Community Services & Health
Industry Skills Council

Assessment Strategies Guide
for Aboriginal and/or Torres Strait Islander Primary Health Care qualifications
HLT Training Package

Release 1.4 January 2015
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# HLT Assessment Strategies Guide Modification History

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<td>Updated all references to NSSC website</td>
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<td>April 2014</td>
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Overview

Background to Companion Volumes

In 2010 the National Quality Council accepted recommendations in the *VET Training Products for the 21st Century* report. Two of those recommendations were specifically to do with the design of training packages:

1. **Simplify and streamline the content of Training Packages by separating the performance standards in units of competence from guidance and supporting information for RTOs and**

2. **Restructure and streamline training package content by:**
   - **Simplifying the endorsed components**
   - **Expanding the non-endorsed components**
   - **Eliminating unnecessary information and consolidating repetitive material.**

In November 2012, the National Skills Standards Council (NSSC) endorsed new *Standards for Training Packages* which set out new requirements in full.

**Endorsed and non-endorsed components**

There are four endorsed components of Training Packages, all of which can be found on the national register [www.training.gov.au](http://www.training.gov.au).

In addition, the non-endorsed components have been expanded to include Companion Volumes, including the following:
The **Companion Volume Implementation Guide** is a mandatory requirement for Industry Skills Councils to develop and is available at [www.cshisc.com.au](http://www.cshisc.com.au). It contains overview information about the entire Training Package, including a list of all units, skills sets and qualifications in the training package. It also contains key implementation advice for use by RTOs.

The **Learning Strategies Guide** describes potential strategies for working with a diversity of learners in this industry and possible learning strategies.

The **Knowledge Strategies Guide** identifies knowledge requirements of the units of competency, a glossary of terms and provides information about potential resources as well as links to useful information.

The **Assessment Strategies Guide** (this guide) provides guidance on implementation of the Assessment Requirements as well as general advice about assessment in this industry.
Feedback and contributions

In time, these Companion Volumes will provide an opportunity to showcase best practice from RTOs and provide a forum for sharing information and resources. If you have any ideas, resources, case studies or feedback to contribute to the Companion Volumes, please provide your feedback via the CS&HISC Continuous Improvement Feedback Register.

Quality in assessment is important for a range of reasons: industry and the wider community expect that people with industry qualifications from the VET sector will have the skills and knowledge to perform competently in their job role. Good assessment practice underpins the VET system. The Standards for Registered Training Organisations (RTOs) 2015 http://www.comlaw.gov.au/Details/F2014L01377 reflects this by requiring that:

RTO’s training and assessment is delivered only by persons who have:

- vocational competencies at least to the level being delivered and assessed;
- current industry skills directly relevant to the training and assessment being provided; and
- current knowledge and skills in vocational training and learning that informs their training and assessment.

In addition:

- prior to 1 January 2016, TAE40110 Certificate IV in Training and Assessment or its successor, a diploma or higher level qualification in adult education; or demonstrated equivalence of competencies
- from 1 January 2016, the training and assessment qualification TAE40110 Certificate IV in Training and Assessment or its successor, a diploma or higher level qualification in adult education

Also assessment practice, including Recognition of Prior Learning (RPL) must:

- meet the requirements of training packages and VET accredited courses;
- is responsive to industry and learner needs; and
- is delivered by appropriately qualified trainers and assessors with the right support services, facilities and equipment.

Rules of Evidence

Despite the new look of Training Packages and their endorsed components, the fundamentals of assessment still apply. The Rules of Evidence still require that evidence is (take from Standards for Registered Training Organisations (RTOs) 2015 http://www.comlaw.gov.au/Details/F2014L01377 Table 1.8-2):

Validity - The assessor is assured that the learner has the skills, knowledge and attributes as described in the module or unit of competency and associated assessment requirements.

Sufficiency - The assessor is assured that the quality, quantity and relevance of the assessment evidence enables a judgement to be made of a learner’s competency.

Authenticity - The assessor is assured that the evidence presented for assessment is the learner’s own work.

Currency - The assessor is assured that the assessment evidence demonstrates current competency. This requires the assessment evidence to be from the present or the very recent past.
Principles of Assessment

Assessors also need to observe the **Principles of Assessment**.

- **Valid**: the methods of assessment relate to the elements, performance criteria and assessment requirements of the unit
- **Reliable**: the assessment outcomes would consistently provide similar outcomes for candidates at different times and in different places
- **Flexible**: the assessor ensures that the candidate understands the assessment process and can negotiate the timing of the assessment, the context of the assessment
- **Fair**: candidates are not disadvantaged and are given opportunities to ensure that they can perform to the standards outlined in the workplace and the units of competency being assessed (see also ‘reasonable adjustments’ below).

### Types of evidence

**Direct**

This involves the assessor directly observing the candidate performing the tasks which allows a decision of competent or not yet competent. For example:

- An assessor attends a health clinic to observe a candidate perform a health assessment as part of their work placement.
- An assessor asks a candidate about the impact of Type 2 Diabetes on a particular body system.

**Indirect**

This involves evidence which supports the candidate being able to perform a task. For example:
• A finished product created by the candidate
• A written assessment piece responding to specific knowledge questions.

Third Party Evidence

Third party evidence provides another important means for assessors to make a judgment about the candidate’s competence. Each RTO will have standard procedures and documentation about how and when the workplace will be informed about their role in the assessment process.

Assessors should make their professional judgment after reviewing a range of evidence, remembering that it is the quality, rather than the quantity, of evidence presented that is important. Third party evidence is often used in the community sector but is particularly helpful where there are issues of confidentiality and privacy.

Supervisors, team members, clients and consumers can all provide third party evidence. Their reports can save assessors time and ‘authenticate’ the candidate’s evidence; in addition to structured assessment tasks third part reports can comment on the candidate’s performance in ongoing work tasks.

When planning to use third party reports, RTOs should:

• Provide clear information about the role of third party evidence and what is required.
• Provide suitable checklists and tools that clearly link to the units.
• Select people who are in a position to make informed comment on the performance of the candidate.
• Be available to respond to questions about the process.

Evidence gathering techniques

Assessors should employ a range of assessment techniques, and be wary of over reliance on documentation. Different forms of evidence will enable assessors to build a more complete picture of the candidate’s skills and knowledge. Forms of evidence that will typically be most suitable for assessment in community services settings include:

• Direct Observation
• Competency Conversation
• Research Projects
• Workplace Projects
• Third Party Reports:
• Workplace Documents
• Video And Photos
Standards for Training Packages – strengthening assessment

The National Skills Standards Council’s Standards for Training Packages establish a new aspect to training packages – Assessment Requirements. Assessment Requirements are designed to be read with the Unit of Competency to provide the mandatory requirements for assessments.

Here is a unit from the Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care, HLTAHW004 Perform work role in Aboriginal and/or Torres Strait Islander primary health care context to show the new look of a Unit of Competency and the new inclusion of the Assessment Requirements.

Unit of competency

| APPLICATION | This unit describes the knowledge and skills required by a worker in primary health care to work effectively and appropriately with Aboriginal and/or Torres Strait Islander clients and community. The unit includes the worker researching, understanding and performing their role in the broader primary health care context, as well as planning to further improve their work practices. This unit applies to all staff providing support to the delivery of primary health care and can be adapted for a range of entry-level roles within the context of primary health care for the Aboriginal and/or Torres Strait Islander community. All work tasks are to be performed under supervision. |
| ELEMENT | PERFORMANCE CRITERIA |
| 1. Inform own role | 1.1 Identify individual personnel in the organisation and their role 1.2 Identify and apply work policies and procedures 1.3 Consider how own role contributes to the organisation’s work to provide primary health care in the Aboriginal and/or Torres Strait Islander community |
| 2. Perform work tasks | 2.1 Use time management skills to organise and perform work tasks during required hours 2.2 Locate and use required workplace forms, processes and systems to complete work tasks 2.3 Identify and wear appropriate clothing and/or personal protective equipment as required 2.4 Seek clarification and direction about work tasks as required 2.5 Complete all designated work tasks on time and to required organisational standards |
| 3. Communicate effectively within work role | 3.1 Use respectful and effective oral communication methods with staff, clients and community members 3.2 Respect privacy and confidentiality when handling all client information 3.3 Complete all relevant documents accurately and on time and seek guidance as required |
| 4. Identify future pathways | 4.1 Reflect on work performances including own strengths and areas for improvement 4.2 Seek feedback on work performance 4.3 Discuss options for skill and knowledge development with supervisor and/or colleagues 4.4 Identify opportunities for learning to improve own skills and further career opportunities in primary health care |
| FOUNDATION SKILLS | Numeracy in order to manage time and organise work tasks  Reading in order to interpret key information in workplace forms and procedures relevant to job role  Oral communication in order to listen to information and/or instructions from staff, clients and community members |

Assessment Strategies Guide for Aboriginal and/or Torres Strait Islander Primary Health Care qualifications  
HLT Training Package
**Learning**

In order to comprehend own role in the workplace in relation to the role of colleagues and team members.

**Unit mapping information**

No equivalent unit

**Links**

www.cshisc.com.au

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**Assessment requirements**

**PERFORMANCE EVIDENCE**

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role.

There must be evidence that the candidate has:

- effectively performed at least three different work tasks within their work role. This includes:
  - attending at the workplace at all required times
  - communicating with and seeking clarification/guidance from relevant personnel as required
  - organising own time to perform work tasks according to deadlines
  - using appropriate and/or required clothing and equipment and personal protective equipment
  - completing all documentation accurately and on time as required by work task
  - gaining feedback for each work task from relevant staff in the workplace
  - following all relevant workplace processes, and organisational procedures and policies
  - dressing to show respect to staff, clients and community
  - communicating respectfully and effectively with staff, clients and community
  - respecting the confidentiality of all client information received as part of the role
- identified development within own role in discussions with manager or senior staff on at least one occasion by:
  - defining how own role contributes to Aboriginal and/or Torres Strait Islander primary health care
  - identifying at least one area for skill improvement to perform work tasks and/or at least one area of own interest to pursue within the primary health care context
  - seeking opportunities for further development.

**KNOWLEDGE EVIDENCE**

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the work role. This includes knowledge of:

- a basic understanding of the purpose of primary health care and in particular its role within the context of Aboriginal and Torres Strait Islander clients and communities
- services typically provided by a primary health care service, including health promotion, illness prevention, treatment of chronic diseases, care of the sick, advocacy and community development
- staff and teams typically involved in a primary health care service and their specific roles
- scope of own work role
- organisation standards, policies and procedures relevant to performance of own role
- organisation structure, staff and their roles.
Assessment Strategies Guide for Aboriginal and/or Torres Strait Islander Primary Health Care qualifications

Assessor requirements

The HLT units of competency state:

Assessors must satisfy the NVR/AQTF mandatory competency requirements for assessors.

ASQA has developed the revised Standards for RTOs 2015. These came into effect as of 1st January 2015 and supersede the NVR/AQTF mandatory competency requirements for assessors.


For those training providers regulated by the Victorian Registration and Qualifications Authority (VRQA) or the Training Accreditation Council Western Australia (WA TAC), or those applying to VRQA or WA TAC to become a Registered Training Organisation, the Australian Quality Training Framework (AQTF) will remain in place until such time as Victoria and Western Australia can transition to the arrangements for the new Standards. See their websites for details: [http://www.vrqa.vic.gov.au](http://www.vrqa.vic.gov.au) and [http://www.tac.wa.gov.au](http://www.tac.wa.gov.au)

A note on assessors of HLTAHW units of competency

In addition to the requirements under Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors, assessors of
HLTAHW units of competency must meet additional requirements, depending on the unit of competency.

**HLTAHW020 Administer medications and HLTAHW071 Manage medicines requires:**

Assessment must be undertaken by a workplace assessor who has expertise in this unit of competency and who is:

- a Registered Aboriginal or Torres Strait Islander Health Practitioner

 or:

- a Registered Health Practitioner accompanied by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care.

**All other HLTAHW units**

Assessment must be undertaken by a workplace assessor who has expertise in this unit of competency and who is:

- an Aboriginal and/or Torres Strait Islander Health Worker

 or:

- accompanied by an Aboriginal and/or Torres Strait Islander person who is a recognised member of the community with experience in primary health care.

Where the assessor is not a Registered Aboriginal and/or Torres Strait Islander Health Practitioner or an Aboriginal and/or Torres Strait Islander Health Worker, they need to be accompanied by an Aboriginal and/or Torres Strait Islander person:

- recognised by the community
- with primary health care experience.

The purpose of this additional requirement is to support the cultural safety of the individual Aboriginal and/or Torres Strait Islander candidate in the assessment process, particularly where units of competency specifically refers to knowledge traditionally held only by Aboriginal and/or Torres Strait Islander people.
Assessment context

All these questions contribute to the context of assessment. Assessors need to have a range of assessment methods and approaches to suit different work contexts, the needs of different candidates, and the requirements of the units of competency they are working with.

Work placement

To be assessed as competent in this qualification, individual workers are required to undertake supervised work placements in a primary health care setting, supplemented where required by simulated practical application of skills and knowledge. Individuals must demonstrate consistency of performance over time to achieve competency outcomes.¹

For candidates not already employed in the industry, work placements will be required in order to meet the evidence requirements of many of the units. The Aboriginal and Torres Strait Islander Health Worker industry strongly supports the use of work placements for learning and there is an expectation that assessors will, insofar as possible, use the workplace for assessment. This approach will make assessment decisions more authentic and valid. Candidates should be given the opportunity to demonstrate how they can meet the requirements of the unit/s of competence under the conditions and variables of the real workplace.

Work placements for Aboriginal and/or Torres Strait Islander Primary Health Care qualifications

The assessment requirements of all HLTAHW units of competency mandate that all skills should be demonstrated in the workplace. The best way to support this is to have candidates undertake a work placement during which evidence for assessment can be gathered, either through direct observation by an assessor or through third party reports of the candidate’s performance of skills.

¹ Marr Mooditj Training Inc. Course profile information about the HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice), available from www.marrmooditj.com.au
The CS&HISC recommends the following hours for work placements:

<table>
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<tr>
<th>Qualification</th>
<th>Recommended hours for a work placement across the core of a qualification</th>
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<tr>
<td>Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care</td>
<td>50 hours (\text{VET in schools restrictions may impact on this})</td>
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<tr>
<td>Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care</td>
<td>250 hours</td>
</tr>
<tr>
<td>Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care</td>
<td>500 hours</td>
</tr>
<tr>
<td>Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care</td>
<td>750 hours</td>
</tr>
<tr>
<td>Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice</td>
<td>750 hours</td>
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</table>

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Mandatory work placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice</td>
<td>800 hours</td>
</tr>
</tbody>
</table>

Recommended by the Aboriginal and Torres Strait Islander Health Practice Board of Australia for registration.

Where an Aboriginal and/or Torres Strait Islander Health Worker has undertaken a qualification involving a work placement, those hours may be counted towards another qualification. This is because there is an overlap of core units with the qualifications at Certificate III, Certificate IV and Diploma level. However, a work placement of 50 hours for the Certificate II will not mean a decrease in the hours required for the Certificate III because there is no overlap of core units.
Working in partnership with the Workplace

Assessors in this sector often need to be very flexible in response to workplace demands – shift work, regulations about staff ratios and the day-to-day demands of a busy work environment can make it hard for managers and supervisors to find time to contribute to assessment processes. However assessors should involve workplace representatives by:

- Making sure that they are clear about their role in contributing to staff development
- Explaining the assessment process, the assessment tasks and the timeframes in the assessment plan, including when the assessor will be at the workplace to carry out direct observations
- Requesting feedback in the form of written or oral third party reports.

Partnership arrangements

Assessment arrangements can take many forms in the health and community services sector, and good assessment practice will often require a partnership arrangement. For example:

- The employer might take responsibility for skill development through learning on the job, and the RTO might provide assessment only services
- Employers might enter into agreements with RTOs to provide coordinated approaches to assessment
- There might be an auspicing arrangement, where the employer delivers training and assessment and the RTO signs off and awards the qualifications and statements of attainment
- Students might be enrolled in full-time study programs with work placements that require the employer to provide third party reports.

A project conducted by the National Quality Council (NQC) in 2008, *Investigation into industry expectations of VET assessment* identified a growing requirement from industry for training providers to reflect a closer client focused approach in the design and contextualisation of training programs and assessment to reflect enterprise needs. Tools which can assist the collaboration between RTOs and industry (including private enterprise, business, community organisations and other workplaces) can be found in the resource “Industry Enterprise and RTO Partnership: A guide for RTOs, enterprises and industry groups”.

The project report highlighted that satisfaction with assessment processes and outcomes were highest when there was a strong partnership between the enterprise and the RTO, and when training and assessment was directly linked to the workplace.

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**CHALLENGES**

Partnership arrangements rely on a clear understanding of each party’s role and responsibilities. The lack of a coordinated and planned approach between the employer and the assessor may lead to students having difficulty in being assessed as competent. Problems can emerge when:

**Employers:**

- Do not understand that competency based assessment processes are evidence based and relate to the requirements of a unit of competency
- Do not provide adequate time or opportunities for students to practice their skills in the workplace
- Do not have staff who are competent themselves to review the students work practices
- Are unclear about their role in the assessment process

**RTOs:**

- Do not organise enough opportunities or time in work placement for employers to make confident reports about the skills of the students
- Do not have assessors with current vocational competency
- Do not maintain the relationship with the RTO to check and monitor the student’s progress
- Do not sufficiently plan for on-site assessment and cause disruption to work procedures.

The case studies below illustrate how some RTOs have arranged partnership to ensure quality in their assessment processes.

**Simulated assessments**

In some cases it is not practical or safe to conduct assessment in the workplace and it will be necessary to provide a simulated environment. For example situations relating to emergency or unplanned procedures and in cases where state or territory legislation prevents practice in the workplace, simulated assessment environments should be used in place of workplace assessment.

Simulated assessment environments must simulate the real life working environment where these skills and knowledge would be performed, with all the relevant equipment and resources of that working environment.

*Note that where the Assessment Requirements specify that assessment must be conducted in the workplace, assessment in a simulated environment is not permitted. Simulated assessment should always be validated with industry, to ensure that it reflects the expectations of staff in contemporary workplaces.*
Simulated assessments should:

- Provide access to all the equipment and resources that would normally be used in the workplace for the task being assessed
- Reflect the type of conditions usually found in the workplace – including interactions with others and interruptions that would typically occur
- Present realistic scenarios and problems, such as dealing with difficult or distressed family members, or people with complaints
- Require the candidate to demonstrate their skills under the time constraints that would normally apply in the workplace.

In reality candidates have to perform the required skills as a component of multiple tasks, within a multi-disciplinary team and with interruptions, difficult clients and unexpected glitches. These conditions must also be replicated in the SAE.  

**Recognition of Prior Learning (RPL)**

RPL can be an effective assessment approach where the candidate has learned and performed skills on-the-job. Good practice in RPL will save the candidate time, but still be a rigorous process that reflects the Rules of Evidence and Principles of Assessment.

RPL should **not**:

- rely solely on documentation
- expect the candidate to find their way around training packages and units of competence
- be a rubber stamp.

It is important that assessors do not equate years of experience in the workplace with competence. Good RPL assessment practice will commence with a clear plan so that candidates understand what is involved and what they will be required to do; they should know that they will be supported at each step in the process.

Assessors should seek a range of evidence sources, including:

- relevant documentation such as position descriptions, curriculum vitae, meeting notes and rosters
- interviews and questioning
- workplace observation
- work samples
- reports from reliable sources.

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4 For a definition of an adequate SAE please refer to NSSC publication ‘Improving Assessment Practice’
As with all forms of assessment, RPL relies on sound professional judgment so assessors should review evidence in different forms until satisfied that the requirements of unit have been met.

SkillsOnline is a website that offers free vocational education and training (VET) resources: http://www.training.nsw.gov.au/training_providers/resources/skillsonline/

**An RPL process**

In 2009, the Coalition of Australian Governments published the final report of its RPL Program. This set out a number of benefits to and challenges in delivering RPL programs. Many states and territories have development their own guidelines on RPL, all which generally involve:

- Initial discussions with the candidate wishing to undertake RPL
- Review of candidate's relevant documents relating to work and previous study
- Development of a partnership with the workplace to support third party evidence and workplace assessment
- Competency conversation
- A practical assessment and/or observation in the workplace to see work performed
- Discussion with workplace and/or third party reports from workplace about the candidate's work
- Review of evidence collected
- Decision as to competency and/or gap training required.

This process highlights the need for partnership (between the candidate, assessor and workplace), opportunities to provide many different types of evidence (direct observation, indirect evidence, third party) and support for the candidate throughout the whole process.

**Aboriginal and/or Torres Strait Islander candidates and RPL processes**

RPL appeals to mature people who have work experience behind them. They might have left high school or other formal education to go directly to work because of various experiences. Often, Aboriginal and/or Torres Strait Islander people will have experienced many negative attitudes, including institutionalised racism, which will impact on their confidence in themselves, and in a formal learning process. RPL processes help an individual recognise what skills and knowledge they have and can spur them onto further study and career pathways, so RPL is an effective tool to support Aboriginal and/or Torres Strait Islander candidates with recognising their skills and staying with education.
Gathering evidence of practical training – using a log book

An RTO trainer or assessor cannot be present the whole time a learner is on a practical training placement. They must rely on the evidence gathered by those in the workplace of the activities the learner has performed to contribute to their learning and assessment. One way to do this is through the use of a practical or clinical placement log book.

Essential features of a log book should include:

- Details of the student, their supervisor, the location, time and length of practical placement
- Ability to record day to day activities on specific days
- Work activities broken into specific steps
- Space for sign off and comments/feedback from the supervisor or manager observing the workplace activities.

The practical log book can be used to capture three types of evidence: direct, indirect and supplementary.

- **Direct evidence** refers to the activities (demonstration of skills and knowledge) the assessor witnesses the learner completing e.g. the assessor visits the workplace and directly observes the candidate undertaking the tasks.
- **Indirect evidence** refers to the activities completed by the learner that are witnessed by a third-party e.g. the log book is completed by the learner’s direct supervisor or manager, describes the actions learners have undertaken in the workplace and the competencies they have been able to demonstrate under changing circumstances.
- **Supplementary evidence** refers to the evidence of competency found in written assessments, audio/video recordings, questioning and documented past performances e.g. the log book may have room for the candidate to reflect their specific feelings and experiences of the workplace and activities they’ve completed – what do they feel confident about; what do they think they could improve; what interests them?

Health Workforce Australia clinical log book

Health Workforce Australia (HWA) have funded a project to develop a clinical log book specifically for students undertaking Aboriginal and/or Torres Strait Islander Health Worker qualifications, targeted at the practical skills required for the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. The log book is expected to be available mid 2013 after lengthy input and development from the workforce and training sector.

This Clinical Practice Logbook consists of a series of practice skills which contain the commonly used practice and procedures that Aboriginal and Torres Strait Islander practitioners are required to perform in the workplace. This Clinical Practice Logbook has been developed using a systems approach and is to be used as a tool to support the training
and assessment of competency units for clinical practice skills covered in the Certificate III in
Aboriginal and/or Torres Strait Islander Primary Health Care and Certificate IV in Aboriginal
and/or Torres Strait Islander Primary Health Care Practice qualifications. The addition of
assessments for each skill is included.

As a training tool, the Clinical Practice Logbook is to be used for documenting practice that
occurs in the workplace and is a guide for Aboriginal and/or Torres Strait Islander health
workers and their workplace supervisors. Learners must be able to demonstrate the
knowledge, skills and attitudes learnt and adapted to their workplace to be competent in all
units required for the Aboriginal and/or Torres Strait Islander Primary Health Care
qualifications.

The Clinical Practice Logbook is a place where learners can record each time they perform a
skill. The Clinical Practice Logbook must be kept up to date and kept somewhere safe. It is
an important record for practice progress and to provide evidence of workplace practice, and
currency of practice.

The Clinical Practice Logbook has been developed with Working Party members using
feedback from Aboriginal and/or Torres Strait Islander Health Workers, practitioners,
supervisors, trainers, assessors, and learners who used the original Clinical Logbook
(created by Batchelor Institute in 2000) and worked to create a new one that is organised
into body systems and practice skills. This new Clinical Practice Logbook has been
developed to provide support and evidence of assessment for the Aboriginal and/or Torres
Strait Islander Health Training Package qualifications and evidence of compliance with the
requirements for registration with the Australian Health Practitioner Regulation Agency
(AHPRA) as an Aboriginal or Torres Strait Islander Primary Health Care Practitioner.

Further information is available from http://hwa.gov.au/our-work/aboriginal-and-torres-strait-
islander-health-workforce-program/aboriginal-and-torres-strait-стра-0

### Clustering units for assessment

Just as trainers cluster knowledge and skills for delivery, assessors should consider
clustering units to reflect the work role and work context of the candidate. Clustering can
provide a holistic and more streamlined process for the candidate and the assessor. It also
reflects that tasks performed at work do not always fall into categories that match individual
units of competency. This means one work task or process can actually reflect a number of
competencies, or aspects of competencies.

In addition to considering tasks and task management, assessors should consider the
following when planning clusters for assessment:

- Links between elements and performance criteria
- Links or overlap in the performance evidence requirements
- Links or overlap in the knowledge evidence requirements
- Overlap in foundation skills.
Sample of clustering for the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care

For students undertaking the qualifications without having done the Certificate III in Aboriginal and/or Torres Strait Islander Health Primary Health Care

First aid
HLTAID003 Provide first aid

Workplace practices
CHCCS400C Work within a relevant legal and ethical framework
HLTWHS001 Participate in workplace health and safety
HLTIN301C Comply with infection control policies and procedures

Working with and for Aboriginal and/or Torres Strait Islander clients and community
HLTAHW005 Work in an Aboriginal and/or Torres Strait Islander primary health care context
HLTAHW006 Facilitate and advocate for the rights and needs of clients and community members
HLTAHW022 Address social determinants of Aboriginal and/or Torres Strait Islander health

Provide primary health care
HLTAHW007 Undertake basic health assessments
HLTAHW017 Assess and support client’s social and emotional wellbeing
HLTAHW018 Plan, implement and monitor health care in a primary health care context
HLTAHW037 Support the safe use of medications

Programs and promotion
HLTAHW019 Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities
HLTAHW021 Provide nutrition guidance for specific health care
HLTAHW023 Plan, develop and evaluate health promotion and community development programs

For students who have completed the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care

Provide primary health care
HLTAHW018 Plan, implement and monitor health care in a primary health care context
HLTAHW021  Provide nutrition guidance for specific health care

HLTAHW037  Support the safe use of medications

**Programs and promotion**

HLTAHW019  Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities

HLTAHW022  Address social determinants of Aboriginal and/or Torres Strait Islander health

HLTAHW023  Plan, develop and evaluate health promotion and community development programs
Access and Equity

Assessing candidates with a disability

What is a disability?

Over 4 million Australians have a disability. That's one in five people.

2.1 million Australians of working age (15-64yrs) have a disability.

Almost 90 per cent of disabilities are not visible.  

A disability presents some sort of impairment on a person's mental, sensory, or mobility functions and restricts their ability to undertake or perform a task in the same way as a person who does not have a disability. This does not signify that the person with a disability is unable to perform all important job requirements or exceed the expectations of their employer; there are ways around a disability that allow for effective and efficient employment.

A disability may affect an individual’s mobility, stamina, lifting ability, memory, vision, hearing, speech, comprehension and mood. This may have been caused by an accident, trauma, genetics, birth or disease.

An individual’s disability is always specific to that individual. There is no ‘one method fits all’ approach that can be used to train and assess any learner with a disability. Strategies to accommodate candidates with disabilities undertaking an assessment will need to be customised to meet the needs of that particular learner.

Adjustments in assessment

While adjustments can be made to assessment procedures, the integrity of the unit of competency and/or qualification must be upheld. Learners still need to achieve the standards that employers and training providers expect. A learner with a disability can have training and assessment that is fair depending on the RTO’s attitude, preparation and application of adjustments. This may include:

- allowing additional time or the use of a computer in a written test to complete responses for a candidate who his physically impaired, and that impairment contributes to the time to complete the test
- asking a candidate to record responses on a video or audio tape where they have difficult writing
- using an Auslan interpreter during assessment tasks
- varying an assessment task to produce the same outcomes, but via different methods.

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An example of reasonable adjustment may be where someone is asked to identify an object – this could be done by using all five senses, not just seeing the object (e.g. also using taste, touch and smell when working with food substances or in horticultural disciplines). 


Application

Reasonable adjustments that have been implemented into the training program need to undergo frequent monitoring and evaluation. This is to ensure that at all times the learner has access to the best environment for continuous learning. Some reasonable adjustments may need improving, reinforcing or may only need to be put in place temporarily. These types of adjustments can be deduced through an informal discussion with the learner. However, if adjustments are substantial or the learner is not acquiring the level of competence required for a unit, or part of a unit, a more formal process may be required. This can include:

- the use of performance indicators – the training provider, trainer, learner and workplace should have agreed performance indicators which can be quantified and monitored
- gaining independent support – the involvement of a third party, not connected to the workplace or training provider, may be required
- experimentation – trial and error can be used to find a strategy that works, if the current strategy is not producing required results
- continuing review – formal monitoring processes should be in place to check if adjustments need changing and the degree of change required.

Making adjustments to suit candidates

Candidates have different needs and often training needs to be adjusted to meet these needs. Adjustments can be made to resources, facilities, delivery style and structure of training sessions. RTOs are governed by legislation that allows for the use of ‘reasonable adjustment’ in all training and assessing practices.

‘Reasonable adjustment refers to measures or actions taken to provide a student with a disability the same educational opportunities as everyone else. To be reasonable,

7 The Western Australian Department of Training and Workforce Development has a useful resource ‘Reasonable Adjustment: A practical guide to reasonable adjustment in assessment of candidates with disability in VET’ which provides many practical examples of how reasonable adjustment has been used in different circumstances to cater for different candidate’s needs. It’s available at http://www.velgtraining.com/library/files/Reasonable%20Adjustment.pdf Other states and territories have similar publications.
adjustments must be appropriate for that person, must not create undue hardship for a RTO and must be allowable within rules defined by the training package.9

In practice, this can translate into:

- adjusting equipment or the physical environment
- using personal support services such as Auslan interpreters, carers or readers
- providing specialised equipment
- changing the format and layout of training materials, for example using black and white slides instead of colour, using visuals instead of dense text or providing audio instead of visual information
- allowing breaks for fatigue, medication or toilet use
- changing assessment procedures and timing.

Supports for Aboriginal and/or Torres Strait Islander candidates for assessment

The special needs of Aboriginal and Torres Strait Islander people and communities are recognised as a key focus for this Health Training Package. The issues include:

- potential language and literacy needs that impact both clients and workers in the health sector
- impact of rural and isolated communities and experiences on the training, learning and assessment needs
- need for non-Indigenous trainers and assessors to be aware of the impact of European colonialism on the experiences of Aboriginal and Torres Strait Islander peoples
- the inclusion (by assessors) of methods which refer to community activities and reflect community culture and standards
- need for trainers and assessors to be conscious of community protocols, codes of ethics and guides to consultation with Aboriginal and Torres Strait Islander peoples and communities
- the impact of cultural safety issues on Aboriginal and Torres Strait Islander workers in the health sector, both in their work in Aboriginal and/or Torres Strait Islander communities and in mainstream health sector work.

All these considerations should be made when working to assess Aboriginal and/or Torres Strait Islander candidates.

Remember that in assessing for competency against any HLTAHW unit, there are additional specific requirements for the assessor to support the individual candidate. Even when not assessing against an HLTAHW unit (e.g. a first aid unit or a work health and safety unit) in an Aboriginal and/or Torres Strait Islander Primary Health Care qualification it is good practice to involve an Aboriginal and/or Torres Strait Islander person either as the assessor

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or as support. The University of Ballarat (which offers both tertiary and vocational education and training courses) provides some useful information in this regard\textsuperscript{10}.

Assessing people with low level foundation skills

Many of the strategies that are employed in delivering learning and training to clients with specific LLN needs can be applied to the assessment process. Also, just as candidates with a disability will need specific adjustments to suit their individual needs, learners with specific language, literacy and numeracy needs will need specific assessments and supports. You may need to use a range of tools, each adjusted, to determine the specific needs of the individual candidate. If the assessor has been involved in the training process, he or she will have developed such an understanding, but where an assessor is only engaged for the assessment process, they will need to look to the advice of the trainer and also have their own processes developed to identify LLN needs.

The following are some guidance points:

- Pre entry assessment tests should be customised
- Look at non formal tests and options to gauge LLN levels – a written test or on the spot quiz could be very challenging and intimidating and may undermine the candidate's confidence and impact on performance
- Interviews can be very useful – create a safe place for the candidate to talk openly (but confidentially) about their needs
- If possible, observe the candidate with others and during training to see where their strengths and challenges lie
- Use a range of assessment activities to achieve the same end. For example, can a candidate produce something, or answer questions, rather than write a report about a topic?

To use questioning of candidates effectively, here are some tips:

- Ask one question at a time.
- Order questions logically – make the flow of questions clear to the candidate.
- Be specific and precise with questions – don’t ask for broad descriptions or ask for ‘everything you know’ about a topic.
- Use open ended questions – questions like ‘why’ or ‘tell me how’ allows the candidate to talk at length and be descriptive.
- Adjust your language to the candidate’s level – don’t use words that are unfamiliar or that the candidate would not have heard during training.
- Listen to the responses, and use the responses to lead to more questions – this can build confidence in the candidate e.g. ‘That’s great what you did with Luke, thanks for telling me how you handled that situation. Tell me, why did you choose those specific things?’

\textsuperscript{10} The University of Ballarat Guidelines are found at http://policy.ballarat.edu.au/learning_and_teaching/assessment/assessing_indigenous_learners/ch01.php
• Use constructive feedback in questions.\textsuperscript{11}

\textsuperscript{11} These questions have been adapted from a very useful resource has been created by William Angliss Institute, specific for learners with LLN needs and Indigenous learners. It's available at http://www.angliss.edu.au/industry/well-resources