



HumanAbility

Health Services  
Assistance

Consultation Summary  
Report

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# 1. Introduction

## Project overview

The *HLT33115 Certificate III in Health Services Assistance* is a key entry-level qualification mapped to the Nursing Support and Personal Care Worker role (ANZSCO 4233). Last reviewed in 2015, the qualification no longer fully aligns with contemporary sector demands, which have evolved significantly due to rapid technological advancements, heightened infection control measures, and a growing focus on patient-centred, culturally competent care.

Despite strong demand, the industry faces labour and skills shortages. Factors contributing to high turnover include relatively low wages in some roles, limited career progression pathways, and the physically and emotionally demanding nature of the work. This is compounded by changes in policy settings related to migration, gender pay disparities, and aged care reforms. Taken together, these pressures underscore the need for qualifications that can attract, train, and retain workers ready to meet current and future healthcare challenges.

The health care and social assistance sector employs over 2 million workers, making it Australia's largest employing industry. Employment in this sector has grown steadily over the past decade, with ongoing increases projected for roles under ANZSCO 4233 particularly in hospitals, aged care, disability support, and community-based services. The *2023 Intergenerational Report* also highlights Australia's ageing population as a key driver of expanded care needs, further emphasising the importance of equipping the workforce with updated, flexible skills.

In line with the growing demand for health services, vacancies for skilled Nursing Support and Personal Care Workers have grown significantly in recent years. Training efforts have seen limited success, with most students not completing the qualification. This review provides an opportunity to build a more effective training pathway with flexible products to support occupational flows and provide satisfying careers for graduates in this important and growing sector.

## Project scope and expansion

The project initially focused on reviewing the *HLT33115 Certificate III in Health Services Assistance* and its 25 associated units of competency. The scope was later broadened to include the *HLT47515 Certificate IV in Operating Theatre Technical Support* and a new unit focused on maternity support.

## Operating theatre technician

During the 'Initial Development' phase, it was identified that *HLT33115 Certificate III in Health Services Assistance* provides a pathway to *HLT47515 Certificate IV in Operating Theatre Technical Support*. An early review of the *HLT47515 Certificate IV in Operating Theatre Technical Support* revealed substantial duplication with *HLT33515 Certificate III*

*in Health Service Assistance*, with many of its units of competency already included with the Certificate III level qualification, resulting in significant overlap between the 2 qualifications. Enrolment data also indicated relatively low uptake of the Certificate IV, with no enrolments recorded in some jurisdictions.

In response, a proposal to expand the scope of the project was submitted to and approved by DEWR, to expand the scope of the project to include *HLT47515 Certificate IV in Operating Theatre Technical Support*. This expansion created an opportunity to determine the ongoing need for the Certificate IV level qualification and to consider potential structural changes to the qualification to ensure closer alignment to AQF Level IV requirements.

### Maternity support unit – addition to scope

The functional analysis report identified nursing support roles being advertised specifically for maternity support positions. In consultation with Community Skills WA and CSH ITAB(NSW), we were advised that the School of Nursing and Midwifery at Western Sydney University was undertaking work in this area.

Western Sydney University's project aim was to increase the midwifery workforce, potentially through creating a secondary school Vocational Education and Training, and School Based Apprenticeship Traineeship pathway in NSW, using the Certificate III in Health Service Assistance. To support this pathway, the university was in the process of developing 2 units of competency that they intended to seek accreditation for. These units of competency would then be available to be added as electives in the Certificate III in Health Service Assistance. Currently in NSW, students undertaking the Certificate III in Health Service Assistance can use specific units towards their ATAR University entry score, leading to a pathway into a degree in midwifery, a dual degree in nursing and midwifery or a degree in nursing followed by post graduate studies in midwifery.

After discussions with Community Skills WA, CSH ITAB(NSW), Western Sydney University and DEWR, it was agreed that HumanAbility would include the 2 draft units into the health service assistance qualification review with the intent to have them included as national recognised units in the *HLT Health Training Package*, if supported through national consultation.

### Development process

As part of the training product development process, an in-depth research and consultation process was undertaken to examine the current state of job roles associated to health service assistance and anticipate workforce changes expected over the next 5 years. Numerous information gathering activities were undertaken to prepare draft units of competency and qualifications for national stakeholder consultations.

To inform this work, we engaged with stakeholders through a combination of activities:

- desktop research gathered publicly available information on job advertisements, job descriptions, industry standards, regulatory requirements, working conditions and employer recruitment selection criteria. The research identified key job requirements, emerging skill gaps, evolving responsibilities, and common organisational structures.
- a total of 16 one on one interviews were conducted to determine the skills required in organisations, potential career pathways for workers and the foreseeable changes in the sector. Interviews were conducted with small, medium and large employers, industry experts and training providers (RTO managers and trainers).
- a virtual functional analysis workshop was held with industry stakeholders across Australia to determine skill commonalities and differences, which helped inform core and elective components of the draft qualifications.
- The Technical Committee were consulted on training product content, for insight on communication and consultation strategies, and to provide technical knowledge on the skills and knowledge required to meet the vocational outcomes.

Discussions focused on:

- the functions, sub-functions and requirements of the job roles
- the different settings that roles are performed in
- how and where the roles intersect
- identified skill shortages
- gaps in current qualifications.

The outcomes were documented and published in the Functional Analysis Report. The Functional Analysis Report will be available shortly on the project page of the HumanAbility website and addresses the following key deliverables:

- the requirements of the job roles
- how and where the different roles intersect
- identified skill shortages
- gaps in current qualifications.

## 2. Project public consultation overview

Public consultation activities took place from 18 March to 14 May 2025 via online and face to face consultation workshops, interviews, email, online surveys and site visits. Consultation workshops were held around Australia where our teams presented and consulted in Canberra, Adelaide, Hobart, Cairns, Brisbane, Sydney, Broken Hill, Darwin, Melbourne and Perth. Bairnsdale and Busselton were initially planned as workshops, however due to limited number of registrations, were turned into online workshop sessions.

There was a total of 5 online workshops planned, this was increased to 7, due to the 2 cancelled face to face sessions.

All feedback received through these activities were logged in the consultation log and carefully analysed. Consideration was given based on the volume of support across the identified themes, the feasibility of the implementation, and whether the proposed actions would realistically achieve the desired outcomes of the project.

The public consultation log is available on the project page on the HumanAbility website and addresses the following key deliverables:

- Qualification requirements
- Units of competency requirements
- Companion volume implementation guide (CVIG)

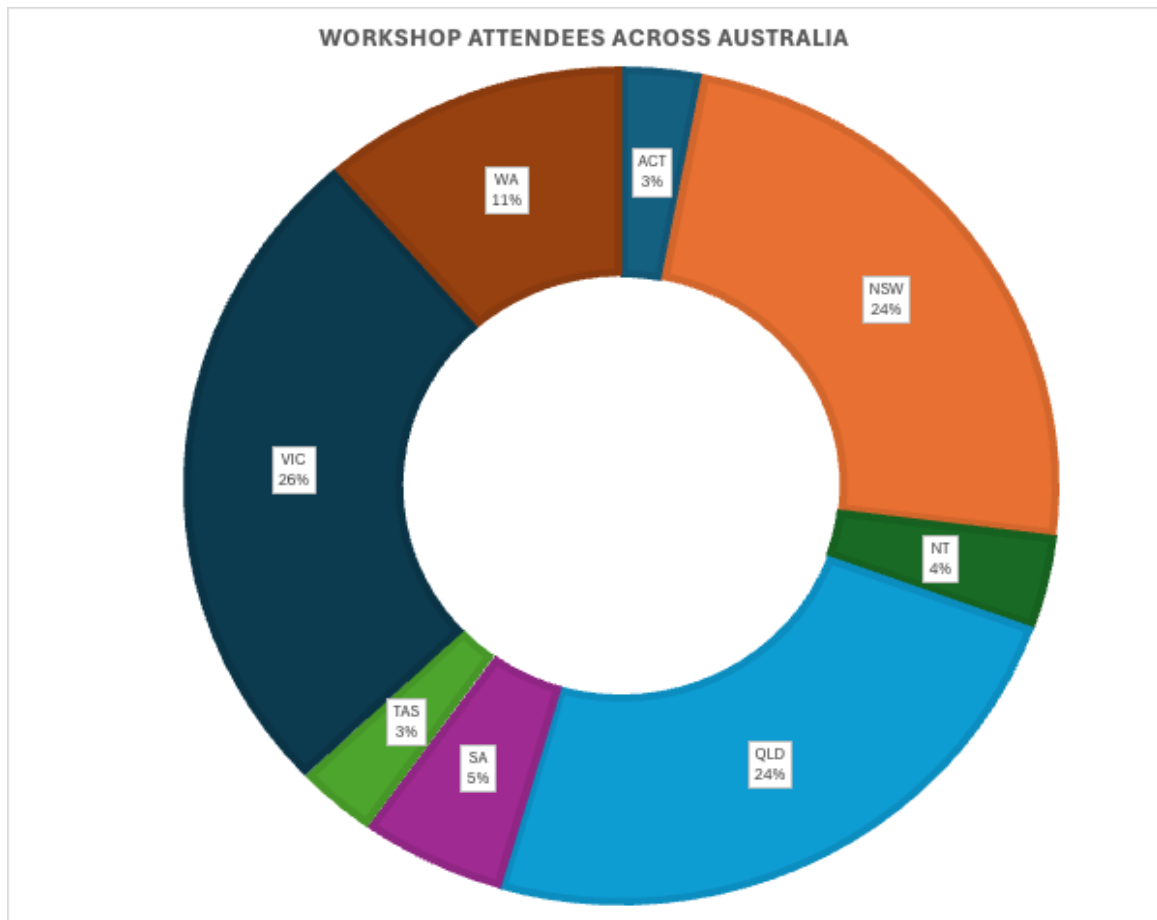
The consultation for the health services assistance qualification review was designed to be inclusive and responsive to the needs of priority and vulnerable cohorts. Engagement opportunities were scheduled at different times of the day and delivered across metropolitan, regional, and remote locations to maximise accessibility. A variety of methods, including workshops (online and face to face), surveys, site visits, interviews and written submissions via email were used to collect feedback and provide flexible options for participation. Specific consideration was given to women, people with disability, culturally and linguistically diverse communities, and Aboriginal and/or Torres Strait Islander peoples to ensure training products reflected their needs.

## Face to face and online consultation workshops

Consultation workshops were held online and face to face around Australia, engaging multiple stakeholders in metropolitan, regional, and remote areas, ensuring diverse perspectives were captured throughout the engagement process.

A total of 167 stakeholders participated in the consultation workshops, comprising of employers, registered training organisations, peak bodies, industry associations, unions government representatives, and individuals. This broad and balanced participation helped ensure that the consultation process reflected the needs and views of industry, employers, unions, government, education providers, and the wider community. Accessibility measures and culturally appropriate approaches were embedded throughout to reduce barriers and support meaningful participation, ensuring the qualification reflects the diverse realities of the health services assistance workforce.

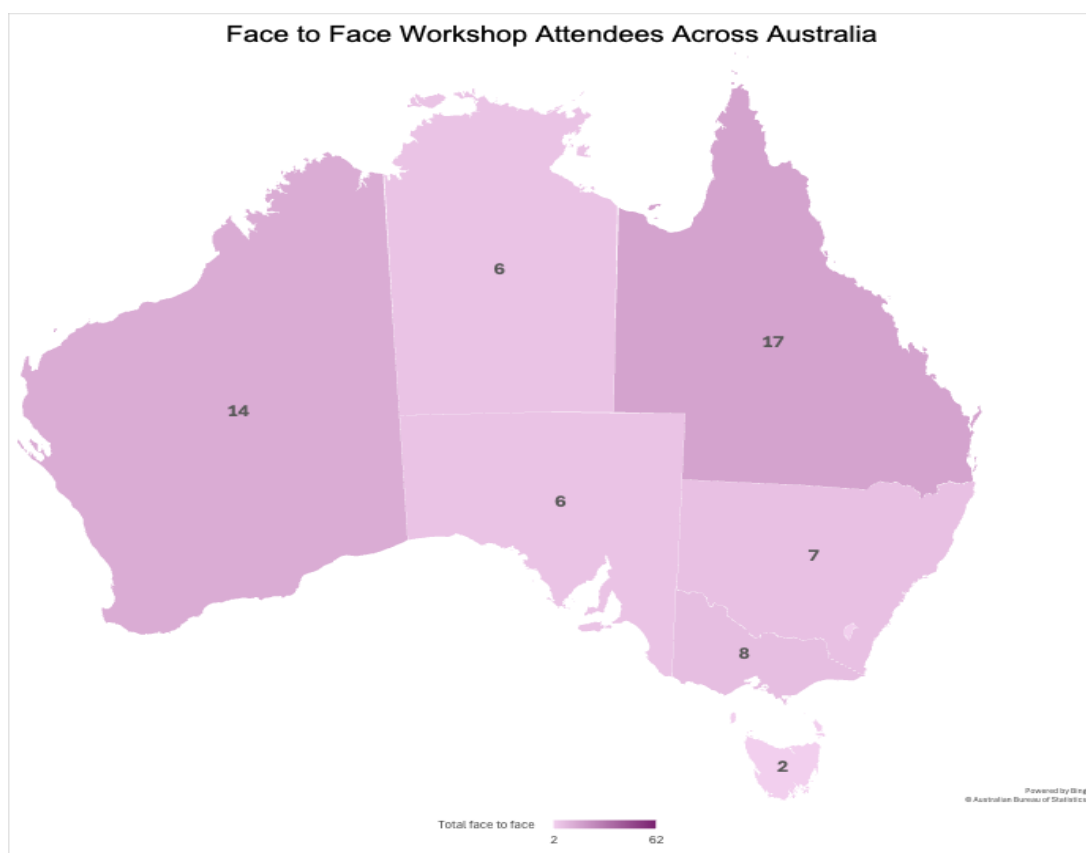
## Workshops conducted around Australia – number of attendees

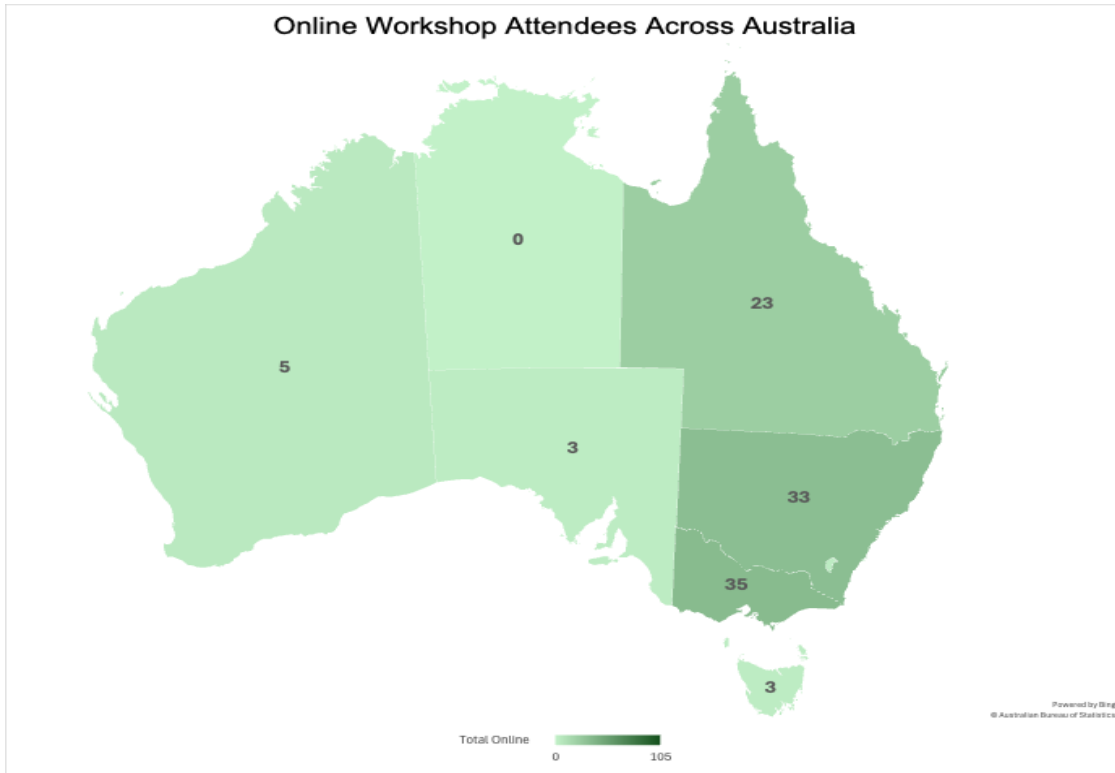


## Total number of participants engaged in online and face to face workshops

Stakeholder type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NAT	Total
Enterprise - Government RTO	2	21	0	9	5	3	1	7	0	48
Government Local	0	0	0	0	0	0	0	0	0	0
Industry Training Advisory Board/Other	0	5	2	1	0	0	0	0	0	8
Peak Industry Body	0	0	0	0	0	0	2	0	0	2
Association	0	2	0	5	0	0	0	3	0	9
Commonwealth Department	0	0	0	0	0	0	0	0	2	2
Employer: Large (200+ employees)	0	0	0	1	0	0	0	0	0	1
Employer: Medium (20-199 employees)	0	0	0	0	0	0	2	0	0	2
RTO Private	1	6	4	10	1	2	34	2	0	60

Stakeholder type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NAT	Total
State/Territory Department	0	6	0	10	1	0	0	7	0	24
Priority cohort	0	0	0	1	0	0	0	0	0	1
Union	1	0	0	1	1	0	0	0	1	4
Independent Participant	0	0	0	2	0	0	3	0	0	5
<b>Total face to face</b>	<b>1</b>	<b>7</b>	<b>6</b>	<b>17</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>14</b>	<b>3</b>	<b>62</b>
<b>Total Online</b>	<b>3</b>	<b>33</b>	<b>0</b>	<b>23</b>	<b>3</b>	<b>3</b>	<b>35</b>	<b>5</b>	<b>0</b>	<b>105</b>
<b>Total</b>	<b>4</b>	<b>40</b>	<b>6</b>	<b>40</b>	<b>8</b>	<b>5</b>	<b>42</b>	<b>19</b>	<b>3</b>	<b>167</b>





## Site visits

One site visit was conducted in NSW Broken Hill where our team visited the local TAFE. This was originally planned as a consultation workshop however, due to limited stakeholder engagement, it was adapted to a one-on-one site visit.

The visit allowed for direct engagement with a public RTO in an underrepresented region, supporting the inclusion of different perspectives in the development process.

### Site visit breakdown

Location	No. of participants	Stakeholder Type/s
TAFE NSW Broken Hill	1	Public RTO

## Survey Participation

A stakeholder engagement survey was made available on the project webpage on the HumanAbility website throughout the consultation period. The survey captured feedback on targeted questions from a variety of stakeholders. A total of 30 responses were received during the consultation period.

**Total number of participants engaged in survey responses**

<b>Stakeholder type</b>	<b>ACT</b>	<b>NSW</b>	<b>NT</b>	<b>QLD</b>	<b>SA</b>	<b>TAS</b>	<b>VIC</b>	<b>WA</b>	<b>NAT</b>	<b>Total</b>
Community Education Provider	0	0	0	1	0	0	0	0	0	1
Employer: Large (200+ employees)	0	0	0	0	0	0	1	0	0	1
Government Agency	0	0	0	1	0	0	0	0	0	1
Independent Participant	0	1	0	0	0	1	0	0	0	2
Higher Education	0	0	0	1	0	0	1	0	0	2
RTO Private	0	0	0	2	1	0	2	0	0	5
RTO Public	0	6	0	2	0	1	4	4	0	17
State/Territory Department	0	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>30</b>

## Technical Committee Engagement

A Technical Committee with national coverage comprising of subject matter experts in the industry, Industry Association/Peak Body, educational experts and RTOs was established early in the project to provide guidance throughout the development of the training products, including the qualification, units of competency, and skill sets.

The committee met 8 times throughout the project, with additional out-of-session emails and consultations conducted as the training product review progressed. These were necessary to finalise the proposed updates to the training products.

Name	Organisation Type	Jurisdiction	Attendance 30/10/2024	Attendance 04/03/2025	Attendance 25/06/2025	Attendance 08/10/2025	Attendance 29/10/2025	Attendance 17/12/2025	Attendance 09/02/2026	Attendance 02/04/2026
Damien Harvey	RTO	Western Australia	1	1	-	-	-	1	-	1
Jennifer Thorncroft	Local Government	New South Wales	1	1	1	-	1	1	1	1
Michelle Phillips	ITAB	Queensland	1	1	1	1	1	1	1	1
Lynda Flint	RTO	Tasmania	1	1	-	1	1	1	1	-
Mae Shel Pelaez	RTO	New South Wales	-	1	-	1	1	1	-	1
Donna Hartz	Higher Education (SME)	New South Wales	-	1	1	1	1	1	1	-
Alice Kett	Union	Victoria	-	-	1	1	1	1	1	-
Jodie Davis	Union	Victoria	1	-	-	-	-	-	-	-
Marc Phee	RTO	Victoria	1	-	-	-	-	-	-	-
		<b>TOTAL</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>4</b>

## Subject matter expert panels

During the consultation period, two key issues were observed:

- There were very few people with an operating theatre technician background who participated in the workshops. This resulted in minimal feedback on *HLT47515 Certificate IV in Operating Theatre Technical Support* and the 3 units specific to this qualification and the operating theatre specialisation in the Certificate III qualification.
- There was a wide range of conflicting views on the development and inclusion of maternity support units.

Examining the membership of the Health Service Assistance Technical Committee, it was identified that there was limited coverage of these areas above. To address these challenges, two specialist subject matter expert (SME) panels were established to provide targeted guidance: one focusing on operating theatre (OTT) practice and the other on maternity support.

Membership of the panels was identified through industry recommendations and industry contacts. These panels enabled in-depth, industry-informed input, ensuring the review captured the specific skills, knowledge, and workforce needs relevant to each specialisation. Victoria is heavily represented on the OTT SME panel due to majority of delivery of the Certificate IV in Operating Theatre Technical Support occurring in this state. There were no formal terms of reference for the panels. The primary purpose of the panel was to provide specialist advice on specific specialist units and qualification. All advice and recommendations were forwarded to the Technical Committee for consideration and support. The panels met on multiple occasions and reviewed documents out of session, ensuring timely and ongoing input into qualification and unit development.

### Operating theatre technician SME panel

Organisation	Organisation Type	Jurisdiction
Holmesglen Institute	TAFE	Victoria
QLD Health	Employer/Government	Queensland
Institute of Health and Nursing Australia (IHNA)	RTO	Victoria
Mayfield Education	RTO	Victoria
Epworth Hospital	Employee	Victoria
Epworth Hospital	Employer	Victoria
Mayfield Education	RTO	Victoria
Box Hill Institute	RTO	Victoria
Box Hill Institute	RTO	Victoria
Western Health	Union	Victoria

Organisation	Organisation Type	Jurisdiction
St Vincent's Hospital Melbourne	Employer	Victoria
St Vincent's Hospital Melbourne	Employee	Victoria
Health Careers International (HCI)	RTO	Victoria
Box Hill Institute	RTO	Victoria
Health Industry Training	Employer	Queensland
Subject Matter Expert (SME)	Employee	Queensland
Box Hill Institute	RTO	Victoria

Meetings were held on:

- 23 May 2025
- 10 June 2025
- 16 June 2025
- 1 July 2025
- 8 July 2025
- 21 July 2025
- 23 July 2025
- 30 July 2025
- 13 August 2025
- 20 August 2025

#### Maternity support SME panel

Organisation	Organisation Type	Jurisdiction
Australian Nursing and Midwifery Federation (ANMF)	Union	National
Australian Nursing and Midwifery Federation (ANMF)	Union	National
Australian Nursing and Midwifery Federation (ANMF)	Union	Victoria
Western Sydney University	University	New South Wales
Western Sydney University	University	New South Wales
NSW Health	Employer / Government	New South Wales
NSW Health	Employer / Government	New South Wales
NSW Health	Employer / Government	New South Wales
QLD Health	Employer / Government	Queensland
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Peak Body	New South Wales
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Peak Body	New South Wales
Australian College of Midwives	Employer / Government	National

Organisation	Organisation Type	Jurisdiction
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Peak Body	Victoria
Australian Nursing and Midwifery Federation (ANMF)	Union	National
NSW Nurses and Midwives Association	Peak Body	New South Wales
NSW Nurses and Midwives Association	Peak Body	New South Wales
Brightwater Group	Employer	Western Australia
Australian Family Partnership Program	Employer / Government	Western Australia
QLD Health	Employer / Government	Queensland
Office of the Chief Aboriginal and Torres Strait Islander Health Workforce (CATSIHWO)   Queensland Health	Peak Body	Queensland
WA Health	State/Territory Department	Western Australia
Nursing & Midwifery Office - NSW Health	Peak Body	New South Wales
Australian College of Midwives	University	Victoria
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Peak Body	Victoria
WA Health	State/Territory Department	Western Australia
Western Sydney University	University	New South Wales

Meetings held on:

- 21 May 2025
- 30 May 2025
- 12 June 2025
- 25 June 2025
- 15 September 2025
- 29 September 2025
- 29 October 2025
- 5 February 2026
- 9 February 2026

## Validation

Following consolidation of feedback from the public and government consultation phase, SME panel and Technical Committee discussions, the draft training products were updated and prepared for public validation.

On 10 November 2025, the updated draft training products were published on the HumanAbility website for a 3-week public validation period, closing on 28 November 2025. The validation release included:

- draft qualifications and associated units of competency

- draft Companion Volume Implementation Guide (CVIG)
- summary of proposed changes
- consultation log.

Stakeholders were formally notified of the validation period through communications issued by the HumanAbility communications team. Stakeholders were invited to provide feedback via online survey published alongside the draft materials. In addition to survey submissions, written feedback was also received directly via email to the project team. All feedback received during the validation period was progressively recorded in the consultation log under the “validation” tab to ensure transparency, traceability and appropriate governance oversight of stakeholder input and project responses.

During the months of December 2025 and January 2026, one on one meetings were held with stakeholders who provided feedback specific to the proposed maternity support unit. Stakeholders included: ANMF, CATSINaM, Chief Nursing and Midwifery Office (WA), First Nations Midwifery Queensland (CNMO), Mater Hospital and Western Sydney University. Meeting details including date, organisation, agenda items and discussion points are recorded under “SME Meeting” tab in the consultation log. These meetings provided an opportunity for each of the stakeholders to discuss their responses and identify adjustments that would be acceptable by all parties.

Following these one-on-one meetings, the Maternity SME panel met to consider the proposed changes and once consensus was achieved by the group, draft materials were presented to the Technical Committee for discussion and agreement prior to being finalised and submitted to the Senior Responsible Officers for consideration.

### 3. Decisions and consensus

The draft training products developed by the technical committee were presented to stakeholders through public and government consultations and SME panels to gain an understanding of consensus. Additionally, HumanAbility facilitated a validation process involving a wide range of stakeholder groups, including employers, registered training organisations, peak bodies, industry associations, unions, government representatives, and individuals.

Through this process the draft products were sent to the SROs for endorsement, however, following initial submission of the training products to Senior Responsible Officers (SROs), it was requested HumanAbility undertake a design review by the Assurance Body for the ASK unit *HLTAIN005 Pregnancy and postnatal health and wellbeing foundations*. The unit was submitted to the Assurance Body for further consideration to seek clarification and guidance on the appropriate application of the ASK format, noting its introduction as part of qualification reform. The Assurance Body

reviewed the unit and provided guidance a revised draft to ensure alignment with Training Package Organising Framework (TPOF) requirements.

The updated *HLTAIN005 Pregnancy and postnatal health and wellbeing foundations* unit was subsequently presented to the Technical Committee, where members reviewed the revisions and confirmed that the unit aligned with TPOF requirements and remained consistent with prior consultation outcomes. The changes were noted as structural and editorial refinements rather than alterations to intent or scope. No further feedback was raised, and agreement was reached to proceed with resubmission of the updated training package documentation to SROs for further review and endorsement on the 8 April 2026 until the 21 April 2026.

## Qualification decisions

Consultation findings highlighted a clear and pressing need to update the qualification structures to better reflect contemporary health service delivery. Stakeholders consistently reinforced the importance of strengthening technical skills, workplace knowledge, and care capabilities to ensure graduates are job-ready and equipped to meet the evolving demands of the health services sector.

### **HLT33126 Certificate III in Health Services Assistance**

Feedback from all stakeholder groups strongly endorsed updates to the qualification, emphasising the need to strengthen role clarity, modernise policy alignment, and ensure graduates are equipped with the practical skills and applied knowledge required to contribute effectively under supervision and delegation across a range of health and community care settings.

Graduates of HLT33126 Certificate III in Health Services Assistance will have the skills and knowledge that are transferable across a range of occupations associated with health and community care support, including specialisations for Operating Theatre Technician and Assisting in Nursing Work. Occupational titles may include:

- Assistant in Nursing (AIN)
- Hospital Aide
- Operating Theatre Technician (OTT)
- Patient Care/Support Assistant
- Orderly
- Ward Assistant
- Ward Clerk

Individuals with this qualification perform a defined range of factual, technical and procedural tasks to support the delivery of safe, person-centred care, often involving

direct healthcare recipient contact under the delegation and supervision of a registered nurse or other qualified health professional.

The HLT33126 Certificate III in Health Services Assistance retains the existing total number of units, comprising 7 core units and 8 electives, ensuring continuity and comparability with the superseded *HLT33115 Certificate III in Health Services Assistance* structure.

The elective bank has been strengthened through the formalisation of 4 distinct elective groups (A to D):

- Group A – Work Health and Safety
  - *HLTWHS001 Participate in workplace health and safety*
  - *HLTWHS002 Follow safe work practices for direct client care*
  - *HLTWHS005 Conduct manual tasks safely*
- Group B – Operating Theatre Technician Specialisation
  - *HLTTHE004 Maintain and operate theatre equipment*
  - *HLTTHE005 Assist with preparation of healthcare recipient for operative procedures*
  - *HLTTHE006 Provide intra-operative equipment and technical support*
  - *HLTAID010 Provide basic emergency life support*
  - *HLTHSS012 Handle medical gases safely*
- Group C – Assisting in Nursing Specialisation
  - *CHCCCS020 Respond effectively to behaviours of concern*
  - *CHCCCS026 Transport individual*
  - *HLTAIN003 Assist with nursing care*
  - *HLTAIN004 Provide non-healthcare recipient contact support*
- Group D – Other Electives
  - *BSBINS201 Process and maintain workplace information*
  - *BSBMED302 Prepare and process medical accounts*
  - *BSBMED303 Maintain patient records*
  - *BSBMED305 Apply the principles of confidentiality, privacy and security within the medical environment*
  - *BSBSTR401 Promote innovation in a team environments*
  - *BSBTEC201 Use business software applications*
  - *CHCAGE007 Recognise and report risk of falls*
  - *CHCAGE008 Implement falls prevention strategies*
  - *CHCAGE011 Provide support to people living with dementia*
  - *CHCAOD001 Work in an alcohol and other drugs context*
  - *CHCCCS009 Facilitate responsible behaviour*
  - *CHCCCS010 Maintain a high standard of service*
  - *CHCCCS012, Prepare and maintain beds*
  - *CHCCCS019 Recognise and respond to crisis situations*
  - *CHCCCS031 Provide individualised support*

- *CHCCCS038 Facilitate the empowerment of people receiving support*
- *CHCDIV002 Promote Aboriginal and/or Torres Strait Islander cultural safety*
- *CHCLEG001 Work legally and ethically*
- *CHCMHS001 Work with people with mental health issues*
- *CHCMHS007 Work effectively in trauma informed care*
- *CHCPRP005 Engage with health professionals and the health system*
- *CPPCLO4100 Organise and monitor cleaning tasks*
- *HLTAID009 Provide cardiopulmonary resuscitation*
- *HLTAID011 Provide first aid*
- *HLTFSE001 Follow basic food safety practices*
- *HLTFSE002 Provide ward or unit based food preparation and distribution services*
- *HLTFSE003 Perform kitchenware washing*
- *HLTFSE005 Apply and monitor food safety requirements*
- *HLTFSE006 Prepare foods suitable for a range of client groups*
- *HLTFSE007 Oversee the day-to-day implementation of food safety in the workplace*
- *HLTFSE009 Apply cook-freeze and reheating processes*
- *HLTAIN005 Pregnancy and postnatal health and wellbeing foundations*
- *HLTHPS006 Assist clients with medication*
- *HLTHSS009 Perform general cleaning tasks in a clinical setting*
- *HLTHSS010 Handle and move equipment, goods and mail*
- *HLTOHC004 Provide or assist with oral hygiene*
- *HLTSTE001 Clean and disinfect reusable medical devices*
- *SITXFSA005 Use hygienic practices for food safety*
- *SITXFSA006 Participate in safe food handling practices*
- *SITXFSA007 Transport and store food*

To improve consistency and transparency, the packaging rules now define a minimum contribution from each elective group, ensuring learners complete a balanced selection of skills relevant to industry needs. This strengthens the qualification's alignment with the Australian Qualifications Framework (AQF) while maintaining industry-supported outcomes.

Designed to give both structure and flexibility to training pathways. A new Work Health and Safety focus (Group A) has been added, reflecting the critical importance of WHS knowledge and practice across all health service settings.

The HLT3326 Certificate III in Health Services Assistance retained the option to allow learners to specialise in two different specialisations: Operating Theatre Technician and Assisting in Nursing Work, providing learners with the opportunity to focus their training

on specific career pathways while retaining the core competencies required across all health services assistant roles.

Two specialisations have been retained:

- Operating Theatre Technician (OTT): Candidates pursuing this pathway must select all units from Group B electives. To ensure practical competency, 80-hours of mandatory work placement is required, as detailed in the Assessment Requirements of the *HLTTHE005 Assist with preparation of healthcare recipient for operative procedures*. This pathway equips graduates with the technical skills and applied knowledge necessary to support safe and efficient operating theatre practice.
- Assisting in Nursing Work (AIN): Candidates pursuing this pathway must select all units from Group C electives. Candidates are required to complete a minimum of 80-hours of mandatory work placement, ensuring practical application of skills in real-world nursing support contexts in *HLTAIN003 Assist with nursing care*. This pathway strengthens capabilities in direct patient care, clinical support, and safe workplace practices.

The decision to retain specialisations in the *HLT33126 Certificate III in Health Services Assistance* was informed by consultation across both the Assisting in Nursing (AIN) and Operating Theatre Technician (OTT) specialisations. While consultation activities generated substantial feedback regarding the AIN role, there was comparatively limited input relating to OTT. To address this gap and ensure the qualification reflected current practice and workforce expectations, a dedicated OTT Subject Matter Expert (SME) panel was established. Feedback gathered through these processes was critical in confirming that the specialisations remain aligned with contemporary industry needs, job roles, and standards of practice.

The qualification has evolved beyond its traditional focus on Operating Theatre Technician and Assisting in Nursing pathways, with Group D electives now providing broader and more flexible options across aged care, disability support, trauma-informed practice, and other emerging service areas. This expansion ensures the qualification better reflects the diverse application of health services assistance roles across hospital, community, and sub-acute settings. The SME panel, comprising industry practitioners, employers, and training providers, endorsed these expanded pathways, confirming that the revised packaging improves flexibility, strengthens role clarity, enhances workforce relevance, and supports stronger graduate outcomes.

During the functional analysis phase of the project, HLT food handling electives were reviewed to identify any potential duplication with existing food handling and safety units in the Vocational Education and Training system. This analysis informed decisions about unit selection based on relevance and risk.

Where industry stakeholders considered SIT units to be suitable for application within a health context, these units were identified to support cross-sectoral portability. It is noted the SIT units are currently under review by SaCSA.

In cases where hospital-specific risks, patient safety considerations, or clinical infection control requirements required a more specialised approach, the HLT units were retained. This hybrid model ensures the qualifications reflect the diverse realities of the health services assistance workforce while maintaining robust safety and quality standards.

Overall, these changes ensure that electives contribute directly to AQF alignment, workforce relevance, and stronger employment outcomes, while giving providers and learners a clear, flexible, and future-focused qualification structure.

The Technical Committee reviewed the proposed changes to ensure alignment with Training Package policy, AQF requirements, and compliance standards. Their input supported the formalisation of the 4 elective groups (A–D), the introduction of a Work Health and Safety focus in Group A, and the retention of mandatory work placement on relevant units.

HLT33126 Certificate III in Health Services Assistance has been determined to be not equivalent to *HLT33115 Certificate III in Health Services Assistance* in accordance with the *Training Package Organising Framework principles*. This determination is based on substantive structural and unit-level changes that materially alter the minimum occupational outcome and packaging architecture of the qualification.

A key contributing factor is the change to the core unit composition. *CHCCCS002 Assist with movement* has been added to the Core, while *HLTWHS001 Participate in workplace health and safety* has been removed from the Core and repositioned in the elective - Group A. The inclusion of *CHCCCS002 Assist with movement* as a mandatory requirement changes the occupational outcome for all learners completing the qualification.

Work health and safety was identified as critical skills for all job roles. The introduction of a formalised work health and safety elective Group A provides the opportunity for RTOs to select the most appropriate work health and safety unit to meet localised needs. The grouping consists of *HLTWHS001 Participate in workplace health and safety*, *HLTWHS002 Follow safe work practices for direct client care*, and *HLTWHS005 Conduct manual tasks safely*. Collectively, these changes result in a different occupational outcome compared to the superseded qualification.

In addition, several units had substantive revisions, introducing new workplace outcomes, which resulted in non-equivalency to their predecessors. Within the Operating Theatre Technician specialisation, formalised as Group B, these include

*HLTTHE004 Maintain and operate theatre equipment, HLTTHE005 Assist with preparation of healthcare recipient for operative procedures, and HLTTHE006 Provide intra-operative equipment and technical support.*

The Operating Theatre Technician specialisation has also been expanded through the inclusion of 2 additional mandatory units that were not part of the previous specialisation structure: *HLTAID010 Provide basic emergency life support* and *HLTHSS012 Handle medical gases safely*.

In the Assisting in Nursing specialisation, formalised as Group C, the revised units include *HLTAIN003 Assist with nursing care* and *HLTAIN004 Provide non-healthcare recipient contact support*. These units are not equivalent to their predecessors as the standard of workplace performance has been materially refined. The revisions introduce strengthened delegation and supervision requirements, expanded contextual application across health and community settings, and clarified reporting and documentation obligations. Changes to the Performance Criteria, Performance Evidence and Knowledge Evidence collectively alter the required skills, knowledge and application in the workplace. As these units underpin the Assisting in Nursing occupational pathway, the cumulative effect of these changes results in a different occupational outcome.

Further, the formalisation of structured elective groupings and defined specialisation pathways changes the packaging rules and learner pathway construction when compared to the previous qualification structure. The cumulative effect of these changes, including the revised core profile, multiple non-equivalent unit replacements, and restructured packaging framework, results in a materially different occupational outcome.

Workforce pathways and learner progression were presented to the Technical Committee and discussed during the Functional Analysis phase of the project. This included mapping of job roles, entry and progression pathways and alignment with related training products and higher-level qualifications. Discussion considered how the qualification supports both entry-level participation and progression into nursing, midwifery and other health-related roles, as well as the role of electives, specialisations and potential skill sets in supporting flexible learner pathways.

The Technical Committee engaged with pathway considerations across multiple areas, including alignment between Certificate III outcomes and Diploma-level programs, the potential use of maternity-related content as a pathway into further study, and the use of skill sets to support targeted or alternative pathways without increasing overall qualification complexity. These discussions reflect consideration of both vertical progression and lateral movement across roles, supporting a broader range of entry and transition points for learners.

While formal entry and exit points were not defined as discrete packaging rules, the qualification design supports flexibility through elective choice, specialisation structures and potential skill set development. This approach enables learners to engage with the qualification at different stages of their career pathway and supports diverse cohorts, including those entering through school-based pathways or transitioning from other sectors.

Consideration was also given to avoiding unnecessary barriers to participation. This included maintaining appropriate AQF level boundaries, avoiding duplication across qualifications, and ensuring that pathway design does not imply restricted or unintended occupational outcomes. The inclusion of flexible elective options and exploration of non-linear pathways supports accessibility and inclusivity for a broad range of learners.

Feedback from both the Operating Theatre Technical and Maternity SME panels played a pivotal role in shaping the qualification, confirming that the specialisations provide structured, flexible, and workforce-aligned pathways. The consultation outcomes have enhanced technical capability, clarified role expectations, and ensured graduates are job-ready across diverse clinical and community care environments, including specialised operating theatre and in nursing support contexts.

### **Maternity Support unit - *HLTAIN005 Pregnancy and postnatal health and wellbeing foundations***

Early in the project, the functional analysis research has identified roles similar to an assistant in nursing working in a maternity support setting. During this phase of the project, HumanAbility was advised that the School of Nursing and Midwifery at Western Sydney University was developing 2 accredited maternity support units, intended to be offered as non-accredited electives units for students undertaking the *Certificate III in Health Services Assistance*.

Following discussions with 2 state-based industry training advisory boards, HumanAbility in collaboration with the School of Nursing and Midwifery at Western Sydney University, agreed to explore the potential for the proposed units to be nationally endorsed and incorporated into the qualification. The 2 proposed units were:

- Support health and wellbeing of mothers in pregnancy
- Promote health and wellbeing in the postnatal period.

The public and government consultation on the 2 draft units produced mixed feedback. To help determine their future direction a subject matter expert panel was convened. A key concern and risk raised by a stakeholder group was that introducing new competency units in this area could lead to substitution of midwives with lower-level health workers, irrespective of job title. A consideration of the proposal from Western

Sydney University was that the units would provide foundational knowledge, supporting a pathway into a midwifery degree.

Taking these considerations into account, and in light of broader qualification reform opportunities, the option of transitioning the 2 draft competency units into an Application of Skills and Knowledge (ASK) unit was explored.

The *HLTAIN005 Pregnancy and postnatal health and wellbeing foundations* ASK unit provides learners with a comprehensive foundation in maternal and newborn support care across the perinatal period. It promotes health literacy, and supports the delivery of culturally safe, person-centred care. By integrating knowledge of pregnancy, childbirth, and postnatal care, the unit prepares learners to respond effectively to the needs of mothers, babies, and families in a variety of clinical and community settings.

### **HLT47526 Certificate IV in Operating Theatre Technical Support**

Consultation findings identified a clear need to strengthen the advanced capability expectations of senior operating theatre practitioners. Stakeholders emphasised increasing complexity within surgical environments, including the use of advanced theatre technologies, heightened infection prevention and control requirements, greater clinical governance accountability, and the need for experienced technicians to provide leadership and mentoring within multidisciplinary surgical teams. Feedback confirmed that the superseded qualification did not fully reflect contemporary advanced perioperative practice and required structural reform to better position graduates at a senior technical level.

*As a result*, the core unit profile has been materially restructured. The total number of units has been reduced from 15 to 14. New core units have been introduced, including:

- *HLTWHS005 Conduct manual tasks safely*
- *HLTWHS006 Manage personal stressors in the work environment*
- *BSBLDR414 Lead team effectiveness*
- *TAEDEL414 Mentor in the workplace*

These additions strengthen mandatory capability in advanced safety practice, personal resilience, leadership and mentoring, altering the scope and level of responsibility expected at AQF Level 4.

Further, 2 newly developed units have been introduced into the Core:

- *HLTTHE007 Operate and maintain advanced technology in surgical theatre environments*

- *HLTTHE008 Provide assistance during clinical emergencies in surgical theatre environments.*

These units introduce new mandatory competency requirements in advanced technology operation and intra-operative emergency response that were not previously part of the qualification.

The introduction of newly developed core units represents a material expansion of scope and confirms a different occupational outcome. The revised core units introduce mandatory workplace-based assessment requirements embedded in the new unit *HLTTHE007 Operate and maintain advanced technology in surgical theatre environments.*

Several previous core units were deemed unsuitable and have been removed, including:

- *CHCCOM005 Communicate and work in health or community services*
- *CHCDIV001 Work with diverse people*
- *HLTWHS003 Maintain work health and safety*
- *BSBMED301 Interpret and apply medical terminology appropriately*
- *HLTTHE001 Handle and care for operating theatre equipment*
- *HLTTHE002 Assist with preparation of clients for operative procedures*
- *HLTTHE003 Provide intra-operative equipment and technical support.*

The removal and replacement of these units further alter the composition and depth of the mandatory competency profile.

While elective units have been updated to modernise and align leadership and operational units with current business services standards, it is the combination of revised entry requirements, restructured core units, introduction of newly developed advanced theatre units, and new mandatory workplace-based assessment requirements that materially changes the qualification occupational outcome.

The introduction of formal entry requirements was informed by advice from the Operating Theatre Technician Subject Matter Expert (SME) panel convened to review the qualification. The panel confirmed that the Certificate IV reflects the role of senior theatre practitioners who have already attained foundational perioperative competencies and are progressing into advanced technical and supervisory responsibilities. Members advised that units relating to advanced surgical technology, clinical emergency response and team leadership require prior workplace experience to ensure safe and appropriate application in surgical environments. As a result, applicants must now hold *Certificate III in Health Services Assistance* with the Operating Theatre Technician (OTT) specialisation and have a minimum of 2 years of full-time employment experience as an Operating Theatre Technician.

The proposed entry requirements were subsequently reviewed and supported by the Technical Committee and stakeholders through the validation period. This confirmed the progression from the Certificate III Health Service Assistance (Operating Theatre Technician) pathway to the Certificate IV, together with a minimum of 2 years of industry experience, aligns the qualification with workforce expectations and AQF Level 4 outcomes. This ensures learners have a strong foundation of both theoretical knowledge and practical competence prior to undertaking further training.

The requirement for learners to hold a Certificate III in Health Service Assistance (Operating Theatre Technician Specialisation) and have a minimum of two years full-time (or equivalent part-time) experience as an Operating Theatre Technician (OTT) has been introduced to ensure a strong foundation of both theoretical knowledge and practical competence prior to undertaking further training. This combination of formal qualification and workplace experience supports the development of essential skills in areas such as aseptic technique, surgical instrumentation, infection prevention and control, and effective collaboration within multidisciplinary surgical teams. Requiring demonstrated, sustained exposure to the operating theatre environment ensures that learners possess the contextual understanding, technical proficiency, and professional judgement necessary to engage with more advanced learning, while also promoting patient safety, reducing clinical risk, and aligning with industry expectations for a competent and work-ready workforce.

This decision was informed through a structured consultation and validation process involving an industry Subject Matter Expert (SME) panel comprising experienced Operating Theatre Technicians, perioperative nurses, educators, and employer representatives from both public and private healthcare settings. The panel reviewed current workforce expectations, clinical risk considerations, and the complexity of contemporary perioperative practices, identifying variability in learner readiness where entry requirements were absent. Drawing on their collective expertise and evidence from workplace practices, the SME panel reached consensus that the inclusion of both a relevant qualification and a minimum period of industry experience would establish a consistent baseline of capability. This approach ensures the qualification reflects real-world job roles, supports safe clinical practice, and meets the expectations of employers and regulatory environments.

*HLT47526 Certificate IV in Operating Theatre Technical Support* has been determined to be not equivalent to *HLT47515 Certificate IV in Operating Theatre Technical Support* in accordance with the *Training Package Organising Framework*. This determination is based on substantive structural changes to entry requirements, core unit composition, packaging rules that collectively alter the occupational outcome of the qualification.

The revised qualification reflects the role of senior operating theatre workers who provide advanced technical and clinical support in surgical theatre environments. Learners of this qualification develop specialised knowledge of surgical procedures, theatre technology, infection prevention and control, work health and safety, and legal and ethical requirements relevant to perioperative practice. They develop the skills

to operate and maintain advanced surgical equipment, assist during clinical emergencies, contribute to quality improvement activities, and support effective team functioning according to organisational procedures.

Individuals at this level demonstrate autonomous work practices, provide leadership and mentoring to team members, and exercise judgement in selecting and applying technical solutions according to organisational procedures. Work is performed in collaboration with multidisciplinary surgical teams and requires responsibility for own outputs and limited responsibility for the outputs of others.

## Mandatory workplace requirements (MWR)

As part of the qualification review, existing mandatory work placement requirements were reviewed across relevant units of competencies.

### Mandatory workplace hours

Qualification	Mandatory Workplace Hours
HLT33126 Certificate III in Health Services Assistance	80 hours*
HLT47526 Certificate IV in Operating Theatre Technical Support	80 hours

\* Only if units with MWR are selected as electives, or if specialisation Group B Operating Theatre Technician: *HLTTHE005 Assist with preparation of healthcare recipient for operative procedures*) or Group C Assisting in Nursing: *HLTAIN003 Assist with nursing care* are selected.

### Mandatory workplace hours for units of competency

Unit of competency	Mandatory Workplace Hours
<i>HLTAIN003 Assist with nursing care</i>	80 hours
<i>HLTTHE005 Assist with preparation of healthcare recipient for operative procedures</i>	80 hours
<i>HLTTHE007 Manage advanced technology in surgical theatre environments</i>	80 hours

The existing requirement of 80 hours of work placement, part of the unit of competency *HLTAIN003 Assist with nursing care*, was retained without amendment. Consultation, survey feedback and Technical Committee review re-confirmed that 80 hours remains appropriate and necessary to support safe delegation, supervision and application of nursing care in an acute care setting.

It is noted that terminology around mandatory workplace requirements is used inconsistently across vocational education and training (VET) stakeholders. These requirements refer to the specific skills and knowledge that learners must demonstrate,

with evidence collected in a workplace setting. Mandatory work placements are included in a training product only when industry consultation has identified them as essential for ensuring graduates can operate safely and effectively in the workplace.

### **Operation theatre technician (OTT) units**

During SME panel meetings, the following themes were consistently raised and discussed:

- surgical theatre environments are high-risk and have highly controlled settings
- learners must demonstrate:
  - understanding of sterile field management
  - safe positioning and transfer of clients
  - equipment preparation and theatre workflow
  - role boundaries under supervision.
- exposure to real operating theatre workflow is critical
- simulation alone is insufficient to replicate:
  - theatre team dynamics
  - communication under pressure
  - infection control adherence in live environments
  - interaction with surgical and anaesthetic teams.

To address these concerns, the SME panel confirmed that structured workplace exposure is essential for safe practice, this was highlighted to be more relevant in 2 units: *HLTTHE005 Assist with preparation of healthcare recipients for operative procedures* and *HLTTHE007 Manage advanced technology in surgical theatre environments*.

The following highlights the importance of adding 80 hours of mandatory work placement to *HLTTHE005 Assist with preparation of healthcare recipients for operative procedures*:

- the need for supervised exposure to operative environments
- practical application of infection prevention and control in theatre settings
- safe client preparation and transfer within a live surgical workflow
- reinforcement of scope boundaries under direction of surgical and anaesthetic teams
- alignment with existing acute care placement expectations within the Certificate III.

SMEs and the Technical Committee confirmed that 80 hours provides sufficient exposure to:

- theatre preparation processes
- pre-operative workflow
- team communication protocols
- equipment readiness procedures.

The rationale for adding 80 hours of mandatory workplace requirement for *HLTTHE007 Manage advanced technology in surgical theatre environments* included:

- advanced systems (robotics, imaging platforms, integrated theatre systems) require contextualised exposure
- safe pairing, docking, calibration and troubleshooting cannot be fully replicated through low-fidelity simulation
- understanding vendor interaction, role boundaries and theatre governance requires workplace immersion.

SMEs agreed that learners must:

- observe and assist under supervision in live theatre settings
- understand boundaries between operating theatre technician responsibilities and vendor responsibilities
- apply advanced equipment setup within operational workflow constraints.

It was considered that workplace exposure supports safe integration into highly specialised surgical environments.

### **Technical Committee Position**

The Technical Committee reviewed consultation findings and supported:

- retention of 80 hours for *HLTAIN003 Assist with nursing care*.
- inclusion of 80 hours for *HLTTHE005 Assist with preparation of healthcare recipient for operative procedures*
- inclusion of 80 hours for *HLTTHE007 Manage advanced technology in surgical theatre environments*
- clear articulation in the Companion Volume that:
  - simulation may supplement but not replace real-world theatre exposure
  - placement requirements align with risk profile and supervision needs.

## **Units of competency decisions**

Following government and public consultation, validation and subject matter expert (SME) review, 5 units of competency substantially revised, and 3 newly developed units of competency were developed for endorsement. Revisions were undertaken to strengthen alignment with contemporary perioperative and assistant-level practice, clarify delegation and supervision language, modernise terminology, improve assessment clarity and to ensure compliance with *Training Package Organising Framework*.

The units addressed in this submission are:

Revised units:

- *HLTAIN003 Assist with nursing care*
- *HLTAIN004 Provide non-healthcare recipient contact support*
- *HLTTHE004 Maintain and operate theatre equipment*
- *HLTTHE005 Assist with preparation of healthcare recipient for operative procedures*

- *HLTTHE006 Provide intra-operative equipment and technical support*

Newly developed units:

- *HLTAIN005 Pregnancy and postnatal health and wellbeing foundations*
- *HLTTHE007 Operate and maintain advanced technology in surgical theatre environments*
- *HLTTHE008 Provide assistance during clinical emergencies in surgical theatre environments*

#### **HLTAIN003 Assist with nursing care**

Stakeholders, including employers, RTOs, industry representatives, unions and professional associations, government agencies and peak bodies, consistently emphasised the need to update the nursing support unit to better reflect contemporary assistant in nursing practice across diverse service environments. Feedback highlighted that the previous unit's focus on acute care settings no longer reflected the breadth of settings in which assistants operate, including sub-acute, aged care and community contexts.

Consultation findings also identified the need to strengthen clarity around delegation and supervision arrangements. Stakeholders noted that clear articulation of accountability under delegation from a registered nurse or midwife was essential to align with current regulatory and clinical governance frameworks. In response, the unit was revised to modernise delegation language, reinforce reporting and escalation responsibilities, and ensure clearer distinction between assistant-level tasks and regulated practitioner functions.

Industry and employer feedback further identified variability in interpretation of performance expectations and evidence requirements. As a result, the unit structure, performance criteria and performance evidence requirements were refined to improve measurability, remove ambiguity, and support consistent assessment decisions across jurisdictions. Person-centred terminology was modernised to align with contemporary health service delivery language.

Stakeholders strongly supported the retention of the 80-hour workplace requirement, confirming that supervised workplace exposure remains critical for safe skill development in direct care tasks. The revised unit therefore preserves this requirement while strengthening clarity of role boundaries and expanding contextual applicability.

#### **HLTAIN004 Provide non-healthcare recipient contact support**

Consultation feedback from employers, industry representatives, RTOs, unions, advisory bodies and government stakeholders confirmed that non-direct care support roles have evolved beyond traditional acute hospital contexts. Stakeholders emphasised that administrative, documentation and equipment-related support tasks now occur across hospital, aged care, sub-acute and community service settings, requiring broader contextual framing within the unit.

Feedback also identified the need to modernise supervisory terminology and reflect multidisciplinary care team structures rather than nursing-only references. As a result, the unit was revised to align with delegation frameworks used across contemporary health services and to strengthen clarity around role boundaries and reporting lines. Stakeholders further advised that the superseded unit's performance evidence requirements were open to inconsistent interpretation. Revisions therefore focused on improving assessment validity and clarity by reframing evidence expectations to demonstrate competency across varied tasks, rather than repetition alone. Terminology was updated to reflect digital health records and contemporary information management systems.

The revised unit strengthens measurability, aligns with multidisciplinary workplace practice, and ensures clearer assessment requirements, while maintaining flexibility for assessment in workplace or simulated contexts consistent with training package policy.

#### HLTAIN005 Pregnancy and postnatal health and wellbeing foundations

Consultation findings across industry representatives, RTOs, advisory bodies and government stakeholders identified emerging knowledge requirements in relation to pregnancy and postnatal health within assistant-level roles. Stakeholders noted that health services assistants are increasingly working in environments where foundational understanding of maternal and newborn health, culturally safe engagement, and perinatal wellbeing is relevant to their support functions.

At the same time, consultation feedback, including input from unions and professional associations, emphasised the importance of maintaining clear professional boundaries and avoiding any implication that assistant-level roles could substitute for regulated midwifery practice. Stakeholders cautioned against the development of units of competency that might blur scope-of-practice distinctions or imply delegated clinical responsibilities beyond assistant-level functions.

Initial proposals considered the development of 2 separate maternity-related competency units. However, mixed consultation feedback highlighted concerns regarding occupational overlap, workforce substitution risk and potential ambiguity in role intent. In response to these concerns, a dedicated maternity subject matter expert panel was convened to review scope, language and workforce implications in detail.

Following SME review and Technical Committee consideration, the decision was made to consolidate the content into a single Application of Skills and Knowledge (ASK) unit template. This structural decision ensures that learners gain foundational knowledge across pregnancy and postnatal health and wellbeing while clearly reinforcing that practical care delivery remains under delegation and within assistant-level scope.

The unit was developed to provide structured, non-clinical foundational knowledge supporting culturally safe, person-centred engagement with mothers, babies and families, without extending into assessment, diagnosis or regulated midwifery

functions. This approach reflects a balanced response to stakeholder-identified workforce needs while safeguarding professional boundaries and maintaining alignment with contemporary job role expectations.

#### HLTTHE004 Maintain and operate theatre equipment

Consultation and validation feedback from operating theatre technicians, employers, industry representatives and Technical Committee members confirmed the need to expand the scope of this unit to better reflect contemporary theatre equipment lifecycle responsibilities. Stakeholders identified that the superseded unit did not sufficiently capture infection prevention requirements, equipment disassembly and storage processes, or contamination risk identification in operating theatre environments.

In response, the revised unit introduces a dedicated element addressing infection prevention and control procedures, including hand hygiene, PPE use, and contamination risk reporting. Equipment scope has been expanded to include contemporary operating theatre technologies and positioning systems, and assessment conditions now reflect specific equipment categories rather than generic references. Troubleshooting responsibilities have been clarified to align with realistic role boundaries under delegation.

These changes strengthen infection control accountability, improve assessment clarity, and align the unit with modern theatre equipment management practices.

#### HLTTHE005 Assist with preparation of healthcare recipient for operative procedures

Consultation findings highlighted the need to improve logical sequencing of perioperative preparation tasks and strengthen clarity around safe transfer and positioning responsibilities. Stakeholders advised that the superseded unit structure did not clearly reflect workflow from environment preparation through to transfer and positioning.

The revised unit restructures the elements to reflect realistic theatre processes and introduces a distinct element addressing transfer of the healthcare recipient.

Positioning requirements have been clarified to include defined perioperative positions, while manual handling expectations have been strengthened. Terminology has been standardised to reflect person-centred language and multidisciplinary theatre teams.

Importantly, a minimum of 80 hours of workplace-based assessment has been newly introduced to ensure sufficient workplace exposure to operative preparation and positioning procedures. Stakeholders confirmed that these activities require applied competency in a real clinical environment due to patient safety and risk considerations.

These revisions improve workflow clarity, reinforce safe manual handling practices, and strengthen alignment with contemporary perioperative standards.

### HLTTHE006 Provide intra-operative equipment and technical support

Consultation with operating theatre technicians identified increasing complexity in intra-operative equipment preparation and sterile field management. Feedback emphasised the need for clearer articulation of technician positioning responsibilities, equipment verification processes and defined escalation boundaries.

The revised unit strengthens the performance criteria to clarify sterile field positioning responsibilities, separates equipment verification and back-up system checks into distinct observable actions, and reinforces escalation requirements in accordance with organisational procedures. Terminology has been standardised to “organisational procedures” across all elements to improve consistency in the HLT training package writing conventions.

Performance Evidence requirements have been strengthened to require demonstration across all specified conditions rather than partial evidence exposure.

Assessment conditions have been expanded to include contemporary theatre equipment and clarified resource expectations. These revisions ensure the unit reflects current intra-operative practice and strengthens measurability and governance alignment.

### HLTTHE007 Manage advanced technology in surgical theatre environments

This newly developed unit was created following targeted operating theatre technician SME consultation, which confirmed that advanced surgical technologies were not adequately addressed in the previous qualification structure. Stakeholders identified a clear gap in structured competency development relating to advanced technology operation, troubleshooting and risk management.

The unit establishes defined competencies in advanced equipment operation and introduces mandatory workplace-based assessment requirements reflecting the complexity and risk profile of these technologies. Stakeholders advised that simulation alone would be insufficient to demonstrate applied competency in this area, necessitating embedded workplace assessment.

The development of this unit expands the qualification’s technical scope and aligns with contemporary operating theatre technology environments.

### HLTTHE008 Provide assistance during clinical emergencies in surgical theatre environments

Operating Theatre Technician SME consultation identified the absence of structured emergency support competencies within the superseded qualification. Stakeholders confirmed that senior technicians are increasingly required to assist during intra-

operative clinical emergencies and must operate within clearly defined escalation and communication protocols.

This newly developed unit formalises emergency response support responsibilities, including preparation of emergency equipment, structured communication with the surgical team, and adherence to organisational procedures during high-risk scenarios.

The unit strengthens role clarity and ensures alignment with contemporary perioperative governance and emergency response frameworks. Its inclusion reflects industry advice that emergency preparedness competencies are essential at Certificate IV level.

The unit includes a prerequisite of *HLTAID009 Provide cardiopulmonary resuscitation*. This requirement was introduced following consultation with the Operating Theatre Technician Subject Matter Expert (SME) panel, which confirmed that cardiopulmonary resuscitation (CPR) capability is essential for learners undertaking intra-operative emergency response activities. Discussion identified that Operating Theatre Technicians are required to actively assist in emergency situations, including supporting resuscitation, retrieving emergency equipment, and responding under delegation within time-critical surgical environments.

The prerequisite ensures that learners possess foundational life support knowledge and skills prior to undertaking more advanced emergency response training. It supports safe participation in multidisciplinary emergency scenarios and aligns with industry expectations that all personnel involved in intra-operative care have baseline emergency response capability.

Consideration was given to minimising prerequisite requirements across the qualification. The inclusion of *HLTAID009 Provide cardiopulmonary resuscitation* was limited to this unit only, where it was determined to be essential for safe practice. The prerequisite was not embedded within the unit to avoid increasing unit complexity and to ensure consistent baseline capability prior to enrolment. This approach balances safety requirements with accessibility and avoids unnecessary barriers to participation.

## Conclusion

The redevelopment of the health services assistance training products, including *HLT33126 Certificate III in Health Services Assistance* and *HLT47526 Certificate IV in Operating Theatre Technical Support*, was grounded in a comprehensive, evidence-based research and consultation process. This included desktop research and workforce analysis, national consultation workshops, targeted engagement with employers and Registered Training Organisations, stakeholder surveys, validation activities, dedicated Subject Matter Expert (SME) panels, and Technical Committee oversight.

Engagement was undertaken across all stakeholder categories identified in the consultation strategy, including employers, TAFEs and private RTOs, unions and employee representative bodies, peak industry bodies, government departments, regulators, advisory groups and individual subject matter specialists. Feedback from these groups was systematically reviewed, consolidated and analysed to identify recurring themes, areas of strong support and matters requiring refinement.

Consensus was determined through consistent alignment of feedback across stakeholder categories. Employers and industry representatives reinforced the need to modernise terminology, strengthen delegation and supervision language, clarify scope boundaries and ensure graduates are equipped with practical, job-ready skills. RTOs and training providers provided detailed input on packaging logic, assessment clarity and workplace implementation requirements, supporting improvements to assessment conditions and elective structures.

Unions and employee representatives contributed significantly to discussions regarding role clarity and professional scope, particularly in relation to maternity content and assistant-level responsibilities. Their feedback informed refinements that safeguard regulated practice boundaries while strengthening foundational knowledge and practical capability.

Dedicated SME panels were convened for operating theatre technician and maternity content to address areas requiring specialised clinical expertise. These panels provided detailed guidance on advanced technology competencies, emergency response capability, infection prevention expectations and safe delegation practices.

Recommendations from SME panels were reviewed and endorsed through Technical Committee processes to ensure policy alignment, training package compliance and *Australian Qualifications Framework* consistency.

Collectively, this structured and multi-layered consultation approach ensured that revisions were not isolated or stakeholder-specific, but reflected broad agreement across industry, training and regulatory perspectives. The final qualifications are contemporary, clearly articulated and aligned with real-world job demands. They strengthen technical capability, clarify progression pathways, reinforce safe delegation and supervision practices, and support flexible application across hospital, aged care, disability, community and perioperative environments.

## 4. Qualification and Unit updates

### Status key:

- E = Equivalent
- N = Non-equivalent
- D = Deleted
- NC = Newly Created

### Summary of Change:

E = Element  
 PC = Performance Criteria  
 PE = Performance Evidence  
 KE = Knowledge Evidence  
 AC = Assessment Conditions

### Qualification updates

Current qualification		Superseded qualification		TP Release	Status	Summary of changes
Code	Title	Code	Title			
HLT33126	Certificate III in Health Services Assistance	HLT33115	Certificate III in Health Services Assistance	11	N	<ul style="list-style-type: none"> <li>• Qualification description restructured to align with the Training Product Organising Framework (TPOF) Purpose 2 qualification</li> <li>• Reframed opening statement to describe individuals in health and community care support occupations.</li> <li>• Added reference to specialisations for Operating Theatre Technician and Assisting in Nursing Work.</li> <li>• Included list of occupational titles to specify job outcomes.</li> </ul>

					<ul style="list-style-type: none"> <li>• Updated terminology from “care of clients” to “safe, person-centred care.”</li> <li>• Updated supervision reference to “delegation and supervision of a registered nurse or other qualified health professional.”</li> </ul>
					<ul style="list-style-type: none"> <li>• Total number of units 7 core and 8 electives</li> <li>• Formalises 4 elective groups (A–D), adding a Work Health &amp; Safety focus (Group A).</li> </ul> <p><b>Core units</b></p> <p><i>HLTWHS001 Participate in workplace health and safety</i> moved to Group A electives</p> <p><i>BSBWOR301 Organise personal work priorities and development</i> is superseded and replaced by <i>BSBPEF301 Organise personal work priorities</i></p> <p><i>CHCCCS002 Assist with movement</i>, newly added to core</p> <p><b>Newly added Group A – Work Health and Safety Electives</b></p> <p><i>HLTWHS001 Participate in workplace health and safety</i> previously a core unit, now offered as an elective under Group A.</p> <p><i>HLTWHS002 Follow safe work practices for direct client care</i>, newly added</p> <p><i>HLTWHS005 Conduct manual tasks safely</i>, newly added</p> <p><b>Group B – Operating Theatre Technician Specialisation</b></p> <p><i>HLTTHE001M Maintain and operate theatre equipment</i>, has been retitled and revised</p>

					<p><i>HLTTHE002M Assist with preparation of individuals for operative procedures</i> has been retained, changed “clients” to “Individuals”. Mandatory workplace requirement is now explicitly specified.</p> <p><i>HLTTHE003M Provide intra-operative equipment and technical support</i> has been retained</p> <p><i>HLTHSS012 Handle medical gases</i>, newly added</p> <p><i>HLTAID010 Provide basic emergency life</i>, newly added</p> <p><b>Group C – Assisting in Nursing Specialisation</b></p> <p><i>CHCCCS002 Assist with movement</i> moved to Core</p> <p><i>CHCCCS020 Respond effectively to behaviours of concern</i> has been retained</p> <p><i>CHCCCS026 Transport individuals</i> has been retained</p> <p><i>HLTAIN001M Assist with nursing care</i>, renamed and revised unit code. Mandatory workplace requirement is maintained.</p> <p><i>HLTAIN002M Provide non-client contact support</i>, renamed and revised unit code.</p> <p><b>Group D – Other electives</b></p> <p><b>Superseded → Replaced by</b></p> <p><i>CHCAGE005 Provide support to people living with dementia</i> → <i>CHCAGE011 Provide support to people living with dementia</i></p> <p><i>CHCCCS015 Provide individualised support</i> →</p> <p><i>CHCCCS031 Provide individualised support</i></p> <p><i>HLTHSS003 Perform general cleaning tasks in a clinical setting</i> → <i>HLTHSS009 Perform general cleaning tasks in a clinical setting</i></p>
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					<p>HLTHSS004 Handle and move equipment, goods and mail  → HLTHSS010 Handle and move equipment, goods and mail</p> <p>HLTHSS007 Handle medical gases safely → HLTHSS012 Handle medical gases safely (Moved to Group B (Operating Theatre Technician))</p> <p>BSBINN301 Promote innovation in a team environment →  BSBSTR401 Promote innovation in a team environment</p> <p>CPPCLO4022A Organise and monitor cleaning operations  → CPPCLO4100 Organise and monitor cleaning tasks</p> <p><b>Newly added</b></p> <p>BSBINS201 Process and maintain workplace information</p> <p>BSBMED302 Prepare and process medical accounts</p> <p>BSBMED303 Maintain patient records</p> <p>BSBMED305 Apply the principles of confidentiality, privacy and security within the medical environment</p> <p>BSBTEC201 Use business software applications</p> <p>CHCAGE007 Recognise and report risk of falls</p> <p>CHCAGE008 Implement falls prevention strategies</p> <p>CHCCCS019 Recognise and respond to crisis situations</p> <p>CHCCCS038 Facilitate the empowerment of people receiving support</p> <p>CHCLEG001 Work legally and ethically</p> <p>CHCMHS007 Work effectively in trauma informed care</p> <p>HLTHPS006 Assist clients with medication</p> <p><b>Newly developed</b></p> <p>HLTMAT001N Pregnancy and postnatal health and wellbeing foundations (ASK template)</p>
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					<p><b>Removed</b></p> <p><i>CHCAGE001 Facilitate the empowerment of older people</i></p> <p><i>CHCAOD002 Work with clients who are intoxicated</i></p> <p><i>CHCDIS007 Facilitate the empowerment of people with disability</i></p> <p><i>CHCSET001 Work with forced migrants</i></p> <p><i>CHCSOH001 Work with people experiencing or at risk of homelessness</i></p> <p><i>HLTAHA025 Contribute to client flow and client information management in medical imaging</i></p> <p><i>HLTAHA026 Support the medical imaging professional</i></p> <p><i>HLTAMB014 Transport non-emergency patients under operational conditions</i></p> <p><i>HLTFSE004 Serve cafeteria customers</i></p> <p><i>HLTFSE008 Conduct internal food safety audits</i></p> <p><i>SITXFSA202 Transport and store food</i></p> <p><i>SITXFSA401 Develop and implement a food safety program</i></p> <p><i>BSBFLM312 Contribute to team effectiveness</i></p>
HLT47526	Certificate IV in Operating Theatre Technical Support	HLT47515	Certificate IV in Operating Theatre Technical Support	11	<p>N</p> <ul style="list-style-type: none"> <li>• Expanded description to define advanced technical and clinical support scope within surgical theatre environments.</li> <li>• Added reference to specialised knowledge areas including surgical procedures, advanced theatre technology, infection prevention and control, WHS, and legal and ethical requirements.</li> <li>• Explicitly referenced advanced equipment operation, clinical emergency support, quality improvement and</li> </ul>

					<p>team contribution.</p> <ul style="list-style-type: none"> <li>• Clarified autonomous practice, leadership, mentoring and judgement expectations aligned to AQF Level 4.</li> <li>• Strengthened reference to multidisciplinary collaboration and responsibility for outputs.</li> <li>• Retained statement regarding absence of licensing or regulatory requirements.</li> </ul>
					<ul style="list-style-type: none"> <li>• Total units reduced from 15 to 14. One core unit removed. Elective count unchanged.</li> </ul> <p><b>Core Units</b>  <b>Superseded → Replaced by</b>  <i>BSBMGT403 Implement continuous improvement →</i>  <i>BSBSTR402 Implement continuous improvement</i></p> <p><b>Newly added</b>  <i>HLTWHS005 Conduct manual tasks safely</i>  <i>HLTWHS006 Manage personal stressors in the work environment</i>  <i>BSBLDR414 Lead team effectiveness</i>  <i>TAEDEL414 Mentor in the workplace</i></p> <p><b>Newly developed</b>  <i>HLTTHE004N Operate and maintain advanced technology in surgical theatre environments</i>  <i>HLTTHE005N Provide assistance during clinical emergencies in surgical theatre environments</i></p>

					<p><b>Removed</b>  <i>CHCCOM005 Communicate and work in health or community services</i>  <i>CHCDIV001 Work with diverse people</i>  <i>HLTWHS003 Maintain work health and safety</i>  <i>BSBMED301 Interpret and apply medical terminology appropriately</i>  <i>HLTTHE001 Handle and care for operating theatre equipment</i>  <i>HLTTHE002 Assist with preparation of clients for operative procedures</i>  <i>HLTTHE003 Provide intra-operative equipment and technical support</i></p> <p><b>Elective Units</b>  <b>Superseded → Replaced with</b>  <i>BSBINN301 Promote innovation in a team environment →</i>  <i>BSBSTR401 Promote innovation in a team environment</i></p> <p><i>BSBINM401 Implement workplace information system →</i>  <i>BSBINS402 Coordinate workplace information systems</i></p> <p><i>BSBLDR402 Lead effective workplace relationships →</i>  <i>BSBLDR413 Lead effective workplace relationships</i></p>
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					<p><i>BSBLED401 Develop teams and individuals → BSBHRM413 Support the learning and development of teams and individuals</i></p> <p><i>TAEASS402B Assess competence → TAEASS412 Assess competence</i></p> <p><i>TAEDEL402A Plan, organise and facilitate learning in the workplace → TAEDEL412 Facilitate workplace-based learning</i></p> <p><b>Newly added</b>  <i>BSBOPS402 Coordinate business operational plans ICTSAS446 Fault find and troubleshoot ICT equipment, hardware and software problems</i></p> <p><b>Removed</b>  <i>CHCMGT003 Lead the work team HLTHSS007 Handle medical gases safely BSBLDR403 Lead team effectiveness BSBLED401 Develop teams and individuals BSBMGT402 Implement operational plan BSBMGT406 Plan and monitor continuous improvement</i></p>
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## Unit of Competency updates

Current unit of competency		Superseded unit of competency		TP Release	Status	Summary of changes
Code	Title	Code	Title			
HLTAIN003	Assist with nursing care	HLTAIN001	Assist with nursing care in an acute care environment	11.0	N	<ul style="list-style-type: none"> <li>• Changed "nursing care" to "health care"</li> <li>• Replaced “direction” with “delegation”</li> <li>• Added "midwife"</li> <li>• Included "sub-acute" and "aged care"</li> <li>• Updated to align with updated TPOF requirements.</li> </ul> <p><b>E1</b> - Reworded to emphasise delegation, aligning with legal and practice expectations for AIN roles, "Clients" changed to "individuals". Broader scope to include community settings beyond acute care.</p> <p><b>PC 1.1</b> – Refined to specify “delegated care tasks” in line with scope-of-practice requirements. Changed “client” to “healthcare recipient” and “nursing care plan” to “individualised care plan”.</p> <p><b>PC 1.2</b> – Updated to use active verb “collect” instead of “assist”, clarifying measurable learner action. Added reference to using equipment and workplace procedures.</p> <p><b>PC 1.3</b> – Reworded to focus on <i>reporting</i> clinical data rather than equipment use, improving clarity and assessment focus.</p> <p><b>PC 1.4</b> – Reframed to “confirm individual willingness to proceed with delegated care activities”, clarifying consent expectations for AINs.</p> <p><b>PC 1.5</b> – Updated to “identify individual preferences that may support care planning”. Simplified and aligned with person-centred language.</p>

**PC 1.6** – New PC added to strengthen reporting responsibilities — “report individual information that may support care planning to the registered nurse”.

**PC 1.7** – New PC added to address communication — “explain the purpose of data collection and confirm understanding, according to organisational procedures.”

**PC 1.8** – Reworded to “communicate with individuals in a manner that is responsive to individual needs.” Updated terminology for inclusivity.

**PC 1.9** – Updated to “report changes in individual condition and other relevant information to a registered nurse or midwife”. Added midwife reference and refined language.

**PC 1.10** – Removed as safe work practices are already embedded across other PCs and foundation skills.

**E2** – Reworded to “support the individual to meet personal care needs in a health or community care setting”, broadening scope and modernising terminology.

**PC 2.1** – Simplified for clarity and alignment with delegation. Added “under the delegation of a registered nurse or midwife” and “organisational procedures.”

**PC 2.2** – Updated wording to “use equipment and aids according to organisational procedures.” Adds clear condition and measurable action.

**PC 2.3** – Changed “difficulties” to “concerns” and added “midwife”. Aligns with inclusive, plain English style.

**PC 2.4** – Updated wording to include “respect for individual preferences and communication needs”. Enhances person-centred and measurable communication.

	<p><b>PC 2.5</b> – Added “cultural safety” and organisational context. Modernised terminology to “individuals”.</p> <p><b>E3</b> – Updated to “work with the care team, individual, families and carers.” Reflects broader collaboration and person-centred approach.</p> <p><b>PC 3.1</b> – Replaced “colleagues” with “care team”. Added clarity on team roles and responsibilities.</p> <p><b>PC 3.2</b> – New PC added to include respectful collaboration with individuals, families and carers and requirement to report concerns.</p> <p><b>PC 3.3</b> – Simplified to “report and record clinical data to appropriate care team member according to organisational procedures.” Improves clarity and measurability.</p> <p><b>E4</b> – Expanded to “work effectively under supervision and delegation of a registered nurse or midwife.” Aligns with current clinical governance and delegation principles.</p> <p><b>PC 4.1</b> – Changed “work instructions” to “delegated work tasks”. Added “appropriate sequence” for workflow clarity.</p> <p><b>PC 4.2</b> – Simplified to “seek clarification if required to complete delegated work tasks.” Plain English and active voice.</p> <p><b>PC 4.3</b> – Reworded to “report any issues experienced carrying out delegated work tasks directly to a registered nurse or midwife.” Clarifies accountability and aligns with supervision protocols.</p> <hr/> <ul style="list-style-type: none"> <li>• Clarified intent, structure, and performance expectations following stakeholder feedback</li> </ul>
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	<ul style="list-style-type: none"> <li>• Aligned tasks more precisely to revised performance criteria and workplace roles</li> <li>• Provided a structured breakdown of care activities, data collection, and procedural support for assess ability</li> <li>• Included wording refinements such as “at least one individual on at least three occasions” to address ambiguity in original version</li> <li>• Equipment expectations and procedural types made clearer to support assessor consistency</li> <li>• 80-hour workplace requirement retained</li> <li>• replaced references to “using the following equipment” with wording that more accurately reflects observation and reporting of clinical measures.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Content expanded and reorganised into thematic groupings.</li> <li>• Broader care settings included, including sub-acute and home care contexts.</li> <li>• Delegation, role boundaries and escalation processes strengthened.</li> <li>• Inclusive practice principles incorporated, including gender, culture and disability considerations.</li> <li>• Equipment and procedural knowledge clarified and aligned to job role scope.</li> <li>• “Application of prostheses” removed.</li> <li>• Terminology updated from “client/s” to “healthcare recipient/s.”</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Wording revised to reflect contemporary workplace and simulation-based assessment practices.</li> </ul>
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						<ul style="list-style-type: none"> <li>• Terminology updated from “client care plan” to “individualised care plan.”</li> <li>• Scope broadened beyond acute care to include aged care and community settings.</li> <li>• Explicit list of required assessment resources added to align with revised Performance Evidence.</li> <li>• Reference to Ahpra corrected and assessor requirements clarified in line with current SRTO Standards.</li> </ul>
HLTAIN004	Provide non-healthcare recipient contact support	HLTAIN002	Provide non-client contact support in an acute care environment	11.0	N	<ul style="list-style-type: none"> <li>• “Nursing team” replaced with “care team.”</li> <li>• “Direction” changed to “delegation.”</li> <li>• “Registered nurse” expanded to include “midwife.”</li> <li>• “Acute care setting” broadened to “health or community care environment.”</li> <li>• Updated to align with current TPOF requirements.</li> </ul>
						<ul style="list-style-type: none"> <li>• Element 1 reworded to use active verb “apply” and broadened from “acute care” to “health or community care environment.”</li> <li>• PC 1.1 revised to specify observable application of clinical, occupational, privacy and confidentiality procedures.</li> <li>• PC 1.2 updated to clarify access and use of health records in line with purpose and organisational procedures.</li> <li>• PC 1.3 simplified and adverb removed for training package style consistency.</li> <li>• Element 2 broadened to reflect wider health and community contexts.</li> <li>• PC 2.1 shifted to active collection of accurate information for documentation.</li> <li>• PC 2.2 clarified to focus on factual and legally compliant documentation.</li> <li>• PC 2.3 reworded to clarify operation of workplace tools and technology.</li> </ul>

	<ul style="list-style-type: none"> <li>• PC 2.4 modernised to reflect updating and managing health records.</li> <li>• PC 2.5 streamlined and terminology standardised.</li> <li>• Element 3 broadened to health or community care context.</li> <li>• PC 3.1 updated to reflect multidisciplinary care teams and reference to individualised care plan.</li> <li>• PC 3.2 simplified and strengthened to align with person-centred task selection.</li> <li>• PC 3.3 retained unchanged.</li> <li>• PC 3.4 clarified to reflect realistic reporting boundaries.</li> <li>• PC 3.5 updated wording from “manufacturer specifications” to “manufacturer instructions.”</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Scope broadened from “acute setting” to “health or community care environment.”</li> <li>• “Nursing team” replaced with “care team.”</li> <li>• Documentation evidence reframed from “6 occasions” to “3 different types.”</li> <li>• Examples of documentation types included to guide interpretation.</li> <li>• Expectation to select, clean and store 3 types of equipment retained and explicitly linked to care team support and organisational procedures.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Structure refined and content grouped into logical thematic categories.</li> <li>• “Acute care environment” replaced with broader terms such as “job role” or “workplace.”</li> <li>• Documentation and digital systems content expanded.</li> <li>• Scope of practice clarified, including delegation and reporting lines.</li> <li>• Equipment references updated to distinguish awareness from</li> </ul>
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						<p>operational responsibility.</p> <ul style="list-style-type: none"> <li>• Language revised to plain English and active phrasing.</li> <li>• Terminology updated from “client/s” to “healthcare recipient/s.”</li> </ul>
						<ul style="list-style-type: none"> <li>• Terminology updated to reflect current systems and practices, including reference to digital and paper-based systems.</li> <li>• Equipment and documentation expectations clarified by specifying “access to” required resources.</li> <li>• Language revised to align with contemporary Training Package writing conventions and simulation realism.</li> <li>• Legislative and regulatory references updated, including “current SRTO Standards” and correct formatting of “Ahpra.”</li> </ul>
HLTAIN00X	Pregnancy and postnatal health and wellbeing foundations			11.0	NC	New ASK unit
HLTTHE004	Maintain and operate theatre equipment	HLTTHE001	Handle and care for operating theatre equipment	11.0	N	<ul style="list-style-type: none"> <li>• Scope expanded to include disassembly, storage and application of infection control procedures.</li> <li>• Audience refined to specifically reference Operating Theatre Technicians.</li> <li>• “Work under supervision” replaced with “under the supervision of the surgical and anaesthetic team.”</li> </ul>
						<ul style="list-style-type: none"> <li>• PC 1.2 – Infection control references integrated into “organisational procedures.”</li> <li>• PC 1.5 – Adverb “accurately” removed for drafting consistency.</li> <li>• PC 2.2 – “Policy and” removed to standardise wording to “organisational procedures.”</li> </ul>

	<ul style="list-style-type: none"> <li>• PC 2.3 – “Maintenance log book” replaced with “relevant maintenance records.”</li> <li>• New Element 3 introduced: “Apply infection prevention and control procedures.”</li> <li>• PC 3.1 (formerly 3.3) – Revised and relocated; terminology streamlined and “consumables” added.</li> <li>• PC 3.2 (formerly 3.4) – Reworded to explicitly include cleaning and disinfection.</li> <li>• PC 3.3 – New PC added to address hand hygiene and PPE requirements.</li> <li>• PC 3.4 – New PC added to address identification and reporting of contamination risks.</li> <li>• Former Element 3 renumbered to Element 4; PCs 4.1–4.3 relocated without content change.</li> <li>• Former Element 4 renumbered to Element 5; PC 5.2 verb changed from “review” to “assess.”</li> </ul>
	<ul style="list-style-type: none"> <li>• Clarified requirement of “at least 3 different types of equipment” by specifying equipment categories.</li> <li>• Included demonstration of basic troubleshooting.</li> <li>• Replaced “manage contingencies” with “respond to contingencies.”</li> <li>• Removed “instructions” following “procedures” for consistency.</li> </ul>
	<ul style="list-style-type: none"> <li>• Content reorganised into clearer thematic groupings.</li> <li>• Infection control scope expanded to include transmission-based precautions.</li> <li>• Consultation, planning, communication and collaboration knowledge areas included.</li> <li>• Fault management and troubleshooting separated.</li> </ul>

						<ul style="list-style-type: none"> <li>• Terminology updated (e.g., “individual,” “organisational procedures”).</li> <li>• Required equipment list expanded to reflect contemporary theatre environments.</li> <li>• Equipment grouped into “Operating theatre equipment” and “Positioning and mobility equipment.”</li> <li>• Modern technologies included (e.g., laparoscopic stack systems, hover mats).</li> <li>• Replaced generic “fully equipped operating theatre” with detailed examples.</li> <li>• Simulation requirements clarified to replicate realistic challenges.</li> <li>• Assessor requirements updated to current SRTO terminology.</li> </ul>
HLTTHE005	Assist with preparation of healthcare recipient for operative procedures	HLTTHE002	Assist with preparation of clients for operative procedures	11.0	N	<ul style="list-style-type: none"> <li>• “Clients” changed to “individuals.”</li> <li>• Reference to “other theatre staff” removed to focus on Operating Theatre Technicians.</li> <li>• “Anaesthetist and other members of the operating room team” reworded to “surgical and anaesthetic team.”</li> <li>• Terminology updated from “client/s” to “healthcare recipient/s.”</li> </ul>
						<ul style="list-style-type: none"> <li>• Element 1 reworded to focus on theatre environment preparation; terminology updated to “individual.”</li> <li>• PC 1.3 simplified and aligned to “organisational procedures.”</li> <li>• PCs 1.5 and 1.6 removed to eliminate duplication and improve workflow sequencing.</li> <li>• PC 1.7 revised and renumbered to focus on fault reporting within OTT scope.</li> <li>• Element 2 reworded to clarify preparation for transfer; terminology updated.</li> <li>• PCs reordered and refined to reflect logical workflow and</li> </ul>

	<p>delegation principles.</p> <ul style="list-style-type: none"> <li>• New PC added to address selection of assistive devices for safe transfer.</li> <li>• Redundant or misplaced transfer tasks relocated to improve sequencing.</li> <li>• New Element 3 introduced: “Assist the individual transfer.”</li> <li>• New and relocated PCs clarify observable transfer actions, equipment adjustment, and safe handling.</li> <li>• Element 4 renumbered and retitled to “position individual for operative procedure.”</li> <li>• Positioning PCs refined for clarity, active voice and inclusive terminology (e.g., “surgical team”).</li> </ul>
	<ul style="list-style-type: none"> <li>• Included explicit reference to safe manual handling procedures alongside technical and infection control requirements.</li> <li>• Terminology updated from “clients” to “individuals.”</li> <li>• Positioning requirement clarified to include supine, prone, lateral and lithotomy positions.</li> <li>• Added requirement to perform activities over a minimum of 80 hours in a clinical workplace environment.</li> </ul>
	<ul style="list-style-type: none"> <li>• Content reorganised under clearer thematic subheadings.</li> <li>• Legal and WHS obligations expanded and separated.</li> <li>• Anatomy and physiology scope broadened and clarified.</li> <li>• Manual handling and risk management strengthened.</li> <li>• Communication and comfort section added.</li> <li>• Terminology updated to “individual” and “healthcare recipient.”</li> </ul>
	<ul style="list-style-type: none"> <li>• Resource list expanded to reflect contemporary theatre equipment.</li> <li>• Modern positioning and mobility aids explicitly included.</li> </ul>

						<ul style="list-style-type: none"> <li>• Specific equipment named to align with PE and KE.</li> <li>• Regulatory references updated to “current SRTOs.”</li> <li>• “Access to” wording added for simulation clarity.</li> <li>• Realistic simulation conditions retained, including problem-solving components.</li> </ul>
HLTTHE006	Provide intra-operative equipment and technical support	HLTTHE003	Provide intra-operative equipment and technical support	11.0	N	<ul style="list-style-type: none"> <li>• Reference to “other theatre staff” removed.</li> <li>• “Medical staff” replaced with “team.”</li> <li>• “Current” inserted before “Commonwealth and State/Territory legislation.”</li> </ul>
						<ul style="list-style-type: none"> <li>• PC 1.1 (new) added to address positioning of self and equipment to maintain sterile field.</li> <li>• PCs renumbered where required to improve sequencing.</li> <li>• Terminology standardised to “organisational procedures” across multiple PCs.</li> <li>• PC 2.1 updated from “warning devices” to “surgical devices.”</li> <li>• Former PC 2.2 split into PC 2.2 and PC 2.3 to separate supply confirmation and back-up system verification.</li> <li>• PC 2.4 refined to focus on observing and reporting faults rather than taking unsupervised corrective action.</li> <li>• PC 2.5 simplified for clarity and drafting consistency.</li> <li>• Person-centred terminology updated (“individual,” “surgical team,” revised attachment wording).</li> <li>• Attachment handling and repositioning wording clarified for precision and inclusivity.</li> <li>• Infection control compliance reinforced through addition of “according to organisational procedures.”</li> <li>• Team terminology standardised across Element 4 and 5.</li> <li>• PC 5.6 verb changed from “pass” to “receive” to reflect accurate workflow interaction.</li> </ul>

						<ul style="list-style-type: none"> <li>• Introductory sentence retained.</li> <li>• Evidence requirements strengthened to require demonstration of all specified conditions.</li> <li>• Requirement clarified to “at least three occasions.”</li> <li>• Wording refined to improve clarity of evidence expectations.</li> </ul>
						<ul style="list-style-type: none"> <li>• Content reorganised into clear thematic subcategories.</li> <li>• Communication, contingency response and counter-traction sections added.</li> <li>• Original safety, legal and procedural content retained and expanded.</li> <li>• Terminology updated and WHS and medico-legal considerations clarified.</li> </ul>
						<ul style="list-style-type: none"> <li>• Facilities and equipment requirements expanded and specified.</li> <li>• Contemporary surgical equipment and positioning tools included.</li> <li>• Regulatory references updated to current SRTO.</li> <li>• “Access to” wording introduced for clarity.</li> </ul>
HLTTHE007	Manage advanced technology in surgical theatre environments			11.0	NC	New unit
HLTTHE008	Provide assistance during clinical emergencies			11.0	NC	New unit

in surgical theatre environments	
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