

Core Competency
Standards for

**Aboriginal and
Torres Strait Islander**

HIV/Sexual Health Workers in NSW

Better Health Good Health Care

NSW HEALTH DEPARTMENT

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FOREWORD

I am very pleased to be able to introduce the *Core Competency Standards for Aboriginal & Torres Strait Islander HIV/Sexual Health Workers in NSW*.

NSW has the commitment and workforce infrastructure to successfully address HIV and sexually transmitted diseases among Aboriginal and Torres Strait Islander communities. However, in order to prevent and reduce the prevalence of HIV and sexually transmitted diseases in Aboriginal and Torres Strait Islander communities, the workforce needs to be competent and co-ordinated in its response.

The purpose of these *Core Competency Standards* is to increase the effectiveness, quality and quantity of HIV and sexual health work currently performed in NSW. It is anticipated that when they are implemented in the workplace they will assist workers and organisations in the management of performance, identifying the training and development needs and provide a generic framework from which workers will work.

In developing the *Core Competency Standards for Aboriginal & Torres Strait Islander HIV/Sexual Health Workers in NSW* every effort has been made to encompass the core duties performed by Aboriginal & Torres Strait Islander HIV/Sexual Health Workers in NSW. Particular attention has been made to ensuring the Standards reflect the current context of the National Indigenous Australians' Sexual Health Strategy 1996-97 to 1998-99.

I would like to take this opportunity to thank the many people who have contributed to the development of these *Core Competency Standards* for their ongoing support, advice and assistance. These include the NSW Health Departments AIDS/Infectious Diseases Unit; Health Promotion Branch; Aboriginal Health Branch; NSW Network of Indigenous HIV/Sexual Health Workers and the Aboriginal Health & Medical Research Council (formerly known as the AHRC).



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Introduction

HIV and sexual health services are an essential element of the health service delivery system in NSW because of their role in the management of blood borne and sexually transmitted diseases, including HIV and AIDS, which can generally be prevented. The prevention of the spread of such diseases is a key focus in improving the sexual health of Aboriginal and Torres Strait Islander people. The National Aboriginal Health Strategy, the NSW HIV/AIDS Health Promotion Strategy for Aboriginal Communities, the 3rd National AIDS Strategy and, more recently, the Indigenous Australians' Sexual Health Strategy all provide a framework for the conduct of HIV/AIDS and sexual health services for Indigenous people.

NSW currently has the largest and most advanced network of Aboriginal and Torres Strait Islander HIV/sexual health programs in Australia. To-date NSW Health in partnership with the Aboriginal Health Resource Co-operative has established a network of 39 Aboriginal and Torres Strait Islander HIV/sexual health projects with a complement of 41 workers throughout NSW. These projects have been strategically placed in accordance to STD notification rates, population and geographical coverage. NSW Health has also ensured an equal ratio of NGO to Area projects to further strengthen and support the State Partnership Agreement.

As previously stated, NSW has the workforce infrastructure to address HIV and sexually transmitted diseases among Aboriginal and Torres Strait Islander communities and has the commitment to ensure its success. However, in order to prevent and reduce the unacceptably high prevalence of HIV and sexually transmitted diseases in Aboriginal and Torres Strait Islander communities, the network needs to be competent and co-ordinated in its response.

It is anticipated that by developing these Core Competency Standards for Aboriginal and Torres Strait Islander HIV/Sexual Health Workers in NSW they will provide a generic baseline for service delivery and be useful in a range of contexts associated with performance management, and training and development. They are also expected to be an invaluable resource for communicating about HIV and sexual health and engaging other aspects of the Indigenous health system and other sectors in HIV and sexual health service delivery. In most cases Competency Standards are developed on a national level and by their nature cover a broad band of duties. NSW Health in consultation with the network of workers discussed the need for the development of detailed Standards to address specialised areas of service delivery and to address differences between and within States and Territories. It is acknowledged that each community in which a sexual health worker operates has a unique set of cultural values and traditions, as well as unique sexual health implications for that location.

The Aboriginal and Torres Strait Islander population of NSW has increased significantly, from 70,019 (1991 Census) to 106,300 (1996 Census). This is an increase of 36,281, giving NSW the highest Indigenous population of any State or Territory in Australia. It is imperative that NSW Health provides the necessary resources to ensure the network remains successful in its delivery of HIV and sexual health services to the communities. It is anticipated that with the development and implementation of the Core Competency Standards the network of Aboriginal and Torres Strait Islander HIV/Sexual Health Workers in New South Wales will become a much stronger and more consolidated network.

The development of these Standards is in line with recommendations of the National Indigenous Australians' Sexual Health Strategy 1997/98 to 1998/99 to increase the effectiveness, quality and quantity of HIV and sexual health work currently performed in Australia, and is therefore, a priority for NSW.

These Standards were informed by and developed within the framework provided by the "Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards" and the "NSW Health Promotion Competency Standards".

The AIDS/Infectious Diseases Unit, NSW Health would like to thank the NSW Network of Indigenous HIV/Sexual Health Workers, Aboriginal Health & Medical Research Council (formerly known as the AHRC), Health Promotion Branch, NSW Health and the Aboriginal Health Branch, NSW Health for their ongoing support, advice and assistance in the development of these Core Competency Standards.

What are Core Competency Standards?

So what are Core Competency Standards? Core Competency Standards provide a benchmark against which skills and performance can be assessed by removing guesswork. They communicate the principles of the profession and demonstrate how they may be incorporated into everyday practice. They are a description of work as it currently exists, and further support the improvement of current work practices (Community Services and Health Training Australia, 1996).

Core Competency Standards are written in a manner that integrates the knowledge, skills, attitudes and other important attributes associated with an identifiable aspect of professional performance in the workplace (NSW Health, 1994). They describe the core capacity required to prioritise and manage roles and functions, including: skills to perform particular tasks; managing a number of different activities within a job; responding to problems and non-routine events; and dealing with broader aspects of the workplace including working with others (Department of Employment, Education and Training, 1992). It is essential that they are written in a manner that can be readily understood by the profession and the community it serves and that they are recognisable and demonstrable in the workplace (Connexions, 1997).

There are several general benefits to be had from developing Core Competency Standards for professions. Firstly, they may be used for the purpose of recruitment and promotion. Secondly, they may help to identify training needs. Thirdly, they may be used to develop training programs, assess performance and skills, and to design new positions and activities (Department of Employment, Education and Training, 1992).

Some may argue that the nature of professional work is too complicated to be captured adequately in a set of Core Competency Standards. It should be emphasised that Competency Standards of any description make no claim to exhaust all facets of a profession, just as traditional training courses for professionals do not claim to be totally comprehensive (Wood, 1997). It is already evident in the Competency Standards developed so far in Australia that it is possible to compare the complexity of professional performance to that of non-professional performance. All that said, there are still limitations, that is why NSW Health has chosen to develop Core Competency Standards rather than Competency Standards at State level, rather than adopting generic National Standards.

HIV/sexual health promotion aims to improve the sexual health of the Aboriginal and Torres Strait Islander population by affecting the determinants of health and well being (Commonwealth Department of Health and Family Services, 1997). In order to achieve this, these workers are expected to perform a number of tasks. These range from planning to implementing sexual health promotion initiatives, assisting with clinical tasks, managing work on a day to day basis and undertaking ongoing professional development.

Effective HIV/sexual health promotion relies on creating opportunities to change structures, environments and behaviours as well as building the capacity of the workers to act on those opportunities (Winn, 1996). These standards detail the roles that would be expected of the HIV/Sexual Health worker and outline evidence of effective performance of those tasks. It is expected that a HIV/sexual health worker will be provided with, or create for themselves the opportunity to develop competency in all aspects of their duties over time.

These Standards have been developed for the Aboriginal and Torres Strait Islander HIV/sexual health field on the basis of current knowledge and work practise. They are designed to reflect current wisdom at the same time as advocating future directions for ways of working to promote Indigenous sexual health in NSW. Over time HIV and sexual health technology and knowledge will continue to improve and therefore, expand opportunities in treatment and preventive education. Bearing this in mind, over time these Standards will need to be modified to accurately reflect changes in the practices of the HIV/sexual health field.

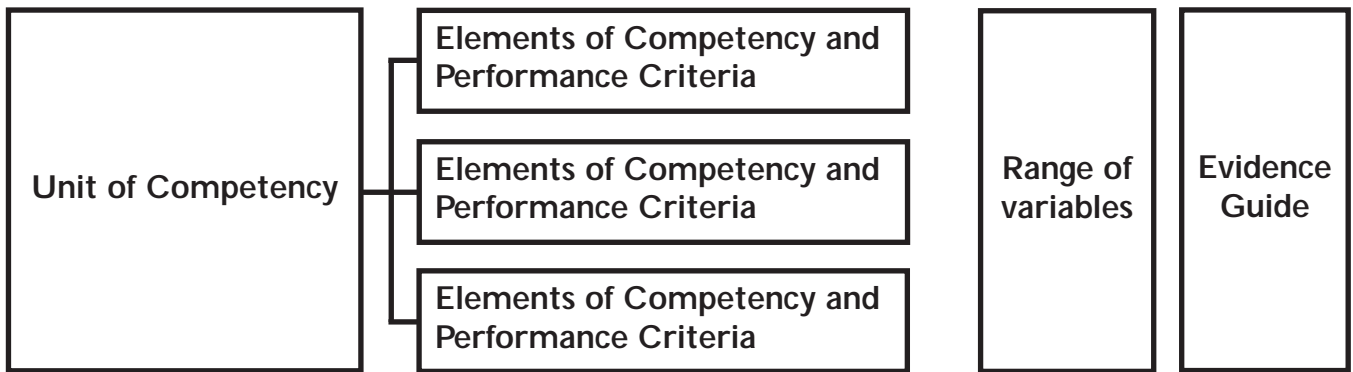
The Core Competency Standards are designed to reflect the core work of designated Aboriginal and Torres Strait Islander HIV/sexual health workers in NSW. It is anticipated that these Standards will be useful for anyone who embarks on Indigenous HIV/sexual health activities as part of their work.

Principles Underpinning the Core Competency Standards

All the Units of competency in these standards are based on the following principles:

- Improvement of the sexual health status of Aboriginal and Torres Strait Islander people.
- Equity of access to a range of comprehensive health services in order to:
 - minimise the transmission of STDs;
 - minimise morbidity from STDs;
 - minimise morbidity associated with injecting drug use, sexuality, sexual function and relationship issues;
 - promote the maintenance and enhancement of sexual health; and
 - increase access to sexual health services throughout NSW
- Improvement of the quality of sexual health services to Aboriginal and Torres Strait Islander people throughout NSW.
- Community participation and involvement.
- Encouragement of the development of strategies to meet the needs of Aboriginal and Torres Strait Islander people, and the development of culturally appropriate services.

The Structure of Core Competency Standards



Unit:

The whole job or occupation is divided into a series of distinct roles called Units. Every Unit describes a complete set of skills and duties that are needed to do part of a job. A fully competent person will have all the skills of a Unit.

Elements:

These are lists of outcomes or component parts which make up the Unit. All of the Elements together fully describe the Unit, or the general area of competency.

Performance Criteria:

For each Element a list of evidence of performance is compiled, called Performance Criteria. They detail how the job is to be performed and what the worker actually needs to do to achieve the outcome as described in the Elements.

Range of Variables:

These set out the context in which the role would be performed. They clarify words used in the Unit, Elements and Performance Criteria, to ensure all readers have the same understanding of the Unit.

Evidence Criteria:

They list the core knowledge and skills that underlie the performance of that role, the relationship between this and other roles within the job, and the way in which the Unit should be assessed.

Generic Range of Variables for all Units

When stated in this document:

HIV/Sexual Health applies to HIV, AIDS, blood borne viruses, sexually transmitted diseases, hepatitis A-B & C and includes reproductive health.

Community refers to an Aboriginal or Torres Strait Islander group of any size whose members reside in a specific locality, share government, and have a shared cultural and historical heritage.

Key people and Stakeholders refers to supervisor, managers, local government health workers, community controlled health workers, funding body, registered nurses, doctors, consultants, community educators and key members of the community.

Organisations and agencies are described as local government authorities such as councils, government health services such as hospitals - public health units – community health centres - sexual health clinics, non-government agencies such as Aboriginal medical services - youth services - AIDS Councils, community controlled organisations and other agencies that provide health and community services.

Unit 1

Provide HIV/Sexual Health Education

This unit describes the competencies needed to identify and deliver effective community education, and to monitor and evaluate effectiveness of service delivery.

ELEMENTS	PERFORMANCE CRITERIA
1.1 Identify needs & monitor HIV/sexual health education	<ul style="list-style-type: none"> • Existing initiatives currently undertaken in the area are identified • The community is consulted regarding their education and promotion needs • Initiatives identified are assessed on the basis of community need • Gaps in the delivery of education to the community are identified • Plan is developed in collaboration with key people to address community needs
1.2 Develop an action plan	<ul style="list-style-type: none"> • Involvement of key stakeholders in the development of activities is coordinated • Activities are consistent with local and state strategies • Strategies developed have the potential to achieve goals and objectives • Proposed activities are negotiated with key community members to ensure community ownership and involvement • Resources are identified and consistent with requirements of activities • Activities and information are consistent with community needs
1.3 Implement HIV/sexual health education	<ul style="list-style-type: none"> • Information is delivered at a location and/or time negotiated with the community • Information is delivered using techniques and context appropriate to the community • Resources are supplied in a manner appropriate to the community • Health issues are promoted utilising local media • Service delivery meets organisational and state requirements • Feedback is obtained to assess effectiveness
1.4 Evaluate HIV/sexual health education activities	<ul style="list-style-type: none"> • Evaluation method is planned in accordance with goals and objectives • Evaluation procedure is appropriate to the community • Key stakeholders understand and agree to the evaluation process • Positive and negative aspects are identified as a result of evaluation and documented • Key stakeholders are informed of results • Relevant changes are made to the plan in consultation with the community

Unit 1

Range of Variables

When stated in this Unit:

- **Identifying needs may include:**
 - consultation with key people
 - surveys
 - relevant data
 - reports
 - state and local strategic plans
 - literature and/or published papers
- **Monitoring may include:**
 - observing
 - overseeing
 - supervising
 - obtaining feedback
- **Action plan would consist of:**
 - strategic direction
 - specific outcomes
 - resources required
 - group work
 - time frames
- **Community involvement and ownership:**
 - in decision making is essential to all aspects of HIV/sexual health work
 - the role of the health worker is to support the community in this process
- **Resources may include:**
 - pamphlets
 - videos
 - information booklets
 - training kits
 - displays
 - posters
 - people
 - computer programs
 - equipment
 - money
 - publications
 - staff skills
- **Community needs may include:**
 - those relating to culture
 - freedom from discrimination
 - freedom of choice
 - right of equality
 - access to services
 - eligibility for resources and benefits
 - personal safety and security
 - traditional and/or western health practices
 - information is delivered in a way appropriate to the community
- **Organisational and state requirements may include:**
 - legislation
 - regulations
 - policies
 - procedure manuals
 - guidelines
- **Feedback may be:**
 - written
 - verbal
 - illustration
 - media
 - presentation
- **Evaluation methods may include:**
 - formal or informal discussions with key people
 - formal or informal discussions with the target group
 - formal or informal discussions with community members
 - formal interviews
 - questionnaires
 - public meetings
 - statistical analysis

Unit 1

Evidence Guide

Competency is displayed through:

- the performance of all elements in this unit and unit 3
- on-the-job assessment in conjunction with project plan
- collaboration with key stakeholders and organisations as described in the generic range of variables

Required knowledge and understanding of:

- National Indigenous Australians' Sexual Health Strategy
- National HIV/AIDS Strategy
- relevant organisational guidelines and policies
- HIV and sexually transmitted diseases and their prevention
- community HIV/sexual health issues
- community views on HIV/sexual health education needs
- availability of resources
- relevant networks and planning processes

Required skills and capability in:

- developing strategies to reduce the transmission of HIV and sexually transmitted diseases
- planning
- public speaking
- written and oral communication
- networking
- negotiation
- accessing resources
- resource allocation
- evaluation

Unit 2

Provide HIV/Sexual Health Clinical Care and Support

This unit describes the competencies required to provide, monitor and advocate for HIV/sexual health care and support services aimed at addressing the needs of individuals and communities.

ELEMENTS	PERFORMANCE CRITERIA
<p>2.1 Assess the need for clinical care and support</p>	<ul style="list-style-type: none"> • Relevant data is obtained to identify key areas of concern • Existing initiatives currently undertaken in the area are identified • The community is consulted regarding their clinical care and support needs • Initiatives identified are assessed on the basis of community utilisation • Gaps in the delivery of clinical care and support to the community are identified • Plan is developed in collaboration with key people to address community clinical care and support needs
<p>2.2 Advocate for community clinical care and support services</p>	<ul style="list-style-type: none"> • Key people and/or agencies who demonstrate a commitment or interest are identified and contacted regarding the clinical care and support issues identified • Organisations and communities are consulted and aware of the advantages of specialised clinical care and support services • Client/community needs and views are respected and promoted • Supportive networks are established to improve clinical services to the community in accordance to plan
<p>2.3 Provide information to community about clinical sexual health services</p>	<ul style="list-style-type: none"> • Information is accurate and easily accessed by the client/community • Further information and/or advice is obtained from key health professionals as required • Information is delivered in a clear and concise manner • Information is delivered at a location negotiated with the client/community
<p>2.4 Assist in the implementation of clinical care and support</p>	<ul style="list-style-type: none"> • Relevant information is obtained from the client and/or community when necessary and recorded according to organisational guidelines and/or legislative requirements • Client and/or community is provided with information and support to represent their rights and needs • Appropriate clinical care and/or support is provided in consultation with other key health professionals to the client and/or community in accordance to plan • Clients are referred to other services as required • Regular contact and support is provided to carers when required

ELEMENTS	PERFORMANCE CRITERIA
<p>2.4 Assist in the implementation of clinical care and support (continued)</p>	<ul style="list-style-type: none"> • Services are delivered in accordance with organisational guidelines and/or legislative requirements • Preventative resources are made available to the client and/or community • Client and community confidentiality is maintained at all times
<p>2.5 Ensure follow-up clinical care and support</p>	<ul style="list-style-type: none"> • Decisions are made in consultation with key health professional/s regarding follow-up • Relevant issues associated with follow-up are negotiated with client and/or community in consultation with key health professionals • Assistance is provided to the client and/or community to ensure follow-up where necessary • Follow-up is initiated
<p>2.6 Evaluate effectiveness of service delivery</p>	<ul style="list-style-type: none"> • Evaluation method is planned in accordance with goals and objectives • Evaluation procedure is appropriate to the community • Key stakeholders are involved in the evaluation process • Positive and negative aspects are identified as a result of evaluation and documented • Key stakeholders are informed of results • Relevant changes are made to the service in consultation with the community

Unit 2

Range of Variables

When stated in this Unit:

- **Clinical care and support needs may include, but are not limited to:**
 - specimen collection
 - specialist treatment
 - medication
 - medical treatment and procedures
 - assessment and monitoring
 - contact tracing
 - information, education and advice
 - emotional support
 - referral
 - counselling
 - follow-up treatment
- **Gaps in service delivery may include, but are not limited to:**
 - access
 - availability
 - gender issues
 - specialist treatment
 - cost
 - follow-up
 - support
 - equipment
- **A plan may be:**
 - an operational plan
 - a project plan
 - a service plan
 - an action plan
 - a strategic plan
 - a workgroup plan
- **To demonstrate a commitment or interest would involve:**
 - an awareness of the issues
 - experience in the field
 - an understanding of the benefits
 - an agreement to develop shared goals
- **Client/community rights and needs may include:**
 - those relating to culture
 - freedom from discrimination
 - freedom of choice
 - right of equality
 - access to services
 - eligibility for resources and benefits
 - personal safety and security
 - traditional and/or western health practices
 - information is delivered in a way appropriate to the community
- **Supportive networks may include:**
 - organisations with common interests
 - specialist services
 - individuals with common interests and expertise
 - co-workers
 - peers
 - community members
- **Key health professionals may include:**
 - doctors
 - sexual health physicians
 - visiting medical officer
 - sexual health nurses
 - sexual health counsellors
- **Relevant information obtained from client /community may include, but is not limited to:**
 - basic demographics
 - past history
 - living conditions
 - sexuality
 - sexual practices
 - risk behaviours
 - health status
 - lifestyle
 - family
 - other factors influencing needs of specialist services

- **Organisational guidelines and legislative requirements may include, but are not limited to:**
 - clinical protocols
 - state and/or local policy and procedure manuals
 - state and federal legislation
 - state and federal regulations
 - codes of practice
 - industry guidelines
 - local, state or federal reporting requirements
 - state and federal occupational health and safety regulations
 - state and federal universal infection control regulations
- **Referral to other services may include:**
 - sexual health clinics
 - pathology services
 - general practitioners (GPs)
 - community nurse
 - medical specialists
 - other allied health professionals
 - support services
 - hospitals
 - other relevant organisations that provide health and community services
- **Carers would include:**
 - individuals
 - volunteers
 - family members
 - community members
 - support groups
 - community services
 - healthcare workers
- **Preventative resources may include, but are not limited to:**
 - condoms
 - water based lubricant
 - dams
 - needles and syringes
 - sterile water
 - swabs
 - other safe injecting equipment
 - prescribed medications by a doctor
 - written, audio or visual information
- **Client/community confidentiality means:**
 - to protect the right to privacy of the client or community by providing only the information relevant to the specific issue of concern
 - providing information only to those people who need or can provide action
 - providing information only with the permission of the client or community
- **Follow-up may include, but is not limited to:**
 - monitoring
 - medication
 - counselling
 - referral
 - ongoing clinical treatment
- **Assistance is provided to ensure follow-up may include:**
 - transportation
 - home visits
 - support
 - equipment
 - other identified resources
- **Evaluation method may include:**
 - formal or informal discussions with key people
 - formal or informal discussions with the target group
 - formal or informal discussions with community members
 - formal interviews
 - questionnaires
 - public meetings
 - statistical analysis

Unit 2

Evidence Guide

Competency is displayed through:

- the performance of all elements in this unit in combination with all other units
- a safe environment should be provided in the delivery of HIV/sexual health clinical care and support
- on-the-job assessment by supervisor or manager in collaboration with key health professionals

Required knowledge and understanding of:

- National Indigenous Australians' Sexual Health Strategy
- National HIV/AIDS Strategy
- relevant organisational guidelines, policies and government legislation related to clinical service provision
- HIV and sexually transmitted diseases and their impact
- client/community rights and needs in relation to HIV/sexual health
- key health and specialist services providers
- availability of resources
- relevant networks and planning processes
- confidentiality as it applies to the community/organisation
- assessment and referral processes

Required skills and capability in:

- advocacy and lobbying
- planning
- written and oral communication
- networking
- negotiation
- accessing resources
- resource allocation
- basic counselling
- referral
- understanding basic medical terminology
- evaluation

Unit 3

Work Partnership to achieve HIV/Sexual Health Outcomes

This unit describes the competencies required to work with individuals in a team and/or organisations and communities to encourage them to undertake HIV/sexual health actions.

ELEMENTS	PERFORMANCE CRITERIA
3.1 Identify key stakeholders	<ul style="list-style-type: none"> • Key people, organisations and communities who demonstrate a commitment or interest in HIV/sexual health are identified • Organisations involved in HIV/sexual health services are identified • Roles of key people and organisations are clarified
3.2 Lobby for relevant people, organisations and community involvement in addressing HIV/sexual health issues	<ul style="list-style-type: none"> • Key people who demonstrate a commitment or interest in HIV/sexual health are approached • Organisations and communities are aware of the advantages of HIV/sexual health education • Supportive networks are identified and established • Community needs and views are respected and promoted
3.3 Initiate and establish positive working relationships with relevant people and organisations	<ul style="list-style-type: none"> • The worker's role is defined and promoted to relevant people, organisations and communities • Key people identified in organisations and in the community are involved in the discussion • Existing interest in HIV/sexual health activities is identified • Activities complement that of other organisations and community initiatives • Other organisations and community initiatives are assessed to ensure community access • Communication lines are established to enhance collaborative work practices
3.4 Negotiate activities with key people, organisations and communities to achieve outcomes	<ul style="list-style-type: none"> • Activities in accordance with action plan are implemented collaboratively with identified people, organisations and communities • Expectations and differences are identified and negotiated • Key people and organisations support HIV/sexual health activities • Organisations develop policies, services and environments to enhance community needs and views

Unit 3

Range of Variables

When stated in this Unit:

- **Working in partnership may involve working with:**
 - organisations
 - communities
 - individuals
 - colleagues
 - target groups
- **Commitment or interest in HIV/sexual health would involve:**
 - an awareness of the issues
 - an understanding that HIV/sexual health promotion has benefits
 - an agreement to develop shared goals
- **Community needs and views may include:**
 - those relating to culture
 - freedom from discrimination
 - freedom of choice
 - right of equality
 - access to services
 - eligibility for resources and benefits
 - personal safety and security
 - traditional and/or western health practices
 - information is delivered in a way appropriate to the community
- **Activities may include, but are not limited to:**
 - resource development
 - state or local campaigns
 - service delivery
 - advocacy
- **Communication lines may involve:**
 - meetings
 - telephones
 - memos
 - verbal and written reports
 - letters or faxes
 - minutes from meetings
 - e-mail and other formal or informal structures
- **Action plan would consist of:**
 - strategic direction
 - specific outcomes
 - resources required
 - group work
 - time frames
- **Policies may be:**
 - organisational
 - work unit
 - work place
 - formalised policies
 - code of practice
 - workplace guidelines
 - agreed directions for service delivery

Unit 3

Evidence Guide

Competency is displayed through:

- the performance of all of the elements in this unit
- on-the-job assessment in conjunction with project plan

Required knowledge and understanding of:

- national, state and local HIV/sexual health strategies
- relevant organisational guidelines and policies
- the benefits of HIV/sexual health promotion
- current HIV/sexual health issues
- community issues and views regarding HIV/sexual health
- networking and information exchange processes
- availability of resources
- community and sector networks

Required skills and capability in:

- time management
- lobbying
- local community culture
- written and oral communication
- networking
- negotiation
- identifying actions that enhance health
- planning

Unit 4

Manage Administrative Activities

This unit describes the competencies required to manage day to day tasks to ensure maximised performance.

ELEMENTS	PERFORMANCE CRITERIA
4.1 Prioritise activities	<ul style="list-style-type: none"> • Important deadlines are achieved • Supervisors and key people are satisfied with performance • Unplanned activities are satisfactorily dealt with while maintaining progress on planned activities
4.2 Co-ordinate day to day activities	<ul style="list-style-type: none"> • Activities are undertaken in a strategic, cost effective and timely manner • Activities are complementary to those of the state, local area and organisation
4.3 Produce written communication	<ul style="list-style-type: none"> • Communication style and purpose is identified and clarified with key people • Resources required are identified and allocated • Information source is identified and secured according to purpose of communication • Information is assessed for accuracy and appropriateness • Layout and format is planned, prepared and edited in consultation with key people • Recipients are identified and communication is distributed • Feedback is obtained as appropriate
4.4 Maintain records	<ul style="list-style-type: none"> • Client information, assessment and referral records are maintained according to organisational procedures • Detailed client reports are prepared as required • Confidentiality procedures are followed • Maintain a record of tasks and activities undertaken in accordance with organisational procedures • Reports, documents and forms are completed in accordance with state, local and organisational procedures • Statistics on clients, resources, inquiries and other relevant data is collected and maintained in accordance with state, local and organisational policy

ELEMENTS	PERFORMANCE CRITERIA
<p>4.5 Utilise resources effectively</p>	<ul style="list-style-type: none"> • Existing resources are used when ever possible • Additional resource needs are identified and resolved in consultation with key people • New educational resources are obtained or developed in accordance with plan and community needs • State, local and organisational policy and procedural guidelines are adhered to • A combination of resources appropriate to the community are effectively used • Resources are made available to appropriate people and communities to achieve goals
<p>4.6 Work collaboratively and productively</p>	<ul style="list-style-type: none"> • People are treated with respect and acknowledged for their contributions • Activities complement that of other workers in accordance with organisational guidelines • Constructive feedback is given and received • Regular forums for discussion and information sharing are organised • Active participation in relevant discussions • Community needs and views are promoted • A collaborative approach to work practice is demonstrated and encouraged
<p>4.7 Monitor activities</p>	<ul style="list-style-type: none"> • Monitoring takes place to identify gaps in service delivery and recommendations for change are made • Strategies undertaken are accessible and timely, and meet the needs of the community • Feedback including complaints from the community are investigated and documented and service delivery revised accordingly • Requests beyond the scope of the project are referred to an appropriate person or service • All information provided is accurate • Organisational protocols are followed

Unit 4

Range of Variables

When stated in this Unit:

- **Managing activities relates to:**
 - programs or projects of any scope and scale
- **Activities undertaken strategically refers to:**
 - working towards goals and objectives
 - time frame
 - within budget
- **Relevant people may include:**
 - managers and other decision makers
 - team members
 - other health professionals
 - funding bodies
 - community members
- **Written communication refers to:**
 - reports
 - plans
 - proposals
 - newsletters
 - educational material
 - correspondence such as memos and letters
- **Communication styles may include:**
 - visual
 - verbal
 - written
 - audio
- **Resources would include:**
 - people
 - equipment
 - money
 - publications
 - staff skills
 - policy

- **Additional and educational resources may include:**
 - grants for projects
 - trainees
 - computer programs
 - pamphlets
 - videos
 - information booklets
 - training kits
 - displays
 - posters
- **Information source refers to:**
 - peers
 - HIV and/or sexual health professionals
 - other key health professionals
 - journals
 - manuals
 - data
 - pamphlets
- **Maintenance of records and reports may include:**
 - client information
 - time sheets
 - performance or activity reports
 - equipment or vehicle usage reports
 - incoming or outgoing correspondence
 - statistics
- **Monitor activities refers to:**
 - market research with communities, groups or individuals
 - evaluation
 - reviewing service delivery

Unit 4

Evidence Guide

Competency is displayed through:

- undertaking all aspects of the role described in this unit in an ongoing way in conjunction with all other roles described in other units
- assessment of written and oral communication by peers and supervisor

Required knowledge and understanding of:

- relevant organisational guidelines and policies
- government policies and legislation
- resource production
- planning processes
- relevant equipment and technology
- required formats for communications
- available resources

Required skills and capability in:

- time management
- literacy competencies according to the procedures and literacy support in the workplace
- clear communication
- developing progress indicators
- letter and report writing
- working in a team or independently
- basic numeracy
- consultation
- resource design

Unit 5

Continue Professional Development

This unit outlines the competencies needed to undertake the development of skills, knowledge and attitudes relevant to HIV/sexual health education and promotion.

ELEMENTS	PERFORMANCE CRITERIA
5.1 Identify and initiate personal professional development goals	<ul style="list-style-type: none"> • Needs for professional development are recognised • Opportunities are identified which are realistically available to the worker • Needs and opportunities are discussed with key people • A professional development plan to achieve goals is developed and proposed
5.2 Maintain and update professional competency	<ul style="list-style-type: none"> • Interact with other relevant health professionals • Relevant literature is obtained and monitored • Personal and professional skills and knowledge are enhanced • Objectives underpinning work practices are reflected upon
5.3 Participate in performance appraisal	<ul style="list-style-type: none"> • Work duty performance is reviewed and assessed • Feedback is provided on work performance • Training and development needs are identified and documented • Performance goals are identified and documented • An individual professional development plan is developed and documented
5.4 Provide information to others to enhance professional development	<ul style="list-style-type: none"> • Information needs are identified in consultation with other health workers • Level of knowledge and skills of workers is assessed • Training is promoted • Resources and materials are obtained and provided • Information is delivered according to needs • Evaluation is undertaken

Unit 5

Range of Variables

When stated in this Unit:

- **Needs for professional development may be recognised by:**
 - the individual
 - in consultation with a manager
 - with a mentor
 - or with peers
- **Opportunities refer to:**
 - inservice training
 - workshops
 - conferences
 - courses
 - staff meetings
 - networking with peers
- **Interactions with other health professionals could include:**
 - network meetings
 - interagency meetings
 - staff meetings
 - networking
 - conferences
 - membership of professional organisations
 - committees
- **Objectives underpinning work practices may be seen as:**
 - team or service plans
 - project plans
 - individual worker tasks or duties, and plans to achieve these
 - individual worker or team goals
- **Performance appraisal may be based on:**
 - discussions between worker and supervisor
 - review of the individual work plan
 - review of and discussion about external factors which have affected the individual work plan
 - identified training and development needs
- **Assessment of knowledge and skills of workers may include:**
 - informal or formal discussions with individuals or groups
 - questionnaires
 - meetings
 - interviews

Unit 5

Evidence Guide

Competency would be demonstrated through:

- development activities to enhance competencies identified throughout this document as well as other health care competencies not outlined here
- the performance of all elements with special emphasis on 5.2
- on-the-job assessment by supervisor or manager

Required knowledge and understanding of:

- the range of professional development opportunities available
- organisational procedures to take advantage of opportunities
- principles of Equal Employment Opportunity
- training methods
- information exchange processes
- needs assessment procedures
- availability of resources

Required skills and capability in:

- identifying personal strengths, weakness and professional interests
- maximising opportunities
- critically evaluating literature
- communication
- time management
- consultation
- presentation
- negotiation
- training techniques