



HumanAbility

**25-009 Summary of
Proposed Changes for
CHC33021 Certificate III
in Individual Support**

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Introduction

This document accompanies the draft *CHC33021M Certificate III in Individual Support in Person-centred Support* and its associated units of competency, released for Round 1 public and government consultation on the project portal.

It sets out, product by product, what is proposed to change, why, and where your feedback would be most valuable. It is a reading aid for the drafts on the portal, not a replacement.

The online portal drafts are the products under consultation in the project's scope of work.

Why this review is happening

This project forms part of HumanAbility's program of work to ensure qualifications, skill sets and units of competency remain current, industry-relevant and responsive to workforce need.

The care and support sectors have changed substantially.

The Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability have reshaped expectations of the workforce.

The Aged Care Act 2024 and its Statement of Rights, the NDIS Practice Standards, and the sector-wide movement toward rights-based, person-centred and strengths-based practice have changed what workers are expected to know and do.

At the same time, the Training Package Organising Framework, effective from 1 July 2025, has changed how training products are designed.

The framework requires clearer separation of knowledge outcomes, skill outcomes and their application; the minimum level of prescription necessary for quality training and assessment; and the removal of duplication across units.

The draft products released for consultation respond to both: what the sector now expects of workers, and how training products must now be built.

Please refer to the project page <https://humanability.com.au/project/aged-care-disability-leisure-and-health-qualification-review> for further information about the project.

How to read the drafts

Three things will help you review what you see on the portal.

- **Products carry an M.** Where a unit code appears with an appended M, for example CHCAGE007M, this indicates a major change to the product. Codes are expected to change as a result of this project.
- **Products are at different stages of development.** This is deliberate. Some products carry the greatest change, others are presented as targeted revisions, and some may be presented as direction for consultation rather than complete drafts. Every product in scope is being consulted on.
- **Changes to elective banks are not national retirements.** Where a unit is proposed for removal from a qualification's elective bank, this does not mean the unit is being retired from the national training system. Units removed from this qualification may continue to exist and be delivered within other qualifications.

What we are asking you for

Round 1 is about direction and gathering insights. We are testing whether the proposed shape is right before we develop it in full.

Your feedback is most useful on four things:

1. **The pathway.** Does the proposed structure reflect how people actually move into and through care and support roles?
2. **Occupational outcomes.** Is the qualification aimed at the right work, at the right level, with the right boundaries around the role?
3. **The specific design questions.** Each product section in this document ends with questions for stakeholders. These are genuine open questions where we need a directional view, including on specialisations, mandatory work placement, proposed unit mergers, and units that may become Application of Skills and Knowledge (ASK)* units. They are not exhaustive, and we seek your views on what more we should consider and why.
4. **Implementation reality.** What will be difficult to deliver, host, supervise or assess, and why.

***Note:** An Application of Skills and Knowledge (ASK) unit is a new type of VET training product that focuses on the knowledge, skills, judgement, and capabilities a learner needs to apply in real work situations, rather than prescribing a detailed list of specific tasks they must perform. It gives qualification developers and RTOs greater flexibility to design and deliver training that reflects industry needs, supports transferable skills, and allows learners to demonstrate competence in different workplace contexts while still achieving clear and relevant outcomes.

More information here: <https://www.dewr.gov.au/download/17051/vet-qualification-reform-registered-training-organisations/40402/vet-qualification-reform-registered-training-organisations/pdf>

What Round 1 is not for

Round 1 is not the point at which detailed drafting is finalised. It would not be a good use of your time to:

- edit individual performance criteria for wording
- comment on formatting, sequencing or unit codes
- raise products outside the six qualifications in scope for this project

- raise matters better addressed through RTO policy, workplace induction, supervision or professional development

Matters in the final category are often significant, and we would still like to hear them. They will be recorded and routed, but a national training product is not the instrument that resolves them.

What happens with your feedback

A consultation log will be maintained and published. It will record what was raised, how it was responded to and with the rationale.

Not every suggestion **may be adopted, and where a suggestion is not adopted, the log will record why.**

Feedback from Round 1 will inform detailed redevelopment and mapping. The revised products will be reviewed by the project's Technical Committee and released for Round 2 consultation. This includes qualifications, units and skill sets. The revised training products will then be made public once more for validation prior to continuing through the submission stage.

These are drafts, and we expect them to change.

How to give feedback

- **Consultation portal.** You can comment on a specific product, lodged against that product and the relevant section. This is the primary channel and produces the clearest record. Please provide comments through the portal by October 19, 2026.
- **Project page survey on mandatory workplace requirements.** This is for questions about mandatory workplace requirements. If your organisation employs care and support workers or hosts learners on placement, this survey matters particularly. The endorsement process requires evidence of employer support for any mandatory workplace requirement, and of employer willingness to host learners. Your response forms part of that evidence and will help us review your expert insights. Please find it here: <https://humanability.com.au/project/aged-care-disability-leisure-and-health-qualification-review>.
- **At a consultation session.** These sessions explain the changes and help you frame a response. You can also network and participate in discussions. Comments raised in a session will be captured but we advise you to complete your feedback through the portal or survey. Contact details, session dates and the consultation close date are available on the project page.

Project scope

Products are rolled out progressively on the consultation portal for feedback. This document focuses on the qualification and units of competency listed below (available from August 31, 2026).

Qualification

CHC33021M Certificate III in Person-centred Support

Units of Competency

CHCAGE007M Recognise and report risk of falls
CHCAGE009M Provide services for older people
CHCAGE011M Provide support to people living with dementia
CHCAGE012M Provide food services
CHCAGE013M Work in aged care settings
CHCCCS031M Provide individualised support
CHCCCS035M Support people with autism spectrum disorder
CHCCCS038M Facilitate the empowerment of people receiving support
CHCCCS040M Support independence and wellbeing
CHCCCS041M Recognise healthy body systems
CHCDIS011M Contribute to ongoing skills development using a strengths-based approach
CHCDIS012M Support community participation and social inclusion
CHCDIS013M Assist with communication using augmentative and alternative communication systems
CHCDIS017M Facilitate community participation and social inclusion
CHCDIS018M Facilitate ongoing skills development using a person-centred approach
CHCDIS020M Work in disability support settings
CHCPAL003M Deliver care services using a palliative care approach
HLTHPS006M Assist to self-administer medication

Qualification

CHC33021M Certificate III in Person-centred Support

Table 1. Proposed changes to *CHC33021 Certificate III in Individual Support* > *CHC33021M Certificate III in Person-centred Support*

Section	Stage – Round 1 Public and Government Consultation
Title	• Changed to highlight person-centred principles and communication techniques that underpin support provided by frontline workers
Qualification Description	• Expansion of occupational outcomes, including reference to roles according to new OSCA coding framework
Packaging Rules	• Core reduced from 9 to 8 units, with CHCCOM005 and HLTINF006 removed due to substantial overlap with other core units. Content and knowledge not entirely covered in these retained units is likely to be imparted in initial workplace induction once learner enters industry • CHCAGE011M brought into core, responding to industry feedback and broader systemic inquiry findings, recommendations, and data around need for foundational care and support workers to have skills and knowledge in supporting people living with dementia – across both the aged care and disability support contexts • Specialisation options increased from 2 to 4, responding to industry feedback about the current focus on residential aged care in the aged care specialisation, and to provide a new pathway into inclusion and community access roles across the sectors • Electives total reduced, and retained electives
Rationale for Change at this Stage- Summary	• In addition to specific rationale commentary noted above, changes more broadly informed by Functional Analysis research (for example, on the overlaps between frontline care and support role responsibilities and knowledge and skills needs), Focus Group advice and sector-specific Royal Commission recommendations (for example, on the importance of greater levels of dementia care skills and knowledge among the frontline care and support workforce). • Reshaping of core and expansion of specialisation pathways informed by: • Functional analysis research • Focus Group advice (e.g. on broadening exposure to dementia care content and skills) • Alignment with TPOF (e.g. reducing duplication across units covering primarily similar content)

Questions for your consideration

- Do the 4 specialisations in the proposed qualification meet industry needs?

Units of Competency

CHCAGE007M Recognise and report risk of falls

Table 2. Proposed changes to CHCAGE007 Recognise and report risk of falls > CHCAGE007M Recognise and report risk of falls

Section	Stage – Round 1 Public and Government Consultation
Application	• Edit to framing of person’s support network and supervisory expectations of work undertaken
Elements and performance criteria	• Clarification of types of mobility factors to observe • Addition of support network advice/communication on falls risk factors • General: updated references to organisational policies and procedures, ensuring flexibility • Edited PC1.4 to remove multiple actions in one PC. • Removed PC2.1 and replaced with PC1.4. PC1.4 The organisational procedures will identify who the worker needs to escalate and report to. • Edited PC2.3 to focus on the learners behaviour, not the persons circumstances. Using the word 'circumstances' in the original PC falls outside of a learners control.
Performance Evidence	• Edited to meet the requirements listed in elements and performance criteria.
Knowledge Evidence	• Removed specificity of KE to align to TPOF: high-level, conceptual and directly linked to the PCs. • Contextualising posture, gait, and balance knowledge, so the learner must not only recognise changes to a person’s baseline, but how to identify what the person’s baseline was
Assessment Conditions	Updated to specify conditions in a simulated assessment.
Rationale for Change at this Stage- Summary	• General updates to reflect TPOF principles around clarity and use of language

CHCAGE011M Provide support to people living with dementia

Table 3. Proposed changes to CHCAGE011 Provide support to people living with dementia > CHCAGE011M Provide support to people living with dementia

Section	Stage – Round 1 Public and Government Consultation
Application	• Addition of strengths-based as a key principle behind support provided to people living with dementia. Updated reference to who may constitute a person's support network and updated reference to supervision expectations.
Elements and performance criteria	• Under Element 2, added 'both verbal and non-verbal' to communication techniques used • Element 3 updated to ensure a focus on identify, applying, and responding to person's strengths (framed as retained capabilities) • Updated wording throughout to reflect TPOF principles
Performance Evidence	• Added in references to strengths-based principles and practice. Added in the need to identify stressors, not just the changed behaviours these stressors may cause
Knowledge Evidence	• Meeting TPOF requirements, and to encourage learner research and RTO flexibility in teaching, long lists of KE have been condensed and summarised where appropriate • Expanded on person-centred and strengths-based principles and communication practices • Inclusion of restrictive practices, as they relate to people living with dementia
Rationale for Change at this Stage- Summary	• Key additions (around strengths-based principles and environmental impacts on dementia-related triggers informed by National Aged Care Design Principles and Guidelines, themselves a policy response to the Aged Care Royal Commission) • Focus Group advice on importance of heightened, person-centred communication skills – for example, empathy, compassion, curiosity, patience – and of using both verbal and non-verbal communication with people living dementia • Focus Group advice on changes to terminology (for example, 'person important to the person' to 'support network') • Other general updates made to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support

CHCAGE012M Provide food services

Table 4. Proposed changes to CHCAGE012 Provide food services > CHCAGE012M Provide food services

Section	Stage – Round 1 Public and Government Consultation
Application	• Revision to wording to reflect TPOF principles, and update to supervision expectations
Elements and performance criteria	• Restructure of elements and PCs to better reflect progression through a job task and differentiation of PCs from elements to which they had previously not been entirely relevant • General wording changes to reflect TPOF principles and ensure consistency with training products within training package (e.g. ‘diner’ changed to ‘person’)
Performance Evidence	• Predominantly revisions to wording • Need to understand a person’s baseline dining behaviour (to identify changes to that baseline) added
Rationale for Change at this Stage- Summary	• Predominantly wording updates to reflect TPOF principles

CHCAGE013M Work in aged care settings

Table 5. Proposed changes to CHCAGE013 Work effectively in aged care > CHCAGE013M Work in aged care setting

Section	Stage – Round 1 Public and Government Consultation
Title	- Removed ‘effectively’ from title. It describes a level of performance rather than a competency. The revised title provides a clearer and more measurable description of the unit outcome. - Added settings to capture the many aged care settings a learner could work in
Application	Removed reference to ‘community service and health contexts’
Elements and performance criteria	- Added PC3.3 around attitudes and behaviours that may negatively affect older people - Edited PCs and removed verbs like ‘monitor’ and ‘maintain’. These verbs seek continuity which can be difficult to assess in simulated situations.
Performance Evidence	Added Mandatory Work Placement of 120 hours: Mandatory Work Placement must now be part of a Unit of Competency rather than Qualification.
Knowledge Evidence	- Removal of duplicated concepts - Added requirements for knowledge of national and state/territory legislation and standards. - Removed ‘role of Office of the Health Ombudsman’ - Removed restrictive practices as does not align with intent of this unit and is mapped across many other units in the qualification. - Added self-care strategies, stress indicators and support processes as covered in PC but not in KE
Rationale for Change at this Stage- Summary	There is not a lot of revision on this version but there is scope to make a significant change if it’s merged with CHCDIS020M and/or made an ASK unit.
Questions for consideration	- Should this be an ASK unit? - Could this be merged with CHCDIS020 Work effectively in disability support? - Merged unit: proposed title could be Work in care settings - Are there enough competencies in this unit that cannot be simulated, or should we explore (including by consulting with other potentially impacted qualifications and industries) moving the Mandatory Work Placement to a unit such as CHCCS031M Provide individualised support?

CHCCCS031M Provide individualised support

Table 6. Proposed changes to CHCCCS031 Provide individualised support > CHCCCS031M Provide individualised support

Section	Stage – Round 1 Public and Government Consultation
Application	Added context around what an individualised plan entails, and how this term can differ across contexts and organisations. Updated supervision expectations wording
Elements and performance criteria	- PC related to assistance with pre-packaged medication removed - General changes to wording throughout to align with TPOF principles
Performance Evidence	Major change. Level of specificity of tasks requiring to be performed reduced, to remove barriers for learners with physical mobility constraints and enhance RTO flexibility. Tasks now grouped into four thematic areas
Knowledge Evidence	- Removal of references to pre-packed medication processes removed; although learners will still learn about legislated standards around medication scopes of practice, as will be required in their day-to-day work with colleagues - Removal of restrictive practices knowledge
Assessment Conditions	Proposed change to allow for flexibility in tasks to be assessed, while ensuring a rounded set of competencies are ensured
Rationale for Change at this Stage- Summary	Update to wording to align with TPOF principles; removal of performance evidence barriers for some learners
Questions for consideration	- Do the revised performance evidence requirements strike the balance between requiring learners to demonstrate required competency and allowing for greater accessibility by all learners? - Are there any tasks in the Performance Evidence that are non-negotiable as needing to be demonstrated prior to entering industry and should be made mandatory in the Assessment Conditions?

CHCCCS035M Support people with autism spectrum disorder

Table 7. Proposed changes to CHCCCS035 Support people with autism spectrum disorder > CHCCCS035M Support people with autism spectrum disorder

Section	Stage – Round 1 Public and Government Consultation
Application	Added terminology around support network which can include family, paid and unpaid carers, health professionals or other support staff.
Elements and performance criteria	- Edited element 3 for clarity and brevity - Edited PCs according to style guide – removal of definite articles ‘the’ - Added support network terminology
Performance Evidence	Added word diagnosed as clarifier
Knowledge Evidence	- LGBTIQ changed to LGBTIQ+ - Removed mention of causes and treatments of ASD - Added principles of person-centred care - Removed processes for diagnosing autism
Assessment Conditions	Edited for clarity that assessments can be performed in a workplace or simulated environment but the person involved must be diagnosed with ASD. You can’t have a person simulating being diagnosed with ASD.
Work placement	Assessment conditions allow for this unit to be completed in a simulated environment. No work placement is mentioned in the unit currently.
Rationale for Change at this Stage- Summary	Small alignments to language and terminology to reflect societal shifts in attitudes to autism spectrum disorder.
Questions for consideration	Should the title of this unit be updated to ‘living with autism spectrum disorder’?

CHCCCS038M Facilitate the empowerment of people receiving support

Table 8. Proposed changes to CHCCCS038 Facilitate the empowerment of people receiving support > CHCCCS038M Facilitate the empowerment of people receiving support

Section	Stage – Round 1 Public and Government Consultation
Elements and performance criteria	• Edit to elements and performance criteria to focus more on person-centred communication techniques • Separating out the identification and then application of assistive technology and augmentative and alternative communication tools
Knowledge Evidence	• Addition of knowledge around general support practices including supported decision-making, choice and control, and facilitating self-determination. • Knowledge around restrictive practices reduced, to here focus only on the role of behaviour support plans and associated documentation requirements
Rationale for Change at this Stage- Summary	• Focus Group advice on importance of elevating and expanding on communication skills; such as to ascertain whether person being supported even understands a question (e.g. some people are echolalic, repeating/echoing the question) and to be able to support people with additional complexities • General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance strengths-based principles, person-centred communication techniques, and agency/self-autonomy of individuals receiving support

CHCCCS040M Support independence and wellbeing

Table 9. Proposed changes to CHCCCS040 Support independence and wellbeing > CHCCCS040M Support independence and wellbeing

Section	Stage – Round 1 Public and Government Consultation
Elements and performance criteria	• General wording updates, to align with TPOF principles, alongside a greater emphasis on strengths-based principles
Knowledge Evidence	• Restrictive practices knowledge refined to core knowledge required • Major wording changes, predominantly to align with TPOF requirements
Rationale for Change at this Stage- Summary	• General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance strengths-based principles when providing individuals with support

CHCCCS041M Recognise healthy body systems

Table 10. Proposed changes to CHCCCS041 Recognise healthy body systems > CHCCCS041M Recognise healthy body systems

Section	Stage – Round 1 Public and Government Consultation
Application	• Scope of unit narrowed to focus more on application by workers in aged care and disability support contexts, including with reference to provision of support to people according to individualised plans
Elements and performance criteria	• Element 1 updated from two criteria to four: • PC 1.3 added, requiring learners to identify external, observable symptoms of body system concerns • PC 1.4 added, relating to the sharing of information about body systems (implying absorbed and applied information) to people receiving support • Element 2 reframed to focus on recognising and reporting body system changes in person receiving support, including tasks related to reporting and escalation
Performance Evidence	• Updated to require learner to demonstrate specific competency relating to updated PCs: • Observe physical condition, behaviour and functioning during routine support activities • Recognise and report changes from documented baseline • Escalate at least one concern requiring prompt or immediate action
Knowledge Evidence	• Removes detailed breakdowns of specific body systems (e.g., separate listings for urinary and renal systems, reproductive system details) • Removes extensive lists of specific health conditions and indicators (e.g., dysphagia, dementia, cognitive changes, mental health as separate items) • Consolidates knowledge into broader categories: basic structure and function of major body systems, basic processes supporting healthy functioning, and basic terminology • Adds new focus areas: role of individualised plans, boundaries of own job role, aspects of a person's usual physical condition as context for recognising change, and reporting/escalation pathways
Rationale for Change at this Stage- Summary	• Feedback from stakeholders about need to narrow focus to recognising changes from a person's baseline and understanding how to report and escalate
Questions for consideration	• Does the proposed updated unit align with occupational outcomes, balancing the need for knowledge and skills in interpreting body systems information without requiring learners to engage with content that is too technical at AQF3 level?

CHCDIS011M Contribute to ongoing skills development using a strengths-based approach

Table 11. Proposed changes to CHCDIS011 Contribute to ongoing skills development using a strengths-based approach > CHCDIS011M Contribute to ongoing skills development using a strengths-based approach

Section	Stage – Round 1 Public and Government Consultation
Elements and performance criteria	• Edit to performance criteria content and ordering, to centre person receiving support in process of helping learner identify skills development opportunities for person, and to confirm and continue monitoring changes in this area. Edits to enhance active language, and other general updates to wording to align with TPOF principles
Performance Evidence	• Level of specificity reduced, as already covered in updated PCs
Knowledge Evidence	• Minor change. Addition of individualised plans in context of skills development strategies • Addition of person-centred communication as a key principle
Rationale for Change at this Stage- Summary	• General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance strengths-based principles, person-centred communication techniques, and agency/self-autonomy of individuals receiving support

CHCDIS012M Support community participation and social inclusion

Table 12. Proposed changes to CHCDIS012 Support community participation and social inclusion > CHCDIS012M Support community participation and social inclusion

Section	Stage – Round 1 Public and Government Consultation
Elements and performance criteria	• Edits to align with TPOF principles • Edited unclear verbs like ‘support’ and ‘monitor’ as they are ambiguous and can be hard to assess. • Moved PC2.1 to PC1.5 better align with process flow. • Removed PC2.2 – outside of scope of job role. Employment might be part of a person’s community participation and social inclusion but no other type is specifically called out. • Merged PC1.2 and PC1.3 – identifying and confirming would happen in conjunction and assessed together. Merged to avoid duplication.
Performance Evidence	• Minor change to wording
Knowledge Evidence	• Removed detailed list of assistive technologies to align to TPOF • Removed reference to participation in work • Removed strategies used by employers to facilitate inclusion and engagement in the workplace
Rationale for Change at this Stage- Summary	• General updates to reflect TPOF principles around clarity and use of language

CHCDIS013M Assist with communication using augmentative and alternative communication systems

Table 13. Proposed changes to CHCDIS013 Assist with communication using augmentative and alternative communication methods > CHCDIS013M Assist with communication using augmentative and alternative communication systems

Section	Stage – Round 1 Public and Government Consultation
Title	‘Methods’ changed to ‘systems’ to align with terminology used throughout unit and in CHCDIS014M
Application	Added terminology around support network which can include family, paid and unpaid carers, health professionals or other support staff.
Elements and performance criteria	• Added support network terminology and edited aligned to TPOF • PC1.4 deleted – covered in PC4.2 • PC1.6 deleted – not within scope of job role • PC1.7 deleted – covered in PC2.5
Knowledge Evidence	Added person-centred approaches
Rationale for Change at this Stage- Summary	• Alignment with TPOF
Questions for consideration	Could this unit be broadened to cover aged care contexts as well given the intersectionality of ageing and disability?

CHCDIS020M Work in disability support settings

Table 14. Proposed changes to CHCDIS020 Work effectively in disability support > CHCDIS020M Work in disability support settings

Section	Stage – Round 1 Public and Government Consultation
Title	- Removed 'effectively' from title. It describes a level of performance rather than a competency. The revised title provides a clearer and more measurable description of the unit outcome. - Added settings to capture the many disability settings a learner could work in
Application	Expansion to expected work outcomes and update to settings and supervision statements
Elements and performance criteria	- Minor changes to wording, to align with TPOF - Added PC3.3 around attitudes and behaviours that may negatively affect older people - Removed verbs like 'monitor' and 'maintain'. These verbs seek continuity which can be difficult to assess in simulated situations.
Performance Evidence	Added Mandatory Work Placement of 120 hours: Mandatory Work Placement must now be part of a Unit of Competency rather than Qualification.
Knowledge Evidence	- Addition of bodies involved in reporting complaints about disability support service provision - Addition of strengths-based principles of disability support provision - Removed 'Office of the Health Ombudsman' - Removed restrictive practices as does not align with intent of this unit and is mapped across many other units in the qualification. - Added self-care strategies, stress indicators and support processes as covered in PC but not in KE.
Rationale for Change at this Stage- Summary	- Alignment with TPOF - There is scope to make a significant change if it's merged with CHCAGE013M and/or made an ASK unit.
Questions for consideration	- Should this be an ASK unit? - Could this be merged with CHCAGE013M Work in aged care settings? - Merged unit: proposed title could be Work in care settings - Are there enough competencies in this unit that cannot be simulated? - Should we explore moving the Mandatory Work Placement to a unit such as CHCCCS031M Provide individualised support?

CHCPAL003M Deliver care services using a palliative care approach

Table 15. Proposed changes to CHCPAL003 Deliver care services using a palliative care approach > CHCPAL003M Deliver care services using a palliative care approach

Section	Stage – Round 1 Public and Government Consultation
Elements and performance criteria	• Addition of references to individualised plan and comprehensive care plan in context of identifying person’s holistic needs, and as they relate to advance care directives • Addition of greater context around importance of person-centred communication techniques that meet person’s individual needs and preferences • Expansion of tasks relating to identifying deterioration of person’s condition • Added consultation with person’s support network at multiple points of the process • General edits to wording throughout
Performance Evidence	• Addition of identifying and reporting deterioration in person’s condition
Knowledge Evidence	• Addition of knowledge around signs of deterioration of person with dementia • Addition of comprehensive care plans as they relate to palliative and end-of-life care • Addition of role and contributing to multidisciplinary teams • Expansion of organisational policies and procedures, including around documentation and referrals
Rationale for Change at this Stage- Summary	• Alignment with TPOF • Focus Group advice on importance of identifying changes and deterioration in person’s condition and understanding organisational policies and procedures around subsequent reporting • Recommendations from Aged Care Royal Commission, such as on importance of communication skills and capabilities in facilitating person’s agency and self-determination around decisions relating to their care • National Palliative Care Standards framework (itself a response to, and practical implementation of findings from, Aged Care Royal Commission)

HLTHPS006M Assist people to self-administer medication

Table 16. Proposed changes to HLTHPS006 Assist clients with medication > HLTHPS006M Assist people to self-administer medication

Section	Stage – Round 1 Public and Government Consultation
Title	Added self-administer to title
Application	Clarified the boundary between self-administration, medication assistance and medication administration, including that the unit does not authorise medication administration.
Elements and performance criteria	- Modified terminology for consistency - Aligned to TPOF - Added PC2.9 - Removed PC3.3 to align to new scope - Edited PC3.4 for clarity of task - Edited PC3.6 to include incomplete self-administration - Edited PC4.3 and PC4.4 for clarity and easier to assess - Removed element 5 and relevant PCs given rescope of unit focus
Performance Evidence	- Updated to reflect new focus of unit. - Removed calculated correct dosage - Added reporting an adverse medication - Added reported a discrepancy in medication self-administration - Added documenting requirement
Knowledge Evidence	- Added to KE reporting procedures to meet PC 2.4, 2.6, 3.4, 3.5, 4.4, 4.6 - Added Australian Charter of Healthcare Rights - Added person-centred medication assistance - Added medication safety - Removed lists to align with TPOF
Assessment Conditions	Updated to reflect new unit focus
Rationale for Change at this Stage- Summary	- Strengthen person-centred requirements for consent, informed choice, communication and readiness for safe self-administration - Make recognition, reporting and escalation of medication discrepancies, errors and near misses explicit, including observation and reporting of changes following an actual or suspected error

	• Remove legacy requirements not necessary for an assistance-focused outcome, including dosage calculations and prescribed numbers of medication types and administration routes • Strengthen alignment with current individualised medication information, documented medication assistance arrangements and the worker's authorised role.
Questions for consideration	• Regarding handover documentation: is this written/electronic and verbal? • would it benefit this UOC in preparing the person, to ensure person's positioning is sufficient for medication self-administration? • PC2.6: is confirming the level of independence appropriate? This may vary from day to day and is important to establish on each occasion to ensure safety and scope of practice.



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