). As a result, Health Worker roles vary enormously from drivers to community development officers, program managers to high level clinicians - sometimes in the same service.

North Australia is characterised by disperse, diverse populations who live in regional, rural and remote locations. In rural and remote locations, poor infrastructure, communication barriers, transport issues and small health services are common. Populations across rural and remote settings are often culturally diverse, dispersed, relatively small, creating challenges for health service delivery. Across the North, the morbidity

and mortality profile is markedly different to other areas in Australia. Health issues in the north include high rates of acute conditions (often like those seen in the developing world), overlaid with high rates of chronic disease, overlaid again by higher rates of trauma. There is substantial diversity and complexity of care in this environment. As the health needs of the North have grown, the roles and expectations of the health workforce, including Health Workers, have also steadily increased.

***Remote health clinics across the North are often staffed with two or less of a discipline including Health Workers. If one person leaves, one third to a half the workforce is lost. Clinics are 24 hour services and are constantly busy.***

Health Workers who operate in this environment deal with complex clinical loads and are also working with patients in acute clinical situations who are close family and friends. Being able to care for yourself and develop professionally as a Health Worker in this environment is (like the nursing and general practice professions) essential to ensuring sustainable health systems. Similarly in rural and regional settings, the larger teams experience similar staff churn resulting in service fragility, often impacting on training. Health Workers will enter the skills assessment and clinical qualification training from a diversity of backgrounds and capacities. Some will have left the profession as they were fatigued and required a break. Others will have not had the opportunity for clinical training and support to maintain work in an increasingly diversified role. The experiences of clinical care will be complex and varied in the student group. The clinical opportunities and supervision at each service will vary significantly as will the family and community expectations and responsibilities that they carry.

## BACKGROUND (CONT.)

Training and up-skilling of Health Workers requires an understanding of the region's diversity and complexity. Well trained, diverse educators and flexible, responsive support structures are necessary to ensure buy-in and maximise successful completion of Health Worker training and qualification of those who choose this path.

From a health service industry context, work was being done in North Queensland by both the Health Hospital Network (Queensland Health) and the Community Controlled sector around establishing Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP) roles. This included the development and utilisation of tools such as

Clinical Governance Guidelines; Clinical Practice Assessment tool; Practice Plans and enterprise bargaining agreements. Despite this work being done, at the commencement of this project there were very few established positions for Aboriginal and Torres Strait Islander Health Practitioners. An additional complication in Queensland to establishing the new Health Practitioner roles was the drug therapy protocol, made under s59A, 164A and 252B of the Health (Drugs and Poisons) Regulation 1996 states the circumstances and conditions under which a Indigenous Health Worker is authorised to administer or supply a Scheduled drug or poison.





## PROJECT PLANNING



The initial goal of JCU's "Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project" was to deliver the necessary skills assessment, recognition and/or up-skilling training to eligible Aboriginal and Torres Strait Islander Health Workers to assist them to qualify for a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice in line with the new and revised HLT40213 National Training Package.

### **The Project was to provide opportunities for training under the following scenarios:**

- ▶ Upgrade to the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Community Care to Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice - best achieved by completing the 'Practice' skill set training/units.
- ▶ Aboriginal and Torres Strait Islander HealthWorkers require the full Certificate IV in

Aboriginal and Torres Strait Islander Primary Health Care Practice - where the person is working in an Aboriginal and Torres Strait Islander Health Worker role with minimum experience or qualifications.

- ▶ Additional support to assist individual students with:
  - i. a Numeracy & Literacy bridging course;
  - ii. Completing one or two Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice units.

### **The Key Objectives of The Project included:**

- 01.** Establishment
- 02.** Identification of Candidates
- 03.** Implementation of Skills Assessment and Recognition of Prior Learning
- 04.** Implementation of Up-skilling training

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## PROJECT PLANNING (CONT.)

### *Timeframe*

The contract was signed in August 2013.

### *Project Boundaries*

**The locations and boundaries for training delivery and student recruitment for this project were:**

- ▶ **Western Australia:** down to and including the southern boundaries of the Kimberly Pilbara Medicare Local.
- ▶ **North Queensland:** down to and including the southern and eastern boundaries of the Townsville-Mackay and Central and North West Medicare Locals, Central Queensland Medicare Local and North Medicare Local.

### *Project Budget*

The budget in the original contract was for \$686,822 which included Project Coordination and Training and Skills Recognition - 23 Skills Assessment; 56 Skills Set Training (Scenario a); and 40 Full Course (Scenario b). In addition to this, the original contract stated HWA would 'reimburse student travel and accommodation costs', however this was later withdrawn. Refer to the 'Revised Budget' and unexpected outcomes Sections for more details.

### *Critical Success Measures*

**The Critical Success Measures identified in the contract were:**

- 01.** Enrolment of Aboriginal and Torres Strait Islander Health Workers to undertake skills assessment and/or, up-skilling training or the full course;
- 02.** Progression of Aboriginal and Torres Strait Islander Health Workers through training units;
- 03.** Number of training units successfully completed; and
- 04.** Number of Aboriginal and Torres Strait Islander Health Workers from metropolitan, Regional and remote areas awarded the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice qualification.

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## PROJECT PLANNING (CONT.)

### *Partners/Consortium*

As a result of both the local training context and James Cook University's (JCU) experience in this sector JCU welcomed the opportunity to provide services for the Aboriginal & Torres Strait Islander Health Worker Skills Recognition and Upskilling Project (The Project). JCU established a consortium of partners who had the experience, local knowledge, geographical coverage and expertise to meet the requirements of The Project. Based on previous partnerships, notably with the North Aboriginal & Torres Strait Islander Primary Health Education Consortium (NATSIPHEC), the consortium collectively represented the university, vocational education, vocational education and training (VET) sector and Aboriginal Community Controlled Health Service sectors.

#### **The original consortium included:**

- ▶ James Cook University
- ▶ Kimberley Aboriginal Medical Services Council (KAMSC)
- ▶ Queensland Aboriginal and Islander Health Council (QAIHC)
- ▶ Mount Isa Centre for Rural and Remote Health (MICRRH)
- ▶ Townsville Aboriginal & Torres Strait Islander Corporation for Health Services
- ▶ Tropical North Queensland TAFE (TNQT)
- ▶ Apunipima Cape York Health Council

### *Governance*

A number of governance arrangements were established to assist in decision making for The Project. These included:

#### *HWA Project Advisory Group*

The HWA Project Advisory Group was established by HWA at project commencement and was responsible for advising HWA on the Skills Recognition and Upskilling project. Specifically, the role of the project Advisory Group was to guide the project implementation and mitigate risks; monitor project progress and achievements; determine project tools and approaches; provide advice on data collection approaches and issues; and assist HWA in the communication of project initiatives throughout networks. In addition to a representative from each nationally funded HWA project, membership consisted of the HWA Workforce Innovation and Reform Program Manager; and a representative from National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA); Australian Health Profession Regulation Authority (AHPRA) and Aboriginal and Torres Strait Islander Health Practice Board of Australia.

#### *Project Partnership Advisory Group*

A Project Partnership Advisory Group (PPAG), with membership consisting of the representatives from each consortia partner, was established with the purpose of providing a sound governance framework for and active oversight of the Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project. The PPAG would meet every 6 months.

## PROJECT PLANNING (CONT.)

### Governance (cont.)

#### Project Management Group

A project management group (PMG) with membership comprising of JCU's Director of the Indigenous Health Unit (Project Manager), The Project Officer and Clinical lead and RTO Educators, was also established to provide management support to The Project Officer in the day-to-day activities of the Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project. It was envisaged that regular Project Management Group meetings (fortnightly - monthly depending on need) would support the day-to-day work of The Project Officer. Due to the complex nature of The Project the Director, Mount Isa Centre for Rural & Remote Health and Associate Dean of Indigenous Health were included to provide strategic advice. A part-time administrative assistant and clinical

lead would also further enhance The Project human resource capacity.

*Terms of Reference for these groups were created refer to Appendix One.*

#### Coordination Function - Staffing

The Director, Indigenous Health Unit of JCU, undertook a recruitment process in late 2013 for the appointment of staff for the co-ordination function:

- ▶ Project Officer (Fulltime for 24 months)
- ▶ Administrative Officer (0.5fte for 24 months)
- ▶ Clinical Lead (part-time (0.4fte for 24months)



## PROJECT PERFORMANCE





## PROJECT PERFORMANCE (CONT.)

### *Unexpected Events – Description, Impact, Actions taken*

**Table 1. Summarises the unexpected events that occurred throughout The Project, the impact they had and actions taken.**

UNEXPECTED EVENTS - DESCRIPTION	IMPACT	ACTIONS TAKEN
Reduced funding – The Project had anticipated receiving funding to cover student travel and accommodation via DIICCSRTE. But due to a review of Indigenous programs by Premier and Cabinet this did not eventuate.	This loss of funding meant The Project could no longer deliver what it had initially intended. Refer to revised project deliverables.	The Project deliverables were revised by reducing the number of people offered RPL/skills assessment and training.
In the 2014 Budget the Australian Government announced the closure of Health Workforce Australia (HWA), with essential functions transferring to the Department of Health.	Loss of continuity; Reduced leadership and advice from HWA and other peak funders, other peak bodies and other national projects.	Established effective working relationship with new funding body (Australian Department of Health).
KAMSC (our more experienced RTO partner) did not achieve reaccreditation and therefore made reaccreditation a priority thereby reducing their availability to The Project. CEO who was a significant supporter of project also retired.	Key expertise regarding training was lost.	Supported local RTO TAFE North to develop these expertise.
Introduction of a new release of the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice training package.	Delayed the commencement of training whilst new training resources were developed by TAFE.  Lots of lessons learnt from delivery of first Upskilling Training block.	TAFE North Cairns applied to extend scope. JCU worked with TAFE to prepare for delivery including developing training resources to support delivery. In particular JCU clinical skills team was integral to developing clinical skills training.
TAFE North Cairns experienced organisational realignment and issues with staff turnover.	Loss of corporate knowledge and training expertise.	New staff recruited; JCU project team worked with TAFE to re-establish relationships and transfer project knowledge.
New Health Practitioner role with uncertainty of fit (from training to industry). The HP role was still being clearly defined and there were very few HP positions had actually been created in Qld.	Some scepticism about the role, employments options and restrictions due to the Health (Drugs and Poisons) Regulation 1996	Utilised Project Partnership Advisory Group to share current information about new HP role.

## PROJECT PERFORMANCE (CONT.)

### *Revised Project Deliverables*

Due to unexpected events listed above in Table 1 The Project deliverables were revised to include:

- ▶ Deliver Upgrade 'Practice' skill set training units to 50 Aboriginal and Torres Strait Islander Health Workers;
- ▶ Provide RPL to 10 Aboriginal and Torres Strait Islander Health Workers.

The Upgrade/'Practice' skill set training units which were recommended by HWA comprised of the following 5 units:

- ▶ **HLTAHW018:**  
Plan, implement and monitor health care in a primary health care context
- ▶ **HLTAHW019:**  
Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities
- ▶ **HLTAHW020:**  
Administer medications
- ▶ **HLTAHW037:**  
Support the safe use of medications
- ▶ **HLTAHW016:**  
Assess client's physical wellbeing

### *Revised Project Location & Boundaries*

The initial locations and boundaries for training delivery and student recruitment for this project were outlined in The Project Planning section, however, due to the unexpected events listed above, in particular the loss of KAMSC RTO status, Western Australia was removed from the project boundaries. The Project then focused on North Queensland.

### *Revised Budget*

Following the loss of funds for student travel and accommodation The Project budget was revised in line with revised project deliverables.

See Table 2 below for details.

Table 2. Revised Budget

ITEM	BUDGET (GST EXCLUSIVE)
Individual salary components for staff:	\$273,000
Marketing and communications materials	\$10,822
Travel and accommodation cost	\$133,000
Skills Assessment and Up-skilling training	\$270,200
<b>Total (per annum)</b>	<b>\$686,822</b>

## PROJECT PERFORMANCE (CONT.)

### Governance

The HWA Project Advisory Group met several times during the establishment phase of The Project (the initial 3-6 months), following this meetings ceased, primarily due to the closure of HWA.

The Project Partnership Advisory Group (PPAG) was established at the commencement of The Project and assisted with overseeing the Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project. The PPAG met approximately every 6 months. Not only was it a useful tool for providing guidance and decision making, it was also highlighted as a valuable opportunity for member organisations to share information and discuss relevant industry issues.

The Project Management Group did not meet as regularly as initially intended and was utilised on a more informal basis. Despite this, it was utilised effectively when decision making was required.

In summary, the governance arrangements established during the planning phase of this project served as useful tools for keeping The Project on track. These groups were particularly useful in assisting to address unexpected events and facilitating information sharing and collaboration between the health services and training industry.

### Identification of Candidates & Training Needs Analysis

Following on from the establishment phase, the next phase involved identifying candidates through an extensive communication and marketing campaign. This was a useful tool to raise awareness of The Project throughout the industry and market the program to potential students and their employers.

Marketing and communication resources were developed including information sheets, expression of Interest forms, enrolment forms, a website page on JCU Indigenous Health Unit portal, and a regular Project Newsletter. Refer to Appendix 2 for examples.

In addition, The Project officer conducted numerous site visits to health services across the region to promote the program. The Project was also promoted through a story in the NATSIHWA Annual Report. A single contact point for telephone and electronic communication (co-ordinated at JCU) was developed to manage enquiries and collect information from interested parties. Standard information packages were provided to those deemed eligible to participate, including information about the Expressions of Interest (EOI) to participate in the program. Students were also identified through the Training Needs Assessment (TNA).

Due to delays in finalising budgets, The Project had a short time frame to assess training needs. The initial TNA revealed 227 Health Workers were interested in The Project, of these 145 required Upgrade/'Practice' skill set training units; and 82 required the full Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice. Of these, 30 were noted as places for Western Australia. To formalise this interest, Health Workers were asked to submit an Expression of Interest, including sign off from their managers.

*This form resulted in 127 applications submitted which were then entered into a database. In addition to this, 63 names were submitted by the Torres Strait Health Service. This made a total of approximately 190 Health Workers in North Queensland who were seeking Upskilling training.*

Applications remained open throughout The Project in order to ensure those most suited to the training were offered a position.

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## PROJECT PERFORMANCE (CONT.)

### *Training Allocation*

The Training Needs Assessment provided significant data to highlight the demand for training for Aboriginal and Torres Strait Islander Health Workers in the region. The demand of this training provided challenges for the consortia and project team, and measures had to be developed to manage the size and expectations created from this demand.

*Based on the tight timeframes with The Project, it was decided in consultation with the Advisory Group that the most achievable outcome was to deliver on scenario one – Upgrade the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Community Care to Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice – by completing the 'Practice' skill set training/units.*

The Project team applied a criteria assessment for Health Workers who qualified for the Upgrade Training which was based on their level of clinical experience, practice and qualifications.

As The Project evolved more Health Workers submitted Expression of Interest Forms and it became more competitive to secure a training position. As a result the selection criteria was refined. Furthermore, the process for selection became somewhat more rigorous and in addition to reviewing applicant's documentation (CV, Position Description, Expression of Interest form) interviews were conducted with employers and the Health Worker.

#### **The criteria for being accepted into the training included:**

- ▶ must hold a Cert IV Aboriginal and Torres Strait Islander Primary Health Care (Community Care or old Practice)
- ▶ must have >5yrs clinical experience.
- ▶ be willing to enrol in Cert IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) HLT40213 and participate in RPL process
- ▶ be able to attend the entire two week residential block Upgrade training (and complete their studies)
- ▶ be interested in obtaining Health Practitioner registration

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*Of the 147 applicants, approximately 70 Health Workers were offered the opportunity of Upgrade training, but for various reasons not all these applicants were able to accept the offer. From those offered the training, 57 enrolled in the training and 53 completed the two week training.*

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## PROJECT PERFORMANCE (CONT.)

### *Training Delivery*

The training was delivered by and under the auspice of TAFE North Cairns and was complemented by clinical skills sessions delivered by the JCU Clinical Skills Team. JCU project staff were responsible for recruiting and enrolling students and arranging the travel, accommodation, meals and other items pertaining to logistical matters. JCU and TAFE staff members were available to assist students throughout the two week block including Aboriginal and Torres Strait Islander student support services.

The first two cohorts of the Aboriginal and Torres Strait Islander Health Worker Up skilling Training was delivered in Townsville at the JCU Campus in June/July and Sept/October 2014. Due to the need to develop new training resources, initially the JCU Clinical Skills team were heavily involved in planning and delivering the clinical education sessions, including the simulated learning environments. The third and final Upskilling Training was delivered in Cairns at TAFE North Cairns campus in May 2015.

A number of strategies were developed to facilitate this collaborative training initiative which in the end added significant value to the quality of training. Strategies include:

- ▶ Shared resources - simulation equipment, teaching staff (knowledge and expertise), lesson plans and other equipment and resources
- ▶ Regular meetings to explore innovative teaching strategies and enhance simulation opportunities
- ▶ A commitment to providing quality clinical education

Each Cohort enrolled 20 students, however, for various reasons some Health Workers did not attend or complete the two week block. The number of students who completed the two week block in Cohort I was 16; in Cohort II was 18; and in Cohort III was 19. This brought the total number of students who attended the two week Upskilling training to 53, three above the deliverable of 50. Refer to Figure 1 below for details regarding student numbers by gender and cohort.








## PROJECT PERFORMANCE (CONT.)

**Figure 1. Number of students by cohort & gender**

Health Workers were employed across a range of settings including Queensland Health Service (33), private medical centres (1) and Aboriginal Community Controlled Health Services (19) and delivered services across urban, rural and remote community settings. The distribution of students by region is shown below in Figure 2.

Of note, is the lack of uptake of Health Workers who came from inland Queensland.

			
COHORT 1	16	12	4
COHORT 2	18	16	2
COHORT 3	19	17	2
TOTAL	53	45	8

**Figure 2. Distribution of students by region**



## PROJECT PERFORMANCE (CONT.)

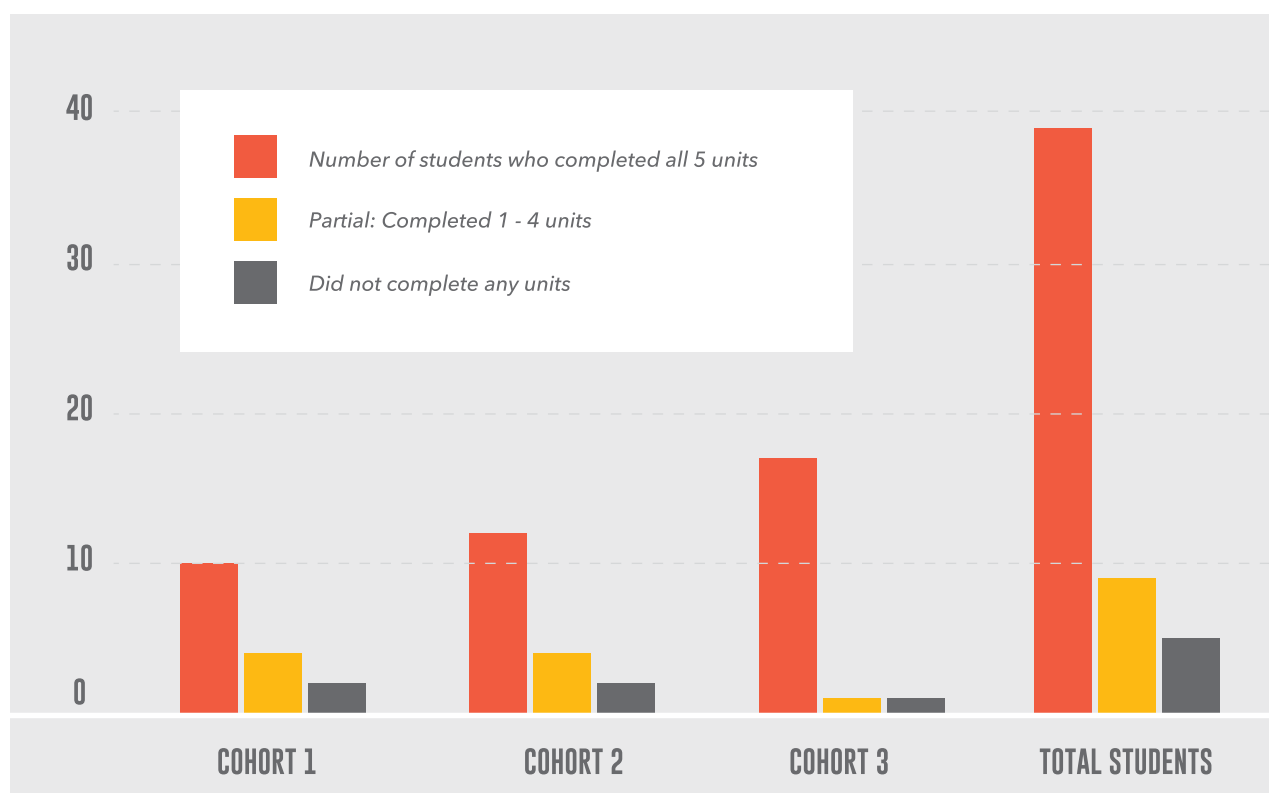
### Achievements

Despite experiencing a number of unexpected events The Project met its deliverables by supporting 53 Health Workers to complete the Upgrade / 'Practice' skill set training. Refer to Figure 1.

Of these 53 students who attended the Upgrade training, 39 students successfully completed all 5 units (and received statements of attainment (SOA) and a further 9 completed 1-4 of the 5 units. Refer to Figure 3. Rates of successful completion of all 5 units increased with each Cohort. On average 73.6% of students successfully completed all five units, with the final cohort achieving almost a 90% pass rate. Refer to Figure 4 below. These increased rates of completion could possibly be related to the increased levels of student satisfaction observed and discussed in the Key Findings section.

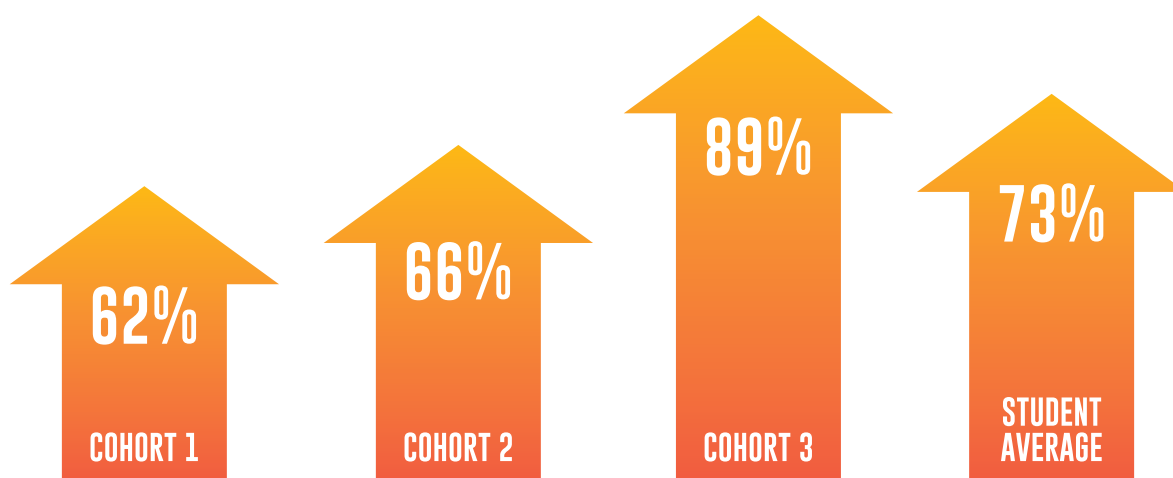
*Students who received SOA for all five units were offered the opportunity to participate in the Recognition of Prior Learning (RPL) process. 13 students enrolled in RPL (contract deliverable was 10) and successfully received recognition for 169 units. Nine of the students who participated in RPL also obtained the full Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice HLT4032. A total of 386 units were successfully completed by the 53 students.*

Figure 3. Number of units completed by Cohort



## PROJECT PERFORMANCE (CONT.)

Figure 4. Percentage of students who completed all five units



In addition to training outcomes, **additional achievements** of The Project include:

- ▶ **Clinical Logbooks** - the HWA Clinical Logbooks were incorporated into the training program. Each student was provided with a copy which was utilised throughout the training and thereafter for recording clinical experiences. Feedback from both students and teachers indicated the log books could be more user friendly.
- ▶ **Registration:** The Project officer supported interested Health Workers who received SOA for all five units to apply for registration with The Aboriginal and Torres Strait Islander Health Practice Board. As a result ten students have gained registration with AHPRA whilst a further 10 (approx.) are awaiting a response from their applications.
- ▶ **Facilitating collaboration between health industry and higher education:** The Project utilised several strategies to support collaboration between the health industry and higher education sector including holding regular Project Partnership Advisory Group meetings. In addition, in February 2014, The Project in conjunction with Greater North Australia Regional Training Network (GNARTN) held a "Supporting the development of Aboriginal and Torres Strait Islander Health Practitioners in North Queensland" workshop. The workshop provided a valuable opportunity for health industry and higher education sector to come together to explore issues, priorities and solutions and next steps.
- ▶ **Development of a local RTO in North Queensland (Tafe North Cairns)** who has the capacity to deliver a quality Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. In addition to this, JCU supported Tafe North Cairns to prepare their application for AHPRA accreditation.

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## PROJECT PERFORMANCE (CONT.)

### *Budget Report*

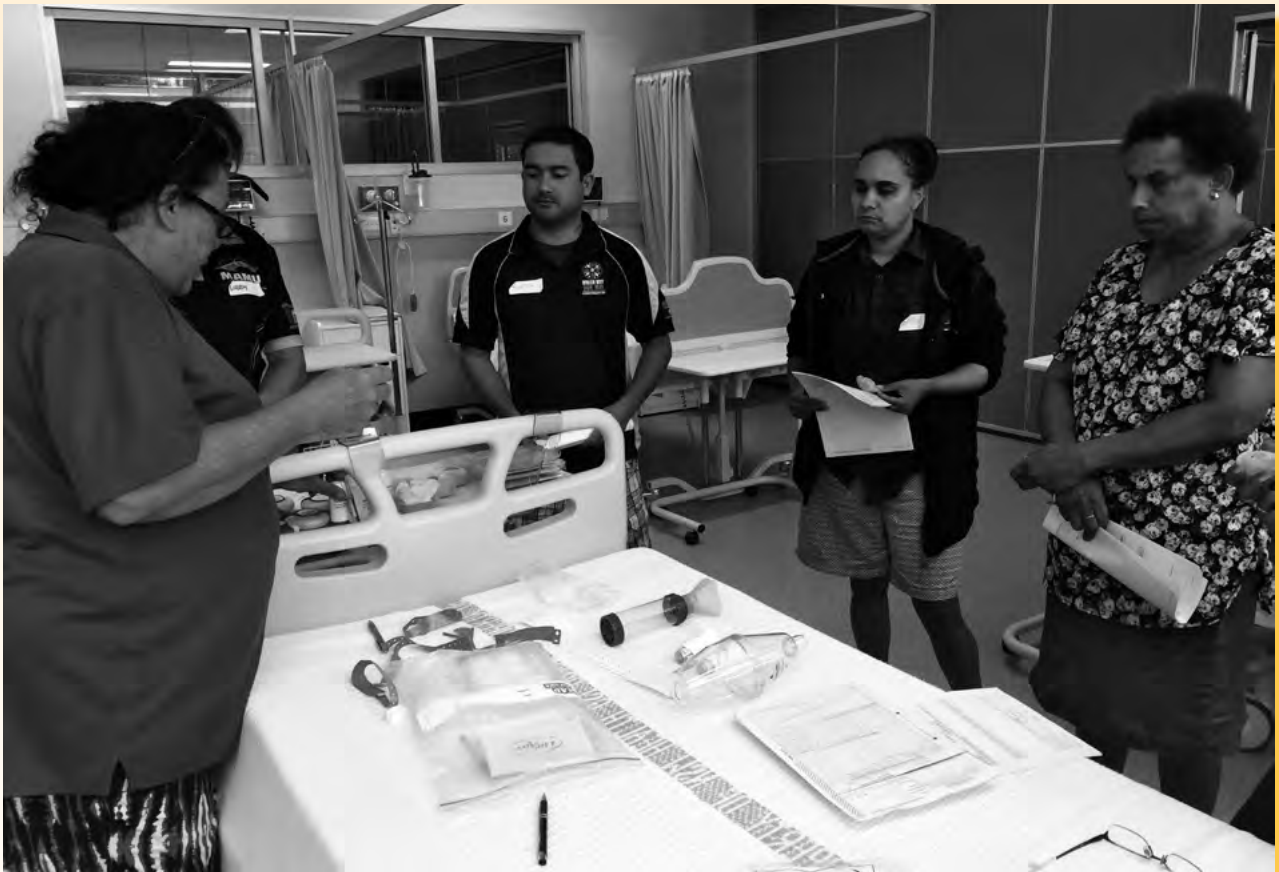
#### *Training Costs*

The costs for training varied with each residential training block primarily because of RTO fees but also because of travel and accommodation differences. Table 3 provides a summary of the total cost of each training block (Cohort). Cost for each Cohort includes student travel, accommodation, meals, venue hire, training resources, TAFE North Cairns Training Delivery Fee and staff (TAFE/JCU) expenses. RPL costs are not included.

**Table 3. Total cost per Training block (Cohort)**

TOTAL EXPENDITURE	
Cohort 1	\$97,417.87
Cohort 2	\$105,700.71
Cohort 3	\$115,439.36
<b>Total expenditure for all 3 residential training blocks</b>	<b>\$318,557.94</b>

## UNMET TRAINING NEED



*This project has exposed a huge training need for north Queensland. Upon completion of The Project approximately 150 Health Workers remain on the waitlist. Of these 150, there are about 55 Health Workers from the Torres Straits and the remaining 95 who live in the north Queensland project boundaries. More work is required to determine exact training needs and develop flexible training pathways to the meet the varying needs of this essential workforce.*

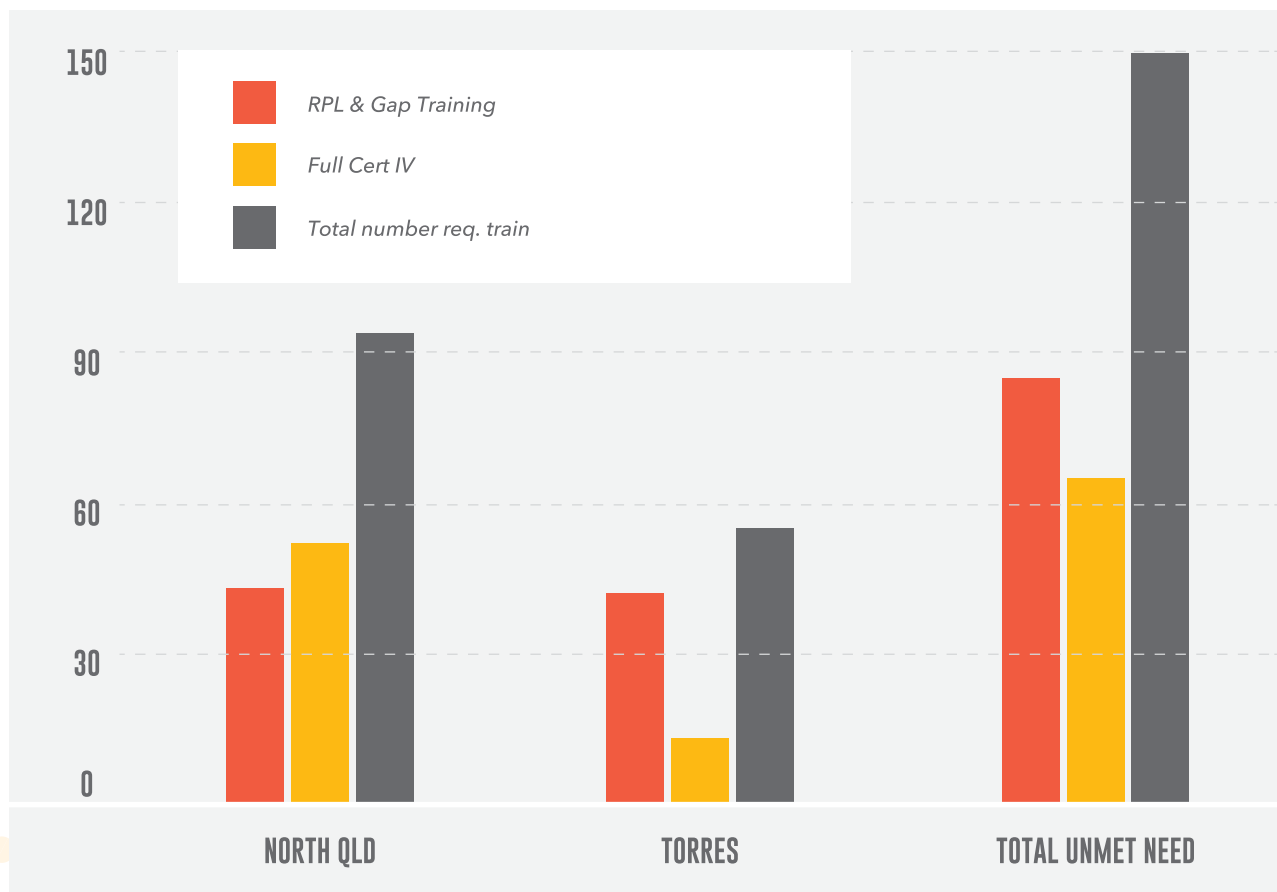


## UNMET TRAINING NEEDS (CONT.)

Given that North Queensland now has a reliable RTO who is capable of delivering quality Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice training it is important that strategies and funding be developed to continue to support Health Workers to access upskilling training. This need is directly in line

with recommendations from *The Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report* which identifies the need to increase accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker Training including increasing the availability of scholarships and bursaries.

Figure 5: Unmet Training Need



## KEY FINDINGS FROM STUDENT EVALUATION



## KEY FINDINGS FROM STUDENT EVALUATION (CONT)

Written feedback was obtained through various means including a Course Experience Questionnaire (which was conducted with each Cohort), TAFE Evaluation forms and opportunistic butcher's paper feedback. From this feedback a number of themes emerged including:

- ▶ Clinical Skills Training, in particular simulation learning environments, were the highlight - students consistently reported the opportunity to practise their clinical skills as the most beneficial aspect of the training.
- ▶ The opportunity to share and learn from each other was identified by each cohort of students.
- ▶ Some students reported that they had difficulty with hearing the teachers or experienced difficulty understanding information, as English was a second/third language.

Significant improvements were identified with Cohort III training in comparison to the previous two Cohorts. This included:

**Student Satisfaction:** With each Cohort students reported a significant improvement in satisfaction with the training from 65.5% in Cohort I to 93.75% in Cohort III. Refer to Figure 6 below.

**Teaching Standard:** Feedback from all surveys also indicated that the quality of teaching was of a higher standard with each cohort. 100% of students in Cohort III reported they believed teachers were well organised; had a thorough knowledge of the subject content; were ethical and professional; consistently communicated learning and assessment content clearly; and that the learning resources and materials were appropriate.

**Student Selection:** As mentioned previously, prior to inviting students to participate in Cohort III training, The Project refined the key selection criteria. This was to assist with prioritising applicants and to ensure the right students were selected. In addition to this criteria, more time was spent developing relationships with both the applicants and their employer prior to enrolment to ascertain the suitability of each applicant.

### **Clearly Communicated Goals of the training**

In previous Cohorts there was some confusion amongst students about the purpose and outcomes of the training, in particular how the training was associated to the registration process. With each Cohort more time was spent communicating with students and their employers prior to enrolment regarding the expectations and purpose of the training. As a result there was a significant improvement in respondents' perceptions about the clarity with which teachers communicated expected academic standards and program goals from 50% in Cohort II to 94% in Cohort III. This could possibly be one of the reasons why students reported a higher Overall Student Satisfaction in Cohort III.

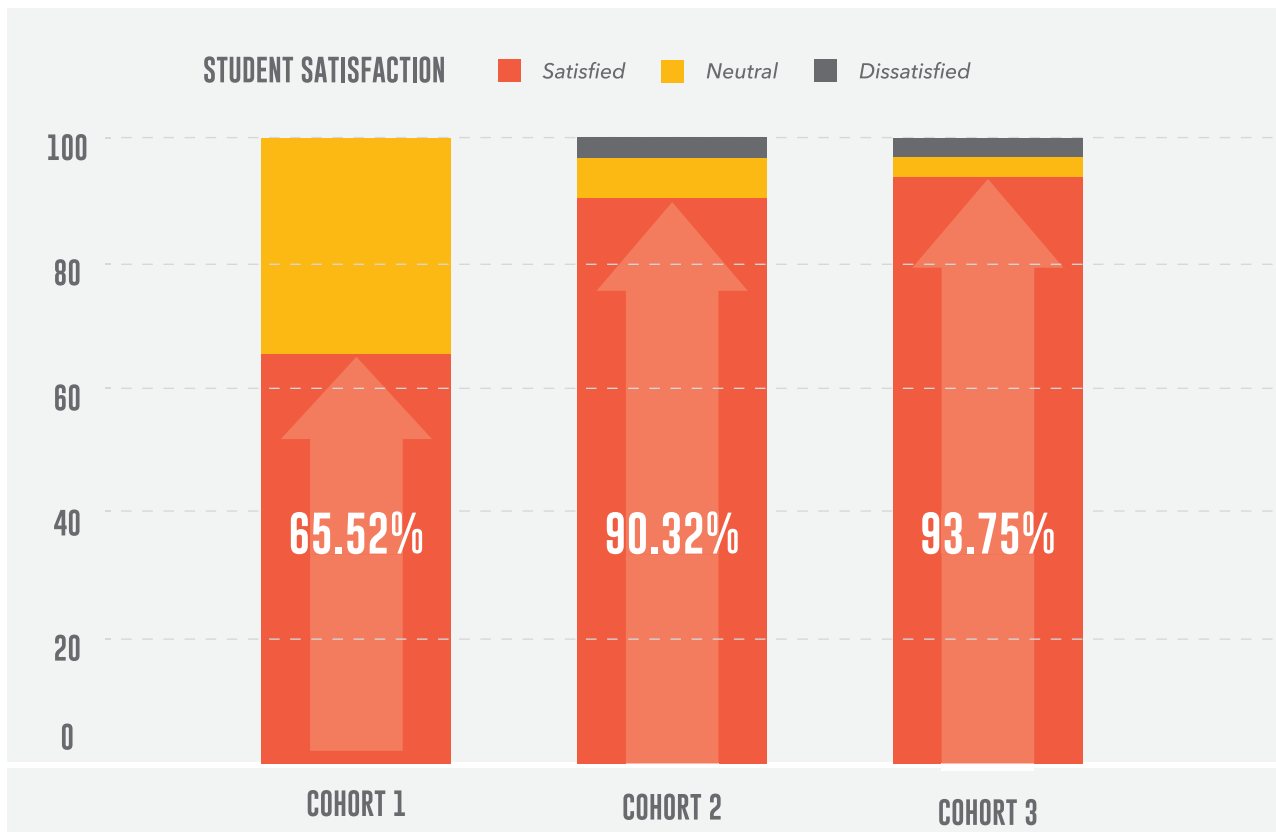
### **Learning Support:**

*TAFE conducted a Language, Literacy and Numeracy (LLN) assessment in the first morning of teaching in Cohort III. The results revealed most students were below the necessary standard to complete Cert IV level units. I.e. Most students were assessed at a Cert II or Cert III level instead of a Cert IV level across all areas of LLN. As a result, the teaching staff incorporated a number of learning support sessions during the two week block. This was particularly useful in supporting students to complete the 'Administer medications' unit where drug calculations is a large component.*

**High Workload:** Although students from this Cohort reported more satisfaction with the workload than previous Cohorts, they continued to report the need for more time to take in all the new theory, to practise clinical skills and to complete assessments. This improvement is likely to be due to the effort TAFE teachers put into introducing mixed modes of learning including students completing one assessment online prior to attending the block. Despite this, TAFE teachers continued to report that the high workload was a real challenge and that more face-to-face teaching time would improve the learning outcomes.

## KEY FINDINGS FROM STUDENT EVALUATION (CONT)

Figure 6. Percentage of students satisfied with training per Cohort



## RECOMMENDATIONS

The following Recommendations are aimed at improving future Upskilling Training for Aboriginal and Torres Strait Islander Health Workers:

**Student Selection Criteria:** Interest from Health Workers regarding this training was high for various reasons including the opportunity to upskill; the training being fully funded by The Project; large unmet training need; and the aspiration to gain Health Practitioner Registration. This combined with the variation in skills, expertise and training experience of applicants resulted in the student selection process being quite complex. To assist with selecting the most suitable applicants it became useful to develop selection criteria and invest time in building relationships and conduct screening with applicants and their employers. It is recommended for future Upskilling training that time spent conducting a comprehensive selection process including using selection criteria and building relationships with employers and Health Workers is a solid investment in positive training outcomes.

**Building partnership between higher education and health industry:** In addition to selecting the right applicants, significant effort was put into ensuring both applicants and their employers understood the goals of the training and how this related to Health Practitioner registration. It is possible because of this effort the latter Cohort was more satisfied with the outcomes of the training than those of previous cohorts. It is recommended that time spent building stronger relationships with employers and employees will not only ensure more satisfied students and employers but also assist in bridging the gap between the higher education sector and the health industry.

**Workload:** Both students and teachers reported that high workload was an issue. It is recommended that future funding models allow for more face to face teaching time. This poses many challenges including the financial costs and for students time away from family, community and work. If adequate face to face teaching time isn't viable, then it is essential that training organisations assist students to engage with other forms of learning such as online sessions etc.

**Language, Literacy and Numeracy Support:** As mentioned above TAFE conducted a Language, Literacy and Numeracy (LLN) assessment in the first morning of teaching which revealed most students required learning support. Learning support staff have recommended that in future LLN assessment should be conducted prior to students attending the block in order for learning support staff to develop and implement individualised learning support plans. The reality of introducing learning support remotely is both challenging from a resource and remoteness perspective. Despite this, it is strongly recommended that planning any future Aboriginal and Torres Strait Islander Health Worker training that Learning Support needs be considered and adequately resourced.

**Practical skills training:** It is recommended that any future training ensure there is adequate time for students to practise clinical skills. This could possibly be done by assisting students to cover more theory prior to attending the block training or establishing clinical placement models.

**Flexible Funding Models:** Given the complex context of service delivery in rural and remote Indigenous communities, more flexible funding models for training Health Workers are required in order to:

- ▶ Support Language, Literacy & Numeracy needs;
- ▶ Provide adequate contact hours to encompass all aspects of the qualification including vocational placement;
- ▶ Promote collaboration between university, VET sector and health industry; and
- ▶ Support broader capacity building (rather than narrow skills training) such as fostering reflective and critical thinking and promoting comprehensive primary health care.

**Respond to unmet training need:** There is a need to increase availability, accessibility and flexibility of funds to support more Health Workers to upskill to Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and become registered Health Practitioners. This project has exposed a huge unmet training need and as a result it is recommended that strategies are explored to support these Health Workers to access upskilling training.



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## CONCLUSIONS

The Project has successfully supported 53 Health Workers to complete Upskilling training. Of these 53 Health Workers, 39 successfully received statements of attainment for all 5 units. 13 of these Health Workers went on to undertake RPL with nine of them obtaining the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and a total of 386 units being successfully completed. Furthermore, at the time of publication ten students had gained registration with AHPRA whilst a further 10 (approx.) were awaiting a response from their applications.

*The Project has improved partnerships in the region regarding Aboriginal and Torres Strait Islander Health Worker training and provided opportunity for local stakeholders to explore issues and implications of the Health Practitioner training and registration. Ongoing work is required to continue to facilitate collaboration regarding how to support the development of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in North Queensland.*

Furthermore, there is now a local RTO in North Queensland (TAFE North Cairns) who is able to provide quality Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice training. Notably, The Project had identified a huge need for more upskilling training, with approximately 150 Health Workers in north Queensland interested in receiving upskilling training. More work is required to determine this group of Health Workers needs and aspirations, and to develop flexible funding models and training pathways that respond to this need.

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## LIST OF TABLES

**Table 1.** Unexpected Events

**Table 2.** Budget

**Table 3.** Total cost per Training block (Cohort)

## LIST OF FIGURES

**Figure 1.** Number of Students by Cohort and Gender

**Figure 2.** Distribution of students by region

**Figure 3.** Number of students who received Statements of Attainment (SOA)

**Figure 4.** Percentage of students who completed all five units

**Figure 5,** Unmet Training Need

**Figure 6.** Percentage of students satisfied with training per Cohort

## APPENDICES



## APPENDICES

### Appendix 1. Partnership Advisory Group (PPAG), Terms of Reference

Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project Partnership Advisory Group (PPAG)	
TERMS OF REFERENCE	
<b>SCOPE</b>	The Project Partnership Advisory Group (PPAG) provides advice to The Project Working Group (PWG) on the implementation and further development of the Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project (The Project), monitors the quality and outcomes of The Project, makes recommendations to the PWG on any changes and ensure the program deliverables are met, including reporting, within The Project timeframes.
<b>PURPOSE</b>	To provide a sound governance framework for and active oversight of the Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling Project.
<b>AIMS</b>	<ul style="list-style-type: none"> <li>▶ To provide a forum for key stakeholders to have input into The Project</li> <li>▶ To provide advice on current and emerging industry issues that will impact on The Project</li> <li>▶ To review reports</li> <li>▶ To provide a forum to discuss resources, clinical placement etc.</li> <li>▶ To assist with communication between all key stakeholders</li> <li>▶ To review work plans and act as a resource to the PWG</li> <li>▶ To manage risks associated with project</li> </ul>
<b>MEMBERSHIP</b>	James Cook University Tropical North Queensland TAFE Kimberley Aboriginal Medical Services Council Townsville Aboriginal & Torres Strait Islander Corporation for Health Services Mount Isa Centre for Rural and Remote Health Queensland Aboriginal and Islander Health Council Apunipima Cape York Health Council With potential to include state government and other key stakeholders as The Project develops.
<b>CHAIRPERSON</b>	Director of the Indigenous Health Unit
<b>MEETINGS</b>	6 monthly



# Aboriginal and Torres Strait Islander health worker skills recognition and up-skilling project

James Cook University has been contracted to deliver this program in the regions of Northern Western Australia and Northern Queensland and to work in partnership with Tropical North Queensland TAFE, Townsville Aboriginal and Torres Strait Islander Corporation for Health Services, Mount Isa Centre for Rural and Remote Health, Queensland Aboriginal and Islander Health Council, Kimberley Aboriginal Medical Services Council and Apunipima Cape York Health Council.

## WHAT IS THE COURSE?

HLT40213 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice. This qualification is fully funded by Health Workforce Australia (HWA) and the Department of Industry.

## WHO IS ELIGIBLE?

Aboriginal and Torres Strait Islander Health Workers who provide a range of primary health care services to Aboriginal and/or Torres Strait Islander people. Participation in the Aboriginal and Torres Strait Islander Health Workers up-skilling project is voluntary.

## WHAT ARE THE PATHWAYS TO THE QUALIFICATION?

Aboriginal and Torres Strait Islander Health Workers who require upgrading or upskilling are a priority for this course. The following pathways are available:

- For experienced or previously qualified Aboriginal and Torres Strait Islander Health Workers -> upskilling through Recognition.
- For holders of Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community Care) -> upgrading to the Practice qualification through gap education.
- For less experienced/qualified Aboriginal and Torres Strait Islander Health Workers -> full course training.

A Training Needs Analysis (TNA) survey & interview will be used to determine the appropriate pathway for each applicant.

## HOW WILL THE TRAINING BE DELIVERED?

Training will be delivered by and under the auspice of the Registered Training Organisation (Kimberley Aboriginal Medical Services Council and Tropical North Qld TAFE).

A full Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice is delivered in block mode. There will be 4 weeks between blocks for students to consolidate knowledge and practice skills acquired at each block. Students requiring the upgrade to 'Practice' units will be enrolled in those units and will be required to attend the relevant course blocks. Final decisions on timing and make-up of blocks will be made once the initial skills assessment and recognition processes are completed.

## WHEN IS IT ON?

From late 2013 to early 2015. A Training Needs Analysis will be completed between now and January 2014 - education block dates to be advised.

## HOW MUCH WILL IT COST?

The course is free to eligible participants. Funding has been provided through Health Workforce Australia (HWA) and the Department of Industry. Travel, share accommodation and meals will be covered for eligible students.

## WHAT DO I NEED TO DO?

Email us at [eoi-hwproject@jcu.edu.au](mailto:eoi-hwproject@jcu.edu.au) or phone 07 4781 4009 for an Expression of Interest form or simply for more information.

Health Workforce Australia Project Team  
Indigenous Health Unit  
Faculty of Medicine, Health and Molecular Sciences  
Building 41, Room 018  
James Cook University  
Angus Smith Drive



This project was possible due to funding made available by Health Workforce Australia.



# Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling PROJECT UPDATE

June 2015 Page 1



## Final Upskilling Training A Big Success!

JCU's final Upskilling Training was recently held in Cairns from the 4-15th May, 2015. 19 Aboriginal and Torres Strait Islander Health Workers attended from the communities of Yarrabah, Cairns, Innisfail, Mackay, Woorabinda and six from the Torres Straits (Horn Island, Thursday Island, Yam Island, Mabuiag Island & Badu Island).

The Upskilling Training was developed to assist Health Workers who have a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community) to be eligible for registration (prior to 1 July 2015) by completing the 'Practice Skill Set' training units. This intensive two week training covered 5 Units including: HLTAHW020—Administer medications & HLTAHW037—Support the safe use of medications. The training was delivered by RTO partners TAFE North Cairns and was complimented by clinical skills sessions from the JCU Clinical Skills Team.

**Image Above:** Libby Bishop, from Mamu Health Service practicing taking bloods using a venipuncture model kit.



**Image Above:** Health Workers who attended the recent training

The calibre of students attending the training was exceptional with all students currently well on their way to receiving statements of attainment for the 5 units.

Students consistently reported that the highlight of the training was the opportunity to practice their clinical skills.

Another session of interest was Medicare Liaison Officer, Kirra Kynuna. She provided an update on recent changes to Medical Benefits Schedule (MBS) including Item 715. Item 715 is one example of the need for health services to create Health Practitioner roles and for health workers to gain Health Practitioner registration. For more information on MBS please contact the Indigenous Access line on 1800 556 955 or the Provider line on 1300 302 122. Finally, both the JCU and TAFE trainers involved were truly inspired by such a skillful and motivated group of Aboriginal and Torres Strait Islander Health Workers. They look forward to seeing these outstanding health professionals gain Health Practitioner registration.



# Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-skilling PROJECT UPDATE

June 2015 Page 2



## TAFE News

TAFE North Cairns will be offering the Certificate IV and Diploma in Aboriginal and Torres Strait Islander Primary Health Care (Practice) next year (2016).

They will also be offering a number of 'Skill Sets' next semester (July 2015 & into 2016). These units could potentially contribute to completing the Cert IV & Diploma mentioned above. For more information on any of the above courses please contact Judy Hoskins on 4042 2420.



## Hurry! Put your Health Practitioner Registration in before 1st July

If you have recently completed the 'Up-Skilling/ Practice Skill Set' training units with us (including: HLTAHW020—Administer medications & HLTAHW037—Support the safe use of medications) and would like to apply for Health Practitioner registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia, then we can assist you!

You need to submit your application to AHPRA before 1st July 2015 in order to be eligible under Grand parenting provisions. For more details contact us or go to:

<http://www.atsihealthpracticeboard.gov.au>

If you have been involved in our training and have recently received registration with AHPRA we'd also love to hear from you.

Congratulations to Caleb Walker from Mamu Health Service for recently gaining Health Practitioner registration!



## Any questions?

### Contact the JCU / TAFE Team

Kristy Hill  
Project Officer  
m: 0429 861 570  
[kristy.hill1@jcu.edu.au](mailto:kristy.hill1@jcu.edu.au)

Deb Skalecki  
Admin Officer  
Ph: 4781 4009  
[deborah.skalecki@jcu.edu.au](mailto:deborah.skalecki@jcu.edu.au)

Judy Hoskins  
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[judith.hoskins@tafe.qld.edu.au](mailto:judith.hoskins@tafe.qld.edu.au)

Bernie Nixon  
TAFE Teacher  
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[bernadette.nixon@tafe.qld.edu.au](mailto:bernadette.nixon@tafe.qld.edu.au)



**Australian Government**  
**Department of Health**



INDIGENOUS HEALTH UNIT, FACULTY OF  
MEDICINE, HEALTH AND MOLECULAR SCIENCES

2014

# Aboriginal and Torres Strait Islander Health Workers Skills Recognition and Up-Skilling Program



### PRIVACY STATEMENT

Aboriginal and Torres Strait Islander Health Workers Skills Recognition and Up-Skilling Program collects the information on this form to record the client's application for courses conducted by this program and details for further contact. Only authorised departmental officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.

### DECLARATION BY APPLICANT

I understand that this form does not constitute an enrolment in a particular course or guarantee a place. I certify that the information on this form (and in any supporting documentation) is correct and complete. I authorise the Institute to obtain other details relating to my academic record as required to process this application. I acknowledge that the provision of incorrect information and documentation relating to my application may result in the cancellation of my enrolment.

Student Signature: ..... Date: / /

Email us at [ecj-hwaproject@jcu.edu.au](mailto:ecj-hwaproject@jcu.edu.au) or phone 07 4781 4009 for an Expression of Interest form or simply for more information. Please complete all enrolment pages and then return by post in the enclosed pre-paid envelope to:

Health Workforce Australia Project Team  
Indigenous Health Unit  
Faculty of Medicine, Health and Molecular Sciences  
Building 41, Room 018  
James Cook University  
Angus Smith Drive  
Townsville QLD 4811

Tel: 07 4781 4009

### UNIT OF COMPETENCY

Please indicate in the column next to the unit of competency whether you require Recognition of Prior Learning, Credit Transfer or Enrolment. If you require Recognition of Prior Learning, please attach resume, qualification results, certificates or statement of attainment and other relevant documents to this application.

UNIT CODE		RPL	CT	ENROLMENT
<b>Compulsory units (all units must be selected)</b>				
CHCCS400C	Work within a relevant legal and ethical framework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW005	Work in an Aboriginal and / or Torres Strait Islander primary health care context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW006	Facilitate and advocate for the rights and needs of clients and community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW016	Assess client's physical well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW017	Assess and support client's social and emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW018	Plan, implement and monitor health care in a primary health care context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW019	Deliver primary health care programs for Aboriginal and / or Torres Strait Islander communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW020	Administer medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW021	Provide nutrition guidance for specific health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW022	Address social determinants of Aboriginal and / or Torres Strait Islander health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW037	Support the safe use of medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAID003A	Provide first-aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTIN301C	Comply with infection control policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTWHS001	Participate in workplace health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Elective units (all units must be selected)</b>				
HLTAHW062	Supervise a health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW012	Assist with substance misuse care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CCHCCS503B	Develop, implement and review services and programs to meet client needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW033	Maintain community health profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTAHW039	Monitor early childhood growth and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CCHCCS521B	Assess and respond to individuals at risk of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLTPAT308D	Identify and respond to clinical risks associated with pathology specimen collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### OFFICE USE ONLY

Date received: / / Resources ordered on: / /

Training Plan and Third Party Reports created by: Name: ..... Creation Date: / /



## Aboriginal and Torres Strait Islander Health Workers Skills Recognition and Up-Skilling Program

James Cook University has been contracted to deliver this program in the regions of Northern Western Australia and Northern Queensland and to work in partnership with Tropical North Queensland TAFE, Townsville Aboriginal and Torres Strait Islander Corporation for Health Services, Mount Isa Centre for Rural and Remote Health, Queensland Aboriginal and Islander Health Council, Kimberley Aboriginal Medical Services Council and Apunipima Cape York Health Council.

### WHAT IS THE COURSE?

HLT40213 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice. This qualification is fully funded by Health Workforce Australia (HWA) and the Department of Industry.

### WHO IS ELIGIBLE?

Aboriginal and Torres Strait Islander Health Workers who provide a range of primary health care services to Aboriginal and/or Torres Strait Islander people. Participation in the Aboriginal and Torres Strait Islander Health Workers up-skilling project is voluntary.

### WHAT ARE THE PATHWAYS TO THE QUALIFICATION?

Aboriginal and Torres Strait Islander Health Workers who require upgrading or upskilling are a priority for this course. The following pathways are available:

- For experienced or previously qualified Aboriginal and Torres Strait Islander Health Workers -> upskilling through Recognition.
- For holders of Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community Care) -> upgrading to the Practice qualification through gap education.
- For less experienced/qualified Aboriginal and Torres Strait Islander Health Workers -> full course training.

A Training Needs Analysis (TNA) survey & interview will be used to determine the appropriate pathway for each applicant.

### HOW WILL THE TRAINING BE DELIVERED?

Training will be delivered by and under the auspice of the Registered Training Organisation (Kimberley Aboriginal Medical Services Council and Tropical North Qld TAFE).

A full Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice is delivered over 6 months with 4 blocks of 2 weeks duration. There will be 4 weeks between blocks for students to consolidate knowledge and practice skills acquired at each block. Students requiring the upgrade to 'Practice' units will be enrolled in those units and will be required to attend the relevant course blocks during the 6 months of course delivery. Final decisions on timing and make-up of blocks will be made once the initial skills assessment and recognition processes are completed.

### WHEN IS IT ON?

From late 2013 to early 2015. A Training Needs Analysis will be completed between now and January 2014 - education block dates to be advised.

### HOW MUCH WILL IT COST?

The course is free to eligible participants. Funding has been provided through Health Workforce Australia (HWA) and the Department of Industry. Travel, share accommodation and meals will be covered for eligible students.





# Application for study - HLT40213 Certificate IV in Aboriginal and / or Torres Strait Islander Primary Health Care Practice

Student Number (Office Use Only)

Note: This is NOT an enrolment form. Payment is not required with this application. This form will be used by the program administration and teaching staff to assess and process your application. You will be contacted at a later stage with further information and/or enrolment procedures. Submission of this form does not guarantee a place in a course.

## STUDENT DETAILS

Family Name: .....

Given Names: ..... Date of Birth: / /

Gender:  Male  Female Title: (Mr /Mrs / Ms / Miss) .....

Address: .....

Postcode: .....

Telephone: ..... Home: ..... Work: ..... Mobile: .....

Email Address: .....

## CULTURAL AND LANGUAGE DIVERSITY

Place of Birth: ..... First Language spoken at home? .....

Do you identify as:  Aboriginal  Torres Strait Islander  Both

## EMPLOYMENT STATUS

Employed:  Full time  Part time  Casual

Current Employer: ..... Manager's Name: .....

Manager's Title / Position: ..... Manager's Phone: .....

Manager's Email: .....

Manager's Signature (indicating support for staff training): .....

## EMERGENCY CONTACT

Person you want us to contact in an emergency:

Name: ..... Phone: .....

Relation to Emergency Contact (eg: Spouse, Son, Daughter etc): .....

## DISABILITIES

Do you consider yourself to have a disability or long term condition?  Yes  No

If yes, please specify: .....

## PRIOR QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications?

- |  |  |   |
|--|--|---|
| <input type="radio"/> Bachelor Degree or High Degree       | <input type="radio"/> Certificate IV (or Advance Certificate/Technician) | <input type="radio"/> Certificate I                     |
| <input type="radio"/> Advanced Diploma or Associate Degree | <input type="radio"/> Certificate III (or Trade Certificate)             | <input type="radio"/> Certificates other than the above |
| <input type="radio"/> Diploma (or Associate Diploma)       | <input type="radio"/> Certificate II                                     |   |

If you answered yes to any of the above, please specify the name of the qualification(s): .....

## HOW DID YOU FIND OUT ABOUT THIS COURSE?

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="radio"/> Course Guide | <input type="radio"/> Your Employer | <input type="radio"/> Newspaper advertising (which paper) |
| <input type="radio"/> Career Expo  | <input type="radio"/> Internet      | <input type="radio"/> Radio (which station)               |

Other: .....



