

National Summit on the rollout of the nationally accredited Ear and Hearing Health Training Skill Set for the Aboriginal Health Worker Workforce

Discussion paper: August 15, 2011

Project coordinated and facilitated by the National
Aboriginal Community Controlled Health Organisation

Funded by the Aboriginal and Torres Strait Islander Health
Workforce Section, Department of Health and Ageing



NACCHO

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1. Purpose of the discussion paper

This document is written to support the Phase 3 of the four-phase NACCHO Ear and Hearing Training for the Aboriginal Health Worker (AHW) Workforce Project. It will guide discussion among key stakeholders invited to a National Summit to agree on a model for the national rollout of an accredited ear and hearing health training skill set for the Aboriginal Health Worker (AHW) workforce, and ongoing professional development needs for AHWs in ear and hearing health.

The National Summit will represent both the Aboriginal Community Controlled Health (ACCH) Sector and Aboriginal Medical Services that are funded by State and Territory Governments. Participants will also include the Aboriginal and Torres Strait Islander RTO National Network (ATSHIRTONN), the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), AHWs who participated in the pilot training during Phase 2 of the project, NACCHO, ear and hearing health experts and representatives from the Department of Health and Ageing.

This document provides an overview of the NACCHO project, the COAG measure to which it is linked, and the activities and achievements of the two phases completed to date. It presents the evaluation outcomes currently available from the accredited training pilot run during June-July 2011 that provide directions for future training, and therefore a national rollout of accredited training and ongoing professional development needs for AHWs in ear and hearing health.

A proposed national rollout model is outlined for both accredited training and professional development, which will be examined in detail at the National Summit. This is accompanied by the matters that National Summit participants need to consider in reaching agreement on a final national rollout model to implement and evaluate over the next two years.

2. Overview of the project

2.1 Improving Eye and Ear Health Services for Indigenous Australians

In 2009, the Australian Government committed \$58.3 million over four years to expand eye and ear health services through the *'Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes'* measure. The overall measure aims to improve the early detection and treatment of eye and ear health conditions in Aboriginal and Torres Strait Islander people, leading to improved education and employment outcomes.

The ear health components of the measure include:

- training of health workers for ear health and hearing screening
- maintenance and purchase of medical equipment for hearing screening
- additional ear surgery, particularly for remote Indigenous clients
- ear and hearing health promotion activities.

The Office for Aboriginal and Torres Strait Islander Health (OATSIH) is responsible for coordinating the last three components listed above. Through funding provided by the Aboriginal and Torres Strait Islander Health Workforce Section of the Department of Health and Ageing (DoHA Workforce Section), NACCHO has been tasked with addressing the first component, i.e. training. As there is a strong relationship between the training, equipment and health promotion activities, NACCHO and the Aboriginal and Torres Strait Islander Health Workforce Section have liaised regularly with OATSIH in the process.

In 2010, OATSIH commissioned and received two reports. The first was the Access Economics scoping report on the status of existing ear and hearing health equipment and the need for updated equipment in Aboriginal Community Controlled Health Services (ACCHS) and Aboriginal Medical Services (AMS). This has guided decision-making the purchase and distribution of relevant equipment. OATSIH developed 'user-friendly' equipment guides, and established an equipment support contract so that provided equipment can be maintained.

In early 2011 OATSIH began distributing the equipment, with approximately 46 NACCHO members receiving new pneumatic otoscopes, video-otoscopes and/or tympanometers. The second distribution round for this equipment occurred in July 2011, with a final round to distribute audiometers planned for October 2011. Information on the number and location of services receiving equipment will be provided by OATSIH at the National Summit.

The second report was undertaken by ATSHIRTONN. It identified ear and hearing health education and learning needs for existing AHWs, and what education and training was currently available or accredited to better prepare AHWs to undertake an

ear and hearing health role. The report provided recommendations for education and training models that would enable the provision of high quality and culturally appropriate ear and hearing health services in Aboriginal communities.

2.2 Ear and Hearing Training for the Aboriginal Health Worker Workforce Project

In mid-2010, the DoHA Workforce Section approached NACCHO to discuss strategies on expanding the AHW workforce. NACCHO identified training in ear and hearing health has been ad hoc for at least the past 6 years, and the previously delivered training was not accredited, resulting in a lack of confidence among AHWs in the use of equipment. NACCHO was also aware that some of the existing equipment was getting old and may not be in good condition, a matter explored through the Access Economics report. Finally, back-filling services while AHWs attended training was not available in current funding and could prove to be a barrier to training uptake.

Consequently, NACCHO was funded to undertake the Ear and Hearing Training for the Aboriginal Health Worker (AHW) Workforce Project in July 2010. The project was designed in four phases with the following intentions:

- ① **Phase 1: Equipment training** - Develop a training kit for equipment use for each jurisdiction in line with the OATSIH rollout of ear and hearing equipment to ACCHS and AMS across the nation; and develop and delivery professional development training on the use of the new ear and hearing equipment for the AHW workforce
- ① **Phase 2: Accredited training** - Develop, pilot, evaluate and refine a national ear and hearing training program and material that is accredited.
- ① **Phase 3: National training rollout** - Establish a sustainable model for national delivery of the accredited ear and hearing health training skill set for the AHW workforce, and consider ongoing professional development needs.
- ① **Phase 4: Evaluation** – Evaluate the national training rollout and refine it on the basis of the outcomes.

NACCHO commenced the project in July 2010 and aimed to complete Phase 1 and 2, which ran concurrently, within 12-13 months. In early 2011 an implementation plan for running Phase 3 and 4 concurrently was written. Funding was negotiated to support Phase 3 and 4 for the July 2011 – June 2013 period.

2.2.1 Phase 1: Equipment training activities and achievements

The main activities and achievements for Phase 1 of the project were that NACCHO:

- ① met with ear and hearing health equipment experts to decide on what equipment training was needed to complement the OATSIH equipment rollout

- ⑥ developed and refined the 'Aboriginal Health Worker: Ear and Hearing Health Care Training Manual' i.e. a training kit
- ⑥ held two national professional development days using the training kit for 68 AHWs from across Australia in October 2010, and 76 AHWs in March 2011, which upskilled them in the use of ear and hearing health equipment that was being distributed through the OATSIH equipment rollout
- ⑥ developed a promotional DVD regarding the overall project and the professional development training
- ⑥ coordinated and held a one-day national conference for the Aboriginal health sector on current programs and research in ear and hearing health for over 100 delegates from across Australia in October 2010 that coincided with the first professional development day; it addressed four focus areas:
 - primary health care service delivery
 - research
 - clinical management
 - training, education and workforce.

The national conference, first national professional development day and the national workshop to establish a Course Advisory Group for accredited training in October 2010 (see Section 2.2.2) were referred to collectively as the '*National Symposium for Aboriginal and Torres Strait Islander Ear and Hearing Health*'. NACCHO also wrote and distributed a report on the outcomes of the National Symposium, which included the main learning from each of the four streams of the national conference, including challenges and proposed strategies for addressing them.

2.2.2 Phase 2: Accredited training activities and achievements

The main activities and achievements for Phase 2 of the project were that NACCHO:

- ⑥ planned and held a national workshop of 35 identified key stakeholders in October 2010 to establish a Course Advisory Group for the ear and hearing health accredited training
- ⑥ held three Course Advisory Group meetings (November 2010, March 2011 and August 2011) to guide the development, evaluation and refinement of the ear and hearing health accredited training and associated resources
- ⑥ identified three existing units of competency that will constitute a 'skill set':
 - HLTAHW418A: Provide information and strategies in hearing and ear health
 - HLTAU402B: Conduct screening hearing tests for industrial hearing loss
 - HLTAU501C: Conduct screening hearing tests for children

- ⑥ developed draft training resources, including a: Learner resource, Facilitator guide, PowerPoint file, Assessment tool, Recognition tool (i.e. of prior learning and/or current competence) and additional sample teaching tools
- ⑥ piloted the three units and associated training resources with the following three Aboriginal Health RTOs with AHWs from urban, rural and remote services in June-July 2011:
 - Aboriginal Health College of NSW in Sydney
 - Bega Garnbirringu Health Services Aboriginal Corporation in Kalgoorlie
 - Queensland Aboriginal and Torres Strait Islander College of Health Education and Training (QATSICHET) in Brisbane
- ⑥ evaluated the training pilot – a summary of the pilot evaluation process, emerging outcomes and recommendations to inform Phase 3 are provided in Section 3.

Due to the Phase 2 timeframe, it was only possible to follow-up participating AHWs and their organisations one month following the pilot training program. As both NACCHO and the DoHA Workforce Section were interested in the ongoing impact of the training, they agreed to extend the evaluation so a four-five month follow-up could occur. The interim pilot evaluation report will be written and available by early September 2011, with the final pilot evaluation report available in December 2011.

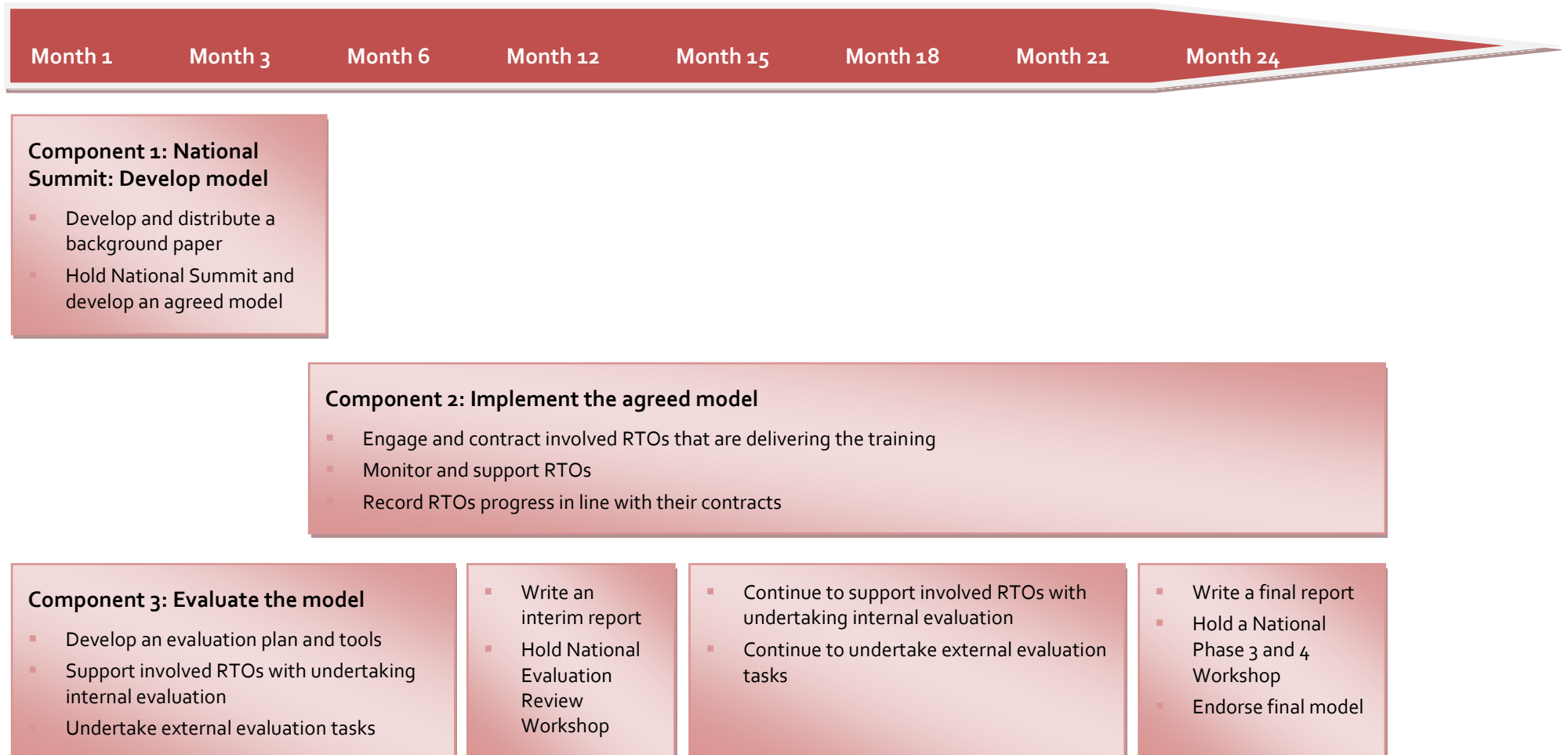
2.2.3 Phase 3 and 4: National training rollout and evaluation implementation plan

The National Summit marks the formal commencement of Phase 3 and 4 of the project. It consists of three components over two years: a National Summit to develop an agreed national training rollout model, implementation of the agreed model, and evaluation and final ACCH Sector endorsement of the model. These components and their main steps are illustrated in Figure 1.

NACCHO anticipates the Phase 3 and 4 outcomes will include:

- a sector-supported and sustainable good practice model for ongoing delivery of the accredited ear and hearing health training skill set on a national basis
- an understanding of and an approach to the ongoing professional development and capacity strengthening needs for AHWs in ear and hearing health, which may involve training, mentoring and/or secondary consultation support
- strengthened capacity of Aboriginal RTOs and trainers to provide accredited ear and hearing health training so it is accessible to the AHW Workforce across all jurisdictions
- effective and sustainable training delivery partnerships with suitably qualified ear and hearing health experts.

Figure 1: The three components of the Ear and Hearing Training for the AHW Workforce Project: Phase 3 and 4



3. Emerging outcomes of the accredited training pilot evaluation

3.1 The accredited training pilot

A program logic was developed for the accredited training pilot based on the following agreed goal and objectives:

Goal: To establish an effective and culturally informed accredited training 'skill set' in ear and hearing health for Aboriginal Health Workers for national delivery.

Objective 1: To create appropriately targeted ear and hearing health pathways for AHWs with associated units of competency, training and assessment materials.

Objective 2: To determine whether the ear and hearing health 'skill set' extends and improves AHW confidence and competence in ear and hearing health.

The strategies linked to each objective, along with the outcome, impact and process indicators are outlined in Appendix A. Process indicators judge how well strategies are implemented, e.g. have you involved the right audience, have you reached enough of them, are people satisfied with their experiences and how the project was run, and the quality of materials used. Impact judge the progress made toward achieving objectives, while outcome indicators judge progress towards the goal; both focus on what has been created or changed in the direction you want change to occur.

While the term ear and hearing health 'skill set' is being used, the accurate description at present is an 'ear and hearing health units of competency cluster', as the National Quality Council endorsement of the three units as an official 'skill set' will not be finalised until early 2012. This process has been facilitated in cooperation with the Community Services and Health Industry Training Council, who were represented on the Course Advisory Group.

The training skill set was made up of three units of competency that were piloted in three RTOs representing diverse locations (Kalgoorlie, Brisbane and Sydney) and delivered via two four-day intensives. Thirty-seven Aboriginal Health Worker AHWs who worked in 23 urban, rural and remote Aboriginal health services participated. The training was delivered by two Senior AHWs who were experts in ear and hearing health and also qualified audiometrists. In one location two audiologists also supported the training delivery.

3.2 Participants and activities completed to date

The four groups of evaluation participants that were included and the range of activities used to gather information from or about each of them are outlined below:

- ④ **AHWs** – participation, completion and location statistics; focus groups; audit of submitted assessment documents; and follow-up phone interviews (at one and four months).
- ④ **AHW Supervisors or Managers** – participation, completion and location statistics; and phone interviews (at one and four months).
- ④ **Trainers** – observation and in-person interviews.
- ④ **ATSIHRTONN members** – audits and in-person interviews.

Evaluation activities are still being completed and the outcomes analysed, as all activities (with exception of the four-month follow-up interviews) will not be completed until the end of August 2011. Table 1 provides a summary of what evaluation activities were completed by mid-August, along with how many evaluation participants and the proportion of pilot participants they represented. The numbers and proportion of pilot participants will increase for the AHW and Supervisor/Manager interviews by late August.

Table 1: Evaluation methods and participants as of mid-August

Evaluation participant and method	Number of evaluation participants	Proportion of pilot participants included
Aboriginal Health Workers		
Participation, completion and location statistics	37	100%
Focus groups	35	95%
Interviews (one month)	10	27%
Supervisors or Managers of AHWs		
Participation, completion and location statistics	23	100%
Interviews (one month)	2	10%
Trainers		
Observation of training	4	50% (representing two trainers in two locations)
Interviews	4	75% (representing all three locations)
ATSIHRTONN members		
Audit of contracts	3	100%
Interviews	3	100%

3.3 Summary of the emerging outcomes

As the evaluation is still 'in progress', greater detail regarding the interim evaluation outcomes will be presented at the National Summit, by which time most of the evaluation activities will be complete, with exception of the four month follow-up interviews. This section presents the emerging outcomes in summary form only – the full detail with all of the supporting evidence will be provided in the Interim Evaluation Report in early September 2011.

3.3.1 Ear and hearing health training and pathways

There were two process and two impact elements to the evaluation of whether appropriately targeted ear and hearing health pathways for AHWs with associated units of competency, training and assessment materials had been created.

Process element 1: Training materials and delivery modes

The evaluation sought to identify whether AHWs, their Supervisors/Managers, Registered Training Organisations (RTOs) and trainers were satisfied with: the quality of the training and assessment materials, and the mode of delivery options proposed for the pilot.

Quality of the training and assessment materials: The consistent position from AHWs, RTOs and trainers was that the draft training and assessment materials (i.e. training resources) were of a high quality. While some duplication was noted in the material for each of the three units, it was recognised that this was necessary for the future where students only do one or two units, not the entire three units. An integrated resource will be developed to address this duplication for the instances where all three units in the skill set are offered.

Trainers reported that they developed further resources during the training, and they also worked with students to develop resources that were relevant to their workplaces. The resources created through the pilot will be drawn upon in finalising the resources available for the national rollout; for example, session plan examples, assessment tools and resources that reinforce learning and support application in the workplace will be included. Further resource development over the next two years could be managed through the NACCHO National Coordinator role through pooling and developing resources that emerge from subsequent training, and providing national access to them via an online location.

Mode of delivery: Collectively, the participating AHWs held a high opinion of the delivery methodology. They preferred the face-to-face delivery where they worked as a group away from their workplaces. They found it valuable to have a range of skills within the student group and regularly commented on the usefulness of the peer learning. This assisted them to feel comfortable and to inspire each other to complete all of the learning tasks. In fact, the students expressed a desire to come back again and do more learning together.

AHWs, RTOs and trainers reinforced the importance of adopting a mixed mode of delivery so that theory and practice are closely linked to support students in the immediate application of theory to the workplace environment. The opportunity to have repeated practice during training was strongly emphasised by AHWs, RTOs and trainers (also see Section 3.3.2: Impact element 1). This is influenced by two factors – training program length and access to equipment in the training location.

While the two 4-day intensives were managed well in the pilot and all students who completed the training gained a Certificate of Attainment in all three units, it would be preferable if this was either extended to two weeks of 5-day intensives or supplemented by a two-day follow-up. The options that RTOs choose may depend on the locations of their students, and therefore the travel costs in bringing students back to the training location on a third occasion, versus extending their stay by a day during the existing training weeks.

While each training location was provided with relevant equipment, they faced challenges with having sufficient equipment so there was easy access for student practice in the classroom. Each managed this in different ways, particularly the two locations with larger student groups of 11 and 18 students, e.g. trainers used their own equipment, students were asked to bring equipment from their workplaces, or purchasing new equipment. The important learning is that ratio of one piece of equipment per two students is needed for each piece of equipment. As a consequence, RTOs must ensure that the training space is large enough to accommodate both students and equipment so that it is set up and ready to use.

Process element 2: Contractual arrangements for training delivery

The evaluation explored the satisfaction of RTOs and trainers with the contractual arrangements for training delivery. This included the contract between NACCHO and the RTO, and teaching partnership arrangements between any external trainers that RTOs used and the RTO.

Contract between NACCHO and RTOs: All three RTOs were satisfied with the contract arrangements set out by NACCHO. While there were questions regarding the sufficiency of the funding level of \$2750 (GST inclusive) per participant who completes the training, due to the need to engage trainers with specialist skills, this was usually managed by clarifying expectations about student recruitment, student group numbers (see Section 3.3.2: Process element 1) and access to equipment. However, options to gain further funds and resources that minimise out of pocket costs to participating RTOs needs to be explored.

RTOs particularly appreciated the support provided through NACCHO to plan their training, support student recruitment, access external trainers and trouble-shoot aspects of the process to ensure they met the contract deliverables. This was supplemented by the active role undertaken by the external trainer in the training planning process for two RTOs – the small and newer remote-based RTO, and a larger and urban-based RTO who had less experience with this type of training contract. When offering the training again, the support needs of these RTOs will be different due to the benefit of experience, however this will be pertinent for other RTOs offering the training for the first time in the national rollout.

A different approach to the provision of equipment in the national rollout, as noted above, will also assist in future. RTOs are currently finalising their reports to NACCHO on their training outcomes, so more information on this matter will be provided in the interim evaluation.

Teaching partnership arrangements: RTOs were extremely happy with the external trainers engaged to deliver the units. One external trainer undertook both of the Bega Garnbirringu and QATSICHET training programs, while another did the Aboriginal Health College of NSW training, which also involved two audiologists for select components.

The evaluation identified that a tool that would be of use for NACCHO, RTOs and trainers would be a 'table of expectations' that brought together and summarised the required roles and responsibilities of all partners. It could be extended to include AHWs as students and their employers.

Impact element 1: Professional development and career pathways in ear and hearing health

The evaluation needed to ascertain the capacity of the accredited training to address the required skill set for AHW current or potential job roles, and provide viable professional development and career options for AHWs.

Skill set needed for AHW roles in ear and hearing health: The AHWs participating in the training program expressed a high level of excitement and interest in strengthening and/or gaining specialist knowledge and skills in ear and hearing health. They confirmed that there was a strong match between the focus of the units of competence and the skill set they needed in their current job roles, or in the role that their organisations hoped they would undertake in relation to ear and hearing health.

This position was reinforced by their organisations, where information was available at this point. At the same time, organisations wanted to have more lead-time and greater information about this initiative and the training options available so they had a better understanding of what their AHWs were doing and how this was relevant to service-provision. This would help organisations with work role decision-making and succession planning.

One organisation exemplified this approach by sending three staff: a Senior AHW and two trainee AHWs. While the Senior AHW reported she extended her knowledge and skills, she could also support and mentor the trainees in the training and back in the workplace so the required skills and knowledge were retained in the organisation, and job sharing of the ear and hearing health role could occur.

Professional development and career pathways: AHWs viewed the accredited training as a solid start, and for those that had previously undertaken the equipment-focused professional development day saw it as a logical and valuable extension of that training. However, there was a consistent request that this training be supported through ongoing professional development, including 'refresher programs' to ensure that their knowledge and skills remained current and relevant, given the significant

need for good quality ear and hearing health primary health care-based services in their communities.

It was also believed the 'skill set' provided a viable career option or pathway for AHWs, particularly if there is ongoing professional development (i.e. more than just the equipment use-focused training). This could include going on to train as an Audiometrist, similar to the pathway taken by the two main external trainers.

Impact element 2: Ongoing access to ear and hearing health training

In addition to determining if the accredited training provided a viable career pathway, it was important to confirm if RTOs can support AHWs by placing the units of competency on their scope or collaborating with other RTOs.

As ATSIHRTONN members, participating RTOs all had the Aboriginal and Torres Strait Islander Primary Health Worker Training Package on their scope. One of the three units of competency selected for the skill set, 'HLTAHW418A Provide information & strategies in hearing and ear health', is from this training package so was on scope. This training package has specific rules for assessment, e.g. must be assessed by a person with the qualification who is either: Aboriginal or Torres Strait Islander or accompanied and advised by an Aboriginal or Torres Strait Islander person. As part of the packaging rules, an RTO can import units from other training packages that students undertake as electives. The two other selected units are from the Health Training Package and are clustered with HLTAHW418A for the purpose of the project.

By definition, participating RTOs can support AHWs with an ear and hearing health pathway by offering the 'skill set'. They confirmed that they were keen to continue doing this, and that most ATSIHRTONN members would be in this position. However, there are other factors that impact on RTOs offering the training, which include: their current workload capacity, whether providing this training meets the industry priorities in their jurisdiction, access to suitable trainers, and if they would prefer to offer the training in their jurisdiction but under the auspice of another RTO with greater experience in ear and hearing health or capacity to undertake the workload.

3.3.2 Improving AHW confidence and competence in ear and hearing health

There were two process elements and one impact element to the evaluation of whether the ear and hearing health 'skill set' extends and improves Aboriginal Health Worker confidence and competence in ear and hearing health.

Process element 1: Number and diversity of pilot training participants

The aspirational hope for the pilot expressed from DoHA was that 100 AHWs would participate in the pilot training from a diverse range of locations across Australia. The evaluation also needed to ascertain if Supervisors/Managers of participating AHWs were willing and able to release their AHWs to attend the training.

NACCHO were conscious that involving 100 AHWs in the pilot was unlikely due to several factors: the pilot timeframe, the capacity of RTOs to immediately step into

running the training in addition to their existing core business, and that a pilot of that size would not be necessary to make a good assessment of the quality, relevance and effectiveness of the accredited training. Therefore, NACCHO decided that a pilot with three RTOs of different sizes and locations, each with the option of training up to 25 students would be appropriate. On this basis, the maximum likely participation was 60 AHWS.

In total, 37 AHWS participated in the training, with 33 of them completing all training and assessment requirements to gain a Certificate of Attainment; this is a high completion rate of 89%. There are several reasons for the lower number of participants. Two are **specific** to the pilot context and could easily be predicted, while the other two reasons were identified through the evaluation.

First, due to the pilot timeframe, once RTOs had signed their contracts they could only provide a few weeks' notice for training to AHWS and employers. This impacted on AHWS capacity to take on the commitment and the ability of employers to release them from the workplace. Second, the 'first cab of the rank' concept is common for a pilot, where you can easily recruit AHWS who are primed and ready for the training due to personal interest and/or knowledge of it through their involvement in the equipment use professional development training. Their experience, which is shared through word of mouth, jurisdictional networking, and promoting the evaluation outcomes, then generates even higher interest from a broader number of people.

In terms of the evaluation outcomes, feedback from the RTOs and trainees were that preferred trainer-student ratios were one trainer for 12-15 students; AHW feedback reinforced that this was a good size of group to be learning in. The other issue was identified above - having sufficient equipment to run the training with the preferred methodology of ensuring high amounts of hands-on practice. While access to equipment limited the student group size for participating RTOs, there are other compelling reasons to have smaller student groups. These include how using recommended trainer-student ratios enables higher amounts of supervised hands-on practice, and greater experience with different ears and ear and hearing health conditions, which leads to improved AHW confidence in identifying ear and hearing health issues accurately.

Process element 2: Cultural safety and adult learning principles

The evaluation also determined whether trainers delivered the training in line with cultural safety and adult learning principles, which was evident via observation of the training, as well as interviews with the RTOs, AHWS and trainers.

AHWS reported a high level of satisfaction with how the trainers conducted the training, including their commitment, enthusiasm, support, knowledge, skills and cultural appropriateness. They emphasised how important it was to have an Aboriginal person facilitating the training, particularly a person who had worked as an AHW and understood the realities of a primary health care service environment in an Aboriginal health service.

In fact, AHWS described how much they appreciated being in a group of Aboriginal learners with an Aboriginal trainer created cultural safety for AHWS, which facilitated

a high level of peer sharing and enhanced the learning experience. It was evident from the observation and interviews that the trainers were well versed in Aboriginal ways of learning, and highly conscious of creating and maintaining a culturally safe learning environment.

Impact element 1: AHW confidence and competence in delivering ear and hearing health services

Critically, the evaluation needed to establish whether AHWs reported, and both their trainers and Supervisors/Managers confirmed, that the accredited training increased their confidence and competence in delivering ear and hearing health services. At this point of the evaluation there is limited information available from Supervisors/Managers, so this focuses on the immediate impact reported by AHWs and trainers. The follow-up of AHWs and Supervisors/Managers at the four-month point will provide a clearer indication of achievements against this impact indicator.

In short, there were strong and consistent reports from AHWs and trainers that they experienced a positive shift in both confidence and competence. AHWs's greater competence through the training was assessed and verified by the trainers as occurring for 89% of the participants; the remaining participants did not achieve competence as they could not complete the training, not because they were not capable of achieving competence. However, developing and maintaining their confidence to apply their knowledge and skills was a point of discussion.

AHWs and trainers both reported that the repeated practice they gained in the training with a diverse range of ears and ear and hearing health conditions built their confidence in undertaking a range of tasks relevant to delivering ear and hearing health services. This occurred through in-class practice with each other, as well as field trips organised by trainers to child care, school and/or community centres in order to closely replicate what does and will occur in the workplace. They argued that the more time they had for practice with the equipment – in the training location and back in the workplace – the greater their confidence would be. This reinforces the previous points made regarding the need for a longer training period and having more equipment for the training environment.

This outcome also reinforces the value of field trips to emulate the workplace environment. The capacity to practice back in the workplace is a matter that may need greater attention, and would be part of the conversation between the RTO, students and their employers about how employers can best support AHWs so they and the AHW gain the greatest possible benefit from the accredited training.

3.4 Directions for future delivery of the training

The implications for refinement of the training resources will be outlined in the interim evaluation report. For the purposes of this discussion paper, this section will focus on implications for the national rollout of the accredited training, and ongoing professional development. They can be summarised as follows:

- ⑥ **Training resources:** The NACCHO National Coordinator can play a role in pooling and developing resources that emerge from subsequent training, and providing national access to them via an online location.
- ⑥ **Training delivery:** Training intensives with a mixed-mode and face-to-face delivery in a group of 12-15 students is the preferred approach for students, trainers and RTOs. A longer training time is recommended for the three units of 10 training days in total, whether as two 5-day intensives, or two 4-day intensives with a 2-day follow-up.
- ⑥ **Access to equipment for training:** It will be important to develop strategies to ensure there is one piece of equipment per two students for each piece of equipment. This can occur through the purchase of more equipment either at an RTO level or through the national program creating an equipment pool that is provided to RTOs to supplement RTO-based equipment with access coordinated by NACCHO to support the training calendar.
- ⑥ **Support to RTOs:** It will be valuable for NACCHO to provide support to RTOs offering the accredited training for the first time, similar to the process used in the pilot, as this will assist with meeting all contract deliverables and maintaining quality assurance. A 'table of expectations' tool would be valuable to develop for clarifying roles and responsibilities of all parties, including AHWs and employers.
- ⑥ **Professional development and career pathways for AHWs:** The accredited training 'skill set' is well targeted for the current job roles of AHWs working or planning to work in ear and hearing health in primary health care settings. It provides a viable career pathway for AHWs who wish to develop specialist skills in this area. To gain the most benefit from the skill set, it will be important that AHWs who complete it have access to ongoing professional development that must extend beyond the currently available equipment use focused training.
- ⑥ **Access to the accredited ear and hearing health 'skill set':** While, ATSIHRTONN members have the units that constitute the 'skill set' on scope, several other factors impact on their ability to provide the units and must be considered. If an RTO cannot directly provide the training in their jurisdiction, they have the option of offering training locally under the auspice of another RTO.
- ⑥ **Communication and promotion strategies:** The accredited training national rollout needs to be supported by a well-designed communication strategy to ensure that good information is provided to employers in a timely manner for supporting workforce development planning and workplace release for AHWs.
- ⑥ **Suitably qualified trainers:** It is vital that the accredited training 'skill set' is delivered by qualified trainers who have been AHWs with direct experience of delivering ear and hearing health services in a primary health care setting.
- ⑥ **Developing competence and confidence:** AHWs need access to a range of environments within and beyond the training classroom so they experience a diverse range of ears and ear and hearing health conditions, as this strengthens their confidence in applying the knowledge and skills gained through the training.

4. Draft model for delivery of training and professional development

The six main components to the proposed model for the national rollout are outlined in the following sections, along with other matters that impact on the final design for Phase 3 of the overall project.

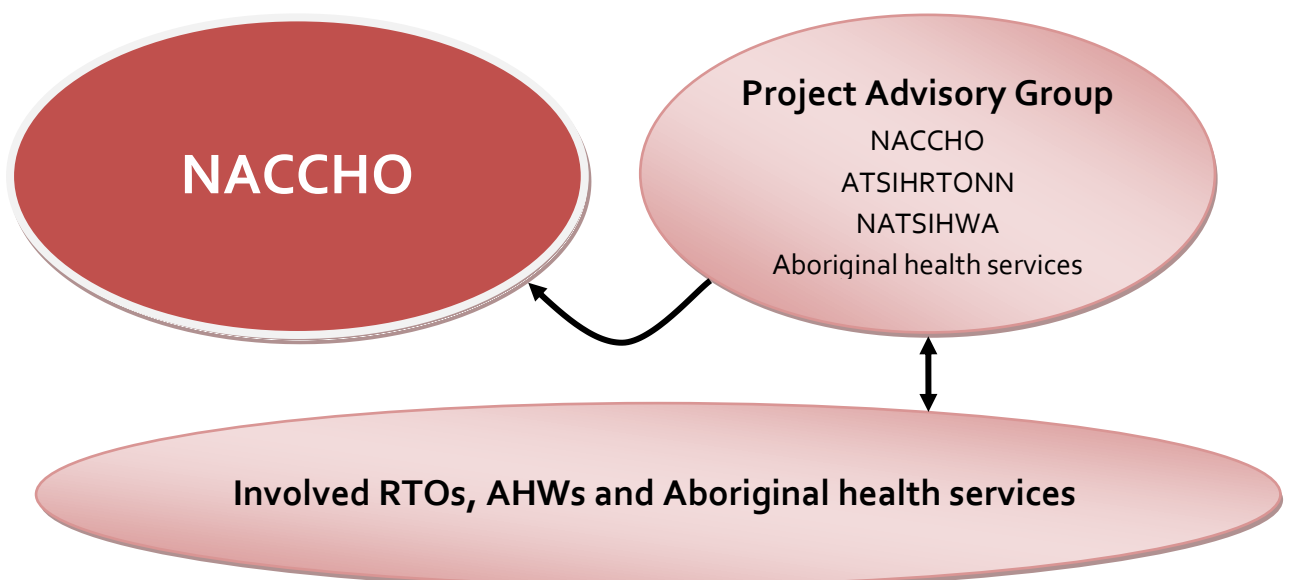
NACCHO is aware that interest in ear and hearing health accredited training is high among AHWs across Australia. This was evident in the positive response from Aboriginal health services and high numbers of AHWs who participated in the two professional development equipment training days held to date, and represented all states and territories. Feedback from these two days has indicated that any further professional development, particularly if offered on a jurisdictional basis, will be well received and attended. The pilot demonstrated that the professional development training has also been a valuable stepping stone for recruiting AHWs to undertake accredited training.

4.1 What will the governance structure be?

Overall governance of the project will sit with NACCHO. A Project Advisory Group will be established that consists of the National Coordinator, representatives from the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) as their members are the preferred providers of the training, the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA), and Aboriginal health services who have staff participating in the training. This is illustrated in Figure 1.

Reporting from the Project Advisory Group to the NACCHO Board will happen via the NACCHO Secretariat. General communication across Aboriginal health sectors will be managed by the National Coordinator.

Figure 1: Proposed governance structure



4.2 How will RTOs be identified?

Participating RTOs are those that meet all three of the following conditions:

- are ATSIHRTONN members
- have the units of competency on scope, are willing to get them on scope or enter into an auspice arrangement with another RTO that has the units on scope
- are willing to sign a contract with NACCHO to be involved in the project and actively participate in all relevant evaluation activities.

Six RTOs need to be willing to run the training before the end of June 2012, and a further nine before the end of June 2013.

The project funding allows for 15 RTOs to be funded for up to 25 students to complete all three units across the life of the project (i.e. until June 2013) in a staggered rollout. The funding level is \$2750 (GST inclusive) per student who completes the training. An RTO can only be funded on one occasion, unless it auspices training in another jurisdiction because the RTO in that jurisdiction is not in a position to fund the training.

4.3 How will trainers be identified?

The evaluation found that effective and valued trainers were Aboriginal people with **all** of the following:

- relevant expertise in both clinical and primary health care knowledge and skills in ear and hearing health
- training expertise in the VET sector
- a solid understanding of the cultural and workplace context of AHWs involved in ear and hearing health based on experience of having worked as an AHW
- knowledge and skills in pedagogy and andragogy for training AHWs.

While strategies to increase the number of suitably qualified trainers for the accredited training will be built into Phase 3, currently there are a limited number of people who meet all of these conditions. This raises two options for identifying the trainers to deliver the training for participating RTOs:

Option 1: RTOs identify and engage trainers who meet these conditions using the funding provided through the contract with NACCHO. NACCHO can provide recommendations based on their knowledge of suitable trainers identified through the project to date.

Option 2: NACCHO will identify and engage trainers who meet these conditions to undertake the training in involved RTOs, and gain their commitment to be available for the life of the project. NACCHO will deduct the training fees and associated costs (i.e. travel) from the funding provided in the contract to

participating RTOs, and coordinate trainer availability to meet the training needs and timing of participating RTOs.

4.4 How will students be recruited?

Students who participate may undertake one or more of the units in the skill set. They must meet the first three, and preferably one or more of the additional criteria:

- be Aboriginal people (non-negotiable)
- be employed as an Aboriginal Health Worker (non-negotiable)
- can negotiate to be released from their employer to undertake off-site intensive training (non-negotiable)
- are currently involved in ear and hearing health services in a primary health care setting (preferable)
- have undertaken the ear and hearing equipment professional development training (preferable).

RTOs will be responsible for promoting the training to employers and recruiting students according to timeframes outlined in the contract with NACCHO. However, NACCHO will provide resources and templates to assist this process (see Section 4.5).

4.5 What is the role of the National Coordinator?

Job Purpose: Through NACCHO, the National Coordinator will have supported accountability and responsibility for the project and is a member of the Project Advisory Group. The National Coordinator will be accountable for thoroughly understanding the ACCH Sector, wider Aboriginal health sector and the project, including the plan, deliverables, interfaces (internal and external) and resource requirements. The National Coordinator will have a working knowledge of the budget.

Job specification: The National Coordinator will be expected to:

- provide national coordination of all aspects of the project – at both direct and indirect levels – this includes coordination of training timing, access to suitably qualified trainers, and access to available ear and hearing equipment
- contract manage the participating RTOs
- provide advice on, develop support resources for, and monitor quality assurance activities that contribute to project quality
- support the development of relevant project resources
- promote effective and efficient communication among all stakeholders, including promotion and information templates for RTOs to use
- identify emerging issues in project implementation nationally
- facilitate project governance

- promote and support strategies for a systems approach to the provision of ear and hearing health services and information
- coordinate RTO qualitative and quantitative data into national recording and reporting
- provide policy direction at a national level
- take an advocacy role with relevant stakeholders
- lobby for increased capacity to support the project and ongoing sustainability
- contract manage the external evaluation.

4.6 What is the role of RTOs?

RTOs will need to promote availability of the skill set to Aboriginal Health Workers and Aboriginal health services in their jurisdiction, identify which students are eligible to undertake the training, and whether students need to complete one or more units of competency. In determining how they respond, RTOs will need to consider:

- whether the units are on their training scope
- whether they have the capacity to participate or would prefer students from their jurisdiction to undertake the training within their jurisdiction but under the auspice of another RTO
- whether their existing staff meet the relevant conditions to be trainers and/or if they need to engage suitably qualified trainers to deliver all or part of the training
- the level of support from student workplaces
- which delivery options they will adopt (see below)
- how they maintain the integrity and currency of the resources in liaison with NACCHO
- how they support continuous quality improvement through involvement in or communication with the Project Advisory Group.

The following delivery options are recommended based on the experience of the pilot and evaluation outcomes:

Option 1: Units are offered in mixed mode delivery across two 5-day intensives in one location (on-site at the RTO or in another location suitable to the student group and the unit requirements). This may occur back-to-back or separated by one or more weeks.

Option 2: Units are offered in mixed mode delivery across two 4-day intensives in one location (on-site at the RTO or in another location suitable to the student group and the unit requirements). This may occur back-to-back or separated by one or more weeks. A two-day follow-up occurs several weeks later to support further practice and final assessment.

4.7 Other areas to be explored

The following four additional areas will also be explored at the National Summit:

- ④ What are the preferred approaches to providing further ear and hearing equipment professional development?
- ④ What options should be considered for providing ongoing mentoring and support services to AHWs upon completion of training?
- ④ What strategies should be considered for facilitating peer support?
- ④ What options should be considered for capacity strengthening strategies that will increase the number of suitably qualified trainers for the accredited training?

5. Considerations for the Summit

National Summit participants will be taken through a process to thoroughly explore and discuss the draft model at both a national and jurisdictional level using a combination of small and large group processes. It will ensure that all participants have an opportunity to discuss each aspect of the model. To assist your preparation, the questions that will be asked in relation to each aspect of the model are provided here.

Project governance

The Project Advisory Group needs to be representative, workable and possible to support within the project budget. Matters to consider and discuss include:

- ④ How many RTOs participating in the rollout are reasonable to include in the Project Advisory Group?
- ④ How will these RTOs be selected?
- ④ How many Aboriginal health services with staff participating in the training are reasonable to include in the Project Advisory Group?
- ④ How will these Aboriginal health services be **selected**?
- ④ Is any other relevant group missing from the Project Advisory Group?
- ④ How often should the Project Advisory Group meet?

Identification of RTOs

Matters to consider and discuss include:

- ④ What are the barriers and enablers for RTOs to participate in the national rollout?
- ④ What flexibilities can there be for using the funding if a student does not need or want to do all three units in the skill set?
- ④ What are the implications for funding students who do not complete a unit(s) and attain competence?

Identification of trainers

Matters to consider and discuss include:

- ④ How do these options impact on cost variation for training fees?
- ④ How do these options impact on quality assurance for the training provided?
- ④ Should professional development be supported for trainers so that they maintain and enhance their skills as ear and hearing health trainers?

Recruitment of students

Due to the funding contract with the DoHA Workforce Section, the first three criteria for students to meet are non-negotiable. Matters to consider and discuss include:

- ⌚ Should there be any priorities for student enrolments if demand outweighs available places in the training program?
- ⌚ What resources could be developed or activities undertaken by NACCHO to support recruitment?

National Coordinator role

Matters to consider and discuss include:

- ⌚ What expectations do you have of the National Coordinator role?
- ⌚ Does the role cover all critical elements for coordinating this national project?
- ⌚ If not, what is missing from the role?
- ⌚ Are there other things that the National Coordinator needs to consider to do this well, in addition to what is already listed in the paper?

RTO role and training delivery

Matters to consider and discuss include:

- ⌚ What expectations do you have of the RTO role?
- ⌚ Does the role cover all critical elements for coordinating and delivering the training?
- ⌚ If not, what is missing from the role?
- ⌚ Are there other things that the RTOs need to consider to do this well, in addition to what is already listed in the paper?

Appendix A: Pilot accredited training program logic

Goal: To establish an effective and culturally informed accredited training 'skill set' in ear and hearing health for Aboriginal Health Workers for national delivery. (Please note, ongoing national delivery will occur in Phase 3 of the overall Ear and Hearing Health Training Project).

Outcome indicator: AHWs, their Supervisors/Managers and ATSIHRTONN members verify that the accredited training 'skill set' in ear and hearing health:

- demonstrates cultural relevance, specificity and safety for the Aboriginal health sector
- is suitable for national delivery.

Objective	Strategies	Indicators
<p>1: To create appropriately targeted ear and hearing health pathways for AHWs with associated units of competency, training and assessment materials.</p>	<ul style="list-style-type: none"> ▪ Identify the skill set that AHWs need in ear and hearing health ▪ Identify existing units of competency that can be customised to address these specific competencies ▪ Identify relationships between the unit of competency skill set and pathways for a range of AHW situations ▪ Customise the selected units of competency ▪ Identify and/or develop associated training and assessment materials ▪ Consider and document the mode of delivery options for both the trial and ongoing national delivery ▪ Contract ATSIHRTONN members to coordinate and deliver the training in agreed jurisdictions ▪ Identify appropriate external Trainers to partner 	<p>PROCESS</p> <p>P1.1: AHWs, their Supervisors/Managers, ATSIHRTONN members and Trainers are satisfied with:</p> <ul style="list-style-type: none"> ▪ the quality of the training and assessment materials ▪ the mode of delivery options proposed. <p>P1.2: ATSIHRTONN members are satisfied with their training delivery contracts and, where required, partnership arrangements with appropriate external trainers.</p> <p>P1.3: External Trainers are satisfied with their partnership arrangements with ATSIHRTONN members.</p> <p>P1.4: ATSIHRTONN members meet all conditions of their training delivery contracts.</p> <p>IMPACT</p> <p>I1.1: AHWs and their Supervisors/Managers confirm:</p> <ul style="list-style-type: none"> ▪ the units of competency options address the required

Objective	Strategies	Indicators
	<p>with ATSIHRTONN members in delivering the training where required</p>	<p>skill set for AHW current or potential job roles</p> <ul style="list-style-type: none"> ▪ the pathways provide viable professional development and career options for AHWs. <p>I1.2: ATSIHRTONN members confirm they can support AHWs who wish to access the pathways, either by placing the units of competency on their scope or collaborating with other RTOs.</p>
<p>2: To determine whether the ear and hearing health 'skill set' extends and improves AHW confidence and competence in ear and hearing health.</p>	<ul style="list-style-type: none"> ▪ Identify and invite AHWs from different work locations/contexts to participate in the pilot training ▪ Negotiate with ACCHSs/AMSs to release staff ▪ Run the pilot training based on agreed mode of delivery options ▪ Assess AHWs confidence and competence according to the unit of competency assessment requirements 	<p>PROCESS</p> <p>P2.1: At least 100 AHWs participate in the pilot training from a diverse range of locations across Australia.</p> <p>P2.2: Supervisors/Managers of participating AHWs are willing and able to release their AHWs to attend the training.</p> <p>P2.3: Trainers deliver training in line with cultural safety and adult learning principles.</p> <p>IMPACT</p> <p>I2.1: AHWs report increased confidence in delivering ear and hearing health services in their communities.</p> <p>I2.2: Trainers and Supervisors/Managers of participating AHWs can verify that AHWs have increased confidence in delivering ear and hearing health services.</p> <p>I2.3: AHWs demonstrate improved competence in delivering ear and hearing health services in their communities.</p> <p>I2.4: Trainers and Supervisors/Managers of participating AHWs can verify that AHWs have improved competence in delivering ear and hearing health services.</p>