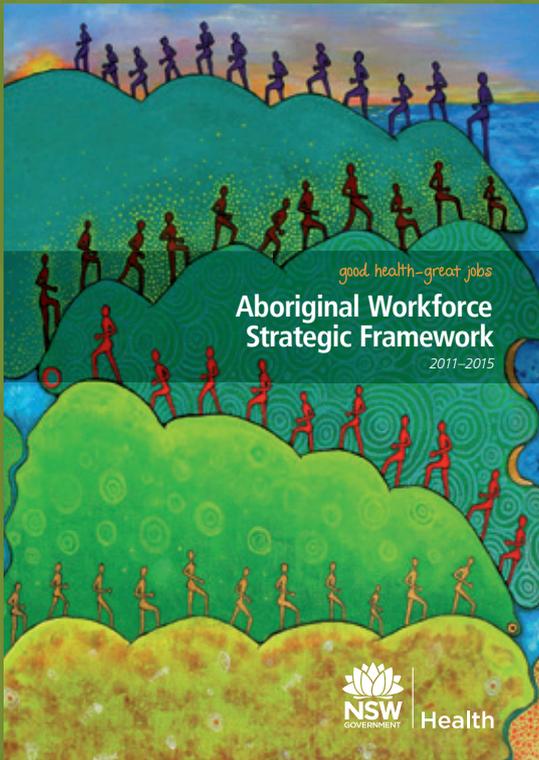


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# ABORIGINAL HEALTH WORKER GUIDELINES FOR NSW HEALTH



Health

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*Stepping Up* by artist Jessica Birk. Aboriginal people from all parts of NSW on a journey towards the top of the hill. With one foot firmly on the earth, the other just hovering above in an effort to achieve more, with the sky being the only limit to people's opportunities.



**good health-great jobs**

An initiative of NSW Health to halve the gap in employment outcomes between Aboriginal and non-Aboriginal people within a decade.



Designed by Aboriginal Elder Harold Thomas in 1971. Yellow represents the sun (giver of life) and yellow ochre. Red represents the red earth (the relationship to the land) and the red ochre used in ceremonies. Black represents the Aboriginal people.

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## Abbreviations

AH&MRC	Aboriginal Health and Medical Research Council
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AMIHS	Aboriginal Maternal and Infant Health Services
ATSIHPBA	Aboriginal and Torres Strait Islander Health Practice Board of Australia
ATTP	Apprenticeship and Traineeship Training Program
BSF	Building Stronger Foundations program
CPD	Continuing Professional Development
EDAEP	Elsa Dixon Aboriginal Employment Program
HWA	Health Workforce Australia
IWS	Indigenous Wage Subsidy program
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Association
NCAP	New Careers for Aboriginal People program
NWDF	National Workforce Development Fund
OH&S	Occupational Health and Safety
RPL	Recognition of Prior Learning
VET	Vocational Education and Training

## ONE

# Introduction

These Guidelines provide a framework for defining, implementing and supporting Aboriginal Health Worker roles in NSW Health.

The Guidelines:

- provide a definition of Aboriginal Health Workers in NSW Health
- provide information on the scopes of practice for Aboriginal Health Workers
- outline the education and training pathways for Aboriginal Health Workers
- outline the training and registration requirements for Aboriginal Health Practitioners (a new role in NSW Health)
- describe the supervision and support arrangements for Aboriginal Health Workers.

## Objectives of the Guidelines

The Guidelines aim to:

- assist Aboriginal Health Workers and their managers to understand Aboriginal Health Worker roles, responsibilities and career pathways
- increase the capacity of health services and managers to support and strengthen Aboriginal Health Worker roles
- promote appropriate education and training pathways for Aboriginal Health Workers to ensure workers are skilled and competent to perform their duties
- assist health services and managers to make decisions relating to the scopes of practice, delegation of activities and supervision requirements for Aboriginal Health Workers
- provide guidance on the consistent implementation of Aboriginal Health Worker roles in NSW Health.

## Target audiences for the Guidelines

The audience for the Guidelines comprise:

- individual Aboriginal Health Workers
- line managers of Aboriginal Health Workers

- clinical team members / peers of Aboriginal Health Workers
- senior managers including human resources
- program designers and funders
- relevant Health Networks and Pillar organisations
- the Aboriginal community.

## How the Guidelines were developed

The Guidelines are a component of the Aboriginal Health Worker Project, which was initiated in response to the introduction of national registration for Aboriginal Health Practitioners commencing on the 1st July 2012.

The Aboriginal Health Worker Project involved a review of the current workforce and the education and training pathways, and the development of new strategies and resources to better support Aboriginal Health Workers in NSW Health.

To date, the following resources have been developed as part of the Aboriginal Health Worker Project:

- a Decision Making Framework for Aboriginal Health Workers undertaking clinical activities in NSW Health
- the Guidelines for Aboriginal Health Workers in NSW Health (this document), including:
  - scopes of practice, models of care and sample Role Descriptions for Aboriginal Health Workers in NSW Health.

The development of the Guidelines involved:

### 1 Guidance and input provided by the Reference Group

The Reference Group was established to provide guidance and advice in relation to the Aboriginal Health Worker Project. The Reference Group was comprised of NSW Health representatives from: the Workforce Planning and Development Branch; the Centre for Aboriginal Health; the Aboriginal Maternal and Infant Health Service; the Mental Health and Drug and Alcohol Office; the Chronic Disease Management Office; the Centre for Health

Protection; the Nursing and Midwifery Office; the AIDS and Infectious Diseases Branch; the Workplace Relations Branch; and several Local Health District representatives. The Aboriginal Health and Medical Research Council of NSW (AH&MRC) were also represented on the Reference Group.

## 2. Stakeholder consultation

A range of stakeholders were consulted as part of the Aboriginal Health Worker Project. Key consultation activities included:

- a workshop with Aboriginal Health Workers from across NSW
- a survey of the NSW Health Aboriginal Health Worker workforce
- consultations with Chief Executives of NSW Local Health Districts
- consultations with: the NSW Health Aboriginal Health Worker Forum; the Managers of Aboriginal Workforce Development (Aboriginal Employment Coordinators) Network; and members of the Aboriginal Health Strategic Leadership Group
- consultations with other key stakeholders, including: the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA); the Aboriginal Health and Medical Research Council of NSW (AH&MRC); the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA); and representatives from other Australian state and territory health departments.

## 3. A Discussion Paper

In mid-2012, the NSW Ministry of Health developed and circulated a Discussion Paper titled *Phase 1 Report – Analysis of the Current NSW Health Aboriginal Health Worker Environment*. The Discussion Paper outlined the current workforce environment and sought input and feedback from key stakeholders to further inform the Ministry of Health's understanding of Aboriginal Health Worker roles in NSW Health.

## 4. Consideration of Health Workforce Australia's national Aboriginal and Torres Strait Islander Health Worker Project

At a national level, Health Workforce Australia (HWA) conducted a major review of Aboriginal and Torres Strait Islander Health Workers between 2010 and 2011. The project provided a national picture of the location, role, skills and qualifications of the Aboriginal and Torres Strait Islander Health Worker workforce. This involved visits to health services and interviews with Aboriginal and Torres Strait Islander Health Workers, their managers and other health professionals; and online surveys of Aboriginal and Torres Strait Islander Health Workers and their managers. As part of the NSW Health project, consideration was given to how the Aboriginal Health Worker models of care and scopes of practice outlined in the HWA report could be applied in the NSW context.

### Helpful resources

These Guidelines should be read in conjunction with the *Information Bulletin: Definition of an Aboriginal Health Worker (IB2014\_001)* and the *Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health*. The Decision Making Framework is available at <http://www.health.nsw.gov.au/workforce/aboriginal/Pages/decision-making-framework.aspx> and is discussed in more detail in Section 10 of these Guidelines.

A Glossary of Terms that provides definitions for the key terms used throughout this document is located in Section 11.

The Appendices at the end of the Guidelines are a useful source of further information on: Aboriginal Health Worker roles/programs in NSW Health; the scopes of practice for Aboriginal Health Workers; sample Role Descriptions for Aboriginal Health Workers; and the Aboriginal Primary Health Care qualification.

### Terminology used in this document

In this document the term 'Aboriginal' is used in preference to 'Aboriginal and Torres Strait Islander' or 'Indigenous' in recognition that Aboriginal people are the original inhabitants of NSW<sup>i</sup>.

## TWO

# Background

Aboriginal Health Workers play a key role in combating the high burden of disease and mortality rates in Aboriginal communities of NSW.

Traditionally, Aboriginal Health Workers in NSW Health have provided services such as community liaison and engagement, advocacy, health promotion and education, culturally safe services, cultural education and brokerage, community development, and disease prevention.

In the past, Aboriginal Health Workers in NSW Health have undertaken a wide variety of education and training programs, which has made it challenging to define their scopes of practice. Aboriginal Health Worker roles have been flexible, with a lack of role clarity and without a minimum qualifications framework. Given this context, a review of the roles, scopes of practice and the required skills and competencies of Aboriginal Health Workers has been conducted.

NSW Health is committed to facilitating access for Aboriginal Health Workers to the nationally recognised Aboriginal Primary Health Care qualification. In addition, there is now a new process of registration for Aboriginal Health Workers in Practitioner roles. These developments will assist with standardising scopes of practice and strengthening the roles of Aboriginal Health Workers in NSW Health.

Supporting the ongoing professional development and career pathway development of the Aboriginal Health Worker workforce is in line with the goals of NSW Health's *Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2011-2015 (Good Health - Great Jobs)*<sup>1</sup>. A key priority of *Good Health - Great Jobs* is to "Build a NSW Health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services".

## Health Workforce Australia's national Aboriginal and Torres Strait Islander Health Worker Project

In December 2011, Health Workforce Australia (HWA) published the *Growing Our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project*<sup>ii</sup>. The HWA Report identified five areas in workforce development for Aboriginal and Torres Strait Islander Health Workers, namely (p.x)<sup>ibid</sup>:

1. a clearly defined, understood and recognised Aboriginal and Torres Strait Islander Health Worker workforce
2. clearly structured and accessible education and career pathways for Aboriginal and Torres Strait Islander Health Workers
3. a more strategic approach to planning and growing the Aboriginal and Torres Strait Islander Health Worker workforce in response to health and service needs
4. workplace and community environments that enable and support Aboriginal and Torres Strait Islander Health Workers
5. better ways of collecting and sharing information relevant to the Aboriginal and Torres Strait Islander Health Worker workforce.

1 NSW Ministry of Health, 2013. *Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2011-2015*. North Sydney.

THREE

## Defining Aboriginal Health Workers in NSW Health

Defining Aboriginal Health Workers in NSW Health will:

- assist Aboriginal Health Workers and their managers to understand Aboriginal Health Worker roles, responsibilities and career pathways
- increase the capacity of health services and managers to support and strengthen Aboriginal Health Worker roles
- guide the implementation of Aboriginal Health Worker roles across NSW Health.

### Who are Aboriginal Health Workers?

The following definition<sup>2</sup> of an Aboriginal Health Worker has been developed through a review of the literature and consultations with Aboriginal Health Workers, their managers and other stakeholders.

An Aboriginal Health Worker in NSW Health is:

- an Aboriginal and/or Torres Strait Islander person<sup>iii</sup> which means someone who is:
  - of Aboriginal and/or Torres Strait Islander descent; and
  - identifies as an Aboriginal and/or Torres Strait Islander; and
  - is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live, or formerly lived.
- employed in an Aboriginal identified position in NSW Health
- has undertaken or is willing to undertake a minimum Certificate III in Aboriginal Primary Health Care (including undergoing recognition of prior learning processes against current qualifications)
- provides flexible, holistic and culturally sensitive health services to Aboriginal clients and the community to achieve better health outcomes and better access to health services for Aboriginal people.

### Aboriginal Health Worker roles in NSW Health

There are four categories of Aboriginal Health Worker roles in NSW Health. These four categories are outlined in Figure 1 below.

2 NSW Ministry of Health, 2014. *Definition of an Aboriginal Health Worker* (IB2014\_001.htm) [http://www.health.nsw.gov.au/policies/ib/2014/pdf/IB2014\\_001.pdf](http://www.health.nsw.gov.au/policies/ib/2014/pdf/IB2014_001.pdf)

Figure 1. Workforce models

Aboriginal Community Health Workers	Aboriginal Hospital Liaison Officers	Aboriginal Health Practitioners	Principal Aboriginal Health Workers
These workers provide better access, liaison, health promotion and preventative health services to the Aboriginal community.	These non-clinical workers provide advocacy, support and liaison for Aboriginal people within an acute care setting e.g. hospitals and multipurpose services.	This is a new role in NSW Health that provides direct clinical services to the Aboriginal community.	These workers provide graduate tertiary level clinical/professional services to the Aboriginal community, have advanced skills in Aboriginal primary health care, manage specific Aboriginal services or programs, and are responsible for supervising other staff.

A wide variety of Aboriginal Health Worker roles fall under these four categories. These roles have arisen from the need for services to deliver effective healthcare to Aboriginal people and communities and include both generalist roles and roles related to specific programs and projects. Roles that currently exist in NSW Health include (but are not limited to):

- Drug and Alcohol
- Oral Health
- Mental Health
- Family Violence
- Maternal and Infant Health
- Men's Health
- Chronic Care
- Early Childhood
- Health Promotion
- Aged Care
- Youth Health
- Women's Health
- Sexual Health
- Community Liaison.

Further details on Aboriginal Health Worker roles and programs are provided at Attachment 1.

### What do Aboriginal Health Workers do?

Although Aboriginal Health Worker roles are diverse, an analysis of these roles by Health Workforce Australia has identified that all Aboriginal Health Workers have the following core competencies that are universal across Australia<sup>iv</sup>:

- the provision of Aboriginal primary health care
- cultural security and safety
- disease prevention and health promotion
- local community knowledge
- a holistic approach to health care.

### Models of care for Aboriginal Health Workers

The following elements can be used to classify an Aboriginal Health Worker model of care<sup>3</sup>:

- the **focus of care** (e.g. cultural support, health education and promotion, clinical etc)
- broad categories of **health conditions or symptoms** the Aboriginal Health Worker may treat (e.g. mental health, chronic disease, sexual health etc)
- the **practice environment** (e.g. acute care, community, outreach etc)
- **supervision and support arrangements**
- the specific Aboriginal **target population/s** (e.g. families, children, aged care, gender specific services)
- the **gaps in service provision** that the model aims to address
- **professional activities** the Aboriginal Health Worker may undertake as part of the role (e.g. education, mentoring, supervision, research, administration).

Key to designing the models of care for Aboriginal Health Workers is gaining an understanding of the tasks the role requires and also the complex communication requirements with the spectrum of stakeholders.

In NSW Health, the Aboriginal Health Worker role involves building relationships and working in collaboration with a range of internal and external stakeholders.

Aboriginal Health Workers work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal people and communities, and play a key role in facilitating relationships between Aboriginal patients and other health professionals. Drawing on their knowledge of the local Aboriginal community, Aboriginal Health Workers may advocate for the needs of Aboriginal patients by educating and advising other health professionals on the delivery of culturally safe and secure healthcare<sup>ibid</sup>.

3 These principles behind workforce modelling and scopes of practice have been adapted from the NSW Health *Nurse Practitioners in NSW – Guidelines for Implementation of Nursing Practitioner roles in NSW Health*<sup>1</sup>.

Aboriginal Health Workers also communicate with, and facilitate access to, other government and non-government organisations and support services in order to provide care that meets the physical, social, emotional and cultural needs of the patient. This communication may occur during and/or after the patient's contact with the health service.

Table 1 below summarises the range of activities generally undertaken by Aboriginal Health Workers in NSW Health.

Refer to the Glossary of Terms for definitions of the key terms: Advocacy, Client, Community Engagement, Cultural Safety, Cultural Support, Liaison, Refer/Referral, and Support.

**Table 1. Activities undertaken by Aboriginal Health Workers in NSW Health<sup>4</sup>**

	Aboriginal Community Health Worker	Aboriginal Hospital Liaison Officer	Aboriginal Health Practitioner
Community engagement	✓	✓	✓
Access	✓	✓	
Liaison	✓	✓	✓
Support	✓	✓	✓
Advocacy	✓	✓	✓
Cultural support & safety	✓	✓	✓
Health education & promotion	✓	✓	✓
Referral	✓	✓	✓
Prevention	✓		✓
Assessment			✓
Intervention			✓
Outreach services	✓		✓
Community development	✓		
Case management		✓	✓
Assist with pre-admission clinics		✓	
Discharge planning		✓	
Initial diagnosis			✓
Monitoring			✓
Care evaluation			✓
Clinical procedures			✓

<sup>4</sup> The activities undertaken by Principal Aboriginal Health Workers depend on the role and the specific requirements of the job as outlined in the Role Description.

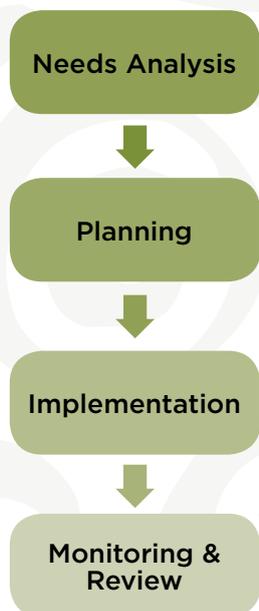
## FOUR

# Implementing an Aboriginal Health Worker Position

Health services may wish to introduce new Aboriginal Health Worker positions, refine existing positions, or establish new or expanded models of care. This may involve a workforce redesign process which takes into account the associated multidisciplinary team and aids in the alignment of the Aboriginal Health Worker to pre-existing scopes of practice.

Figure 2 below shows the four key stages for implementing an Aboriginal Health Worker position. Each stage is then described in more detail in the text below.<sup>5</sup>

**Figure 2. Implementing an Aboriginal Health Worker position**



## Stage 1 - Analysing the need for an Aboriginal Health Worker position

A needs analysis seeks to determine if there is an actual need for a new Aboriginal Health Worker position, and identifies the specific issues or problems (e.g. for the health service or the Aboriginal community) that will be addressed by implementing the position.

Determining the need for a new Aboriginal Health Worker position may involve considering:

- *the health needs of the local Aboriginal community* (e.g. demographic trends and the patterns, causes and effects of health conditions and diseases)
- *current service provision in the local area* (e.g. what services are already available to the local Aboriginal community? do the existing services adequately address the health needs of the Aboriginal community or are there service gaps?)
- *the needs of the health service and the model of care* (e.g. workforce needs, service provision needs, organisational goals and priorities)
- *the intended outcomes of the new Aboriginal Health Worker position* (e.g. what does the health service hope to achieve by establishing the position?)
- *what type of Aboriginal Health Worker will best address the identified needs* (e.g. a clinical or non-clinical role, a generic or program specific role, a community or hospital based role etc) – **refer to Section 3 for details on Aboriginal Health Worker roles and workforce models.**

<sup>5</sup> These stages for implementing an Aboriginal Health Worker position have been adapted from the NSW Health *Nurse Practitioners in NSW – Guidelines for implementation of Nurse Practitioner Roles in NSW Health* and the NSW Health *Allied Health Assistant Framework*.

## Stage 2 – Planning for an Aboriginal Health Worker position

This stage seeks to ensure the health service is sufficiently prepared for the implementation of the new Aboriginal Health Worker position.

This stage may involve:

- *identifying the source/s of funding for the position* (e.g. is funding available due to the vacancy of an already established position, or is funding available for a new position)
- *developing a timeline for role implementation*
- *identifying a manager/team leader to facilitate and drive the process* (the manager/team leader should understand the proposed Aboriginal Health Worker role and the implications for models of care and scopes of practice)
- *developing a business case* for the establishment of the position including determining the relevant award and pay scale – **refer to Section 7 for further details**
- *designing the role*, including: developing the scope of practice that aligns with the model of care, developing the specific job requirements and determining how the role will fit within the multidisciplinary team in which the Aboriginal Health Worker will work – **refer to Section 5 for details on Aboriginal Health Worker scopes of practice**
- *confirming the governance structures and supervision and support arrangements* – **refer to Section 10 for details on the supervision and support arrangements for Aboriginal Health Workers**
- *developing a Role Description* outlining the position details, key functions and responsibilities of the role, the education and training requirements, and the pay category – **refer to Attachment 3 for sample Role Descriptions**
- *organising recruitment.*

## Stage 3 – Implementing an Aboriginal Health Worker position

During this stage, the new Aboriginal Health Worker position is established and appropriate governance, supervision and reporting mechanisms are put in place to support the Aboriginal Health Worker.

This stage may involve:

- *recruiting* an appropriately qualified and skilled person to the position – **refer to Section 6 for details on education and training pathways for Aboriginal Health Workers**
- *providing induction and orientation training to the new Aboriginal Health Worker*
- *implementing supervision structures* (e.g. operational and/or clinical supervision) – **refer to Section 10 for details on supervision**
- *implementing support structures* (e.g. professional, mentoring and/or cultural support) – **refer to Section 10 for details on support**
- *establishing formal reporting arrangements*
- *establishing a professional development plan* that articulates the professional development needs and goals of the Aboriginal Health Worker
- *identifying any training needs*, and establish links with relevant Registered Training Organisations or tertiary education providers where needed – **refer to Section 6 for details on education and training pathways**
- *implementing a communications strategy* to raise awareness of the Aboriginal Health Worker role amongst internal and external stakeholders, including: staff at the health service; clients/patients; and the local Aboriginal community.

## Stage 4 – Monitoring and reviewing an Aboriginal Health Worker position

Ongoing monitoring and evaluation will ensure the Aboriginal Health Worker position continues to meet the needs of the health service, the community, and the Aboriginal Health Worker. Ideally, processes for monitoring the position should be developed during the implementation stage.

This stage may involve assessing:

- *whether the needs of the service and the local Aboriginal community identified during Stage 1 have been met*
- *the performance of the Aboriginal Health Worker*
- *whether the governance, supervision and support structures are sufficient*
- *whether the professional development and training needs of the Aboriginal Health Worker have been met*
- *the Aboriginal Health Worker's job satisfaction*
- *the required changes as a result of the review.*

FIVE

# Scopes of Practice for Aboriginal Health Workers

Aboriginal Health Workers in NSW Health are employed in a wide range of roles and settings, which can make it challenging to define the scopes of practice for this group. In the past, education and training for Aboriginal Health Workers in NSW Health has been varied and non-specified. While this diversity in education and training has increased the knowledge, skills and abilities of Aboriginal Health Workers, it has also contributed to a lack of understanding around the scopes of practice.

This section of the Guidelines provides information that can assist health services to develop and review scopes of practice for Aboriginal Health Workers and identify appropriate qualifications and competencies.

## What is a scope of practice?

The term 'scope of practice' can refer to:

### 1 a profession's scope of practice<sup>v</sup>

A profession's scope of practice is the full spectrum of roles, responsibilities, functions and activities that individuals within the profession are

educated, competent and authorised to perform. Aboriginal Health Workers' scope of practice, therefore, encompasses all of the functions and activities undertaken by all Aboriginal Health Workers in the range of settings in which they work.

The scope of practice of all health professions is influenced by the wider environment, the specific settings, model of care, legislation, policy, education, standards and the health needs of the population.

### 2 an individual's scope of practice<sup>ibid</sup>

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform.

## Why should health services define Aboriginal Health Worker's scopes of practice?

Defining the scope of practice for Aboriginal Health Workers has the potential to achieve positive outcomes for individual workers, health services, and Aboriginal patients. Potential outcomes are listed in Table 2 below<sup>vi</sup>.

**Table 2. Defining scopes of practice: potential outcomes**

Cohort	Potential Outcomes
Aboriginal Health Workers	<ul style="list-style-type: none"> <li>Aboriginal Health Workers have a better understanding of their roles and responsibilities, and the functions they are required to perform.</li> <li>Aboriginal Health Workers have improved awareness and confidence to practice safely within their scope and to articulate when an activity is outside their scope.</li> <li>Aboriginal Health Workers have increased job satisfaction as a result of their roles being more clearly defined and structured.</li> </ul>
Health Services	<ul style="list-style-type: none"> <li>Clearer practice boundaries increase the effectiveness of partnerships between Aboriginal Health Workers and other health workers, including: improved accountability, responsibility, communication and referral processes.</li> <li>Health services have increased capacity to align Aboriginal Health Worker roles to meet identified service gaps and needs.</li> <li>Service managers have increased capacity to monitor and review the role and performance of Aboriginal Health Workers.</li> </ul>
Aboriginal patients	<ul style="list-style-type: none"> <li>Patients have improved knowledge of the services provided by Aboriginal Health Workers.</li> <li>Improved quality and safety of patient care.</li> <li>Increased patient satisfaction.</li> </ul>

## Determining an Aboriginal Health Worker's scope of practice

The scope of practice of an individual Aboriginal Health Worker is that which the worker is educated, authorised and competent to perform. In accordance with this definition, an Aboriginal Health Worker's scope of practice is influenced by:

- their education and qualifications
- their knowledge and skills (gained through accredited education/training and on the job training and experience)
- their level of work experience
- the type of role (e.g. Drug and Alcohol, Mental Health, Maternal and Infant Health etc)
- the specific job requirements (determined by the needs of the health service and the local Aboriginal community)
- the type and level of supervision and support they receive.

The *Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health* should be used when developing scopes of practice or delegating activities (particularly clinical activities) to Aboriginal Health Workers. The Decision Making Framework is discussed in more detail in Section 10 of these Guidelines.

The scope of practice for a position should be defined when the position is created and outlined in the Role Description. The scope of practice should be periodically reviewed to ensure it continues to meet the needs of the service, and reflects the professional growth of the Aboriginal Health Worker.

Sample Role Descriptions for Aboriginal Health Workers are provided at Attachment 3. The Role Descriptions should be adapted to reflect the service in which the Aboriginal Health Worker will work (refer to Attachment 1).

Key questions to consider when determining the scope of practice for an Aboriginal Health Worker may include:

- What is the nature of the role? (e.g. clinical or non-clinical, generic or program specific, community or hospital based etc)
- What are the specific job requirements and responsibilities?
- What level is the position to be performed at, and what level of expertise and experience is required at this level?
- What training or qualifications are required to fulfil the role?
- What support and supervision is needed (including clinical supervision if required)? Is this support and supervision available?

Table 3 on page 14 provides examples of activities that can be included in the scope of practice for Aboriginal Health Workers. The activities in the table are listed against the various levels of the Aboriginal Primary Health Care qualification<sup>6</sup>, to provide an indication of the level of education and training required to perform each activity.

This list of activities is not exhaustive and is intended as a guide only. The activities should be reviewed and expanded to reflect the workplace practices and service needs at each facility. More detailed information on the scopes of practice for Aboriginal Health Workers is included at Attachment 2.

### How to use table 3 on pages 14-15:

The various levels of the Aboriginal Primary Health Care qualification are represented in the table on pages 14-15 by the following abbreviations:

- Certificate III in Aboriginal Primary Health Care = Cert III
- Certificate IV in Aboriginal Primary Health Care = Cert IV
- Certificate IV in Aboriginal Primary Health Care Practice = Cert IV (Practice)
- Diploma of Aboriginal Primary Health Care = Diploma
- Diploma of Aboriginal Primary Health Care Practice = Diploma (Practice).

<sup>6</sup> The Aboriginal Primary Health Care qualification is the preferred qualification for Aboriginal Health Workers in NSW Health.

**Table 3. Aboriginal Health Worker qualification level by type of activity**

Activity	Cert III (Care)	Cert IV (Care)	Cert IV (Practice)	Diploma (Care)	Diploma (Practice)
Health education & promotion	✓	✓	✓	✓	✓
Client support	✓	✓	✓	✓	✓
Identification of health needs	✓	✓	✓	✓	✓
Referral of patients/clients	✓	✓	✓	✓	✓
Information & advice	✓	✓	✓	✓	✓
Client & community advocacy	✓	✓	✓	✓	✓
Assist with client communication (e.g. interpreting medical terminology)	✓	✓	✓	✓	✓
First point of contact for counselling & referral		✓	✓	✓	✓
Develop & implement community development programs		✓	✓	✓	✓
Develop & implement health promotion & health education programs		✓	✓	✓	✓
Undertake health program care duties (e.g. drug & alcohol, mental health, family health etc)		✓	✓	✓	✓
Provide information about healthy lifestyles and support changes in lifestyle (e.g. nutrition, exercise, smoking etc)		✓	✓	✓	✓
Provide information about chronic disease care		✓	✓	✓	✓
Provide group based learning activities		✓	✓	✓	✓
Complete tasks relating to a specialist field that could be of a complex nature				✓	✓
Health screening & assessment	✓	✓	✓	✓	✓
Basic first aid	✓	✓	✓	✓	✓
Deliver primary health care programs	✓	✓	✓	✓	✓
Basic health care	✓	✓	✓	✓	✓
Basic dressing			✓		✓
Take blood			✓		✓
Assist with evacuation (medical emergencies)			✓		✓
Accident and first aid medical care			✓		✓
Liase with health professionals about medical advice & treatment			✓		✓
Observations (temperature, pulse, blood pressure, respirations)			✓		✓

Activity	Cert III (Care)	Cert IV (Care)	Cert IV (Practice)	Diploma (Care)	Diploma (Practice)
Participate in doctor clinics			✓		✓
Limited/basic assessment of patients as presented			✓		✓
Case management/develop & monitor a case plan		✓	✓	✓	✓
Primary health care interventions		✓	✓	✓	✓
Provide a range of primary clinical care services			✓		✓
Monitor community to comply with health checks		✓	✓	✓	✓
Provide information about commonly used medicines*			✓		✓
Review treatment plans and medication regimes*			✓		✓
Assess medicines history*			✓		✓
Initiate, undertake and interpret certain clinical assessments			✓		✓
Monitor effects of medicines*			✓		✓
Collect specimens according to policies and protocols			✓		✓
Promote appropriate use of medicines*			✓		✓
Maintain medical equipment			✓		✓
Organise follow-up care			✓		✓
Identify symptoms of common disease			✓		✓
Support clients in the safe use and compliance of medicines*		✓	✓	✓	✓
Collaborate effectively with other health care professionals to facilitate a multidisciplinary approach to client care		✓	✓	✓	✓
Participate in and facilitate the development of service goals & plans, policies & procedures				✓	✓
Participate in professional networks/associations to enhance personal knowledge, skills & relationships	✓	✓	✓	✓	✓
Undertake self-development opportunities to promote & maintain knowledge & competence	✓	✓	✓	✓	✓
Network & liaise with other service providers	✓	✓	✓	✓	✓
Document care given	✓	✓	✓	✓	✓
Manage the workload of others, and supervise & mentor subordinate staff				✓	✓
Document, collect & interpret health data and information	✓	✓	✓	✓	✓
Use patient information management systems		✓	✓	✓	✓

\* Aboriginal Health Workers are not authorised to possess, supply or administer medicines in NSW in accordance with the *NSW Poisons and Therapeutic Goods Act 1966* and the *Poisons and Therapeutic Goods Regulation 2008*.

## Scope of practice restrictions

### Administration of medicines

Aboriginal Health Practitioners and other Aboriginal Health Workers are not authorised to possess, supply or administer medicines in NSW in accordance with the *NSW Poisons and Therapeutic Goods Act 1966*<sup>vii</sup> and the *Poisons and Therapeutic Goods Regulation 2008*<sup>viii</sup>.

Aboriginal Health Workers who have completed the relevant units of the Aboriginal Primary Health Care qualification are permitted to undertake the following activities:

- provide information to clients about commonly used medicines\*
- promote the appropriate use of medicines
- assess client's medicines history\*
- support clients in the safe use and compliance of medicines.

### Immunisation

Vaccines are classified as restricted (Schedule 4) substances under the *NSW Poisons and Therapeutic Goods Act 1966* and the *Poisons and Therapeutic Goods Regulation 2008*. In accordance with this legislation, Aboriginal Health Workers are not authorised to prepare or administer vaccines in NSW.

Aboriginal Health Workers can undertake the following immunisation activities:

- promote immunisation services
- provide information about immunisation to clients and the community.

\* These activities can only be undertaken by registered Aboriginal Health Practitioners.

## Education and Training Pathways for Aboriginal Health Workers

The Aboriginal Primary Health Care qualification is the preferred qualification for Aboriginal Health Workers in NSW Health. This is a nationally recognised qualification that was developed in 2007 and reviewed in 2012. The Aboriginal Primary Health Care qualification offers multiple elective streams. It is preferable that Aboriginal Health Workers have completed the elective streams specifically relevant to their role.

This section of the Guidelines provides an overview of the Aboriginal Primary Health Care qualification and identifies several sources of funding and other support available to employers and Aboriginal trainees.

### The Aboriginal Primary Health Care qualification

The Aboriginal Primary Health Care qualification supports students to work as Aboriginal Health Workers across NSW Health. Students completing this qualification will:

- have gained the appropriate level of education and skills to enter the workforce as an Aboriginal Health Worker
- play a crucial role in the provision and promotion of health treatment, strategies and information
- have the opportunity to explore further career pathways.

As demonstrated by Figure 3 below, the qualification contains a generic course at the Certificate II and Certificate III levels, and then branches into two separate streams at the Certificate IV and Diploma levels. The two streams are: 1) Aboriginal Primary Health Care, and 2) Aboriginal Primary Health Care Practice.

The Aboriginal Primary Health Care Practice stream is the qualification required for national registration as an Aboriginal Health Practitioner, which commenced on 1 July 2012 (Section 8 of the Guidelines provides further information on Aboriginal Health Practitioners).

**Figure 3. Overview of the Aboriginal Primary Health Care qualification**

Certificate II Aboriginal Primary Health Care	
Certificate III Aboriginal Primary Health Care	
Certificate IV Aboriginal Primary Health Care	Certificate IV Aboriginal Primary Health Care Practice
Diploma Aboriginal Primary Health Care	Diploma Aboriginal Primary Health Care Practice
Advanced Diploma Aboriginal Primary Health Care	

Table 4 below provides an overview of the qualification levels of the Aboriginal Primary Health Care qualification.

It is important for clinician managers to recognise that some of the core and elective units of the Aboriginal Primary Health Care qualification include clinical components. Aboriginal Health Workers undertaking clinical components of the qualification must be supervised by clinically trained health staff who have the knowledge, training and competence in the units delivered.

A copy of the qualification can be downloaded from the Training.gov.au website at: <http://training.gov.au/>. This website lists all the current core and elective units contained in each qualification and further details on the units of competence and assessment guidelines. From time to time, the qualification may be reviewed through the Australian Qualification Framework processes. It may be necessary to refer to the [training.gov.au](http://training.gov.au/) website to confirm currency of the course elements.

**Table 4. Description of the Aboriginal Primary Health Care qualification levels**

Qualification level	Overview
Certificate II in Aboriginal Primary Health Care <sup>ix</sup>	This qualification reflects the role of workers who undertake a range of tasks under direct supervision to support the provision of primary health care services to Aboriginal clients and communities. This qualification is suited to Australian Apprenticeship Pathways and for delivery within VET in Schools programs.
Certificate III in Aboriginal Primary Health Care <sup>x</sup>	This qualification reflects the role of Aboriginal people working at the entry level of primary health care for Aboriginal clients.
Certificate IV in Aboriginal Primary Health Care <sup>xi</sup>	This qualification reflects the role of Aboriginal people working to provide a range of non-clinical primary health care services to Aboriginal clients and communities, including specific health care programs.
Certificate IV in Aboriginal Primary Health Care Practice <sup>xii</sup>	This qualification reflects the role of Aboriginal people working to provide a range of clinical primary health care services to Aboriginal clients and communities, including: specific health care programs; and advice and assistance with medication. This qualification addresses the specific legislative responsibilities of Aboriginal Health Practitioners and is required for national registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
Diploma of Aboriginal Primary Health Care <sup>xiii</sup>	This qualification defines the knowledge and skills for workers involved in Aboriginal Primary Health Care and who work autonomously under the broad guidance of others. The qualification covers workers who have a basis of skills and knowledge in primary health care, which they may apply in program delivery, management, and policy or education functions.
Diploma of Aboriginal Primary Health Care Practice <sup>xiv</sup>	This qualification defines the knowledge and skills for workers involved in Aboriginal Primary Health Care and who work autonomously under the broad guidance of others. The qualification covers workers who have a basis of skills and knowledge in primary health care practice, which they may apply in clinical, management or education functions.
Advanced Diploma of Aboriginal Primary Health Care <sup>xv</sup>	This qualification reflects the role of senior Aboriginal Health Workers working in primary health care positions. It covers workers who integrate knowledge of Aboriginal Primary Health Care into broader aspects of management and community development, contributing to policy-making and decision-making across the spectrum of service delivery.

The Aboriginal Primary Health Care qualification currently offers a total of 31 elective streams. Service managers should ensure that the Aboriginal Health Workers they employ have completed the elective stream/s relevant to their particular job role. Figure 4 below outlines the elective streams of the Aboriginal Primary Health Care qualification.

The certificate and diploma courses of the Aboriginal Primary Health Care qualification have differing requirements regarding the number of core and elective units that must be completed. Course participants are required to undertake a minimum number of elective units from the electives available in their course. Additional electives may be selected from any endorsed Training Packages or accredited courses relevant to the work outcome.

**Figure 4. Elective streams of the Aboriginal Primary Health Care qualification**

Administration	Community services	Nutrition
Advocacy	Ear & hearing health	Oral health care
Aged & disability care	Family & community violence	Pathology
Alcohol & other drugs	Group work	Policy development
Burns treatment	General	Primary health care delivery
Cancer care	Health promotion	Renal care
Case work	Leadership & management	Smoking cessation
Client care	Maternal & infant care	Social & emotional wellbeing
Chronic disease care	Medication assistant	Workplace training
Community development	Mental health	Youth work
	Mentoring	

## Suitable qualifications for the different types of Aboriginal Health Workers

The table below provides an indication of the suitable qualifications for the following four categories of Aboriginal Health Workers (as identified in Section 3 of these Guidelines):

- Aboriginal Community Health Workers
- Aboriginal Hospital Liaison Officers
- Aboriginal Health Practitioners
- Principal Aboriginal Health Workers.

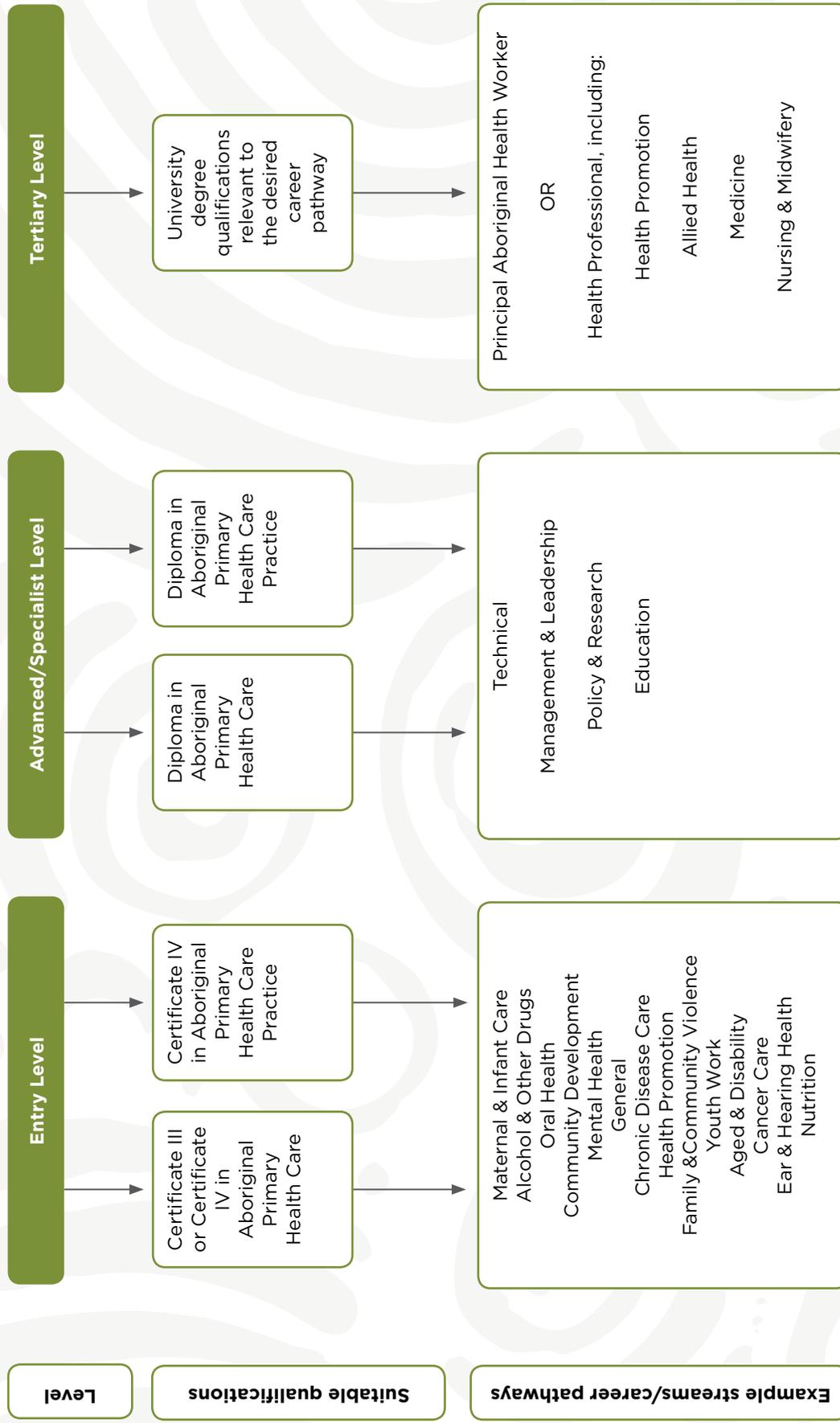
**Table 5. Qualifications suitable for different Aboriginal Health Worker roles**

Role	Suitable Qualifications	Recommended Entry Level Qualification
Aboriginal Community Health Worker	<ul style="list-style-type: none"> <li>■ Certificate III in Aboriginal Primary Health Care</li> <li>■ Certificate IV in Aboriginal Primary Health Care or equivalent</li> <li>■ Diploma of Aboriginal Primary Health Care</li> </ul>	<ul style="list-style-type: none"> <li>■ Certificate III in Aboriginal Primary Health Care or equivalent</li> </ul>
Aboriginal Hospital Liaison Officer	<ul style="list-style-type: none"> <li>■ Certificate III in Aboriginal Primary Health Care</li> <li>■ Certificate IV in Aboriginal Primary Health Care or equivalent</li> <li>■ Diploma of Aboriginal Primary Health Care</li> </ul>	<ul style="list-style-type: none"> <li>■ Certificate III in Aboriginal Primary Health Care or equivalent</li> </ul>
Aboriginal Health Practitioner	<ul style="list-style-type: none"> <li>■ Certificate IV in Aboriginal Primary Health Care Practice</li> </ul>	<ul style="list-style-type: none"> <li>■ Certificate IV in Aboriginal Primary Health Care Practice <b>AND</b></li> <li>■ Registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia</li> </ul>
Principal Aboriginal Health Worker	<ul style="list-style-type: none"> <li>■ Relevant degree qualifications</li> </ul>	<ul style="list-style-type: none"> <li>■ A degree qualification relevant to the role</li> </ul>

## Articulation and career pathways for Aboriginal Health Workers

On the successful completion of an Aboriginal Primary Health Care qualification, students are able to apply for recognition and credit transfers to other qualifications. Figure 5 on page 21 shows the potential articulation and career pathways.

Figure 5. Articulation and career pathways for Aboriginal Health Workers in NSW Health



## Up-skilling existing workers to the Aboriginal Primary Health Care qualification

Current Aboriginal Health Workers who do not have formal qualifications in Aboriginal Primary Health Care can be supported to undertake Recognition of Prior Learning (RPL) processes. This process enables each Aboriginal Health Worker's current training, knowledge and skills to be recognised against the competencies in the qualification, and is often a more effective way to up-skill the workforce.

### What does Recognition of Prior Learning involve?<sup>xvii</sup>

RPL is the process through which a person's skills, knowledge and experience are assessed in order to ascertain the person's level of competency against a range of vocational qualifications and skills. RPL allows a person's skills and knowledge to be recognised and can result in a formal qualification or statement of attainment.

Current Aboriginal Health Workers can acquire the units of competency in the Aboriginal Primary Health Care qualifications through recognition of their formal and informal education and training; experiences in the workplace; and their general life experiences. In awarding a qualification the primary consideration is whether the candidate is competent, not necessarily how the competency is acquired.

The RPL process will typically assess and compare a person's current qualifications and previous work experience against the units of competency contained in the qualification in which they hope to enrol. The person seeking RPL is required to provide evidence of their skills, knowledge, training and experience. The types of evidence required will vary depending on the units of competency and the assessment process. Evidence may range from an interview, copy of transcripts from previous qualifications, professional references, and examples of work. Registered Training Organisations may also use other means, e.g. 'challenge tests' (quizzes or practical activities) to assess competency.

Depending on the outcome, some units of competency in the qualification may be granted via RPL (also known as Advanced Standing), and up to an entire qualification may be granted. Where a person is deemed partially competent

against units in a qualification, a 'gap training' program is designed.

### Who conducts Recognition of Prior Learning processes?

Only Registered Training Organisations can conduct the RPL process, and the assessment must be conducted by appropriately qualified and experienced trainers/assessors. The Registered Training Organisation must have the appropriate Aboriginal Primary Health Care qualification in scope prior to performing RPL processes. Registered Training Organisations providing the Certificate IV in Aboriginal Primary Health Care Practice and the Diploma qualifications must be accredited with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

### What are the benefits?

A key benefit of RPL processes is the potential for students to complete their qualifications in a reduced amount of time. For employers, this means that staff will gain their qualifications over a shorter timeframe, potentially at a lower financial cost, and with less time away from their duties.

### How can manager's up-skill their existing workers?

Local Health Districts wishing to up-skill their Aboriginal Health Workers will need to develop partnerships with individual Registered Training Organisations to develop RPL processes.

## Funding and support for education and training

Funding and other support for employers and Aboriginal students/trainees is available from a range of sources, including:

- **Indigenous Wage Subsidy (IWS) Program - Commonwealth Department of Employment:** the IWS Program provides financial incentives to employers who employ Aboriginal people on a continuing basis. The Program provides a wage subsidy to employers after 13 and 26 weeks of employment. Some employers may also be eligible for retention bonuses and funds to cover training costs. Further information can be found at: <http://employment.gov.au/indigenous-wage-subsidy-iws>

- **Apprenticeship and Traineeship Training Program (ATTP) – State Training Services, NSW Department of Education and Communities:** the ATTP provides a financial contribution to employers towards the costs of delivering traineeships for new entrants undertaking the Certificate III and Certificate IV Aboriginal Primary Health Care qualifications. Further information can be found at: [http://www.training.nsw.gov.au/programs\\_services/funded\\_apl/attp/](http://www.training.nsw.gov.au/programs_services/funded_apl/attp/)
- **New Careers for Aboriginal People (NCAP) – State Training Services, NSW Department of Education and Communities:** the NCAP Program funds organisations to employ and train people as NCAP officers whose role is to assist Aboriginal people into employment and/or training. NCAP officers are Aboriginal people who provide training and employment assistance and advice, and are in touch with the needs of Aboriginal communities. Further information can be found at: [https://www.training.nsw.gov.au/programs\\_services/funded\\_other/acp/ncap.html](https://www.training.nsw.gov.au/programs_services/funded_other/acp/ncap.html)
- **The Way Ahead for Aboriginal People – State Training Services, NSW Department of Education and Communities:** provides mentoring services for Aboriginal apprentices and trainees who need additional support in the workplace. Mentors are chosen because of their experience and acceptance within Aboriginal communities. Further information can be found at: [https://www.training.nsw.gov.au/programs\\_services/funded\\_other/acp/waap.html](https://www.training.nsw.gov.au/programs_services/funded_other/acp/waap.html)
- **Australian Apprenticeships Support Centres – State Training Services, NSW Department of Education and Communities:** State Training Services is an approved Australian Apprenticeships Centre and provides Australian Apprenticeship Support services as part of a one-stop shop for all apprenticeship and traineeship services and broader vocational education and training advice.
- **Elsa Dixon Aboriginal Employment Program (EDAEP) – State Training Services, NSW Department of Education and Communities:** the EDAEP provides funding to organisations to support Aboriginal education, employment and training by: subsidising the salary, development and support costs of Aboriginal employees in a public service agency or local council; funding innovative community projects; and supporting work experience for Aboriginal students in their final year of a degree or post degree course. Further information can be found at: [https://www.training.nsw.gov.au/programs\\_services/funded\\_other/acp/edaep.html](https://www.training.nsw.gov.au/programs_services/funded_other/acp/edaep.html)
- **National Workforce Development Fund (NWDF) – Commonwealth Department of Industry:** through the NWDF, the Australian Government provides financial assistance to industry to support training and workforce development in areas of current and future skills need. Under the NWDF, 33% of training funding is available on application for the delivery of training for the Aboriginal Primary Health Care qualification. The NWDF can also provide funding to assist with Recognition of Prior Learning (RPL) processes and the up-skilling of currently employed Aboriginal Health Workers. Further information can be found at: <http://www.innovation.gov.au/skills/SkillsTrainingAndWorkforceDevelopment/NationalWorkforceDevelopmentFund/Pages/default.aspx>

## Consideration of Employment Arrangements

This section of the Guidelines provides information on employment arrangements, including the factors to consider for selecting the appropriate industrial award and position classification for Aboriginal Health Workers in NSW Health.

### Selecting the right industrial award

Aboriginal Health Workers across NSW Health are employed under various award structures and agreements. The majority of Aboriginal Health Workers are employed under the *Aboriginal Health Education Officers Determination* while other Aboriginal Health Workers are employed as Health Service Managers, Health Education Officers, Counsellors or Welfare Officers.

For some Aboriginal Health Worker roles, elements of the role may be covered by more than one award or agreement. In this situation, Aboriginal Health Workers should be employed under the award or agreement that is most closely aligned with their role, the duties they are expected to perform, and the required skills, competencies and qualifications. For example, Aboriginal Health Workers who hold a relevant degree qualification and who are required to perform Welfare Officer or Counsellor roles should be employed under the *NSW Health Service Health Professionals (State) Award* rather than the *Aboriginal Health Education Officers Determination*.

### Selecting the right position classification

Within individual industrial awards or agreements, positions are often classified according to levels that determine the employees pay category (e.g. positions within the same occupation can be classified as Level 1 positions through to Level 6 positions). The relevant award will list the specific factors that should be considered when selecting the position classification, however, these factors generally include:

- minimum qualification requirements
- level of experience (i.e. number of years)
- level of skill, knowledge and expertise
- degree of responsibility, autonomy and professional judgement
- required level of supervision
- requirements to supervise other staff.

### Aboriginal people who are not employed in Aboriginal Health Worker roles

Aboriginal people are employed in a range of other tertiary qualified, professional roles across NSW Health, including roles in: allied health, medicine, and nursing and midwifery. Aboriginal people working in these roles who have attained a relevant degree qualification should be employed under the appropriate professional award and remunerated accordingly.

## EIGHT

# Registration as an Aboriginal Health Practitioner

The Aboriginal Health Practitioner is a new role in NSW Health that provides direct clinical and other health services to Aboriginal clients and communities. National registration of the Aboriginal Health Practitioner role occurred on 1 July 2012 under the National Registration and Accreditation Scheme for health practitioners.

It was identified that some Aboriginal Health Worker roles across Australia involved a significant clinical component and the performance of a number of high risk clinical activities. On this basis, Health Ministers agreed that national registration was required to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practice are registered.<sup>xviii</sup>

### Title protection

Under the *Health Practitioner Regulation National Law (NSW) No 86a*<sup>xix</sup>, the protected titles are:

- (a) Aboriginal Health Practitioner
- (b) Torres Strait Islander Health Practitioner
- (c) Aboriginal and Torres Strait Islander Health Practitioner.

The preferred title for NSW Health is '*Aboriginal Health Practitioner*'.

### Eligibility

To practice as an Aboriginal Health Practitioner an individual must hold registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). Only Aboriginal Health Workers who are required by their employer to use the protected title 'Aboriginal Health Practitioner', or to hold registration as an Aboriginal Health Practitioner as a requirement of their job, must be registered with ATSIHPBA.

To be eligible to apply for registration as an Aboriginal Health Practitioner with ATSIHPBA an applicant must be an Aboriginal and/or Torres Strait Islander person, and have completed a Certificate IV in Aboriginal Primary Health Care Practice or equivalent qualification<sup>xx</sup>.

### Registration standards

Applicants for registration as an Aboriginal Health Practitioner must comply with the registration standards developed by ATSIHPBA.

Under the registration standards, Aboriginal Health Practitioners are required to participate regularly in continuing professional development (CPD) activities. Practitioners must complete a minimum of 60 hours of documented CPD every three years, with a minimum of 10 hours in any one year. Of the 60 hours, at least 45 hours must involve formal CPD activities.

Aboriginal Health Practitioners must also be able to demonstrate recency of practice within their profession, to ensure they are able to practice competently and safely.

**The full list of registration standards can be found on the ATSIHPBA website**, including standards relating to: criminal history, English language skills and professional indemnity insurance arrangements.

### Further information

Further information about eligibility, registration standards, and the programs of study approved by ATSIHPBA can be found at:

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

## Aboriginal Health Worker Traineeships

NSW Health supports traineeships for Aboriginal Health Workers undertaking the Aboriginal Primary Health Care qualification at Certificate III and Certificate IV levels.

Traineeships are a new concept at the state level. Aboriginal Health Worker traineeships have not always included the attainment of a qualification. In line with the *NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2011-2015*, traineeship pathways promote the attainment of a qualification at an appropriate competency level.

Traineeship positions can be fully funded from Local Health District budgets or by utilising funding from vacant Aboriginal Health Worker positions.

This section of the Guidelines outlines the minimum methodology for implementing a traineeship, including the placement types and supervision requirements.

### Placements

It is important to identify the type of placement a Trainee is undertaking to ensure the supervision and support is appropriate for their learning needs. There are two types of placements:

#### 1 practical placements

Practical placements refer to Trainee Aboriginal Health Workers who are undertaking student placements in non-clinical roles, and can be supervised by non-clinical health professionals.

#### 2 clinical placements

Clinical placements refer specifically to Trainees who are undertaking the clinical units of the Aboriginal Primary Health Care qualification, and must be supervised by clinically trained health staff who have the knowledge, training and competence in the units delivered.

### Supervision

#### What is supervision?

Supervision is a formal process of professional support and learning that enables the individual worker/trainee to develop the knowledge and skills required to enhance the quality and safety of client care.<sup>xxi</sup>

The purpose of supervision is to<sup>xxii</sup>:

- ensure the delivery of high quality patient care through accountable decision making
- facilitate learning, professional development and skills acquisition
- improve the confidence and competence of the worker/trainee.

#### Supervision of a Trainee Aboriginal Health Worker

Trainee Aboriginal Health Workers must be supervised by Health Professionals or Senior Aboriginal Health Workers. Supervisors of an Aboriginal Health Worker Trainee must be able to demonstrate the competencies relevant to the role in which the Trainee is employed<sup>xxiii</sup>.

There are varying levels of supervision, depending on the experience of the Trainee:

- **continuous** supervision – is required when the Trainee is new to the area of practice and is operating at a novice level
- **frequent** supervision – is required when the Trainee is judged by the supervisor to be not yet proficient or is experiencing a crisis of confidence
- **occasional** supervision – is required when the Trainee has been judged by the supervisor to be safe and proficient yet needs to build up confidence in the provision of care<sup>xxiv</sup>.

Supervision of a Trainee Aboriginal Health Worker by a Health Professional or Senior Aboriginal Health Worker may be direct or indirect:

- **direct** supervision – is when the supervisor is present and personally observes, works with, guides and directs the Trainee, enabling immediate guidance, feedback and intervention as required<sup>xxv</sup>
- **indirect** supervision – is when the supervisor works in the same facility or organisation as the Trainee, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the patient/client and the needs of the Trainee.<sup>ibid</sup>

All supervisors are responsible for communicating any concerns immediately in regards to the performance of a Trainee Aboriginal Health Worker to the team leader/service manager/clinical director and the Registered Training Organisation where the Trainee is undertaking their course.

### Accountabilities of supervisors<sup>xxvi</sup>

The Health Professional or Senior Aboriginal Health Worker supervising a Trainee Aboriginal Health Worker is accountable for the allocation of client/patient care activities to the Trainee and for ensuring the Trainee can safely and competently perform the allocated activities. In deciding to allocate activities to the Trainee, the supervisor must consider the Trainee's current competencies and the needs of the client/patient.

### Assessment<sup>ibid</sup>

The Registered Training Organisation delivering the qualification is responsible for conducting assessments of the Trainee's competencies. Assessments can occur on-the-job and via laboratory simulation.

### Performance management

The Local Health District, in partnership with the Registered Training Organisation, is responsible for addressing and managing any performance issues of the Trainee. Trainees must have undertaken the relevant theory components and had experience practicing their skills in simulated environments prior to performing the activity in an actual health setting.

## Delegation, Supervision and Support for Aboriginal Health Workers

The type of activities that an Aboriginal Health Worker can undertake depends on the type of supervision and support provided. This section of the Guidelines provides information to help inform decisions about the delegation of activities to Aboriginal Health Workers, and describes the types of supervision and support Aboriginal Health Workers can receive.

### The Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities

This section of the Guidelines should be read in conjunction with the *Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health*<sup>xxvii</sup> (the Decision Making Framework). The Framework is available at <http://www.health.nsw.gov.au/workforce/aboriginal/Pages/decision-making-framework.aspx>

The Decision Making Framework provides a process whereby an Aboriginal Health Worker's scope of practice can be rigorously considered against a range of criteria, to ensure the clinical activities they undertake are safe, timely, and meet the needs of the health service and the Aboriginal community.

The Decision Making Framework enables health services to assess whether Aboriginal Health Workers are trained, competent, ready, and supported to undertake clinical activities, and can assist health services in making decisions relating to scopes of practice, the delegation of activities, and the supervision requirements for Aboriginal Health Workers.

### Delegation

Delegation refers to a process whereby other health professionals delegate certain activities to Aboriginal Health Workers, which would normally fit within the health professional's own scope of practice.

Delegation of clinical activities may involve:

- transferring authority to a competent Aboriginal Health Worker to perform a specific clinical activity in a specific context; or
- conferring authority to perform a specific clinical activity in a specific context to a competent Aboriginal Health Worker who would not normally have autonomous authority to perform the activity.<sup>lbid</sup>

When delegating activities to Aboriginal Health Workers, health professionals remain accountable for the decision to delegate and for monitoring outcomes. The health professional should understand the role and function of the Aboriginal Health Worker to ensure that they do not function beyond the limits of their education, competence, experience and lawful authority.<sup>xxviii</sup>

Table 7 on page 30 outlines the Decision Making Framework that should be used when delegating clinical activities to Aboriginal Health Workers in NSW Health. **All** components of the Decision Making Framework must be achieved prior to the delegation of a clinical activity to an Aboriginal Health Worker.<sup>lbid</sup>

**Table 6. Decision Making Framework for delegating clinical activities to Aboriginal Health Workers**

<b>Desired Client Outcomes</b>	The performance of the clinical activity by an Aboriginal Health Worker will achieve the <b>desired client outcomes</b> , and the client consents, if at all possible, to the clinical activity being performed by an Aboriginal Health Worker.
<b>Lawful</b>	The performance of the clinical activity by an Aboriginal Health Worker is <b>lawful</b> (legislation, common law).
<b>Organisational/Cultural Support</b>	There is organisational and cultural support in the form of state and local policies/guidelines/protocols for the performance of this clinical activity by an Aboriginal Health Worker (for Aboriginal Health Worker trainees, support from the educational institution for this activity to be delegated to students should also be established).
<b>Organisational/Cultural Safety Support</b>	There is <b>organisational and cultural safety support</b> in the form of national, state and local policies/frameworks/guidelines/OH&S practices and protocols for Aboriginal Health Workers performing clinical activities.  Organisations have a responsibility to ensure Aboriginal Health Workers delivering such activities are also supported by all professionals including Senior Aboriginal Health Workers and Aboriginal professionals in a culturally safe health care and work environment.  Note: A support process for Aboriginal Health Worker trainees should be established by educational institutions providing clinical activity training.
<b>Professional Consensus</b>	There is <b>professional consensus</b> (i.e. support from a professional group – nursing/midwifery profession, allied health profession, oral health or medical profession) and evidence for the performance of this clinical activity by an Aboriginal Health Worker.
<b>Competent</b>	The Aboriginal Health Worker is <b>competent</b> (i.e. has the necessary qualification, education, experience and skill) to perform the clinical activity safely.
<b>Assessed</b>	The Aboriginal Health Worker’s competence in relation to the clinical activity has been <b>assessed</b> by a relevant health professional (i.e. Registered Nurse/Midwife, Allied Health Professional, Oral Health Professional or Doctor).
<b>Ready</b>	The Aboriginal Health Worker is (prepared and confident) to perform the clinical activity and understands their level of <b>accountability for</b> the clinical activity and knows who to ask for assistance and to whom they report.
<b>Clinical Supervision &amp; Support</b>	There is a Registered Nurse/Midwife, Allied Health Professional, Oral Health Professional or Doctor available to provide the required level of <b>clinical supervision and support</b> , including education.
<b>Reflection &amp; Evaluation</b>	The Aboriginal Health Worker must undergo a process of <b>reflective practice/performance development</b> to ensure that the Aboriginal Health Worker remains clinically competent and the client’s health outcome is monitored.

## Supervision

The type of activities that an Aboriginal Health Worker can undertake depends on the type of supervision (clinical or otherwise) and support provided. Aboriginal Health Workers may require direct or indirect supervision and support, depending on the type of activity being performed and the context in which the activity is performed.

Aboriginal Health Workers can receive two types of supervision<sup>7</sup>, including:

### 1 Operational supervision

Operational supervision refers to the day-to-day managerial supervision of an Aboriginal Health Worker to assist them in the performance of their duties and in meeting the policy and legislative requirements of their employment. Operational supervision may include (but is not limited to):

- performance development
- orientation and induction
- mandatory training
- rostering
- timesheet requirements
- support and guidance
- assistance with problem solving.

### 2 Clinical supervision<sup>xxix</sup>

Clinical supervision is for Aboriginal Health Workers who work in clinical roles. Clinical supervision should be driven by the development needs of the Aboriginal Health Worker and should ensure patient/client safety.

Clinical supervision can be provided by a Registered Nurse/Midwife, Allied Health Professional, Oral Health Professional, Doctor or Senior Aboriginal Health Worker. Deciding who provides clinical supervision depends on the context, including the clinical setting, award requirements and the availability and skill mix of staff.

Components of effective clinical supervision include:

- understanding the roles and responsibilities of Aboriginal Health Workers
- understanding the clinical units of competence of the Aboriginal Primary Health Care qualification
- setting clear expectations of the supervisory relationship
- using supervision contracts
- maintaining supervision documentation
- evaluating the effectiveness of supervision
- setting learning goals
- facilitating reflective practice
- providing a culturally safe and respectful work environment.

## Support

Aboriginal Health Workers can receive three types of support, including:

### 1 Professional support

Professional support provides a mechanism whereby junior Aboriginal Health Workers can discuss their jobs with more senior and experienced Aboriginal Health Workers. This may include discussing their roles, work environments, professional development opportunities and any stressors they may encounter.

Professional support is usually provided through the local Aboriginal Health Worker Forum and specific Aboriginal health program networks. The NSW Health Aboriginal Health Worker Forum promotes improvements to the working environments, career development opportunities and the professional standing of Aboriginal Health Workers employed across NSW Health. The Forum is attended by elected representatives or proxies from within Local Health Districts or other Specialty Networks that employ Aboriginal Health Workers.

7 Supervision for Aboriginal Health Workers is different to the supervision required for Trainee Aboriginal Health Workers, as Aboriginal Health Workers are in non-learning roles.

## 2 Mentoring support

Mentoring refers to ‘a workplace partnership between two or more people that gives employees the opportunity to share their professional and personal experiences’<sup>xxx</sup>. Aboriginal mentoring programs aim to assist Aboriginal employees to feel more confident within the organisation in which they work.

Mentoring support for Aboriginal Health Workers should:

- provide structured support to assist the Aboriginal Health Worker to define their own learning experience, improve their own performance and develop their own capabilities
- benefit the mentor by providing an opportunity for mentors to develop their own leadership capacity
- contribute to improving the health service performance, by making sure that the mentoring support is consistent and compatible with:
  - induction for staff in new roles
  - leadership and management development
  - internal performance appraisal schemes
  - career development opportunities
  - succession planning
  - the health services’ vision and business planning.<sup>ibid</sup>

Mentoring support can be provided by Aboriginal or non-Aboriginal staff, and by Aboriginal Health Workers themselves or staff who work in another health discipline.

## 3 Cultural support

Cultural support aims to provide support to Aboriginal Health Workers adapting to working within a mainstream health system. For some Aboriginal Health Workers, this may be the first time they have worked outside of their communities and they may encounter a sense of cultural insecurity.

Other Aboriginal staff in the organisation can assist Aboriginal Health Workers to work through any cultural issues, including the expectations of the Aboriginal community in relation to the Aboriginal Health Worker’s role and their abilities within that role.

Cultural support can be provided through a formal or informal mentoring program and can also be supported through the local Aboriginal Support Network. The Aboriginal Support Network, which is usually led by the Local Health District’s Aboriginal Health Unit or Aboriginal Employment Coordinator, provides an opportunity for all Aboriginal staff to formally meet and discuss relevant issues relating to employment, cultural safety and competence, health service planning and evaluation, and professional development.

## Glossary of Terms

This section of the Guidelines provides definitions for the key terms used in this document.

### Aboriginal Health Practitioner

Aboriginal Health Practitioners provide direct clinical and other health services to Aboriginal clients and communities. To work as an Aboriginal Health Practitioner in NSW, Aboriginal Health Workers must have completed a Certificate IV in Aboriginal Primary Health Care Practice or equivalent, and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

### Aboriginal Health Worker

The definition of an Aboriginal Health Worker in NSW Health is:

- An Aboriginal and/or Torres Strait Islander person<sup>xxxi</sup> which means someone who is:
  - Of Aboriginal and/or Torres Strait Islander descent; and
  - Identifies as an Aboriginal and/or Torres Strait Islander; and
  - Is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live, or formerly lived.
- Employed in an Aboriginal identified position in NSW Health;
- Has undertaken or is willing to undertake a minimum Certificate III in Aboriginal Primary Health Care (including undergoing recognition of prior learning processes against current qualifications);
- Provides flexible, holistic and culturally sensitive health services to Aboriginal clients and the community to achieve better health outcomes and better access to health services for Aboriginal people.

### Aboriginal Primary Health Care Qualification

The nationally recognised Aboriginal and Torres Strait Islander Primary Health Care qualification is referred to as the 'Aboriginal Primary Health Care qualification' for the purposes of this document. The Aboriginal Primary Health Care qualification is the preferred qualification for Aboriginal Health Workers in NSW Health. The qualification contains a generic course at the Certificate II and Certificate III levels, and then branches into two separate streams at the Certificate IV and Diploma levels. The two streams are: 1) Aboriginal Primary Health Care, and 2) Aboriginal Primary Health Care Practice.

### Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) has been established to regulate the Aboriginal Health Practitioner profession. To practice as an Aboriginal Health Practitioner an individual must hold registration with ATSIHPBA. The functions of ATSIHPBA include:

- developing standards, codes and guidelines for Aboriginal and Torres Strait Islander Health Practice
- approving accreditation standards and accredited courses of study
- registering Aboriginal and Torres Strait Islander Health practitioners and students
- handling notifications, complaints, investigations and disciplinary hearings.

The functions of ATSIHPBA are supported by the Australian Health Practitioner Regulation Agency (AHPRA).

### **Access**

Access refers to the role of Aboriginal Health Workers in ensuring the Aboriginal community has knowledge of and knows how to use mainstream health services.

### **Accountability/Accountable**

Accountability refers to the process whereby health professionals must be prepared to answer to others, such as: health care consumers, other health professionals, their regulatory authority (if applicable), employers and the public for their decisions, actions, behaviours, and the responsibilities inherent to their roles. Accountability cannot be delegated. Health professionals who delegate activities to Aboriginal Health Workers are accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the Aboriginal Health Worker, and for evaluating the outcomes of the delegation.<sup>xxxii</sup>

### **Activity/Activities**

An activity is a service provided to consumers as part of a plan of care. Activities may be clearly defined individual tasks, or more comprehensive care. The term can also refer to interventions or actions taken by a health worker to produce a beneficial outcome for a health consumer. These actions may include (but are not limited to): direct care; monitoring; teaching; counselling; facilitating; and advocating.<sup>xxxiii</sup>

### **Advocacy**

Advocacy refers to the role of Aboriginal Health Workers to support the Aboriginal community by ensuring Aboriginal people can utilise the full spectrum of mainstream public health services, and by communicating the health issues and needs of the Aboriginal community to the health service.

### **Assessment**

Assessment refers to the role of Aboriginal Health Workers in investigating the health status of an Aboriginal client/patient, within a holistic health framework.

### **Australian Health Practitioner Regulation Agency (AHPRA)**

The Australian Health Practitioner Regulation Agency (AHPRA) supports the 14 National Health Practitioner Boards that are responsible for regulating the health professions. AHPRA's operations are governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010.

### **Care Evaluation**

Care evaluation refers to the role of Aboriginal Health Workers in reviewing client/patient health outcomes to determine the effects of treatments.

### **Case Management**

Case management refers to the role of Aboriginal Health Workers (usually in mental health and drug and alcohol) whereby they coordinate health services for their Aboriginal client/patient.

### **Client**

Clients are individuals, groups or communities of health care consumers who work in partnership with Aboriginal Health Workers and health professionals to plan and receive health care. The term client includes patients, residents and/or their families/representatives/significant others.<sup>xxxiv</sup>

### **Clinical Activities**

Clinical activities are defined as being 'concerned with the observation and treatment of a disease in the patient'<sup>xxxv</sup> and the processes undertaken for primary health care including early identification and intervention.

### **Clinical Supervision**

Clinical supervision is the oversight of clinical procedures and processes in accordance with agreed arrangements. Clinical supervision: is driven by the clinical development needs of the clinician; is targeted at promoting patient/client safety; facilitates skills acquisition; provides a forum for discussion of ethical practice; and promotes reflective practice<sup>xxxvi</sup>.

## Community Development

Community development means the strategies and programs developed for Aboriginal communities to enhance skills and knowledge, thereby supporting the community to implement change, particularly in relation to healthy living.

## Community Engagement

Community engagement means the unique skills that Aboriginal Health Workers have in ensuring that effective communication occurs with the Aboriginal community, particularly relating to: health service planning; access; and delivery.

## Competence/Competent

Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses both confidence and capability.<sup>xxxvii</sup>

## Competence Assessment

Assessment of an individual's competence may occur through structured education programs or a peer review process. Evidence of a person's competence may include:

- written transcripts of the skills/knowledge they have obtained in a formal course
- their in-service education session records
- direct observation of their skill
- questioning of their knowledge base
- assessment from the consumer's perspective using agreed criteria
- self assessment through reflection on performance in comparison with professional standards.<sup>xxxviii</sup>

## Context

Context refers to the environment in which the Aboriginal Health Worker practices, and which in turn influences that practice. It includes:

- the characteristics of the client and the complexity of care required
- the model of care, type of service or health facility and physical setting
- the amount of clinical support and/or supervision that is available
- the resources that are available, including staff skill mix and level of access to other health professionals.<sup>ibid</sup>

## Cultural Safety

Cultural safety refers to the role Aboriginal Health Workers have in making the Aboriginal community feel safe to access health services, to express themselves, and be understood without prejudice or judgement.

All NSW Health staff are required to complete Aboriginal cultural competency training through the *Respecting the Difference Aboriginal Cultural Training Program*, to help improve the delivery of respectful, responsive and culturally sensitive health services to Aboriginal people.

## Cultural Support

Cultural support refers to the role of Aboriginal Health Workers in ensuring the Aboriginal community is understood and that culture and spirituality is maintained through the delivery of health services.

## Delegation/Delegate

A delegation relationship exists when one member of a multidisciplinary health care team delegates aspects of patient care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline.

Delegations are made to meet patients' needs and to ensure access to health care services; that is, that the right person is available at the right time to provide the right service to a patient. The delegator retains accountability for the decision to delegate and for monitoring outcomes.<sup>xxxix</sup>

## Diagnosis

Diagnosis is the process of investigating the causes behind health symptoms and defining a cause for those symptoms.

## Direct Supervision

Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.<sup>ibid</sup>

## Education

Formal education includes courses leading to a recognised qualification. Informal educational methods include (but are not limited to):

- reading professional publications
- completing self-directed learning packages
- attending in-service education sessions
- attending seminars or conferences
- individual, one-to-one education with a person competent in the subject or skill
- reflection on practice alone or with colleagues.

Practical experience and assessment of competence by a more qualified person (Registered Nurse/Midwife, Allied Health Professional or Doctor) are key components of any educational preparation for the performance of a health care activity.<sup>xi</sup>

## Evaluation/Evaluate

Evaluation is the systematic collection of evidence, measurement against standards or goals, and judgement to determine merit, worth or significance. It focuses on the client's response to care. It can also be used to determine the appropriateness of continuing to undertake an activity, or to delegate it. Relevant stakeholders who should be involved in evaluation include the client, Aboriginal Health Workers and any party affected by the activity, such as other health care workers.<sup>ibid</sup>

## Group Work/Therapy

Group work/therapy is the process of treating a group of clients within the mental health or drug and alcohol field. The group develops strategies for change through a support and learning process.

## Health Education

Health education is the provision of health information to clients/patients in regards to their condition, assisting them in making informed choices in regards to healthy lifestyles and identifying symptoms of disease that require further investigation.

## Health Promotion

Health promotion is the provision of health information to clients/patients to support them to make healthy lifestyle choices and promote behaviour change.

## Health professional

Health professionals are people who have the necessary education to qualify for a licence, in their respective professions, to provide a health service for which they are individually accountable. A licensing authority grants their licence to practice and monitors their professional standards. The health professions that are licensed vary between jurisdictions. In this document, the term also refers to what are sometimes known as health practitioners or semi-regulated professions, such as paramedics, and social workers.<sup>ibid</sup>

## Indirect Supervision

Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.<sup>xii</sup>

## Intervention

Intervention is the treatment that someone receives to address their health issues/disease.

## Liaison

Liaison is the role that Aboriginal Health Workers play in ensuring the Aboriginal community can access health services, and in supporting health services to service the Aboriginal community.

## Multidisciplinary Teams

'A team is a small number of commonly consistent people with a shared purpose, common performance goals, complementary and overlapping skills, and a common approach to its collective work. Team members hold themselves mutually accountable for the team's results and outcomes'.<sup>xiii</sup>

## NSW Health

For the purposes of these Guidelines, NSW Health means all NSW public health organisations, the Ministry of Health, the Ambulance Service of NSW and all other bodies and organisations under the control and direction of the Minister for Health or the Secretary of Health.

## Organisation/Organisational Support

Employers/organisations are responsible for providing sufficient resources to enable safe and competent care for the consumers for whom they provide health care services. This includes policies and practices that support the development of Aboriginal Health Worker practice to meet the needs and expectations of consumers, within a risk management framework.<sup>xliii</sup>

## Outreach Activities

Outreach activities are the delivery of health services outside of the acute and community health setting. It involves providing health services in people's homes or other locations.

## Planning

Planning is the process of developing strategies and actions to tackle disease and other health issues.

## Prevention

Prevention is the implementation of strategies to prevent the development of disease/illness.

## Principal Aboriginal Health Worker

These workers provide graduate tertiary level clinical/professional services to the Aboriginal community, have advanced skills in Aboriginal primary health care, manage specific Aboriginal services or programs, and are responsible for supervising other staff.

## Refer/Referral

Referral is the transfer of primary health care responsibility to another qualified health professional. However, the health professional referring the consumer for care may need to continue to provide their professional services collaboratively in this period.<sup>ibid</sup>

## Research

Research is the process of collating data to inform decision making, program strategies and policy development.

## Risk Assessment/Management Framework

An effective risk management system is one incorporating strategies to:

- identify risks/hazards
- assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
- prevent the occurrence of the risks, or minimise their impact.<sup>ibid</sup>

## Scope of Practice

A profession's scope of practice is the full spectrum of roles, responsibilities, functions and activities that individuals within the profession are educated, competent and authorised to perform.

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform.<sup>xliv</sup>

## Support

Support is the role that Aboriginal Health Workers play in: ensuring the Aboriginal community can access mainstream health services; interpreting health information; and assisting patients/clients to meet appointments and deal with any issues that could potentially interfere with treatment plans.

## Supervision/Supervise

Supervision is a formal process of professional support and learning that enables the individual worker/trainee to develop the knowledge and skills required to enhance the quality and safety of client care.<sup>xlv</sup>

## ATTACHMENT 1

# Aboriginal Health Worker Roles/Health Program

The list below provides a description of the aims, models of care, worker roles and relevant qualifications for a wide range of Aboriginal Health Worker roles and health programs in NSW Health. The relevant qualifications for each role are a guide only and not exhaustive.

## Aboriginal Aged Care

Aboriginal Aged Care Workers are usually located in community health centres and provide support, advocacy, referral and liaison to Aboriginal clients accessing both community health and acute health services.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Aged Care):

- Advocacy for Aboriginal Elders and their families
- Liaison between the health district, especially the community health and outpatients services, and the older Aboriginal community
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations to support healthcare planning and provision
- Assist with pre-admission clinics, outpatient clinics, discharge planning and care plan intervention
- Creation of a culturally appropriate environment for older Aboriginal people to receive health care
- Develop, implement and evaluate Aboriginal specific health promotion programs within a multidisciplinary team, according to qualification level
- Resource transport options to achieve health outcomes for community-based Aboriginal Elders.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Aged Care
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Aged Care.

## Aboriginal Chronic Care<sup>xlvi</sup>

### Goals and Aims:

- To prevent or maintain chronic disease progression for Aboriginal people
- To improve access to affordable and available health services for Aboriginal people
- To facilitate and support social services involved in caring for an Aboriginal person with chronic disease
- To address the cultural and environmental issues that influence an Aboriginal person's health
- To reduce risk behaviours that are linked to the development and/or progression of chronic disease
- To improve the clinical care of an Aboriginal person with chronic disease.

### Model of Care:

The elements in this model of care include:

- Identification
- Trust
- Screening and assessment
- Clinical indicators
- Treatment
- Education
- Referral follow-up.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Chronic Care):

- Targeted and opportunistic chronic disease screening, health promotion and follow-up
- Assist in the intervention, prevention and referral of Aboriginal clients with chronic disease.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Chronic Care
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Chronic Care
- Certificate IV in Aboriginal Primary Health Care (Practice) + Electives/Skills set in Chronic Care
- Diploma of Aboriginal Primary Health Care (Practice) + Electives/Skills set in Chronic Care.

## Aboriginal Community Liaison

### Goals and Aims:

To support Aboriginal clients and their families accessing mainstream health services.

### Model of Care:

Aboriginal Community Liaison Officers are usually located in community health centres and provide support, advocacy, referral and liaison to Aboriginal clients accessing both community health and acute health services.

### Aboriginal Health Worker Roles:

- Aboriginal Community Health Worker.

### Key Functions (Community Liaison):

- Advocate for Aboriginal clients and their families
- Liaison between the health district, especially the community health and outpatient services, and the Aboriginal community
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations to support healthcare planning and provision
- Assist with pre-admission clinics, outpatient clinics, discharge planning and care plan intervention
- Create a culturally appropriate environment for Aboriginal people to receive health care
- Resource transport options to achieve health outcomes for community-based Aboriginal clients.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Community/Hospital Liaison
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Community/Hospital Liaison.

## Aboriginal Drug and Alcohol<sup>xlviii</sup>

### Goals and Aims:

Improve the coordination of care for Aboriginal people in NSW by ensuring:

- Partnerships are formed with relevant organisations, resulting in strong working relationships
- Accessible and responsive drug and alcohol services that cater for all ages and enable targeted priority areas
- A supported and skilled workforce in Aboriginal drug and alcohol and increasing the expertise and knowledge base in this area
- Accessible pathways into relevant treatments for persons affected by substance misuse within available health services for Aboriginal people
- Individuals and communities have the capacity and strength to respond to substance misuse issues
- Cultural support for people with substance misuse issues.

### Model of Care:

- Participate in strategic leadership at a state level via Aboriginal Drug and Alcohol Network Leadership Group
- Support effective Aboriginal specific drug and alcohol service delivery at a local level
- Support a culturally competent and educated workforce
- Support strong Aboriginal community involvement in decision-making at a local level
- Identify and implement prevention initiatives targeting drug and alcohol issues in the Aboriginal community
- Use culturally appropriate drug and alcohol screening and assessment tools
- Provide supported treatment appropriate to the client's needs
- Support referrals to appropriate services and follow-up as needed
- Support families of persons affected by substance misuse issues.

### Aboriginal Health Worker Roles:

- Aboriginal Community Health Worker
- Principal Aboriginal Health Worker.

### Key Functions (Drug and Alcohol):

- Individual client support (crisis support, advocacy and referral)

- Family support when needed
- Community development initiatives
- Provide assessments, clinical treatments, referral, support and education for Aboriginal clients and family members with problematic or harmful substance use and related disorders
- Provide prevention and early intervention initiatives when appropriate
- Provide consultancy to non-Aboriginal services in regards to working with Aboriginal people with a substance misuse issue
- Provide cultural support and advice to clinical services who receive Aboriginal client referrals
- Follow-up all clients on a regular basis
- Provide relevant health education where appropriate
- Contribute to the total health care needs of the community by providing and maintaining a high-level standard of care.

#### **Relevant Qualifications:**

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Drug & Alcohol
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Drug & Alcohol
- Certificate IV in Aboriginal Primary Health Care (Practice) + Electives/Skills set in Drug & Alcohol
- Diploma of Aboriginal Primary Health Care (Practice) + Electives/Skills set in Drug & Alcohol
- Certificate IV in Drug & Alcohol (with a willingness to undertake recognition of prior learning against the Aboriginal Primary Health Care qualification)
- Diploma of Drug & Alcohol (with a willingness to undertake recognition of prior learning against the Aboriginal Primary Health Care qualification)
- Bachelor of Health Science (Indigenous Drug & Alcohol).

## **Aboriginal Early Childhood<sup>xlviii</sup>**

### **Goals and Aims:**

- To promote health and wellbeing
- To support parenting
- To enhance community development
- To identify health, development and wellbeing concerns
- To provide or refer children and families for early intervention to ensure Aboriginal children have the best possible start in life and are school ready.

Building Stronger Foundations (BSF) services provide care through partnerships between families, communities and health service providers.

### **Model of Care:**

The Building Stronger Foundations (BSF) Program promotes culturally appropriate and safe practice, using evidence based practice, knowledge and skills based on the ecological systems theory of child development. The BSF Program acknowledges that achieving optimal conditions for health and wellbeing requires a holistic and whole-of-life view of health, referring to the social, emotional and cultural wellbeing of the whole community. This model closely interfaces with Aboriginal maternity programs, especially the NSW Aboriginal Maternal and Infant Health Services (AMIHS).

Values of the BSF program include:

- Cultural Respect – recognising the unique place that Aboriginal people have in Australian society
- Social Justice – enabling Aboriginal people to have their physical, social, emotional and spiritual needs met and have greater control over the decision-making processes that affect their lives
- Participation – facilitating involvement by families and communities in the issues that affect their lives based on autonomy, shared power, skills, knowledge and experience
- Equality – challenging the attitudes of individuals, and the practices of institutions and society, that discriminate against and marginalise people
- Access – facilitating access to services by Aboriginal people and working towards ensuring that those services are culturally respectful and appropriate

- Learning – recognising the skills, knowledge and expertise that people contribute and develop by taking action to tackle issues that impact on the wider social determinants of health
- Collaboration – working together to identify and implement action, based on mutual respect of diverse cultures and contributions.

#### **Aboriginal Health Worker Role:**

- Aboriginal Community Health Worker.

#### **Key Functions (Early Childhood):**

- Community engagement
- Provide support to the Child and Family Health Nurse
- Health promotion and education
- Community development
- Build and facilitate partnerships
- Reporting and data collection.

#### **Relevant Qualifications:**

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Early Childhood Health
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Early Childhood Health.

### **Aboriginal Family Health<sup>xlix</sup>**

#### **Goal and Aims:**

- Reduce the incidence and impact of family violence in Aboriginal communities
- Build the capacity and strength of individuals and communities to prevent, respond to, and recover from family violence
- Nurture the spirit, resilience and cultural identity that build Aboriginal families.

#### **Model of Care:**

The model is built on the foundation of Aboriginal culture and family, and a healing approach. Research and evaluation will inform the implementation of each element. The core elements are:

- Strategic leadership
- Effective service delivery
- Culturally competent workforce
- Strong community capacity.

#### **Aboriginal Health Worker Role:**

- Aboriginal Community Health Worker.

#### **Key Functions (Family Health):**

- Individual and family support (crisis support, advocacy and referral)
- Community development
- Prevention and early intervention
- Liaison and cultural support.

#### **Relevant Qualifications:**

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Family Violence
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Family Violence
- Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault and Child Protection) – mandatory.

### **Aboriginal Health Practitioner**

Aboriginal Health Practitioners are usually generalist workers or work within a specialised health field. They are usually located within a community health or acute care setting and provide Aboriginal primary health services to the Aboriginal community.

#### **Model of Care:**

Aboriginal Health Practitioners work as a part of a multidisciplinary clinical health care team and provide Aboriginal primary health services including screening, assessment, brief intervention and referral, and contribute to case planning and case management of Aboriginal clients/patients.

#### **Aboriginal Health Worker Role:**

- Aboriginal Health Practitioner.

#### **Key Functions:**

- Assess, plan, implement and evaluate patient care and progress to facilitate optimal health outcomes, in partnership with the multidisciplinary health care team
- Provide support and advocate on behalf of Aboriginal clients/patients in the health care setting
- Participate in the planning, delivery and evaluation of health education and health promotion programs to promote healthy lifestyles and community wellbeing
- Apply the principles of community development and public health
- Data collection and analysis

- Ensure all documentation, records and health information systems are maintained in accordance with policies and procedures to ensure continuity of client/patient care
- Develop and maintain effective networks within the community and with other key stakeholders
- Contribute towards the planning and evaluation of health programs for Aboriginal people, particularly the cultural competence and safety of programs.

**Relevant Qualification:**

- Certificate IV in Aboriginal Primary Health Care Practice + Electives/Skills sets (if applicable).

**Aboriginal Health Promotion**

**Goals and Aims:**

Develop, implement and evaluate Aboriginal Health Promotion programs at an individual, group, organisational, community or population level.

**Model of Care:**

Health Promotion programs are usually situated within the Health Promotion Unit and focus on a wide variety of health issues (e.g. smoking, exercise and activity, diabetes, mental health, sexual health etc).

**Aboriginal Health Worker Role:**

- Aboriginal Community Health Worker.

**Key Functions (Health Promotion):**

Develop, implement and evaluate Aboriginal-specific health promotion programs within a multidisciplinary team, according to qualification level.

**Relevant Qualifications:**

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Health Promotion/Population Health
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Health Promotion/Population Health.

**Aboriginal Hospital Liaison<sup>1</sup>**

**Goals and Aims:**

To support Aboriginal clients and their families whilst in the acute care setting.

**Model of Care:**

Aboriginal Hospital Liaison Officers provide support, advocacy, referral and liaison whilst Aboriginal clients are in hospital and assist in the discharge process.

**Aboriginal Health Worker Role:**

- Aboriginal Hospital Liaison Officer.

**Key Functions (Hospital Liaison):**

- Advocacy for Aboriginal clients and their families
- Liaison between the health district, especially the acute care facilities, and the Aboriginal community
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations to support healthcare planning and provision
- Assist hospital-based Aboriginal clients and their families, including Emergency Department intake
- Assist with pre-admission clinics, discharge planning and care plan intervention for hospital-based Aboriginal clients
- Creation of a culturally appropriate environment for Aboriginal people to receive health care
- Resource transport options to achieve health outcomes for hospital-based Aboriginal clients.

**Relevant Qualifications:**

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Hospital Liaison
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Hospital Liaison.

## Aboriginal Maternal and Infant Health (AMIH)<sup>li</sup>

### Goals and Aims:

- Improve maternity service delivery for Aboriginal families and their babies and contribute to the safety, welfare and wellbeing of Aboriginal children and young people through the provision of community-based, culturally sensitive, continuity of care for Aboriginal babies and their mothers to 8 weeks postpartum
- Effective local Aboriginal health partnerships and collaboration with the Aboriginal community controlled sector, medical, obstetric, paediatric and child and family health staff
- Health promotion initiatives including smoking cessation, drug and alcohol reduction and sexual and reproductive health
- Increase the awareness of Aboriginal women and Aboriginal communities about pregnancy related issues through community development activities
- Develop and maintain effective links with relevant agencies including Family and Community Services, Department of Housing and Centrelink, and relevant non-government organisations.

### Model of Care:

The AMIH service model consists of a midwife and an Aboriginal Health Worker working in partnership to provide community-based midwifery care in pregnancy and the early postnatal period. They are also involved in community development initiatives for the promotion of healthy lifestyle choices. The purpose of antenatal care is to monitor the health of both the mother and baby in order to promote early recognition of antenatal complications, and to provide appropriate and timely intervention to optimise outcomes for both mother and baby. Postnatal care in community settings or at home will provide clinical, psychological and educational support as well as enhance the seamless transition to child and family health services and collaboration where necessary with other agencies.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Maternal & Infant Health):

- Engage with Aboriginal families in the community to ensure the program is widely known and understood
- Link women to the Aboriginal Maternal and Infant Health program and to mainstream services
- Be an advocate for Aboriginal women in mainstream services and agencies
- Be able to work effectively in a small team respecting and understanding each team member's role and contribution
- Provide antenatal and postnatal education and support in collaboration with the midwife/midwives
- Provide social support to women and families
- Take a lead role with women's reference groups or other forms of community consultation
- Take a lead role in initiating and carrying out community development and health promotion initiatives
- Work with acute maternity services to provide culturally appropriate services
- Represent the voice of Aboriginal families on local and area-wide committees.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Maternal and Infant Health
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Maternal and Infant Health.

## Aboriginal Men's Health

Aboriginal Men's Health Workers are usually located in community health centres and provide support, advocacy, referral and liaison to Aboriginal men and their families in community health and acute health services. Services provided are various and may relate to sexual health, parenting and other men's business and family issues.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Men's Health):

- Advocacy for Aboriginal men and their families
- Liaison between the health district, especially the community health and outpatient services
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations to support healthcare planning and provision
- Assist with pre-admission clinics, outpatient clinics, discharge planning and care plan intervention
- Creation of a culturally appropriate environment for Aboriginal men to receive health care
- Develop, implement and evaluate Aboriginal specific health promotion programs within a multidisciplinary team, according to qualification level
- Resource transport options to achieve health outcomes for community based Aboriginal men.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Elective/Skills set in Men's Health or Family Health
- Diploma of Aboriginal Primary Health Care + Elective/Skills set in Men's Health or Family Health.

## Aboriginal Mental Health

### Goals and Aims:

The NSW Aboriginal Mental Health and Well Being Program will improve the coordination of care for Aboriginal people in NSW by ensuring:

- partnerships are formed with other relevant organisations resulting in strong working relationships
- accessible and responsive mental health services that cater for all ages and enable targeted priority areas
- a supported and skilled workforce in Aboriginal mental health and wellbeing and increasing the expertise and knowledge base in this area.

### Model of Care:

Aboriginal Mental Health Workers provide responsive and culturally appropriate mental health services to Aboriginal families including children, adolescents and adults. They are a member of a multidisciplinary mental health team and are involved in the provision of health promotion and community development programs as well as the provision of clinical and case management services, subject to qualifications and experience.

### Aboriginal Health Worker Roles:

- Aboriginal Community Health Worker
- Principal Aboriginal Health Worker.

### Key Functions (Mental Health):

- Provide culturally appropriate mental health services for Aboriginal consumers and their families subject to qualifications, clinical competencies and experience
- Participate in the referral, assessment and discharge process to develop and document care plans in conjunction with the client, family and related service providers
- Provide education and support to consumers and carers regarding diagnosis, treatment, recovery and relapse prevention
- Document all consumer involvement, outcome assessments and activity reporting in accordance with local and state policies
- Active involvement in the development and delivery of health promotion, primary prevention and early intervention activities.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Mental Health
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Mental Health
- Certificate IV in Aboriginal Primary Health Care (Practice) + Electives/Skills set in Mental Health
- Diploma of Aboriginal Primary Health Care (Practice) + Electives/Skills set in Mental Health
- Certificate IV in Mental Health (with a willingness to undertake recognition of prior learning against the Aboriginal Primary Health Care qualification)
- Diploma of Mental Health (with a willingness to undertake recognition of prior learning against the Aboriginal Primary Health Care qualification)
- Bachelor of Health Science (Aboriginal Mental Health).

### Aboriginal Sexual Health (including Sexually Transmissible Infections (STI), Human Immunodeficiency Virus (HIV) and Hepatitis Program<sup>lii</sup>)

#### Goals and Aims:

- To assist in reducing the incidence of Human Immunodeficiency Virus (HIV), sexually transmissible infection (STI) and hepatitis C within local Aboriginal communities
- To minimise adverse impacts of HIV, STIs and hepatitis C by providing culturally appropriate services, support and education to the different target groups within local Aboriginal communities
- To improve the quality of life, life expectancy and reduce geographical isolation of HIV positive and hepatitis C positive Aboriginal people through adequate treatment care and support.

### Model of Care:

The following principles guide the planning and delivery of STI, HIV and hepatitis services to Aboriginal people in NSW:

- Community Ownership and Participation
- Holistic Approach to Health
- Collaboration and Partnership
- Active Outreach
- Evidence-based
- Developing the Workforce.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Sexual Health):

- Bridge the gap between Aboriginal and non-Aboriginal health services and local communities in relation to HIV/AIDS, STI and hepatitis C issues
- Facilitate the collaborative planning and provision of HIV/AIDS, STI and hepatitis C services to local Aboriginal communities, in partnership with other health services
- Deliver direct STI, HIV/AIDS and hepatitis C education, prevention, and clinical services, as appropriate, to priority individual clients, groups and communities.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Sexual Health
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Sexual Health.

## Aboriginal Women's Health

Aboriginal Women's Health Workers are usually located in community health centres and mainly provide support, advocacy, referral and liaison to Aboriginal women and their families in community health and acute health services. Services provided are various and may relate to sexual health and other women's business and other family issues.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Women's Health):

- Advocate for Aboriginal women and their families
- Liaison between the health district, especially the community health and outpatients services
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations to support healthcare planning and provision
- Assist with pre-admission clinics, outpatient clinics, discharge planning and care plan intervention
- Create a culturally appropriate environment for Aboriginal women to receive health care
- Develop, implement and evaluate Aboriginal-specific health promotion programs within a multidisciplinary team, according to qualification level
- Resource transport options to achieve health outcomes for community-based Aboriginal women.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Elective/Skills set in Women's Health or Family Health
- Diploma of Aboriginal Primary Health Care + Elective/Skills set in Women's Health or Family Health.

## Aboriginal Youth Health

Aboriginal Youth Health Workers are usually located in community health centres and provide support, advocacy, referral and liaison to young Aboriginal clients accessing both community health and acute health services.

### Aboriginal Health Worker Role:

- Aboriginal Community Health Worker.

### Key Functions (Youth Health):

- Advocate for young Aboriginal clients and their families
- Liaison between the health district, especially the community health and outpatients services, and the Aboriginal community
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations to support healthcare planning and provision
- Assist with pre-admission clinics, outpatient clinics, discharge planning and care plan intervention
- Create a culturally appropriate environment for young Aboriginal people to receive health care
- Develop, implement and evaluate Aboriginal-specific health promotion programs within a multidisciplinary team, according to qualification level
- Resource transport options to achieve health outcomes for community-based Aboriginal clients.

### Relevant Qualifications:

- Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care + Electives/Skills set in Youth Health
- Diploma of Aboriginal Primary Health Care + Electives/Skills set in Youth Health.

## ATTACHMENT 2

# Scopes of Practice for Aboriginal Health Workers

These Scopes of Practice have been adapted from the Queensland Health *Aboriginal and Torres Strait Islander Health Worker Career Structure*.<sup>8</sup>

### Aboriginal Health Worker – Certificate III in Aboriginal Primary Health Care or equivalent

The information below relates to Aboriginal Health Workers with a Certificate III in Aboriginal Primary Health Care or a health-related qualification which is appropriately similar and relevant to the job role.

Aboriginal Health Workers who do not have a Certificate III in Aboriginal Primary Health Care qualification can undergo a recognition of prior learning process to ascertain education/unit gaps and be supported to undertake additional modules to attain the qualification.

#### Job Titles

- Aboriginal Community Health Worker (Specialist field, if applicable)
- Aboriginal Hospital Liaison Officer

#### Australian Qualifications Framework – Level

Certificate III – Graduates at this level will have the theoretical and practical knowledge and skills for work and/or further learning.<sup>liiii</sup>

#### Scope of role

An Aboriginal Health Worker with a Certificate III in Aboriginal Primary Health Care must be supervised and works within a multidisciplinary health team and delegated model of care. They will perform a range of duties in the delivery of Aboriginal primary health care services within NSW Health.

The Aboriginal Health Worker will be able to:

- Work under supervision and direction, either individually or in a team or group, using routine primary health care practices and procedures and established techniques or methods
- Perform a range of tasks at a standard in accordance with the level of qualification held, to operate office and other equipment, which requires specific levels of skill, training and experience that are not subject to licensing or registration of other professions
- Exercise minimal judgement in deciding how tasks are performed and completed to ensure the quality standard of completed work
- Demonstrate good communication and interpersonal skills in client liaison, advocacy, interpreting health information and team work.

#### Required skills and knowledge

The Aboriginal Health Worker will possess an ability to apply Aboriginal primary health care generalist knowledge, skills and demonstrated capacity to perform tasks, using defined techniques and knowledge under supervision.

The Aboriginal Health Worker will have:

- Knowledge and understanding of Aboriginal culture, historical contexts which may influence health, and relevant Aboriginal health and other national and state policies/strategies
- Knowledge and understanding of occupational health & safety, infection control policies and procedures, and basic first aid
- Knowledge and understanding of local and regional Aboriginal and mainstream health and community services, including identification of relevant health professionals and services

<sup>8</sup> Queensland Health, 2009. *Aboriginal and Torres Strait Islander Health Worker Career Structure* (Revised).

- Good interpersonal skills and ability to communicate with Aboriginal individuals, families and communities, and network with other services and health professionals
- Demonstrated ability to apply the knowledge and skills obtained in the Certificate III in Aboriginal Primary Health Care
- Knowledge of: confidentiality; documentation and information management; relevant legislation; ethics and duty of care; and mandatory reporting requirements in an Aboriginal primary health care environment.
- Within a delegated model of care and under supervision, deliver health services including:
  - basic first aid
  - basic health care
  - basic health assessment/screening
  - identify abnormal variations in health assessment
  - health education and promotion
  - client support and advocacy
  - assist with client communication
  - interpret medical terminology
  - document care given
  - collect and interpret health information
  - identify health needs
  - refer to other health professionals and other services
  - advice and information
  - other activities as required, to meet the identified health needs of the community

### Range of activities

Working in a multidisciplinary health care team under supervision, the Aboriginal Health Worker may typically perform the following duties:

- Establish and maintain a communication network between health providers and the community
- Identify the health needs of individuals, groups and the wider Aboriginal community
- Participate in the provision of health promotion programs, appropriate referral, advice and information including basic health screening and monitoring
- Network and liaise with other service providers to ensure a coordinated approach to health service delivery
- Identify social and emotional wellbeing issues and refer and support as necessary
- Undertake administrative tasks including maintenance of records, data collection and documentation
- Ensure that services are provided in ways that maximise cultural safety, acceptability and respect
- Maintain the confidentiality of all clients
- Assist in the collection of health data as delegated by a health professional including<sup>9</sup>:
  - observations (temperature, pulse, blood pressure, respirations)
  - weight, height, blood glucose levels, peak flow
- Apply the principles of the *NSW Health Code of Conduct* and the *Respecting the Difference – An Aboriginal Cultural Training Framework*.
- Adhere to policies, practices and guidelines to ensure a safe work environment.

<sup>9</sup> Aboriginal Health Workers who have not been grandparented or who have not obtained the Certificate III in Aboriginal Primary Health Care will not be deemed competent to undertake these activities.

## Aboriginal Health Worker – Certificate IV in Aboriginal Primary Health Care

The information below relates to Aboriginal Health Workers with a Certificate IV in Aboriginal Primary Health Care or a health related qualification which is appropriately similar and relevant to the job role.

Aboriginal Health Workers who do not have a Certificate IV in Aboriginal Primary Health Care can undergo recognition of prior learning process to ascertain education/unit gaps and be supported to undertake additional modules to attain the qualification.

### Job Titles

- Aboriginal Community Health Worker (Specialist field, if applicable)
- Aboriginal Hospital Liaison Officer

### Australian Qualifications Framework – Level

Certificate IV- Graduates at this level will have the theoretical and practical knowledge and skills for specialised work and/or further learning.<sup>liv</sup>

### Scope of role

An Aboriginal Health Worker with a Certificate IV in Aboriginal Primary Health Care works within a multidisciplinary health team and delegated model of care, under direct or indirect supervision. They will perform a range of duties in the delivery of Aboriginal primary health care services within NSW Health.

The Aboriginal Health Worker will:

- Work under supervision and direction, either individually or in a team or group, using routine primary health care practices and procedures and established techniques or methods
- Perform a range of tasks at a standard in accordance with the level of qualification held, to operate office and other equipment, which requires specific levels of skill, training and experience
- Perform a variety of tasks that require a sound knowledge of standards, practices and procedures, and apply primary health care skills obtained through significant training and experience and/or formal vocational development

- Exercise judgement in deciding how tasks are performed and completed to ensure the quality standard of completed work
- Manage allocated tasks and work with others to meet deadlines
- Demonstrate good communication and interpersonal skills in client liaison, advocacy, interpreting health information and team work.

### Required skills and knowledge

The Aboriginal Health Worker will possess a well-developed knowledge and skills base and a capacity for self-directed application of Aboriginal primary health care service delivery. This includes:

- Knowledge and understanding of Aboriginal culture, historical contexts which may influence health, and relevant Aboriginal health and other national and state policies/strategies
- Ability to deliver Aboriginal primary health care programs in response to health needs of individuals, groups and communities
- Demonstrated ability to apply knowledge and skills obtained from Certificate IV in Aboriginal Primary Health Care
- Good interpersonal skills and ability to communicate with Aboriginal individuals, families and communities, and network with other services and health professionals
- Knowledge and understanding of occupational health & safety, infection control policies and procedures, and advanced first aid
- Ability to manage own work with limited supervision through the use of planning and time management
- Ability to advocate for Aboriginal health issues, network and demonstrate skills in verbal and written communication
- Clinical skills appropriate for the delivery of health assessments (according to job role and qualification), community screening and primary health care intervention
- Knowledge and understanding of local and regional Aboriginal and mainstream health and community services, including identification of relevant health professionals and services
- Knowledge of: confidentiality; documentation and information management systems; relevant legislation (including medication management); ethics and duty of care; and mandatory reporting requirements.

## Range of activities

- Advocate for the rights and needs of community members
- Develop and monitor a case plan
- Undertake health program care duties that may include (but are not limited to):
  - maternal and infant health
  - early childhood
  - family health
  - generalist
  - women's health
  - youth health
  - drug and alcohol
  - sexual health
  - men's health
  - older peoples' health care
  - health promotion
  - mental health
- Apply the principles of the *NSW Health Code of Conduct* and the *Respecting the Difference – An Aboriginal Cultural Training Framework*
- Adhere to policies, practices and guidelines to ensure a safe work environment
- Establish and maintain a communication network between health providers and the community
- identify the health needs of individuals, groups and the wider Aboriginal community
- Participate in the provision of health promotion programs, appropriate referral, advice and information
- Identify social and emotional wellbeing issues and refer and support as necessary
- Network and liaise with other service providers to ensure a coordinated approach to health service delivery
- Undertake administrative tasks including maintenance of records, data collection and documentation
- Ensure that services are provided in ways that maximise cultural safety, acceptability and respect
- Maintain the confidentiality of all clients
- Within a delegated model of care and under supervision, deliver health services relevant to the particular job role, which may include:
  - basic first aid
  - basic health care
  - basic health assessment/screening
  - identify abnormal variations in health assessment
  - health education and promotion
  - client support and advocacy
  - assist with client communication, including informing client of future care/treatment plans
  - interpret/explain medical and health information to clients
  - provide health information to clients
  - document care given
  - collect and communicate health information
  - monitor community to comply with health checks
  - identify health needs
  - refer and transfer care to other health professionals and other services
  - advice and information
  - provide information about healthy lifestyles and support changes in lifestyle and self care strategies (eg. nutrition, exercise, smoking, alcohol and stress)
  - provide information about chronic care disease, risk factors and early detection strategies (eg. cardiovascular, diabetes, renal disease, liver disease and respiratory disease)
  - other activities as required, to meet the identified health needs of the community
- Assist in the collection of health data as delegated by a health professional including<sup>10</sup>:
  - observations (temperature, pulse, blood pressure, respirations)
  - weight, height, blood glucose levels, peak flow.
- Undertake community care duties that may include (but are not limited to):
  - first point of contact for counselling and referral
  - plan, develop, implement and evaluate community development programs
  - plan, develop, implement and evaluate health promotion and health education programs
  - provide group-based learning activities
  - provide information about commonly used medicines.

<sup>10</sup> Aboriginal Health Workers who have not been grandparented or who have not obtained the Certificate III or Certificate IV in Aboriginal Primary Health Care will not be deemed competent to undertake these activities.

## Aboriginal Health Worker – Certificate IV in Aboriginal Primary Health Care Practice

The information below relates to Aboriginal Health Workers with a Certificate IV in Aboriginal Primary Health Care Practice or a health related qualification which is appropriately similar and relevant to the job role.

Aboriginal Health Practitioners must have a minimum of Certificate IV in Aboriginal Primary Health Care Practice and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

Aboriginal Health Workers who do not have a Certificate IV in Aboriginal Primary Health Care Practice can undergo a recognition of prior learning process to ascertain education/unit gaps and be supported to undertake additional modules to attain the qualification, and can then seek registration with ATSIHPBA.

### Job Titles

- Aboriginal Health Practitioner (Specialist field, if applicable)

Australian Qualifications Framework – Level

Certificate IV- Graduates at this level will have the theoretical and practical knowledge and skills for specialised work and/or further learning.

### Scope of role

An Aboriginal Health Worker with a Certificate IV in Aboriginal Primary Health Care Practice works within a multidisciplinary health team and delegated model of care, under direct or indirect supervision. They will perform a range of duties in the delivery of Aboriginal primary health care services within NSW Health.

The Aboriginal Health Worker will:

- Work under supervision and direction, either individually or in a team or group, using routine primary health care practices and procedures and established techniques or methods
- Perform a range of tasks at a standard in accordance with the level of qualification held, to operate office and other equipment, which requires specific levels of skill, training and

experience, some of which is subject to registration standards

- Perform a variety of tasks that require a sound knowledge of standards, practices and procedures, and apply primary health care skills obtained through significant training and experience and/or formal vocational development
- Exercise judgement in deciding how tasks are performed and completed to ensure the quality standard of completed work
- Manage allocated tasks and work with others to meet deadlines
- Demonstrate good communication and interpersonal skills in client liaison, advocacy, interpreting health information and team work.

### Required skills and knowledge

The Aboriginal Health Worker will possess a well-developed knowledge and skills base and a capacity for self-directed application of Aboriginal primary health care service delivery. This includes:

- Knowledge and understanding of Aboriginal culture, historical contexts which may influence health, and relevant Aboriginal health and other national and state policies/strategies
- Ability to deliver Aboriginal primary health care programs in response to the health needs of individuals, groups and communities
- Demonstrated ability to apply knowledge and skills obtained from the Certificate IV Aboriginal Primary Health Care Practice
- Good interpersonal skills and ability to communicate with Aboriginal individuals, families and communities, and network with other services and health professionals
- Knowledge and understanding of occupational health & safety, infection control policies and procedures, and advanced first aid
- Ability to manage own work with limited supervision through the use of planning and time management
- Ability to advocate for Aboriginal health issues
- Ability to network and demonstrate skills in verbal and written communication
- Clinical skills appropriate for the delivery of health assessments (according to job role and qualification), community screening and primary health care intervention
- Knowledge and understanding of local and regional Aboriginal and mainstream health and

community services including identification of relevant health professionals and services

- Knowledge of: confidentiality; documentation and information management systems; relevant legislation (including medication management); ethics and duty of care; and mandatory reporting requirements.

### Range of activities

- Advocate for the rights and needs of community members
- Develop and monitor a case plan
- Undertake health program care duties that may include (but are not limited to):
  - maternal and infant health
  - early childhood
  - family health
  - generalist
  - women's health
  - youth health
  - drug and alcohol
  - sexual health
  - men's health
  - older peoples' health care
  - health promotion
  - mental health
- Apply the principles of the *NSW Health Code of Conduct* and the *Respecting the Difference - An Aboriginal Cultural Training Framework*
- Adhere to policies, practices and guidelines to ensure a safe work environment
- Establish and maintain a communication network between health providers and the community
- Identify the health needs of individuals, groups and the wider Aboriginal community
- Participate in the provision of health promotion programs, appropriate referral, advice and information
- Identify social and emotional wellbeing issues and refer and support as necessary
- Network and liaise with other service providers to ensure a coordinated approach to health service delivery

- Undertake administrative tasks including maintenance of records, data collection and documentation
- Ensure that services are provided in ways that maximise cultural safety, acceptability and respect
- Maintain the confidentiality of all clients
- Within a delegated model of care and under supervision, deliver health services relevant to the particular job role, which may include<sup>11</sup>:
  - basic first aid
  - basic health care
  - basic health assessment/screening
  - identify abnormal variations in health assessment
  - health education and promotion
  - client support and advocacy
  - assist with client communication, including informing client of future care/treatment plans
  - interpret/explain medical and health information to clients
  - provide health information to clients
  - document care given
  - collect and communicate health information
  - monitor community to comply with health checks
  - identify health needs
  - refer and transfer care to other health professionals and other services
  - advice and information
  - provide information about healthy lifestyles and support changes in lifestyle and self care strategies (eg. nutrition, exercise, smoking, alcohol and stress)
  - provide information about chronic care disease, risk factors and early detection strategies (eg. cardiovascular, diabetes, renal disease, liver disease and respiratory disease)
  - other activities as required, to meet the identified health needs of the community
- Assist in the collection of health data as delegated by a health professional including:
  - observations (temperature, pulse, blood pressure, respirations)
  - weight, height, blood glucose levels, peak flow.

<sup>11</sup> Aboriginal Health Workers undertaking recognition of prior learning processes to obtain the Certificate IV in Aboriginal Primary Health Care Practice will not be deemed competent to undertake clinical activities until they are registered with ATSIHPBA.

- Within a delegated model of care, undertake clinical care duties that may include (but are not limited to) :
  - basic wound dressings
  - taking blood
  - provide accident and first aid care
  - observations (temperature, pulse, respirations, blood pressure)
  - using patient information management systems
  - initiate, undertake and interpret certain clinical assessments
  - identify variations in normal for vital signs
  - review treatment plans and medication regimes in relation to:
    - clients understanding
    - compliance
    - issues in implementing
    - access to services and follow-up
  - assess medicines history:
    - over the counter medicines
    - traditional medicine
    - complementary medicine
    - prescription medicine
    - allergies
  - identify potential interactions with medicines
  - monitor effects of medicines and immediately report any adverse effects
  - promote appropriate use of medicines
  - interpret medicine orders to enhance client understanding
  - support clients in the use and compliance of medicines (traditional and prescribed)
  - assist clients in understanding generic and brand names
  - inform clients about safe and secure storage of medicines and safe and timely disposal
  - basic assessments of patients as presented
  - maintain medical equipment
  - assist with evacuation (medical emergencies)
  - liaise with health professionals about treatment
  - participate in doctor clinics
  - consult and transfer care to other health professionals in relation to findings
  - collect specimens according to policies and protocols
  - organise follow-up care
  - document, collect and interpret data
  - identify symptoms of common disease.

## ATTACHMENT 3

# Sample Role Descriptions

## Aboriginal Community Health Worker — Role Description

- Position No:** 00/00  
**Position Title:** Aboriginal Community Health Worker (Specialty - if applicable)  
Trainee Aboriginal Community Health Worker (Specialty - if applicable)  
**Reports to:** Manager/Supervisor  
**Location:** Local Health District or other NSW Health Service  
**Hours of Work:** 38 hours per week  
**Performance Management:** Appraisal after initial 3 months then annually

### 1 Qualifications:

- Certificate III in Aboriginal Primary Health Care or equivalent health qualification and/or working towards the Certificate III in Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care or equivalent health qualification and/or working towards the Certificate IV in Aboriginal Primary Health Care
- Diploma of Aboriginal Primary Health Care or equivalent health qualification and/or working towards the Diploma Aboriginal Primary Health Care.

### 2 Key functions:

#### Core:

- Work within the principles of an Aboriginal primary health care context
- Depending on the level of education, contribute towards or develop, implement and evaluate Aboriginal health programs, including health promotion/education and disease prevention programs
- Provide health services to the Aboriginal community that are culturally safe and secure
- Demonstrate knowledge and understanding of the local Aboriginal community and the implications for health care delivery
- Work within a holistic approach to health care.

### Job Specific:

*Local Health Districts/Specialty Networks should insert the job-specific requirements here.*

### 3 Responsibilities:

Aboriginal Community Health Workers work within a plan of care independently and/or under the supervision and direction of a health professional and within the limits of the Aboriginal Community Health Worker position description and the qualification identified according to job role.

Aboriginal Community Health Workers retain responsibility for their own actions and remain accountable to the health professional for all allocated and delegated functions. Aboriginal Community Health Workers must practice in accordance with NSW Health guidelines, local policy and protocols.

### 4 Activity types:

- Community Engagement
- Cultural Safety
- Health Education
- Group Activities
- Partnerships
- Access
- Support
- Prevention
- Outreach Services
- Documentation
- Liaison
- Advocacy
- Community Development
- Working in a Multidisciplinary Team
- Administration.

## Aboriginal Hospital Liaison Officer — Role Description

**Position No:** 00/00  
**Position Title:** Aboriginal Hospital Liaison Officer  
**Reports to:** Manager/Supervisor  
**Location:** Local Health District or other NSW Health Service  
**Hours of Work:** 38 hours per week  
**Performance Management:** Appraisal after initial 3 months then annually

### 1 Qualifications:

- Certificate III in Aboriginal Primary Health Care or equivalent health qualification and working towards the Certificate III Aboriginal Primary Health Care
- Certificate IV in Aboriginal Primary Health Care or equivalent health qualification and working towards the Certificate IV Aboriginal Primary Health Care
- Diploma Aboriginal Primary Health Care or equivalent health qualification and working towards the Diploma Aboriginal Primary Health Care.

### 2 Key functions:

#### Core:

- Work within the principles of an Aboriginal primary health care context
- Depending on the level of education, contribute towards or develop, implement and evaluate Aboriginal health programs, including health promotion/education and disease prevention programs
- Provide health services to the Aboriginal community that are culturally safe and secure
- Demonstrate knowledge and understanding of the local Aboriginal community and the implications for health care delivery
- Work within a holistic approach to health care.

### Job Specific:

- Provide support to Aboriginal clients, carers and families within an acute care setting
- Facilitate access for Aboriginal clients to health and support services (both within the hospital and external to the hospital) to support continuity of care
- Facilitate understanding and connectivity between clients, carers and families and the healthcare team.

### 3 Responsibilities:

Aboriginal Hospital Liaison Officers work within a plan of care under the supervision and direction of a registered/regulated health professional and within the limits of the Aboriginal Hospital Liaison Officer role description and the qualification identified according to job role.

Aboriginal Hospital Liaison Officers retain responsibility for their own actions and remain accountable to the health professional for all allocated functions. Aboriginal Hospital Liaison Officers must practice in accordance with NSW Health guidelines, local policy and protocols.

### 4 Activity types:

- Community Engagement
- Cultural Safety
- Health Education
- Case Management
- Discharge Planning
- Access
- Support
- Prevention
- Work in a Multidisciplinary Team
- Documentation
- Liaison
- Advocacy
- Referral
- Develop Partnerships
- Administration.

## Aboriginal Health Practitioner — Role Description

**Position No:** 00/00  
**Position Title:** Aboriginal Health Practitioner  
(Specialty – if applicable)  
**Reports to:** Manager/Supervisor  
**Location:** Local Health District or other  
NSW Health Service  
**Hours of Work:** 38 hours per week  
**Performance Management:** Appraisal after initial 3 months  
then annually

### 1. Registration requirements:

Aboriginal Health Practitioners must be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

### 2. Qualifications:

- Certificate IV in Aboriginal Primary Health Care Practice.

### 3. Key functions:

#### Core:

- Work within the principles of an Aboriginal primary health care context
- Depending on the level of education, contribute towards or develop, implement and evaluate Aboriginal health programs, including health promotion/education and disease prevention programs
- Provide health services to the Aboriginal community that are culturally safe and secure
- Demonstrate knowledge and understanding of the local Aboriginal community and the implications for health care delivery
- Work within a holistic approach to health care.

### Job Specific:

- Initiate, undertake and interpret findings from a range of assessments, tests and procedures which are within their scope of practice
- Work with medicines in line with legislative, regulatory and organisational requirements
- Other activities specific to the Aboriginal health program.

### 4. Responsibilities:

Aboriginal Health Practitioners work within a plan of care under the supervision and direction of a registered/regulated health professional and within the limits of the Aboriginal Health Practitioner role description.

Aboriginal Health Practitioners retain responsibility for their own actions and remain accountable to the health professional for all allocated functions. Aboriginal Health Practitioner must practice in accordance with NSW Health guidelines, local policy and protocols.

### 5. Activity types:

- Assessment
- Intervention
- Support
- Liaison
- Prevention
- Develop Partnerships
- Administration
- Initial Diagnosis
- Monitoring
- Advocacy
- Referral
- Community Engagement
- Outreach Services
- Planning
- Care Evaluation
- Cultural Support
- Health Education
- Work in a Multidisciplinary Team
- Documentation.

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