National Competency Standards For Homoeopathy

October 1999

Prepared by:

Interim Committee for Australian Homoeopathic Standards

18 Pelham Street, Ethelton, South Australia, 5015
Telephone: (08) 8242 3888 Fax: (08) 8449 4107
Email: luna@iweb.net.au
We acknowledge and thank the Community Services and Health Industry Training Advisory Board and the Australian National Training Authority for their support and guidance in the development of these standards.
CONTENTS

ACKNOWLEDGMENTS 1

1.0 INTRODUCTION 3

2.0 PROJECT MANAGEMENT COMMITTEE AND WORKING PARTY MEMBERS 6
  2.1 PAST MEMBERS ................................................................. 6

3.0 INTERIM COMMITTEE FOR AUSTRALIAN HOMEOPATHIC STANDARDS 7
  3.1 PRESENT MEMBERS .............................................................. 7
  3.2 FACILITATORS ........................................................................ 7
  3.3 ASSOCIATIONS AND ORGANISATIONS CONSULTED ABOUT THE
      STANDARDS ........................................................................... 8
  3.4 TRAINING INSTITUTIONS CONSULTED ...................................... 9

4.0 THE ROLE OF THE HOMEOPATH 10
  4.1 PHILOSOPHY STATEMENT (KEY PURPOSE) ................................ 10
  4.2 HISTORY OF HOMEOPATHY IN AUSTRALIA ............................ 10
  4.3 SCOPE OF THE PRACTICE .......................................................... 12

5.0 GENERIC STATEMENTS REGARDING THESE STANDARDS 14

6.0 THE STRUCTURE OF NATIONAL COMPETENCY STANDARDS FOR
      HOMEOPATHY 16
  6.1 A DESCRIPTION OF HOMEOPATHIC HEALTH CARE ........................ 16
  6.2 UNITS, ELEMENTS, PERFORMANCE CRITERIA .......................... 17
  6.3 STREAMS AND QUALIFICATIONS ............................................. 19
  6.4 PACKAGING OF UNITS INTO JOBS ........................................... 20

7.0 AUSTRALIAN QUALIFICATIONS FRAMEWORK (AQF) - GUIDELINES ONLY 21

8.0 ABOUT THESE COMPETENCY STANDARDS 23

9.0 STREAMS EXPLAINED 24
  SPECIFIC CARE STREAM ................................................................. 24
  CLINICAL CARE STREAM ............................................................. 24
  MANAGEMENT AND TEAMS STREAM ........................................... 24
  ADMINISTRATION STREAM ......................................................... 24
  RESEARCH STREAM ..................................................................... 24

10.0 UNITS OF COMPETENCY BY STREAM 25
  SPECIFIC CARE STREAM ................................................................. 25
  CLINICAL CARE STREAM ............................................................. 25
  MANAGEMENT AND TEAMS STREAM ........................................... 26
  ADMINISTRATION STREAM ......................................................... 27
  RESEARCH STREAM ..................................................................... 27
ACKNOWLEDGMENTS

The movement toward setting National Competency Standards for Homœopathy has evolved over a number of years. Its purpose has been to identify the scope of homœopathic practice in Australia and provide a guide for homœopathic associations, training institutions and government bodies about homœopathic practice and training requirements in Australia.

Homœopathic practitioners first identified the need to develop an entry-level competency standard for homœopathy in 1992. The profession recognised that it could benefit from the current process of National Training Reform, and the guidelines of that reform process have become an integral part of the homœopathic profession's move to implement self-regulation.

The profession agreed to the development of national competency standards and after broad consultation with its members has produced the document, National Competency Standards for Homœopathy. These standards were developed through a process of functional analysis workshops focusing on the skills that a homeopath requires to safely and effectively practice as a primary health care practitioner.

These standards will provide a nationally consistent approach towards both the recognition of competency in the practice of homœopathy, and to the education and training requirements of the profession. This will allow for articulation between courses run by different training establishments. It will put in place a system capable of recognising both prior learning and the need for continued professional development.

The National Competency Standards for Homœopathy have been prepared with the assistance of many people. The Interim Committee for Australian Homœopathic Standards (ICAHS), formerly the Project Management Committee (PMC), wishes to express thanks to the many who gave feedback on the draft documents at various stages in their formulation and also to those who took part in the validation workshops. Particular appreciation goes to the following people in recognition of their contribution:

- Meredith Norman, initial co-ordinator of the Project Management Committee
- Snehi Jarvis, co-ordinator of the Project Management Committee, initial co-ordinator of the Interim Committee for Australian Homœopathic Standards, project officer for the validation process and co-editor of the draft document
- Julia Twohig, co-ordinator of the Interim Committee for Australian Homœopathic Standards, for production of the information sheet for the validation workshops, for preparation of the Submission document, for co-editing the draft documents and editing of the final document
- Dr Michael Tomlinson for editorial supervision of pre-validation documents
- John Frances Hatchard for document introduction preparation
- George Christinsson and Valerie Flockhart for assistance with editing
- Michelle Mullaney, for design, formatting and secretarial work on the draft documents
- Ann Pattie for secretarial skills
- John Maitland, for assistance with the development of the submission document
- Prue Madsen, Community Services and Health Industry Training Advisory Board, South Australia
- Maria Quinn for updating the final document
- Sue McCormick for assisting in the editing of the final document
- Gail Sanderson and Karen Buchman of Queensland Community Services and Health Industry Training Advisory Board
- Sandra Parker of Standards and Curriculum Council
• Ron North, Standards Development Executive, Australian National Training Authority and State Training Authority Queensland
• Sally Davis, Susan Harris and Lorraine Wheeler of the Community Services and Health National Industry Training Advisory Board and their staff
• Cheryl Leary, Australian National Training Authority
• Wendy Katz, Australian National Training Authority
• Kevin Matters, Australian National Training Authority
• Andre Lewis, Australian National Training Authority
• Marcia Gleeson, Australian Nurses Federation
• Mary Finlay of Community Services and Health Industry Training Advisory Board ACT for facilitating the validation workshops
• Dayle Smith, legal advice
• John Quigley of Quigley Associates for technical support
• Daniel Noone for technical support
• All the practitioners and interested parties who submitted comments on the pre-validation draft document. Many thanks for your time, energy and commitment in assisting the committee in the production of these standards
• All working party members and members of both the Project Management Committee and the Interim Committee for Australian Homoeopathic Standards, past and present. This major collective work could not have happened without your tireless perseverance. The unity that arose from the co-operative sharing, despite philosophical differences and diverse approaches, was the inspiration behind our achievement.
1.0 INTRODUCTION

Early in 1994, the Australian Council for Homoeopathy (ACH), representing four of the then nine homoeopathic associations, submitted a document relating to the practice of homoeopathy in Australia to the National Community Services and Health Industry Training Advisory Board Limited (NCS&HITAB), in Sydney. This document, entitled “Professional Competency Standards”, was not endorsed as a national competency standard, principally because it did not have input from, and support of, all interested parties.

That same year, a group of homoeopathic educational institutions around the country initiated national dialogue to discuss the setting of competency standards for homoeopathy. A teleconference was held on the 19th June 1994 involving Geoff Hawke, the CEO of NCS&HITAB. The homoeopathic profession was advised to begin the process of developing national competency standards. Broad areas of agreement were reached and this conference unanimously agreed to pursue the development of competency standards and to set up regional working parties directed by a PMC.

The regional working parties included practitioners, students, training providers, representatives from homoeopathic associations and allied industries, and members of the public. Representatives from the working parties formed the PMC. The PMC worked together with the professional homoeopathic associations, the working parties and NCS&HITAB.

In July 1995, the PMC made formal application to the NCS&HITAB as the appropriate organisation to oversee the development of competency standards. The development process followed the “Guidelines for the Development of National Competency Standards for Community Services and Health”.

In October 1995, representatives of the ACH expressed a wish to become involved in the process. On 2nd December 1995, representatives of all of the professional homoeopathic associations met in Brisbane.

One-day functional analysis workshops were conducted in some States, facilitated by State Industry Training Advisory Board personnel. This stage of the process resulted in a first draft of the National Competency Standards for Homoeopathy, based upon a set of State accredited competencies for homoeopathy, compiled by the Adelaide College of Complementary Medicine.

Representatives of all professional homoeopathic associations attended a further two-day workshop in Sydney commencing 15th June 1996. This workshop formulated the extended and fully representative PMC, and was facilitated by Ron North, Standards Development Executive of the Australian National Training Authority (ANTA).

At this meeting, additional areas of competency were identified and the range and scope of the units of competency was expanded. The PMC was informed that certain generic competency standards deemed relevant to homoeopathic practice could be adopted for incorporation in the final document. These units were added, taking the total number of units to fifty-four.

The development of the work initiated in Sydney continued and progress reports were widely circulated within the profession. Associations were invited to encourage as much member participation as possible. Individual practitioners were informed through association newsletters and professional journals. Progress reports were given and discussion was encouraged at all branch meetings. Each stage of writing was circulated in
draft form. Feedback was carefully collated and re-circulated until consensus was reached.

On 7th-8th September 1996, another PMC workshop was held in Melbourne to review the work completed during the previous three months. Units of competency were subjected to intense scrutiny. Content and wording of elements, performance criteria and range of variables were agreed upon. Each unit was placed within a Mayer Key Competency matrix and designated as either core, elective or specialisation. There was initial discussion concerning the levels of the Australian Standards Framework, followed by suggested guidelines for the Australian Qualifications Framework.

Composition of the standards was progressed during another two-day workshop in Sydney on 2nd-3rd November 1996. The PMC decided that the document was at a stage that justified presentation to the profession for validation. While professional homoeopathic associations had been regularly informed and consulted, the PMC wanted the profession to have an opportunity to view the completed draft document and make further comment.

Mary Finlay of Community Services and Health Industry Training Advisory Board, ACT, was contracted to facilitate the national validation workshops held in each State during March 1997.

All known professional homoeopaths were invited to the validation workshops; approximately two thousand sets of information were distributed nationally. The naturopathic associations, including the Australian Traditional-Medicine Society, the Australian Natural Therapies Association and the Association of Traditional Health Practitioners, were invited to comment and attend the State workshops, along with private colleges, TAFE and the State ITABS. The PMC received over fifty letters from these groups and other individuals in response.

The recommendations from the feedback letters and the workshops were formulated by Mary Finlay and her report was presented to the PMC at a workshop held in Brisbane, May 2nd-3rd 1997. As a result of these recommendations, the document was again updated.

The PMC was disbanded on completion of its brief and the Interim Committee for Australian Homoeopathic Standards (ICAHS) was formed in its place.

The function of ICAHS is to facilitate:
- endorsement of the National Competency Standards for Homoeopathy and review of the endorsed document, up to and including the first review
- development of training packages
- formulation of guidelines for recognition of prior learning
- lobbying of health funds for rebates.

This has been a self-funded project. Funding has not been available through the NCS&HITAB, but the Board, in particular its Chief Executive Officer, has offered ongoing advice and guidance in the development of the standards. As a result of budgetary constraints and in view of the considerable distances involved in bringing parties to the discussion, the research methods had to allow for maximum participation with minimal travel costs.

Every effort has been made to contact all identifiable professional homoeopathic associations and training institutions to make them aware of the process and development of standards. They were invited to participate and provide feedback throughout the drafting process.
These standards will be used to develop training, to assess practitioners and their staff, and to promote quality service delivery. The endorsed standards will be reviewed by March 2001, unless incorporated into the Health Training Package before this time.

This document includes both the units of competency and information that will help you to understand their construction and application.

If you have been involved in the lengthy process of development of these standards, we hope you will be satisfied with the results. These competency standards belong to the homoeopathic profession and will be continually reviewed and improved in line with the needs and wishes of practitioners. Whatever your role within the homoeopathic profession, we trust you will find this a valuable document that will help you, your colleagues and your community.

Julia Twohig  
Snehi Jarvis

Co-ordinator  
ICAHS

Past co-ordinator  
ICAHS
### 2.0 PROJECT MANAGEMENT COMMITTEE AND WORKING PARTY MEMBERS

#### 2.1 PAST MEMBERS

<table>
<thead>
<tr>
<th>Representing</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA Inc (SA)</td>
<td>Meredith Norman</td>
<td>44 Colton Ave, Magill SA 5072</td>
</tr>
<tr>
<td></td>
<td>Co-ordinator June 94-May 96</td>
<td></td>
</tr>
<tr>
<td>AHA Inc (NSW)</td>
<td>Stephen McDonald</td>
<td>67 Yillowa St, Auburn NSW 2144</td>
</tr>
<tr>
<td>AHA Inc (SA)</td>
<td>Julia Twohig</td>
<td>18 Pelham St, Ethelton SA 5015</td>
</tr>
<tr>
<td>AHA Inc (VIC)</td>
<td>Ray Lavery</td>
<td>PO Box 324, Eltham VIC 3095</td>
</tr>
<tr>
<td>AHA Inc (WA)</td>
<td>Maranatha Emmanuel</td>
<td>PO Box 1433, Midland, WA 6936</td>
</tr>
<tr>
<td>AAPH Inc</td>
<td>Dr Martyn Harper</td>
<td>2 Brisbane Rd, East Ipswich QLD 4305</td>
</tr>
<tr>
<td>AAPH Inc/HERA</td>
<td>Regina Malia</td>
<td>84 LaTrobe Tce, Paddington QLD 4064</td>
</tr>
<tr>
<td>AAPH Inc</td>
<td>Dr Lawrence Vanniekerk</td>
<td>PO Box 5042, Daisy Hill QLD 4127</td>
</tr>
<tr>
<td>AFH Inc (QLD)</td>
<td>John Outram</td>
<td>34 Alexandra Rd, Ascot QLD 4007</td>
</tr>
<tr>
<td>AFH Inc (WA)</td>
<td>Dennis Morris</td>
<td>Suite 14, London Circuit, Perth WA 6000</td>
</tr>
<tr>
<td>AFH Inc (QLD)</td>
<td>Jana McElraine</td>
<td>2/6 Dell Rd, St Lucia QLD 4067</td>
</tr>
<tr>
<td>AMFOH</td>
<td>Dr Nick Goodman</td>
<td>PO Box 494, Lindfield NSW 2070</td>
</tr>
<tr>
<td>HANSW</td>
<td>Ken D'Aran</td>
<td>Suite 3, 9/60 Pitt St, Sydney NSW 2000</td>
</tr>
<tr>
<td>HANSW</td>
<td>John Maitland</td>
<td>110 Queenscliffe, Woodbine NSW 2560</td>
</tr>
<tr>
<td>HANSW</td>
<td>Jane Routledge</td>
<td>19 Young St, Sylvania NSW 2224</td>
</tr>
<tr>
<td>HANSW</td>
<td>Peter Tuminello</td>
<td>PO Box 448, Leichardt NSW 2040</td>
</tr>
<tr>
<td>OHRF (WA)</td>
<td>John Francis Hatchard</td>
<td>656 Obrien Rd, Gidgegannup WA 6083</td>
</tr>
<tr>
<td>PACH (SA)</td>
<td>Graeme Gummow</td>
<td>3/297 Montacute Rd, Newton SA 5074</td>
</tr>
<tr>
<td>PACH (SA)</td>
<td>Sandra Gummow</td>
<td>3/297 Montacute Rd, Newton SA 5074</td>
</tr>
<tr>
<td>AFH Inc (QLD)</td>
<td>Snehi Jarvis</td>
<td>38 Nelson St, Golden Beach QLD 4551</td>
</tr>
<tr>
<td></td>
<td>Co-ordinator June 96-July 97</td>
<td></td>
</tr>
<tr>
<td>AHA Inc (NSW)</td>
<td>Stephen McDonald</td>
<td>67 Yillowa St, Auburn NSW 2144</td>
</tr>
<tr>
<td>AHA Inc (SA)</td>
<td>Julia Twohig</td>
<td>18 Pelham St, Ethelton SA 5015</td>
</tr>
<tr>
<td>AAPH Inc</td>
<td>Dr Martyn Harper</td>
<td>2 Brisbane Rd, East Ipswich QLD 4305</td>
</tr>
<tr>
<td>AAPH Inc</td>
<td>Dr Lawrence Vanniekerk</td>
<td>PO Box 5042, Daisy Hill QLD 4127</td>
</tr>
<tr>
<td>AMFOH</td>
<td>Dr Nick Goodman</td>
<td>PO Box 494, Lindfield NSW 2070</td>
</tr>
<tr>
<td>HANSW</td>
<td>Ken D'Aran</td>
<td>Suite 3, 9/60 Pitt St, Sydney NSW 2000</td>
</tr>
<tr>
<td>HANSW</td>
<td>John Maitland</td>
<td>110 Queenscliffe, Woodbine NSW 2560</td>
</tr>
<tr>
<td>HANSW</td>
<td>Jane Routledge</td>
<td>19 Young St, Sylvania NSW 2224</td>
</tr>
<tr>
<td>HANSW</td>
<td>Peter Tuminello</td>
<td>PO Box 448, Leichardt NSW 2040</td>
</tr>
<tr>
<td>OHRF (WA)</td>
<td>John Francis Hatchard</td>
<td>656 Obrien Rd, Gidgegannup WA 6083</td>
</tr>
<tr>
<td>PACH (SA)</td>
<td>Graeme Gummow</td>
<td>3/297 Montacute Rd, Newton SA 5074</td>
</tr>
<tr>
<td>ACH/HERA</td>
<td>Michael Higgenson</td>
<td>128 The Avenue, Ocean Grove, VIC 3226</td>
</tr>
<tr>
<td>AFH Inc (WA)</td>
<td>Michael Blanch</td>
<td>14/14 Napoleon St, Cottesloe WA 6011</td>
</tr>
<tr>
<td>AHA Inc (VIC)</td>
<td>Don Bright</td>
<td>1/19 St Huberts Rd, Carnegie VIC 3163</td>
</tr>
<tr>
<td>AHA Inc (NSW)</td>
<td>Phillip Robbins</td>
<td>40 Esmonde St, Lismore NSW 2480</td>
</tr>
<tr>
<td>AHA Inc (QLD)</td>
<td>Valerie Flockhart</td>
<td>12 Canberra Ave, Ashgrove QLD 4060</td>
</tr>
<tr>
<td>AHA Inc (VIC)</td>
<td>Dr Michael Tomlinson</td>
<td>16 Maimsbury St, Hawthorn VIC 3122</td>
</tr>
<tr>
<td>AHA Inc (QLD)</td>
<td>Mitta Parmar</td>
<td>362 Water St, Fortitude Valley QLD 4006</td>
</tr>
<tr>
<td>AFH (QLD) Inc</td>
<td>Tony Pizzino</td>
<td>50 Emperor St, Annerley QLD 4103</td>
</tr>
<tr>
<td>AIH</td>
<td>Alan Jones</td>
<td>75 Archer Street, Chatswood NSW 2067</td>
</tr>
<tr>
<td>HERA (VIC)</td>
<td>Jenny Dineen</td>
<td>1st Floor, 151 Union St, Windsor VIC 3181</td>
</tr>
<tr>
<td>HERA (VIC)</td>
<td>Rene Roth</td>
<td>1st Floor, 151 Union St, Windsor VIC 3181</td>
</tr>
<tr>
<td>HERA (VIC)</td>
<td>Kerin Sheard</td>
<td>1st Floor, 151 Union St, Windsor VIC 3181</td>
</tr>
</tbody>
</table>
3.0 INTERIM COMMITTEE FOR AUSTRALIAN HOMOEOPATHIC STANDARDS

3.1 PRESENT MEMBERS

<table>
<thead>
<tr>
<th>Representing</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA Inc (SA)</td>
<td>Julia Twohig</td>
<td>18 Pelham St, Ethenlon SA 5015</td>
</tr>
<tr>
<td></td>
<td>Co-ordinator Aug 97- current</td>
<td></td>
</tr>
<tr>
<td>AAPH Inc</td>
<td>Dr Martyn Harper</td>
<td>2 Brisbane Rd, East Ipswich QLD 4305</td>
</tr>
<tr>
<td>AAPH Inc</td>
<td>Dr Lawrence Vanniekerk</td>
<td>PO Box 5042, Daisy Hill QLD 4127</td>
</tr>
<tr>
<td>AMFOH</td>
<td>Dr Nick Goodman</td>
<td>PO Box 494, Lindfield NSW 2070</td>
</tr>
<tr>
<td>AHA Inc (NSW)</td>
<td>Phillip Robbins</td>
<td>40 Esmonde St, Lismore NSW 2480</td>
</tr>
<tr>
<td>AHA Inc (QLD)</td>
<td>George Christinson</td>
<td>65 Broseley Tce, Toowong QLD 4066</td>
</tr>
<tr>
<td>HERA (VIC)</td>
<td>Lorraine Morley</td>
<td>61 Garrick St, Coolangatta QLD 4225</td>
</tr>
<tr>
<td>AHA Inc (VIC)</td>
<td>Dr Michael Tomlinson</td>
<td>16 Malmsbury St, Hawthorn VIC 3122</td>
</tr>
<tr>
<td>AHA Inc (VIC)</td>
<td>Yudith Enya-Scholte</td>
<td>44 The Avenue, Ferntree Gully VIC 3158</td>
</tr>
<tr>
<td>AHA Inc (WA)</td>
<td>Barbara Swingler</td>
<td>34 Swanson Way, Ocean Reef WA 6027</td>
</tr>
</tbody>
</table>

3.2 FACILITATORS

- Geoff Hawke, National Community Services and Health Industry Training Advisory Board (June 1994)
- Gail Sanderson, Executive Director, Queensland Community Services and Health Industry Training Advisory Board
- Ron North, Standards Development Executive, Australian National Training Authority, State Training Authority, Queensland
- Mary Finlay, Community Services and Health Industry Training Advisory Board, ACT
- Prue Madsen, Community Services and Health Industry Training Advisory Board, SA
3.3 ASSOCIATIONS AND ORGANISATIONS CONSULTED ABOUT THE STANDARDS

All identifiable homœopathic associations and homœopathic organisations involved in the regulation of homœopathy in Australia were contacted and given the opportunity to participate in the development of these standards.

Associations

- Australian Association of Professional Homœopaths Inc
- Australian Federation of Homœopaths (Queensland) Inc
- Australian Federation of Homœopaths (WA) Inc
- Australian Homœopathic Association Inc:
  - Australian Homœopathic Association Inc, NSW Branch
    (formerly Australian Federation of Homœopaths, NSW)
  - Australian Homœopathic Association Inc, Queensland Branch
  - Australian Homœopathic Association Inc, SA Branch
    (formerly Australian Federation of Homœopaths, SA)
  - Australian Homœopathic Association Inc, Victoria Branch
    (formerly Australian Federation of Homœopaths, Victoria)
  - Australian Homœopathic Association Inc, WA Branch
- Australian Medical Faculty of Homœopaths
- Homœopathic Association of NSW
- Homœopathic Education and Research Association (Vic) Inc
- Oceanic Homœopathic Research Foundation (WA) in association with the Australian Homœopathic Association, WA
- Professional Association of Classical Homœopaths (SA).

Note: During 1997-1998, the Australian Homœopathic Association Qld, the Homœopathic Association of NSW, the Australian Federation of Homœopaths Qld Inc and the Australian Federation of Homœopaths WA Inc amalgamated with the Australian Homœopathic Association Inc.

Organisations

- Australian Council for Homœopathy
- Australian Institute of Homœopathy
- Brauer Biotherapies - Pharmaceutical Company
3.4 TRAINING INSTITUTIONS CONSULTED

Adelaide College of Complementary Medicine
(formerly South Australian College of Classical Homoeopathy)
3/279 Montacute Road, Newton SA 5072

Australian College of Natural Medicine
362 Water Street, Fortitude Valley QLD 4006

Homoeopathic College of Victoria
1st Floor, 151 Union Street, Windsor VIC 3181

Northern Rivers College of Homoeopathy
40 Esmonde Street, Lismore NSW 2480

Oceanic Institute of Classical Homoeopathy
PO Box 1433, Midland WA 6936

Victorian College of Classical Homoeopathy
20 Albert Street, Blackburn VIC 3130

Sydney College of Homoeopathic Medicine
PO Box 448, Leichhardt NSW 2040

Stephen Simpson Homoeopathic Medical School
80 Essendon Road, Anstead QLD 4078

Melbourne College of Homoeopathy
1st Floor, 368 Elizabeth Street, Melbourne VIC 3000
4.0 THE ROLE OF THE HOMŒOPATH

4.1 PHILOSOPHY STATEMENT (KEY PURPOSE)

Homœopathy is a system of therapeutics based on the principle of the Law of Similars. This requires the selection and prescription of a remedy (medication) which, through prior testing on healthy people and from clinical experience and observation, is known to be capable of producing symptoms similar to the symptom picture of the patient. The remedy is prescribed in the minimum dose required to bring about (stimulate) healing. This therapeutic methodology in no way limits the scope of homœopaths in the provision of ancillary or emergency care, where this accords with homœopathic principles and is required for the well-being of the patient.¹

4.2 HISTORY OF HOMŒOPATHY IN AUSTRALIA

Homœopathy has been practiced in Australia for over 140 years and the present movement towards the adoption of national competency standards is best understood within the context of that history. It is a very significant step for both self-regulation of the profession and in gaining greater public acceptance of the contribution that homœopathy can make to health care.

The adoption of national competency standards will not, however, be the first important form of recognition received by homœopathy in this country.

Throughout its 200-year continuous existence world wide, homœopathy has experienced periods of both support and opposition from the medical establishment, and recognition from governments (e.g. since its inception in 1948, homœopathy has been part of the National Health Service of Great Britain). Even when attacked or threatened with obscurity, there has always been a small, dedicated band of practitioners who have kept homoeopathy alive. Australia has been no exception to this experience.

In Melbourne and Sydney, homœopathy was formally introduced through Homœopathic Dispensaries, set up initially to help the poor and sick. The energy of those involved resulted in the establishment of a Homœopathic Hospital in each city - Melbourne in 1882 and Sydney in 1901. The Governor of Victoria laid the foundation stone of the Melbourne Hospital. The success of these ventures is evidenced by the treatment of 100,000 cases in the Melbourne Dispensary and Hospital over a 25-year period up to 1901.

Financing in both cities was largely by public subscription and bequests. The conventionally trained doctors embraced homœopathy as their preferred mode of treatment and patient care, yet the number of such doctors was always small.

Homœopathy was also practiced in Brisbane and Hobart from the mid-nineteenth century onward and journals such as 'The Australian Homœopathic Progress' (written for the public), and 'Australian Homœopathic Medical Gazette' (written for professional homœopaths) appeared during the last quarter of the nineteenth century.
In South Australia homœopathy was practiced from the time of first European settlement and was initially concentrated in the areas settled by German immigrants.

By World War II, homoeopathy was declining within the official environment, and this decline was hastened by the advent of antibiotics. A very small number of individual

¹ Reference: Australian Council for Homœopathy, 1994
doctors continued to provide homoeopathic treatment, but there was little interest within the medical profession in sustaining homoeopathy's contribution to health care.

The role of the professional homoeopath now became crucial. Small numbers of such practitioners continued to practice throughout Australia, especially in the capital cities, and homoeopathy became increasingly associated with the concept of natural therapies.

With regard to training and education in homoeopathy, the majority of these practitioners were largely self-taught and some had received training overseas. Their continued existence is a testimony to their success as practitioners.

This success led to small numbers of people wanting to receive training in homoeopathy and a few practitioners began to offer courses. There were, of course, neither common standards nor avenues of registration, and emerging courses and colleges depended upon personal levels of integrity and professional attitudes to ensure that reasonable standards were set.

During the 1980s, standards of homoeopathic practice and education continued to improve and, within the last decade, homoeopathy began receiving forms of government recognition. This included accreditation of homoeopathy courses by the Vocational & Educational Training sector, and as a consequence financial assistance (i.e., Austudy/Abstudy) became available to eligible students.

Another form of recognition has been the decision by a number of Health Funds to offer rebates for homoeopathic consultations if the practitioner is a professional member of a homoeopathic or naturopathic association.

Further recognition comes from the growing links between existing homoeopathy and natural therapy colleges with the university and TAFE systems and the development of degree courses by private training providers. Examples are:

- the Bachelor degree in homoeopathy offered by the Australian College of Natural Medicine in Brisbane and the Melbourne College of Natural Medicine
- the Advanced Diploma in homoeopathy offered through the Queensland TAFE system and other private training providers
- the homoeopathic units in Southern Cross University's Naturopathy degree

Many training providers are also negotiating cooperative teaching arrangements with Universities.

It has been necessary to provide this brief historical background to highlight the nature and degree of recognition already received by homoeopathy in Australia and, in so doing, to appreciate the significance of the development of the National Competency Standards for Homoeopathy.

The endorsement of National Competency Standards for Homoeopathy will ensure a common standard of practice across Australia, play a key role in the development of a national register of practitioners, and ensure consistency in the provision of homoeopathic education.
Most homœopaths currently practicing in Australia are professionals who have trained outside the conventional medical system. However, it is significant that both the PMC and ICAHS have included representatives from the Australian Medical Faculty of Homœopathy.

It is also significant that the development of the National Competency Standards for Homœopathy has been initiated, funded and driven by homœopaths, rather than by training providers or other stakeholders.

Despite diversity in philosophical interpretation and consequent emphasis in practice, it has been possible for the profession to unite for the purpose of developing competency standards. The endorsement of the National Competency Standards for Homœopathy is a significant step towards recognition of homœopathy and reflects a maturing of the profession in Australia.

4.3 SCOPE OF THE PRACTICE

At the present time homœopaths work in all the major towns and cities of Australia as primary health care practitioners. They offer a unique, specialised, and holistic approach to health and preventative health care. They are often the preferred choice as general health practitioners and may be the only provider of health care for some members of the community. Many members of the public also choose to consult homœopaths in conjunction with a broad range of other treatment options. Most homœopaths are self-employed in private, clinical practice.

The term "homœopathy" literally means "similar suffering" and refers to a system of medical treatment that was initially developed by a German physician, Dr Samuel Hahnemann, in the 18th century. Homœopathy was first practised in Germany, and subsequently in other European countries, the United Kingdom, India, and the United States of America. Homœopathy is now a respected health care option available in many other countries around the world, including South Africa, New Zealand, Canada, Israel and Australia and is recognised as such by the World Health Organisation.

While the prescription of a homœopathic remedy is the primary therapeutic discipline, other approaches such as nutritional guidance, personal hygiene, and the use of counselling and communication skills are integral to the therapeutic approach employed by homœopaths.

This means there are many factors influencing just what the homœopath does in day to day practice. Their role is varied and complex, offering their services to every member of the community, irrespective of age, gender, ethnic background, socio-economic status, etc., being concerned with the health of individuals and the community. There is some scope to specialise in areas such as paediatrics or midwifery where practitioners have qualifications from those disciplines.
At the time of introduction of the standards, the homoeopaths presently practising throughout Australia vary widely in their knowledge and application of basic medical sciences, as well as in homoeopathic case analysis and management. The standards were written with the following directive in mind: 'Competency standards should be related to realistic workplace practices, they are not an opportunity to define the "ideal" practitioner but should reflect what is accepted in the industry as "good practice". However, it should also be remembered that these standards will be applied to future training programs. As such, 'the standards have to have something of a future orientation without merely crystal ball gazing'^2. Rather than expressing a "wish list" of skills, standards should reflect actual competencies required at a particular level of work, i.e. they should be achievable. Standards are based on the competencies required for a particular level, now and in the future^3.

---


5.0 GENERIC STATEMENTS REGARDING THESE STANDARDS

Application of the National Competency Standards for Homœopathy will:

- **Provide Clarification of Workplace Practices for the Homœopath**
  The National Competency Standards for Homœopathy will provide a definition of the standards of practice within the homœopathy profession in Australia, and allow communication of these standards to individuals, administrative bodies, training institutions, governments and the public. This has been a unique opportunity to develop these definitions for the profession. Furthermore the standards will be owned by the profession and can be modified, as required, to reflect the changing practice of homœopathy in Australia.

- **Establish a Starting Point for Curriculum Development**
  National Competency Standards specify what workers within the homœopathic profession should be able to do, without specifying how this is to be achieved. In this way the profession makes a valuable contribution to course development, while still allowing education providers the flexibility and freedom to develop courses, while remaining in alignment with the standards. Taking the National Competency Standards for Homœopathy into account in curriculum development will facilitate the acceptance of graduates into the profession.

  - Existence of standards will encourage a more structured dialogue between education providers to facilitate greater alignment between their courses, which will allow more accurate application of recognition of prior learning criteria to students wishing to transfer between courses. The matrix format will also allow for cross-industry articulation.

  - Establish a basis for further education by defining the entry level to the profession, a clear starting point can be identified for continuing professional education, higher education programs, research opportunities, and career pathways to a higher education.

- **Establish a Mandatory Benchmark for the Registration of ANTA Registered Courses**
  Endorsement of a National Competency Standard for Homœopathy sets a benchmark for training providers seeking to establish curricula for Government accreditation of courses.

- **Provide an Underpinning of Safe Practice for the Public**
  Compared to most other medicines, homœopathic remedies are relatively safe, with a low side effect profile resulting from their use, which is usually in a greatly diluted form. The main risk to the public arises from the practitioner's failure to diagnose an underlying condition and/or otherwise preventable progression of disease, if there is a lack of response to homœopathic treatment. In 1999, most homœopathy courses in Australia do not have access to the resources that would allow physical examination and western medical diagnostic skills to be taught to the competence achieved in medical schools. Units 12 and 13 have been included, as the competence required to screen patients is essential in order to avoid the above risk.
The following statements apply to every unit in these standards

- Social Context
The National Competency Standards for Homoeopathy are based upon acknowledgement and support of the diverse cultural and traditional values of the communities that homœopaths and their assistants work in. Their behaviour and practice must be culturally sensitive and supportive of traditional healing and health, knowledge and practices.

- Professional Control
Consultation with and the participation of fellow professionals in decision making is essential to all aspects of health work, and the role of the homœopath is to support the community in this process.

- Supervision
In this document, references to supervision describe supervision of work by more experienced practitioners, supervisors, managers of other health professionals, either directly or indirectly and also include peer consultation.

- Legislative Requirements
Clinical practice may be governed by Federal, State or Territory Legislation, which defines workers’ roles and responsibilities. Implementation of the National Competency Standards for Homoeopathy must reflect the legislative framework in which a homœopath operates. This may reduce the range of variables in practice and assessment. Lack of resources, remote locations and community needs often require homœopaths to operate in situations which do not constitute “usual practice”. Because of this some homœopaths may need to possess more competencies than described by “usual practice circumstances”. Lack of resources, or the environment, in which the homœopath works, does not negate the requirement for the worker to work within a legislative framework.
6.0 THE STRUCTURE OF NATIONAL COMPETENCY STANDARDS FOR HOMEOPATHY

6.1 A DESCRIPTION OF HOMEOPATHIC HEALTH CARE

Competency Standards describe the knowledge, skills and personal attributes needed for an area of work. Competency is a broad area that includes all aspects of work including:

- skills to perform particular tasks
- management of a number of different tasks/activities within a job
- responding to problems and non-routine events, and
- dealing with all the aspects of the workplace including working with others.

The standards, written using a progressive model, do not directly relate to one particular job classification or to work in one particular situation. They describe what is commonly needed to work within a homeopathic clinic, in very different locations, with different communities and patients. Every worker is not expected to have the same knowledge or do the same work. Homeopathy is a complex therapeutic discipline with a variety of approaches within one fundamental philosophy. The standards are written to reflect the commonalities of the varying approaches. This has resulted in the standards being written in broad generic terms.

This progressive model, beginning with a group of core units, is built upon at each higher qualification. In addition, elective and specialisation groups of units are added for higher qualifications.

The National Competency Standards for Homeopathy are not meant to describe everything that everyone who works in a homeopathic clinic does. Rather, it describes a range of skills, knowledge and personal attributes, which can be used to design training courses and assess a worker’s level of competence, however that has developed.
Competency standards are written in a particular way.

A general area of competence is called a **UNIT**

Every unit describes a complete "set" of skills and tasks that are needed to do part of a job. A fully competent person will have all the skills of a unit.

**ELEMENTS** are lists of outcomes, which make up the unit. All the elements together fully describe the unit, or the general area of competence.

**PERFORMANCE CRITERIA** specify the level of performance required of the worker.

They detail how we can "see" the job is being performed correctly...what the worker will actually do to achieve the outcome, which the elements describe.

The **RANGE OF VARIABLES** specify the situations in which work must be performed.

Words used in the unit, element or performance criteria may also be "defined" in the range of variables, to ensure all readers will have the same understanding of the unit.

The **EVIDENCE GUIDE** will list the underpinning knowledge and skills that a worker needs to perform the tasks of the unit effectively.

The way in which the unit should be assessed will also be specified in this section.
**SELECT THE HOMŒOPATHIC TREATMENT**

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance Criteria</th>
</tr>
</thead>
</table>
| Select the remedy     | - The phase requiring attention is identified depending on acute, chronic, miasmatic or untreated presenting picture.  
                        | - Possible remedies from a sufficiently wide range of remedies are considered.  
                        | - Assess and differentiate the possible remedies from an understanding of their homoeopathic symptomatology.  
                        | - The remedy is selected according to the phase (opening prescription).  
                        | - The remedy is selected according to the Law of |
6.3 STREAMS AND QUALIFICATIONS

Units that are similar are grouped into STREAMS. This is just to make the units easier to find, and easier to compare with one another.

STREAMS

Some similar units will describe work for different QUALIFICATIONS that are usually undertaken by different workers. If the work is harder, requires more knowledge and skills, or if the worker has less support to do the work, then the work will be seen to be at a higher level. Lower level work is less difficult, requires less knowledge and experience and will be carried out by workers who have more support.

How Streams and Qualifications Fit Together

Streams of Units

Clinical Care Specific Care Management & Teams

D. eg: HOMŒOPATH WITH SPECIALISATION ADVANCED DIPLOMA
C. eg: HOMŒOPATH DIPLOMA
B. eg: HOMŒOPATHS ASSISTANT CERTIFICATE IV
A. eg: RECEPTIONIST CERTIFICATE III
6.4 PACKAGING OF UNITS INTO JOBS

The *National Competency Standards for Homoeopathy* describes the work done by many workers in clinical practice - not by just one worker. Many different jobs are described by these standards. Most workers will have a job that fits into one QUALIFICATION, and will need units from most or all of the streams at that qualification.

All the units at a qualification describe more than one job, and some units will describe work done in many jobs.

Some workers will need most units from one qualification, and some units from other qualifications.

**Units Are Grouped Together Into Jobs**
7.0 AUSTRALIAN QUALIFICATIONS FRAMEWORK (AQF) - GUIDELINES ONLY

The qualifications are a guide only and can only exist after the training course developed meets the National Competency Standards and has been accredited.

- Certificate III - AQF3
- Certificate IV - AQF4
- Diploma - AQF5
- Advanced Diploma - AQF6

Each qualification has been divided into:
- Specific Care
- Clinical Care
- Management and Teams
- Administration and Research

The units are divided into:
- Core
- Elective or Specialisation units.

The packaging guidelines detail the particular core, elective and specialisation units required to be deemed competent at that qualification.

Each qualification has been divided into: specific care, clinical care, management and teams, administration and research. The units are divided into core, elective and specialisation units.

Certificate III requires the worker to demonstrate basic operational knowledge, applying a defined range of skills, a defined set of solutions and operate within a minimum range of options for task completion. The worker must know how to assess and record information from a variety of sources and will have limited responsibilities. The development of training packages will ensure that the learning outcomes arising will enable the trainee to demonstrate competence at the completion of training.

Certificate IV requires the worker to demonstrate an ability to use some theoretical concepts and apply a broad-based knowledge. They must be able to problem solve in unpredictable situations and analyse and evaluate the information. The skill base of these workers has to include the ability to identify the need and apply the skill to a wide range of contexts with depth, in some areas. They must be able to take responsibility for both quality and quantitative output both of themselves and others. The development of a training package will ensure that the learning outcomes arising will enable the trainee to demonstrate competence at the completion of training.
**Diploma** requires the worker to demonstrate an ability to comprehend and use a broad base of knowledge that includes a substantial appreciation of theoretical concepts in a wider area than the above qualifications. They must be able to analyse and plan both from a technical and management standpoint. The theoretical concepts must be transferred and used in a wide range of situations, with the ability to evaluate, forecast, plan and research information. The parameters for the qualitative and quantitative responsibilities for the workers at this qualification will be broader than the above. There will be limited responsibility for group outcome achievements. The development of training packages will ensure that the learning outcomes arising will enable the trainee to demonstrate competence at the completion of training.

Advanced Diploma requires the worker to demonstrate an ability to understand and apply knowledge from a broad and specialised base. They must be able to analyse, diagnose, design and execute judgements across a broad range of both technical and managerial situations. A wide range of conceptual skills and specialisation techniques will have to be demonstrated with the ability to apply and analyse abstract concepts, resulting in the generation of ideas. Accountability both for self and group activity, with broad parameters for personal output will have to be demonstrated. The development of a training package will ensure that the learning outcomes arising will enable the trainee to demonstrate competence at the completion of training.
8.0 ABOUT THESE COMPETENCY STANDARDS

Who These Standards Apply To
These standards describe the work that homoeopaths and their assistant workers do. They must be flexible enough to meet the varied needs of all workers in homoeopathic practice and their communities in all parts of Australia.

What the Competency Standards Are For
The standards will be used to improve training for homoeopaths and their assistant workers, to offer competent homoeopathic health care for the community. The standards may also be used by workplaces to assess staff and plan training for recruiting new staff, and to monitor and improve the quality of service delivery.

How The Standards Are Put Together
There are fifty-six units of competency. Each unit is a broad area of competency that, when grouped with other units, combine to make up jobs.

Many jobs are described by all the units in this document, NOT just one job.

The units are grouped together by QUALIFICATION.

At each QUALIFICATION there are CORE units, which form part of EVERY job at that level. All jobs have CORE units that are shared with other jobs, some ELECTIVE units and some SPECIALISATION units that other jobs do not require.

A competent worker must have all the skills described by a unit. The worker cannot be 'half competent' or competent in "half a unit". To be fully competent at a qualification, the worker must have all the competencies described by the core units plus those described by the required number of elective units and or specialisation units.
9.0 STREAMS EXPLAINED

These are groups of similar types of competency units, across qualifications. Most workers need units of competency from every stream.

SPECIFIC CARE STREAM
The competencies needed to provide homoeopathic specific care for the individual and the community.

CLINICAL CARE STREAM
The competencies needed to provide clinical care services for individuals and the community.

MANAGEMENT AND TEAMS STREAM
The competencies needed to ensure health care services are provided effectively by working well with others, by obtaining and using resources and by managing work and clinic responsibilities.

ADMINISTRATION STREAM
The competencies needed to maintain the administrative systems, which support homoeopathic health care delivery.

RESEARCH STREAM
The competencies needed to research and prepare information, to facilitate communication and to conduct research relevant to homoeopathy and the health needs of the community.
# 10.0 Units of Competency by Stream

## Specific Care Stream

<table>
<thead>
<tr>
<th>Unit</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide information and advice regarding the products/services of the homeopathic clinic to meet patient needs</td>
<td>58</td>
</tr>
<tr>
<td>2</td>
<td>Obtain initial information</td>
<td>61</td>
</tr>
<tr>
<td>3</td>
<td>Take the case</td>
<td>63</td>
</tr>
<tr>
<td>4</td>
<td>Assess the case</td>
<td>66</td>
</tr>
<tr>
<td>5</td>
<td>Select the homeopathic treatment</td>
<td>70</td>
</tr>
<tr>
<td>6</td>
<td>Select the complementary treatment and/or make referrals</td>
<td>74</td>
</tr>
<tr>
<td>7</td>
<td>Discuss the treatment</td>
<td>78</td>
</tr>
<tr>
<td>8</td>
<td>Dispense the medication from a prescription/order</td>
<td>81</td>
</tr>
<tr>
<td>9</td>
<td>Manage the ordering and dispensing of the medication</td>
<td>84</td>
</tr>
<tr>
<td>10</td>
<td>Review the treatment</td>
<td>88</td>
</tr>
</tbody>
</table>

## Clinical Care Stream

<table>
<thead>
<tr>
<th>Unit</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Obtain vital signs</td>
<td>91</td>
</tr>
<tr>
<td>12</td>
<td>Conduct screening physical examination</td>
<td>94</td>
</tr>
<tr>
<td>13</td>
<td>Make a screening assessment and refer for further examination</td>
<td>98</td>
</tr>
<tr>
<td>14</td>
<td>Conduct extended physical examination and make a diagnosis</td>
<td>101</td>
</tr>
<tr>
<td>15</td>
<td>Provide first aid</td>
<td>105</td>
</tr>
<tr>
<td>16</td>
<td>Provide homeopathic treatment with first aid</td>
<td>109</td>
</tr>
<tr>
<td>17</td>
<td>Deliver specialised emergency care</td>
<td>111</td>
</tr>
<tr>
<td>18</td>
<td>Provide basic counselling</td>
<td>116</td>
</tr>
<tr>
<td>19</td>
<td>Use medical equipment</td>
<td>118</td>
</tr>
<tr>
<td>20</td>
<td>Provide and deliver antenatal supportive care</td>
<td>120</td>
</tr>
<tr>
<td>21</td>
<td>Provide and deliver postnatal supportive care</td>
<td>124</td>
</tr>
<tr>
<td>22</td>
<td>Make paediatric assessment</td>
<td>128</td>
</tr>
<tr>
<td>23</td>
<td>Deliver homeopathic palliative care</td>
<td>132</td>
</tr>
<tr>
<td>24</td>
<td>Make geriatric assessment</td>
<td>136</td>
</tr>
<tr>
<td>25</td>
<td>Collect and test specimens</td>
<td>140</td>
</tr>
<tr>
<td>UNIT</td>
<td>TITLE</td>
<td>PAGE</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>26</td>
<td>EVALUATE A BUSINESS OPPORTUNITY</td>
<td>143</td>
</tr>
<tr>
<td>27</td>
<td>COMPLETE A BUSINESS PLAN</td>
<td>147</td>
</tr>
<tr>
<td>28</td>
<td>ADDRESS LEGAL AND ADMINISTRATIVE REQUIREMENTS</td>
<td>150</td>
</tr>
<tr>
<td>29</td>
<td>MANAGE BUSINESS OPERATIONS</td>
<td>153</td>
</tr>
<tr>
<td>30</td>
<td>MANAGE SELF</td>
<td>156</td>
</tr>
<tr>
<td>31</td>
<td>MANAGE SELF AND STAFF</td>
<td>159</td>
</tr>
<tr>
<td>32</td>
<td>MAINTAIN DAILY FINANCIAL RECORD FOR ACCOUNTING PURPOSES</td>
<td>163</td>
</tr>
<tr>
<td>33</td>
<td>RESPOND TO THE CHANGING ENVIRONMENT AND IMPLEMENT STRATEGIES TO ACHIEVE CLINIC GOALS</td>
<td>166</td>
</tr>
<tr>
<td>34</td>
<td>FOLLOW OCCUPATIONAL HEALTH AND SAFETY POLICIES AND PROCEDURES IN THE WORKPLACE IN ORDER TO ENSURE OWN SAFETY AND THAT OF OTHERS IN THE WORKPLACE</td>
<td>169</td>
</tr>
<tr>
<td>35</td>
<td>APPLY AND MONITOR CLINIC OHS TO ENSURE THAT ALL MEMBERS OF THE WORKGROUP ARE FULLY INFORMED</td>
<td>171</td>
</tr>
<tr>
<td>36</td>
<td>TRAIN SMALL GROUPS</td>
<td>174</td>
</tr>
<tr>
<td>37</td>
<td>PLAN ASSESSMENT</td>
<td>181</td>
</tr>
<tr>
<td>38</td>
<td>CONDUCT ASSESSMENT</td>
<td>189</td>
</tr>
<tr>
<td>39</td>
<td>REVIEW ASSESSMENT</td>
<td>199</td>
</tr>
<tr>
<td>40</td>
<td>PLAN AND PROMOTE A TRAINING PROGRAM</td>
<td>206</td>
</tr>
<tr>
<td>41</td>
<td>REVIEW TRAINING</td>
<td>213</td>
</tr>
<tr>
<td>42</td>
<td>DEVELOP ASSESSMENT TOOLS</td>
<td>220</td>
</tr>
<tr>
<td>43</td>
<td>DESIGN AND ESTABLISH THE ASSESSMENT SYSTEM</td>
<td>228</td>
</tr>
</tbody>
</table>
ADMINISTRATION STREAM

UNIT 44 MANAGE THE TRAINING AND ASSESSMENT SYSTEM ............................................. 236
UNIT 45 PLAN AND ESTABLISH OFFICE ADMINISTRATION SYSTEMS AND
  PROCEDURES .............................................................................................................. 244
UNIT 46 MAINTAIN INFORMATION RECORDS SYSTEM TO ENSURE INTEGRITY .......... 246
UNIT 47 RECEIVE AND PASS ON WRITTEN INFORMATION TO FACILITATE
  COMMUNICATION FLOW .............................................................................................. 248
UNIT 48 SELECT, OPERATE AND MAINTAIN A RANGE OF OFFICE EQUIPMENT TO
  COMPLETE A RANGE OF TASKS ................................................................................. 250
UNIT 49 PLAN MEETINGS TO ENABLE THE STATED OBJECTIVES OF THE
  MEETINGS TO BE MET ................................................................................................. 252
UNIT 50 MANAGE MEETINGS TO ACHIEVE IDENTIFIED TEAM/CLINIC GOALS ........ 254
UNIT 51 PRODUCE REPORTS AS REQUIRED FOR CASH FLOW FORECASTS AND
  BUDGETARY PURPOSES ............................................................................................. 256
UNIT 52 MANAGE PAYROLL RECORDS FOR EMPLOYEE SALARIES AND
  STATUTORY RECORD KEEPING PURPOSES ............................................................... 259
UNIT 53 MONITOR AND CONTROL DISBURSEMENTS WITHIN A GIVEN BUDGET IN
  A HOMEOPATHIC CLINIC .......................................................................................... 262
UNIT 54 MONITOR AND CONTROL STOCK SUPPLY ....................................................... 264

RESEARCH STREAM

UNIT 55 INITIATE, RESEARCH AND PREPARE SPECIFIC DATA/INFORMATION TO
  FACILITATE COMMUNICATION FLOW ........................................................................ 267
UNIT 56 UNDERTAKE RESEARCH FOR SPECIFIC PURPOSES ....................................... 269
11.0 PACKAGING GUIDELINES BY QUALIFICATION

11.1 CERTIFICATE III

**PACKAGING GUIDELINES**
Workers at this qualification are required to complete all core units for all streams plus one elective.

<table>
<thead>
<tr>
<th>STREAM</th>
<th>CORE UNITS</th>
<th>ELECTIVE UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC CARE</td>
<td>• Provide information and advice regarding the products/services of the homeopathic clinic to meet patient needs</td>
<td></td>
</tr>
<tr>
<td>CLINICAL CARE</td>
<td>• Provide first aid</td>
<td></td>
</tr>
<tr>
<td>MANAGEMENT AND TEAMS</td>
<td>• Demonstrate safe working practices</td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>• Maintain records</td>
<td>• Produce a report as required for cash flow forecast</td>
</tr>
<tr>
<td></td>
<td>• Produce written communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use office equipment and technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Monitor and control disbursement within a given budget in a homeopathic business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Monitor stock levels and control stock supplies in a homeopathic business</td>
<td></td>
</tr>
<tr>
<td>RESEARCH</td>
<td>• Initiate, research and prepare specific data/information to facilitate communication flow</td>
<td>• Undertake research for specific purposes</td>
</tr>
</tbody>
</table>
11.2  CERTIFICATE IV

PACKAGING GUIDELINES  Workers at this qualification are required to have competence in all core units and at least one elective.

<table>
<thead>
<tr>
<th>STREAM</th>
<th>CORE UNITS</th>
<th>ELECTIVE UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC CARE</td>
<td>• Provide information and advice regarding the products/services of the homoeopathic clinic to meet patient needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Obtain initial information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dispense the medication from a prescription/order</td>
<td></td>
</tr>
<tr>
<td>CLINICAL CARE</td>
<td>• Obtain vital signs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide first aid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use medical equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Collect and test specimens</td>
<td></td>
</tr>
<tr>
<td>MANAGEMENT AND TEAMS</td>
<td>• Demonstrate safe working practices</td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>• Maintain records</td>
<td>• Produce a report as required for cash flow forecast</td>
</tr>
<tr>
<td></td>
<td>• Produce written communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use office equipment and technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Monitor and control disbursement within a given budget in a homoeopathic business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Monitor stock levels and control stock supplies in a homoeopathic business</td>
<td></td>
</tr>
<tr>
<td>RESEARCH</td>
<td>• Initiate, research and prepare specific data/information to facilitate communication flow</td>
<td>• Undertake research for specific purposes</td>
</tr>
</tbody>
</table>
Workers at this qualification are required to have competence in all core units and two elective units.

<table>
<thead>
<tr>
<th>STREAM</th>
<th>CORE UNITS</th>
<th>ELECTIVE UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC CARE</td>
<td>• Provide information and advice regarding the products/services of the homoeopathic clinic to meet patient needs&lt;br&gt;• Obtain initial information&lt;br&gt;• Take the case&lt;br&gt;• Assess the case&lt;br&gt;• Select the homoeopathic treatment&lt;br&gt;• Select the complementary treatment and/or make referrals&lt;br&gt;• Discuss the treatment&lt;br&gt;• Dispense the medication from a prescription/order&lt;br&gt;• Manage the ordering and dispensing of the medication&lt;br&gt;• Review the treatment</td>
<td>• Make paediatric assessment&lt;br&gt;• Make geriatric assessment</td>
</tr>
<tr>
<td>CLINICAL CARE</td>
<td>• Obtain vital signs&lt;br&gt;• Conduct screening physical examination&lt;br&gt;• Make a screening assessment and refer for further examination&lt;br&gt;• Provide first aid&lt;br&gt;• Provide homoeopathic treatment with first aid&lt;br&gt;• Provide basic counselling&lt;br&gt;• Use medical equipment&lt;br&gt;• Collect and test specimens</td>
<td></td>
</tr>
<tr>
<td>STREAM</td>
<td>CORE UNITS</td>
<td>ELECTIVE UNITS</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>MANAGEMENT AND TEAMS</td>
<td>• Evaluate a business opportunity&lt;br&gt;• Complete a business plan&lt;br&gt;• Address legal and administrative requirements&lt;br&gt;• Manage business operations&lt;br&gt;• Manage self&lt;br&gt;• Manage finances&lt;br&gt;• Review business&lt;br&gt;• Demonstrate safe working practices&lt;br&gt;• Implement and monitor occupational health and safety policies</td>
<td>• Manage self and staff</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>• Implement office systems&lt;br&gt;• Maintain records&lt;br&gt;• Produce written communication&lt;br&gt;• Use office equipment and technology&lt;br&gt;• Plan meetings&lt;br&gt;• Produce a report as required for cash flow forecast&lt;br&gt;• Monitor and control disbursement within a given budget in a homeopathic business&lt;br&gt;• Monitor stock levels and control stock supplies in a homeopathic business</td>
<td>• Manage meetings&lt;br&gt;• Manage payroll records and employee statutory records</td>
</tr>
<tr>
<td>RESEARCH</td>
<td>• Initiate, research and prepare specific data/information to facilitate communication flow</td>
<td>• Undertake research for specific purposes</td>
</tr>
</tbody>
</table>
11.4 ADVANCED DIPLOMA

PACKAGING GUIDELINES

Workers at this qualification are required to have competence in all core units and one of the specialisation groups. Some Group 1 Specialisation units are only available to registered health professionals (see individual unit descriptors).

<table>
<thead>
<tr>
<th>STREAM</th>
<th>CORE UNITS</th>
<th>SPECIALISATION UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC CARE</td>
<td>• Provide information and advice regarding the products/services of the homoeopathic clinic to meet patient needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Obtain initial information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Take the case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assess the case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Select the homoeopathic treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Select the complementary treatment and/or make referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discuss the treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dispense the medication from a prescription/order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Manage the ordering and dispensing of the medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review the treatment</td>
<td></td>
</tr>
<tr>
<td>CLINICAL CARE</td>
<td>• Obtain vital signs</td>
<td>GROUP 1:</td>
</tr>
<tr>
<td></td>
<td>• Conduct screening physical examination</td>
<td>• Conduct extended physical examination and make a diagnosis</td>
</tr>
<tr>
<td></td>
<td>• Make a screening assessment and refer for further examination</td>
<td>• Deliver specialised emergency care</td>
</tr>
<tr>
<td></td>
<td>• Provide first aid</td>
<td>• Provide and deliver antenatal supportive care</td>
</tr>
<tr>
<td></td>
<td>• Provide homoeopathic treatment with first aid</td>
<td>• Provide and deliver postnatal supportive care</td>
</tr>
<tr>
<td></td>
<td>• Provide basic counselling</td>
<td>• Deliver palliative care</td>
</tr>
<tr>
<td></td>
<td>• Use medical equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Make paediatric assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Make geriatric assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Collect and test specimens</td>
<td></td>
</tr>
<tr>
<td>STREAM</td>
<td>CORE UNITS</td>
<td>SPECIALISATION UNITS</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MANAGEMENT AND TEAMS</td>
<td>- Evaluate a business opportunity</td>
<td>GROUP 2:</td>
</tr>
<tr>
<td></td>
<td>- Complete a business plan</td>
<td>- Prepare for training</td>
</tr>
<tr>
<td></td>
<td>- Address legal and administrative requirements</td>
<td>- Deliver training</td>
</tr>
<tr>
<td></td>
<td>- Manage business operations</td>
<td>- Conduct assessment</td>
</tr>
<tr>
<td></td>
<td>- Manage self</td>
<td>- Review and promote training</td>
</tr>
<tr>
<td></td>
<td>- Manage self and staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Manage finances</td>
<td>GROUP 3:</td>
</tr>
<tr>
<td></td>
<td>- Review business</td>
<td>- Develop assessment tools</td>
</tr>
<tr>
<td></td>
<td>- Demonstrate safe work practices</td>
<td>- Develop the assessment system</td>
</tr>
<tr>
<td></td>
<td>- Implement and monitor occupational health and safety policies</td>
<td>- Establish the assessment system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Manage the assessment system</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>- Implement office systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Maintain records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Produce written communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use office equipment and technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Plan meetings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Produce a report as required for cash flow forecast</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Monitor and control disbursement within a given budget in a homoeopathic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Monitor stock levels and control stock supplies in a homoeopathic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>business</td>
<td></td>
</tr>
<tr>
<td>RESEARCH</td>
<td>- Initiate, research and prepare specific data/information to facilitate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>communication flow</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Undertake research for specific purposes</td>
<td></td>
</tr>
</tbody>
</table>
12.0 IMPLEMENTING COMPETENCY STANDARDS IN THE WORKPLACE

12.1 FOR EMPLOYERS

To determine where your workers ‘fit’ in the competencies:

a) Ask workers to list what they do day to day in their job.
   What are the skills and competencies involved and what level of qualification are these?
   Does the worker work alone or with others?
   Is the worker responsible for the work of others?
   Does the worker do routine work only, or both routine and unexpected work?

b) Ask assistants what workers do and match this with what workers have told you.
   Focus on what workers do most of the time as well as what they are expected to know how to do and to be able to do. Even if they don’t fulfil a certain competency as part of their current job, they may be expected to be able to do it at their level of qualification.
   Do they have the competency?

c) For each worker, compare the list you have with the standards.
   Where do most of the workers’ skills lie?
   Identify units, which describe the workers skills, and the appropriate qualifications.
   What is the "best fit"?
   Most workers should fit into a single qualification, although units may come from different streams.

SCENARIOS

Q If the worker has all of the Diploma core competencies, some Diploma elective competencies, and some Advanced Diploma competencies, what is their qualification?
A This worker is at Diploma level.

Q If the worker has competencies across a range of qualifications how are they assessed for levels of competency?
A This worker may need some training to be fully competent at a single “best fit” level. Ask the question - “Which qualification does the worker “best fit” into? At which qualification are there competencies which “best fit” the workers responsibilities?”
12.2 FOR WORKERS

How to determine where you fit in the Competencies

Think of the work you actually do each day in your job and the areas of work you must be able to do. These are the areas you are required to be competent in.

You should be able to find all the areas of competency you are required to have described in the units. There may be units found at one qualification or more than one qualification.

Look at the units assigned to each qualification and check if you have the competencies described by the units. You must have all the core units, and/or some of the specialisation and some of the elective units.

If you are unsure that you can do a unit, then read the whole unit. You must be fully competent in the whole unit, not just part of the unit.

Pages 25-27 lists the pages on which you will find each unit, within this document.

If you do not meet all the needed competencies at a particular qualification you may require further training.

Key Points

1. Try and find the job you do in the competency standards.

2. To be competent at a particular qualification doesn’t mean you are necessarily doing a particular unit of competency all the time, but you must be ABLE to do it to that standard.

3. You would have to demonstrate and be deemed competent in each of the Core Units and the needed Elective Units and or Specialisation Units to obtain a qualification at that level.
12.3 CAREER PATHWAYS

These competency standards describe four (4) qualifications and many jobs. The differences between the qualifications are described in the diagram below.

Entry to the industry may be at any level of qualification, as long as the worker has the required competencies.

Recognition of prior learning (RPL) means that workers may achieve recognition for achievement of a competency regardless of where or how they obtained it. That is, competencies may be obtained through work, life, training and education.

Career paths within the industry are via the competencies at each level of qualification. A worker may be at a particular level but hold some units of competency in a higher qualification. "Statements of attainment" may be obtained for the units at the higher level and the worker may be provided with training or be given added responsibility in the workplace in order to meet the higher level competencies.

**ADVANCED DIPLOMA**
- A front line manager
- Likely to have team supervising responsibilities
- Co-ordinates, implements and improves homœopathic services
- A practitioner with broad and detailed responsibilities for primary and secondary health care delivery
- General homœopathic practitioner with specialisation

**DIPLOMA**
- A practitioner with broad and detailed responsibilities for primary and secondary health care delivery
- Co-ordinates and implements homœopathic services
- General homœopathic practitioner

**CERTIFICATE IV**
- Limited supervision
- Part of a team
- Well defined responsibilities

**CERTIFICATE III**
- Work with supervision
- Part of a team
- Limited, well-defined responsibilities

NB: Supervision may be by more experienced or specialist workers, supervisors, managers or other health professionals, and may be direct or indirect supervision.
12.4 USE OF THE STANDARDS BY INDIVIDUAL WORKPLACES

Individual workplaces may use the standards flexibly to meet their specific training and assessment needs, as long as the individual unit outcomes are not significantly altered.

For example, workplaces may:
- decide some elective units should be a mandatory requirement for their organisation
- add to the evidence guides
- delete from the evidence guides (as appropriate)
- add additional elements to the units
- add performance criteria to the units
- add information to the unit descriptor to make it more specific to the particular workplace.

Workplaces should not:
- delete elements
- delete performance criteria
- ignore evidence guide assessment guidelines
- ignore range of variables "musts".

If workplaces make major changes to units of competency, it may be that the new competencies will no longer meet national requirements for issuing a qualification. Changes should be made with care.

If the standards are not meeting workplace requirements the National ITAB should be informed.

Consistent use of the National Competency Standards for Homœopathy will promote the development of career pathways, articulation and credit transfer nationally.

12.5 ON AND OFF-THE-JOB ASSESSMENT

On-the-job assessment refers to assessment undertaken whilst the homœopath is undertaking their normal work duties. This may be in a clinic, in the bush, in the community, in an individual's home etc.

Off-the-job assessment refers to assessment undertaken whilst the homœopath is simulating/role playing a particular competency or whilst the homœopath is undertaking training through a training provider.
13.0 MAYER KEY COMPETENCIES

13.1 INTRODUCTION

The Mayer Key Competencies underpin the National Competency Standards for Homoeopathy. These Key Competencies have been identified and defined as follows:

“Key Competencies are competencies essential for effective participation in the emerging patterns of work and work organisation. They focus on the capacity to apply knowledge and skills in an integrated way in work situations. Key competencies are generic in that they apply to work generally rather than being specific to work in particular occupations or industries. This characteristic means that the Key Competencies are not only essential for effective participation in work, but are essential for effective participation in further education and in adult life more generally.”
Mayer Report “Putting General Education to Work - The Key Competencies Report”

The seven Mayer Key Competencies are:
1. Collecting, analysing and organising information
2. Communicating ideas and information
3. Planning and organising activities
4. Working with others in teams
5. Using mathematical ideas and techniques
6. Solving problems
7. Using technology

Detailed definitions of these competencies are included in the Mayer Report. One further key competency has been identified since the Mayer Report. This competency has been called Cultural Understanding. Full definition of this competency has not been available to us at the time of writing these standards. It is recognised that this competency needs to underpin the National Competency Standards for Homoeopathy, and its relationship to the standards indicated.

Three levels of performance have been specified for the key competencies. The following descriptions of these three levels of performance are in accordance with the definitions recommended by the Mayer Report. The full intent of performance levels is set out in the Mayer Report.

**Performance Level 1**
Competence needed to undertake activities efficiently and with sufficient self-management to meet the explicit requirements of the activity and to make judgements about quality of outcome against establish criteria.

**Performance Level 2**
Describes the competence needed to manage activities requiring the selection, application and integration of a number of elements, and to select from established criteria to judge quality of process and outcome.

**Performance Level 3**
Describes the competence needed to evaluate and reshape processes, to establish and use principles in order to determine appropriate ways of approaching activities, and to establish criteria for judging quality of process and outcome.
### Mayer Key Competency Matrix

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Streams</th>
<th>Collect, Analyse and Organise Information</th>
<th>Communicate Ideas and Information</th>
<th>Plan and Organise Activities</th>
<th>Work with Others and in Teams</th>
<th>Use Mathematical Ideas and Techniques</th>
<th>Solve Problems</th>
<th>Use Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Care Stream</strong></td>
<td>SC</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Unit 1: Establish Initial Practitioner/Patient Contact</strong></td>
<td>SC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unit 2: Obtain Initial Information</strong></td>
<td>SC</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Unit 3: Take the Case</strong></td>
<td>SC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Unit 4: Assess the Case</strong></td>
<td>SC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Unit 5: Select the Homoeopathic Treatment</strong></td>
<td>SC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Unit 6: Select the Complementary Treatment and Make Referrals</strong></td>
<td>SC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT NAME</td>
<td>STREAMS</td>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>SOLVE PROBLEMS</td>
<td>USE TECHNOLOGY</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>--------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>UNIT 7: DISCUSS THE TREATMENT</td>
<td>SC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>UNIT 8: DISPENSE THE MEDICATION FROM A PRESCRIPTION/ORDER</td>
<td>SC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 9: MANAGE THE ORDERING AND DISPENSING OF MEDICATION</td>
<td>SC</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>UNIT 10: REVIEW THE TREATMENT</td>
<td>SC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CLINICAL CARE STREAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIT 11: OBTAIN VITAL SIGNS</td>
<td>CC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 12: CONDUCT SCREENING PHYSICAL EXAMINATION</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT NAME</td>
<td>STREAMS</td>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>SOLVE PROBLEMS</td>
<td>USE TECHNOLOGY</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>UNIT 13: MAKE A SCREENING ASSESSMENT AND REFER FOR FURTHER EXAMINATION</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 14: CONDUCT EXTENDED PHYSICAL EXAMINATION AND MAKE A DIAGNOSIS</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 15: PROVIDE FIRST AID</td>
<td>CC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 16: PROVIDE HOMŒOPATHIC TREATMENT WITH FIRST AID</td>
<td>CC</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 17: DELIVER SPECIALISED EMERGENCY CARE</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 18: PROVIDE BASIC COUNSELLING</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>UNIT 19: USE MEDICAL EQUIPMENT</td>
<td>CC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>UNIT NAME</td>
<td>STREAMS</td>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>SOLVE PROBLEMS</td>
<td>USE TECHNOLOGY</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------</td>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>UNIT 20: DELIVER ANTENATAL SUPPORTIVE CARE</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 21: DELIVER POSTNATAL SUPPORTIVE CARE</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 22: MAKE PAEDIATRIC ASSESSMENT</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 23: DELIVER PALLIATIVE CARE</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 24: MAKE GERIATRIC ASSESSMENT</td>
<td>CC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 25: COLLECT AND TEST SPECIMENS</td>
<td>CC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MANAGEMENT AND TEAMS STREAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIT 26: EVALUATE A BUSINESS OPPORTUNITY</td>
<td>MT</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 27: COMPLETE A BUSINESS PLAN</td>
<td>MT</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>UNIT NAME</td>
<td>STREAMS</td>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>SOLVE PROBLEMS</td>
<td>USE TECHNOLOGY</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>UNIT 28: ADDRESS LEGAL AND ADMINISTRATIVE REQUIREMENTS</td>
<td>MT</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 29: MANAGE BUSINESS OPERATIONS</td>
<td>MT</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 30: MANAGE SELF</td>
<td>MT</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>UNIT 31: MANAGE SELF AND STAFF</td>
<td>MT</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 32: MANAGE FINANCES</td>
<td>MT</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 33: REVIEW BUSINESS</td>
<td>MT</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 34: DEMONSTRATE SAFE WORKING PRACTICES</td>
<td>MT</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT NAME</td>
<td>STREAMS</td>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>SOLVE PROBLEMS</td>
<td>USE TECHNOLOGY</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>UNIT 35: IMPLEMENT AND MONITOR OCCUPATIONAL HEALTH AND SAFETY POLICIES</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>UNIT 36: PREPARE FOR TRAINING</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 37: DELIVER TRAINING</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 38: CONDUCT ASSESSMENT</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 39: REVIEW AND PROMOTE TRAINING</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 40: DEVELOP ASSESSMENT TOOLS</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 41: DEVELOP THE ASSESSMENT SYSTEM</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 42: ESTABLISH THE ASSESSMENT SYSTEM</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT NAME</td>
<td>STREAMS</td>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>SOLVE PROBLEMS</td>
<td>USE TECHNOLOGY</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>--------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>UNIT 43: MANAGE THE ASSESSMENT SYSTEM</td>
<td>MT</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>ADMINISTRATION STREAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIT 44: IMPLEMENT OFFICE SYSTEMS</td>
<td>A</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 45: MAINTAIN RECORDS</td>
<td>A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 46: PREPARE WRITTEN COMMUNICATION</td>
<td>A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>UNIT 47: USE OFFICE EQUIPMENT AND TECHNOLOGY</td>
<td>A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>UNIT 48: PLAN MEETINGS</td>
<td>A</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UNIT 49: MANAGE MEETINGS</td>
<td>A</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>STREAMS</td>
<td>UNIT NAME</td>
<td>RESEARCH STREAM</td>
<td>UNIT 51: MANAGE PAYROLL RECORDS AND EMPLOYEE STATUTORY RECORDS</td>
<td>UNIT 52: MONITOR AND CONTROL DISBURSEMENT WITHIN A GIVEN BUDGET IN A HOMEOPATHIC BUSINESS</td>
<td>UNIT 53: MONITOR STOCK LEVELS &amp; CONTROL STOCK SUPPLIES IN A HOMEOPATHIC BUSINESS</td>
<td>UNIT 54: UNDERTAKE RESEARCH FOR SPECIFIC PURPOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USE TECHNOLOGY</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLVE PROBLEMS</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USE MATHEMATICAL IDEAS AND TECHNIQUES</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORK WITH OTHERS AND IN TEAMS</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAN AND ORGANISE ACTIVITIES</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATE IDEAS AND INFORMATION</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLECT, ANALYSE AND ORGANISE INFORMATION</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14.0 APPENDIX- CONSOLIDATED STATEMENT OF UNDERPINNING KNOWLEDGE

The following statement is a systematic and consolidated statement of the underpinning knowledge required for a Diploma and above in the specific care stream, and of the core underpinning health sciences relevant to the clinical care stream. The underpinning knowledge of all sections in the Appendix is also required for a Certificate III qualification at an introductory level.

14.1 HOMŒOPATHIC PRINCIPLES

The underpinning knowledge of homœopathic principles and diagnosis must include a thorough understanding of the principles of:

14.1.1 similarity
14.1.2 the minimum dose
14.1.3 the single dose
14.1.4 the single medicine
14.1.5 the totality of symptoms
14.1.6 individualisation of the case
14.1.7 dynamism or ‘the vital force’
14.1.8 the action of homoeopathic remedies according to Hahnemann
14.1.9 modern hypotheses concerning the action of the remedies
14.1.10 the primary and secondary actions of medicines
14.1.11 aggravation
14.1.12 susceptibility and sensitivity
14.1.13 suppression - the consequences of suppression of symptoms or discharges on the future development of disease
14.1.14 the exciting cause of a disease
14.1.15 the fundamental cause of a disease
14.1.16 the nature of disease according to Hahnemann
   14.1.16.1 the systemic nature of disease, including the so-called local or one-sided diseases in aphorisms (§), (§186-205) *Organon of Medicine*.
14.1.17 the theory of acute and chronic miasms
   14.1.17.1 the nature and characteristics of:
       • psoric miasm
       • sycotic miasm
       • syphilitic miasm
       • tubercular miasm
       • cancer miasm
14.1.17.2 the primary and secondary symptoms of miasms
14.1.17.3 the different phases of miasms
14.1.17.4 the treatment of miasms according to phase
14.1.18 the nature of idiosyncrasies
14.1.19 the direction of cure (‘Hering’s Law’)
14.1.20 the organism’s drive to externalise disease (§201) *Organon of Medicine*

### 14.2 CASE-TAKING AND CASE ANALYSIS

The underpinning knowledge for case-taking and case analysis must include a thorough understanding of:

14.2.1 the case-taking methods detailed by Hahnemann in the following aphorisms (§), (§6, §18, §82-104, §153, §210-213 & §220) *Organon of Medicine*.

14.2.2 the use of the repertories

14.2.2.1 the structure, organisation, advantages and limitations of commonly-referred to repertories including:

- Boericke’s repertory
- Boenninghausen’s repertory
- Kent’s repertory
- modern repertories

14.2.2.2 techniques of repertorisation

14.2.3 the hierarchy of symptoms

### 14.3 PRESCRIBING AND CASE MANAGEMENT

The underpinning knowledge for prescribing and case management must include a thorough understanding of the principles behind the following:

14.3.1 Various approaches to prescribing including consideration of:

- totality of characteristic symptoms
- keynote characteristic symptoms
- the central theme of a remedy
- constitutional basis
- miasmatic indications
- aetiology
- use of organopathics
- prophylactic use
- ladder-like prescribing
- tautopathy

14.3.2 The importance of striking, rare unusual and peculiar symptoms

14.3.3 Choice of potency

14.3.4 homeopathic case management including the principles underlying:

14.3.4.1 continuation or variation of a medicine
14.3.4.2 continuation or variation of a potency
14.3.4.3 the choice of the interval between doses
14.3.4.5 assessment of the effect of the previous dose, including the significance of accessory symptoms

14.3.5 The use of two medicines one following the other (§169-170) *Organon of Medicine*
14.3.6 The use of antidotes
14.3.7 The relations between medicines
14.3.8 Obstacles to cure (§259-263) *Organon of Medicine*
14.3.9 Administration of the medicines

14.4 PHARMACY AND PROVINGS

The underpinning knowledge for pharmacy and provings must include a thorough understanding of the principles behind:

14.4.1 the theory and practice of provings, as described by Hahnemann in (§105-143) *Organon of Medicine*, and by modern authorities

14.4.2 homoeopathic pharmacy including the methods of manufacture of potencies including:

14.4.2.1 Mother tincture, decimal, centesimal, and fifty millesimal scales

14.4.2.2 Initial preparation of crude materials for remedies derived from animal, mineral, vegetable and imponderable sources

14.4.2.3 Pharmacology

14.4.2.4 Current immunisation protocols as identified in The Australian Immunisation Handbook (National Health & Medical Research Council) 6th edition 1999

14.5. MATERIA MEDICA

The underpinning knowledge for materia medica must include knowledge of:

14.5.1 the derivation of the materia medica from data from provings, clinical and toxicological sources

14.5.2 the major remedies with respect to their general symptoms, modalities, psychological and physiological indications

14.5.3 minor remedies in respect to their most important indications

14.5.4 the groups of mineral remedies and how to distinguish between them

14.5.5 the clinical indications of remedies relevant to specific circumstances: infectious diseases, first aid and injuries

14.5.6 the indications and uses of nosodes and isotherapy

14.5.7 the indications and uses of sarcodes and hormone therapeutics

14.5.8 the use of tautopathy
14.6 ANATOMY AND PHYSIOLOGY

Certificate III
The underpinning knowledge of anatomy and physiology requires an appreciation of gross anatomy.

Certificate IV
The underpinning knowledge of anatomy and physiology required for the worker to assist the practitioner by recording the findings of a screening physical examination.

Diploma
The underpinning knowledge of anatomy and physiology must include grounding in the systems listed below, and the interactivity between them, to the level necessary to support the making of a screening assessment of the patient, and to support the practice of Homœopathy. This must also include knowledge specific to the various stages of life.

Advanced Diploma and Specialisation Group 1
The underpinning knowledge of anatomy and physiology must include a thorough grounding in the systems listed below, and the interactivity between them, to the level necessary to support the making of a diagnosis and prognosis of the patient’s condition, and to support the practice of Homœopathy. This must also include knowledge specific to the various stages of life.

14.6.1 musculoskeletal system
14.6.2 endocrine system
14.6.3 nervous system
14.6.4 cardiovascular system
14.6.5 integument system
14.6.6 respiratory system
14.6.7 gastrointestinal system
14.6.8 urinary system
14.6.9 reproductive system
14.6.10 biochemical and cell concepts
14.6.11 ear, nose and throat and special senses
14.6.12 lymphatic system and immunity
14.6.13 development and inheritance
14.7 PATHOPHYSIOLOGY AND DISEASE PROCESSES

Diploma
The underpinning knowledge of pathophysiology and disease processes must include a grounding in the characteristics of the common clinical diseases associated with the following systems, and the interactivity between them, to the level necessary to support the making of a screening assessment of the patient, and to support the practice of Homœopathy. This must also include knowledge specific to the various stages of life.

Advanced Diploma and Specialisation Group 1
The underpinning knowledge of pathophysiology and disease processes must include a sufficient grounding in the characteristics of the common clinical diseases associated with the following systems, and the interactivity between them, to the level necessary to support the making of a diagnosis and prognosis of the patient’s condition, and to support the practice of Homœopathy. This must also include knowledge specific to the various stages of life.

14.7.1 musculoskeletal system
14.7.2 endocrine system
14.7.3 nervous system
14.7.4 cardiovascular system
14.7.5 integument system
14.7.6 respiratory system
14.7.7 gastrointestinal system
14.7.8 urinary system
14.7.9 reproductive system
14.7.10 biochemical and cell concepts
14.7.11 ear, nose and throat and special senses
14.7.12 lymphatic system and immunity
14.7.13 development and inheritance

Also necessary is an understanding of the clinical features and pathophysiology of common bacterial and viral diseases sufficient to be able to assess the condition of the patient, its stage, severity and likely prognosis.

References suitable for screening assessment include:
14.8 PHYSICAL EXAMINATION

The following texts give an indication of the knowledge base required to perform physical examinations and contain, but do not clearly delineate, the minimum required for screening physical examinations:

- Physical Diagnosis Scheidermann, Willms, Algranati, Williams & Wilkins.
14.9 FIRST AID
The underpinning knowledge for First Aid is to the standard required by St. John Ambulance Australia and Australian Red Cross for their Senior First Aid Certificate.

Recommended Texts:

14.10 PHARMACOLOGY AND MEDICAL TERMINOLOGY
The underpinning knowledge for a Certificate III level worker is a basic understanding of the spelling of pharmacological preparations and basic medical terminology.

The underpinning knowledge for a Certificate IV level worker is a basic understanding of the spelling of pharmacological preparations and the broad classification of allopathic drugs, along with basic medical terminology.

The underpinning knowledge for a Diploma level worker is a broader and more detailed understanding of pharmacology and a basic knowledge of the commonly prescribed allopathic drugs, their classifications, actions, usage and side effects. Knowledge of medical terminology is also required.

The underpinning knowledge for an Advanced Diploma level worker is knowledge of pharmacology and a broader and more detailed knowledge of allopathic drugs, their classifications, usage and side effects. An advanced knowledge of medical terminology is also required.

14.11 LITERACY AND NUMERACY
Literacy and numeracy must underpin all the units and appendix of *National Competency Standards for Homœopathy.*

REFERENCES
The following documents have been consulted in the course of the preparation of the statement of underpinning knowledge:

**Main Reference**

**Supplementary References**
15.0 GLOSSARY

ALLOPATHIC (from GREEK allos, other, different + pathos, disease, suffering)
Treatment of disease by therapeutic measures that produce symptoms different from the symptoms of the disease being treated.

ALLOPATHY
The system of medicine whose modes of treatment are, with few exceptions, allopathic.

DIAGNOSIS
The process of determining the nature of a disease; the identification of a clinical disease from the patient’s signs and symptoms.

ELECTIVE UNIT
A unit which is part of a defined group of units, from which only one or more are required to achieve competence at a particular level.

HAHNEMANN, SAMUEL (1755-1843)
The 19th century physician, biologist, chemist and visionary who developed the medical art and science known as homoeopathy.

HOMŒOPATHIC DIAGNOSIS
The process of establishing a meaningful totality from the patients signs and symptoms, derived from:
• mental, emotional and physical signs and symptoms
• past and/or present symptoms
• acute and/or chronic states
• physical pathologies as distinct totalities or as part of a chronic state
• causations or life experiences

and may include:
• connections between different symptoms or states
• connection between a causation or life experience and the acute or chronic state.

HOMŒOPATHY (from GREEK homoios, like + pathos, disease, suffering)
Homœopathy is that branch of therapeutics which is based on the principle that involves the selection and prescription of a medication, which through prior testing on healthy people and from clinical experience/observation, is known to produce a similar symptom picture to that of the patient. The medication is prescribed in the minimum dosage required to bring about (stimulate) healing.

IMponderable
A homœopathic medicine derived from unsubstantial, dynamic sources such as magnetic fields, sunlight, moonlight, x-rays, etc.

INCLUDES
The worker has one or more of the following competencies.
LAW OF SIMILARS
The use of minute doses of single medicines proven capable of producing a set of symptoms, which are the most similar to those in the case of disease to be cured.

MAY INCLUDE
The worker has all of the following competencies, but doesn’t necessarily apply them in every patient interaction.

MUST INCLUDE
The worker has all of the following competencies, and must apply them in every patient interaction where this element applies.

MIASMA (from GREEK miasma, taint, stain, pollution).
An acute or chronic disease which is infectious and which is invariable (unchanging) as to its nature or essence. All miasms whether acute or chronic can be described in terms of four stages of development (The Chronic Diseases, pp.39, 97).
Hahnemann describes these stages as follows:
- Infection.
- Development of the infection.
- Appearance of the primary symptoms.
- Appearance of secondary symptoms.
The acute and chronic miasms differ in that acute miasmatic disease finish relatively quickly, but once a person has been infected with a chronic miasm the disease continues unless it is cured with homoeopathic medicines specific to it. A chronic miasm can be inherited from a person who has been infected as well as from a person who has inherited the disease. In this way the chronic miasm may continue for generations.

NOSODE
A homoeopathic medicine derived from diseased tissues, disease products or abnormal discharges.

ORGANON (GREEK, instrument.)
An instrument of thought or knowledge, especially a set of principles for use in philosophical or scientific investigation.

ORGANON OF MEDICINE 5th & 6th Edition Samuel Hahnemann
The philosophical and practical guidelines of the medical art and science of homoeopathy as written by its founder.

POSOLOGY
The science of determining the dosage, form and repetition of medicine to be administered.

POTENTISATION (from LATIN potentia, power)
A multi-step process of manufacturing homoeopathic medicines by serial dilution and succussion, or trituration, by which the inner medicinal power of a crude substance is released or increased.
PRIMARY CONTACT HEALTH PRACTITIONER
A health practitioner accepting the patients directly without referral from another practitioner.

PROVING
A controlled experiment in which a medicine is administered to a healthy individual to ascertain what changes (signs, symptoms, behaviour) the medicine produces on the body and the mind. The term 'proving' as used by Hahnemann, refers to one trial with a single individual. Many such provings are required to fully test the powers of a medicinal substance.

PROVISIONAL DIAGNOSIS
An assessment of the probable nature of the patient's illness.

SARCODE
A homœopathic medicine derived from healthy tissues, hormones, organs or discharges.

SCREENING ASSESSMENT
An analysis of signs, symptoms and reports resulting in a reasonable decision that the patient's condition is either:
- unclear and potentially dangerous, implying the need for further examination, investigation or treatment by another practitioner; OR
- unclear, but in the practitioner's opinion so innocuous or of a pattern that it can be safely and satisfactorily managed by the practitioner; OR
- described by a definite functional, pathological or psychiatric diagnosis

SCREENING PHYSICAL EXAMINATION
A physical examination that safeguards the patient by the use of reasonably warranted techniques to:
- differentiate abnormalities from normality; and
- detect any dangerous pathology or psychiatric condition

SECONDARY CONTACT HEALTH PRACTITIONER
A health practitioner accepting patients by referral from another practitioner

SIMILLIMUM (Latin, most like)
The medicine capable of producing a set of symptoms that are the most similar to those in the case of disease to be cured.

SPECIALISATION UNIT
A unit which is part of a defined group of units, all of which together are required for the performance of certain tasks which some workers may choose to do, while other workers may not.

SUCCUSSION
Vigorous shaking with impact. Part of a multi-step process for potentising substances to bring out their medicinal powers.

TRITURATION
A method of potentising dry medicinal substances by rubbing, grinding or pounding the substance into fine particles with a certain proportion of milk sugar, thereby progressively attenuating it.
UNIT 1 PROVIDE INFORMATION AND ADVICE REGARDING THE PRODUCTS/SERVICES OF THE HOMŒOPATHIC CLINIC TO MEET PATIENT NEEDS

**Descriptor:** This Unit covers assessing client's needs and determining which of the clinic's products/services the client requires and providing the information or advice to the patient and has been customised from Administration Competency Standards National Code BSA97 Unit BSAENT301A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 1.1 Clarify specific needs of patient | 1.1.1 Patient needs are accurately assessed against the products/services provided by the homœopathic clinic  
1.1.2 Features and benefits of the products/service provided by the homœopathic clinic are clearly described and recommended for the patient's needs  
1.1.3 Demonstrate a respect for the individual and consider their requirements.  
1.1.4 Patient details are recorded clearly and accurately according to clinic guidelines  
1.1.5 Appointment date and time is set to suit patient |
| 1.2 Provide information and advice | 1.2.1 Patient needs are clarified and appropriate information is provided including an explanation of the principles of homœopathic treatment  
1.2.2 Request the patient to bring relevant data to the consultation  
1.2.3 Alternative sources of information/advice are discussed with the patient  
1.2.2 Follow-up alternatives are offered |
| 1.3 Follow up patient needs | 1.3.1 Further information is despatched to patient if required  
1.3.2 Gaps in available information are identified and are referred to relevant practitioner or other person for action |
RANGE OF VARIABLES FOR UNIT 1

Clinic procedures and policies, e.g.
- Availability of information

Products/services of the clinic

Modes of enquiry

Patients, e.g.
- Internal: colleagues, departments, teams
- External

System for recording patients' needs/responses

Respect for individuals must include:
- Confidentiality
- acknowledgement of individual needs
- negotiation to meet individual requirements.

Patients needs may include an explanation of:
- potential for cure
- duration of treatment
- possible approaches to treatment
- cost of treatment
- availability of health fund rebates
- work cover eligibility
- professional status of practitioner
- availability of home visits
- after hours service
- provision for hospital visits.

Explain principles of homoeopathic treatment may include:
- verbal information
- written information
- electronic information.

Appropriate information may include:
- confirmation of appointment date and time
- clinic location and directions
- cost of initial consultation
- payment options.

Relevant data may include:
- source of referral
- patient questionnaire
- medical reports
- medication
- biological specimens.
Clinic’s guidelines may include:
- procedures and guidelines
- purpose or mission statement
- code of ethics or practice
- level of competency and degree of supervision
- partnership/group decisions, agreed practice.

EVIDENCE GUIDE FOR UNIT 1

Evidence of satisfactory performance in this Unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of providing advice and information regarding the products and services of the homoeopathic clinic to meet patient needs in accordance with its procedures and policies, check that:
- patient needs are correctly identified
- patient enquiries are recorded in the appropriate manner according to clinic guidelines
- relevant products and services are recommended
- patient is satisfied
- follow-up is within homoeopathic clinic timelines
- follow-up is appropriate

KEY COMPETENCIES FOR UNIT 1

Levels:
- Collect, analyse and organise information 1
- Communicate ideas and information 2
- Plan and organise activities 1
- Work with others and in teams 1
- Use mathematical ideas and techniques 1
- Solve problems 1
- Use technology 1
UNIT 2 OBTAIN INITIAL INFORMATION

**Descriptor:** This unit describes the competencies required to take the initial information and make an initial assessment of the patient for a Homœopathic consultation.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Make initial observation of the patient</td>
<td>2.1.1 Identify and accurately record general appearance and demeanour.</td>
</tr>
<tr>
<td></td>
<td>2.1.2 Observe areas of discomfort/pain and record according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>2.1.3 Record height and weight, if appropriate, according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>2.1.4 Pass findings on to supervisor/practitioner according to clinic guidelines.</td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES FOR UNIT 2**

*Identify and accurately record:*
- physical appearance
- patient's demeanour
- observe and record areas of discomfort/pain.

*Record height and weight details may include:*
- use of case record form/cards.

**EVIDENCE GUIDE FOR UNIT 2**

*Critical aspect:*
- it is essential that competency be demonstrated in observing and recording data and observable signs.

*Interdependent assessment of units:*
- this unit needs to be assessed alone and/or with unit 3.

*Underpinning Knowledge:*
- an understanding of homœopathic focused questioning
- the ability to record information accurately
- literacy and numeracy.
Consistency in Performance:
- evidence of competency must be demonstrated on more than one occasion.

Context of Assessment:
- assessment of this unit may be undertaken in a simulated setting or clinic setting.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 2</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 2</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 2</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 1</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 1</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 1</td>
</tr>
<tr>
<td></td>
<td>Solve problems 0</td>
</tr>
<tr>
<td></td>
<td>Use technology 1</td>
</tr>
</tbody>
</table>
UNIT 3  TAKE THE CASE

**Descriptor:** This unit describes the competencies required to conduct a homoeopathic interview to collect all information relevant to the case.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Make further observation of patient</td>
<td>3.1.1 Identify <em>signs of disease</em> according to homoeopathic practice.</td>
</tr>
<tr>
<td></td>
<td>3.1.2 Record further observations according to homoeopathic guidelines.</td>
</tr>
<tr>
<td>3.2 Obtain details of presenting signs and symptoms</td>
<td>3.2.1 Elicit specific details of <em>signs and symptoms of the presenting complaint(s).</em></td>
</tr>
<tr>
<td></td>
<td>3.2.2 Accurately <em>record information</em> in a systematic manner in accordance with <em>clinic guidelines.</em></td>
</tr>
<tr>
<td>3.3 Obtain further information</td>
<td>3.3.1 Obtain signs, symptoms and <em>further information relevant to the case.</em></td>
</tr>
<tr>
<td></td>
<td>3.3.2 <em>Record information</em> in a systematic and accurate manner.</td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES FOR UNIT 3**

*Signs of disease may include:*
- physical evidence of disease and or states of disorder.
- behavioural evidence of disease and/or states of disorder.

*Signs and symptoms of the presenting complaint(s) may include:*
- sensations
- onset
- duration
- location
- causation
- direction of chief complaint
- ameliorating and aggravating factors
- symptom qualities - intensity, severity, nature of complaint
- concomitant signs and symptoms
- general and particular symptoms
- subjective and objective symptoms
- PQRS.
- non verbal signs & symptoms
- functional or pathological disturbances.
Further information relevant to the case may include:
- past medical history including significant symptoms
- treatments
- family history
- interpersonal relationships within the family/work/social
- cultural relationships
- psychological state
- demeanour of the patient
- patient's life situation
- diet.

Record information may include:
- use of case record form
- written record of patient's own words
- video/audio recording (with patient's consent).

Clinic's guidelines may include:
- procedures and guidelines
- purpose or mission statement
- code of ethics or practice
- level of competency and degree of supervision
- partnership/group decisions, agreed practice.

EVIDENCE GUIDE
FOR UNIT 3

Critical aspects:
- It is essential that competency be demonstrated in identifying and recording signs and symptoms of disease.

Interdependent assessment of units:
- this unit needs to be assessed in conjunction with units 1-10.

Underpinning Knowledge may include knowledge and understanding of:
- homoeopathic case-taking as outlined in Appendix 1, Section 2
- anatomy and physiology, pathophysiology and disease processes as outlined in Appendix 1, Sections 8 and 7
- the environmental causes of disease
- medical test data such as urine, blood test data, faecal and biopsy reports
- use of medical reference texts including homoeopathic and western medicine
- knowledge of interview techniques.
**Resource Implications:**
- competency in this unit should include the ability to use a range of reference material.

**Consistency in performance:**
- accurately case taking at 3 interviews.

**Context of Assessment:**
- assessment of this unit may be undertaken in a clinic situation or through case studies.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 3</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
UNIT 4 ASSESS THE CASE

Descriptor: This unit describes the competencies required to examine the available recorded data of the patient's case to assess the patient's condition from a homoeopathic perspective.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 4.1 Analyse data | 4.1.1 Assess and classify the clinical disease according to homoeopathic practice.  
  4.1.2 Identify phase or stage of disease according to homoeopathic techniques.  
  4.1.3 Select analysis techniques appropriate to the data.  
  4.1.4 Classify signs and symptoms according to selected techniques.  
  4.1.5 Analyse the case using the selected techniques. |
| 4.2 Make a Homoeopathic diagnosis | 4.2.1 Perceive what is to be cured in the patient.  
  4.2.2 Establish expected natural course of disease.  
  4.2.3 Establish a meaningful totality of symptoms. |
| 4.3 Determine need for Homoeopathic treatment | 4.3.1 Assess the relevance of homoeopathic treatment.  
  4.3.2 Assess the potential outcomes of homoeopathic treatment.  
  4.3.3 Establish treatment goals according to clinical practice. |

RANGE OF VARIABLES FOR UNIT 4

Classify the clinical disease may include:  
- acute disease - individual, sporadic, epidemic, acute, and sub-acute  
- chronic disease partially developed or incurable - local or one sided manifestation as a physical and/or mental
• chronic disease fully developed
  - concept of miasmatic disease, simple or mixed
  - environmental, life style and iatrogenic influences
• consequence of suppression of symptoms and/or discharges on the future development of disease
• infectious diseases
• life threatening conditions.

Identify phase or stage of disease must include one of:
• acute presentation/phase
• chronic presentation/phase
• miasmatic presentation/phase
• mixed miasmatic presentation
• pathological presentation
• incurable/untreatable phase.

Analysis techniques may include:
• Boger’s hierarchy
• Kent’s hierarchy
• Boenninghausen’s hierarchy
• other more recent homoeopathic hierarchical techniques
• conceptual image
• evolutionary totality
• standardised case record method

Other analysis techniques may include:
• perception of essence/core/whole state
• totality of symptoms
• keynotes and/or keynote combinations
• rare and peculiar
• miasmatic interpretation
• layer and lesion concepts
• synthetic prescribing
• homoeopathic computer analysis

What is to be cured must include:
• a reference to relevant aphorisms in the Organon of Medicine 5/6th Edition.

Natural course of disease:
• natural duration of disease
• progress, extension, radiation and pace
• probability of remission.

Meaningful totality must include consideration of:
• the relevant aphorisms in the Organon of Medicine 5/6th Edition

and at least one of the following:
• Boger’s principles
• Kent’s principles
• Boenninghausen’s principles
• other relevant basis for a totality
Classify must include consideration of:
- aetiology
- chief complaint(s)
- physical generals - characteristic and common
- mentals - characteristic and common
- particulars - characteristic and common
- chronological sequence of symptoms
- concomitants.

Relevance of homoeopathic treatments established by reference to:
- the Organon of Medicine 5/6th Edition and other appropriate texts.

Potential outcomes may include:
- cure
- palliation of incurable condition
- severe aggravation
- progression of disease
- reduction of miasmatic condition
- changes emotional state and/or relationship dynamics
- removal of layer, lesion or acute state and emergence of new symptoms.

Treatment goals may include:
- cure
- palliation
- prevention/prophylaxis
- maintenance.

---

**EVIDENCE GUIDE FOR UNIT 4**

**Critical aspects:**
- competency must be demonstrated in the knowledge of:
  - clinical disease
  - homoeopathic symptomatology.

**Interdependent assessment:**
- this unit needs to be assessed in conjunction with units 1-10.

**Underpinning Knowledge:**
- this will include knowledge of:
  - case analysis and case management as outlined in Appendix 1, Sections 2 and 3
  - the natural history of disease
  - the effects of medicinal disease
  - the capabilities of homoeopathic treatment
  - the limitations of homoeopathic treatment
  - medical emergencies.
Resource Implications:
Competency in this unit may be assessed through the use of:
- the Organon and other homoeopathic texts
- medical texts
- computerised homoeopathic systems
- a resource file of referral and emergency contact numbers.

Method of assessment:
To ensure competency assessment should be conducted via workplace assessment and via viewing case records and management plans or could be via a written plan.

Context of assessment:
Would best be carried out in a clinical situation, alternatively simulated conditions may apply.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 4</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 3</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 3</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 3</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 3</td>
</tr>
<tr>
<td></td>
<td>Solve problems 3</td>
</tr>
<tr>
<td></td>
<td>Use technology 3</td>
</tr>
</tbody>
</table>
UNIT 5  SELECT THE HOMŒOPATHIC TREATMENT

**Descriptor:** This unit describes the competencies required to select the homœopathic remedy and posology, according to established homœopathic principles and practice.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Select the remedy</td>
<td>5.1.1 Identify the <em>phase or stage</em> of disease needing attention.</td>
</tr>
<tr>
<td></td>
<td>5.1.2 Consider possible remedies from a sufficiently wide range.</td>
</tr>
<tr>
<td></td>
<td>5.1.3 Assess and differentiate the possible remedies from an understanding of their Homœopathic symptomatology.</td>
</tr>
<tr>
<td></td>
<td>5.1.4 Select the <em>remedy according to the phase or stage</em> of disease.</td>
</tr>
<tr>
<td></td>
<td>5.1.5 Select the <em>remedy according to the Law of Similars.</em></td>
</tr>
<tr>
<td>5.2 Select Posology options</td>
<td>5.2.1 Select an <em>appropriate potency</em> according to the patient's condition.</td>
</tr>
<tr>
<td></td>
<td>5.2.2 Select <em>frequency of repetition</em> that is most appropriate to the patient's condition.</td>
</tr>
<tr>
<td></td>
<td>5.2.3 Select an <em>appropriate administration method.</em></td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES FOR UNIT 5**

*Phase or stage must include one of the following:*
- upper most layer
- acute presentation/phase
- chronic presentation/phase
- miasmatic presentation/phase
- mixed miasmatic presentation/phase
- pathological phase
- incurable/un treatable state.
Possible remedies may include those from:

- any remedy in a reputable homoeopathic materia medica
- sarcodes, nosodes, imponderables, tautopathics and autonosodes
- any appropriately proven and prepared remedy.

Remedy according to phase or stage may include:

- homoeopathic remedy
- placebo
- no prescription.

Remedy according to the Law of Similars must include:

- consideration of the relevant aphorisms found in the Organon of Medicine 5/6th Edition.

Appropriate potency may include:

- x potency scale
- c potency scale
- LM (Q) potency scale
- mother tincture
- placebo.

Frequency of repetition may include:

- single dose
- infrequent repetition
- frequent repetition.

Appropriate administration method may include:

- olfactory
- sublingual
- cutaneous
- via fluid medium, alcohol, or water
- via pilules
- via powder
- via pulsing method.
Critical aspects:

- It is essential that competence is demonstrated in the ability to select a remedy from one of the kingdoms, nosodes, placebo or no remedy according to what would be homoeopathic for the patient.
- It is essential that competence is demonstrated with a sound philosophical logic and an understanding of clinical medicine and the pathophysiological process that could inhibit and/or hinder selected treatment.
- It is essential that competence is demonstrated in the ability to know when a potency is homoeopathic.
- It is essential that competence is demonstrated in the ability to know how to select the appropriate potency for the phase the patient is in, with a sound knowledge from the philosophy that the practitioner is using.
- It is essential that competence is demonstrated in the ability to know how often to repeat the remedy according to the philosophical approach the practitioner uses e.g. vitality or susceptibility and sensitivity.

Interdependent assessment of Units:

- This unit needs to be assessed in conjunction with units 1-10.

Underpinning Knowledge will include knowledge and understanding of:

- the principles of case analysis, prescribing and case management and materia medica outlined in Appendix 1, Section 2, 3 and 5
- the presenting phase and whether that phase is treatable homoeopathically
- the underlying condition of the patient including knowledge of pathology as outlined in Appendix 1, Section 7
- where based on pathological assessment, homoeopathic treatment is or is not a viable option
- where palliative treatment is called for
- the use of placebo and the conditions and situations that warrant it
• the use of mother tinctures
• principles for determining whether the frequency of administration and potency is homoeopathic based on the practitioner's philosophy
• disease processes as outlined in Appendix 1, Section 7
• the possible reactions to a remedy in the phase/pathological state of the patient
• pathology tests and their implementation as a tool for assessing the necessary potency, frequency and duration of treatment in pathological disease
• recommendations made by Hahnemann and others for protection against depotentising the remedies.

Consistency in performance:
In order to ensure consistency of performance, it will be necessary to collect evidence across a range of events over a period of time.

Context of assessment:
Assessment may be undertaken in both a simulated environment and the workplace. There is some scope for practice of the required skills in a simulated situation, but they also need to be assessed with real live patients in a clinical situation along with pen and paper assessment.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 5</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 3</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 3</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 3</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 0</td>
</tr>
<tr>
<td></td>
<td>Solve problems 3</td>
</tr>
<tr>
<td></td>
<td>Use technology 2</td>
</tr>
</tbody>
</table>
UNIT 6 SELECT THE COMPLEMENTARY TREATMENT AND/OR MAKE REFERRALS

**Descriptor:** This unit describes the competencies required to select the complementary treatment and referral of Homoeopathic patients.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 6.1 Formulate a plan to overcome any obstacles to cure | 6.1.1 Assess possible *nutritional impediments* to cure.  
6.1.2 *Negotiate dietary modifications* if appropriate.  
6.1.3 *Assess lifestyle factors* which may impede cure.  
6.1.4 *Negotiate lifestyle modifications* as appropriate.  
6.1.5 Identify other *obstacles to cure* and develop strategies to overcome them.  
6.1.6 Provide information about *community resources and support services*. |
| 6.2 Formulate a referral plan | 6.2.1 Determine the need for referral to other *health professionals* and services.  
6.2.2 Communicate the need for referral to other health professionals.  
6.2.3 *Consult complementary health professionals and support services*. |

**RANGE OF VARIABLES FOR UNIT 6**

*Nutritional impediments may include:*
- nutritional imbalance
- digestive disorders
- metabolic disorders
- substance abuse or addiction
- psychological disorders
- socio-economic factors.
Negotiate dietary modifications may include advising on the following:

- foods, beverages and supplementary foods
- special diets for particular disorders and disease states such as:
  - coeliac disease
  - diabetes mellitus
  - diarrhoea
  - constipation
  - gastric ulcer.

Assess lifestyle factors may include:

- identification of lifestyle deficiencies
- identification of aggravating factors.

Negotiate lifestyle modifications may include advising on the following:

- exercise
- recreation
- relaxation
- hygiene
- recreational drugs and other substances of addiction
- emotional health
- occupation
- living conditions.

Obstacles to cure may include those factors referred to in the Organon 6th Edition Aphorisms 259-263 including:

- diet
- allergies
- exercise
- recreation
- relaxation
- hygiene drugs and other substances of addiction
- emotional health
- occupation
- living conditions.

Complementary health professionals may include:

- hospitals, community and women's health centres
- medical and other specialists
- manipulative and physical therapists
- practitioners of Traditional Chinese Medicine
- nutritional therapists
- psychologists /counsellors
- practitioners of other health promoting disciplines.
• Consult complementary health professionals and support services should include the ability to communicate by telephone and/or to write a letter of referral.

• Community resources and support services may include those listed with local councils and health authorities.

**EVIDENCE GUIDE FOR UNIT 6**

**Critical Aspects:**

- Demonstrate competence to negotiate strategies to overcome any obstacles to cure
- The practitioner must have a broad understanding of the role of complementary health professionals and support services.

**Interdependent Assessment:**
This unit needs to be assessed in conjunction with units 1-10.

**Underpinning Knowledge:**
Will include the knowledge to access current nutritional status:
- dietary requirements of special conditions and diseases
- knowledge of obstacles to cure
- knowledge of limitations of homoeopathic treatment
- knowledge of lifestyle factors conducive to good health
- knowledge of referral procedure
- knowledge necessary to assess a medical emergency
- knowledge of the role of other health professionals and support services.

**Resource Implications:**
Competency in this unit should be assessed by the development of a community resource and referral file.

**Consistency in Performance:**
In order to ensure consistency of performance, competency should be demonstrated in a range of situations.

**Context of Assessment:**
Evidence of assessment is most effectively undertaken in a practitioner/patient situation.
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 6</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
UNIT 7  DISCUSS THE TREATMENT

Descriptor: This unit describes the competencies required to discuss the nature and implications of the illness and the homoeopathic treatment plan, with the patient.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Discuss the nature of the illness with the patient</td>
<td>7.1.1 Clarify <em>discrepancies</em> between the practitioner’s and the patient's perception of the condition.</td>
</tr>
<tr>
<td>7.1.2 Provide opportunities for the patient to discuss specific questions relating to their condition.</td>
<td></td>
</tr>
<tr>
<td>7.1.3 Communicate any relevant information from medical reports or diagnosis.</td>
<td></td>
</tr>
<tr>
<td>7.1.4 Explain any perceived risks of the patient's condition.</td>
<td></td>
</tr>
<tr>
<td>7.1.5 Explain the miasmatic nature of the symptomatology where applicable.</td>
<td></td>
</tr>
<tr>
<td>7.2 Discuss the treatment plan</td>
<td>7.2.1 Clarify the <em>responsibilities</em> of practitioner and patient within the treatment plan.</td>
</tr>
<tr>
<td>7.2.2 Explain <em>possible responses to the remedy</em> based on accepted Homoeopathic analysis.</td>
<td></td>
</tr>
<tr>
<td>7.2.3 Negotiate the management of homoeopathic treatment in relation to any other current therapies.</td>
<td></td>
</tr>
<tr>
<td>7.2.4 Discuss the treatment evaluation strategies.</td>
<td></td>
</tr>
<tr>
<td>7.2.5 Arrange follow-up contact.</td>
<td></td>
</tr>
</tbody>
</table>
RANGE OF VARIABLES FOR UNIT 7

Discrepancies may include:
- patient is unaware of the immediate danger of their condition
- patient is over anxious about their condition
- patient is unaware of maintaining causes acting on their condition
- practitioner is unaware of some implications of the patients condition
- that each consider the main problem to be different things.

Responsibilities may include:
- isolating the sick person
- notifying doctor about their condition
- appropriate hygienic or sexual behaviour.
- Notifying State Health Authorities of Notifiable/Communicable Disease.

Possible responses to the remedy may include:
- therapeutic aggravation
- amelioration
- proving
- suppression
- palliation
- non-therapeutic aggravation
- no response.

EVIDENCE GUIDE FOR UNIT 7

Critical aspects:
- it is essential that competency is demonstrated in explaining any perceived risks
- it is essential that competence is demonstrated in the explanation of the possible reactions to the remedy
- it is essential that competence is demonstrated in the negotiation of the management of homoeopathic treatment with the patients current therapies.

Interdependent assessment of Units:
This unit needs to be assessed in conjunction with units 1-10.

Underpinning Knowledge will include:
- knowledge of disease processes
- knowledge of medical reports and diagnostic procedures
- knowledge of the possible responses to the homoeopathic remedy/ies
- knowledge of the pathogenesis of the remedies administered
- ability to access reference material on the effects of current conventional drug therapies and their withdrawal.
**Context of assessment:**
Assessment may be undertaken in both a simulated environment or the workplace.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 7</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
UNIT 8 DISPENSE THE MEDICATION FROM A PRESCRIPTION/ORDER

**Descriptor:** This unit describes the competencies required to prepare and provide the homoeopathic medication (remedy), as prescribed or ordered by a homoeopathic practitioner.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Prepare the medicine</td>
<td>8.1.1 Prepare the dispensing alcohol according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>8.1.2 Prepare the required remedy(ies) according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>8.1.3 Prepare the required remedy(ies) in the form stipulated by the prescription/order.</td>
</tr>
<tr>
<td></td>
<td>8.1.4 Take care to ensure the remedy(ies) are not contaminated with other remedies or non-homoeopathic substances.</td>
</tr>
<tr>
<td>8.2 Provide the medicine</td>
<td>8.2.1 Provide the medication to the patient according to the prescription in an amount which will fulfil the requirement.</td>
</tr>
<tr>
<td></td>
<td>8.2.2 Explain to the patient factors which may interfere with the effectiveness of the remedy(ies).</td>
</tr>
<tr>
<td></td>
<td>8.2.3 Explain the mode of administration to the patient.</td>
</tr>
<tr>
<td></td>
<td>8.2.4 Explain the frequency and duration of repetition to the patient.</td>
</tr>
<tr>
<td></td>
<td>8.2.5 Describe factors which may have an effect on the storage of the remedy.</td>
</tr>
</tbody>
</table>
RANGE OF VARIABLES FOR UNIT 8

Relevant texts may include:
- Homeopathic pharmacopoeia.

Form of the remedy may include:
- pilule
- liquid
- powder
- creams
- ointments.

Take care must include:
- one remedy open at one time in the dispensary
- remedies are made and prepared over an impervious surface
- objects that come in contact with the remedy are cleaned and discarded
- remedies which come in contact with contaminants are discarded.

Factors which may interfere may include:
- dental work
- eating and smoking within ten-twenty minutes of taking the remedy
- drinking coffee while under the influence of the remedy
- using systemic cortisone or other powerful medicines
- use of the high dose contraceptive pill.

Mode of administration may include:
- sublingual administration of a single pill
- several pilules or drops
- olfaction
- transdermal absorption.

Factors which may have an affect on the storage may include:
- proximity to electromagnetic radiation
- heat above 50 c
- prolonged exposure to sunlight
- exposure to strong odorous substances eg perfumes.
Critical aspects of evidence to be considered include:
- remedies are prepared in accordance with the order/prescription
- remedies are provided as directed
- instructions are given to the patient so the remedy/ies will be taken according to orders.

Interdependent assessment of this unit:
This unit will be assessed in conjunction with units 1, 2, and 11.

Underpinning knowledge will include knowledge of:
- homoeopathic pharmacy as outlined in Appendix 1, Section 4
- the preparation of dispensing alcohol
- factors that affect homoeopathic remedies in preparation and storage
- TGA labelling regulations
- homoeopathic remedy dispensing principles and methods.

Resource implications:
Consistency in performance:
- it will be necessary to collect evidence of the ability to make up remedies in all potencies and if possible all forms according to clinic guidelines
- assessment once only in each.

Context of assessment:
- Assessment may be undertaken in either a clinic or a simulated environment.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 8</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 1</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 1</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 1</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 1</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 1</td>
</tr>
<tr>
<td></td>
<td>Solve problems 1</td>
</tr>
<tr>
<td></td>
<td>Use technology 1</td>
</tr>
</tbody>
</table>
UNIT 9 MANAGE THE ORDERING AND DISPENSING OF THE MEDICATION

Descriptor: This unit describes the competencies required to manage the ordering, preparation and dispensing of the homoeopathic medication (remedy).

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 9.1 Order remedies from pharmacy | 9.1.1 Purchase required remedies from acceptable sources.  
9.1.2 Ensure that the required remedies are made from original substances in accordance with relevant texts.  
9.1.3 Ensure that the pharmacy is kept well stocked according to clinic guidelines. |
| 9.2 Order alcohol | 9.2.1 Purchase required alcohol from acceptable sources.  
9.2.2 Prepare dispensing alcohol according to Occupational Health and Safety regulations.  
9.2.3 Store the alcohol and dispensing alcohol according to clinic guidelines.  
9.2.4 Maintain an alcohol register according to state regulations. |
| 9.3 Dispense the Medicine | 9.3.1 Dispense the required remedies according to clinic guidelines.  
9.3.2 Provide the remedy in a form suitable to the treatment plan and patient's needs.  
9.3.3 Use sufficient care to ensure that remedies are not contaminated with other remedies or non-homoeopathic substances.  
9.3.4 Use labels which comply with Government regulations. |
9.4  Provide the medicine

9.4.1  Provided the medicine to the patient and record according to clinic guidelines.

9.4.2  Explain factors, which may interfere with the effectiveness of the remedy.

9.4.3  Explain the mode of administration of the remedy.

9.4.4  Explain the frequency and duration of repetition of the remedy.

9.4.5  Provide an explanation as to when unscheduled contact with the practitioner may be necessary.

9.4.6  Describe factors which could have an effect on storage of the remedy.

---

RANGE OF VARIABLES FOR UNIT 9

Acceptable sources must include:
- Businesses listed in the Therapeutic Goods Administration or
- overseas suppliers or
- collection and prepared from natural sources.

Relevant texts may include:
- Pharmacopoeias (homoeopathic).

Form of the remedy may include:
- pillule
- liquid
- powder
- creams
- ointments.

Sufficient care must include:
- only one potency of one remedy is open at one time in the dispensary
- remedies are made over an impervious surface
- objects that come into contact with the remedy are cleaned
- remedies which come into contact with contaminants are discarded.

Factors which may interfere may include:
- dental work
- eating or smoking within ten - twenty minutes of taking the remedy
- drinking coffee while under the influence of the remedy
- using systemic cortisone or other powerful medicines
- use of the high dose contraceptive pill.
Mode of administration may include:
- olfaction
- ingestion of a single or several pills or pillules
- ingestion of liquid potency or a dilution of such
- transdermal absorption.

Factors which would have an effect on storage may include:
- electromagnetic radiation
- heat above 50°C
- prolonged exposure to sunlight.

**EVIDENCE GUIDE FOR UNIT 9**

Critical aspects of evidence to be considered include:
- sufficient care is used to ensure that remedies are not contaminated with
- other remedies or non-homeopathic substances
- remedies made from original substances are made in accordance with
- specified reference texts
- remedies are purchased from acceptable sources

Interdependent assessment of Units:
- This unit needs to be assessed in conjunction with Units 1-10, 34 & 35

Underpinning Knowledge will include:
- knowledge of Therapeutic Goods Administration labelling regulations
- knowledge of homeopathic remedy manufacture from source materials
- knowledge of homeopathic remedy dispensing principles and methods

Resource implications:
- alcohol licence
- availability of alcohol
- availability of remedies
- preparation room/space meeting preparation requirements.

Consistency in performance:
Making remedies from source: It will be necessary to collect evidence from all potency scales: X, C, and (Q) LM scales
Assessed once only.

Context of assessment:
Assessment may be undertaken in a simulated environment or clinic.
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 9</th>
<th>Levels:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
<td>0</td>
</tr>
</tbody>
</table>
UNIT 10  REVIEW THE TREATMENT

Descriptor: This unit describes the competencies required to identify the outcomes of any previous homeopathic treatments, review and revise the treatment plan and instigate any necessary further homeopathic treatment or referral.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Identify the outcome of previous treatment(s)</td>
<td>10.1.1 Review the case with the patient.</td>
</tr>
<tr>
<td></td>
<td>10.1.2 Identify the remedy reaction, if any, to previous treatment.</td>
</tr>
<tr>
<td></td>
<td>10.1.3 Record the effects of previous treatment.</td>
</tr>
<tr>
<td>10.2 Review treatment plan</td>
<td>10.2.1 Review previous treatment plan.</td>
</tr>
<tr>
<td></td>
<td>10.2.2 Evaluate the need for further treatment.</td>
</tr>
<tr>
<td></td>
<td>10.2.3 Negotiate changes to the plan with the patient to ensure maximum patient satisfaction.</td>
</tr>
<tr>
<td></td>
<td>10.2.4 Adjust the plan where necessary to ensure optimal outcomes.</td>
</tr>
<tr>
<td></td>
<td>10.2.5 Referral for further examination or complementary therapy is instigated if required.</td>
</tr>
<tr>
<td>10.3 Instigate appropriate follow-up action(s)</td>
<td>10.3.1 Instigate referral for further examination or complementary therapy if required</td>
</tr>
<tr>
<td></td>
<td>10.3.2 Further treatment is instigated, based on the analysis or review.</td>
</tr>
</tbody>
</table>

RANGE OF VARIABLES FOR UNIT 10

Remedy reaction may include:
- amelioration
- aggravation
- new symptoms emerge
- old symptoms emerge
- proving symptoms emerge
- symptoms change level
- no change
Effects of previous treatment may include:
- patient is better
- patient is worse
- case is being suppressed
- no change/wrong remedy given
- patient is proving remedy
- new state is emerging
- disease is progressing.

Further treatment may include:
- repetition of the first remedy
- change of potency
- change of Posology
- change of remedy
- intercurrent remedy
- use of miasmatic remedy
- constitutional remedy
- nosode
- pathological lesion remedy(s)
- waiting
- placebo

**EVIDENCE GUIDE**
**FOR UNIT 10**

**Critical Aspects:**
- it is essential that the remedy reaction to previous treatments be identified
- it is essential that the effects of previous treatments are analysed
- it is essential that the previous treatment plan is reviewed

**Interdependent assessment of Units:**
This unit needs to be assessed in conjunction with units 1-10.

- Underpinning Knowledge will include knowledge of:
  - fundamental homoeopathic principles and the principles of case-taking and case analysis
  - prescribing and case management
  - materia medica
  - anatomy and physiology
  - pathophysiology and disease processes

as outlined in Appendix 1, Sections 1, 2, 3, 5, 6 and 7.

**Consistency in performance:**
It is necessary to assess a sampling of cases in/at one assessment.

**Context of assessment:**
This can be assessed in the work place, or off site by use of case records.
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 10</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
UNIT 11 OBTAIN VITAL SIGNS

**Descriptor:** This unit describes the competencies required to obtain a patient's vital signs.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1 Observe patient's demeanour and appearance</td>
<td>11.1.1 Observe carefully the patient's demeanour and appearance in order to detect signs of impaired vital functions.</td>
</tr>
<tr>
<td></td>
<td>11.1.2 The temperature, pulse rate, blood pressure and respiration rate is taken, along with peak flow if required/requested.</td>
</tr>
<tr>
<td></td>
<td>11.1.3 The findings are recorded according to clinic guidelines and reported to the supervisor practitioner.</td>
</tr>
<tr>
<td>11.2 Communicate procedures to patient</td>
<td>11.2.1 Inform the patient continuously about procedures throughout the process.</td>
</tr>
<tr>
<td>11.3 Undertake examination for vital signs</td>
<td>11.3.1 <em>Conduct the examination</em> in a systematic order.</td>
</tr>
<tr>
<td></td>
<td>11.3.2 Take body temperature using a method appropriate to clinical presentation.</td>
</tr>
<tr>
<td></td>
<td>11.3.3 Take blood pressure according to standard procedure.</td>
</tr>
<tr>
<td></td>
<td>11.3.4 Take pulse rate according to standard procedure.</td>
</tr>
<tr>
<td></td>
<td>11.3.5 Take respiration rate according to standard procedure.</td>
</tr>
<tr>
<td>11.4 Record findings</td>
<td>11.4.1 Record findings according to clinic guidelines.</td>
</tr>
</tbody>
</table>
RANGE OF VARIABLES FOR UNIT 11

Areas of investigation include:
- general appearance
- blood pressure, respiration, pulse rates and temperature
- peak flow.

Organise examination:
- arrange equipment
- check that equipment is in good working order
- position patient and examiner
- sequence examination for efficiency and patient and examiner comfort.

Conduct the examination must include:
- inform patient of procedures to be carried out
- obtain patient consent at each stage of examination
- use standardised sequence of examination
- use required equipment
- use standardised procedures for infection control.

EVIDENCE GUIDE FOR UNIT 11

Critical Aspects:
- the ability to conduct the examination
- literacy and numeracy.

Interdependent Assessment:
This unit is to be assessed in conjunction with units 1, 2, and 8.

Underpinning knowledge:
- knowledge of clinical anatomy and physiology relevant to performing the examination
- knowledge of pathophysiology and disease process relevant to performing the examination
- the ability to relate the examination outcome to homeopathic symptomatology.

Resource Implications:
Instruments required must include:
- thermometer
- sphygmomanometer
- stethoscope
- timing device
- peak flow meter and disposable mouth pieces.
Supplies required must include:
- disposable gloves and aprons
- instrument cleaning supplies.

Other supplies required may include:
- examination gowns
- gauze squares.

Consistency in Performance:
- in order to ensure consistency of performance it will be necessary to conduct all of the examinations.

Context of Assessment:
The assessment will be undertaken in a real or simulated clinical setting.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 11</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 1</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 1</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 1</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 1</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 1</td>
</tr>
<tr>
<td></td>
<td>Solve problems 1</td>
</tr>
<tr>
<td></td>
<td>Use technology 1</td>
</tr>
</tbody>
</table>
UNIT 12  CONDUCT SCREENING PHYSICAL EXAMINATION

Descriptor:  This unit describes the competencies required to assess the need for a physical examination and conduct a screening physical examination.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 12.1  Assess need for a physical examination | 12.1.1 Determine the need for a physical examination based on information obtained when taking the case using standard diagnostic concepts.  
12.1.2 *Select area(s) or system(s) for investigation.* |
| 12.2  Conduct screening examination when needed | 12.2.1 *Organise the examination* using appropriate care  
12.2.2 *Examine* the selected area(s) or system(s) using appropriate care  
12.2.3 Record the findings in details according to clinic guidelines |
| 12.3 Record and file the findings | 12.3.1 Record the findings systematically, clearly and accurately, according to clinic guidelines  
12.3.2 File the recorded findings in the patients notes and store according to clinic guidelines, respecting patient confidentiality |

RANGE OF VARIABLES FOR UNIT 12  
*Areas of investigation may include:*
- full screening examination
- general appearance and vital signs
- skin
- head, eyes, ears, nose, oral cavity and throat
- neck
- breasts and axillae
- thorax and lungs
- heart and great vessels
- abdomen
- limbs
- neurological system
- lower back.
- cardiovascular system
- respiratory system
- gastrointestinal system
- urinary system
- endocrine system.
Organise examination must include:
- inform patient of procedures to be carried out
- obtain patient consent
- obtain consent from an appropriate adult if the patient is a child
- arrange equipment and supplies
- check that equipment is in good working order
- position patient and examiner
- sequence examination for efficiency and patient and examiner comfort.

Examine the selected area must include:
- position patient and examiner
- sequence examination for efficiency and patient and examiner comfort
- use standardised sequence of examination
- use required equipment and supplies
- use standardised procedures for infection control.

EVIDENCE GUIDE FOR UNIT 12

Critical Aspects:
- Obtaining problem focused information performing inspection, palpation, auscultation, percussion, appropriate manoeuvres, interpreting and understanding significance of findings sufficient to safeguard the patient.

Interdependent Assessment:
- this unit needs to be assessed in conjunction with unit 1-4,11.
Underpinning knowledge:
- knowledge of clinical anatomy and physiology relevant to performing screening clinical examinations
- knowledge of pathophysiology and disease process relevant to performing screening clinical examinations
- knowledge of the purpose, method and sequencing of screening physical examinations
- the relationship between physical findings, diagnoses and homoeopathic prescribing
- knowledge of the normal presentations of pregnancy and post partum period
- knowledge of diseases associated with pregnancy and post partum period
- knowledge of neonatal development, milestones and deviations
- knowledge of emergencies associated with pregnancy, labour, post partum and neonatal management
- knowledge of remedies specific to pregnancy, labour, post partum and neonatal management
- knowledge of clinical and developmental anatomy and physiology relevant to performing a paediatric screening physical examination and evaluating the results
- knowledge of pathophysiology and disease process relevant to the stages of childhood
- knowledge of clinical anatomy and physiology relevant to performing a geriatric screening physical examination and evaluating the results
- knowledge of pathophysiology and disease process relevant to the ageing process
- knowledge of the disease manifestations relating to screening physical examination of terminal conditions
- knowledge base is indicated by the texts in the Appendix sections 6, 7 and 8.

Resource Implications:
Instruments required must include:
- examination table
- thermometer
- sphygmomanometer
- stethoscope
- otoscope
- penlight
- percussion (reflex) hammer
- measuring tape
- timing device
- equipment for measuring height and weight
- goose-neck lamp or other light source.
Other instruments required may include:
- ophthalmoscope
- tuning fork(s)
- nasal speculum
- skin marking pencil
- peak-flow meter.

Supplies required must include:
- half-sheet for draping
- disposable gloves
- tongue depressors
- cotton-tipped swab.

Other supplies optionally required may include:
- examination gowns and aprons
- gauze squares
- glucometer
- visual acuity charts.

Consistency in Performance:
In order to ensure consistency of performance it will be necessary to conduct a series of examinations including:
- three ‘area’ examinations selected at random at the time of the examination.

Context of Assessment:
The assessment will be undertaken in a real or simulated clinical setting.

---

**KEY COMPETENCIES FOR UNIT 12**

<table>
<thead>
<tr>
<th>Levels</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
UNIT 13 MAKE A SCREENING ASSESSMENT AND REFER FOR FURTHER EXAMINATION

**Descriptor:** This unit describes the competencies required to make a screening assessment and to refer to another practitioner for further examination.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 13.1 Conduct extended medical interview | 13.1.1 Establish area(s) of concern for extended history taking using standard evaluation protocols.  
13.1.2 Acquire extended history (problem focused, system review). |
| 13.2 Make a screening assessment | 13.2.1 Arrive at a screening assessment using standard protocols.  
13.2.2 Establish expected normal course of disease.  
13.2.3 Determine the need for an extended physical examination or further diagnostic procedures.  
13.2.4 Record findings. |
| 13.3 Arrange referrals for extended physical examination and/or diagnostic procedure | 13.3.1 Inform the patient about referral.  
13.3.2 Select the practitioner for referral.  
13.3.3 Write the letter of referral.  
13.3.4 Monitor the progress and outcome of referral.  
13.3.5 Record referral details. |

**RANGE OF VARIABLES FOR UNIT 13**

Screening assessment must imply one of the following:
- the need for further examination or investigation
- the need for further evaluation of the signs and symptoms to establish a diagnosis
- a definite diagnosis
- a dangerous pathology or psychiatric condition
- a condition which can be safely and satisfactorily managed by the practitioner.
Standard evaluation protocols may include:
- relate signs and symptoms to diagnostic areas using a standard system of evaluation.

Acquire extended (problem focused) history:
- formulate diagnostic hypothesis
- data gathering and hypothesis testing
- role of past medical history
- role of patient profile.

Further diagnostic procedures may include:
- diagnostic laboratory tests
- diagnostic imaging
- referral to a diagnostician.

Monitor outcome of referral:
- ascertain that diagnostic procedures or extended examination has been carried out by the appropriate practitioner
  assess and analyse the data arising out of the referral.

Establish expected natural course of disease may include:
- natural duration of disease
- progress, extension, radiation and pace
- probability of remission.

---

**EVIDENCE GUIDE FOR UNIT 13**

**Critical Aspects:**
- obtaining problem focused information
- interpreting and understanding the significance of findings, and the practitioner's own limitations in diagnosis and therapy sufficient to safeguard the patient.

**Interdependent Assessment:**
- This unit needs to be assessed in conjunction with units 1-4, 11 and 12.

**Underpinning knowledge:**
- knowledge of pathophysiology and disease process and classification relevant to making a screening assessment and interpreting the findings
- knowledge of anatomy and physiology relevant to evaluating results of the screening assessment
- knowledge of the mode of presentation of potentially fatal and emergency medical and surgical conditions
• knowledge of normal anatomy in relation to diagnostic imaging procedures
• the relationship between physical findings, diagnosis and homeopathic prescribing
• knowledge of relevant anatomy and pathophysiology to competently collect specimens and interpret results

The knowledge base is indicated by the references in Appendix A Section 6, 7, 8 though none clearly delineates the extent of the minimum required.

Consistency in Performance:
In order to ensure consistency of performance it will be necessary to conduct a series of assessments including:
• three assessments selected at random.

Context of Assessment:
The assessment will be undertaken in a real or simulated clinical setting.

KEY COMPETENCIES
FOR UNIT 13

<table>
<thead>
<tr>
<th>Levels:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>2</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>1</td>
</tr>
</tbody>
</table>
UNIT 14 CONDUCT EXTENDED PHYSICAL EXAMINATION AND MAKE A DIAGNOSIS

**Descriptor:** This unit describes the competencies required to conduct an extended physical examination and interpret the findings, to a standard required of a primary contact health care practitioner not relying on the diagnosis of another health care practitioner.

This unit, if delivered in the VET sector, is intended for registered health professionals and may be delivered as part of a postgraduate Advanced Diploma. The Homeopathic profession will offer this unit in the higher education sector as a postgraduate qualification.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1 Conduct extended medical interview and analyse results</td>
<td>14.1.1 Establish area(s) of concern for extended history taking using standard evaluation protocols.</td>
</tr>
<tr>
<td></td>
<td>14.1.2 Acquire an extended problem focused medical history.</td>
</tr>
<tr>
<td></td>
<td>14.1.3 Establish a provisional diagnosis.</td>
</tr>
<tr>
<td></td>
<td>14.1.4 Record findings.</td>
</tr>
<tr>
<td>14.2 Conduct extended examination</td>
<td>14.2.1 Select area(s) or systems(s) for investigation.</td>
</tr>
<tr>
<td></td>
<td>14.2.2 Organise the examination.</td>
</tr>
<tr>
<td></td>
<td>14.2.3 Examine the patient.</td>
</tr>
<tr>
<td></td>
<td>14.2.4 Collect specimens for pathology tests</td>
</tr>
<tr>
<td></td>
<td>14.2.5 Record the findings.</td>
</tr>
<tr>
<td>14.3 Make a diagnosis</td>
<td>14.3.1 Arrive at a diagnosis using standard protocols.</td>
</tr>
<tr>
<td></td>
<td>14.3.2 Establish expected natural course of the disease.</td>
</tr>
<tr>
<td></td>
<td>14.3.3 Record findings.</td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES FOR UNIT 14**

Areas of investigation may include:
- full screening examination
- general appearance and vital signs
- skin
- head, eyes, ears, nose, oral cavity and throat
- neck
- breasts and axillae
- thorax and lungs
- heart and great vessels
• abdomen
• limbs
• neurological system
• lower back
• cardiovascular system
• respiratory system
• gastrointestinal system and rectum
• urological system
• endocrine system
• male genitalia
• female genitalia.

Organise examination must include:
• inform patient of procedures to be carried out
• obtain patient consent
• obtain consent from an appropriate adult if the patient is a child
• arrange equipment and supplies
• check that equipment is in good working order
• position patient and examiner
• sequence examination for efficiency and patient and examiner comfort.

Examine the patient must include:
• position patient and examiner
• sequence examination for efficiency and patient and examiner comfort
• use standardised sequence of examination
• use required equipment and supplies
• use standardised procedures for infection control.

Standard evaluation protocols must include:
• relate signs and symptoms to diagnostic areas using a standard clinical system of evaluation.

Acquire extended problem focused medical history may include:
• formulate diagnostic hypothesis
• data gathering and hypothesis testing
• role of past medical history
• role of patient profile.

Collect specimens may include:
• urine
• blood
• sputum
• faeces
• cervical smears
• vaginal smears
• pap smears
• urethral smears
• rectal smears
• throat swabs
• nasal swabs
• skin smear
• pus swab
**Arrive at a diagnosis**
- determine the nature of the patient’s illness(s) using a standard system of evaluation.

**Establish expected natural course of disease:**
- natural duration of disease
- progress, extension, radiation and pace
- probability of remission.

---

**EVIDENCE GUIDE FOR UNIT 14**

**Critical Aspects:**
- obtaining problem focused information
- performing inspection, palpation, auscultation, percussion and performing appropriate manoeuvre
- interpreting and understanding the significance of findings

**Interdependent Assessment:**
This unit needs to be assessed in conjunction with units 11, 12 and 13.

**Underpinning knowledge:**
- knowledge of clinical anatomy and physiology relevant to performing an extended physical examination and evaluating the results
- knowledge of pathophysiology and disease process relevant to the interpretation of the extended physical examination
- knowledge of normal anatomy in relation to diagnostic imaging procedures
- knowledge of relevant anatomy, pathophysiology and technical requirements to competently collect specimens and interpret results
- the knowledge base is indicated by the texts in the Appendix section 6, 7 and 8
- the relationships between physical findings, diagnoses and homeopathic prescribing.

**Resource Implications: **

**Instruments required may include:**
- examination table
- thermometer
- sphygmomanometer
- stethoscope
- penlight
- percussion (reflex) hammer
- measuring tape
- timing device
- equipment for measuring height and weight
- goose-neck lamp or other light source
- ophthalmoscope
- tuning fork(s)
- nasal speculum
- skin marking pencil
- peak-flow meter

**Supplies required may include:**
- examination gowns
• half-sheet for draping
• disposable gloves and aprons
• tongue depressors
• paper cups
• cotton-tipped swab
• visual acuity charts
• gauze squares
• urine test sticks

• stool occult blood measuring cards and developer
• blood and urine collection containers
• for pelvic examination
• labelled glass slides
• papanicolaou devices
• fixative for slides.

Consistency in Performance:
In order to ensure consistency of performance it will be necessary to conduct examinations of each of the regional areas at random.

Context of Assessment:
• the assessment will be undertaken in a real or simulated clinical setting
• examination of the male and female genital and rectal areas to be assessed using ‘phantom examination models’
• standard and scope of the assessment to be based on the clinical skills assessment program of the University of Connecticut (Physical Diagnosis, Schneidermann, Wilms and Algranati) or a similar assessment program.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 14</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
UNIT 15 PROVIDE FIRST AID

**Descriptor:** This unit describes the competencies required to ensure first aid is provided when needed.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 15.1 Assess the situation and need for first aid | 15.1.1 Observe the situation and assess the need for first aid care, in accordance with established first aid procedures.  
15.1.2 Identify signs and symptoms of potentially life threatening conditions.  
15.1.3 Assess resource requirements to provide first aid care.  
15.1.4 Determine priority of patient care in accordance with first aid procedures.  
15.1.5 Identify potential risks to self, patient and others and implement protective measures. |
| 15.2 Provide first aid care | 15.2.1 Explain the intended procedure(s) to the patient (if conscious).  
15.2.2 Provide first aid care in accordance with established first aid procedures.  
15.2.3 Seek first aid assistance from others as appropriate. |
| 15.3 Determine the need for referral for other treatment | 15.3.1 Assess the need for other treatment  
15.3.2 Select the appropriate service and refer the patient. |
| 15.4 Make records | 15.4.1 Record provided care accurately. |
RANGE OF VARIABLES FOR UNIT 15

First aid is:
- initial medical care provided to treat a person in an emergency situation defined by the local ambulance (or similar) service.

Potentially life threatening conditions and situations may include:
- hypoxia
- asthmatic attack
- haemo/pneumothorax
- choking/obstructed airway
- anaphylactic shock
- drowning
- inhale vomit
- accidental poisoning/chemical exposure
- drug overdose/substance abuse
- diabetic coma
- loss of consciousness
- concussion
- convulsions
- spinal injuries
- stroke
- bites-spider, snake and tick etc
- hypo/hyperthermia
- burns
- electrocution
- fractures
- heart attack
- haemorrhage/shock
- miscarriage/ectopic pregnancy
- gun shot/knife wounds
- attempted suicide.

Resources may include:
- medical equipment
- other equipment and supplies
- phones, vehicles etc
- other persons with medical treatment knowledge and skills.

Potential risks to self, patients and others may include:
- HIV/hepatitis transmission
- explosions/fire/building collapse
- hysteria leading to collapse.

Protective measures must include:
- remove patient from danger
- warn others of damage
- implement body substance isolation procedures
- use indicated fire extinguisher correctly.
First aid care includes:
- establish airway
- control bleeding
- cardio and/or pulmonary resuscitation
- expired air resuscitation
- correct positioning
- control haemorrhage with compression/elevation
- heimlich manoeuvre
- giving glucose for hypoglycaemia
- apply rest, ice, compression and elevation
- position correctly after shock/epileptic fit
- apply compression/splint for bites/fractures antidote poisonous substances.

Appropriate service may include:
- ambulance
- hospital
- medical practitioner
- police
- poison information centre
- fire brigade.

EVIDENCE GUIDE
FOR UNIT 15

Critical aspects:
- it is essential that competence is demonstrated in the ability to:
  - identify potential life threatening conditions
  - implement protective measures
  - administer first aid care
  - assess the need for other treatment
  - refer to the appropriate service.

Interdependent assessment:
- this unit may be assessed alone.

Underpinning knowledge:
- Evidence is required of knowledge of:
  - the procedures listed under first aid care in the range of variables
  - current body substance isolation procedures
  - local emergency services
  - the use of available fire extinguishers.

Resource implications:
- competency in this unit may be assessed through the use of:
  - a resource file of emergency contact numbers
  - a current first aid manual.
Method of assessment:
- in order to ensure competency in administration of emergency procedures assessment should be conducted on a regular basis (every three years). This may be achieved through first aid courses conducted by St. John's Ambulance or Red Cross or through role play.
- exemptions will apply for currently registered nurses and medical practitioners.

Underpinning skills:
- as included in a senior first aid certificate.

KEY COMPETENCIES FOR UNIT 15

<table>
<thead>
<tr>
<th>Levels</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>2</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>2</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>2</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>2</td>
</tr>
<tr>
<td>Use technology</td>
<td>1</td>
</tr>
</tbody>
</table>

This unit was developed from the Aboriginal Health Workers and Torres Strait Islander Health Worker National Competency Standards (Code 0211 - Unit 15, U16, U18, U34, U35, U44, U45, U46, U47)
UNIT 16 PROVIDE HOMEOPATHIC TREATMENT WITH FIRST AID

Descriptor: This unit describes the competencies required to provide homeopathic treatment when required with other first aid care.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 16.1 For a patient requiring first aid care, assess the appropriateness of homeopathic treatment | 16.1.1 Assess *priorities* in the light of the first aid situation and available care resources.  
16.1.2 Interpret signs and symptoms indicating the need for homeopathic treatment. |
| 16.2 Provide homeopathic treatment                                        | 16.2.1 Select the *homeopathic remedy* and *posology*.                                |
|                                                                         | 16.2.2 Select the method of administration of the homeopathic remedy.                 |
|                                                                         | 16.2.3 Discuss the treatment with the patient.                                       |
| 16.3 Determine referral for other treatment                              | 16.3.1 Assess the need for other treatment.                                          |
|                                                                         | 16.3.2 Select the *appropriate service* and refer the patient.                      |

RANGE OF VARIABLES FOR UNIT 16

*Priorities to be considered include:*
- maintaining airway, breathing and circulation ahead of homeopathic treatment.
- seeking assistance
- sources of danger to patient, self and others
- range of homeopathic remedies available

*Homeopathic remedies must include:*
- remedies homeopathic to the condition/emergency.

*Appropriate service may include:*
- ambulance
- hospital
- medical practitioner
- police
- poison information centre
- fire brigade.
EVIDENCE GUIDE FOR UNIT 16

Critical Aspects:
It is essential that competence is demonstrated in the ability to:
- administer necessary homoeopathic care
- assess the need for other treatment
- refer to the appropriate service.

Interdependent Assessment:
This unit may be assessed in conjunction with Units 5 and 15.

Underpinning knowledge:
Evidence is required of knowledge of:
- homoeopathic remedies suitable for first aid conditions

Resource Implications:
Competency in this unit may be accessed through the use of:
- a homoeopathic materia medica and repertory.

Context of Assessment:
- assessment may be undertaken by simulation.

KEY COMPETENCIES FOR UNIT 16

Levels:
- Collect, analyse and organise information 2
- Communicate ideas and information 3
- Plan and organise activities 3
- Work with others and in teams 2
- Use mathematical ideas and techniques 1
- Solve problems 2
- Use technology 1
UNIT 17 DELIVER SPECIALISED EMERGENCY CARE

**Descriptor:** This unit describes the competencies required to undertake clinical practice in an accident and emergency care setting or situation.

This unit, if delivered in the VET sector, is intended for registered health professionals and may be delivered as part of a postgraduate Advanced Diploma. The homoeopathic profession will offer this unit in the higher education sector as a postgraduate qualification.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 17.1 Undertake immediate observation of patient | 17.1.1 Examine the patient according to first aid principles.  
17.1.2 Assess body systems according to standard protocols. |
| 17.2 Obtain information | 17.2.1 Interview patient and consult significant others.  
17.2.2 Review other relevant documentation.  
17.2.3 Record accurately information obtained.  
17.2.4 Maintain patient confidentiality. |
| 17.3 Assess patient’s condition and plan intervention | 17.3.1 Make an overall assessment leading to clinical diagnosis.  
17.3.2 Formulate a plan of action in association with the patient and significant others.  
17.3.3 Consider therapeutic options and the consulting of other health professionals.  
17.3.4 Record the plan accurately according to clinic guidelines. |
| 17.4 Deliver care | 17.4.1 Make the patient(s) as comfortable as possible.  
17.4.2 Assess the environment and adopt care procedures.  
17.4.3 Assemble the equipment.  
17.4.4 Inform patient(s) of procedure(s).  
17.4.5 Obtain feedback from patient(s) to determine whether procedure is understood.  
17.4.6 Perform clinically appropriate procedure(s)  
17.4.7 Provide care according to legislative requirements |
17.4.8 Refer patient(s) to appropriate specialist health care as required.

17.4.9 Organise biology/specimen, and/or pathology tests and provide patient feedback.

17.5 Organise continuing care

17.5.1 Involve other health personnel to ensure continual care is provided to patient(s).

17.5.2 Record continuing care plan in accordance with workplace procedures.

**RANGE OF VARIABLES FOR UNIT 17**

Clinical practice may include:
- standard precautions for infection control
- suturing
- splinting
- bandaging
- eye health care
- ear health care
- application of wound dressings
- oxygen therapy
- CPR
- DRABC
- spirometry
- otoscopy
- body mass index
- nebuliser administration
- insertion or management of intravenous therapy
- catheterisation
- insertion of nasogastric tubes
- Administration of medications
- management of:
  - lacerations
  - burns
  - choking
  - asthma
  - poisoning
  - respiratory arrest
  - cardiac arrest
  - stings and bites
  - hypothermia
  - hypoglycaemia
  - hyperglycaemia
  - sprains and fractures
  - scabies and lice
  - confusion
  - epilepsy
  - haemorrhage
  - head injuries
  - spinal injuries.
Observation may include:
• measurement of temperature, pulse and blood pressure and respiration rate
• neurological observation
• specimen collection
• weight or height
• head circumference.

Body systems may include:
• circulatory
• respiratory
• excretory
• lymphatic
• skin
• digestive
• musculoskeletal
• reproductive
• endocrine.

Significant others may include:
• members of family
• carers.

Other relevant documentation may include:
• patient notes - from current and other actions
• files
• x-ray reports
• specialist reports
• referrals
• reports from other professionals
• pathology reports.

Environment may include:
• clinic
• scene of accident or emergency
• remote
• urban
• rural
• coastal
• island
• inland.

Documented and recorded includes reporting:
• verbally
• in writing
• taping
• filming
• photographs.

Continuing care includes:
• monitoring
• referral.
**Health care may include:**
- medication
- counselling
- advice
- education
- referral
- clinical procedures.

**Workplace policies and procedures may include:**
- clinical protocols
- occupational health and safety guidelines
- procedures manuals
- infection control guidelines
- legislation.

**Clinical equipment may include:**
- auroscope
- ophthalmoscope
- glucometer
- bandages, dressings
- suture equipment - scalpel, forceps, gloves etc
- thermometer
- syringes, needles, vacutainers
- sphygmomanometer
- stethoscope
- electrocardiograph
- IV equipment.

**Specimen collection may include:**
- urine
- blood
- sputum
- faeces
- cervical smears
- vaginal smears
- urethral smears
- skin smear
- pus swab.

**Other health personnel may include:**
- other health workers
- nurses
- doctors
- specialists
- allied health professionals.
EVIDENCE GUIDE
FOR UNIT 17

Context:
- a safe environment must be provided for delivery of patient care
- must be assessed on the job.

Underpinning knowledge:
- standard procedures for infection control, including universal precautions, sterilisation procedures, and storage and disposal of waste
- confidentiality as it applies to the community/organisation
- workplace policy and procedures for clinical practice, emergency procedures, biological specimen/pathology
- recognising when and where clinical practice, emergency procedures, biological specimen/pathology collection testing are required
- correct usage of clinical equipment
- correct disposal techniques for wastes sharps as per workplace policy and procedures
- Knowledge of the relevant anatomy, pathophysiology, diagnostic procedures, pharmacology and technical requirements for performing the chosen set.

Underpinning skills:
- Those required for competent interview, examination and clinical practice delivery, including the operation of required instruments and equipment.
- Communication
- record keeping
- the level of skill in required to perform the service protocols in Primary Clinical Care Manual, Queensland Health & Royal Flying Doctor Service (Queensland) or similar protocol manual, where such manual has been produced.

KEY COMPETENCIES
FOR UNIT 17

Levels:
- Collect, analyse and organise information 3
- Communicate ideas and information 3
- Plan and organise activities 3
- Work with others and in teams 2
- Use mathematical ideas and techniques 1
- Solve problems 2
- Use technology 2

This unit was taken from the Aboriginal Health Workers and Torres Strait Islander Health Worker National Competency Standards (Code 0211 - Unit 15, U16, U18, U34, U35, U44, U45, U46, U47)
UNIT 18 PROVIDE BASIC COUNSELLING

Descriptor: This unit describes the competencies required to use basic counselling skills and make assessment for referral of patients for professional counselling.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1 Assess the need for counselling</td>
<td>18.1.1 Use appropriate techniques to determine the need for basic counselling</td>
</tr>
<tr>
<td></td>
<td>18.1.2 Determine the need for referral to other services for professional counselling</td>
</tr>
<tr>
<td>18.2 Deliver basic counselling</td>
<td>18.2.1 Apply basic counselling skills to facilitate treatment</td>
</tr>
<tr>
<td></td>
<td>18.2.2 Maintain strict confidentiality</td>
</tr>
<tr>
<td></td>
<td>18.2.3 Record care according to clinic guidelines.</td>
</tr>
</tbody>
</table>

RANGE OF VARIABLES FOR UNIT 18

Basic counselling skills may include:
- attending skills, use of body language
- paraphrasing
- reflecting feelings
- open and closed questioning or probing
- summarising
- reframing
- exploring options
- normalising statements

The need for basic counselling may include:
- patient requiring support
- to facilitate case taking
- to facilitate negotiation with the patient
- to facilitate education of the patient
- to facilitate information giving
- to assess the need for professional counselling
Need for referral may include:
- patient with a counselling need beyond your own level of skill
- patient in need of ongoing support or counselling
- patient with a personality disorder
- disclosure, by a minor, of abuse
- suicidal or homicidal patient.

Other services may include:
- professional counsellors or psychologists
- social or health workers
- mental health units or hospitals
- doctors or psychiatrists or law officers.

EVIDENCE GUIDE
FOR UNIT 18

Critical aspects:
It is critical that competency be demonstrated in:
- assessing the need for professional counselling
- using basic counselling skills to facilitate various goals, and case taking in particular.

Interdependent assessment:
- this unit needs to be assessed in conjunction with units 3 and 7.

Underpinning knowledge:
- basic counselling techniques
- ability of the practitioner to recognise the limitations of their counselling skills
- basic information on counselling styles and theories
- basic information on human psychological development and needs
- basic information on human psychopathologies including personality disorders
- local professional counselling resources.

Resources implications:
A file of professional counselling services for referral.

Method of assessment:
Assessment may be conducted in simulated environments. Assessment should be carried out over a range of issues.

KEY COMPETENCIES
FOR UNIT 18

Levels:
- Collect, analyse and organise information 3
- Communicate ideas and information 3
- Plan and organise activities 2
- Work with others and in teams 3
- Use mathematical ideas and techniques 0
- Solve problems 2
- Use technology 0
UNIT 19 USE MEDICAL EQUIPMENT

**Descriptor:** This unit describes the competencies required to operate and maintain medical equipment for use in clinical practice.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 19.1 Operate equipment | 19.1.1 Operate *equipment* in accordance with manufacturer’s instructions.  
19.1.2 Operate *equipment* in accordance with *organisational and legislative guidelines*.  
19.1.3 Operate *equipment* in accordance with occupational health and safety guidelines.  
19.1.4 Dispose of *equipment* safely in line with occupational health and safety legislation and *organisational and legislative guidelines*. |
| 19.2 Monitor and maintain equipment | 19.2.1 Execute regular checks on *equipment*.  
19.2.2 Arrange services and repairs.  
19.2.3 Record details of services and/or repairs in accordance with organisational guidelines. |

**RANGE OF VARIABLES FOR UNIT 19**

*Equipment may include instruments and appropriate machinery such as:*
- glucometer
- steriliser
- thermometer
- sphygmomanometer
- scales
- height measure
- length measure
- urine test stix
- goggles
- dressing instruments
- spirometers
- eye washes
- torches
- otoscope.
Organisational and legislative guidelines may include:
- legislation defining worker roles and responsibilities
- procedures manuals
- occupational health and safety guidelines
- operating manuals.

**EVIDENCE GUIDES FOR UNIT 19**

**Context:**
- on-the-job or role play assessment.

**Underpinning knowledge:**
- equipment specifications and manufacturers guidelines
- relevant organisational policies and guidelines
- appropriate usage of specific equipment.

**Underpinning skills:**
- sufficient numeracy and literacy to operate specific equipment
- manual skills to operate equipment
- communication skills to keep records of equipment maintenance (oral or written and required).

**KEY COMPETENCIES FOR UNIT 19**

**Levels:**
- Collect, analyse and organise information 1
- Communicate ideas and information 1
- Plan and organise activities 1
- Work with others and in teams 1
- Use mathematical ideas and techniques 1
- Solve problems 1
- Use technology 2

*This unit was taken from the Aboriginal Health Workers and Torres Strait Islander Health Worker National Competency Standards (Code 0211 - Unit 15, U16, U18, U34, U35, U44, U45, U46, U47)*
UNIT 20 PROVIDE AND DELIVER ANTENATAL SUPPORTIVE CARE

Descriptor: This unit describes the competencies required to provide and deliver antenatal supportive care. To be able to monitor and evaluate the progression of a female and foetus in the presenting pregnancy. To be able to administer, if required, the remedy which is homeopathic to the pregnant female.

This unit, if delivered in the VET sector, is intended for registered health professionals and may be delivered as part of a postgraduate Advanced Diploma. The homeopathic profession will offer this unit in the higher education sector as a postgraduate qualification.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1 Assess the general health of the pregnant patient</td>
<td>20.1.1 Assess the case with special reference to pregnancy, both past and present.</td>
</tr>
<tr>
<td>20.1</td>
<td>20.1.2 Determine the gestational age according to dates, fundal height and other findings.</td>
</tr>
<tr>
<td>20.1</td>
<td>20.1.3 Record the findings according to clinic guidelines.</td>
</tr>
<tr>
<td>20.2 Examine pregnant patient</td>
<td>20.2.1 Examine the patient, in particular for oedema.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.2 Measure the blood pressure, pulse and respiration.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.3 Test the urine according to clinic guidelines.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.4 Weigh the patient.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.5 Listen to the foetal heart according to gestational age.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.6 Determine the foetal position.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.7 Determine the mental and emotional state of the patient.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.8 Request pathology tests according to trimester.</td>
</tr>
<tr>
<td>20.2</td>
<td>20.2.9 Record all observations and results accurately.</td>
</tr>
<tr>
<td>20.3 Develop a management plan</td>
<td>20.3.1 Determine and record any deviations from the normal pregnancy guidelines.</td>
</tr>
<tr>
<td>20.3</td>
<td>20.3.2 Initiate a referral if required.</td>
</tr>
<tr>
<td>20.3</td>
<td>20.3.3 Develop a management plan depending on findings.</td>
</tr>
<tr>
<td>20.3</td>
<td>20.3.4 Schedule follow-up visits according to standard pregnancy guidelines.</td>
</tr>
<tr>
<td>20.3</td>
<td>20.3.5 Record the management plan.</td>
</tr>
</tbody>
</table>
20.4 Prescribe and discuss the homoeopathic treatment

20.4.1 Select the homoeopathic remedy if appropriate, according to the presenting data.

20.4.2 Record the remedy selection according to clinic guidelines.

20.4.3 Explain clearly the use of homoeopathic remedies in pregnancy.

20.4.4 Explain clearly the use of homoeopathic remedies in labour.

RANGE OF VARIABLES FOR UNIT 20

Female may include:
- primigravida
- multigravida.

Assess the case may include:
- past medical history
- past pregnancy history
- past history of abortions and labours
- presenting state
- pregnancy specific questions including:
  - nausea and vomiting, hyperemesis gravidarum
  - cravings and aversions of pregnancy
  - bowel function and associated complaints
  - varicose veins, skin changes and pigmentation
  - vaginal discharges
  - abnormal bleeding
  - pre eclampsia or eclampsia
  - gestational diabetes.

- Labour specific questions:
  - onset, duration and length
  - artificial or spontaneous rupture of membranes
  - length of 2nd stage
  - quality of labour pain and medication used and epidural use
  - instrumental delivery, lower segment caesarean section
  - labour complications, contraction problems and interpartum haemorrhage
  - presenting part at delivery
  - foetal distress and complications
  - abnormal lie and cord prolapse
  - length of 3rd stage and mode of placental delivery
  - mental and emotional state.
Clinic's guidelines may include:
- procedures and guidelines
- purpose or mission statement
- code of ethics or practice.
- level of competency and degree of supervision
- partnership/group decisions, agreed practice.

Specific details must include:
- sensations
- onset
- duration
- location
- causation
- direction of chief complaint
- ameliorating and aggravating factors
- symptom qualities - intensity, severity, nature of complaint
- concomitant signs and symptoms.

and may include:
- non verbal signs & symptoms
- functional or pathological disturbances.

Further information relevant to the case may include:
- treatments
- family history
- interpersonal relationships within the family/work/social
- cultural relationships
- psychological state
- demeanour of the patient
- patient's life situation
- diet.

EVIDENCE GUIDE FOR UNIT 20

Critical aspects:
- It is essential that competency be demonstrated in identifying and recording both objective and subjective symptoms of pregnancy and labour.

Interdependent assessment of units:
- This unit needs to be assessed in conjunction with units 1-14, 17, 18 and 23.

Underpinning Knowledge:
Underpinning knowledge will include:
- knowledge of pregnancy in its normal and diseases presentations
- anatomy and physiology
- pathology of diseased states associated with pregnancy
- foetal development
- foetal abnormalities

- placental function tests and routine pregnancy
tests and reports
- laboratory data such as urine, blood, faecal and biopsy reports
- emergency procedures associated with pregnancy, and labour
- use of medical reference texts
- accoucheur specific remedies
- pathology, physiology and anatomy references
- medical dictionaries
- pharmaceutical reference guides
- journals and periodicals.

Resource Implications:
- Competency in this unit should include the ability to use a range of reference material.

Consistency in Performance:
- Evidence of competency must be demonstrated by the presentation of at least 3 cases managed over a period of time.

Context of Assessment
- Assessment of this unit may be undertaken in a practitioner patient situation or with case studies.

---

**KEY COMPETENCIES FOR UNIT 20**

<table>
<thead>
<tr>
<th>Levels:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
UNIT 21 PROVIDE AND DELIVER POSTNATAL SUPPORTIVE CARE

**Descriptor:** This unit describes the competencies required to provide and deliver postnatal supportive care. To be able to monitor and evaluate the progression of a female and neonate in the post partum period. To be able to administer, if required, the remedy which is homoeopathic to the mother and baby.

This unit, if delivered in the VET sector, is intended for registered health professionals and may be delivered as part of a postgraduate Advanced Diploma. The homoeopathic profession will offer this unit in the higher education sector as a postgraduate qualification.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.1 Assess the general health of the mother and/or baby</td>
<td>21.1.1 Take the case with special reference to the present post partum period.</td>
</tr>
<tr>
<td></td>
<td>21.1.2 Assess the baby according to standards guidelines.</td>
</tr>
<tr>
<td></td>
<td>21.1.3 Measure the blood pressure, pulse, weight, respiration and temperature of the mother.</td>
</tr>
<tr>
<td></td>
<td>21.1.4 Measure and record the baby's data as required in a personal health record.</td>
</tr>
<tr>
<td></td>
<td>21.1.5 Document the findings according to clinic guidelines.</td>
</tr>
<tr>
<td>21.2 Develop a treatment plan</td>
<td>21.2.1 Record any deviations from the normal for the postnatal and neonatal period.</td>
</tr>
<tr>
<td></td>
<td>21.2.2 Develop a treatment plan depending on findings.</td>
</tr>
<tr>
<td></td>
<td>21.2.3 Schedule follow-up visits according to clinic guidelines.</td>
</tr>
<tr>
<td>21.3 Implement a treatment plan</td>
<td>21.3.1 Select the homoeopathic remedy(ies) according to the presenting data.</td>
</tr>
<tr>
<td></td>
<td>21.3.2 Record the remedy selection according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>21.3.3 Record expected program of care.</td>
</tr>
</tbody>
</table>
Taking the case may include:

- past medical history
- past pregnancy history
- past history of abortions and labours
- presenting state
- pregnancy specific questions including:
  - nausea and vomiting, hyperemesis gravidarum
  - cravings and aversions of pregnancy
  - bowel function and associated complaints
  - varicose veins, skin changes and pigmentation
  - vaginal discharges
  - abnormal bleeding
  - pre eclampsia or eclampsia
  - gestational diabetes.

Specific questions:

- onset, duration and length
- artificial or spontaneous rupture of membranes
- length of 2nd stage
- quality of labour pain and medication used and epidural use
- instrumental delivery, lower segment caesarean section
- labour complications, contraction problems and interpartum haemorrhage
- presenting part at delivery
- foetal distress and complications
- abnormal lie and cord prolapse
- length of 3rd stage and mode of placental delivery
- mental and emotional state.
Specific details must include:
- sensations
- onset
- duration
- location
- causation
- direction of chief complaint
- ameliorating and aggravating factors
- symptom qualities - intensity, severity, nature of complaint
- concomitant signs and symptoms
- and may include
- non verbal signs & symptoms
- functional or pathological disturbances.

Further information relevant to the case may include:
- treatments
- family history
- interpersonal relationships within the family/work/social
- cultural relationships
- psychological state
- demeanour of the patient
- patient's life situation
- diet.

EVIDENCE GUIDE
FOR UNIT 21

Critical aspects:
- it is essential that competency be demonstrated in identifying and recording both objective and subjective symptoms of the post partum period
- it is essential that competency be demonstrated in identifying and recording the normal neonatal developmental pattern and any deviations from that normal pattern.

Interdependent assessment of units:
- This unit needs to be assessed in conjunction with units 1-14, 17, 18, 19 and 23.

Underpinning Knowledge:
Underpinning knowledge will include:
- knowledge of the post partum period in its normal and diseases presentations
- anatomy and physiology
- pathology of diseased states associated with pregnancy
- foetal development
- foetal abnormalities
- placental function tests and routine pregnancy tests and reports
- laboratory data such as urine, blood, faecal and biopsy reports
- neonatal development and milestones
- deviations of milestones
- emergency procedures associated with both post partum management and neonatal management
• use of medical reference texts
• pathology, physiology and anatomy references
• medical dictionaries
• pharmaceutical reference guides, journals and periodicals.

Resource Implications:
• Competency in this unit should include the ability to use a range of reference material.

Consistency in Performance:
• Evidence of competency must be demonstrated by the presentation of at least 3 cases managed over a period of time.

Context of Assessment:
• Assessment of this unit may be undertaken in a practitioner patient situation or with case studies.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 21</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
**UNIT 22 MAKE PAEDIATRIC ASSESSMENT**

*Descriptor:* This unit describes the competencies required to perform a paediatric examination and assessment to a level required of a primary health care practitioner in non-specialist practice.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 22.1 Conduct paediatric history taking | 22.1.1 Acquire a comprehensive paediatric history from the patient and/or accompanying person following standard case taking guidelines, taking into account the patient’s age and stage of development.  
22.1.2 Obtain details of family and developmental environment.  
22.1.3 Record the findings accurately in the patient’s file. |
| 22.2 Conduct a paediatric physical examination | 22.2.1 Determine the area(s) of investigation for examination and/or assessment following standard clinic guidelines.  
22.2.2 Examine the patient with regard to the stage of development.  
22.2.3 Record the findings accurately in the patient’s file. |
| 22.3 Assess the case | 22.3.1 Assess the development of the patient using standard protocols.  
22.3.2 Make a screening assessment.  
22.3.3 Make a homoeopathic diagnosis as in unit 4  
22.3.4 Record the findings accurately in the patient’s file. |
RANGE OF VARIABLES FOR UNIT 22

Family and development environment includes:
- family interpersonal relationships
- supervision and behavioural training
- signs of abuse or neglect
- interpersonal relationships at school and outside of the family
- injury and accident protection measures

Areas of investigation include:
- nutrition
- infection, including childhood exanthematous diseases
- airways and lungs
- heart
- alimentary tract
- urinary tract and testes
- blood (finger prick)
- malignancy
- growth
- endocrine
- skin
- bones and joints
- brain and neuromuscular system
- vision, hearing and speech
- mental handicap
- behaviour.

Organise examination:
- arrange equipment and supplies
- check that equipment is in good working order
- position patient and examiner
- sequence examination for efficiency and patient and examiner comfort.

Examine the patient:
- inform patient and accompanying person of procedures to be carried out
- obtain patient or guardian consent at each stage of examination
- use standardised sequence of examination
- use required equipment and supplies
- use standardised procedures for infection control.

Stage of Development:
- newborn
- infant
- toddler
- older toddler
- school age child
- adolescent.
Assess the development:
- general motor skills
- fine motor skills
- language skills
- personal and social skills.

Standard evaluation protocols:
- relate signs and symptoms to diagnostic areas using a standard system of evaluation.

Establish expected natural course of disease:
- natural duration of disease
- progress, extension, radiation and pace
- probability of remission.

EVIDENCE GUIDE
FOR UNIT 22

Critical Aspects:
- obtaining problem focused information
- performing inspection, palpation, auscultation and percussion
- interpreting and understanding the significance of findings.

Interdependent Assessment:
This unit needs to be assessed in conjunction with units 1-7, 10, 11-13, and 18.

Underpinning knowledge:
- knowledge of clinical and developmental anatomy and physiology relevant to performing a paediatric physical examination and evaluating the results
- knowledge of pathophysiology and disease process relevant to the interpretation of paediatric disorders
- knowledge of normal and developmental anatomy in relation to diagnostic imaging procedures.
**Resource Implications:**
Instruments required may include:
- examination table
- thermometer
- sphygmomanometer
- stethoscope
- torch
- percussion (reflex) hammer
- measuring tape
- timing device
- equipment for measuring height and weight
- ophthalmoscope
- tuning fork(s)
- nasal speculum
- skin marking pencil
- peak-flow meter.

**Supplies required may include:**
- half-sheet for draping
- disposable gloves
- tongue depressors
- paper cups
- cotton-tipped swab
- visual acuity charts
- gauze squares
- urine test sticks
- stool occult blood measuring cards and developer
- blood (finger prick) and urine collection containers
- range of toys.

**Consistency in Performance:**
- in order to ensure consistency of performance it will be necessary to conduct examinations and assessments of a range of patients at different stages of development.

**Context of assessment:**
- The assessment will be undertaken in a real or simulated clinical setting

---

**KEY COMPETENCIES FOR UNIT 22**

<table>
<thead>
<tr>
<th>Levels:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
UNIT 23 DELIVER HOMŒOPATHIC PALLIATIVE CARE

**Descriptor:** This unit describes the competencies required to assist in providing the terminally ill with relief from suffering and to enhance the quality of life.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.1 Establish a practitioner - patient - carer relationship</td>
<td>23.1.1 Use communication and listening skills to develop a rapport with the patient and carers.</td>
</tr>
<tr>
<td></td>
<td>23.1.2 Encourage the patient to fully express their needs, fears and expectations.</td>
</tr>
<tr>
<td>23.2 Determine the patient’s health care needs</td>
<td>23.2.1 Obtain patient information with reference to disease, prognosis, potential risks and relevant pathological tests.</td>
</tr>
<tr>
<td></td>
<td>23.2.2 Obtain a case history.</td>
</tr>
<tr>
<td></td>
<td>23.2.3 Assess the patient’s current needs and any distressing or painful symptoms.</td>
</tr>
<tr>
<td></td>
<td>23.2.4 Assess the vitality of the patient.</td>
</tr>
<tr>
<td>23.3 Select the appropriate treatment plan</td>
<td>23.3.1 Analyse the case information to determine the remedy selection and dosage as in Units 4 and 5.</td>
</tr>
<tr>
<td></td>
<td>23.3.2 Implement the treatment as in Unit 5.</td>
</tr>
<tr>
<td>23.4 Refer to the relevant alternative services</td>
<td>23.4.1 Inform the patient and the carers about the community care services available as in Unit 6.</td>
</tr>
<tr>
<td></td>
<td>23.4.2 Refer the case to practitioners of other modalities to ensure that all needs are met as in Unit 6.</td>
</tr>
<tr>
<td>23.5 Provide continuous care</td>
<td>23.5.1 Provide following appointments to monitor treatment and the effect of remedies.</td>
</tr>
<tr>
<td></td>
<td>23.5.2 Provide continuous assessment of the patient and adjust the treatments as required, as in Unit 10.</td>
</tr>
<tr>
<td></td>
<td>23.5.3 Provide continuing support for both the patient and carers through all stages of the dying process.</td>
</tr>
</tbody>
</table>
The patient is treated with honesty, respect and compassion and may include:

- explain homoeopathy, how it works, what to expect during treatment
- discuss the aim of treatment and expected goals, ie. pain relief, emotional support etc
- a palliative care patient is in the final days/weeks/months of life. Be honest with the patient, remain professional, do not make false promises or inspire false hope
- a palliative care patient may have specific requests - racial, spiritual, sociological etc. respect these needs and assist where necessary
- compassion is empathy based upon understanding. Take time to understand the patient's fears, doubts, anger and suffering
- Potential risks refer to infection from contagious disease, protective measure are utilised.

Assessment of current needs and distressing or painful symptoms may include:

- verbal communication
- physical examination
- diagnostic equipment.

Assessment of the vitality of the patient by examination may include:

- vital signs
- physical reflexes
- energy levels
- sleep pattern
- sensitivity to drugs and remedies.

The patient's vitality will be a guide to selecting the potency of chosen remedies.

The community care services can provide ongoing support for the patient and their carer/family. These support services may include:

- cancer or AIDS support foundations
- local palliative care associations
- counsellors
- nursing community care services.

Other modalities that provide supportive treatment may include:

- body workers - reiki, kinesiology and others
- remedial therapists
- aromatherapists
- acupuncturists

- counsellors - spiritual, religious, philosophical or
other
- close observation and patient contact will enable the practitioner to monitor the disease process and the effects of treatment.

Critical aspects:
- it is essential that communication skills of giving attention and advising are demonstrated
- it is essential that honesty and compassion with respect for the individual is demonstrated and this be extended to carers
- the case is taken in a therapeutic way, so as not to disturb the patient but to obtain information to make homœopathetic remedy selection
- the case is taken and assessment performed dependent on age of patient e.g. paediatric, adult, geriatric
- the physical examination and assessment is performed depending on age of patient and general condition
- the findings of the interview, assessment and examination are interpreted in light of the diagnosis
- the homœopathic remedies administered are homœopathic to the patients state.

Interdependent assessment:
This unit needs to be assessed in conjunction with units 1, 2, 3, 4, 5, 7, 9, 10, 11, 12, 13 and 17.

Underpinning knowledge;
- knowledge of clinical anatomy and physiology related to the disease process and allopathic management drugs and treatments of the terminally ill
- knowledge of physiology and disease process relating to interpreting pathological tests and evaluating the results
- knowledge of the disease manifestations relating to physical examination of terminal conditions
- knowledge of basic counselling and grief counselling with special reference to death and dying
- knowledge of homœopathic posology in terminal states.

Consistency in performance:
In order to ensure consistency in performance it may be necessary to collect evidence over a range of situations.
Context of assessment:
The assessment will be undertaken in a real or simulated clinical setting, within a practice or in a home visit setting.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 23</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
UNIT 24 MAKE GERIATRIC ASSESSMENT

Descriptor: This unit describes the competencies required to perform a geriatric assessment to a level required of a primary health care practitioner in non-specialist practice.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 24.1 Conduct history taking      | 24.1.1 Acquire a history from the patient and/or accompanying person or carer with special consideration to the patient's memory, cognitive ability and care requirements.  
                                    | 24.1.2 Determine the area(s) for investigation.                                    
                                    | 24.1.3 Record the findings.                                                        |
| 24.2 Conduct a physical examination | 24.2.1 Select the area for examination.                                             
                                    | 24.2.2 Organise the examination.                                                   
                                    | 24.2.3 Conduct the examination with special regard to common conditions of ageing. 
                                    | 24.2.4 Record the findings.                                                        |
| 24.3 Assess the case             | 24.3.1 Use standard evaluation protocols as per clinic guidelines.                  
                                    | 24.3.2 Make a screening assessment                                                  
                                    | 24.3.3 Make a homoeopathic diagnosis as in unit 4                                   
                                    | 24.3.4 Record the findings accurately in the patient's file.                        |

RANGE OF VARIABLES FOR UNIT 24

Areas of investigation include:
- nutrition
- airways and lungs
- heart and circulation
- alimentary tract
- urinary tract
- endocrine
- skin
- bones and joints
- brain and neuromuscular system
- vision, hearing and speech
- behaviour.
Organise examination:
- arrange equipment and supplies
- check that equipment is in good working order
- position patient and examiner
- sequence examination for efficiency and patient and examiner comfort.

Examine the patient:
- inform patient and accompanying person of procedures to be carried out
- obtain patient or guardian consent at each stage of examination
- use the individual practitioner’s standardised sequence of examination
- use required equipment and supplies
- use standardised procedures for infection control.

Memory, cognitive ability and care requirements include:
- long and short term memory
- awareness of date and time
- need for care and/or external support services.

Standard evaluation protocols:
- relate signs and symptoms to diagnostic areas using a standard system of evaluation.

Common conditions of ageing include:
- airways and lungs:
  - emphysema
  - pneumonia
  - bronchitis

- heart and circulation:
  - basal systolic murmurs
  - aortic insufficiency
  - cerebro vascular accidents
  - peripheral vascular disease
  - ischaemic heart disease
  - varicose ulcers and veins.

- urinary tract:
  - prostate hypertrophy
  - prolapses of bladder
  - kidney infections.

- muscles and joints:
  - spinal curvatures
  - osteoarthritis
  - crepitus
  - gait abnormalities
  - pagets disease

- the brain and neuro-muscular system:
  - parkinson and non-parkinson tremors
  - dementia - alzheimer's and non-alzheimer's
- changes in reflexes and vibratory sensations

- the skin:
  - senile purpura
  - steroid purpura
  - xanthomas
  - keratoses
  - melanomas and carcinomas
  - scabies

- ear, nose, throat:
  - macular degeneration
  - presbyopia
  - nicking of retinal vessels.

Critical Aspects:
- obtaining problem focused information
- performing inspection, palpation, auscultation and percussion
- interpreting and understanding the significance of findings.

Interdependent Assessment:
This unit needs to be assessed in conjunction with units 1-7, 10, 11-13, and 18.

Underpinning knowledge:
- knowledge of clinical anatomy and physiology relevant to performing a geriatric physical examination and evaluating the results
- knowledge of pathophysiology and disease process relevant to the ageing process

Resource Implications:
Instruments required may include:
- examination table
- thermometer
- sphygmomanometer
- stethoscope
- torch
- percussion (reflex) hammer
- measuring tape
- timing device
- equipment for measuring height and weight
- ophthalmoscope
- tuning fork(s)
- nasal speculum
- skin marking pencil
- peak-flow meter.

Supplies required may include:
- half-sheet for draping
- disposable gloves
- tongue depressors
• paper cups
• cotton-tipped swab
• visual acuity charts
• gauze squares
• urine test sticks
• stool occult blood measuring cards and developer
• blood and urine collection containers

Consistency in Performance:
• in order to ensure consistency of performance it will be necessary to conduct examinations and assessments of a range of patients at different stages of development.

Context of assessment:
• the assessment will be undertaken in a real or simulated clinical setting.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 24</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>1</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
UNIT 25 COLLECT AND TEST SPECIMENS

Descriptor: This unit describes the competencies required to collect and test blood, urine and faecal specimens.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.1 Collect specimens of urine and faeces</td>
<td>25.1.1 Instruct the patient on how to give a specimen.</td>
</tr>
<tr>
<td></td>
<td>25.1.2 Give a clean, dry appropriate sized container to the patient.</td>
</tr>
<tr>
<td></td>
<td>25.1.3 Obtain a specimen of urine or faeces from the patient.</td>
</tr>
<tr>
<td></td>
<td>25.1.4 Use body substance isolation procedures while testing and disposing of the specimen.</td>
</tr>
<tr>
<td></td>
<td>25.1.5 Test the specimen according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>25.1.6 Document the results of the specimen test according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>25.1.7 Pass results on to a supervisor/practitioner according to clinic guidelines.</td>
</tr>
<tr>
<td>25.2 Collect blood to obtain blood sugar level</td>
<td>25.2.1 Obtain the patient's verbal consent for blood collection.</td>
</tr>
<tr>
<td></td>
<td>25.2.2 Prepare the equipment and the collection site according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>25.2.3 Conduct the collection using standard equipment.</td>
</tr>
<tr>
<td></td>
<td>25.2.4 Interpret and document the results according to clinic guidelines.</td>
</tr>
<tr>
<td></td>
<td>25.2.5 Communicate information about the test's results to the patient and appropriate personnel to ensure understanding.</td>
</tr>
<tr>
<td></td>
<td>25.2.6 Clean and store equipment and dispose of where relevant according to clinic guidelines.</td>
</tr>
</tbody>
</table>
RANGE OF VARIABLES
FOR UNIT 25

Record of patient information must include:
• specimen testing time and date
• results of the test.

Equipment may include:
• glucometer
• lancets
• combi 10 or equivalent
• sharps container
• disposable gloves and aprons
• protective eye wear
• hazard bags.

Clinic's guidelines may include:
• procedures and guidelines
• purpose or mission statement
• code of ethics or practice
• level of competency and degree of supervision
• partnership/group decisions, agreed practice.

Relevant personnel may include:
• supervisors
• practitioner
• specialist
• advocate.

EVIDENCE GUIDE
FOR UNIT 25

Critical Aspects:
• competency must be demonstrated in how to conduct the tests, using the correct equipment and disposing of the specimens
• competency must be demonstrated in accurate record keeping.

Interdependent Assessment:
• this unit may be assessed alone.

Underpinning Knowledge:
Will include:
• the knowledge of clinic procedures on how to collect specimens and tests specimens
• recognise when specimen collection is required
• the knowledge base is indicated by the text in the appendix sections 6, 7 and 8.
• correct use of and cleaning of equipment
• correct disposal techniques of waste and sharps as per workplace policy
• relating results of the test to homoeopathic symptomatology.
Resource implications:
Equipment may include:
- glucometer
- lancets
- combi 10 or equivalent
- occult blood test
- sharps container
- disposable gloves and aprons
- protective eye wear
- hazard bags.

Consistency in Performance:
- in order to ensure consistency of performance, competency should be demonstrated on several occasions to cover the types of tests required.

Context of Assessment:
- competency may be effectively assessed in either a practitioner/patient situation or a simulated situation.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 25</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
**UNIT 26 EVALUATE A BUSINESS OPPORTUNITY**

**Descriptor:** This unit describes the competencies required to preliminary investigate a homoeopathic business opportunity to assess its potential viability and how well it conforms with current personal and business directions.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 26.1 Clarity personal expectations, values, skills and experience | 26.1.1 Personal needs, values and expectations are realistically identified and aligned with the business opportunity.  
26.1.2 Relevant experience and current competencies are accurately identified and matched with requirements of the business opportunity.  
26.1.3 Personal strengths and weaknesses are realistically assessed in terms of requirements of the business opportunity.  
26.1.4 Personal motivators, attitude and vision are clarified in relation to the potential business direction. |
| 26.2 Identify a business opportunity | 26.2.1 Sources of information about business opportunities are actively pursued in line with personal and business interests and values.  
26.2.2 Creative ideas and innovative approaches are sought and considered for their potential business applications.  
26.2.3 Entrepreneurial spirit and vision are focused and developed into clear ideas of business opportunities. |
| 26.3 Investigate the business opportunity | 26.3.1 Business opportunities are thoroughly investigated to determine their market and financial viability.  
26.3.2 Complete documents and records are obtained for existing businesses and franchises as a basis for assessing the suitability of the business opportunity. |
26.3.3 The fit between the business opportunity and personal expectations, values, skills and experience is carefully evaluated to identify gaps and incompatibilities.

26.3.4 The new business opportunity is evaluated against current business involvements to identify overlaps, compatibilities and clashes.

26.3.5 The probable return on investment is estimated by identifying and analysing risks, opportunities, costs and benefits associated with the business opportunity.

26.3.6 Relevant situational factors are identified and their potential to impact on the business opportunity is assessed.

26.3.7 The decision to proceed with the business opportunity is based on a sound assessment of all factors.

RANGE OF VARIABLES FOR UNIT 26

Business opportunities:
- business opportunities may relate to new business or to extending, expanding or otherwise changing an existing business.

Source of business opportunities:
- the source of ideas may include advertised businesses and franchises, similar small businesses operating in Australia or abroad, patents or new inventions, and ideas generated by self, peers, colleagues and ideas drawn from trade or professional journals.

Sources of information about the business opportunity:
- sources of data or information about business opportunities may include information from peers, data bases, government agencies, ABS data, business advisory services, professional/trade associations, financial institutions, knowledge and expertise in the field of decision maker(s).

Products of the business:
- the business may provide goods or services or a combination of both. The businesses may involve the production of goods, delivery of services, the import and/or distribution of goods and services, or the management of other businesses. The business may have a single product/service line, a few similar versions of one product/service, or a number of products/services.

Situations factors:
- situational factors may include considerations of
timing, location/position, transport, distribution channels, communications, availability of human and financial resources, geographic isolation, strength of competition, regulatory regime, financial and political climate, seasonal and economic cycles, level of technology applying.

**Personal attitudes, attributes, expectations and values:**
- personal expectations and values may include income levels required, preferences for various practice types, lifestyle and work preferences, period of intended business ownership, family circumstances, and personal values (e.g. view of status, tolerance of risk etc). Personal attitudes and attributes may include entrepreneurial attitude, leadership ability, clarity of thinking, conception/vision, imagination, passion, energy/drive, persistence, service focus, integrity and embracing diversity.

**Market research:**
- market research may be self generated, commissioned or it may draw on published material. Sources of market information include potential customers, suppliers and competitors, the industry and the community. Description of the market should include demographic data such as the size, characteristics of the primary customers (age group, education, experience, background, disposable income or lifestyle) expectations regarding quality, presentation and support services. Competitor analysis could describe the number, size, location, range of quality, price and other features on which they compete, recent growth of competition and possible barriers to entry to the market.

**Pricing approach**
Approaches to setting the price of products or services should be based on an understanding of what the market will bear. Pricing may include:
- cost plus margin
- relative to competitors
- demand orientation.
Evidence of satisfactory performance in this unit involves the assessment of the preliminary investigation of a homeopathic business opportunity, its potential viability and conformation with current personal and business directions.

Evidence may be gathered using the following methods:
- production of a business plan which incorporates assessment of competition, population, location
- local council requirements
- rental/purchase opportunities
- car parking/public transport
- signage
- estimation of set up costs, office equipment, stock, technology, advertising
- identification of a risk analysis
- personal resources and expectations are realistically evaluated and documented.

### KEY COMPETENCIES FOR UNIT 26

<table>
<thead>
<tr>
<th>Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td>Communicate ideas and information     2</td>
</tr>
<tr>
<td>Plan and organise activities          2</td>
</tr>
<tr>
<td>Work with others and in teams         2</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques 3</td>
</tr>
<tr>
<td>Solve problems                        3</td>
</tr>
<tr>
<td>Use technology                        1</td>
</tr>
</tbody>
</table>

This unit is taken from the *Revised Small Business Management Standards* (Code 0023 - U26, U27, U28, U29, U30 U31, U32, U33)
UNIT 27  COMPLETE A BUSINESS PLAN

**Descriptor:** This unit describes the competencies required to develop an integrated business plan as a guide to achieving specified business objectives for a homeopathic clinic, pharmacy and/or training in accordance with perceived customer needs and business capabilities to provide quality product/service. This unit covers the initial conceptual planning for the business.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.1 Specify business goals and objectives</td>
<td>27.1.1 A succinct statement is made about the desired direction of the business and is clearly communicated to relevant stakeholders.</td>
</tr>
<tr>
<td></td>
<td>27.1.2 Explicit short and medium term objectives are established as a basis for performance measurement, control and adjustment mechanisms.</td>
</tr>
<tr>
<td></td>
<td>27.1.3 Stakeholders are encouraged to express their specific interests and objectives and their alignment with the planned business direction is clarified.</td>
</tr>
<tr>
<td>27.2 Identify need for specialist services</td>
<td>27.2.1 The need for specialist services to complement in-house capabilities is identified as a basis for planning of resource requirements.</td>
</tr>
<tr>
<td></td>
<td>27.2.2 Specialist services, sources of advice and resources available are identified and costed.</td>
</tr>
</tbody>
</table>

RANGE OF VARIABLES FOR UNIT 27

**Business plan:**
The business plan is produced for a specific small business venture. The comprehensiveness and extent of detailed documentation required in the business plan will depend on a range of factors which may include:
- the proposed size and scale of the business
- the market focus of the business
- the need to raise finance and requirements of lenders
- the level of risk involved
- different stages in the development of a business.
Specialist advice may be needed to develop the business plan. The plan should articulate the business opportunity, identify resources necessary to implement the proposals, detail ownership, management, staffing, organisational, marketing, financial and operational arrangements.

The business plan may be quite brief if the business venture is small. It should contain an income and expenditure statement, balance sheet and cash flow forecast. It may provide projections for the initial years of operation and spell out the assumptions underlying the business plan, such as the expected level of inflation and taxation, expected trend of interest rate, capital expenditure and its timing, stock turnover, debtors collection period, creditor payment period, return on investment.

The business plan should also include recognition of any seasonal or cyclical (time-based) elements which are crucial to the success of the clinic. It may acknowledge the rapid rate of change in small business by including a contingency plan to address favourable or unfavourable sudden change.

The financial plan takes account of:
- the current financial state of the clinic (or owner/operator)
- financial performance to date (if applicable)
- likely return on investment
- a review of financial inputs required (sources and forms of finance)
- projections of likely financial results (budgeting)
- risks and measures to manage or minimise risks.

**Form of finance:**
Includes working capital, fixed capital, debt capital, equity capital.

**Sources of finance:**
- financial resources may be provided from personal sources, financial institutions, trade/industry sources, government sources. Potential financial backers include owner, family and friends, providers of venture capital, banks or finance companies, leasing and hire purchase financiers.
- the Federal and State Governments provide various forms of technical and financial assistance. This assistance can take the form of direct cash grants, subsidies, tax concessions and professional and technical advice.
EVIDENCE GUIDE FOR UNIT 27

Evidence of satisfactory performance in this unit involves assessment of the final product, namely the documented business plan.

Evidence may be gathered using the following methods:
- review of the documented business plan and the process by which it was developed
- discussion with the "small business manager" about each component of the business plan (underlying rationale)
- questions about the underpinning knowledge base of the "small business manager"
- extent to which stakeholders and staff understand and support the thrust of the business plan.

Evidence is required of knowledge of:
- forms and sources of finance
- specialist services available and charges
- planning and control systems (sales, advertising and promotion, distribution and logistics)
- production and planning techniques
- effective monitoring systems
- business risks and measures to manage or minimise risks
- options for meeting human resource requirements and the implications of each option
- legal and regulatory aspects of employing or contracting human resources.

KEY COMPETENCIES FOR UNIT 27

Levels:
- Collect, analyse and organise information 3
- Communicate ideas and information 2
- Plan and organise activities 3
- Work with others and in teams 2
- Use mathematical ideas and techniques 3
- Solve problems 3
- Use technology 1

This unit is taken from the Revised Small Business Management Standards (Code 0023 - U26, U27, U28, U29, U30 U31, U32, U33)
UNIT 28 ADDRESS LEGAL AND ADMINISTRATIVE REQUIREMENTS

**Descriptor:** This unit describes the competencies required to identify and comply with legal and administrative requirements in the process of setting up and maintaining a small business. This includes risk minimisation, insurance, establishing a business structure and legal rights regarding production and use of products.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| **28.1 Establish legal structure of business** | 28.1.1 Legal options for the business structure are thoroughly examined to determine the most suitable type of business structure, taking into account:  
- preferences of owners  
- requirements of funding bodies  
- confidentiality considerations (legal and financial)  
- taxation considerations  
- superannuation considerations  
- subsequent ownership transfer considerations. |
| | 28.1.2 Legal rights and responsibilities of the business are investigated to ensure they are understood and the business is adequately protected. |

| **28.2 Comply with statutory and regulatory requirements** | 28.2.1 Statutory requirements affecting the structure of the business are ascertained and steps taken to ensure full compliance. |
| | 28.2.2 Statutory and regulatory requirements affecting the operations of the business are ascertained and appropriate steps taken to ensure full compliance. |
| | 28.2.3 Insurance requirements are fully identified and adequate cover is acquired to ensure risk minimisation. |
| | 28.2.4 Registration of the business is secured in accordance with owner/operator preferences and legal requirements. |
| | 28.2.5 Legal documents are carefully maintained and relevant records are kept and updated to ensure their ongoing security and accessibility. |
Legal options for the business may include:
- a company, partnership or sole trader structure
- or some other form of business recognised by law. It may be profit or non-profit based.

Ownership transfer may occur as a result of:
- forced business closure
- death
- divorce
- sale of business
- buying out other partners
- succession planning etc.

Statutory and regulatory requirements may include local, state and national legislation and regulations affecting business operations such as:
- business registration
- planning and other permissions
- fire, occupational and environmental legislation
- taxation, copyright and trademark regulations
- codes of practice standards
- anti-competition/monopoly and consumer-based legislation
- Therapeutic Goods Act requirements.

Legal documents may include:
- partnership agreements
- statutory books for companies (e.g. register of directors and minute books)
- articles of association
- certificate of incorporation
- financial documentation.

Relevant records may include:
- financial
- personnel
- taxation
- occupational health and safety records.
Evidence of satisfactory performance in this unit involves an assessment of the completeness of the arrangements made or proposed by the "small business manager" in addressing the legal and administrative requirements of the small business.

Evidence may be gathered using the following methods:
- review of documented instructions to lawyers/accountants/business advisers
- discussion with the small business manager about the rationale for the chosen legal structure of the business and other such decisions, method of securing and maintaining legal records and documents
- questions about the underlying knowledge base of the small business manager.

Evidence is required of knowledge of:
- legal rights and responsibilities
- all relevant statutory and regulatory requirements which affect the proposed small business
- insurance requirements
- contractual rights and responsibilities
- record keeping duties.

This unit is taken from the Revised Small Business Management Standards (Code 0023 - U26, U27, U28, U29, U30 U31, U32, U33)
UNIT 29 MANAGE BUSINESS OPERATIONS

**Descriptor:** This unit describes the competencies required to translate the homoeopathic business plan into operational strategies to deliver services. These strategies may involve managing equipment, materials, premises and physical or natural resources and developing operational procedures. (The management of human resource strategies is not included in this unit as unit 30 deals specifically with this area).

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>29.1 Develop operational strategies</strong></td>
<td>29.1.1 Operational factors affecting the desired objectives of the business are identified.</td>
</tr>
<tr>
<td></td>
<td>29.1.2 Preferred operational strategies are selected to optimise business outcomes.</td>
</tr>
<tr>
<td></td>
<td>29.1.3 Costs and benefits of the various operational strategies are evaluated to achieve optimum results.</td>
</tr>
<tr>
<td></td>
<td>29.1.4 Performance measures are determined for the desired outcomes.</td>
</tr>
<tr>
<td></td>
<td>29.1.5 Operational targets are determined to meet the priorities set down in the business plan.</td>
</tr>
<tr>
<td></td>
<td>29.1.6 Strategies developed include means of measuring business performance against the business plan.</td>
</tr>
<tr>
<td></td>
<td>29.1.7 Strategies clearly specify responsibilities for quality management.</td>
</tr>
<tr>
<td></td>
<td>29.1.8 Quality criteria and operational procedures are developed to meet customers' requirements and business standards.</td>
</tr>
<tr>
<td></td>
<td>29.1.9 A structured approach to innovation is developed to respond to changing customer requirements.</td>
</tr>
</tbody>
</table>
29.2 Implement operational strategies

29.2.1 Systems to control expenditure, wastage, stock and costs are established in accordance with the business plan.

29.2.2 The provision of services is carried out in accordance with established professional, legal and ethical standards.

29.2.3 The provision of services meets time, cost and quality specifications.

29.2.4 The provision of services is in accordance with customer requirements.

29.2.5 Quality procedures are developed to address customer requirements.

RANGE OF VARIABLES FOR UNIT 29

Operational strategies, policies and procedures will vary according to the type of clinic. Operational factors may include:

- business premises (e.g. size, location, layout)
- management and administrative systems and procedures
- office systems
- marketing approaches.

Options for acquiring necessary operational requirements may include purchase (sole or shared ownership), or leasing. Premises and equipment may be new or previously owned.

Business outcomes may include sale of relevant:

- products (remedies, booklets)
- services.

Operational targets may relate to:

- number of patients treated
- balance of income and expenditure.

Evidence of satisfactory performance in this Unit involves an assessment of the operational strategies, policies and procedures developed by the practitioner-manager, and includes maintaining ongoing operational efficiency and effectiveness.

Satisfactory performance in this Unit may be assessed by observation of successful performance in relation to each element.
Evidence may be gathered using the following methods:
• review of documented operational plans, targets and business systems established
• discussions with the practitioner-manager about the rationale for decisions and proposed methods for monitoring performance
• observation of business operations management
• questions about the underlying knowledge base of the practitioner-manager.

Evidence is required of knowledge of:
• operational factors relating to the business (provision of professional services, products)
• key operational concepts and procedures
• legal and statutory requirements and responsibilities
• business systems
• methods of monitoring performance.

**EVIDENCE GUIDE**
**FOR UNIT 29**

Evidence of satisfactory performance in this unit involves an assessment of the operational strategies involved in the management of equipment, materials, premises and physical or natural resources and the development of operational procedures.

Evidence may be gathered using the following methods:
• review of operational strategies which include preferred strategies which will optimise business output
• identification of quality criteria and quality management strategies
• client evaluation forms.

**KEY COMPETENCIES**
**FOR UNIT 29**

*Levels:*
• Collect, analyse and organise information 2
• Communicate ideas and information 2
• Plan and organise activities 3
• Work with others and in teams 3
• Use mathematical ideas and techniques 3
• Solve problems 3
• Use technology 2

This unit is taken from the *Revised Small Business Management Standards* (CODE 0023 - U26, U27, U28, U29, U30 U31, U32, U33)
UNIT 30  MANAGE SELF

**Descriptor:** This unit describes the competencies required to manage one's own time, emotional and energy resources.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 30.1 Monitor oneself and plan strategies | 30.1.1 *Resource needs* of present and foreseeable work are analysed.  
30.1.2 *Personal limits* to helping are monitored.  
30.1.3 *Signs of secondary traumatisation or burnout* are identified.  
30.1.4 A *plan is developed* to balance personal and patient's needs. |
| 30.2 Implement strategies | 30.2.1 The plan is implemented and reassessed in according to outcomes.  
30.2.2 Supervision is obtained where necessary. |

**RANGE OF VARIABLES FOR UNIT 30**

*Resources may include:*
- time constraints on patient's treatment
- amount of new information required to be analysed
- perceived difficulty of case(s)
- work load
- professional networks.

*Personal limits may include:*
- personal health
- personal energy and time resources
- emotional state
- family or personal relationship needs and constraints
- relaxation time/personal time.
**Signs of secondary traumatisation or burnout may include:**
- depression or cynicism
- substance abuse
- fear of, or avoiding work or patients
- irritability in family life
- sleeplessness or nightmares
- increased sensitivity to suffering, violence or the news
- intrusion of patient's issues into private life
- loss of faith in humankind
- increased startle response
- loss of self confidence
- loss of ability.

**A plan is developed to balance personal and patient's needs and may include:**
- goal setting
- non-achievement of goals
- ability to change goals and direction
- awareness of personal limitations
- defining boundaries.

**Supervision may include:**
- consulting with a new or existing supervisor
- discussions with colleagues
- collegial support group or network
- personal or professional homeopathic support.

---

**EVIDENCE GUIDE FOR UNIT 30**

**Critical aspects:**
It is critical that competency be demonstrated in:
- assessing personal limitations
- obtaining supervision where necessary.

**Interdependent assessment:**
This unit can be assessed independently.

**Underpinning knowledge:**
- self awareness skills
- support networks.

**Underpinning skills:**
- self assessment
- time management skills.
Resource implications:
- support networks.

Method of assessment:
- assessment may be conducted in simulated environments.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 30</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 2</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 3</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 2</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 0</td>
</tr>
<tr>
<td></td>
<td>Solve problems 3</td>
</tr>
<tr>
<td></td>
<td>Use technology 0</td>
</tr>
</tbody>
</table>
UNIT 31 MANAGE SELF AND STAFF

**Descriptor:** This unit describes the competencies required to develop specific human resource strategies to match the functional requirements of the business also implementing these strategies in ways which enhance business operations by meeting the needs of clients and staff.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.1 Develop human resource strategies</td>
<td></td>
</tr>
<tr>
<td>31.1.1 Key functions required to conduct the business are identified.</td>
<td></td>
</tr>
<tr>
<td>31.1.2 An appropriate organisation structure for the business is developed to ensure all functions are fulfilled.</td>
<td></td>
</tr>
<tr>
<td>31.1.3 Human resource requirements to perform tasks are determined and specified in terms of number of staff, time commitment and competencies required.</td>
<td></td>
</tr>
<tr>
<td>31.1.4 Existing skills/competencies of self and staff are identified and compared with requirements to identify any gaps.</td>
<td></td>
</tr>
<tr>
<td>31.1.5 Tasks are scheduled systematically and efficiently to optimise utilisation of available human resources.</td>
<td></td>
</tr>
<tr>
<td>31.1.6 Individual and team responsibilities and levels of authority are clearly defined to enhance clear communication and understanding of performance expectations.</td>
<td></td>
</tr>
<tr>
<td>31.1.7 Strategies specify performance measures for individuals and teams in accordance with business requirements.</td>
<td></td>
</tr>
<tr>
<td>31.1.8 Strategies take account of the diversity of the Australian community.</td>
<td></td>
</tr>
<tr>
<td>31.1.9 Staff policies and procedures are developed to address recruitment and training needs of the business.</td>
<td></td>
</tr>
<tr>
<td>31.1.10 Industrial relations matters, which may impact on the business, are investigated to clarify workplace rights and obligations of employers and employees.</td>
<td></td>
</tr>
</tbody>
</table>
31.1.11 Policies and procedures encourage self-management and professional development of staff in accordance with business direction and personal preferences of staff.

31.1.12 Systems for recording staff data are selected to provide timely and accurate information.

**RANGE OF VARIABLES FOR UNIT 31**

*Human resource requirements:*
The human resource requirements of a small business may be met through engaging full-time or part-time staff on a permanent, temporary or casual basis, using sub-contractors or external advisers/consultants. Human resources may involve self only and may include family and/or friends whose services are employed in the business.

*Number of staff:*
Small business is defined by the Australian Bureau of Statistics as a manufacturer employing less than 100 people, or a mining, construction or service business employing less than 20 people. Small businesses may include as few as one to five staff. Human resource requirements for such small businesses follow the same principles, but may require a less complex approach to management.

*Appropriate staff records:*
Appropriate staff records may include:
- job/position descriptions
- employee records (including tax file number, remuneration, leave and training records, records of disciplinary action, time and wages sheets)
- records of taxation and superannuation payments made
- occupational health and safety records
- relevant awards and/or industrial agreements.
Staff policies:
Staff policies may relate to matters such as recruitment and selection, training, occupational health and safety and employment conditions. Specific policies may, for example, relate to equal opportunity and cultural diversity.

Performance measures:
Performance measures may include performance of key people, overall productivity of the staff, staff morale, work ethic, work satisfaction, ratio of direct workers to those who support, supervise or manage them, ratio of sales dollars per employee, percentage of chargeable hours/days per week.

Manage diversity:
Managing diversity involves valuing and utilising the different skills, backgrounds and capabilities of self and staff and developing strategies to encourage and enable their effective integration into the business. Diversity may include for example:
- gender
- culture
- language
- network of contact
- work preference
- competencies
- education
- work history.

Managing diversity may include developing strategies to utilise the talents of and address the special needs of physically, mentally or socially impaired staff and other stakeholders.

Benefits of effectively managing diversity:
The benefits of effective management of diversity may include:
- more effective use of organisation's people
- better teamwork with resulting enhanced individual and organisational performance
- greater ability to understand and develop products and services for new markets and market segments
- greater ability to building trade links to overseas markets.
EVIDENCE GUIDE FOR UNIT 31

Evidence of satisfactory performance in this unit is best gathered from a review of the practitioner's clinic guidelines document, policies and procedures.

Evidence may be gathered using the following methods:
- review of clinic guidelines
- assessment of human resources appropriate to size/scope of clinic.
- assessment of competencies of clinic staff appropriate to size/scope of clinic.
- review clinic job descriptions and hierarchical structures.
- review of training/career pathway strategies appropriate to size/scope of clinic.

KEY COMPETENCIES FOR UNIT 31

<table>
<thead>
<tr>
<th>Levels</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

This unit is taken from the Revised Small Business Management Standards (Code 0023 - U26, U27, U28, U29, U30 U31, U32, U33)
UNIT 32 MAINTAIN DAILY FINANCIAL RECORD FOR ACCOUNTING PURPOSES

**Descriptor:** This unit covers maintaining common financial records such as petty cash, cash journals, bank reconciliation’s and accounts. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAFIN301A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.1 Enter cash transactions into cash journals</td>
<td>32.1.1 Transactions are entered into cash journals and totalled</td>
</tr>
<tr>
<td></td>
<td>32.1.2 Cash journal entries are checked against individual documents</td>
</tr>
<tr>
<td></td>
<td>32.1.3 Cash journals are cross checked and proofed</td>
</tr>
<tr>
<td></td>
<td>32.1.4 Cash journal errors are noted and reported to nominated person/section for resolution within designated timelines</td>
</tr>
<tr>
<td>32.2 Prepare bank reconciliations</td>
<td>32.2.1 Cash receipts and payment summaries are checked for accuracy against bank statements</td>
</tr>
<tr>
<td></td>
<td>32.2.2 Direct debits and credits are entered into cash journals</td>
</tr>
<tr>
<td></td>
<td>32.2.3 Discrepancies are noted and resolved</td>
</tr>
<tr>
<td></td>
<td>32.2.4 Regular reconciliation reports are produced within designated timelines</td>
</tr>
<tr>
<td>32.3 Enter credit transactions into journals</td>
<td>32.3.1 Credit transactions are entered into journals</td>
</tr>
<tr>
<td></td>
<td>32.3.2 Discrepancies between transaction documentation and account entries are identified</td>
</tr>
<tr>
<td></td>
<td>32.3.3 Journals are cross checked and proofed</td>
</tr>
<tr>
<td></td>
<td>32.3.4 Errors in documentation are rectified</td>
</tr>
</tbody>
</table>
32.4 Maintain creditors and debtors systems

32.4.1 Transactions are entered into individual debtor and creditor accounts

32.4.2 Discrepancies are identified in individual debtor and creditor accounts

32.4.3 Errors in documentation are rectified or referred to the nominated person for action

32.4.4 Schedule of debtors and creditors is prepared and reconciled within designated timelines

---

RANGE OF VARIABLES FOR UNIT 32

Clinic procedures and policies

Recording mechanisms/systems, e.g.
- paper-based
- electronic
- clinic accounting system

Australian Accounting and Auditing Standards

Relevant legislation, e.g.
- ATO regulations

Business source documents may include, but are not exclusive to:
- petty cash vouchers
- petty cash book
- purchase requisitions and orders
- invoices and receipts
- delivery dockets
- credit notes
- statements
- cheques
- deposit books
- bank statements
Evidence of satisfactory performance in this Unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of maintaining daily financial records for accounting purposes in accordance with homoeopathic clinic procedures and policies. Check that:

- transactions are entered accurately
- errors are identified and rectified
- reconciliations are complete
- schedules of debtors and creditors are complete

**KEY COMPETENCIES FOR UNIT 32**

*Levels:*
- Collect, analyse and organise information 3
- Communicate ideas and information 2
- Plan and organise activities 3
- Work with others and in teams 2
- Use mathematical ideas and techniques 3
- Solve problems 3
- Use technology 2
### UNIT 33  RESPOND TO THE CHANGING ENVIRONMENT AND IMPLEMENT STRATEGIES TO ACHIEVE CLINIC GOALS

**Descriptor:** This unit covers analysing, implementing and assisting in the development of change strategies and supporting the team to implement changes. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAENT501A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>33.1 Analyse changes to the internal/external environment that impact on the role of the administration department</strong></td>
<td></td>
</tr>
<tr>
<td>33.1.1 The strategic focus of the administration department is analysed in reference to the goals of the clinic</td>
<td></td>
</tr>
<tr>
<td>33.1.2 The internal situation is analysed in consultation with the key players and stakeholders taking account of resources available</td>
<td></td>
</tr>
<tr>
<td>33.1.3 External factors are analysed, including the performance of competitors and changing markets</td>
<td></td>
</tr>
<tr>
<td><strong>33.2 Implement agreed change strategies and monitor their effectiveness</strong></td>
<td></td>
</tr>
<tr>
<td>33.2.1 Initiative is taken to help the team produce options to resolve and remove impediments to change</td>
<td></td>
</tr>
<tr>
<td>33.2.2 Team members are supported in implementing change strategies</td>
<td></td>
</tr>
<tr>
<td>33.2.3 Resources are allocated appropriately for achievement of change</td>
<td></td>
</tr>
<tr>
<td>33.2.4 Processes used to implement change are reviewed and strategies are altered, if appropriate</td>
<td></td>
</tr>
<tr>
<td><strong>33.3 Assist with the development of options for future strategies</strong></td>
<td></td>
</tr>
<tr>
<td>33.3.1 Staffing, work practices and resources are analysed</td>
<td></td>
</tr>
<tr>
<td>33.3.2 Patient trends are analysed</td>
<td></td>
</tr>
<tr>
<td>33.3.3 Ways to adapt internal situation to meet changing demands are developed</td>
<td></td>
</tr>
<tr>
<td>33.3.4 Team support in identifying the approach taken to introducing and maintaining new changes</td>
<td></td>
</tr>
</tbody>
</table>
33.4 Assist with planning to match future requirements with resource allocation

33.4.1 Rescheduling of work priorities is considered

33.4.2 Staffing options are developed

33.4.3 Procedures to monitor future requirements are set in place

RANGE OF VARIABLES FOR UNIT 33

Clinic structure, procedures and policies

Strategic plan of clinic, e.g.
- business plan

Staffing schedules

Resource allocation:
- budget
- procedures

Timelines

Procedures for implementing change
Evidence of satisfactory performance in this Unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of responding to the changing environment and implementing strategies to achieve homeopathic clinic goals in accordance with homeopathic clinic procedures and policies. Check that:

- homeopathic clinic goals are understood and maintained
- analysis takes both internal and external factors into consideration
- strategies developed are appropriate to department and homeopathic clinic
- team needs are identified and supported
- appropriate resources are allocated

### KEY COMPETENCIES FOR UNIT 33

*Levels:*
- Collect, analyse and organise information 3
- Communicate ideas and information 2
- Plan and organise activities 3
- Work with others and in teams 2
- Use mathematical ideas and techniques 2
- Solve problems 3
- Use technology 1
UNIT 34 FOLLOW OCCUPATIONAL HEALTH AND SAFETY POLICIES AND PROCEDURES IN THE WORKPLACE IN ORDER TO ENSURE OWN SAFETY AND THAT OF OTHERS IN THE WORKPLACE

Descriptor: This unit of competency is equivalent to the Worksafe Australia OHS Generic Competency A. This unit covers understanding what hazards exist in the workplace, the procedures for dealing with them and assisting in the management of Occupational Health and Safety. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAENT202A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.1 Follow workplace procedures for hazard identification and risk control</td>
<td>34.1.1 Hazards in the work area are recognised and reported to designated personnel according to clinic guidelines</td>
</tr>
<tr>
<td></td>
<td>34.1.2 Workplace procedures and work instructions for controlling risks are followed accurately</td>
</tr>
<tr>
<td></td>
<td>34.1.3 Workplace procedures for dealing with accidents, fire and other emergencies are followed whenever necessary within the scope of responsibilities and competencies</td>
</tr>
<tr>
<td>34.2 Contribute to participative arrangements for the management of OHS</td>
<td>34.2.1 OHS issues are raised with designated personnel in accordance with workplace procedures and relevant OHS legislation</td>
</tr>
<tr>
<td></td>
<td>34.2.2 Contributions to OHS management in the workplace are made within clinic procedures and the scope of responsibilities and competencies</td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES**

Practice OHS policies and procedures relating to, e.g.
- Emergency, fire, accident and other hazards
- the use of personal protective clothing
EVIDENCE GUIDE FOR UNIT 34

Competency is demonstrated in the context of provision to employees of clear directions and information regarding OHS legislation, codes of practice, workplace procedures and work instructions.

Evidence of knowledge of significant hazards in the workplace is required.

Evidence of understanding symbols used for OHS signs is required.

KEY COMPETENCIES FOR UNIT 34

*Levels:*
- Collect, analyse and organise information 2
- Communicate ideas and information 3
- Plan and organise activities 2
- Work with others and in teams 3
- Use mathematical ideas and techniques 1
- Solve problems 3
- Use technology 2
UNIT 35  APPLY AND MONITOR CLINIC OHS TO ENSURE THAT ALL MEMBERS OF THE WORKGROUP ARE FULLY INFORMED

*Descriptor:* This unit of competency is equivalent to Worksafe Australia OHS Generic Competency. This unit covers responsibility for ensuring the workgroup is aware of and understands the clinic's OHS policies, hazards and control procedures. It covers managing, implementing and monitoring procedures and maintaining records for OHS and providing training. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAENT502A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.1 Provide information to the workgroup about the clinic’s OHS policies, procedures and programs.</td>
<td>35.1.1 Information is regularly provided and clearly explained to the workgroup on the following areas: - relevant OHS legislation and codes of practice - the clinic’s OHS policies, procedures and programs - identified hazards - risk identification and control procedures</td>
</tr>
</tbody>
</table>

| 35.2 Implement and monitor participative arrangements for the management of OHS in accordance with clinic procedures and policies | 35.2.1 Consultation over OHS issues is implemented and monitored to ensure that all staff have the opportunity to contribute |

| 35.3 Implement and monitor the clinic’s procedures for identifying and assessing hazards | 35.3.1 Existing and potential hazards in the work area are identified and reported so that risk assessment and control procedures can be applies |

| 35.2.2 Issues raised through consultation are dealt with and resolved promptly or referred to the appropriate personnel for resolution |
| 35.2.3 Resolutions are made known to staff promptly |
35.4 Implement and monitor the clinic’s procedures for controlling risks

35.4.1 Existing risk control measures are monitored and results reported regularly

35.4.2 Inadequacies in existing risk control measures are identified and reported to designated personnel

35.4.3 Inadequacies in resource allocation for implementation of risk control measures are identified and reported to designated personnel

35.4.4 Work procedures to control risks are implemented and staff adherence to them is monitored

35.5 Implement the clinic’s procedures for dealing with hazardous events

35.5.1 Workplace procedures for dealing with hazardous events are implemented whenever necessary to ensure prompt control action is taken

35.5.2 Hazardous events are investigated to identify their cause, in accordance with investigation procedures

35.5.3 Control measures to prevent recurrence and minimise risks of hazardous events are implemented or referred to designated personnel for implementation

35.6 Implement and monitor the clinic’s procedure for providing OHS training

35.6.1 OHS training needs of staff are identified accurately

35.6.2 Training is organised for staff where necessary

35.7 Monitor the clinic’s procedure for maintaining OHS records

35.7.1 OHS records are accurately and legibly completed

35.7.2 Aggregate information from OHS records is used to identify hazards and monitor risk control procedures

RANGE OF VARIABLES FOR UNIT 35

Clinic procedures and policies relating to, e.g. - provision of information and training - regulations and codes of practice relating to hazards present in the work area - requirements for the maintenance and confidentiality of records of occupational injury and disease - working individually, as a team, or under the guidance of specialist OHS staff or managers

Type of OHS system and procedures in clinic

-
Evidence of the following is required:

- working knowledge of all applicable OHS legislation and codes of practice

- understanding of the hierarchy of control (the preferred order of risk control measures, i.e. from most to least preferred, elimination, engineering controls, administrative controls

- and lastly, personal protective equipment

- understanding of the significance of Equal Employment Opportunity (EEO) principles

- understanding of the significance of other management systems and procedures for OHS

- knowledge of literacy levels and communication skills of staff and consequent suitable communication techniques

---

**KEY COMPETENCIES FOR UNIT 35**

**Levels:**

- Collect, analyse and organise information 3
- Communicate ideas and information 3
- Plan and organise activities 3
- Work with others and in teams 3
- Use mathematical ideas and techniques 3
- Solve problems 3
- Use technology 3
UNIT 36 TRAIN SMALL GROUPS

Descriptor: This unit covers the requirements for planning, delivering and reviewing training for the purposes of developing competency on a one-to-one or small group basis. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ404A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.1 Prepare for training</td>
<td>36.1.1 Specific needs for training are identified and confirmed through consultation with appropriate personnel</td>
</tr>
<tr>
<td></td>
<td>36.1.2 Training objectives are matched to identified competency development needs</td>
</tr>
<tr>
<td></td>
<td>36.1.3 Training approaches are planned and documented</td>
</tr>
<tr>
<td>36.2 Deliver training</td>
<td>36.2.1 Training is conducted in a safe and accessible environment</td>
</tr>
<tr>
<td></td>
<td>36.2.2 Training delivery methods are selected appropriate to training participants needs, trainer availability, location and resources</td>
</tr>
<tr>
<td></td>
<td>36.2.3 Strategies and techniques are employed which facilitate the learning process</td>
</tr>
<tr>
<td></td>
<td>36.2.4 Objectives of the training, sequence of activities and assessment processes are discussed with training participants</td>
</tr>
<tr>
<td></td>
<td>36.2.5 A systematic approach is taken to training and the approach is revised and modified to meet specific needs of training participants</td>
</tr>
<tr>
<td>36.3 Provide opportunities for practice</td>
<td>36.3.1 Practice opportunities are provided to ensure that the participant achieves the components of competency</td>
</tr>
<tr>
<td></td>
<td>36.3.2 Various methods for encouraging learning are implemented to provide diverse approaches to meet the individual needs of participants</td>
</tr>
</tbody>
</table>
36.4 Review training

36.4.1 Participants are encouraged to self evaluate performance and identify areas for improvement

36.4.2 Participants' readiness for assessment is monitored and assistance provided in the collection of evidence of satisfactory performance

36.4.3 Training is evaluated in the context of self assessment, participant feedback, supervisor comments and measurements against objectives

36.4.4 Training details are recorded according to clinic and legislative requirements

36.4.5 Results of evaluation are used to guide further training
Relevant information to identify training needs includes:

- Industry/practice or other performance competency standards
- Endorsed components of relevant industry training package
- Industry/workplace training practices
- Job descriptions
- Results of training needs analyses
- Business plans of the organisation which identify skill development requirements
- Standard operating and/or other workplace procedures

Appropriate personnel may include:

- Team leaders/supervisors/technical experts
- Managers/employers
- Training and assessment co-ordinators
- Training participants
- Representative government regulatory bodies
- Union/employee representatives
- Consultative committees
- Assessors.

Training delivery methods and opportunities for practice may include:

- Presentations
- Demonstrations
- Explanations
- Problem solving
- Mentoring
- Experiential learning
- Group work
- On the job coaching
- Job rotation
- A combination of the above

Components of competency include:

- Task skills
- Task management skills
- Contingency management skills
- Job/role environment skills
- Transfer and application of skills and knowledge of new contents
Characteristics of training participant may include information in relation to:
- language, literacy and numeracy needs
- cultural, language, and educational background
- gender
- physical ability
- level of confidence, nervousness or anxiety
- age
- previous experience with the topic
- experience in training and assessment.

Training sessions may include:
- one to one demonstration
- small group demonstration (2 to 5 persons).

Resources may include:
- time
- location
- personnel
- materials and equipment
- OHS and other workplace requirements
- practice/industry standard operating procedures
- finances/costs

Strategies and techniques may include:
- active listening
- targeted questioning
- points of clarification
- group discussions
Critical aspects of evidence

Assessment requires evidence of the following products to be collected:

- Description of the specific training need and required competency outcomes
- Outline of the training approach and steps to be followed
- Description of training participant(s) and delivery method(s) to be used
- Specific resources required
- Outline of the evidence to be collected for monitoring training participant progress
- Trainers self-assessment of training delivery
- Participant evaluation of training delivery
- Evaluation of review comments against plan of training
- Records/documentation for monitoring progress of training participant(s).

Evidence may be collected using proforma or template

Assessment requires evidence of the following processes to be provided:

- How the specific training need was determined
- How the sequence of the training was determined
- How appropriate personnel were identified
- Why particular delivery method(s) were selected
- How the characteristics of training participant(s) as identified
- How the resource requirements were established
- How participant progress was monitored
- Why and how the training resources were selected
- How appropriate personnel confirmed training arrangements
- How participant(s) were informed of:
  - intended training outcomes
  - competencies to be achieved
  - on and/or off the job practice opportunities
  - benefits of practices
  - learning activities and tasks
  - assessment tasks and requirements
- How constructive feedback was provided to training participant about progress toward competency to be acquired
- How training participant readiness for assessment was determined and confirmed
- How records were maintained to ensure confidentiality, accuracy and security.

Evidence may be provided verbally or in written form
Interdependent assessment of units

This unit may be assessed in conjunction with other units that form part of a job function.

Required knowledge and skills:
- Competency in the units being taught
- Workplace application of the relevant competencies
- Identification of evidence of competency
- Planning of own work including predicting consequences and identifying
- Improvements
- Application of relevant workplace policies (e.g. OHS and EEO) and any relevant legislative or regulatory requirements
- Correct use of equipment, and any other processes and procedures appropriate for the
- Training
- Ethical handling of performance issues
- Language, literacy and numeracy required skills to:
  - conduct discussions and ask probing questions to review the training
  - gather information (in spoken or written form) for review purposes
  - make verbal recommendations for delivery of future training
  - adjust language to suit target audience (training participant/appropriate personnel)
  - complete records on training
  - provide verbal feedback & report on training outcomes
  - follow and model examples of written texts
  - promote training in verbal or written form
- Communication skills appropriate to the culture of the workplace, appropriate personnel and training participants

Resource implications
Access to records system for training, information, and training participants and supervisory staff (where appropriate).

Consistency in performance
Competency in this unit needs to be assessed over a period of time, in a range of contexts and on multiple occasions involving a combination of direct, indirect and supplementary forms of evidence.

Context for assessment
- Assessment may occur on the job or in a simulated workplace. Candidate workplace trainers should use competencies relevant to their area of technical expertise.
KEY COMPETENCIES FOR UNIT 36

Levels:
- Collect, analyse and organise information 3
- Communicate ideas and information 2
- Plan and organise activities 2
- Work with others and in teams 2
- Use mathematical ideas and techniques 2
- Solve problems 2
- Use technology 2
UNIT 37  PLAN ASSESSMENT

Descriptor: This unit covers the requirements for planning an assessment in a specific context. The unit details the requirements for determining evidence, selecting appropriate assessment methods and developing as assessment tool in a specific context. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ401A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.1 Establish evidence required for a specific context</td>
<td>37.1.1 The evidence required to infer competency from the industry/practice competency standards, or other standards of performance, is established for a specified context</td>
</tr>
<tr>
<td></td>
<td>37.1.2 Relevant units of competency are read and interpreted accurately to identify the evidence required</td>
</tr>
<tr>
<td></td>
<td>37.1.3 Specified evidence requirements: assure valid and reliable inferences of competency, authenticate the performance of the person being assessed and confirm that competency is current</td>
</tr>
<tr>
<td></td>
<td>37.1.4 Sufficient evidence is specified to show consistent achievement of the specified standards</td>
</tr>
<tr>
<td></td>
<td>37.1.5 The cost of gathering the required evidence is established</td>
</tr>
<tr>
<td>37.2 Establish suitable assessment methods</td>
<td>37.2.1 Assessment methods are selected which are appropriate for gathering the type and amount of evidence required</td>
</tr>
<tr>
<td></td>
<td>37.2.2 Opportunities to consolidate evidence gathering activities are identified</td>
</tr>
<tr>
<td></td>
<td>37.2.3 Allowable adjustments in the assessment method are proposed to cater for the characteristics of the persons being assessed</td>
</tr>
</tbody>
</table>
37.3 Develop assessment tools appropriate to a specific assessment context

37.3.1 An assessment tool is developed to gather valid, reliable and sufficient evidence for a specific assessment context

37.3.2 The assessment tool is designed to mirror the language used to demonstrate the competency in a specific context

37.3.3 Clear instructions (spoken or written) are prepared including any adjustments which may be made to address the characteristics of the persons being assessed

37.3.4 The assessment tool is checked to ensure flexible, fair, safe and cost-effective assessment to occur

37.4 Trial assessment procedure

37.4.1 Assessment methods and tools are trialed with an appropriate sample of people to be assessed

37.4.2 Evaluation of the methods and tools used in the trial provides evidence of clarity, reliability, validity, fairness, cost effectiveness and ease of administration

37.4.3 Appropriate adjustments are made to improve the assessment method and tools in light of the trial

37.4.4 Assessment procedures, including evidence requirements, assessment methods and tools, are ratified with appropriate personnel in the industry/practice and/or training organisation where applicable

RANGE OF VARIABLES FOR UNIT 37

Assessment system may be developed by
- the industry through endorsed component of Training Package Assessment Guidelines
- The clinic
- A Registered Training organisation
- A combination of the above

The assessment system should specify the following
- The purpose of assessment
- Competencies required of assessors
- Record keeping procedures and policies
- Any allowable adjustments to the assessment method which may be made
- The appeal/review mechanisms and procedures
- The review and evaluation of the assessment process
- The linkages between assessment and training qualifications/awards
- Employee classification
- Remuneration
- Progression
- Relevant policies
- Quality assurance mechanisms
- Apportionment of costs/fees (if applicable)
- Marketing/promotion of assessment
- Verification arrangements
- Auspicing arrangements (if applicable)
- Partnership arrangements (if applicable)

**Specific assessment context may be determined by**
- Purpose of the assessment such as:
  - to gain a particular qualification or a licence
  - to determine employee classification
  - to recognise prior learning/current competencies
  - to identify training needs or progress
- Location of the assessment such as:
  - on the job or off the job
  - combination of both
- Assessment Guidelines of Training Package or other assessment requirements

**Characteristics of persons being assessed may include**
- Language, literacy and numeracy needs
- Cultural, language and educational background
- Gender
- Physical ability
- Level of confidence, nervousness or anxiety
- Age
- Experience in training and assessment
- Previous experience with the topic

**Appropriate personnel may include**
- Assessors
- Persons being assessed
- Employee/union representatives
- Consultative committees
- Users of assessment information such as training providers, employers, human resource departments
- State/territory training/Recognition Authorities
- Training and assessment co-ordinators
- Relevant managers/supervisors team leaders
- Technical specialists

**Appropriate procedure**
- The assessment procedure is developed (and endorsed) by persons responsible for the implementation of the assessment process in:
  - the industry
- the clinic
- the training organisation
- a combination of the above

- The assessment procedure should specify the following:
  - recording procedure
  - appeal/review mechanism
  - assessment methods to be used
  - Instructions/materials to be provided to the person(s) being assessed
  - criteria for making decisions of competent, or not yet competent
  - number of assessors
  - assessment tools
  - evidence required
  - location of assessment
  - timing of assessment
  - assessment group size
  - allowable adjustments to the assessment procedure depending on the characteristics of the person being assessed.

**Assessment methods may include**
- direct observation of performance, products, practical tasks, projects and simulation exercises
- review of log books/or and portfolios of evidence
- consideration of third party reports and authenticated prior achievements
- written, oral or computer managed questioning

These methods may be used in combination in order to provide sufficient evidence to make a judgement.

**Assessment tools may include**
- specific instructions to be given relating to the performance of practical tasks or processes or simulation exercises
- specific instructions to be given in relation to the production of projects and exercises
- sets of verbal/written/computer based questions to be asked
- performance checklists
- log books
- descriptions of competent performance.

A number of these tools may be used in combination in order to provide enough evidence to make judgements.

**Assessment environment and resources to be considered include**
- time
- location
- personnel
- finances/costs
• equipment
• materials
• OHS requirements
• clinic/industry standard operating procedures.

Allowable adjustments may include
• provision of personal support services (e.g., Auslan interpreter, reader, interpreter,
  attendant carer, scribe)
• use of adaptive technology or special equipment (e.g., word processor or lifting gear)
• design of shorter assessment sessions to allow for fatigue or medication
• use of large print version of any papers
Critical aspects of evidence

Assessment requires evidence of the following products to be collected:
- Documentation in relation to:
  - specific assessment context, including the purpose of assessment
  - features of the assessment system
  - characteristics of the person being assessed
  - evidence of competency required
  - plan of opportunities for gathering the evidence required
    - assessment methods selected including any allowable adjustments to meet characteristics of person(s) being assessed
- An assessment tool(s) for the specific assessment context which ensures valid, reliable, flexible and fair assessment including any allowable adjustments
- An assessment procedure for the specific context.

Assessment requires evidence of the following processes to be provided:
- How the context of assessment was specified
- How the characteristics of the person(s) being assessed were identified
- Why a particular assessment method was selected
- How the assessment was planned to ensure that language, literacy and numeracy issues were taken into consideration
- How evidence was evaluated in terms of validity, authenticity, sufficiency, currency and consistent achievement of the specified standard
- How the assessment tool was developed for the specified context
- How the assessment tool was validated and ratified by appropriate personnel

Interdependent assessment of units

This unit of competency may be assessed in conjunction with other units that form part of a job role.

Required knowledge and skills
- Knowledge of standards of performance including industry or practice competency standards and assessment guidelines
- Knowledge of legal and ethical responsibilities including occupational health and safety regulations and procedures, equal employment and anti-discrimination requirements relevant to
the specified context

- Understanding of the assessment principles of reliability, validity, fairness, flexibility, authenticity, sufficiency and consistency
- Knowledge of the Assessment Guidelines of the Training Package Assessment and Workplace Training
- Skills in the application of various assessment methods, relevant to workplace context
- Planning of own work including predicting consequences and identifying improvements
- Language, literacy and numeracy skills required to:
  - read and interpret relevant information to plan assessment
  - give clear and precise information / instructions in spoken or written form
  - adjust spoken and written language to suit target audience
  - write assessment tools using language which mirrors the language used to demonstrate the competency in the specific context
  - prepare required documentation using clear and comprehensible language and layout
  - calculate and estimate costs
- Communication skills appropriate to the culture of the workplace and the individual(s)

**Resource implications**

- Access to relevant competencies, sources of information on assessment methods, assessment tools and assessment procedures
- Access to person(s) wishing to be assessed, any relevant workplace equipment, information and appropriate personnel

**Consistency in performance**

- Competency in this unit needs to be assessed over a period of time, in a range of contexts and on multiple occasions, involving a combination of direct, indirect and supplementary forms of evidence

**Context for assessment**

- Assessment should occur on the job or in a simulated workplace. The candidate assessor should use competencies relevant to their area of technical expertise.
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 37</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Collect, analyse and organise information  3</td>
</tr>
<tr>
<td></td>
<td>• Communicate ideas and information         3</td>
</tr>
<tr>
<td></td>
<td>• Plan and organise activities              3</td>
</tr>
<tr>
<td></td>
<td>• Work with others and in teams             3</td>
</tr>
<tr>
<td></td>
<td>• Use mathematical ideas and techniques     3</td>
</tr>
<tr>
<td></td>
<td>• Solve problems                           2</td>
</tr>
<tr>
<td></td>
<td>• Use technology                           2</td>
</tr>
</tbody>
</table>
UNIT 38 CONDUCT ASSESSMENT

**Descriptor:** This unit covers the requirements for conducting as assessment in accordance with an assessment procedure in a specific context. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ402A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.1 Identify and explain the context of assessment</td>
<td>38.1.1 The context and purpose of assessment are discussed and confirmed with the person(s) being assessed</td>
</tr>
<tr>
<td></td>
<td>38.1.2 The relevant performance standards to be used in the assessment (e.g.: current endorsed competency standards for the specific industry) are clearly explained to the person being assessed</td>
</tr>
<tr>
<td></td>
<td>38.1.3 The assessment procedure is clarified and expectations of assessor and candidate are agreed</td>
</tr>
<tr>
<td></td>
<td>38.1.4 Any legal and ethical responsibilities associated with the assessment are explained to the persons being assessed</td>
</tr>
<tr>
<td></td>
<td>38.1.5 The needs of the person being assessed are determined to establish any allowable adjustments in the assessment procedure</td>
</tr>
<tr>
<td></td>
<td>38.1.6 Information is conveyed using language and interactive strategies and techniques to communicate effectively with the persons being assessed</td>
</tr>
<tr>
<td>38.2 Plan evidence gathering opportunities</td>
<td>38.2.1 Opportunities to gather evidence of competency, which occur as part of workplace or training activities, are identified covering the dimensions of competency</td>
</tr>
<tr>
<td></td>
<td>38.2.2 The need to gather additional evidence which may not occur as part of the workplace or training activities is identified</td>
</tr>
<tr>
<td></td>
<td>38.2.3 Evidence gathering activities are planned to provide sufficient, reliable, valid and fair evidence of competency in accordance with the assessment procedure</td>
</tr>
</tbody>
</table>
38.3 Organise assessment

38.3.1 The resources specified in the assessment procedure are obtained and arranged within a safe and accessible assessment environment

38.3.2 Appropriate personnel are informed of the assessment

38.3.3 Spoken interactions and any written documents employ language and strategies and techniques to ensure the assessment arrangements are understood by all persons being assessed and other appropriate personnel

38.4 Gather evidence

38.4.1 Verbal and non-verbal language is adjusted and strategies are employed to promote a supportive assessment environment to gather evidence

38.4.2 The evidence specified in the assessment procedure is gathered, using the assessment methods and tools

38.4.3 Evidence is gathered in accordance with specified allowable adjustments where applicable

38.4.4 The evidence gathered is documented in accordance with the assessment procedure

38.5 Make the assessment decision

38.5.1 The evidence is evaluated in terms of:
- Validity
- Authenticity
- Sufficiency
- Currency
- Consistent achievement of the specified standard

38.5.2 The evidence is evaluated according to the dimensions of competency:
- task skills
- task management skills
- contingency management skills
- job/role environment skills
- transfer and application of knowledge and skills to new contexts

38.5.3 Explain and obtain agreement for the assessment procedure.

38.5.4 When in doubt, guidance is sought from more experienced assessors

38.5.5 The assessment decision is made in accordance with the criteria specified in the assessment procedure
38.6 Record assessment results

38.6.1 Assessment results are recorded accurately in accordance with the specified record keeping requirements

38.6.2 Confidentiality of assessment outcomes is maintained and access to the assessment records is provided only to authorised personnel

38.7 Provide feedback to persons being assessed

38.7.1 Clear and constructive feedback in relation to performance is given to the person(s) being assessed using language and strategies to suit the person(s) including guidance on further goals/training opportunities is provided to the person(s) being assessed

38.7.2 Opportunities for overcoming any gaps in competency, as revealed by the assessment, are explored with the person(s) being assessed

38.7.3 The person(s) being assessed is advised of available reassessment opportunities and/or review appeal mechanisms where the assessment decision is challenged

38.8 Report on the conduct of the assessment

38.8.1 Positive and negative features experienced in conducting the assessment are reported to those responsible for the assessment procedure

38.8.2 Any assessment decision disputed by the person(s) being assessed is recorded and reported promptly to those responsible for the assessment procedure

38.8.3 Suggestions for improving any aspect of the assessment process are made to appropriate personnel
<table>
<thead>
<tr>
<th>RANGE OF VARIABLES FOR UNIT 38</th>
<th>Assessment system may be developed by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• the industry</td>
</tr>
<tr>
<td></td>
<td>• the clinic</td>
</tr>
<tr>
<td></td>
<td>• a Registered Training Organisation</td>
</tr>
<tr>
<td></td>
<td>• a combination of the above.</td>
</tr>
</tbody>
</table>

**The assessment system should specify the following**

- the purpose of assessment
- competencies required of assessors
- record keeping procedures and policies any allowable adjustments to the assessment method which may be made
- the appeal/review mechanisms and procedure
- the review and evaluation of the assessment process
- linkages between assessment and training qualifications/awards, employee classification, remuneration, progression
- relevant policies
- quality assurance mechanisms
- apportionment of costs/fees (if applicable)
- marketing/promotion of assessment
- verification arrangements
- auspicing arrangements, if applicable
- arrangements, if applicable
Specific assessment context may be determined by

- purpose of the assessment, such as
  - to gain a particular qualification or a licence
  - to determine employee classification
  - to identify training needs or progress
  - to recognise prior learning/current competencies
- location of the assessment, such as
  - on the job or off the job
  - combination of both
- assessment Guidelines of the relevant Training Package or other assessment requirements
- features of assessment system

Characteristics of persons being assessed may include

- language, literacy and numeracy needs
- cultural, language and educational background
- gender
- physical ability
- level of confidence, nervousness or anxiety
- age
- experience in training and assessment
- previous experience with the topic

Appropriate personnel may include

- assessors
- person(s) being assessed
- employee/union representatives
- consultative committees
- users of assessment information such as training providers, employers, human resource departments
- State/Territory Training/Recognition Authorities
- training and assessment co-ordinators
- relevant managers/supervisors/team leaders
- technical specialists

Assessment procedure may include

- The assessment procedure is developed (and endorsed) by person(s) responsible for the implementation of the assessment process in
  - the industry
  - the clinic
  - the training organisation
  - a combination of the above
- The assessment procedure should specify the following
  - recording procedure
  - appeal/review mechanism
  - assessment methods to be used
  - instructions/materials to be provided to the person(s) being assessed
  - criteria for making decisions of competent, or
not yet competent
- number of assessors
- assessment tools
- evidence required
- location of assessment
- timing of assessment
- assessment group size
- allowable adjustments to the assessment procedure depending on the characteristics of the person(s) being assessed

**Assessment methods may include**

- work samples and/or simulations
- direct observation of performance, products, practical tasks, projects and simulation exercises
- review of log books and portfolios
- questioning
- consideration of third party reports and authenticated prior achievements
- written, oral or computer managed questioning

These methods may be used in combination in order to provide sufficient evidence to make a judgement.

**Assessment tools may include**

- specific instructions to be given relating to the performance of practical tasks or processes or simulation exercises
- specific instructions to be given in relation to projects and exercises
- sets of oral/written/computer based questions to be asked
- performance checklists
- log books
- marking guides
- descriptions of competent performance

A number of these tools may be used in combination in order to provide enough evidence to make judgements.

**Allowable adjustments may include**

- provision of personal support services (e.g. Auslan interpreter, reader, interpreter, attendant carer, scribe)
- use of adaptive technology or special equipment (e.g. work processor or lifting gear)
- design of shorter assessment sessions to allow for fatigue or medication
- use of large print version of any papers.

**Assessment environment and resources to be**
considered may include
- time
- location
- personnel
- finances/costs
- equipment
- materials
- OHS requirements
- clinic/industry standard operating procedures

Recording procedures may include
- forms designed for the specific assessment result (paper or electronic)
- checklists for recording observations/process used (paper or electronic)
- combination of the above

Assessment reporting
- Final assessments will record the unit(s) of competency in terms of code, title and endorsement date
- Summative assessment reports, where issued, will indicate units of competency where additional learning is required

NB: Statutory and legislative requirements for maintaining records may vary in States/Territories.
Critical aspects of evidence
Assessment requires evidence of the following products to be collected
- Description of the assessment context, including the purpose of assessment
- The relevant competency or other performance standard and assessment procedure used
- Description of how evidence gathered is valid, authentic, sufficient, fair and reliable to ensure competency
- Conduct of assessment in accordance with competency requirements
- Recording of the assessment results in accordance with the specified assessment procedure and record keeping requirements
- Report on the conduct of the assessment, including positive and negative features and suggestions for improving any aspect of the assessment process

Assessment requires evidence of the following processes to be provided
- How agreement was sought with the person(s) being assessed on the conduct of the assessment
- How opportunities to gather evidence were identified as part of workplace or training activities
- How evidence was gathered in accordance with the assessment procedure
- How evidence gathering activity covered the dimensions of competency
- How resources were arranged according to the assessment procedure
- How appropriate personnel were consulted
- How evidence was gathered in accordance with allowable adjustments to the assessment method where applicable
- How evidence was evaluated in terms of validity, authenticity, sufficiency, currency and consistent achievement of the specified standard
- How the assessment was conducted to ensure that
  - all arrangements and activities were understood by all parties
  - the person was put at ease and the supportive assessment environment was created
  - language, literacy and numeracy issues were taken into consideration
- How constructive feedback was provided to the person(s) being assessed including instances of not yet competent
- How guidance was provided to person(s) being assessed on how to overcome gaps in competency revealed.

Interdependent assessment of
units
This unit of competency may be assessed in conjunction with other units that form part of a job role.

Required skills and knowledge

- Knowledge of workplace application of relevant standards of performance including industry or clinic competency standards and assessment guidelines
- Knowledge of legal and ethical responsibilities including occupational health and safety regulations and procedures, equal employment and anti-discrimination requirements relevant to the specified context
- Understanding of policies and procedures of the workplace and/or job role together with any related legislation or regulatory requirements
- Understanding of the assessment principles of reliability, validity, fairness, flexibility, authenticity, sufficiency and consistency
- Assessment guidelines of the Training Package Assessment and Workplace Training
- Planning of own work including predicting consequences and identifying improvements
- Skills in the application of various assessment methods/tools, relevant to workplace context
- Language, literacy and numeracy skills required to:
  - give clear and precise instructions and information in spoken or written form
  - seek confirmation of understanding from the person(s) being assessed
  - adjust language to suit target audience
  - prepare required documentation using clear and comprehensible language and layout
  - ask probing questions and listen strategically to understand responses of the person being assessed
  - seek additional information for clarification purposes
  - use verbal and non-verbal language to promote a supportive assessment environment
  - use language of negotiation and conflict resolution to minimise conflict

- Communication skills appropriate to the culture of the workplace and the individual(s).

Resource implications

- Access to relevant competencies, sources of
information on assessment methods, assessment tools and assessment procedures

- Access to person(s) wishing to be assessed, relevant workplace equipment, information and appropriate personnel.

**Consistency of performance**
Competency in this unit needs to be assessed over a period of time, in a range of contexts and on multiple occasions involving a combination of direct, indirect and supplementary forms of evidence.

**Assessment context**
Assessment should occur on the job or in a simulated workplace. The candidate assessor should use competencies relevant to their technical expertise.

### KEY COMPETENCIES FOR UNIT 38

<table>
<thead>
<tr>
<th>Levels:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>2</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>2</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>2</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>2</td>
</tr>
<tr>
<td>Solve problems</td>
<td>2</td>
</tr>
<tr>
<td>Use technology</td>
<td>3</td>
</tr>
</tbody>
</table>
UNIT 39 REVIEW ASSESSMENT

**Descriptor:** This unit covers requirements to review assessment procedures is a specific context. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ403A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 39.1 Review the assessment procedures | 39.1.1 Appropriate personnel are given the opportunity to review the assessment outcomes and procedure using agreed evaluation criteria.  
39.1.2 The review process established by the clinic, industry or registered training organisation is followed  
39.1.3 The assessment procedures are reviewed at a specific site in co-operation with the persons being assessed, and any appropriate personnel in the industry/clinic/training establishment and/or any agency identified under legislation  
39.1.4 Review activities are documented, findings are substantiated and the review process evaluated |
| 39.2 Check consistency of assessment decision | 39.2.1 Evidence from a range of assessments is checked for consistency across the dimensions of competency  
39.2.2 Evidence is checked against the key competencies  
39.2.3 Consistency of assessment decisions with defined performance standards are reviewed and discrepancies and inconsistencies are noted and acted upon |
| 39.3 Report review findings | 39.3.1 Recommendations are made to appropriate personnel for modifications to the assessment procedure(s) in light of review outcomes  
39.3.2 Records are evaluated to determine whether the needs of appropriate personnel have been met  
39.3.3 Effective contributions are made to system-wide reviews of the assessment process and feedback procedures |
Assessment system may be developed by
- the industry
- the clinic
- the Registered Training Organisation
- a combination of the above
- The assessment system should specify the following:
  - the purpose of assessment
  - competencies required of assessors
  - record keeping procedures and policies
  - any allowable adjustments to the assessment method which may be made for the person being assessed who have special needs
  - the appeal/review mechanisms and procedures
  - the review and evaluation of the assessment process
  - the linkages between assessment and training qualifications/awards, employee classification, remuneration, progression
  - relevant policies
  - quality assurance mechanisms
  - apportionment of costs/fees (if applicable)
  - marketing/promotion of assessment
  - verification arrangements
  - auspicing arrangements, if applicable
  - partnership arrangements, if applicable

Specific assessment context may be determined by
- purpose of the assessment such as
  - to gain a particular qualification or a licence
  - to determine employee classification
  - to identify training needs or progress
  - to recognise prior learning/current competencies
- location of the assessment such as
  - on the job or off the job
  - combination of both
- Assessment Guidelines of Training Package or other assessment requirements
- features of assessment system

Evaluation criteria in review process should include
- number of persons being assessed
- duration of the assessment procedure
- organisational constraints within which assessors must operate
- occupational health and safety factors
- relationship of the assessor to other appropriate personnel in the assessment process
- frequency of assessment procedure
- budgetary restraints
- information needs of government and other regulatory bodies
• support needs and professional development needs of assessors
• characteristics of persons being assessed
• human resource management implications
• consistency of assessment decisions
• levels of flexibility in the assessment procedure
• fairness of the assessment procedure
• efficiency and effectiveness of the assessment procedure
• competencies achieved by the person(s) being assessed
• difficulties encountered during the planning and conduct of the assessment
• motivation of the person(s) being assessed
• location and resource suitability
• reliability, validity, fairness and flexibility of the assessment tool(s)
• relevance of assessment to specified context
• grievances/challenges to the assessment decision by the person(s) being assessed or their supervisor/manager/employer
• ease of administration
• access and equity considerations
• practicability

**Characteristics of persons being assessed may include**
• language, literacy and numeracy needs
• cultural and language background
• educational background or general knowledge
• gender
• age
• physical ability
• previous experience with the topic
• experience in training and assessment
• level of confidence, nervousness or anxiety
• work organisation or roster

**Appropriate personnel may include**
• assessors
• person(s) being assessed
• employee/union representatives
• consultative committees
• users of assessment information such as training providers, employers, human resource departments
• State/Territory Training/Recognition Authorities
• training and assessment co-ordinators
• relevant managers/supervisor/team leaders
• technical specialists

**Assessment procedure**
• The assessment procedure is developed (and endorsed) by person(s) responsible for the
implementation of the assessment process in:
- the industry
- the clinic
- the training organisation
- a combination of the above

The assessment procedure should specify the following

- recording procedure
- appeal/review mechanism
- assessment methods to be used
- instructions/materials to be provided to the person(s) being assessed
- criteria for making decisions of competent, or not yet competent
- number of assessors
- assessment tools
- evidence required
- location of assessment
- timing of assessment
- assessment group size
- allowable adjustments to the assessment procedure depending on characteristics of person(s) being assessed

Assessment methods may include a combination of

- work samples and or simulations
- direct observation of performance, products, practical tasks, projects and simulation
- exercises
- review of log books and portfolios
- questioning
- consideration of third party reports and authenticated prior achievements
- written, oral or computer managed questioning

These methods may be used in combination in order to provide sufficient evidence to make a judgement.

Assessment tools may include

- specific instructions to be given relating to the performance of practical tasks or processes or simulation exercises
- specific instructions to be given in relations to the production projects and exercises
- sets of oral/written/computer based questions to be asked
- performance checklists
- log books
- marking guides
- descriptions of competent performance
A number of these tools may be used in combination in order to provide enough evidence to make judgements.

**Allowable adjustments may include**
- provision of personal support services (e.g. Auslan interpreter, reader, interpreter, attendant carer, scribe)
- use of adaptive technology or special equipment (e.g. work processor or lifting gear)
- design of shorter assessment sessions to allow for fatigue or medication
- use of large print version of any papers

**Assessment environment and resources to be considered**
- time
- location
- personnel
- finances/costs
- equipment
- materials
- OHS requirements
- clinic/industry standard operating procedures
Critical aspects of evidence

**Assessment requires evidence of the following products to be collected**

- Documented process for the review of the assessment procedure(s)
- A report on the review of the operations and outcomes of the assessment procedure(s)
- including substantiation of findings and any recommendations for modifications

Assessment requires evidence of the following processes to be provided

- How the review process for evaluating the assessments in the clinic, industry or organisation was implemented
- Why particular review/evaluation methodologies were chosen
- How co-operation and input from the person(s) assessed and appropriate personnel was sought as part of the review

**Interdependent assessment of units**

This unit of competency may be assessed in conjunction with other units that form part of a job role.

**Required knowledge and skills**

- Knowledge of the review process established by the industry, clinic or training organisation
- Knowledge of evaluation methodologies relevant to the assessment context
- Relevant standards of performance including industry or clinic competency standards and assessment guidelines
- Knowledge of legal and ethical responsibilities including occupational health and safety regulations and procedures, equal employment and anti-discrimination requirements
- Knowledge of relevant organisational policies and procedures of the workplace and/or job role
- Understanding of the assessment principles of reliability, validity, fairness, flexibility, authenticity, sufficiency and consistency
- Skills in the application of various assessment methods/tools in a relevant workplace context
- Planning own work including predicting consequences and identifying improvements
- Language, literacy and numeracy skills required to:
  - read and interpret review procedures
  - participate in discussions and listen strategically to evaluate information critically
  - gather, select and organise findings from a
number of sources
- document findings in summary form, graphs or tables
- present findings in a short report to relevant personnel
- make recommendations based on findings
- determine cost effectiveness
- Communication skills appropriate to the culture of the workplace and the individual(s).

Resource implications
- Access to relevant competencies, sources of information on assessment methods, assessment tools, assessment procedures and assessment review mechanisms
- Access to assessment decisions, relevant workplace equipment, appropriate personnel

Consistency in performance
Competency in this unit needs to be assessed over a period of time, in a range of contexts and on multiple occasions involving a combination of direct, indirect and supplementary forms of evidence.

Context for assessment
Assessment may occur on the job or in a simulated workplace. The candidate assessor should use competencies relevant to their technical expertise.

Levels:
- Collect, analyse and organise information
- Communicate ideas and information
- Plan and organise activities
- Work with others and in teams
- Use mathematical ideas and techniques
- Solve problems
- Use technology
UNIT 40  PLAN AND PROMOTE A TRAINING PROGRAM

**Descriptor:** This unit covers the requirement for persons to plan a training program. This involves the identification of competencies to meet the needs of a target group and the planning and promotion of appropriate training strategies. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number B

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.1 Identify the competency needs</td>
<td>40.1.1 The patient, target group and appropriate personnel are identified and required goals and outcomes of the training program are negotiated and confirmed with the patient</td>
</tr>
<tr>
<td></td>
<td>40.1.2 Relevant competency or other performance standards for the target group are obtained and verified with appropriate personnel</td>
</tr>
<tr>
<td></td>
<td>40.1.3 Gaps between the required competencies and current competencies of the target group are determined</td>
</tr>
<tr>
<td></td>
<td>40.1.4 Current competencies and any relevant characteristics of each participant in the target group are identified using appropriate investigation methods</td>
</tr>
<tr>
<td>40.2 Document training program requirements</td>
<td>40.2.1 Training program goals are identified to specify required knowledge and skill and links to specified units of competency qualification and/or other standards of performance</td>
</tr>
<tr>
<td></td>
<td>40.2.2 Training program documentation specifies the range of workplace applications, activities and task that must be undertaken to develop the requisite competencies</td>
</tr>
<tr>
<td></td>
<td>40.2.3 Available training programs and resources are customised to meet specific patient needs, where required</td>
</tr>
<tr>
<td></td>
<td>40.2.4 Appropriate grouping of activities is identified to support formative and summative assessments</td>
</tr>
<tr>
<td></td>
<td>40.2.5 Overview of training sessions including appropriate timing and costs is prepared and confirmed with appropriate personnel including those relating to language, literacy and numeracy</td>
</tr>
<tr>
<td></td>
<td>40.2.6 Methods of supporting and guiding participants within the target group are identified and specified</td>
</tr>
</tbody>
</table>
40.3 Identify program resources

40.3.1 Resources required for the program are identified and approved by appropriate personnel and allocated to meet training participants’ characteristics

40.3.2 A safe and accessible training environment is identified and arranged to support the development of competencies

40.3.3 Arrangements are made with personnel required to support the training program

40.3.4 A register of training resources is maintained and held in an accessible form

40.4 Promote training

40.4.1 Advice on the development of the training program is provided to appropriate personnel

40.4.2 Information on planned training events is made widely available, utilising a variety of methods

40.4.3 Promotional activities are monitored for effectiveness in collaboration with the patient and appropriate personnel

RANGE OF VARIABLES FOR UNIT 40

Training program

- A collection of training activities to develop competencies of a target group. Clients provide the approvals for expenditure of training resources. Target group may include:
  - employee groups (e.g., particular classification or work area, female employees)
  - groups or individuals with special training and/or recognition needs.

Training may be

- on the job
- in a simulated setting
- in a training organisation
- in a combination of locations to suit the units of competency being learned and/or assessed
- in a single site or multi-site operation.

Clients may include

- a department/division
- a work area
- a clinic or organisation

Clients needs may include

- increased productivity
- increased clinic profitability
- attainment of specified industry competencies
- achievement of community priorities
- achievement of government priorities.
Information on the required competencies may be collected from

- industry/clinic competency standards
- licensing requirements
- standard operating procedures
- job descriptions
- discussions with patient group
- clinical practice skills audit reports
- industry skills audit reports
- bench marking reports
- industry publications or reports
- government reports
- market needs analysis reports

Training program may be based on

- national industry training packages
- clinical practice training packages
- agreed curriculum
- international standards

Target group competencies may be identified by

- matching clinic/client needs to available national industry training packages
- reports on assessment of competencies
- clinic training and assessment record keeping system
- self, peer or supervisor reports.

Appropriate personnel may include

- team leaders/supervisors/managers/employers
- participant/employee/learner
- technical and subject experts including, language, literacy, numeracy specialists
- government regulatory bodies
- union/employee representatives
- consultative committees
- users of training information such as training providers, employers, human resource departments
- State/Territory Training/Recognition Authorities
- assessment / training partners
- trainers/teachers and assessors

Training program delivery may involve

- clinic workplace based delivery
- training provider based delivery
- community based delivery
- school based delivery
- international programs
- combination of the above

Characteristics of participants may include

- language, literacy and numeracy needs
- cultural language and education background
- educational background or general knowledge
- gender
- age
- physical ability
- previous experience with the topic
- experience in training and assessment
- level of confidence, nervousness or anxiety

Variables for achieving competency may include
- characteristics of training participants
- resources (time, location, space, people and costs)
- language, literacy and numeracy issues.

Training delivery methods may include
- face to face
- distance learning
- lock step, partly self paced, all self paced
- trainer centred, participant centred
- real time, time independent
- place dependent, place independent
- interactive (e.g., audio, or video conferencing, computer assisted, discussion)
- mentoring
- active learning
- coaching

Training support may include
- technical experts (including particular subject and language and literacy specialists)
- equipment
- team leaders/supervisors/managers/employers
- clinics
- assessment/training partners
- trainers/teachers and assessors
- training and assessment co-ordinators.

Training materials may include:
- non-endorsed components of a training package
- work books
- workshop guides
- background reading materials/documents
- handouts
- industry/clinic competency standards
- supportive policies and legislation
- specific language, literacy and numeracy support material
Critical aspects of evidence

Assessment requires evidence of the following products to be collected:
- Description of client, target group and appropriate personnel
- Analysis of training needs of target group
- Documentation on consultations with appropriate personnel throughout the program development phase
- Outline of training program goals and supporting documentation including variables which may impact on the achievement of program goals
- Documentation on training resources and any other requirements for the training program

Assessment requires evidence of the following processes to be provided:
- How client, target group and appropriate personnel were identified
- How required competencies were determined to meet the client needs
- Why there is a need for training as opposed to other non-training alternatives
- How the need for training was verified with appropriate personnel
- How appropriate personnel approved training program resources
- How language, literacy and numeracy issues were taken into consideration in the planning process

Interdependent assessment of units

This unit of competency may be assessed in conjunction with other units that form part of a job role.

Required knowledge and skills

- Understanding Assessment and Workplace Training Competency Standards and Assessment Guidelines
- Relevant competency standards, including industry or clinic standards of performance
- Relationships of competencies to industrial agreements, classification systems and Australian Qualifications Framework (AQF)
- Relevant workplace policies and procedures that apply to that work and (any) related legislation or regulatory requirements (e.g., OHS and anti-discrimination regulations)
- Competency in unit(s) of competency relevant to the training program

- Understanding of the principles of adult learning
and competency based training as applied to the target group and client
- Identification and correct use of equipment, processes and procedures relevant to competencies
- Knowledge of methods of training needs analysis and planning
- Sources of assistance for participants requiring language or other particular training support
- Planning own work including predicting consequences and identifying improvements
- Language, literacy and numeracy skills required to:
  - Collect, summarise and interpret relevant information to plan a program
  - Communicate in spoken and written form with a range of people in the specified training context
  - Adjust spoken and written language to suit audience
  - Prepare and/or customise training materials and specified documentation using clear and comprehensible language and layout
  - Calculate and estimate costs, time and length of training programs

- Awareness of language, literacy and numeracy issues relevant to the context of training and assessment, including current theories on the integration of LL&N with technical training
- Communication skills appropriate to the culture of the workplace, appropriate personnel and target group

**Resource implications**

Access to target group, potential opportunities to identify training needs of a target group, relevant competencies or other standards of performance and resources.

**Consistency in performance may include**

Competency in this unit needs to be assessed over a period of time and in a range of contexts, and on multiple occasions, involving a combination of direct, indirect and supplementary forms of evidence.

**Context for assessment**

Assessment may occur on the job or in a simulated workplace.
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 40</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques</td>
</tr>
<tr>
<td></td>
<td>Solve problems</td>
</tr>
<tr>
<td></td>
<td>Use technology</td>
</tr>
</tbody>
</table>
UNIT 41 REVIEW TRAINING

**Descriptor:** This unit covers the requirements for training data and for reviewing training. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ408A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.1 Record training data</td>
<td>41.1.1 Details of training program and target group’s competency attainment are recorded in accordance with the training system requirements and securely stored</td>
</tr>
<tr>
<td></td>
<td>41.1.2 Training records are made available to authorised persons and training participants at the required times, as specified in the training system recording and reporting policy documents</td>
</tr>
<tr>
<td>41.2 Evaluate training</td>
<td>41.2.1 Training is evaluated against identified needs and goals of training program</td>
</tr>
<tr>
<td></td>
<td>41.2.2 Feedback on the training program is sought from training participants and appropriate personnel</td>
</tr>
<tr>
<td></td>
<td>41.2.3 Training participants are encouraged to evaluate how progress towards achieving competency was enhanced by training sessions</td>
</tr>
<tr>
<td></td>
<td>41.2.4 Trainer’s performance is reviewed against</td>
</tr>
<tr>
<td></td>
<td>• program goals</td>
</tr>
<tr>
<td></td>
<td>• The Assessment and Workplace Training Competency Standards</td>
</tr>
<tr>
<td></td>
<td>• training participants’ comments</td>
</tr>
<tr>
<td></td>
<td>• training participants’ competency attainment</td>
</tr>
<tr>
<td></td>
<td>41.2.5 Results of the evaluation are used to improve current and future training</td>
</tr>
<tr>
<td></td>
<td>41.2.6 Suggestions are made for improving any aspect of the recording procedure</td>
</tr>
<tr>
<td>41.3 Report on training</td>
<td>41.3.1 Reports on outcomes of the training sessions are developed and distributed to appropriate personnel</td>
</tr>
</tbody>
</table>
Training program

- A collection of training activities to develop competencies. Clients provide the approvals for expenditure of training resources. Target group is the group for whom training is available and may include:
  - employee groups (e.g., particular classification or work area, female employees)
  - groups or individuals with special training and or recognition needs.

Training may be

- on the job
- in a simulated setting
- in a training organisation
- in a combination of locations to suit the units of competency being developed and/or assessed
- in a single site or a multi site operation
- a combination of the above.

Clients may include

- a department/division
- a work area
- a clinic or organisation

Client needs may include

- increased productivity
- clinic profitability
- attainment of specified industry or clinic competencies
- achievement of community priorities
- achievement of government priorities

Characteristics of participants may include

- language, literacy and numeracy needs
- cultural language and education background
- educational background or general knowledge
- gender
- age
- physical ability
- previous experience with the topic
- experience in training and assessment
- level of confidence, nervousness or anxiety.

Training system may be developed by

- the industry
- the clinic
- the training organisation
- a combination of the above.

Reports on training may be
• on a proforma or template
• written
• verbal
• combination of the above

Training evaluation may include
• affective (e.g. satisfaction with the program)
• cognitive (e.g. knowledge or skill gain)
• performance or behaviour (e.g. absenteeism from work, productivity)

Appropriate personnel may include
• trainers/teachers and assessors
• team leaders/supervisors/managers/employers
• participant/employee/learner
• technical experts (e.g. language and literacy coordinators)
• government regulatory bodies
• union/employee representatives
• consultative committees
• users of training information such as training providers, employers, human resource departments
• state/territory training/recognition authorities.

Record systems may be
• paper based
• computer based systems using magnetic or optical storage
• combination of both paper and computer based systems.

Training session may involve
• theory
• demonstration
• or a combination of the two.

Training programs may involve
• clinic based delivery
• provider based delivery
• fee for service
• local, state or national curricula
• community based delivery
• school based delivery
• international programs
• combination of the above

Variables for achieving competency may include
• participant characteristics
• resources (time, location, space, people and costs)
• language, literacy and numeracy issues.

Training delivery methods
• face to face
• distance
• lock step, partly self paced, all self paced
• trainer centred, participant centred
• real time, time independent
• place dependent, place independent
• interactive (e.g. audio, or video conferencing, computer assisted, discussion).

**Training materials may include**
• non-endorsed components of an industry training package
• work books
• workshop guides
• background reading materials/documents
• handouts
• industry/clinic competency standards
• supportive policies and legislation

**Training support may come from**
• technical and subject experts (including particular subject and language and literacy specialists)
• language and literacy specialists
• team leaders/supervisors/managers/employers
• specific practices
• assessment/training partners
• trainers/teachers and assessors
• training and assessment co-ordinators

**Practice opportunities may be**
• on the job
• off the job but located in participants workplace
• off the job in a special demonstration area
• off the job in external training room
• work/field placements
• job rotation
• or a combination of the above
Critical aspects of evidence

Assessment requires evidence of the following products to be collected:

- Evaluation reports in accordance with performance criteria (trainer, trainees and appropriate personnel)
- Training and assessment records
- Reports on the outcomes of the training sessions and training program
- Plans for current and future training programs and activities
- Promotional materials/reports
- Costs incurred

Assessment requires evidence of the following processes to be provided:

- How and why evaluation methods were selected
- How evaluation information was gathered and acted upon
- How the report on training sessions/programs was made to appropriate personnel
- How records are maintained, kept confidential and secured.

Interdependent assessment of units

This unit of competency may be assessed in conjunction with other units that form part of a job role.

Required knowledge and skills

- Assessment and Workplace Training Competency Standards
- Relevant competency standards, including industry or clinic standards of performance
- Legal and ethical responsibilities including occupational health and safety regulations and procedures, equal employment and anti-discrimination requirements and other policies relevant to the specified context
- Policies and procedures relating to the organisations training system including those requirements for recording and maintaining confidential, secure and accurate records
- Evaluation and review methodologies including those that produce qualitative and quantitative data
- Establishment of criteria to evaluate training programs
- Adaptation and use of training record systems for
formative and summative assessment

- Planning own work including predicting consequences and identifying improvements
- Language, literacy and numeracy skills such as those required to:
  - collect, organise and analyse data
  - prepare reports, questionnaires and promotional material
  - present qualitative and quantitative data in a clear and coherent manner
  - use probing questioning and active listening techniques to seek feedback on training
  - adjust spoken and written language to suit audience
- Awareness of language, literacy and numeracy issues and principles in the context of training and assessment, including the integration of LL&N with technical training
- Application of cultural understanding in the context of training and assessment.

Resource implications
- Access to training record systems, programs, and appropriate personnel.
- Opportunities to discuss training outcomes with appropriate personnel.
- Access to unit(s) of competency to be assessed, relevant training programs and materials and resources for the development of training arrangements.

Consistency in performance may include
Competency in this unit needs to be assessed over a period of time, in a range of contexts on multiple occasions, involving a combination of direct, indirect and supplementary forms of evidence.

Context for assessment
Assessment should occur on the job or in a simulated workplace.
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 41</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 3</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 3</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 3</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 3</td>
</tr>
<tr>
<td></td>
<td>Solve problems 3</td>
</tr>
<tr>
<td></td>
<td>Use technology 3</td>
</tr>
</tbody>
</table>
UNIT 42  DEVELOP ASSESSMENT TOOLS

Descriptor: This assessment unit covers the requirements for selecting, developing, validating and documenting new assessment tools to be used by assessors. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ90) and corresponds with unit number BSZ507A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.1 Identify the context for assessment tool</td>
<td>42.1.1 The purpose of the assessment, the target group and the competency or other standard of performance to be assessed is identified</td>
</tr>
<tr>
<td></td>
<td>42.1.2 Evidence required to infer competency is identified</td>
</tr>
<tr>
<td></td>
<td>42.1.3 Assessment methods are evaluated to establish requirements of assessment tools, particularly</td>
</tr>
<tr>
<td></td>
<td>- resources and requirements for the assessment tools</td>
</tr>
<tr>
<td></td>
<td>- assessment location and context</td>
</tr>
<tr>
<td></td>
<td>- administration ease</td>
</tr>
<tr>
<td></td>
<td>- the characteristics of the target group</td>
</tr>
<tr>
<td></td>
<td>42.1.4 Requirements of the assessment system in relation to the assessment tools are identified</td>
</tr>
<tr>
<td></td>
<td>- storage and security of documentation</td>
</tr>
<tr>
<td></td>
<td>- appropriate personnel and differing needs for receiving information about the assessment tools</td>
</tr>
<tr>
<td></td>
<td>- evaluation and review process</td>
</tr>
<tr>
<td></td>
<td>- quality assurance mechanisms</td>
</tr>
<tr>
<td></td>
<td>42.1.5 Costs of the assessment tools developed, implementation and review are estimated</td>
</tr>
<tr>
<td></td>
<td>42.1.6 A plan for the development of the assessment tools is prepared</td>
</tr>
</tbody>
</table>
42.2 Draft assessment tools in accordance with plan

42.2.1 Assessment tools are designed to assess the relevant competencies using appropriate
- format
- language, numeracy requirements
- visual and aural representation
- question and activity types
- media
- sequence of activities
- choice in activities

42.2.2 Assessment tools are developed which require the person being assessed to demonstrate the components of competency

42.2.3 The assessment tools are checked for the following characteristics
- reliability
- validity
- fairness
- relevance to the workplace context
- content accuracy
- ease of use
- cost effectiveness
- avoidance of bias
- testing the required scope of the competencies

42.2.4 Adjustments to the tools and procedures are made as required
42.3 Develop instruction for assessment tools

42.3.1 The instructions for the persons to be assessed are drafted

42.3.2 The instructions for administering each assessment tool are drafted to include the resources needed to conduct the assessment and the context for the use of the tools

42.3.3 Evidence of competency to be demonstrated is documented and incorporated in the assessment tools

42.3.4 Allowable adjustments identified in the assessment procedures are noted and included in the instructions

42.3.5 The rules for verifying assessment decisions are identified and any limits, variations or restrictions on the assessment tools are specified

42.4 Pilot the assessment tools

42.4.1 The tools are piloted with a small sample selected across the range of the target group

42.4.2 Feedback from sample target group individuals and others involved in administering the pilot is used to establish appropriate amendments to the assessment tools, particularly in relation to:
- ease of use
- language and other literacy/numeracy requirements in terms of the relevant competencies
- appropriateness for the assessment context and competencies
- costs/time effectiveness for candidates and assessors

42.4.3 Improvements and changes to the assessment tools are made where necessary
42.5 Validate assessment tools

42.5.1 An adequate sample of the target group to be assessed is selected

42.5.2 Assessors are trained (if required), to administer the assessment tools in a consistent manner

42.5.3 The assessment tools are administered to the target sample responses compiled and analysed assessment tools are modified according to the findings

42.5.4 Any influences that may affect (bias) the assessment decision are identified and documented

42.6 Finalise assessment tools

42.6.1 Validated and appropriately amended tools are incorporated in assessment procedure(s)

42.6.2 Documentation in paper and/or electronic form is filed in appropriate secure, accessible locations

---

RANGE OF VARIABLES FOR UNIT 42

Target group may include
- a clinic
- a department/division
- a job role/occupation
- an industry sector
- a professional association
- a trade
- a community organisation
- a government organisation.

Purpose of assessment may include
- diagnosing performance
- classifying an employee
- confirming an employees competency for the purpose of career advancement/job level
- awarding a qualification
- providing a statement of attainment
- confirming progress in competency acquisition/learning
- recognising prior learning or current competencies

Evidence for assessment may include
Type of evidence may include:
• direct
• indirect
• supplementary
• combination of the above.

**Evidence might be interpreted using a range of reference frames including**
• criterion referenced frames
• linkages of evidence to competency standards
• prediction of workplace performance

**Appropriateness of evidence types includes**
• cost effectiveness
• practicability
• communication skills of person(s) being assessed
• assessment experience and special needs of person(s) being assessed.

**Components of competency include**
• task skills
• task management skills
• contingency management skills
• job/role environment skills
• transfer and application of skills and knowledge to new contexts.

**Assessment system may include**
The assessment system may be developed (and endorsed) by:
• the industry
• the clinic
• the Registered Training Organisation
• a combination of the above.

The assessment system should specify the following:
• the purpose of assessment
• competencies required of assessors
• record keeping procedures and policies
• any allowable adjustments to the assessment method which are to be made for the
  person being assessed who have special needs
• the appeal/review mechanisms and procedures
• the review and evaluation of the assessment process
• the linkages between assessment and training qualifications/awards, employee
• classification, remuneration, progression
• relevant policies
• quality assurance mechanisms
• apportionment of costs/fees (if applicable)
• marketing/promotion of assessment
• verification arrangements
• auspicing arrangements, if applicable
• partnership arrangements, if applicable.

Allowable adjustment to assessment tools include
• provision of support services (e.g. Auslan interpreter, reader, interpreter, attendant carer, scribe)
• use of special equipment (e.g. word processor or lifting gear)
• adaptive technology
• shorter assessment to allow for fatigue or medication
• use of large print version of any papers

Assessment methods may include
• direct observation of performance or product
• practical tasks
• projects
• written/oral/computer-based questioning
• simulation exercise(s)
• consideration of third party reports and self and peer assessment
• authenticated prior achievements.

Operational constraints may include
• time available for assessment
• relative cost of evidence gathering strategies
• availability of assessors
• availability of experts in the vocational area to be assessed
• availability of person(s) being assessed because of matters such as rosters, shift work
• geographical location of person(s) being assessed
Critical aspects of evidence

Assessment requires evidence of the following products to be collected
- A plan for the development of the assessment tool(s)
- Assessment tools and related instructions in final format. This should be a useful tool together with a set of instructions for assessors and the person being assessed
- A report on the piloting of the assessment tools including any changes proposed and made

Assessment requires evidence of the following processes to be provided
- How the target group was identified
- How the plan for the development of the assessment tools was prepared
- How the assessment tools meet the components of competency for the target group
- How the assessment tools were validated.
- How the finalised assessment tools were incorporated in assessment procedure(s)

Interdependent assessment of units

This unit of competency must be assessed in conjunction with BSZ506A.

Required knowledge and skills

- Knowledge of relevant training packages, competency or other standards of performance
- Knowledge of different methodology for developing assessment tools
- Skills in applying evaluation methodology particularly in relation to trialing assessment tools
- Compliance with requirements for copyright and other regulatory requirements
- Language and literacy skills to collect and interpret irrelevant information relevant and communicate with stakeholders and appropriate personnel
- Skills in planning own work including predicting consequences and identifying improvements
- Skills in applying relevant workplace policies and procedures and any related legislation or regulatory requirements
- Communication skills appropriate to the culture of the workplace.
Resource implications

Access to a target group, information and resources to meet the required skills and knowledge to development of assessment tools.

Consistency in performance

Competency in this unit needs to be assessed over a period of time, in a range of contexts and on multiple occasions involving a combination of direct, indirect and supplementary forms of evidence.

Context for assessment

Assessment may occur on the job or in a simulated workplace.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 42</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 3</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 3</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 3</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 3</td>
</tr>
<tr>
<td></td>
<td>Solve problems 3</td>
</tr>
<tr>
<td></td>
<td>Use technology 3</td>
</tr>
</tbody>
</table>
UNIT 43  DESIGN AND ESTABLISH THE ASSESSMENT SYSTEM

**Descriptor:** This unit covers the requirements for a person to design and establish an assessment system. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ503A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.1 Determine patient needs</td>
<td>43.1.1 The needs of the patient are identified</td>
</tr>
<tr>
<td></td>
<td>43.1.2 Client services are determined and established to stakeholders satisfaction</td>
</tr>
<tr>
<td></td>
<td>43.1.3 Stakeholder relationships are maintained through a range of communication mechanisms</td>
</tr>
<tr>
<td></td>
<td>43.1.4 A service support structure is established and made known to clients</td>
</tr>
<tr>
<td>43.2 Determine assessment boundaries</td>
<td>43.2.1 The purpose(s) of the assessment system is established through consultation with the client and other stakeholders</td>
</tr>
<tr>
<td></td>
<td>43.2.2 A policy document is developed in consultation with stakeholders and clients</td>
</tr>
<tr>
<td></td>
<td>43.2.3 The financial, physical and human resources available to support the system are determined within agreed quality assurance procedures are identified</td>
</tr>
<tr>
<td></td>
<td>43.2.4 The system is verified to take into account the realities and constraints of particular contexts</td>
</tr>
<tr>
<td>43.3 Establish assessment system features</td>
<td>43.3.1 The key operational features of the system are determined in consultation with stakeholders</td>
</tr>
<tr>
<td></td>
<td>43.3.2 The key operational features of the system are verified for fairness, equity and access with appropriate personnel and agreed features documented</td>
</tr>
<tr>
<td></td>
<td>43.3.3 Ensure that assessors meet the current assessment competency standards</td>
</tr>
</tbody>
</table>
43.4 Match needs with resources
43.4.1 Applicable competency standards or other performance standards are identified
43.4.2 The expertise and roles of internal and external individuals and organisations/partners are identified
43.4.3 A budget, detailing development costs, implementation and maintenance costs of the proposed assessment system, is developed in consultation with appropriate personnel, including partner organisations, if applicable

43.5 Design and develop record keeping system
43.5.1 A record keeping system is designed which is secure, confidential and easy to administer, yet allows the storage of complex or detailed information
43.5.2 The record keeping system is designed to allow easy tracking of persons progress towards the attainment of qualifications, units of competency or of learning outcomes
43.5.3 The record keeping system is verified to allow for appropriate certification requirements, where relevant
43.5.4 Adherence to legislative requirements and procedures are established which enable the record keeping system to be updated with ease when required
43.5.5 The record keeping system is verified for consistency with accepted clinic/industry procedures for record keeping

43.6 Establish procedures for the review of assessment
43.6.1 Review procedures are designed consultation with stakeholders and verified to allow for fair and consistent responses to grievances
43.6.2 Review procedures are designed to ensure that relevant legislative and regulatory requirements are met
43.7 Select and provide for training and support of assessors

43.7.1 Selection criteria for assessors is established in consultation with appropriate personnel.

43.7.2 Appropriate training strategies or programs for assessors to acquire or update competencies are identified, modified or developed.

43.7.3 Training programs selected or developed for assessors are verified to meet the Assessment and Workplace Training Competency Standards and other required competencies.

43.8 Establish quality assurance procedures

43.8.1 A quality assurance team or committee is established in consultation with system stakeholders.

43.8.2 Quality assurance procedures, including verification processes are developed in consultation with system stakeholders.

43.8.3 The verification processes involve a representative sample of assessment activities and make effective use of resources.

43.8.4 The quality assurance procedures are trialed for fairness, efficiency and effectiveness.

43.8.5 The quality assurance procedures are documented and distributed to assessors/trainers and other appropriate personnel.

43.8.6 Procedures are established to determine the level of compliance with the assessment system.

---

**RANGE OF VARIABLES FOR UNIT 43**

**Clients needs may include**
- Increased productivity
- Increased clinic profitability
- Attainment of specified industry or clinic competencies
- Achievement of community priorities
- Achievement of government priorities.

**Stakeholders may include**
- Industry/professional/trade associations
- Trainers/teachers and assessors
- Team leaders/managers/employers
- Training and assessment co-ordinators
- Participants/employees/learners
- Technical experts
- Government regulatory bodies
- union/employee representatives
- consultative committees
- relevant industry training advisory bodies
- funding bodies
- State/Territory Training/Recognition Authorities.

**Key operational features may include**

- the purpose of the assessment(s)
- competencies and certification required of assessors
- record keeping procedures and policies
- evidence requirements and procedures
- selected/appropriate assessment methods
- characteristics of persons being assessed
- any allowable adjustments to the assessment methods to meet characteristics of persons being assessed
- access and equity considerations
- the appeal mechanisms and procedures
- the review and evaluation process
- the link with qualifications/awards, employee classification, remuneration and progression
- relevant commonwealth/state or territory legislative and regulatory requirements
- arrangements for the issuing of qualifications or statements of attainment and for recognising and recording current competencies
- partnership arrangements
- location of assessment
- quality assurance procedures
- allocation of costs/fees (if applicable)
- marketing/promotion of system

**Purpose of assessment may include**

- diagnosing performance
- classifying an employee
- confirming an employees competency for the purpose of career advancement
- awarding a qualification or statement of attainment
- confirming progress in learning
- recognition of current competency/recognition of prior learning.

**Operational constraints may include**

- time available
• relative cost
• availability of stakeholders and other personnel
• budgetary constraints
• geographical and resource constraints.

Quality assurance procedures may include may include
• conduct of regular internal and external reviews (persons being assessed/trained, peer, self and supervisor)
• professional development of participants
• sampling and evaluation of implementation of competencies
• assessment of the assessors/trainers competencies
• modifications of the competency system based on evaluation and reviews
• promotion of regular networking amongst developers, assessors/trainers and peer review amongst persons responsible for planning, conducting and reviewing
• assessments/training within the system

Sources of information may include
• industry/clinic competency standards,
• training packages
• curriculum and other training program information
• licensing requirements
• job descriptions
• discussions with client group
• observations of competent workers
• clinical skills audit reports
• industry skills audit reports
• standard operating procedures
• bench marking reports
• industry publications or reports
• government reports
• market needs analysis reports

Policy may include
• purposes of assessment
• human resource management issues
• what and who is to be assessed
• timing of assessments
• links with other human resources functions
• appeal/review mechanisms
• criteria for making decisions of competent, or not yet competent
• number of assessors
• allowable adjustments to the assessment procedure
- record keeping requirements
- recognition of prior learning/recognition of current competencies
- development costs and resources
- evaluation

Characteristics of persons being assessed may include
- language, literacy and numeracy needs
- cultural, educational and general knowledge background
- gender
- physical ability
- level of confidence
- age
- previous experience with the topic
- experience in assessment.

Record system may include
- paper-based system, such as forms on checklists
- computer-based system using magnetic or optical storage
- combination of both paper and computer-based system

NB - statutory and government regulations for maintaining records may vary
Critical aspects of evidence

Assessment requires evidence of the following products to be collected:

- Assessment policy
- Description of the client and stakeholders
- Description of assessment system boundaries
- Report on sources of information for determining assessment system
- Report on the design, development, maintenance and security of the record keeping system
- Summary of available financial, physical and human resources
- Documented review procedures of assessment activities
- Documented assessor training and professional development strategies
- Documentation of quality assurance mechanisms

Assessment requires evidence of the following processes to be provided:

- Why particular assessment system features were incorporated
- How the record keeping system was designed to meet security and access requirements
- How fairness, equity and accessibility of the system were verified
- Why and how the selection criteria for assessors was chosen
- How the review procedures were verified
- How the quality assurance procedures were established, verified and implemented
- How the currency of records and ease of retrieval are ensured
- Why procedures for promoting and communicating the assessment system were chosen/developed

Interdependent assessment of units

This unit of competency may be assessed in conjunction with other units that form part of a job role.

Required knowledge and skills

- Language and literacy skills to comprehend sources of information and to prepare required documentation in a clear and comprehensible format
- Knowledge of relevant industry/clinic competency or performance standards
• Knowledge of the Assessment and Workplace Training Competency Standards and Assessment Guidelines
• Knowledge of record keeping systems particularly related to assessment
• Knowledge of quality assurance methodology
• Knowledge of compliance with requirements for copyright and other regulatory requirements
• Knowledge of client work systems and equipment
• Identification and correct use of equipment, processes and procedures
• Knowledge of review/evaluation methodology, particularly as it relates to assessment.

Resource implications

Access to relevant clients, stakeholders and sources of information required to address required skills and knowledge and to design and establish an assessment system.

Consistency in performance

Competency in this unit needs to be assessed over a period of time, in a range of contexts and on multiple occasions involving a combination of direct, indirect and supplementary forms of evidence.

Context for assessment

Assessment may occur on the job or in a simulated workplace.

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 43</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>3</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>3</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>3</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>3</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>3</td>
</tr>
<tr>
<td>Solve problems</td>
<td>3</td>
</tr>
<tr>
<td>Use technology</td>
<td>3</td>
</tr>
</tbody>
</table>
**UNIT 44  MANAGE THE TRAINING AND ASSESSMENT SYSTEM**

*Descriptor:* This unit covers the requirements for persons responsible for managing a training and assessment system. The unit applies equally to those operating in assessment only or training and assessment contexts. This unit has been taken from the Training Package for Assessment and Workplace Training (National Code BSZ98) and corresponds with unit number BSZ504A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>44.1 Communicate the system</strong></td>
<td></td>
</tr>
<tr>
<td>44.1.1 System features and procedures are documented and circulated to appropriate personnel</td>
<td></td>
</tr>
<tr>
<td>44.1.2 Procedures are established for keeping appropriate personnel regularly informed about the key features of the training and assessment system</td>
<td></td>
</tr>
<tr>
<td>44.1.3 Recognised products and services are accurately presented to prospective clients</td>
<td></td>
</tr>
<tr>
<td>44.1.4 The contribution of training and assessment to organisational goals is reported</td>
<td></td>
</tr>
<tr>
<td><strong>44.2 Support trainers and/or assessors</strong></td>
<td></td>
</tr>
<tr>
<td>44.2.1 Checks are made to ensure assessors and/or trainers meet the relevant competency standards and system requirements</td>
<td></td>
</tr>
<tr>
<td>44.2.2 The training needs of trainers and/or assessors arising from their roles are identified</td>
<td></td>
</tr>
<tr>
<td>44.2.3 Procedures are developed for trainers and/or assessors to update competency, and to review and reflect on their work</td>
<td></td>
</tr>
<tr>
<td>44.2.4 Trainers and/or assessors are provided with accurate advice and ongoing support in their roles</td>
<td></td>
</tr>
<tr>
<td>44.2.5 Procedures to facilitate networking amongst trainers and assessors are established</td>
<td></td>
</tr>
</tbody>
</table>
44.3 Manage the record keeping system

44.3.1 Records are maintained for currency and adherence to government regulatory and organisational requirements

44.3.2 The record keeping system is maintained to ensure confidentiality and secure information

44.3.3 The record keeping system is reviewed and updated to meet changing technology and system requirements

44.4 Maintain quality assurance procedures

44.4.1 The quality assurance procedures are monitored against requirements, non-conformities are noted and appropriate action is taken

44.4.2 Internal audits of the training and assessment system are undertaken, non-conformities are noted and corrective action implemented

44.4.3 Information from the quality assurance process is used to:
- enable appropriate planning, resourcing and recording arrangements
- identify any special requirements of persons being trained or assessed
- assess the training and development for trainers and assessors

44.4.4 Validity, reliability, fairness and accuracy of the implementation of the training and assessment system is checked and reports developed
### Maintain records for audits

| 44.5.1 | Verification records are accurate and the frequency and purpose of audits are identified |
| 44.5.2 | Accurate reports on audits and advisory activities are made available |
| 44.5.3 | Reports describe accurately whether the organisation meets the required criteria |
| 44.5.4 | Concerns regarding the design and implementation of training and/or assessment and the interpretation of standards are clearly and promptly reported to the auditing body |
| 44.5.5 | Clear recommendations for improvements to training and assessment practices, training and assessment systems and infrastructure requirements are developed |
| 44.5.6 | Identified good practice is reported clearly and accurately |

### RANGE OF VARIABLES FOR UNIT 44

**Appropriate personnel may include**

- trainers/teachers and assessors
- team leaders/supervisors/employers
- training and assessment co-ordinators
- participants/employees/learners
- technical experts
- government regulatory bodies
- union/employee representatives
- consultative committees
- relevant industry training advisory bodies
- users of training information such as training providers, employers, human resource departments
- State/Territory Training/Recognition Authorities.

**Purposes of assessment may include**

- diagnosing performance
- classifying an employee
- confirming an employees competency for the purpose of career advancement/job level
- awarding a qualification or statement of attainment
- confirming progress in learning
- recognition of current competency/recogniton of prior learning.

**Purpose of training may include**
• productivity improvement
• professional development requirements
• competency acquisition
• induction of new employees
• refresher training for competency maintenance
• legislative or government regulatory requirements
• access and equity considerations

System may be developed by
• the industry
• the enterprise
• the training organisation
• a combination of the above

Policies may include
• purposes of training and assessment
• human resource management issues
• what and who is to be trained and assessed
• timing of training and assessments
• links with human resource functions
• evidence types
• assessment methods
• record keeping requirements
• recognition of current competencies/recognition of prior learning
• development costs and resources
• evaluation

Operational constraints may include
• time available for the development of competencies
• relative cost of information gathering strategies
• availability of stakeholders for review and feedback.

Quality assurance procedures may include
• conduct of regular internal and external reviews (person(s) being assessed/trained, peer, self and supervisor)
• professional development of participants
• sampling and evaluation of implementation of competencies
• assessment of the assessors/trainers competencies
• modifications of the competency system based on evaluation and reviews
• promotion of regular networking amongst developers, assessors/trainers and peer review amongst persons responsible for planning, conducting and reviewing assessments/training within the system

The auditing body may be State/Territory/Training/Recognition Authority.

Sources of information may include
- industry/enterprise competency standards, including international information
- training packages
- curriculum and other training program information
- licensing requirements
- government legislation, policies and practices
- job descriptions
- observations of competent workers
- enterprise skills audit reports
- industry skills audit reports
- workplace conditions, policies and standard operating procedures
- benchmarking reports
- industry publications or reports
- market needs analysis reports
- quality assurance procedures
Critical aspects of evidence

Assessment requires evidence of the following products to be collected:

- Records which are current and meet legislative, industry/enterprise requirements
- A record keeping system which maintains confidentiality, is secure and effectively uses appropriate technology
- Documentation used to inform all appropriate personnel about the training and assessment system
- Information on procedures for trainers and assessors to update personal competency and review and reflect on assessment and training issues and personal performance
- Documentation on the implementation of quality assurance procedures, including
  - moderation and monitoring of training and assessment decisions
  - an appeal procedure for assessment decisions
  - conduct of regular internal or external reviews and evaluation
  - sampling and evaluation of judgements of evidence and assessment decisions and training effectiveness to check their fairness and accuracy
  - modifications of the system based on evaluations and reviews
  - referral of any recommended changes/modifications to the system

Assessment requires evidence of the following processes to be provided:

- How opportunities are provided for trainers and assessors to practice and maintain current competency
- How the security and confidentiality of records are maintained
- How support is given to the implementation of quality assurance procedures
- How networking is achieved amongst trainers and assessors
- How the quality assurance procedures are implemented
- Why particular procedures were chosen for internal/external review of the training and assessment system
- Why any modifications are recommended to the training and assessment system on the basis of evaluations and review
- How the record keeping system is maintained including how it meets legislative and organisational requirements
• Why professional development strategies were chosen for trainers and assessors and how they were circulated and promoted.

**Interdependent assessment of units**
This unit of competency may be assessed in conjunction with other units that form part of a job role.

**Required knowledge and skills**
• Language and literacy skills to comprehend sources of information and to prepare required documentation in a clear and comprehensible format
• Knowledge of relevant industry/enterprise competency or performance standards
• Knowledge of the Assessment and Workplace Training Competency Standards and Assessment Guidelines
• Knowledge of quality assurance methodology
• Knowledge of compliance with requirements for copyright and other regulatory requirements
• Knowledge and application of audit procedures as they relate to training and assessment systems
• Focus of operation of work systems and equipment
• Identification and correct use of equipment, processes and procedures
• Planning own work including predicting consequences and identifying improvements
• Communication skills appropriate to the culture of the workplace.

**Resource implications**
Access to a training and assessment system and relevant information and resources on management and review procedures.

**Consistency in performance**
Competency in this unit needs to be assessed over a period of time, in a range of contexts, and on multiple occasions involving a combination of direct, indirect and supplementary forms of evidence.

**Context for assessment**
Assessment may occur on the job or in a simulated workplace.
<table>
<thead>
<tr>
<th>KEY COMPETENCY FOR UNIT 44</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect, analyse and organise information 3</td>
</tr>
<tr>
<td></td>
<td>Communicate ideas and information 3</td>
</tr>
<tr>
<td></td>
<td>Plan and organise activities 3</td>
</tr>
<tr>
<td></td>
<td>Work with others and in teams 3</td>
</tr>
<tr>
<td></td>
<td>Use mathematical ideas and techniques 3</td>
</tr>
<tr>
<td></td>
<td>Solve problems 3</td>
</tr>
<tr>
<td></td>
<td>Use technology 3</td>
</tr>
</tbody>
</table>
UNIT 45 PLAN AND ESTABLISH OFFICE ADMINISTRATION SYSTEMS AND PROCEDURES

Descriptor: This unit covers determining the requirements of effective office administration systems and procedures for the homeopathic clinic, implementing, monitoring and reviewing the system and providing training where necessary. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAORG503A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.1 Plan office administration system</td>
<td>45.1.1 Identify requirements of the office administration system through consultation with system users</td>
</tr>
<tr>
<td></td>
<td>45.1.2 Suppliers of system requirements are sourced in line with clinic procedures</td>
</tr>
<tr>
<td></td>
<td>45.1.3 Quotations for supply and delivery of nominated equipment, stationery, software for planned administration system are planned</td>
</tr>
<tr>
<td></td>
<td>45.1.4 Selection of most appropriate supplier is determined using designated guidelines</td>
</tr>
<tr>
<td>45.2 Implement office administration system</td>
<td>45.2.1 System is implemented</td>
</tr>
<tr>
<td></td>
<td>45.2.2 System can produce accurate and secure data as required</td>
</tr>
<tr>
<td></td>
<td>45.2.3 Procedures for using the new system are defined and circulated to staff</td>
</tr>
<tr>
<td></td>
<td>45.2.4 Training for staff on use of new system is provided</td>
</tr>
<tr>
<td>45.3 Monitor office administration system</td>
<td>45.3.1 System is monitored for correct usage</td>
</tr>
<tr>
<td></td>
<td>45.3.2 Contingencies are dealt with to ensure minimal effects on users</td>
</tr>
<tr>
<td></td>
<td>45.3.3 System is modified to meet changing needs in a timely way</td>
</tr>
<tr>
<td></td>
<td>45.3.4 Modifications are clearly defined and users are notified</td>
</tr>
<tr>
<td></td>
<td>45.3.5 Staff training needs are monitored and new staff trained on administration system</td>
</tr>
</tbody>
</table>
**RANGE OF VARIABLES FOR UNIT 45**

*Clinic procedures and policies*

*Type of administration system:*
- paper-based
- electronic

*Size of administration system*

---

**EVIDENCE GUIDE FOR UNIT 45**

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of planning and establishing administration systems and procedures in accordance with clinic procedures and policies, check that:

- the planned system meets needs of the clinic
- the system operates effectively
- staff are consulted and trained in system usage
- glitches in the system are fixed promptly with minimal disruption

---

**KEY COMPETENCY FOR UNIT 45**

*Levels:*
- Collect, analyse and organise information 1
- Communicate ideas and information 2
- Plan and organise activities 2
- Work with others and in teams 3
- Use mathematical ideas and techniques 2
- Solve problems 3
- Use technology 2
# UNIT 46 MAINTAIN INFORMATION RECORDS SYSTEM TO ENSURE INTEGRITY

**Descriptor:** This unit covers creating new files, removing files that are no longer active and maintaining the clinic’s filing system. It has been customised from Administration Competency Standards National Code BSA97 Unit BSA-INF301A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.1 Assemble new files</td>
<td>46.1.1 Information to be incorporated in new file is collected and collated</td>
</tr>
<tr>
<td></td>
<td>46.1.2 New files are established in an accurate and up-to-date manner</td>
</tr>
<tr>
<td></td>
<td>46.1.3 New file is placed on file recording system</td>
</tr>
<tr>
<td></td>
<td>46.1.4 Files are sorted by appropriate codes</td>
</tr>
<tr>
<td>46.2 Identify and process inactive and dead files</td>
<td>46.2.1 Inactive and dead files are identified and removed and/or relocated</td>
</tr>
<tr>
<td>46.3 Record documentation movements</td>
<td>46.3.1 Movement of all documentation is recorded</td>
</tr>
<tr>
<td></td>
<td>46.3.2 Overdue records and documentation are identified and a system for their return implemented</td>
</tr>
</tbody>
</table>

## RANGE OF VARIABLES FOR UNIT 46

**Clinic procedures and policies, e.g.**
- initiation of new files and processing of inactive files
- security procedures
- archiving procedures

**Clinic filing system coding, e.g.**
- numbers
- colours
- letter combinations

- Clinic filing system type, e.g.
- paper-based
- electronic
EVIDENCE GUIDE FOR UNIT 46

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of maintaining an information records system to ensure its integrity according to practise procedures and policies, check that:

- there is an understanding of the procedure for sorting files by code
- new files are entered into system when required
- the system is accessed in the correct manner
- files are accountable
- the filing system operates efficiently
- problems are identified and solutions are implemented with assistance if necessary

KEY COMPETENCIES FOR UNIT 46

Levels:
- Collect, analyse and organise information 1
- Communicate ideas and information 1
- Plan and organise activities 1
- Work with others and in teams 1
- Use mathematical ideas and techniques 1
- Solve problems 2
- Use technology 2
UNIT 47 RECEIVE AND PASS ON WRITTEN INFORMATION TO FACILITATE COMMUNICATION FLOW

**Descriptor:** This unit covers receiving and relaying written messages and writing simple documents such as standard letters and memoranda. It has been customised from Administration Competency Standards National Code BSA97 Unit BSACOM202A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>47.1 Receive and relay written messages</strong></td>
<td>47.1.1 Message received is understood and relayed to the nominated person within designated timelines</td>
</tr>
<tr>
<td><strong>47.2 Draft simple correspondence</strong></td>
<td>47.2.1 Messages are written on designated message pad</td>
</tr>
<tr>
<td></td>
<td>47.2.2 Simple correspondence is drafted and presented for approval and signature within designated timelines</td>
</tr>
<tr>
<td></td>
<td>47.2.3 Text is written using clear and concise language</td>
</tr>
<tr>
<td></td>
<td>47.2.4 Spelling, punctuation and grammar are correct</td>
</tr>
<tr>
<td></td>
<td>47.2.5 Intended meaning of correspondence is readily understood by recipient</td>
</tr>
<tr>
<td></td>
<td>47.2.6 Information is self-checked and presented for frequent progress checks by designated officer</td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES FOR UNIT 47**

- Clinic procedures and policies, e.g.
  - correspondence format
  - clinic information

- Technical vocabulary

- Intended audience

- Written information may include:
  - Braille
  - email
  - facsimiles

- Simple correspondence may include:
  - memoranda
  - messages
  - standard/form letters
EVIDENCE GUIDE FOR UNIT 47

Simple correspondence is that which is produced to a standard format.

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of receiving and passing on written information in accordance with clinic procedures and policies, check that:
- listening is attentive
- messages and written communication are clear, concise and correct
- correspondence produced is in the standard format
- the correct signature is obtained, if necessary
- purposes of various routine texts are understood
- spelling and grammar are checked for accuracy
- assistance is sought if necessary

KEY COMPETENCIES FOR UNIT 47

Levels:
- Collect, analyse and organise information 1
- Communicate ideas and information 1
- Plan and organise activities 1
- Work with others and in teams 1
- Use mathematical ideas and techniques 0
- Solve problems 0
- Use technology 2
UNIT 49 PLAN MEETINGS TO ENABLE THE STATED OBJECTIVES OF THE MEETINGS TO BE MET

**Descriptor:** This unit covers organising meetings, for example agendas, papers, participants and minutes within timelines. It unit has been customised from Administration Competency Standards National Code BSA97 Unit BSAORG402A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>49.1 Make meetings arrangements</td>
<td>49.1.1 Requirements of meeting and participants are identified</td>
</tr>
<tr>
<td></td>
<td>49.1.2 Meeting arrangements are prepared in accordance with requirements of meeting</td>
</tr>
<tr>
<td></td>
<td>49.1.3 Participants are advised of any changes to original meeting details</td>
</tr>
<tr>
<td>49.2 Prepare documentation for meetings</td>
<td>49.2.1 Agenda and relevant material is identified and prepared for despatch</td>
</tr>
<tr>
<td></td>
<td>49.2.2 Documentation is checked for accuracy and any errors are corrected</td>
</tr>
<tr>
<td></td>
<td>49.2.3 Documentation is despatched to participants within designated timelines</td>
</tr>
<tr>
<td>49.3 Record and produce minutes of meetings</td>
<td>49.3.1 Notes are taken to ensure an accurate record of the meeting</td>
</tr>
<tr>
<td></td>
<td>49.3.2 Minutes are produced</td>
</tr>
<tr>
<td></td>
<td>49.3.3 Minutes reflect a true and accurate account of the meeting.</td>
</tr>
<tr>
<td></td>
<td>49.3.4 Minutes are checked for accuracy and approved by the nominated person.</td>
</tr>
<tr>
<td></td>
<td>49.3.5 Copies of minutes are despatched to the nominated persons within designated timelines</td>
</tr>
</tbody>
</table>
RANGE OF VARIABLES FOR UNIT 49

Clinic procedures and policies, e.g.  
- relating to meeting arrangements

Type of meeting, e.g.  
- teleconferencing  
- videoconferencing  
- annual general meeting  
- Board meeting:  
  - formal  
  - informal  
  - semi-formal

Meeting requirements, e.g.  
- number of participants  
- participants' requirements  
- equipment required

EVIDENCE GUIDE FOR UNIT 49

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of planning meetings to enable the stated objectives of the meetings to be met in accordance with clinic procedures and policies, check that:

- meeting arrangements are made, checked and any changes are clearly identified to all relevant people
- documents for the meeting are correctly itemised and ordered
- documents are sent to participants within designated
- the minutes are accurate and are sent to participants within appropriate timelines

KEY COMPETENCIES FOR UNIT 49

Levels:
- Collect, analyse and organise information 1
- Communicate ideas and information 1
- Plan and organise activities 2
- Work with others and in teams 1
- Use mathematical ideas and techniques 0
- Solve problems 1
- Use technology 1
**UNIT 50 MANAGE MEETINGS TO ACHIEVE IDENTIFIED TEAM/CLINIC GOALS**

**Descriptor:** This unit covers managing the preparation of meetings, including the materials, the venue, chairing the meeting, preparing the minutes and reporting to management, all within timelines. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAORG501A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>50.1 Organise meetings</strong></td>
<td>50.1.1 Purpose of meeting is clarified with management</td>
</tr>
<tr>
<td></td>
<td>50.1.2 Agenda is developed in line with stated purpose</td>
</tr>
<tr>
<td></td>
<td>50.1.3 Relevant participants are identified.</td>
</tr>
<tr>
<td></td>
<td>50.1.4 Time and venue of meeting are arranged</td>
</tr>
<tr>
<td></td>
<td>50.1.5 Participants are notified</td>
</tr>
<tr>
<td></td>
<td>50.1.6 Meeting papers are prepared from relevant sources</td>
</tr>
<tr>
<td></td>
<td>50.1.7 Ensure that meeting papers are despatched to participants within designated timelines</td>
</tr>
<tr>
<td><strong>50.2 Conduct meetings on behalf of management</strong></td>
<td>50.2.1 Meetings are chaired in accordance with organisational procedures</td>
</tr>
<tr>
<td></td>
<td>50.2.2 Minutes of meetings are recorded, circulated and filed</td>
</tr>
<tr>
<td></td>
<td>50.2.3 Outcomes of meeting are recorded and reported to management within the designated timelines</td>
</tr>
</tbody>
</table>

**RANGE OF VARIABLES FOR UNIT 50**

*Clinic procedures and policies, e.g.*
- relating to meeting arrangements
- chairing protocols

*Type of meeting, e.g.*
- teleconferencing
- videoconferencing
- annual general meeting
- Board meeting:
  - formal
  - informal
  - semi-formal

*Meeting requirements, e.g.*
- number of participants
- participant’s requirements
- equipment required
Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of managing meetings to achieve identified team/section goals in accordance with clinic procedures and policies, check that:

- required participants are invited and receive the appropriate documents

- meetings are conducted on time

- meetings are chaired according to agenda and clinic requirements

- minutes are circulated to relevant persons

- records of meetings are kept

KEY COMPETENCIES FOR UNIT 50

<table>
<thead>
<tr>
<th>Levels:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>2</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>2</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>2</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>2</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>0</td>
</tr>
<tr>
<td>Solve problems</td>
<td>2</td>
</tr>
<tr>
<td>Use technology</td>
<td>1</td>
</tr>
</tbody>
</table>
UNIT 51 PRODUCE REPORTS AS REQUIRED FOR CASH FLOW FORECASTS AND BUDGETARY PURPOSES

**Descriptor:** This unit covers collecting and preparing data to be used in forecasts, budgets and cost reports for administrative activities, for example, seminars, conferences and purchase of resources. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAFIN401A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 51.1 Undertake and document costing procedures | 51.1.1 Relevant data identifying costs is obtained from appropriate documentation  
51.1.2 Material, labour and overhead costs are calculated  
51.1.3 Break-even analysis determined if required  
51.1.4 Unit cost/product price is determined  
51.1.5 Costing system is maintained to ensure all relevant information is up to date, accurate and confidential  
51.1.6 Report identifying likely contingencies incorporating final budget is prepared within designated timelines |
| 51.2 Prepare financial reports to enable preparation of cash flow forecasts and budget reports | 51.2.1 Purpose of the report is clarified with nominated person  
51.2.2 Relevant data is obtained from the nominated internal and/or external sources including any indices of historical data required to update previous forecasts  
51.2.3 Determination of indices to be utilised for percentage increase rate is made by either:  
  - judgement of employee on information sourced from clinic information network and/or nominated government authorities, or  
  - direction from management  
51.2.4 Report is produced using appropriate design and structure for the data  
51.2.5 Reports are distributed to nominated personnel within designated timelines |
51.3 Draft financial forecasts/budgets

51.3.1 Prepare draft financial forecast/budget from data contained in financial reports

51.3.2 Relevant records are updated to indicate current financial position of forecast or budget

51.3.3 Nominated personnel are advised of updated records within designated timelines

---

**RANGE OF VARIABLES FOR UNIT 51**

**Clinic procedures and policies, e.g.**
- security procedures

**Costing methods**

**Recording mechanisms/systems, e.g.**
- paper-based
- electronic
- clinic accounting system

**Specified budget**

**Australian Accounting and Auditing Standards**

---

**EVIDENCE GUIDE FOR UNIT 51**

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of producing reports for cash flow forecasts and budgetary purposes in accordance with clinic procedures and policies, check that:

- costing is calculated accurately
- costing system is maintained
- contingencies are identified
- reports are prepared with appropriate data and format
- financial forecasts drafted are accurate and based on relevant information
<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 51</th>
<th>Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect, analyse and organise information</td>
<td>1</td>
</tr>
<tr>
<td>Communicate ideas and information</td>
<td>1</td>
</tr>
<tr>
<td>Plan and organise activities</td>
<td>1</td>
</tr>
<tr>
<td>Work with others and in teams</td>
<td>1</td>
</tr>
<tr>
<td>Use mathematical ideas and techniques</td>
<td>2</td>
</tr>
<tr>
<td>Solve problems</td>
<td>2</td>
</tr>
<tr>
<td>Use technology</td>
<td>2</td>
</tr>
</tbody>
</table>
UNIT 52 MANAGE PAYROLL RECORDS FOR EMPLOYEE SALARIES AND STATUTORY RECORD KEEPING PURPOSES

**Descriptor:** This unit covers responsibilities for calculating and processing employee salaries, group certificates and relevant taxation payments. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAEFIN501A

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.1 Prepare payroll data</td>
<td>52.1.1 Gross pay and annual salaries are accurately calculated from information contained in nominated industrial awards, contracts and government legislation.</td>
</tr>
<tr>
<td></td>
<td>52.1.2 Statutory and voluntary deductions are accurately calculated from relevant documentation</td>
</tr>
<tr>
<td></td>
<td>52.1.3 Payment due to employees is provided to payroll processor for calculation within designated timelines</td>
</tr>
<tr>
<td>52.2 Process payment of salaries</td>
<td>52.2.1 Salaries and wages are authorised for payment</td>
</tr>
<tr>
<td></td>
<td>52.2.2 Salaries, wages and deductions are reconciled according to clinic procedures</td>
</tr>
<tr>
<td></td>
<td>52.2.3 Security procedures are established and monitored to ensure confidentiality and security of information</td>
</tr>
<tr>
<td></td>
<td>52.2.4 Salary, wage and related enquiries are dealt with promptly and courteously</td>
</tr>
<tr>
<td></td>
<td>52.2.5 Systems are established so that records are kept for the period determined by government legislation</td>
</tr>
</tbody>
</table>
52.3 Administer PAYE salary records

52.3.1 Employee group certificate amounts are prepared and reconciled from salary records

52.3.2 Declaration forms for new and existing employees are processed in accordance with Australian Taxation Office (ATO) requirements

52.3.3 Payments to government authorities are accurately prepared and despatched in accordance with the relevant government legislation

52.3.4 Group tax amounts are calculated and/or transcribed and payments made in accordance with ATO procedures

52.3.5 Periodic deductions are forwarded to nominated creditors within designated timelines

---

RANGE OF VARIABLES FOR UNIT 52

Clinic procedures and policies, e.g.
- security procedures

Recording mechanisms/systems
- paper-based
- electronic
- clinic accounting system

Australian Accounting and Auditing Standards

Statutory and voluntary deductions, e.g.
- superannuation
- HECS
- insurance payment
- family payment

Legislation, e.g.
- usage and interpretation of relevant industrial award(s)
- State government charges
- ATO regulations
EVIDENCE GUIDE FOR UNIT 52

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of managing payroll records for employee salaries and statutory record keeping purposes in accordance with clinic procedures and policies, check that:

- pays are calculated accurately
- employees are paid on time and with correct pay advice slips
- PAYE salary records are maintained and processed accurately
- records are kept according to government legislation requirements
- confidentiality of records is maintained
- appropriate legislative procedures are followed

KEY COMPETENCIES FOR UNIT 52

Levels:
- Collect, analyse and organise information 1
- Communicate ideas and information 1
- Plan and organise activities 1
- Work with others and in teams 1
- Use mathematical ideas and techniques 2
- Solve problems 2
- Use technology 2
## UNIT 53  MONITOR AND CONTROL DISBURSEMENTS WITHIN A GIVEN BUDGET IN A HOMEOPATHIC CLINIC

**Descriptor:** This unit covers procedures for allocating funds and keeping the appropriate records of fund expenditure and unit has been customised from Administration Competency Standards National Code BSA97 Unit BSAFIN502A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.1  Disburse funds</td>
<td>53.1.1 Funds for program and services are identified</td>
</tr>
<tr>
<td></td>
<td>53.1.2 Funds are allocated and available within required time-frame</td>
</tr>
<tr>
<td></td>
<td>53.1.3 Unallocated or unused funds are allocated according to management direction to meet changing requirements</td>
</tr>
<tr>
<td>53.2  Administer financial control systems</td>
<td>53.2.1 Funds expenditure is detailed in financial control systems</td>
</tr>
<tr>
<td></td>
<td>53.2.2 Commonly accepted measures for controlling expenditure are included in system</td>
</tr>
<tr>
<td></td>
<td>53.2.3 Appropriate program and services expenditure assessment is able to be made on systems</td>
</tr>
<tr>
<td></td>
<td>53.2.4 Statutory regulatory, audit and policy compliance is understood and maintained by staff</td>
</tr>
</tbody>
</table>

### RANGE OF VARIABLES FOR UNIT 53

- **Clinic procedures and policies**
- **Recording mechanisms/systems**
  - paper-based
  - electronic
  - clinic accounting system
- **Size of budget**
- **Auditing requirements/procedures**
- **Australian Accounting and Auditing Standards**
- **Relevant legislation**
  - ATO regulations
EVIDENCE GUIDE FOR UNIT 53

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of monitoring and controlling disbursements within a given budget in accordance with clinic procedures and policies, check that:

- there is an understanding of financial systems
- funds are allocated to projects and programs
- there is an understanding of the relevant legislation and policy with regard to disbursement of funds
- the funds for disbursement and control are clearly defined
- auditing requirements are met

KEY COMPETENCIES FOR UNIT 53

Levels:

- Collect, analyse and organise information 1
- Communicate ideas and information 1
- Plan and organise activities 1
- Work with others and in teams 1
- Use mathematical ideas and techniques 1
- Solve problems 1
- Use technology 1
UNIT 54 MONITOR AND CONTROL STOCK SUPPLY

Descriptor: This unit covers managing stock supply including ordering within a budget, managing stock records and maintaining security of stock. It has been customised from Administration Competency Standards National Code BSA97 Unit BSAFIN503A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.1 Monitor stock levels</td>
<td>54.1.1 System to advise administrative or office stock requirements is operated efficiently</td>
</tr>
<tr>
<td></td>
<td>54.1.2 Current and future requirements of stock are estimated for office administration</td>
</tr>
<tr>
<td></td>
<td>54.1.3 Situations creating extra demand are taken into consideration (i.e. peak times, new staff, advertising)</td>
</tr>
<tr>
<td></td>
<td>54.1.4 Current usage of stock is monitored for wastage</td>
</tr>
<tr>
<td></td>
<td>54.1.5 Stock is valued using the nominated valuation method</td>
</tr>
<tr>
<td>54.2 Order stock</td>
<td>54.2.1 New products/supplies are ordered if appropriate</td>
</tr>
<tr>
<td></td>
<td>54.2.2 New products/supplies are ordered following an established pattern of demand</td>
</tr>
<tr>
<td></td>
<td>54.2.3 All required information is obtained, checked and verified for efficient ordering</td>
</tr>
<tr>
<td></td>
<td>54.2.4 Appropriate suppliers are chosen from an approved list</td>
</tr>
<tr>
<td></td>
<td>54.2.5 Quotes are obtained from different suppliers as required</td>
</tr>
<tr>
<td></td>
<td>54.2.6 Best options are selected and approval given to designated person</td>
</tr>
<tr>
<td></td>
<td>54.2.7 Purchases are made within budget allocations</td>
</tr>
<tr>
<td></td>
<td>54.2.8 Performance of suppliers is monitored</td>
</tr>
<tr>
<td>54.3 Maintain stock register</td>
<td>54.3.1 Stock register is maintained according to clinic and legislative requirements</td>
</tr>
<tr>
<td></td>
<td>54.3.2 Depreciation reports for stock are prepared as required from the stock register</td>
</tr>
<tr>
<td></td>
<td>54.3.3 Purchases and disposals of stock are reconciled with other accounting records</td>
</tr>
<tr>
<td></td>
<td>54.3.4 General journal entries for stock maintenance are recorded as required</td>
</tr>
</tbody>
</table>
54.4 Manage stocktake/reconciliation of actual stock levels with records

54.4.1 Stocktake/reconciliation is planned to designated timelines
54.4.2 Checks are put in place to ensure accuracy
54.4.3 Appropriate counting procedures are followed
54.4.4 Auditor is used if necessary
54.4.5 All paperwork is completed accurately and within legislative requirements

54.5 Maintain and store records for requisite period

54.5.1 Maintenance of all records is monitored to ensure that records are stored according to legislative requirements

54.6 Manage security of stock

54.6.1 Systems to prevent theft are implemented and maintained

RANGE OF VARIABLES FOR UNIT 54

*Clinic procedures and policies, e.g.*
- security procedures

*Recording mechanisms/systems, e.g.*
- paper-based
- electronic
- clinic accounting system

*Australian Accounting and Auditing Standards*

*Relevant legislation*
- ATO regulations
55.5 Produce final report

55.5.1 Key points are identified and summarised

55.5.2 Draft recommendations are prepared from key points

55.5.3 Ensure report contents are organised logically and reflect the original requirements of the request

55.5.4 Draft presented to designated officer before report is finalised

55.5.5 Completed report is made available to the nominated person/section within the required timelines

RANGE OF VARIABLES FOR UNIT 55

Clinic procedures and policies, e.g.
- report format
- availability of information

Technical vocabulary and specialist texts

EVIDENCE GUIDE FOR UNIT 55

Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge initiating, researching and preparing specific data/information to facilitate communication flow in accordance with clinic procedures and policies, check that:

- clinic goals are maintained
- appropriate data is located and used
- reports are produced within designated timelines
- drafts are circulated to relevant people for comment and checking
- the final report addresses the original need and takes into account the comments provided
- specialist texts are read and understood
Evidence of satisfactory performance in this unit is best obtained by observation of performance, questioning and discussion. More specifically, to indicate understanding and knowledge of managing and controlling stock supply in accordance with clinic procedures and policies, check that:

- systems operate smoothly
- stock requirements are established correctly according to clinic needs
- an understanding of allowing for contingencies when ordering stock is demonstrated
- stocktake occurs according to set timelines
- records are completed and stored according to clinic needs
- the stock is secure
- appropriate legislative procedures are followed

<table>
<thead>
<tr>
<th>KEY COMPETENCIES FOR UNIT 54</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels:</td>
</tr>
<tr>
<td>• Collect, analyse and organise information</td>
</tr>
<tr>
<td>• Communicate ideas and information</td>
</tr>
<tr>
<td>• Plan and organise activities</td>
</tr>
<tr>
<td>• Work with others and in teams</td>
</tr>
<tr>
<td>• Use mathematical ideas and techniques</td>
</tr>
<tr>
<td>• Solve problems</td>
</tr>
<tr>
<td>• Use technology</td>
</tr>
</tbody>
</table>
UNIT 55 INITIATE, RESEARCH AND PREPARE SPECIFIC DATA_INFORMATION TO FACILITATE COMMUNICATION FLOW

**Descriptor:** This unit covers negotiating research requirements, identifying sources of information and data, evaluating the quality of the information and data, preparing drafts and producing final reports. It has been customised from Administration Competency Standards National Code BSA97 Unit BSACOM501A.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.1 Identify specific data/information requirements</td>
<td>55.1.1 Contents are discussed with relevant personnel</td>
</tr>
<tr>
<td></td>
<td>55.1.2 Timelines are agreed</td>
</tr>
<tr>
<td>55.2 Identify research requirements</td>
<td>55.2.1 Purpose of research is clarified</td>
</tr>
<tr>
<td></td>
<td>55.2.2 Options for obtaining the information are identified</td>
</tr>
<tr>
<td>55.3 Obtain data</td>
<td>54.3.1 Data relevant to the purpose is obtained from identified sources, acknowledged and recorded for copyright and other legal requirements</td>
</tr>
<tr>
<td></td>
<td>54.3.2 Data is checked for accuracy and relevance and collated for processing</td>
</tr>
<tr>
<td></td>
<td>54.3.3 Effectiveness of data is assessed</td>
</tr>
<tr>
<td>55.4 Prepare drafts</td>
<td>55.4.1 Documentation is drafted for comment by relevant persons</td>
</tr>
<tr>
<td></td>
<td>55.4.2 Text is written using clear and concise language</td>
</tr>
<tr>
<td></td>
<td>55.4.3 Spelling, punctuation and grammar are correct</td>
</tr>
<tr>
<td></td>
<td>55.4.4 Ensure that intended meaning of correspondence/report is readily understood by recipient</td>
</tr>
<tr>
<td></td>
<td>55.4.5 Comments are integrated into the final draft within agreed timelines</td>
</tr>
</tbody>
</table>
UNIT 56  UNDERTAKE RESEARCH FOR SPECIFIC PURPOSES

Descriptor: This unit describes the competencies required to conduct research relevant to the rights, requirements and issues pertaining to patient care and the advancement of Homoeopathic knowledge using a variety of research methods.

Relationship to Other Units:

Competency is to be demonstrated in conjunction with core units: Manage Information Systems; Establish Information Links with the Community; Plan, Manage and Evaluate Projects and Strategies; Manage Resources; Manage People; and Design and Develop Training.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.1 Select appropriate research strategies</td>
<td>56.1.1  <em>Research hypothesis is defined</em> according to standard research practice.</td>
</tr>
<tr>
<td></td>
<td>56.1.2  <em>Within the constraints of available time, research strategies are selected</em> which are appropriate for the subject matter being researched.</td>
</tr>
<tr>
<td></td>
<td>56.1.3  <em>When possible, an appropriate combination of research methods are selected</em> to promote the viability of the findings.</td>
</tr>
<tr>
<td></td>
<td>56.1.4  <em>When possible, the selection of research strategies is negotiated with stakeholders.</em></td>
</tr>
<tr>
<td>56.2 Consult with stakeholders</td>
<td>56.2.1  <em>A representative range of people and groups with a stake and interest in the issues and needs being considered is identified.</em></td>
</tr>
<tr>
<td></td>
<td>56.2.2  <em>A range of stakeholders are consulted in appropriate ways.</em></td>
</tr>
<tr>
<td></td>
<td>56.2.3  <em>The workers role and purpose and the needs and issues are identified, documented and negotiated with the person or group.</em></td>
</tr>
<tr>
<td></td>
<td>56.2.4  <em>Consultation is facilitated by establishing forums for information exchange.</em></td>
</tr>
<tr>
<td></td>
<td>56.2.5  <em>The view points options and interests of all stakeholders are considered and incorporated whenever appropriate.</em></td>
</tr>
</tbody>
</table>
56.3 Conduct the research

56.3.1 Material and other aids (e.g. questionnaires) needed to conduct research are designed and made available.

56.3.2 All relevant information sources are identified.

56.3.3 Times and places for collection of information are arranged.

56.3.4 Information is collected, kept confidential if appropriate and stored securely.

56.4 Organise and analyse research information and data

56.4.1 Information and data is collected and organised in a form that lends itself to analysis and is suitable for the intended recipients.

56.4.2 Raw data obtained is confirmed within who provided it, and is reported accurately, legibly and comprehensively.

56.4.3 Patterns and explanations are derived from the data.

56.4.4 The conceptual framework on which the research is based is clearly explained.

56.5 Report the research

56.5.1 Full accurate details of the research findings methodology, the data and information is gathered and analysis developed regarding the topic, are reported.

56.5.2 Full accurate details of the research methodology, the data and information gathered, and analysis developed regarding the needs and issues are reported.

54.5.3 Opportunities are provided for validation of the research findings where appropriate.

56.5.4 Opportunities are provided for the research findings to be used for policy and program planning purposes and advancement of Homeopathic knowledge.

56.5.5 Within resource constraints, the findings are made available to as many stakeholders as possible.
RANGE OF VARIABLES
FOR UNIT 56

Research Hypothesis may include:
- established hypothesis ie remedy epidemics, remedy provings
- new hypothesis.

Research strategies may include:
- case history
- random selection
- participant recruitment.

Research methods may include:
- blind
- double blinded
- unblinded.

The workers role may include:
- international code for research
- individualisation of case is adhered to
- maintenance of confidentiality
- no breach in research protocol.

Analysis methods may include:
- recognised research techniques

Research validation may include:
- peer review
- reputability.

Information dissemination may include:
- peer review
- seminars
- reputable journals
- professional forums.

EVIDENCE GUIDE
FOR UNIT 56

Underpinning Knowledge may include:
- understanding research issues and their uses
- knowledge of statistical analysis
- knowledge of report writing
- knowledge of relevant aphorisms concerning provings from Organon of Medicine by Samuel Hahnemann 6th edition
- knowledge of standard proving format
- knowledge of prover protocol
- knowledge of appropriate research proposal format for funding.

Critical Aspects:
- literacy
- numeracy
- computer skills.
KEY COMPETENCIES FOR UNIT 56

Levels:
- Collect, analyse and organise information 3
- Communicate ideas and information 3
- Plan and organise activities 3
- Work with others and in teams 3
- Use mathematical ideas and techniques 3
- Solve problems 3
- Use technology 3

The National Child Protection/Statutory Supervision/ Juvenile Competency Standards (Code - 0164 U48) have been used in the development of this unit.