



HumanAbility

Pathology Consultation Summary Report

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Pathology Project overview

In 2015, the following two qualifications were released:

- *HLT37215 Certificate III in Pathology Collection*
- *HLT37415 Certificate III in Pathology Assistance*

Through this project, HumanAbility aims to review and update the pathology qualifications to ensure they reflect contemporary industry standards, regulatory compliance, evolving workforce needs and a strong focus on client safety and wellbeing. These qualifications were last endorsed in 2015 and have not undergone substantial revision, despite significant changes in service delivery models, skill requirements and workforce alignment across the sector.

This review is part of HumanAbility's broader strategic commitment to maintaining the relevance, quality, and responsiveness of training products. The project supports improved training outcomes, enhanced job readiness for learners, and more effective responses to workforce challenges, including skills shortages and barriers to training delivery in pathology.

Development process

As part of the training product development process, an extensive program of research and stakeholder consultation was undertaken to assess the current state of the pathology industry and identify anticipated workforce developments over the next five years. A range of information-gathering activities informed the development of draft qualifications, skill sets, and units of competency in preparation for national stakeholder consultation.

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

- a Technical Committee made up of subject matter experts, to source stakeholders to consult on qualifications content, for insight on communication and consultation strategies, and to provide technical knowledge on the skills required to meet desired vocational outcomes
- 16 one-on-one interviews to determine the functions performed by pathology collector and assistant roles, skills required in organisations, the career pathways for workers and the foreseeable changes in the sector. Interviews were conducted with small, medium and large employers.

Discussions focused on:

- the 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
- a virtual functional analysis workshop for industry stakeholders around Australian jurisdictions to determine skill commonalities and differences, which assisted in determining core and elective components of the draft qualifications
- desktop research to gather publicly available information including 38 job advertisements and position descriptions, along with a review of industry standards, working conditions and employer recruitment selection criteria. This initial research was conducted to identify key job requirements, skill gaps, common organisational structures and role overlaps between pathology collectors and pathology assistants.

The insights obtained through these activities informed a comprehensive analysis of the roles, responsibilities, key functions, and skill requirement of pathology collectors and pathology assistants across a range of workplace settings, including laboratories and specimen collection sites. A functional analysis report was prepared, outlining:

- the structure and functions of the pathology workforce
- the competencies and capabilities required to meet current and emerging industry needs
- opportunities to better align training products with real-world roles and expectations.

Pathology Project Public Consultation Overview

Public consultation activities were held between Tuesday 5 November and Tuesday 24 December 2024 and took place via online consultations workshops, online surveys, face to face consultation workshops, site visits and technical committee meetings held around Australia. Consultation workshops were held across major metropolitan, regional and remote locations including Adelaide, Albury, Alice Springs, Brisbane, Cairns, Canberra Darwin, Hobart, Melbourne, Newcastle, Perth, Sydney and Wodonga.

All feedback received through these activities were documented in the consultation log and thoroughly analysed. Consideration was given to the level of stakeholder support for identified themes, the feasibility of implementing suggested changes, and the extent to which proposed actions would effectively achieve the intended outcomes.

This report provides a transparent account of how feedback from a diverse range of stakeholders – including industry representatives, employers, training providers, peak bodies and regulators – has informed the development of the revised training products. It outlines where stakeholder input has been incorporated and where it has not, with clear rationale provided for decisions made throughout the developmental process.

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

- qualification requirements
- skill set requirements
- units of competency requirements
- companion volume implementation guide (CVIG).

Online and Face to Face Consultation Workshops

Workshops were held online and face to face around Australia, engaging multiple stakeholders in metro and regional areas, allowing diverse stakeholder perspectives to be captured.

A total of 115 stakeholders participated in the consultation workshops, comprising of employers, union, peak bodies, RTOs, government representatives and individuals. This broad and balanced participation helped ensure that the consultation process reflected the needs and views of industry, education providers, and the wider community.

Workshops conducted around Australia – number of attendees

Perth	8
Adelaide	7
Brisbane	16
Newcastle	12
Sydney	7
Melbourne	14
Online	51
Total	115

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

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Employers		7		4			4	5	20
Unions				1					1
Peak Bodies		1							1
RTOs		8		9	2		12	3	34
Government & Agencies (incl ITABs)		4		2	1		1	2	10
Government RTO's		4		12	5		24	3	48
Individuals		1							1
Total	0	25	0	28	8	0	41	13	115

Survey Participation

A stakeholder engagement survey was made available on the project webpage on the HumanAbility website throughout the consultation period. A targeted stakeholder survey captured input from employers, RTOs, government agencies, and other groups. A total of 16 responses were received during the consultation period.

Total number of participants engaged in survey responses

	National	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Employers					1					1
Unions	1									1
RTOs			4		1			2		7
Government & Agencies (incl ITABs)			1							1
Government RTO's			1		2			2	1	6
Total	1	0	7	0	4	0	0	4	1	16

Site visits

Site visits were also conducted to ensure stakeholder engagement was inclusive of those stakeholders in regional and remote areas that were not represented as members of the Technical Committee. These were originally planned as consultation workshops; however, due to limited stakeholder engagement in these locations, they were adapted to one-on-one site visits.

These visits allowed for direct engagement with employers in underrepresented regions, supporting the inclusion of different perspectives in the development process.

Site visit breakdown

Darwin	1 participant	small organisation 1 to 19 employees
Albury/Wodonga	6 participants	large organisation 200 or more employees
Canberra	2 participants	medium organisation 20 to 199 employees
Hobart	1 participant	medium organisation 20 to 199 employees

Total number of participants engaged in site visits

	National	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Employers	0	2 (single site)	5 (single site)	1	0	0	1	2 (single site)	0	11

Technical Committee

A Technical Committee comprising of educational experts, subject matter experts, state and territory representatives and RTOs was established to provide guidance throughout the development of the training products, including the qualification, units of competency, and skill sets.

While the Committee was originally scheduled to meet 3 times throughout the project, additional meetings were required as the review progressed to ensure consensus on the proposed updates to the qualifications and units of competency within the scope of this project.

Technical Committee meeting breakdowns

Stakeholder Group	State	Number of attendees						
		09/09/24	22/10/24	11/02/25	03/03/25	07/03/25	17/03/25	23/05/25
Pathology organisations	NSW	1	3	2	3	3	3	2
RTOs (public and private)	WA	2	2	2	2	2	2	0
RTO/ Educational Expert	SA	1	0	0	1	1	1	0
STA	QLD	1	1	1	1	1	1	0
ITAB	NSW	1	1	1	1	1	1	1
Total attendees		6	7	6	7	8	8	3

Validation

Following recommendation from the SROs, and the decision to release the qualification in the 2025 template, it became evident that several of the proposed changes required further stakeholder validation to ensure the training products' accuracy, relevance and alignment with stakeholder expectations. In response, a validation process was conducted.

Given that this is a niche sector with a small number of RTOs with the qualification on scope and a well-known group of stakeholders, a two-week validation period was considered sufficient. To complete this, all draft documents were made available again on the project page on the HumanAbility website for stakeholder perusal and feedback over a period of 2 weeks, from the 6 June to the 20 June 2025. All stakeholders informed and consulted received further communication to provide additional input, as well as members of the Technical Committee who were personally advised on the 5 June 2025 of the availability of these documents for final review.

A total of 7 stakeholders provided feedback via email. All feedback received during this period was then reviewed, and final changes made to training products where consensus was achieved. These have been logged in the consultation log under a separate tab named 'Validation'.

Decisions and consensus

All training products have been reviewed and updated based on a thorough analysis of feedback received throughout the consultation process from a wide range of stakeholder groups, including employers, training providers, phlebotomists, peak bodies, and subject matter experts. A detailed account of all the feedback received throughout the consultation process has been documented in consultation log, including stakeholder comments, key themes, and how these were considered in the review process.

Qualification

Consultation findings revealed a strong and consistent call to update the qualification structure to ensure it reflects current and emerging practices within the pathology sector. Feedback gathered from a broad range of stakeholders - including pathology employers, industry professionals, and registered training organisations - identified gaps between existing training outcomes and the technical demands of modern pathology roles. Stakeholders emphasised the need to strengthen both the depth and breadth of technical competencies, particularly in areas such as specimen collection, handling procedures, infection control, and the use of digital technologies. This feedback clearly underscored the importance of aligning training delivery and assessment with real-world clinical and laboratory requirements to ensure graduates are work-ready and capable of meeting contemporary service delivery expectations.

As part of the consultation process, industry representatives, employers, training providers, peak bodies, and regulators were asked to consider whether the two existing qualifications—*HLT37215 Certificate III in Pathology Collection* and *HLT37415 Certificate III in Pathology Assistance*—should remain separate or be combined into a single qualification with specialisation pathways.

Following extensive consultation and discussion with stakeholders, including members of the Technical Committee, there was broad agreement to consolidate the two existing qualifications into a single Certificate III, incorporating two distinct specialisation streams. This streamlined structure enhances workforce mobility and establishes clearer career pathways between the roles of pathology collector and pathology assistant.

There was also general consensus from stakeholders including support from employers that the existing Mandatory Workplace Requirement (MWR) would be retained for the unit *HLTPAT014 Perform venous blood collection*, ensuring learners demonstrate competency in a real-world clinical setting. The inclusion of simulation-based assessment for all other units of competency received strong support from stakeholders and members of the technical committee, recognising its value in promoting safe and consistent skill development.

New unit of competency

As part of the review of pathology qualifications and units of competency, national stakeholder consultations were conducted with representatives from pathology service providers, professional associations, training organisations, clinical supervisors, and workplace assessors. A key theme that emerged from these discussions was the need to improve the preparation of pathology collectors to work effectively and safely with infants and young children, particularly in relation to venous blood collection.

Stakeholders consistently identified that collecting venous blood from children aged 0 to 5 years requires specialised knowledge and skills that go beyond those covered in existing units of competency.

This includes:

- the heightened risk of distress ensuring supportive holding techniques are used
- requirements to recognise risk of harm before continuing the procedures
- standard safety, hygiene, and infection control protocols
- increased reliance on caregiver support and consent processes

Current training products were seen as insufficient in preparing learners for these challenges. The absence of dedicated training can result in inconsistent practices across the sector, reduce workforce confidence, and potentially impact the quality of patient care and safety outcomes in paediatric pathology services.

Originally this unit was intended to be a stand-alone unit. However, after receiving feedback from the Senior Responsible Officers, the Technical Committee convened to explore options for incorporating the unit into the qualification. Consensus was reached to include the unit in the elective bank of the qualification, while maintaining the existing pre-requisite units, with instructions added to the unit's application and CVIG about the suitability of the unit.

Strong consensus emerged regarding the need for a standalone unit that formally recognises and validates these specialised competencies. Employers noted that paediatric pathology collection is frequently delegated to more experienced staff due to the increased complexity and sensitivity of the task. However, without a nationally recognised unit, there has been limited opportunity to provide consistent, quality-assured training and assessment in this area.

In response, the unit *HLTPAT013 Perform venous blood collection from children 0 to 5 years* was developed.

This unit aims to:

- provide formal training and assessment for individuals involved in paediatric blood collection
- address a critical skills gap in current qualifications
- ensure alignment with best-practice clinical standards in paediatric care
- support learner and workplace confidence by providing specific, validated guidance on techniques, communication, and safety considerations for this population group

The unit is designed to be delivered in both simulated and clinical environments and supports career development for pathology collectors working in family clinics, hospitals, and specialised paediatric services. The development of *HLTPAT013 Perform venous blood collection from children 0 to 5 years* reflects a proactive response to sector-identified needs and supports broader goals of patient-centred care, workforce capability, and improved health outcomes for young children.

The inclusion of *HLTPAT013 Perform venous blood collection from children 0 to 5 years* in the pathology qualification represents a significant step forward in addressing a long-standing gap in competency recognition. It will help standardise practice, support safer outcomes for young children, and ensure pathology collectors are better equipped to deliver specialised, compassionate care in paediatric settings.

Overall changes in units of competency

The foundational skills have been incorporated and made explicit throughout the units to support core competency development. Several units have been rephrased and reorganised to enhance clarity and ensure content is accessible and understandable. Updates have been made to keep units current and better aligned with the evolving scope of practice within pathology.

New skill set

A new skill set *HLTSS00085 Perform Blood Collection from Children Aged 0 to 5 Years Skill Set* has been developed. This Skill Set includes the new unit of competency *HLTPAT013 Perform venous blood collection from children 0 to 5 years*. Entry requirements include *HLTPAT012 Perform capillary blood collection* and *HLTPAT014 Perform venous blood collection*.

The Skill Set has been designed to support individuals seeking to upskill and work in this area of the pathology sector. It can complement the *HLT37525 Certificate III in Pathology* qualification or be completed as a stand-alone skill set by experienced pathology workers.

Qualification and Unit updates

Qualification updates

Qualification	Changes	Summary
HLT37215 Certificate III in Pathology Collection	Superseded	<p>Industry representatives, employers, training providers, peak bodies, and regulators agreed that merging the qualifications would meet the needs of industry, enhance completion of both specialisations and reduce duplication.</p> <p>An equivalent number of core and elective units have been included in the merged qualification.</p>
HLT37415 Certificate III in Pathology Assistance	Superseded	<p>Industry representatives, employers, training providers, peak bodies, and regulators agreed that merging the qualifications would meet the needs of industry, enhance completion of both specialisations and reduce duplication.</p> <p>An equivalent number of core and elective units have been included in the merged qualification.</p>
HLT37525 Certificate III in Pathology	<p>The Certificate III in Pathology Collection and Certificate III in Pathology Assistance have been combined into a single qualification with the same number of core and elective units. All learners must complete 8 core units, then:</p> <ul style="list-style-type: none"> specialise in Pathology Collection by completing all Group A electives, or specialise in Pathology Assistance by completing all Group B electives. 	<p>Stakeholders agreed to include 8 core units for both specialisations and to offer a specialisation pathway with mandatory electives to complete either Pathology Collection or Pathology Assistance. The remaining electives are to be selected from the elective bank to suit the needs of businesses, individuals and Registered Training Organisations (RTO's).</p>

	The remaining electives (up to 3 units) can be chosen from the listed electives, any endorsed Training Package, or accredited courses relevant to the work outcome.	
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Unit of Competency updates

Unit	Minor Change	Major Change	Rationale
<i>HLTPAT008 Identify and respond to clinical risks in pathology collection</i>	Application: added word “current” The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.		The word “current” was added to ensure the unit remains relevant over time and is not inadvertently dated by referencing practices, guidelines or standards that may change. This change promotes clarity and adaptability by directing users to refer to up to date, industry recognised procedures or regulations at the time of delivery or assessment, rather than those in place at the time of publication.
		Performance evidence: PE 3: Provided first aid according to organisational procedures for any 3 of the following: <ul style="list-style-type: none"> fainting arterial puncture bruising 	The technical committee decided that the number of assessment events specified in PE3 was reduced as the original required was considered too onerous for both learners and assessors, particularly in workplace or simulated environments with limited access to suitable scenarios. This amendment ensures that assessment

Unit	Minor Change	Major Change	Rationale
		<ul style="list-style-type: none"> excessive or prolonged bleeding diabetic emergency vomiting 	remains rigorous and valid whilst improving feasibility and reducing unnecessary burden, without compromising the quality or integrity of competency outcomes. The revised number of events continues to support reliable documentation of skill across a range of contexts.
	Knowledge evidence: KE6.3 repaired typographical error (haemoconcentration)		A spelling error was corrected to ensure accuracy, clarity, and professionalism in the unit content. Correcting such errors supports consistency across training materials and prevents potential misunderstandings or misinterpretations.
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.

Unit	Minor Change	Major Change	Rationale
		Assessment conditions: Addition of statement: Assessment of performance evidence may be in a workplace setting or an environment that accurately represents a real workplace.	This statement was added to provide greater flexibility in how performance evidence is assessed while maintaining the integrity and authenticity of assessment outcomes. During stakeholder consultations, training providers and assessors highlighted the challenges of consistently accessing workplace settings for assessment, particularly in high-demand or sensitive clinical environments such as pathology collection sites.
HLTPAT014 Perform venous blood collection	Application: added word “venous” This unit describes the skills and knowledge required to confirm venous blood collection requirements, prepare client and equipment, and perform routine venous blood collections		It was agreed by the technical committee that the word “venous” was added to the application to explicitly define the scope of the unit as focusing on venous blood collection rather than other types of blood collection such as capillary, arterial, or neonatal heel pricks. This clarifies for learners, trainers and assessors the specific skillset and knowledge addressed by the unit. Adding this term enhances alignment with the performance criteria, foundation skills, and assessment requirements, all of which focus on the procedures, equipment, and protocols

Unit	Minor Change	Major Change	Rationale
			<p>relevant to routine venous blood collection.</p> <p>It was agreed to include trainer and assessor or phlebotomist to PE1 PE2 and PE3.</p> <p>Further Technical Committee meeting 7.3.25 confirmed that or phlebotomist is not appropriate in PE2 as this could open up the assessment to be completely observed by a phlebotomist and not include a trainer and assessor in the process.</p>
		<p>Elements and performance evidence and assessment conditions amended to include simulation. Adopted to ensure skills of candidate prior to completing blood collection on real people.</p> <p>Performance evidence amended to include 10 collections in a simulated work environment or clinical workplace.</p> <p>Performance evidence amended to include at least 10</p>	<p>Amendments were made to the elements, performance evidence, and assessment conditions to incorporate simulation as a valid method of skills development and assessment. This change was adopted to ensure candidates are able to demonstrate competence and build confidence in a safe and controlled environment before performing blood collection procedures on real people.</p> <p>The performance evidence was revised to require a minimum of 10 blood collections completed either in a</p>

Unit	Minor Change	Major Change	Rationale
		<p>collections completed in the clinical workplace.</p> <p>Performance evidence supervision amended to include trainer, assessor and phlebotomist to aid assessment in the workplace.</p> <p>Assessment conditions amended to include simulation</p>	<p>simulated work environment or a clinical workplace, ensuring flexibility while maintaining assessment rigour. A further amendment specifies that at least 10 collections must also be completed in a clinical workplace to ensure candidates gain real-world, hands-on experience with clients.</p> <p>Supervision requirements were updated to allow for oversight by a trainer and assessor, and a qualified phlebotomist, enabling appropriate support and assessment in clinical settings while also ensuring that industry standards are upheld. These changes strengthen the overall validity and reliability of the assessment process while supporting learner readiness and safety.</p>
	<p>Application: added word “current”</p> <p>The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.</p>		<p>The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation, guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer</p>

Unit	Minor Change	Major Change	Rationale
			to the most up-to-date and applicable practices at the time of delivery or assessment, maintaining the unit's relevance and integrity.
	<p>Performance evidence To include: PE1 Supervision of candidate's work activities by a person currently working in a phlebotomist role for 18 hours a fortnight for at least 12 months Amended to: Supervision of candidate's work activities by a trainer, assessor or a person currently working in a phlebotomist role at least 18 hours per fortnight for at least 12 months.</p>		Changes were made to the supervision requirements in both the performance evidence and assessment conditions to enhance the integrity, consistency and practicality of the assessment process in the workplace. By specifying that supervision may be conducted by a qualified trainer and assessor or phlebotomist, the revised wording ensures that learners are appropriately observed and supported by individual with the necessary expertise. This change provides greater flexibility in workplace settings while maintaining robust simulation assessment standards and alignment with industry expectations.
		<p>Elements: "Venous" added throughout to clearly define the scope as venous blood collection. PC1.6: "Informed" added to ensure consent meets ethical and legal standards.</p>	<p>Addition of "venous" to all instances of blood collection was added to ensure clarity and specificity, "venous" throughout the unit wherever blood collection is mentioned. This reinforces that the unit strictly pertains to venous blood</p>

Unit	Minor Change	Major Change	Rationale
		<p>PC3.6: Fixed angle reference replaced with flexible guidance based on equipment, clinical needs, and organisational policies.</p> <p>PC3.7: “Correct volume” replaced with procedure-based wording for clarity and alignment with organisational standards.</p> <p>PC3.9: Tube inversion now aligns with organisational procedures rather than manufacturer timeframes.</p> <p>PC3.10: Added reference to organisational procedures for consistency.</p> <p>PE2: Updated to clarify assessment requirements: 5 successful venous collections using a manikin or simulation 10 successful collections from different people in simulation or workplace</p>	<p>collection, excluding other methods (e.g. capillary, arterial), and maintains consistency with the unit title, application, and scope.</p> <p>PC1.6 – Added “informed” to consent The inclusion of “informed” aligns the unit with ethical and legal standards in healthcare practice. It reflects the requirement that clients must fully understand the procedure before giving consent, thereby supporting client autonomy and safety.</p> <p>PC3.6 – Replaced fixed angle guidance with contextual flexibility The original reference to “an approved angle of 30 degrees or less” was replaced with “according to venepuncture equipment function, clinical requirements and organisation procedures” to provide greater flexibility and clinical relevance. Different collection systems and patient contexts may necessitate a variation in angle. This change supports safe and appropriate practice in a range of real-world settings.</p>

Unit	Minor Change	Major Change	Rationale
		10 workplace collections confirmed by third-party evidence	<p>PC3.7 – Replaced “correct volume of blood” with procedure-based language</p> <p>The previous wording focused on a potentially ambiguous outcome (“correct volume”). The revision ensures blood collection is performed in accordance with approved procedures, which inherently includes the correct volume, container, and handling - offering greater clarity and assessment alignment.</p> <p>PC3.9 – Updated inversion requirements</p> <p>The phrase “within timeframe required as recommended by manufacturer” was replaced with “Invert venous blood collection tubes according to organisational procedures” to provide consistency with workplace protocols and ensure procedural compliance. Organisational procedures are often informed by manufacturer guidelines but also consider workflow and quality control.</p> <p>PC3.10 – Added “according to organisational procedures”</p>

Unit	Minor Change	Major Change	Rationale
			<p>This addition reinforces the importance of adhering to site-specific protocols, which may vary between health services, thereby improving workplace relevance and supporting safe, standardised practices.</p> <p>Performance Evidence (PE2) – Revised structure and detail for assessment requirements. The changes to PE2 clarify expectations for skills demonstration through simulation and workplace practice. These revisions provide:</p> <ul style="list-style-type: none"> • defined numbers of venous blood collections required for assessment • clear differentiation between simulation and real-world environments • verification through direct observation and third-party evidence <p>This ensures learners are assessed on a sufficient range of practice to support skill competence and consistency, while also recognising both simulated and real-world contributions to performance evidence.</p>

Unit	Minor Change	Major Change	Rationale
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.
	<p>Knowledge evidence – added “venous” to all blood collection references. Amended wording to enhance clarity.</p> <p>KE1 – Added “needle phobia”</p> <p>KE7 Added “volume of blood, approved order of blood draw and collection tubes”.</p>		<p>A subject matter expert stakeholder - a mobile IV therapist from <i>Nurses Come To You</i> - recommended the inclusion of needle phobia as a consideration in the unit, highlighting its relevance to patient safety and comfort during blood collection. This recommendation was reviewed and supported by the Technical Committee.</p> <p>In addition, the Technical Committee requested the inclusion of the following key elements to strengthen alignment with industry practice:</p>

Unit	Minor Change	Major Change	Rationale
			<ul style="list-style-type: none"> • blood volume requirements – to emphasise the importance of collecting the correct volume for accurate testing and to reflect growing industry focus on minimising patient discomfort and test repetition. • order of draw – to ensure collectors understand the correct sequence for filling blood collection tubes, which is critical to maintaining sample integrity and avoiding cross-contamination. <p>These inclusions were approved to enhance the clinical relevance and safety focus of the unit content.</p>
		Assessment conditions Amended to include simulation prior to attending workplace.	Assessment conditions updated to add clarity to supervision of candidate and requirements of person supervising candidate.
HLTPAT012 Perform capillary blood collection	Application: added word “current” The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand		The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation,

Unit	Minor Change	Major Change	Rationale
	standards and industry codes of practice.		guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer to the most up-to-date and applicable practices at the time of delivery or assessment, maintaining the unit's relevance and integrity.
	Elements and performance criteria reordered and reworded.		The elements and performance criteria have been thoroughly revised to enhance the clarity, structure, and specificity of task expectations. The refined wording provides greater guidance on the sequencing, scope, and precision of tasks - supporting consistent training delivery, effective assessment, and improved learner outcomes aligned with current industry practices.
	Knowledge evidence KE3.5 Amended to waste management procedures.		KE3.5 was amended to refer to waste management procedures to more accurately reflect the range of practices required in pathology and clinical environments. This change ensures alignment with workplace procedures and reinforces the importance of safe, compliant disposal of clinical waste, supporting infection control,

Unit	Minor Change	Major Change	Rationale
			environmental responsibility and legal compliance.
		<p>Performance evidence</p> <p>PE1 Amended to “followed established technical, infection control and safety procedures and collected capillary blood using skin puncture from adults, adolescents or children involving:</p> <ul style="list-style-type: none"> • at least 2 collections performed in a simulated environment, of which 1 collection to be completed on an infant heel manikin • at least 3 collections to be performed in a simulated environment or workplace using real people <p>Amended to “All aspects of the performance evidence must have been demonstrated using simulation prior to being demonstrated in a clinical workplace under direction and supervision</p>	<p>The amendment was made to ensure both the safe development of technical skills and the progressive acquisition of competency in capillary blood collection across age groups, including infants. Stakeholder feedback from clinical supervisors and training providers consistently emphasised the need for structured, staged practice - beginning in simulation - before transitioning to real patient interactions. This amendment provides clarity for assessors and safeguards both the learner and the client during the skill acquisition process.</p>

Unit	Minor Change	Major Change	Rationale
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.
		Assessment conditions Addition of infant heel manikin in assessment conditions.	An infant heel manikin was added to the assessment conditions to enable safe and realistic simulation of capillary blood collection procedures for infants. This inclusion supports skill development and assessment in a controlled environment, ensuring candidates are adequately prepared before performing procedures on real infants. It also addresses potential limitations in accessing paediatric clients during training, while maintaining the integrity and safety of the assessment process.

Unit	Minor Change	Major Change	Rationale
		Assessment conditions Statement added “Assessment of performance evidence may be in a workplace setting or an environment that accurately represents a real workplace.”	The assessment conditions were amended to include workplace settings to ensure that assessment more accurately reflects real-world practice. This change enhances the authenticity and relevance of the assessment process by allowing learners to demonstrate their skills in environments that mirror actual job conditions. It also supports the validity of assessment outcomes and aligns with industry expectations for workplace readiness.
	Application: added word “current” The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.		The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation, guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer to the most up-to-date and applicable practices at the time of delivery or assessment, maintaining the unit’s relevance and integrity.

Unit	Minor Change	Major Change	Rationale
HLTPAT009 Collect pathology specimens other than blood	Application: added word “current” The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.		The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation, guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer to the most up-to-date and applicable practices at the time of delivery or assessment, maintaining the unit’s relevance and integrity.
	Performance criteria reordered and reworded		Performance criteria were reordered and reworded to improve clarity, logical flow and alignment with industry practices. These changes enhance the ease of understanding. The revisions also aim to remove ambiguity, making expectations more precise and supporting consistent interpretation by trainers and assessors, and learners.
		Performance evidence PE1 minimum of 3 different specimen types selected from: Removed – aspirates	The technical committee and SME group had concerns with the reference to "aspirates" in the unit. This was removed from PE1 to reflect current

Unit	Minor Change	Major Change	Rationale
			industry practices and clarify assessment requirements. Aspirate collection is a specialised procedure typically performed by qualified health professionals with specific training, and it may not fall within the scope of practice for all learners. Removing "aspirates" ensures the performance evidence remains appropriate, achievable, and aligned with the expected competency level of learners undertaking this unit.
		Knowledge evidence KE4.5 renamed waste management procedures for consistency.	KE4.5 was renamed to "waste management procedures" to improve clarity and ensure consistency with terminology used throughout the unit. This change aligns the knowledge evidence with industry standards and supports a more coherent understanding of required practices related to handling and disposing of waste.
		Assessment conditions Added simulation prior to workplace.	Simulation was included in the performance evidence to provide a safe and controlled environment for learners to develop and demonstrate required skills prior to performing tasks on real

Unit	Minor Change	Major Change	Rationale
		Statement added “Assessment of performance evidence may be in a workplace setting or an environment that accurately represents a real workplace”. Added “Assessors must satisfy the Standards for Registered Training Organisations’ requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit”	clients. This inclusion enhances assessment flexibility, addresses limited access to clinical settings, and ensures learners are adequately prepared, supporting both learner confidence and assessment validity.
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.

Unit	Minor Change	Major Change	Rationale
HLTPAT010 Collect specimens for drugs of abuse testing	Application: added word “current” The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.		The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation, guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer to the most up-to-date and applicable practices at the time of delivery or assessment, maintaining the unit’s relevance and integrity.
	Performance criteria reworded		Performance criteria were reworded to improve clarity, precision, and relevance to current industry practices. This ensures that the criteria more accurately reflect the skills and knowledge required, facilitating better understanding and consistent assessment by trainers and learners. The revisions help eliminate ambiguity and enhance the usability of the unit.
		Performance evidence PE1 Reworded to followed relevant current standards and	PE1 was reworded to clarify the assessment expectations and ensure alignment with current industry

Unit	Minor Change	Major Change	Rationale
		organisational procedures to collect 3 different types of samples from 2 different clients (for clarification).	standards and organisational procedures. Specifying that learners must collect three different types of samples from two different clients provides clearer guidance for trainers and assessors and learners, promotes consistency in assessment, and ensures that the demonstrated skills reflect realistic workplace scenarios.
		Knowledge evidence KE4.5 Added “waste disposal procedures” added to support PE.	The term “waste disposal procedures” was added to KE4.5 to strengthen alignment between knowledge evidence and performance evidence. This addition ensures that learners not only demonstrate correct waste handling in practice but also understand the underpinning principles and procedures, supporting safe, compliant, and environmentally responsible practices in the workplace.
		Assessment conditions amended to include simulation prior to workplace demonstrations.	The performance evidence and assessment conditions were amended for clarification to ensure trainers and assessors and learners clearly understand the assessment requirements. The inclusion of simulation prior to workplace

Unit	Minor Change	Major Change	Rationale
		Statement added “Assessment of performance evidence may be in a workplace setting or an environment that accurately represents a real workplace.”	assessment supports skill development in a controlled environment, enhancing learner readiness.
<i>HLTPAT011 Receive, prepare and dispatch pathology specimens</i>	Application: added word “current” The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.		The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation, guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer to the most up-to-date and applicable practices at the time of delivery or assessment, maintaining the unit’s relevance and integrity.
	Performance criteria reworded		Performance criteria were reworded to improve clarity, precision, and relevance to current industry practices. This ensures that the criteria more accurately reflect the skills and knowledge required, facilitating better understanding and consistent assessment by trainers and learners.

Unit	Minor Change	Major Change	Rationale
			The revisions help eliminate ambiguity and enhance the usability of the unit.
		Performance evidence New evidence requirements for assessment, including volume and frequency requirements	The introduction of defined volume and frequency requirements within the assessment conditions ensures that learners demonstrate sufficient exposure to, and practice in, a range of relevant collection scenarios. This amendment addresses multiple priorities identified during consultation with industry stakeholders, including employers, clinical educators, and assessors. This change ensures a robust, equitable, and transparent assessment process that supports quality outcomes for learners, training providers, and the broader health sector.
		Knowledge evidence KE 1.5 Added “contaminated waste disposal” to support PE. KE2.3 Removed “hydrochloric” from acids as inappropriate.	This addition was made to ensure alignment between knowledge and performance evidence. Contaminated waste disposal is a critical aspect of infection control and workplace safety in pathology and specimen collection settings. Including this in the knowledge evidence ensures learners understand appropriate disposal procedures for sharps, biohazardous materials, and

Unit	Minor Change	Major Change	Rationale
			<p>other contaminated waste, which directly supports safe and compliant performance in practical assessments. It reinforces the application of regulatory and organisational requirements and supports risk minimisation in both simulated and clinical environments.</p> <p>The term “hydrochloric” was removed from KE2.3 as it was identified as inappropriate and irrelevant in the context of pathology specimen collection and handling. Hydrochloric acid is not commonly encountered or used in routine pathology collection procedures, and its inclusion could create confusion for learners and trainers. The revised KE2.3 better reflects the actual substances and chemical handling considerations applicable to the scope of practice for learners undertaking this unit, improving the relevance and accuracy of training content.</p>
		<p>Assessment conditions</p> <p>Removed “dryer” as no longer used in industry.</p>	<p>The term “dryer” was removed from the unit’s equipment list and procedures as it is no longer used within current pathology industry practices.</p>

Unit	Minor Change	Major Change	Rationale
		Statement added “Assessment of performance evidence may be in a workplace setting or an environment that accurately represents a real workplace.”	<p>Technological advancements and updated workplace protocols have rendered this equipment obsolete in specimen processing or blood collection contexts. Removing outdated references ensures the training material remains current, relevant, and aligned with real-world practices, reducing learner confusion and improving applicability of skills.</p> <p>The statement “<i>Assessment of performance evidence may be in a workplace setting or an environment that accurately represents a real workplace</i>” was added to provide clarity and flexibility regarding assessment conditions. This addition acknowledges the practical challenges associated with arranging workplace-based assessments in certain clinical environments and supports the use of simulated environments that faithfully replicate workplace conditions. This approach ensures learners can demonstrate competencies safely and consistently, while maintaining the authenticity and rigor of assessment processes.</p>

Unit	Minor Change	Major Change	Rationale
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.
HLTCAR004 Perform Electrocardiography (ECG)	Application reworded “This unit applies to individuals working in health settings, such as pathology collection centres, medical centres, hospitals and cardiologist rooms. They work under the supervision of an appropriate health professional and follow established clinical guidelines.”		<p>The Application statement was reworded to provide clearer and more inclusive guidance on the contexts and conditions under which the unit applies. The revised wording explicitly identifies the range of health settings where individuals may perform the role, including pathology collection centres, medical centres, hospitals, and cardiologist rooms, thereby reflecting the diversity of contemporary clinical environments.</p> <p>The addition of the phrase “They work under the supervision of an appropriate</p>

Unit	Minor Change	Major Change	Rationale
			<p>health professional and follow established clinical guidelines” clarifies the expected level of oversight and adherence to professional standards required for safe and effective practice. This emphasis aligns with industry expectations and regulatory requirements, ensuring learners and employers understand the supervisory context and accountability frameworks relevant to the role.</p> <p>Overall, the rewording enhances precision, promotes consistency in application, and supports alignment with real-world workplace arrangements and clinical governance.</p>
	<p>Application: added word “current”</p> <p>The skills in this unit must be applied in accordance with current Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.</p>		<p>The word “current” was added to ensure references within the unit remain relevant over time and are not tied to a specific point in time. This prevents the unit from becoming outdated due to changes in legislation, guidelines, industry standards, or workplace procedures. It supports the intent that learners and assessors refer to the most up-to-date and applicable practices at the time of delivery or</p>

Unit	Minor Change	Major Change	Rationale
			assessment, maintaining the unit's relevance and integrity.
	Elements and performance criteria reworded and reordered		The elements and performance criteria have been thoroughly revised to enhance the clarity, structure, and specificity of task expectations. The refined wording provides greater guidance on the sequencing, scope, and precision of tasks - supporting consistent training delivery, effective assessment, and improved learner outcomes aligned with current industry practices.
	Performance evidence – minor amendment PE1 amended to include 3 ECG traces on 3 different individuals.		The amendment to include the requirement of completing 3 ECG traces on 3 different individuals was made to ensure that learners demonstrate competency across varied real-world scenarios and patient presentations. Performing ECG traces on multiple individuals exposes learners to a broader range of physiological variations and potential procedural challenges, thereby strengthening their practical skills and clinical judgement.

Unit	Minor Change	Major Change	Rationale
			Overall, this minor amendment enhances the comprehensiveness and validity of the performance evidence without significantly increasing assessment burden.
	Knowledge evidence minor wording changes.		<p>The minor wording changes made to the Knowledge Evidence section were intended to improve clarity, precision, and alignment with current industry terminology. These refinements ensure that the knowledge requirements are easier to understand and interpret by both learners and assessors, reducing ambiguity during training and assessment.</p> <p>The amendments maintain the original intent and scope of the knowledge content while enhancing readability and consistency across the training materials. This supports more effective teaching, learning, and assessment outcomes.</p>
	KE1.3 Added Infection control requirements		<p>KE1.3 – Addition of “Infection control requirements”:</p> <p>This addition ensures that learners have a clear understanding of the critical</p>

Unit	Minor Change	Major Change	Rationale
	<p>Assessment conditions amended to include simulation prior to workplace attendance.</p> <p>Statement added - Assessors must satisfy the Standards for Registered Training Organisations' requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit</p>		<p>infection control protocols relevant to the procedures covered in this unit. Infection control is a foundational component of safe clinical practice, particularly in pathology and diagnostic settings, where risks of cross-contamination and exposure to biohazards are high. Including infection control requirements in the knowledge evidence aligns with current industry standards and supports the safe and competent performance of clinical tasks.</p> <p>Amendment to Assessment Conditions – Inclusion of simulation prior to workplace attendance: This change was made to ensure learners are provided with a structured opportunity to develop and demonstrate practical skills in a safe, controlled environment before engaging in procedures in a real clinical setting.</p> <p>Addition of Assessor Requirements Statement: <i>"Assessors must satisfy the Standards for Registered Training Organisations"</i></p>

Unit	Minor Change	Major Change	Rationale
			<p><i>requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit."</i></p> <p>This statement was included to reinforce the importance of assessor competence and subject matter expertise. By requiring assessors to either hold the unit or demonstrate equivalent skills and knowledge, the amendment ensures assessments are conducted by individuals who fully understand the technical and safety requirements of the procedures involved. This supports the validity, reliability, and integrity of assessment outcomes and aligns with regulatory expectations under the Standards for RTOs.</p>
	Foundation skills made explicit		<p>Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and</p>

Unit	Minor Change	Major Change	Rationale
			assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.
HLTCAR005 Perform holter monitoring	<p>Application reworded: This unit applies to individuals working in health settings, such as pathology collection centres, medical centres, hospitals and cardiologist rooms. They work under the supervision of an appropriate health professional and follow established clinical guidelines</p> <p>Simulation added to assessment conditions.</p>		<p>The Application statement was revised to better reflect the range of settings in which the unit is applied and to clarify the working context of individuals undertaking these tasks. By specifying settings such as pathology collection centres, medical centres, hospitals, and cardiologist rooms, the statement ensures relevance and alignment with current industry roles.</p> <p>The addition of <i>“They work under the supervision of an appropriate health professional and follow established clinical guidelines”</i> provides important context about the expected level of supervision and professional accountability, helping learners and employers understand the scope of practice and responsibilities associated with the role. This aligns the unit with real-world clinical governance structures.</p>

Unit	Minor Change	Major Change	Rationale
	Performance criteria reworded		Performance criteria were reworded to improve clarity, precision, and relevance to current industry practices. This ensures that the criteria more accurately reflect the skills and knowledge required, facilitating better understanding and consistent assessment by trainers and learners. The revisions help eliminate ambiguity and enhance the usability of the unit.
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.
		Performance evidence PE1 amended to:	This amendment was made to ensure that learners gain practical experience and demonstrate competency in setting

Unit	Minor Change	Major Change	Rationale
		<ul style="list-style-type: none"> at least 1 holter monitor trace satisfactory for diagnostic purposes completed in a simulated environment at least 2 holter monitor traces satisfactory for diagnostic purposes completed in the workplace or simulated environment on different people 	up and managing Holter monitor procedures that meet diagnostic quality standards. The change introduces a structured and progressive approach to assessment, starting with simulation and extending to workplace or simulated scenarios involving real people. This amendment strengthens the quality and consistency of assessment, ensures learners are workplace-ready, and aligns the unit with current industry practices in cardiac monitoring.
		<p>Knowledge evidence – KE3.3 added waste management. KE6 Removed “interpretation” as not currently industry practice.</p>	<p>The addition of <i>waste management</i> to KE3.3 was made to ensure learners understand appropriate procedures for handling, segregating, and disposing of clinical and contaminated waste in accordance with infection control standards and regulatory requirements. This knowledge supports safe work practices and aligns with performance evidence requirements and industry expectations for maintaining a hygienic and compliant clinical environment.</p> <p>The term “<i>interpretation</i>” was removed from KE6 as it does not reflect the</p>

Unit	Minor Change	Major Change	Rationale
			current scope of practice for learners undertaking this unit. Removing this term ensures the knowledge requirements remain within the appropriate boundaries of practice and eliminates the risk of misinterpretation or role confusion. This amendment helps maintain accuracy and clarity in training and assessment.
		Assessment Conditions Added – ‘Assessors must satisfy the Standards for Registered Training Organisations’ requirements for assessors and must hold this unit or demonstrate equivalent skills and knowledge to that contained within this unit’	
HLTHPS011 Measure spirometry	Performance Criteria Wording in PC’s updated to current terminology		The wording in the Performance Criteria (PCs) was updated to reflect current industry terminology and practices, ensuring alignment with contemporary clinical language and workplace expectations. These minor but important revisions ensure that the unit

Unit	Minor Change	Major Change	Rationale
			remains up-to-date, practical, and industry aligned.
	Foundation skills made explicit		Foundation skills were made explicit within the unit to streamline the documentation and focus on core technical competencies. This approach reflects that foundation skills such as communication, literacy, and numeracy are naturally integrated throughout performance requirements and assessment tasks, rather than needing separate explicit statements. Making these skills explicit supports flexibility in assessment while maintaining their importance within overall competency.
	<p>Performance evidence</p> <p>All aspects of the performance evidence must have been demonstrated using simulation prior to being demonstrated in a clinical workplace setting or an environment that reflects a real workplace, under direction and supervision. adapted to include simulation prior to work placement</p> <ul style="list-style-type: none"> followed established technical, infection control and safety 		This amendment was introduced in response to stakeholder and technical advice regarding safety, competency development, and equity of assessment access. During the consultation process, feedback from clinical educators, employers, and training providers indicated that learners benefit from performing spirometry in a simulated environment prior to workplace exposure.

Unit	Minor Change	Major Change	Rationale
	<p>procedures to produce spirometry measurements for at least 3 different clients that accurately measure the maximal expiratory ventilatory capacity:</p> <ul style="list-style-type: none"> at least 1 spirometry measurement in a simulated environment at least 2 spirometry measurements in a workplace or simulated work environment 		<p>This progression ensures learners acquire foundational competence and confidence in a low-risk, structured setting, reducing risks to real clients and enhancing performance quality.</p> <p>The Technical Committee reviewed and approved this change, confirming its alignment with best practice in health training and clinical assessment. Key stakeholders - including representatives from respiratory care services, pathology collection centres, and registered training organisations - also supported the inclusion of simulation as a critical preparation stage prior to work placement.</p>
	<p>Assessment conditions updated to include simulation prior to work placement.</p>		<p>Simulation has been included in the assessment conditions prior to work placement to ensure learners can demonstrate competency in a safe, controlled environment before performing tasks in real clinical or workplace settings.</p>

New Unit of Competency

Unit	Rationale	Comment
<i>HLTPAT013 Perform venous blood collection from children 0 to 5 years</i>	Unit was developed to meet the needs of business and workers who undertake this work. It is noted that this unit is designed to be completed by experienced phlebotomists required to collect blood from children.	This unit will be included as an elective in the new qualification <i>HLT37525 Certificate III in Pathology</i> and in the new skill set <i>HLTSS00085 Perform Blood Collection from Children Aged 0 to 5 years</i> . It is expected that candidates will have at least 12 months experience in pathology collection.

Revised Skill Set

Skill Set	Rationale	Comment
<i>HLTSS00059 Venous Blood Collection Skill Set</i>	Units in this skill set were superseded and have been updated.	Updated unit codes have been included. No change to content.

New Skill Set

Skill Set	Rationale	Comment
<i>HLTSS00085 Perform Blood Collection from Children Aged 0 to 5 Years Skill Set</i>	Skill Set was developed to meet the needs of business and workers who undertake this work. It is noted that this Skill Set is designed to be completed by experienced phlebotomists required to collect blood from children.	Entry requirements for this Skill Set will include the following units: <ul style="list-style-type: none"> • <i>HLTPAT014 Perform venous blood collection</i> • <i>HLTPAT012 Perform capillary blood collection</i> The target group for this Skill Set includes individuals who: <ul style="list-style-type: none"> • hold a qualification at Certificate III level or higher in health <ul style="list-style-type: none"> ○ or

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|--|--|
| | <ul style="list-style-type: none">• have skills equivalent to the qualification requirement validated through a recognition of prior learning process.• and at least 12 months full-time equivalent experience in pathology collection. |
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