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The NSW Aboriginal Population Health Training Initiative (APHTI) is a three-year long training program comprising part-time Master of Public Health (MPH) studies (approximately 1 day a week) in conjunction with a series of work placements in the population health services of a NSW health service (approximately 4 days a week). The NSW Aboriginal Population Health Training Initiative has developed a competency framework to guide trainees, their workplace supervisors, the NSW health service, APHTI Coordinators and others involved in the training program regarding the expectations and standards associated with workplace learning under this Initiative.

Aim and objectives

The NSW Aboriginal Population Health Training Initiative aims to contribute to the development of the Aboriginal population health workforce, with the ultimate goal of improving the health of Aboriginal people in NSW.

The objectives of the APHTI are to:

- Provide a more adaptive and competent Aboriginal population health workforce;
- Increase the number of Aboriginal people with postgraduate qualifications in population health;
- Increase the number of Aboriginal people who have achieved public health workplace based competencies;
- Increase exposure of Aboriginal trainees to population health career opportunities; and
- Increase the population health workforce’s exposure to Aboriginal population health issues, and the value of traineeships.

The Competency Framework underpinning the APHTI was initially released in February 2012. Following a review of the application of the competencies to support workplace learning in September 2012, an additional competency area, health evaluation, was included.

This publication presents the current competency framework to support the NSW Aboriginal Population Health Training Initiative. The framework is intended to guide workplace activities and projects, as well as review and assessment activities. The framework is designed to be flexible because work placements require trainees to work across a range of population health issues, community groups and settings.
The purpose of the competency framework

The competency framework underpins the delivery of the NSW Aboriginal Population Health Training Initiative through setting objective standards to guide the learning experiences of trainees in their workplaces over the three years of training. Importantly, the competency framework provides a common unit of analysis to review and assess the work placements and learning experiences of trainees across a range of work settings to ensure trainees emerging from the Initiative are competent in the workplace. In addition the framework supports academic learning that happens within the MPH studies of the trainee by facilitating application of new knowledge and skills into the workplace.

Competency framework structure

The competency framework is described in a form that is similar to that developed for other training programs and initiatives sponsored by NSW Ministry of Health. The framework is organised in the following hierarchy of:

- **Competency area titles** that state the broad area of population health practice that is to be learnt and/or performed;
- **Units of competency** that state the scope and intent of the competency area;
- **Competency elements** that describe the skills and tasks required to perform part or all of a specific function; and
- **Performance criteria** that are observable outcomes which combine to make up the competency area and provide an understanding of the standard of competence to be reached.

The competency areas defined in this competency framework are:

- Competency Area 1: Professional practice
- Competency Area 2: Population health management
- Competency Area 3: Communication
- Competency Area 4: Evidence informed practice
- Competency Area 5: Epidemiology and data management
- Competency Area 6: Communicable diseases and risk management
- Competency Area 7: Health promotion
- Competency Area 8: Health evaluation

The competency areas overlap and are intended to be fostered and applied in a culturally safe working environment. It is understood that every trainee that joins the APHTI will bring with them their own knowledge, experience and skills that reflect their culture and history. APHTI prioritises the wellbeing of the trainees. Figure 1 illustrates how all the competencies are interrelated also reinforces this priority.
Figure 1: The relationship between the APHTI competency areas and their delivery within the workplace environment to trainees.
## COMPETENCIES OF THE ABORIGINAL POPULATION HEALTH TRAINING INITIATIVE

<table>
<thead>
<tr>
<th>Competency area</th>
<th>Competency element</th>
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</table>
| **1 PROFESSIONAL PRACTICE**          | 1.1 Promotes and monitors own professional practice  
1.2 Accepts responsibilities of an employee of NSW health service  
1.3 Actively participates in the NSW Aboriginal Population Health Training Initiative  
1.4 Works in the context of Aboriginal history and health  
1.5 Considers ethics in population health practice  
1.6 Works within public health law  
1.7 Works in a culturally safe manner  
1.8 Works effectively with information technology |
| **2 POPULATION HEALTH MANAGEMENT**   | 2.1 Works effectively within the organisational structure of NSW health service  
2.2 Works effectively with others and in teams  
2.3 Contributes effectively to committees to enhance population health  
2.4 Manages projects effectively  
2.5 Assists consultation processes that support decision making  
2.6 Applies relevant policy to population health |
| **3 COMMUNICATION**                  | 3.1 Consults in a range of settings  
3.2 Communicates using appropriate electronic media  
3.3 Applies scientific writing structure to population health report and paper writing  
3.4 Prepares briefs to support effective communication and decision making  
3.5 Prepares and delivers oral presentations in population health  
3.6 Communicates to suit the needs of an audience  
3.7 Works within organisational guidelines to engage with mass media |
| **4 EVIDENCE INFORMED PRACTICE**     | 4.1 Identifies sources of information to answer population health questions  
4.2 Accesses literature to inform an evidence base  
4.3 Consults a community to gather evidence  
4.4 Uses different sources of evidence to communicate with different audiences |

The trainee will work towards attaining competency of the above four competencies through their placements and projects across the three years of their traineeship.
<table>
<thead>
<tr>
<th>Competency area</th>
<th>Competency element</th>
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<tbody>
<tr>
<td><strong>5 EPIDEMIOLOGY AND DATA MANAGEMENT</strong></td>
<td>5.1 Identifies data sources describing the health of populations</td>
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<tr>
<td></td>
<td>5.2 Accesses data from a range of sources</td>
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<tr>
<td></td>
<td>5.3 Describes the health of a population and identifies the determinants of health or disease</td>
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<tr>
<td></td>
<td>5.4 Assists in the collection and storage of population health data</td>
</tr>
<tr>
<td><strong>6 COMMUNICABLE DISEASES AND RISK MANAGEMENT</strong></td>
<td>6.1 Contributes to the collection of information describing notifiable conditions in NSW</td>
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<td></td>
<td>6.2 Participates in the response to a communicable disease outbreak</td>
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<td></td>
<td>6.3 Participates in an environmental health intervention in a given community or population</td>
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<td></td>
<td>6.4 Uses surveillance systems to monitor the health of a population</td>
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<tr>
<td><strong>7 HEALTH PROMOTION</strong></td>
<td>7.1 Applies health promotion theory to population health problems</td>
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<td></td>
<td>7.2 Plans population health interventions to reduce injury or promote health</td>
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<tr>
<td></td>
<td>7.3 Works to achieve effective inter-sectoral action and partnerships with communities</td>
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<td></td>
<td>7.4 Implements a health promotion intervention</td>
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<tr>
<td><strong>8 HEALTH EVALUATION</strong></td>
<td>8.1 Participates in the design of an evaluation</td>
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<td></td>
<td>8.2 Participates in conducting an evaluation</td>
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The trainee will work towards attaining competency of the remaining four competencies through competency specific placements and projects during their traineeship.
# 1. Professional practice

<table>
<thead>
<tr>
<th>Competency element</th>
<th>Performance criteria</th>
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| 1.1 Promotes and monitors own professional practice | i. Manages personal workload  
ii. Communicates personal issues that impact on work  
iii. Reflects on own personal practice  
iv. Engages with constructive feedback on performance  
v. Manages own professional development |
| 1.2 Accepts responsibilities of an employee of NSW Health | i. Complies with the NSW Health Code of Conduct  
i. Completes in a timely and responsible fashion human resource requirements of employment e.g. timesheets, expense claims  
ii. Participates in mandatory placements as required by the employer |
| 1.3 Actively participates in the NSW Aboriginal Population Health Training Initiative | i. Develops and negotiates learning contracts for each placement  
ii. Maintains documentation necessary for describing progress, including documentation required for assessment  
iii. Attends regular off-the-job training sessions and orientation activities  
iv. Integrates and applies learning from the MPH program to the workplace setting  
v. Informs the health service, including the workplace supervisor of any changes to the MPH study program |
| 1.4 Works in the context of Aboriginal history and health | i. Considers the impact of social, political, spiritual, economic and environmental factors on the health of Aboriginal people  
ii. Understands Aboriginal community control of health services and strategies, policies and programs that support delivery of comprehensive primary health care for Aboriginal people  
iii. Understands the process to be followed and complies with community protocols for the release of information gathered in Aboriginal communities |
| 1.5 Considers ethics in population health practice | i. Identifies how values influence decision making in health  
ii. Identifies ethical dilemmas faced in population health practice  
iii. Acknowledges ethical approaches that can be used to inform decision making in health  
iv. Follows ethical processes when conducting population health research |
| 1.6 Works within public health law | i. Observes rules of confidentiality and privacy  
ii. Identifies public health laws and regulations that determine local response to common public health issues |
| 1.7 Works in a culturally safe manner | i. Respects local community values, beliefs and gender roles  
ii. Interacts sensitively and effectively with people from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences in undertaking population health roles and responsibilities  
iii. Uses relevant local protocols in undertaking population health roles and responsibilities with different cultural groups |
| 1.8 Works effectively with information technology | i. Applies a range of computer software effectively in the workplace |
## 2. Population health management

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| **2.1 Works effectively within the organisational structure NSW Health** | i. Identifies the organisational structures of the NSW health system  
ii. Identifies the organisational structures of the workplaces in which placements occur  
iii. Identifies the organisational structures of community controlled health organisations  
iv. Recognises how to influence these structures to contribute to decision making  
v. Relates effectively to lines of responsibility in decision making within different workplaces  
vi. Understands state and local strategic plans and priorities |
| **2.2 Work effectively with others and in teams** | i. Supports and applies principles of effective team working  
ii. Identifies the different roles fulfilled by members for effective team working within specific workplace contexts  
iii. Provides constructive feedback to colleagues  
iv. Interacts effectively with individuals and groups  
v. Works effectively to achieve a shared goal  
vi. Manages differences between team members through effective negotiation and conflict resolution |
| **2.3 Contributes effectively to committees to enhance population health** | i. Contributes to organisational understanding of culturally safe workplaces  
ii. Identifies different types of committees used to support decision making  
iii. Works effectively as a member of a committee  
iv. Supports the role of a committee Chair  
v. Contributes to the development of Terms of Reference  
vi. Reflects on factors which make committees function well  
vii. Prepares minutes of committee meetings |
| **2.4 Manages projects effectively** | vii. Develops project plans and timelines  
viii. Commits adequate time and resources to ensure culturally appropriate service delivery of population health services  
ix. Monitors and reports key performance indicators  
x. Plans and organises work activities  
xi. Contributes to effective team work to enhance the delivery of population health programs  
xii. Identifies key elements of budgets and the constraints these impose on a project  
xiii. Manages projects within budget constraints |
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</table>
| **2.5** **Assists consultation processes that support decision making** | i. Conducts consultation with community groups and government agencies to understand perspectives and inform decision making  
ii. Communicates clearly with clinicians, technical and other health professionals to promote effective collaboration and decision making  
iii. Uses leadership, team building, negotiation, and conflict resolution skills to build community partnerships for supporting productive decision making  
iv. Demonstrates knowledge of community assets and available resources that can inform consultation processes and decision making |
| **2.6** **Applies relevant policy to population health** | v. Understands the role of policy as an instrument to protect the health of populations  
vii. Assists with the implementation of local, state or national policy |
# 3. Communication

Communicates effectively in a variety of settings using oral and written communication with a range of audiences

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| **3.1 Consults in a range of settings** | i. Uses reflective listening skills  
ii. Demonstrates critical self-assessment regarding his/her ability to interact effectively with other people  
iii. Presents and consults with others in a group setting to meet a specific purpose  
iv. Uses language, information and cross cultural skills appropriate to the context and audience  
v. Engages with the audience and speaks confidently  
vi. Responds appropriately to questions and encourages discussion |
| **3.2 Communicates using appropriate electronic media** | i. Uses teleconferencing and video conferencing effectively  
ii. Accesses email, Intranet and Internet appropriately and properly in accordance with organisation policies  
iii. Effectively communicates using email by managing the tone and expression applied to the audience requirements |
| **3.3 Applies scientific writing structure to population health report and paper writing** | i. Identifies workplace activities that could be presented as a written report or publication  
ii. Determines the aim of a report or publication  
iii. Prepares clear, succinct abstracts in accordance with conference themes and abstract submission criteria  
iv. Assists in the preparation of scientific papers or health service reports according to peer-reviewed literature standards and requirements of publishers and the workplace  
v. Develops an appropriate structure and length for the report, including executive summary  
vi. Complies with the processes required for the release of information beyond health services including liaison with the health service media unit and community representatives  
vii. Presents information as graphs and tables to communicate messages |
| **3.4 Prepares briefs to support effective communication and decision making** | i. Identifies decision making processes and outcomes that are to be informed by a brief within the organisation  
ii. Identifies the various formats or standard templates used by the health service to present briefs  
iii. Prepares briefs using appropriate printed and electronic formats  
iv. Manages the process of submitting and tracking a brief |
| **3.5 Prepares and delivers oral presentations in population health** | i. Structures a presentation to meet conference needs  
ii. Presents paper/poster and answers questions in a straightforward manner using language appropriate to the audience  
iii. Presents information appropriately on behalf of the organisation |
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| **3.6  Communicates to suit the needs of an audience** | i. Defines the audience and their communication requirements  
ii. Determines a communication approach appropriate for the audience  
iii. Communicates in ways to ensure respect for the privacy of individuals and sensitivity of content  
v. Communicates in a culturally sensitive way with whole communities and individual community members |
| **3.7  Works within organisational guidelines to engage with the media** | i. Complies with organisational policy for the release of information of potential interest to the media and other interest groups  
ii. Operates within media priorities and principles for being involved with the media  
iii. Provides support to others responsible for presenting to the media |
### 4: Evidence informed practice

Consistently demonstrates capacity to find, assess, interpret and apply evidence derived from research to population health practice

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| **4.1 Identifies sources of information to answer population health questions** | i. Distinguishes between different types of research evidence and the strengths and limitations of each  
ii. Draws on the sources of research evidence as appropriate to inform policy and practice  
iii. Identifies questions that can be addressed by accessing research evidence |
| **4.2 Accesses literature to inform an evidence base** | i. Accesses information through Medline and other abstract or internet search engines  
ii. Searches for systematic reviews of population health practice from relevant sources  
iii. Assesses, synthesises and summarises the evidence from available systematic reviews, including its limitations  
iv. Critically appraises single population health literature sources |
| **4.3 Consults a community to gather evidence** | i. Develops a consultation plan with a choice of one or more consultation tools to communicate with a community or range of stakeholder experts  
ii. Conducts consultations using a systematic approach to collect information that informs evidence for understanding the determinants of and for addressing population health problems  
iii. Consults in a culturally safe manner  
iv. Analyses evidence from consultation about population health problems, and their determinants/causes, including cultural differences and/or discrimination  
v. Documents methods and findings from a consultation process to inform the evidence base  
vi. Synthesises evidence from a variety of sources to understand problems, their causes/determinants, and to identify appropriate solutions |
| **4.4 Uses different sources of evidence to communicate with different audiences** | i. Uses evidence of different types from different sources understanding the strengths and limitations of each  
ii. Interprets and translates evidence from different sources (research, community and expert) for its relevance and applicability.  
iii. Presents concise information about benefits and limitations of population health programs options under consideration for community and decision makers (managers or policy makers)  
iv. Uses evidence to inform and engage community groups |
# 5. Epidemiology and data management

**Measures and understands the health of a population and the factors that influence and determine population health**

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| **5.1 Identifies data describing the health of populations** | i. Identifies sources of data describing the health of the population  
ii. Identifies common sources of data external to NSW Health describing the health of populations |
| **5.2 Accesses data from a range of sources** | i. Accesses relevant data from a range of sources  
ii. Identifies the strengths and weaknesses of different data sources and limitations of each data set  
iii. Assesses the quality of data describing Aboriginal populations  
v. Complies with requirements of accessing data |
| **5.3 Describes the health of a population and identifies the determinants of health or disease** | i. Interprets descriptive statistics and appropriate graphics for summarising and displaying data  
ii. Calculates the epidemiologic measures for one or more populations:  
   - prevalence  
   - incidence  
   - premature death  
   - infant mortality  
   - contributes to determining the causes and distribution of a significant population health problem  
vii. Identifies and describes social, behavioural and environmental determinants, risk factors and their distribution within a community or population |
| **5.4 Assists in the collection and storage of population health data** | i. Inputs and stores data collected through surveys or other primary data collection process  
ii. Assists with cleaning data ready for use  
iii. Assesses the quality of data  
v. Ensures the appropriate management of sensitive data  
vi. Uses databases appropriately including undertaking original queries for a range of population health tasks |
### 6. Communicable diseases and risk management

Promotes, develops and supports interventions which ensure a safe and healthy environment including the control of communicable diseases among populations through systematic interventions

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| **6.1** Contributes to the collection of information describing notifiable conditions in NSW | i. Recognises the public health benefit of accurate surveillance of notifiable conditions  
  
ii. Identifies appropriate surveillance systems  
  
iii. Enters data into surveillance system databases  
  
iv. Identifies legislation and other legal frameworks that support disease prevention and control |
| **6.2** Participates in the response to a communicable disease outbreak | i. Explains what constitutes an outbreak  
  
ii. Outlines population health responsibilities and principles involved in managing an outbreak  
  
iii. Works with others to investigate and control a communicable disease outbreak  
  
iv. Applies contact tracing methods |
| **6.3** Participates in an environmental health intervention in a given community or population | i. Identifies the aims and strategies of an environmental health intervention  
  
ii. Develops specific components of an environmental health intervention  
  
iii. Identifies legal requirements that influence an environmental health intervention  
  
iv. Supports the implementation of policy that minimises the environmental risk of populations |
| **6.4** Uses surveillance systems to monitor the health of a population | i. Presents and advocates for the benefits of health surveillance  
  
ii. Determines the advantages and limitations of different (both active and passive) surveillance systems  
  
iii. Summarises and displays surveillance data  
  
iv. Interprets and communicates surveillance findings from an identified population |
# 7. Health promotion

Promotes population and community health by strengthening social, economic, cultural and physical environments in collaboration with communities and ensuring engagement and empowerment

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| **7.1** Applies health promotion theory to population health problems | i. Describes patterns of health and illness in a population or community  
ii. Identifies criteria to use in deciding on priority health problems in a population or community  
iii. Identifies the determinants and/or causes of priority health problems in a population or community  
iv. Identifies theoretical approaches and organisational systems that underpin effective health promotion |
| **7.2** Plans population health interventions to reduce injury or promote health | i. Reviews the policy context within which a health promotion intervention is to be developed and implemented  
ii. Reviews evidence from a range of sources to inform the design of a health promotion intervention  
iii. Follows an ethical approach to intervention in communities  
iv. Prepares a plan to address at least one determinant or cause of a population health problem, using a planning model such as PRECEDE/PROCEED |
| **7.3** Works to achieve effective inter-sectoral action and partnerships with communities | i. Identifies the values and core business of organisations that may be partners in health promotion interventions  
ii. Describes the steps in effective inter-sectoral action for health  
iii. Engages communities in determining causes/determinants of priority population health problems, and in planning, implementing, and evaluating interventions |
| **7.4** Implements a health promotion intervention | i. Supports the implementation of a health promotion intervention  
ii. Determines the appropriate timing of each form of evaluation including:  
   - a process evaluation to assess the quality of an intervention  
   - impact evaluation to assess whether a program achieved its objectives  
   - outcome evaluation to assess whether an intervention achieved its goals |
## 8: Health evaluation

**Contributes to the evaluation of population health programs or services**

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| **8.1 Participates in the design of an evaluation** | i. Advocates for the inclusion of evaluation in the design of programs  
ii. Determines the purpose/s of the evaluation  
iii. Considers an appropriate level of resourcing to support the evaluation  
iv. Prepares a process, impact and/or outcome evaluation plan |
| **8.2 Participates in conducting an evaluation** | i. Applies an appropriate approach to data collection  
ii. Assists the evaluation of a population health program, relative to relevant performance standards and objectives  
iii. Provides feedback to stakeholders including communities whose health is affected  
v. Summarises the findings to inform policy and practice |
EVALUATION OF APHTI

An evaluation of APHTI was commissioned in 2015 to identify significant achievements and challenges in its implementation, and to measure the impact of the APHTI on increasing the NSW Aboriginal population health workforce. Key issues raised by stakeholders on specific aspects of the program’s implementation have been addressed and the APHTI was achieving progress towards its defined aims and objectives.


REFERENCES


