



**Australian Government**

**Department of Education, Employment and Workplace Relations**

# **HLTCOM406B Make referrals to other health care professionals when appropriate**

**Release: 1**

## HLTCOM406B Make referrals to other health care professionals when appropriate

### Modification History

### Unit Descriptor

This unit of competency describes the skills and knowledge required to arrange referrals to other health care professionals when required

### Application of the Unit

### Licensing/Regulatory Information

### Pre-Requisites

### Employability Skills Information

The required outcomes described in this unit of competency contain applicable facets of Employability Skills

The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements

### Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

### Elements and Performance Criteria

#### Elements and Performance Criteria

Element	Performance Criteria
1 Formulate a referral plan for client requiring further treatment	1.1 Determine <b>need for referral to other health care professionals</b> services 1.2 Communicate need for referral to the client 1.3 Consider the financial aspects of complementary health care

- 1.4 Ensure referral occurs with permission/consent of client and within confidentiality/privacy standards
- 2 Interact with other health care professionals
  - 2.1 Identify a range of **complementary health** care professionals and services
  - 2.2 Consult Complementary health care professionals and **support services** to determine the most appropriate source for **referral**
  - 2.3 Relate effectively and knowledgeably with other health care professionals
- 3 Arrange a referral to an appropriate source for clients with specific needs
  - 3.1 Contact the health care professional and/or service to whom clients are to be referred
  - 3.2 Arrange transfer of **copies of client records** to the appropriate referral source
  - 3.3 Include the client in referral communications and provided with written referrals
  - 3.4 **Brief** the appropriate health professional/service is on reason for referral
  - 3.5 Answer queries regarding the referral
  - 3.6 Provide assistance to other health care professionals/services as required
  - 3.7 Record referrals in case notes

## Required Skills and Knowledge

This describes the essential skills and knowledge and their level required for this unit.

### **Essential knowledge:**

Knowledge of the profession's special characteristics, historical mileposts, aspirations and strengths

Knowledge of health care professionals/services locally, nationally, and internationally and of their relationship to other professions and organisations

Knowledge of the role of other health professionals and support services

Knowledge of the paradigms, including fee environments, within which other professions function

Knowledge of and ability to apply referral procedures

Knowledge of what constitutes a medical emergency or referral

### **Essential skills:**

Ability to:

Communicate effectively

Demonstrate appreciation of the relative merits of the treatment options available in regard to cost, benefit and efficiency of such procedures

Consult colleagues for special expertise

Write referrals, certificates and correspondence

Formulate referral plans and arrange referrals

Write third party and medico legal reports, certificates and correspondence

## Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

### **Critical aspects for assessment and evidence required to demonstrate this competency unit:**

Observation of performance in the workplace or a simulated workplace (defined as a supervised clinic) is essential for assessment of this unit

Assessment may contain both theoretical and practical components and examples covering a range of clinical situations

Evidence is required of both knowledge and skills application. The assessee must provide evidence of specified essential knowledge as well as skills

Consistency of performance should be demonstrated over the required range of situations relevant to the workplace

Where, for reasons of safety, space, or access to equipment and resources, assessment takes place away from the workplace, the assessment environment should represent workplace conditions as closely as possible

Assessment of sole practitioners must include a range of clinical situations and different client groups covering at minimum, age, culture and gender

Assessment of sole practitioners must consider their unique workplace context, including:

Interaction with others in the broader professional community as part of the sole practitioner's workplace

Scope of practice as detailed in the qualification and component competency units

Holistic/integrated assessment including:  
working within the practice framework  
performing a health assessment  
assessing the client  
planning treatment

providing treatment

**Access and equity considerations:**

All workers in the health industry should be aware of access and equity issues in relation to their own area of work

All workers should develop their ability to work in a culturally diverse environment

In recognition of particular health issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on health of Aboriginal and Torres Strait Islander people

Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on health of Aboriginal and/or Torres Strait Islander clients and communities

**Context of and specific resources for assessment:**

Assessment should replicate workplace conditions as far as possible

Simulations may be used to represent workplace conditions as closely as possible

Where, for reasons of safety, access to equipment and resources and space, assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible

Resources essential for assessment include:  
Contact directories

**Method of assessment**

Observation in the work place (if possible)

Written assignments/projects or questioning should be used to assess knowledge

Case study and scenario as a basis for discussion of issues and strategies to contribute to best practice

Conventional letters or electronic communication

## Range Statement

### RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

#### **Need for referral may include:**

- Client with a counselling need beyond the practitioner's own level of skill
- Client in need of ongoing support or counselling
- Client with a personality disorder
- Disclosure, by a minor, of abuse
- Suicidal or homicidal client
- Referral to a GP for initial or follow up pathology
- Referral to GP/health services because of a/or suspicion of notifiable disease
- Practitioner establishes a supervisory, social or sexual relationship with client
- Practitioner identifies with client
- transference or counter-transference

#### **Other health care professionals/services may include but are not limited to:**

- Professional counsellors or psychologists
- Social or health workers
- Mental health units or hospitals
- Doctors
- Psychiatrists
- Law officers
- Dieticians
- Physiotherapists/chiropractors
- Complementary health therapists

**Complementary health care practitioners may include:** More experienced homoeopaths with or without a speciality

Naturopaths  
Herbalists  
Acupuncturists  
Massage therapists  
Osteopaths  
Chiropractors

**Support services may include:**

Local child care centre  
Local welfare centre  
Local church groups  
Local other than Christian groups  
Life line  
Domestic violence telephone service  
Others

**Referral may be by:**

Written communication  
Verbal communication

**Client records may include:**

A copy of the whole care record  
A synopsis of the case record  
Homoeopathic specific information via e.g. Standard Case Recoding forms, symptom descriptor forms, treatment evaluation and progress sheets

**Briefing may include:**

Verbal communication e.g. telephone or face to face  
Electronic communication e.g. email  
Conventional written letter

**Unit Sector(s)**