

Submission by the Australian Nursing and Midwifery Federation

Health Services Assistance Qualification Review

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**Australian
Nursing &
Midwifery
Federation**



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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks HumanAbility for the opportunity to provide feedback on the *Health Services Assistance Qualification Review*. The ANMF is largely supportive of the Health Service Assistance (HSA) qualification. It is imperative the HSA qualification reflects the role of Health Assistants (however titled) in the health system to ensure public safety.



Certificate III in Health Services Assistance (HLT33115)

Does the qualification description for Certificate III in Health Services Assistance (HLT33115) clearly identify the range of healthcare settings and roles in which the qualification can be applied?

6. No. The ANMF does not support “Maternity Support Assistant” as an occupational outcome. The Maternity subject matter expert (SME) Panel convened by HumanAbility developed consensus for the inclusion of a maternity-based elective in this qualification as a knowledge-based unit to introduce maternity health care with no occupational outcome. The ANMF requests that the companion volume explicitly states the completion of the maternity elective does *not* lead to an occupational outcome in a maternity setting as per Maternity SME Panel discussions.
7. No. The roles listed are largely unregulated. Techniques such as “position description scraping” should not be used to determine need in a critical industry such as health that must uphold safety and quality. The introduction of new roles must be informed by evidence for quality and safe care, rather than being determined by demand from employers, who have competing interests.
8. The ANMF is concerned that terminology used throughout the materials when referring to health assistants (however titled) is inconsistent and risks leading to role substitution and potential dilution of the nursing and midwifery professions.

Are the core units contained in this qualification aligned to industry?

9. There is no role for health assistants in maternity care settings as the ANMF has consistently contested throughout the consultation process.
10. The documents must clearly define and distinguish ‘supervision’ and ‘delegation’ and explicitly and consistently provide that health assistants work under the direction and supervision of a registered nurse or midwife.



11. The term 'client' used throughout the documents suggests a fee for service relationship and should be replaced with 'recipient of healthcare' or 'person receiving care'.

HLTAIN001 – Assist with nursing care in an acute care environment

Does the knowledge evidence of this unit of competency reflect the essential knowledge required for competent performance in the workplace? Are there any gaps or areas that should be added or removed based on current industry? Do the elements and performance criteria in this unit of competency accurately reflect the tasks, responsibilities, and skill levels required in current industry practice? If not, what changes would you recommend?

12. Catheter care is the responsibility of a registered health professional; the ANMF therefore recommends its exclusion from this unit. Urinalysis and pain assessment are key parts of additional clinical assessment and out of the role scope of a health assistant.
13. Reference to 'Interpret *individualised care plans... and clinical charts*' should be removed. Interpretation of clinical information requires complex clinical knowledge and should only be undertaken by a nurse or midwife.

Operating theatre technician units – multiple

14. Yes, to all questions regarding appropriateness of knowledge and performance elements, assessment conditions and industry alignment for operating theatre technician units. This outcome of the HSA qualification is a clear example of appropriate use of a health services assistant qualification. Operating theatre technicians have a clearly defined role scope and are appropriately supervised and well supported in clinical environments.



HLTMAT001N - Pregnancy and postnatal health and wellbeing foundations

Does the knowledge evidence of this unit of competency reflect the essential knowledge required for competent performance in the workplace? Are there any gaps or areas that should be added or removed based on current industry? Does the performance evidence provide a thorough and reliable basis for determining competence in the unit?

15. The position of the ANMF remains unchanged. As contended in the ANMF's submissions to HumanAbility in May and June 2025, the ANMF does not support the inclusion of maternity support units translating to an occupation outcome or inference of obtainment of clinical care skills in maternity services upon completion of these units.
16. It is the understanding of the ANMF that the purpose of these units is to provide students with knowledge to engage their interest in maternity care and subsequently pursue midwifery qualifications. It is imperative these units reflect content consistent with this aim at a certificate III qualification level and focus on foundational concepts of pregnancy and postnatal health and wellbeing.
17. Broadly, the language and concepts in this unit are consistently beyond what is required by the Australian Qualifications Framework (AQF) for a Certificate III qualification. The Framework describes Certificate III graduates as having the skills and knowledge such as "known solutions to a variety of predictable problems". The areas of care described in this unit such as breastfeeding, collecting observations and assessing wellbeing all have complex, and sometimes unpredictable, outcomes requiring a range of responses which are far outside the level of a Certificate III. Analysis and evaluation are descriptives used for higher AQF level qualifications. Although the draft unit may not explicitly use words like "analyse" or "evaluate", the concepts described inherently require these skills.
18. In view of this, the ANMF proposes changes to align the unit with a certificate III qualification and are consistent with previous feedback provided to the Maternity SME Panel, as follows:



- a. Removal of *“Common physical, emotional, and psychological needs of mothers during pregnancy”* and *“Purpose and significance of normal maternal observations (blood pressure, pulse, temperature, weight, urine analysis) in identifying complications.”* Identifying needs of mothers is suggestive of assessment and providing care to meet that need. This is a knowledge-based unit, and it is not within the remit of a Health Assistant to identify or manage complications.
- b. Rewording of *“Physical, emotional, and psychological needs of mothers in the postnatal period”*. This element is extremely broad and complex and suggestive of providing care to meet a need. The ANMF suggest this element be rephrased to align with the pregnancy knowledge outcome *“Common physical and emotional changes for women in the postnatal period”*.
- c. Removal or rewording of performance evidence *“Identified maternal and newborn wellbeing needs.”* The intent of this element is not clear. It is suggestive of the student assessing and managing plans of care to meet the needs of women, people giving birth and newborns. This is not consistent with a knowledge unit and pertains to elements of care in the remit of a midwife.
- d. Removal of *“Common postnatal complications and related escalation pathways”*. This is not foundational knowledge and pertains to clinical care that is not within the scope of the unit. Furthermore, a deteriorating patient requires clinical assessment, decision making and interventions beyond the role of a Health Assistant. Effective use of escalation pathways is a practical, applied skill more appropriately assessed within a unit of competency rather than a knowledge-based unit.
- e. Removal of *“Understanding of normal physiological changes during pregnancy, the process of labour and birth, and the postnatal period”* in core concepts. Understanding normal changes during pregnancy and the postnatal period is repetitious of other elements articulated in this section. The process of labour and birth is beyond the scope of the unit.



- f. Removal of Knowledge element *“infection prevention and control in postnatal care”* and knowledge evidence *“infection prevention and control principles relevant to maternal and newborn care”*. These elements are suggestive of clinical care provision and duplicate elements in core subjects of the HSA qualification.
- g. Removal of *“Access to immunisation information for families and escalation processes for immunisation queries”*. The ANMF recognises the desire to promote an evidence-informed attitude to vaccination in those who work in health settings. However, even simple queries about an individual’s immunisation needs can be unpredictable and rapidly move into areas requiring complex clinical reasoning by an immunisation provider. Therefore, individual case level promotion of immunisation should always be led by an immunisation provider.
- h. Removal of *“Strategies for reflective practice and self-care when supporting mothers, infants and families”*. This element implies provision of care to mothers, infants and families which does not align with intent of unit to provide foundational knowledge.
- i. Removal of *“recognise delegated aspects of pregnancy and postnatal care”* and correlating performance evidence *“delegated aspects of pregnancy and postnatal care, to explore appropriate actions within scope of role and reflect on personal learning, values, and professional boundaries in line with organisational policies”*. As this is a knowledge-based unit and not intended to support an occupational outcome, these elements are not required.
- j. Remove *“interpret and report basic maternal observations following organisational protocols”* and the corresponding performance evidence *“interpreted and reported basic maternal observations according to organisational protocols and escalation pathways.”* These elements imply provision of care rather than attainment of pregnancy and postnatal foundational knowledge. Furthermore, whilst the ANMF understands in some settings such as aged care health assistants may collect vital signs, this is not a standard we endorse and is not appropriate for maternity care



settings.

- k. Remove “birth” from “*common physical and emotional needs during pregnancy, birth, and the postnatal period*” as this is out of scope for a unit focused on pregnancy and postnatal health and wellbeing.
- l. Rewording of Performance Evidence “*Documented appropriate approaches to support maternal recovery, breastfeeding, and safe sleeping practices.*” Supporting maternal recovery and breastfeeding are extensive elements of postnatal care covered in detail in midwifery qualifications. The ANMF does not support a health assistant providing initial education and assessing issues with breastfeeding. Whilst acknowledging the need to raise public awareness of the importance of breastfeeding for optimal health outcomes, the ANMF considers breastfeeding education a specialised area within midwifery practice and not the role of a health assistant. The ANMF values the role of dedicated peer support workers in supporting breastfeeding and note the qualification for breastfeeding peer support workers, 10998NAT Certificate IV in Breastfeeding Education. This element must be revised to reflect learning expected at a certificate III level and a knowledge-based unit. For example, a learner at a certificate III level may be able to identify benefits of breastfeeding or identify key principles of safe sleeping practices.

19. In addition, the ANMF would like to offer some broader reflections regarding the new Application of Skills and Knowledge (ASK) template provided by the Department. The ANMF acknowledge that this template is newly developed and still evolving for use across industries and we appreciate the intent to ensure strong vocational alignment within VET qualifications.

20. While we recognise the need for a vocational focus, we are concerned that a unit titled “Application of Skills” may unintentionally create confusion when its primary purpose is to outline knowledge requirements rather than skills. This terminology makes it challenging for learners and the public to clearly differentiate between a competency unit designed for



role preparation and an ASK unit focused on underpinning knowledge. As currently framed, the distinction between the two templates may not be immediately apparent to learners or the broader community.

Feedback on consultation process

21. The ANMF appreciates the extensive consultation with our organisation over the course of this project and the complexities of developing consensus across a range of stakeholders. However, there are concerns that despite this consultation, the underlying processes leading to the papers included in this consultation are unclear, for example, components of the draft maternity units do not reflect consensus or feedback from the most recent Subject Matter Expert (SME) Panel discussions.
22. The ANMF recommends development of a conflict-of-interest process for future collaborations. This would ensure that all contributing members disclose competing interests at the commencement of each meeting.

Conclusion

23. The ANMF appreciates the opportunity to contribute to the Health Services Assistance Qualification Review and thanks HumanAbility for the extensive consultation efforts throughout this process. We look forward to ongoing collaboration as the review progresses.