



Lung Learning Framework

FOR PRIMARY HEALTHCARE PROFESSIONALS TO OPTIMISE CARE, PROVIDE **SUPPORT** FOR THOSE LIVING WITH LUNG CONDITIONS AND PREVENT INDIVIDUALS ACQUIRING LUNG CONDITIONS.

Executive Summary

The Lung Learning Framework (the Framework) guides lung health education and training for the Australian primary healthcare sector. The Framework collates the lung health knowledge and skills across the patient journey. Reflecting on more than 15 professions working in the industry, it represents the interrelationships within healthcare and the community.

The Framework comprehensively captures the capabilities and competencies of lung health educational development. It guides learners and educators to consider, adapt and enhance their skills within lung health to deliver best-practice care. It promotes and reinforces a person-centred approach and shared multidisciplinary care as the 2 fundamentals of high-quality care. The Framework covers 4 domains of the journey individuals living with lung condition/s experience, including the promotion of healthy lungs, early detection and diagnosis, initial care and planning, and self-management and ongoing care.

The Framework was developed with a rigorous review process (Appendix 1). The 6 principles underpinning the Framework encourages evidence-based practice, a person-centric approach, adaptability, comprehensiveness, accessibility and remaining within scope of practice (Appendix 2). This promotes the inclusion of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations and communities across Australia's diverse landscape.

The Lung Learning partnership recommends that the Framework is used in conjunction with the appropriate professional standards provided by the healthcare governing bodies and accreditation bodies. The Framework is a living document with a regular evaluation and revision cycle incorporating further consultation as best-practice care and environments change.



Mark Brooke, CEO
Lung Foundation Australia



Dr. Graham Hall, CEO
The Thoracic Society of
Australia and New Zealand



Michele Goldman, CEO
Asthma Australia

Acknowledgements

The **Lung Learning Framework** for Primary Healthcare professionals was led and supported by:

Lead Organisations



Supporting Organisations



Thank you to all contributors.

The **Lung Learning Framework** was an extraordinary collaboration made possible by individuals and organisations across Australia who gave their time, expertise, and experiences. With them, this framework is comprehensive and inclusive acknowledging all Australians and the importance of caring for, treating, and preventing lung conditions. Please see Appendix 3 for a complete list.

Thank you to the Project Team.

The Project Team who worked on the consultation, writing, design, and editing include Ms. Malathi Kanagasabapathy, Mrs. Hannah Keep, Ms. Brigitta Rose, Mr. Harry Martin, Ms. Angi Bissell, Ms. Zoe Cole, Ms. Melina Fichera, Ms. Kemesha Govender.

Acknowledgments

The Lung Learning Framework is funded by the Australian Government Department of Health under the [National Strategic Action Plan for Lung Conditions 2019 - 2022 Plan](#) (Action Plan, item 3.1).

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Australian Government

Acknowledgement of Country

We would firstly like to acknowledge the Traditional Custodians of the many lands on which this Framework was developed and acknowledge the many beautiful landscapes including Rivers, Mountains, Seas, and winds that blow over their ancestral lands which remains under their continual custodianship. We would also like to pay our respects to the Elders who have gone before us for their courage and bravery in laying a firm foundation, Elders who are currently with us for their wisdom and guidance in supporting the work we do and to future generations of Aboriginal and Torres Strait Islander Leaders and to our Aboriginal and Torres Strait Islander and non-Indigenous peoples.

Karl Briscoe - CEO

**National Association of Aboriginal and Torres Strait Islander
Health Workers and Practitioners (NAATSIHWP)**

**'Everyone has a role in helping
patients breathe easier.'** artwork
by David Williams of Gilimbaa.



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SECTION 1

INTRODUCTION



How to use this document

This document consists of two sections:

Section 1: Introduction

- Provides a summary of why the national Lung Learning Framework (the Framework) was developed.
- Highlights the purpose of the Framework and who should be using it.
- Outlines the assumptions made while designing the Framework.

Section 2: The Framework

- Reinforces the importance of the fundamentals of high-quality care which help primary healthcare professionals (PHCPs) deliver best practice care.
- Highlights the capabilities and subsequent competencies PHCPs require across the patient journey.

This document is for primary healthcare professionals and organisations developing lung health education and training. It should be read in conjunction with regulatory requirements or standards, and other career development and professional standard guides.

Introduction

All primary healthcare professionals (PHCPs) working in the Australian healthcare system should have at least a foundational level of lung health knowledge, lung health skills relevant to their profession, and ability to safely apply these skills.

Almost one-third of Australians will be diagnosed with a lung condition¹ creating a demand influx for health services. However, there is a resource gap in supporting PHCPs to align their skills against a national standard (i.e., a lung health training and educational framework). A desktop review and the Lung Learning's survey drive, targeting consumers and PHCPs, highlighted what has helped deliver best-practice care, the barriers, and suggestions to help improve current practices (Appendix 4). These include, but are not limited to:

- A respectful relationship between the individuals, families, communities, and their healthcare team,
- The education provided throughout the patient journey,
- Health professionals working as a cohesive multidisciplinary team in partnership with individuals, families, and communities in a true shared decision-making environment, and
- Encouraging self-empowerment as appropriate in a supportive way.

This document presents the national Lung Learning Framework (the Framework), building on the foundations of the governance policies practised by Australian health organisations. Unlike other capability frameworks, this framework focuses on the lung health training and education needs of PHCPs and actively encourages training organisations to incorporate the competencies and suggestions outlined in this document. The Framework and associated tools are based on the Lung Learning vision (Figure 1) helping to align lung health education and training to provide best-practice care.

The Lung Learning Framework vision

The Lung Learning Framework will be recognised as the national, best practice education and training capability framework for primary healthcare professionals to identify those at risk, diagnose and manage those living with lung condition/s. The Framework reinforces the path for professions to access relevant, clinical guidance for the different PHCPs involved in the care of people living with lung condition/s so that they are better equipped to deliver higher quality patient care and health outcomes.

Figure 1: The Lung Learning Vision



¹ "Australia's health 2016," *Australian Institute of Health and Welfare* (2016).

Background and context

Current lung health landscape

Lung conditions can have a marked effect on the quality of life (Figure 2). Individuals with lung conditions and the people who care for them heavily rely on primary healthcare professionals (PHCPs) to identify those at-risk, diagnose, refer, and provide care throughout the health journey effectively and efficiently. Many Australians with lung conditions lack knowledge and understanding about their condition², emphasising the importance of PHCPs in lung health. People living with lung conditions may experience stigma and shame³. More education and awareness are required for both PHCPs and the public to understand and empathise with individuals who have lung condition/s. It is critical to support individuals with lung condition/s and drive lung health promotion and early intervention to improve quality of life and reduce the number of people diagnosed with lung conditions.

In response to this urgent chronic condition facing Australians, the Australian Government initiated the National Strategic Action Plan for Lung Conditions in 2019⁴ provides a detailed, person-centred roadmap. A person-centred approach is an established partnership between practitioners, individuals, their families, and, as appropriate, communities. The partnership ensures that decisions respect the individuals' wants, needs, and preferences and that individuals have the education and support they need to make decisions and participate in their care. A priority area of the Action Plan, item 3.1, involves developing a national lung health training and education framework for PHCPs to improve awareness, knowledge and understanding in the identification, diagnosis, and management of lung conditions which forms the basis of the Lung Learning project.

The Lung Learning Partnership acknowledges that Aboriginal and Torres Strait Islander peoples, those living in rural and remote Australia, and culturally and linguistically diverse populations may have different risks and exposures. They may prefer different ways of learning and interacting, and cultural considerations. Cultural safety is integral to providing high quality care and is defined by delivering safe, accessible, and responsive healthcare free of cultural bias⁵. Healthcare professionals can work in a culturally safe way by regularly critically reflecting on their knowledge, skills, attitudes, practising behaviours and being mindful of power differentials⁶. This Framework aims to be culturally inclusive, safe, and applicable for all Australians.

² Proof Research and Lung Foundation Australia, "The lived experience", *Lung Foundation Australia*, (2020).

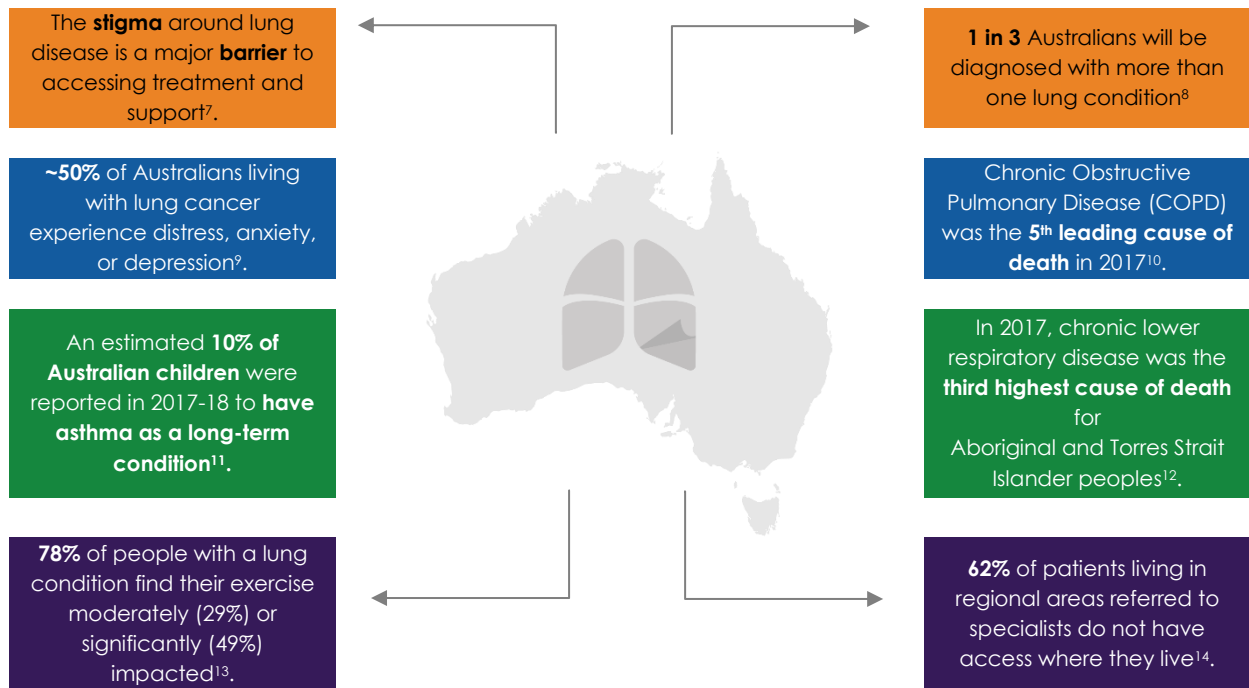
³ "Dealing with stigma and shame" *Lung Foundation Australia*, (2021).

⁴ Lung Foundation Australia, "National strategic action plan for lung condition.", *Australian Government Department of Health*, (2019).

⁵ "The national scheme's Aboriginal and Torres Strait Islander health and cultural safety strategy 2020-2025" *Ahpra & National Boards* (2021).

⁶ "Aboriginal and Torres Strait Islander health strategy" *Ahpra & National Boards* (2021).

Figure 2: Impacts of lung health across Australia



⁷ "Barriers to lung cancer care: health professionals' perspectives." Griffith University, (2017).

⁸ "Australia's health 2016," Australian Institute of Health and Welfare, (2016).

⁹ "Making lung cancer a fair fight: a blueprint for reform" Lung Foundation Australia, (2018).

¹⁰ "Chronic respiratory conditions" Australian Institute of Health and Welfare, (2019).

¹¹ "Asthma prevalence among children", Australian Institute of Health and Welfare, (2022).

¹² "Summary of Aboriginal and Torres Strait Islander health status" Australian Indigenous HealthInfoNet, (2020).

¹³ Proof Research and Lung Foundation Australia, "The lived experience", Lung Foundation Australia, (2020).

¹⁴ Proof Research and Lung Foundation Australia, "The lived experience", Lung Foundation Australia, (2020).

Purpose of the Framework

The purpose of the Framework is to guide the learning requirements of primary healthcare professionals (PHCPs) to ultimately support the needs of people living with lung condition/s and to reduce the number of Australians who develop a lung condition.

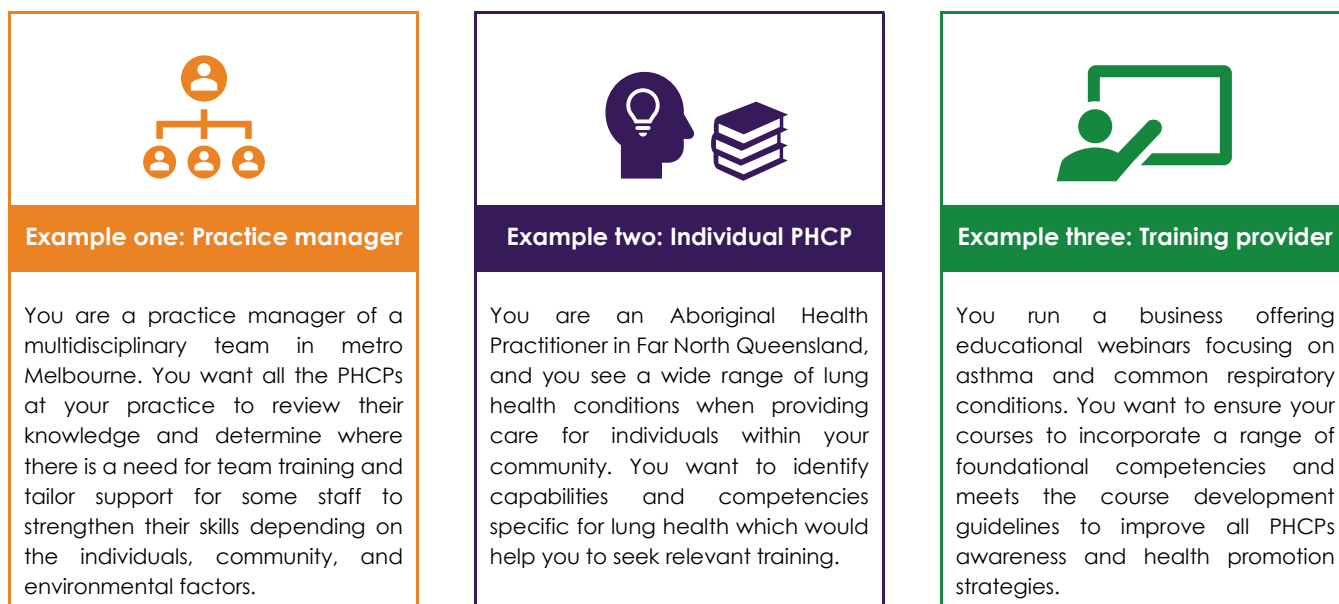
In addition to the Framework, the Course Development Guide encourages lung health training and education to be developed in accordance with the recommended standards while linking training to various capabilities in the Framework (Section 2). The Lung Learning Partnership encourages training organisations to use both documents to ensure their courses are aligning to best practice care.

Intended audience

This Framework is designed for the following audience (examples provided in Figure 3):

- **Primary healthcare professionals (PHCPs)** to review their knowledge and competencies for lung health. For this Framework, the definition of PHCPs was adopted from the Australian Government, Department of Health. It describes PHCPs as those who provide healthcare services in the community, working together to provide comprehensive, person-centred care¹⁵. These include but are not limited to general practitioners (GPs), nurse practitioners, nurses, allied health professionals, midwives, pharmacists, and Aboriginal Health Practitioners and Aboriginal Health Workers.
- **Healthcare governing bodies, peak governing bodies, and lung health training providers** to determine if their current lung health education and training resources incorporate the key competencies outlined in this Framework.

Figure 3: Examples of professionals using the Framework

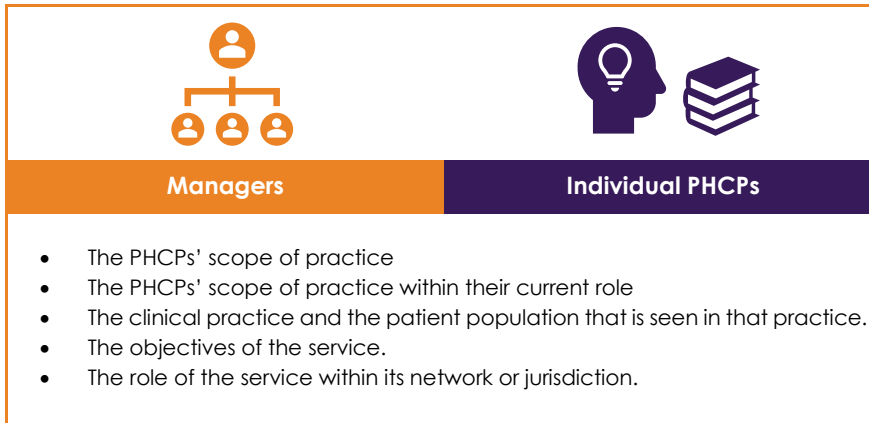


¹⁵ "Primary Health Care in Australia" The Department of Health, Australian Government (2013).

This is a guide, not a rulebook

This approach should be treated as a guide. When reviewing their skills against the competencies, individuals and or managers of primary healthcare professionals (PHCPs) should consider several factors (Figure 4).

Figure 4: Considerations of managers and primary healthcare professionals



Assumptions

The Framework was designed based on the following assumptions

To be used in conjunction with capability frameworks and professional standards provided by the primary healthcare professional's governing body, professional organisations and/or accreditation bodies such as

- APNA Career & Education Framework for Nurses in Primary Health Care
- Physiotherapy Career Pathway (APA)
- National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander people (RACGP & NACCHO)
- CARPA Standard Treatment Manual
- Rural Generalist Curriculum (ACRRM)
- Accredited Exercise Physiologist Professional Standards (ESSA)
- Pharmaceutical Society of Australia (PSA) Professional Practice Standards
- Guiding principles of the RACGP educational framework (RACGP)
- 2022 curriculum and syllabus for Australian general practice (RACGP)

These comprehensive capability frameworks and professional standards members understand the expectations of their role and career progression and approve educational and training resources appropriate for their members

This framework focuses more specifically on competencies which improve lung health training, education, and practices.

Targeted to primary healthcare professionals, not the general population.

- This document is to be used by primary healthcare professionals (PHCPs) and **is not for use by the public**. The education suggested within this document is to upskill PHCPs and not as educational campaigns (e.g., for school populations or other health promotional drives).

SECTION 2

THE FRAMEWORK



Framework overview

The Framework encompasses and reflects more than 15 different primary healthcare professions in Australia's geographically diverse landscape. It includes the needs specific to Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations.



We encourage you to critically appraise and reflect on your needs. [The Lung Learning Self-Appraisal Tool](#) is a downloadable resource to help track the areas on which you would like to focus your training.

The fundamentals of high-quality care

A person-centred approach¹⁶ and working cohesively with multidisciplinary teams¹⁷ are the fundamentals of high-quality healthcare (the Fundamentals). The Lung Learning surveys indicated these behaviours are crucial for individuals with lung condition/s to have a better experience and overall care (Appendix 4).

The Fundamentals are divided into two sections: Person-centred approach and Shared multidisciplinary care (Figure 5). Please reflect on the competencies listed and determine how you can further improve these skills within your practice.

Figure 5: The fundamentals of high-quality care

	 Person-centred approach	 Shared multidisciplinary care
Details	Prioritisation of culturally safe, person-centred care	Effective coordination, communication, and collaboration
Capabilities	<ol style="list-style-type: none"> 1. Person-centred approach 2. Culturally safe and supportive communication with compassion 3. Professional practice 4. Guidance for individuals, families, and carers. 	<ol style="list-style-type: none"> 5. Coordinating, collaborating, and communicating with other health professionals and services 6. Establishing effective referral pathways

¹⁶ "The person-centred care guideline: from principle to practice" *Journal of Patient Experience*, (2018).

¹⁷ "Multidisciplinary team care" *NSW Health*, (2020).

The Fundamentals: Person-centred approach

Maintaining a person-centred approach throughout the individual's lung health journey is essential. It considers the communication, cultural safety, values-based care, and professional practice for individuals with lung condition/s, their families, carers, and their greater community. The Lung Learning Partnership acknowledges that community engagement plays an important role in many cultures and regions of Australia¹⁸. For example, Aboriginal and Torres Strait Islander peoples view health holistically, including a person's life, spirit, land, environment, their body, community relationships and law¹⁹. Therefore, a broader person and community-centred approach should be considered when providing care, and advice should be sought from Aboriginal Health Practitioners and Aboriginal Health Workers to assist this approach. Recognising the specific needs of Australia's diverse populations, understanding the social determinants of health for at-risk populations, and adapting your practice accordingly is essential to delivering high-quality care.

This section outlines the generally expected standards for all primary healthcare professionals. Please refer to your professional capability framework for additional recommendations.

	Competency	Details
Capability 1. Person-centered approach (individuals with lung condition/s, their families, carers, and communities)		
1.1	Understands importance of a person-centred approach	<ul style="list-style-type: none"> • I value the importance of a person-centred approach by ensuring the individuals, families, carers and, as appropriate, communities are respected, listened to and their values are prioritised within my practice. • I invest in building trust, rapport, and respect to positively enable person-centred care.
1.2	Adapts practice to meet individual needs.	<ul style="list-style-type: none"> • I ensure the needs and priorities of the people I see are at the centre of my practice. • I adapt my approach, perspective, advice, and communication style to support the needs of the person I'm caring for. • I consider and work towards healthcare outcome measures that are important to the individual. • I adapt my approach to support the needs of individuals at different ages (e.g., older person, children, young adults). I value how gender roles of the individual and their partners/carers may factor into their overall care plan.
1.3	Adapts practice to meet different environmental and location settings.	<ul style="list-style-type: none"> • I adapt my practice to suit different or unpredictable environments. • I confidently provide best-practice care for individuals, families and carers through in-person and digital platforms.
1.4	Shares the decision-making	<ul style="list-style-type: none"> • I share the decision-making with the individual, family, carer/s, and, as appropriate, their community, so they can possess ownership and connect to the advice given. • I offer the individual interventions that support shared decision-making before, during and after discussions with myself and other healthcare professionals, so that they feel fully involved in their care.

¹⁸ "Understanding chronic disease in culturally diverse communities" *Asthma Australia*, (2019)

¹⁹ "Summary of respiratory diseases among Aboriginal and Torres Strait Islander children" *Australian Indigenous HealthInfoNet*, (2020).

	Competency	Details
		<ul style="list-style-type: none"> • I encourage families and carers to actively engage in the consultation to assist individuals. I work to explain what is important to them, to assist with decisions about their care and to remember information they have been given during discussions. • I respect the choice of care an individual may make without bias. • I help the individual set goals (e.g., SMART goals- specific, measurable, achievable, relevant and timebound) across the patient journey.
1.5	Aims for localised care with local, tele and digital services.	<ul style="list-style-type: none"> • Whenever possible, I keep the care within manageable travel distances (local) to the individual or use digital health and telehealth services to support the individual manage their lung condition within their local environment.
1.6	Initiates the follow-up support to help response and commitment levels (recalls and reminders).	<ul style="list-style-type: none"> • I ensure that I, or my practice, have processes in place for recalls and reminders to improve engagement and so follow-up occurs. E.g., appointment reminders, follow up discussions or consultations that we have had, investigation results or outstanding issues are communicated with the individual.
1.7	Communicates and engages with colleagues and multidisciplinary teams to align services and uphold person-centred care.	<ul style="list-style-type: none"> • I provide all required information to relevant multidisciplinary care team and lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) as part of the referral or case conferencing process. • I use and encourage communication strategies that promote team-based communication, joint decision-making, and warm handovers, ensuring person-centred care.
Capability 2. Culturally safe and supportive communication with compassion²⁰		
2.1	Provides culturally safe care for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations.	<ul style="list-style-type: none"> • I deliver culturally safe and sensitive care, by regularly critically reflecting of my knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of cultural bias.²¹ • I use qualified interpreters when necessary to help build rapport, trust, and respect. • I invest time into understanding the cultural backgrounds of individuals and their families, how that can impact their health beliefs and tailor my approach within my practice. • I have attended and apply cultural safety training to help my practice.
2.2	Communicates and engages with individuals, families, and carers.	<ul style="list-style-type: none"> • I respond to both verbal and non-verbal cues to improve trust, communication, and overall experience. • I use verbal and non-verbal language skills to confidently educate, engage, and comfort individuals with lung condition/s, their families, and carers. • I seek and use ways of communication that are most culturally appropriate to the individual and their family. • I understand the important role partners, families and the greater community can play within the individuals' health journey and ask questions and adapt my approach to suit the needs of the individual.
2.3	Uses reflective listening and adjusts communication.	<ul style="list-style-type: none"> • I use reflective listening, interviewing, and consulting skills and modify language and communication techniques to suit the individual's and family's needs. (E.g., "do you need a translator?" "do you need support from the community?") • I listen with empathy and act with compassion and professionalism to articulate clear, understandable responses. • I ask, and not assume within my consultations.

²⁰ "Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition" *International Journal for Equity in Health*, (2019).

²¹ "Aboriginal and Torres Strait Islander health strategy" *Ahpra & National Boards* (2021).

	Competency	Details
2.4	Understands self-awareness: body language and mood	<ul style="list-style-type: none"> • I am mindful of my mood and body language when engaging with individuals and aim to be open and engaged in conversation.
2.5	Understands self-awareness: aware of potential stigmas.	<ul style="list-style-type: none"> • I am mindful of personal views, biases and assumptions and I aim to prevent personal thoughts from compromising best-practice care and compassion by engaging in regularly self-reflection and being mindful when engaging with individuals.
2.6	Communicates with individuals who are culturally and linguistically diverse or when English is a second language.	<ul style="list-style-type: none"> • I know when to engage interpreters or an additional support person/s to help explain and educate aspects of lung health, lung conditions and holistic management plans to an individual, family and carer/s.
2.7	Communicates with Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> • I listen then explain why I'm asking questions and offer different communication tools (e.g., culturally appropriate resources) to engage, educate and build trust with individuals and their family. I understand English may not be their first language and am aware of words which may hold different meaning in different cultures. I engage with Aboriginal Health Practitioners and Aboriginal Health Workers to help provide thorough explanations and manage their care plans.
2.8	Communicates and/or uses examples to suit individual's residential location (Metro, regional vs. remote).	<ul style="list-style-type: none"> • I adapt my phrasing, analogies and suggestions based on where the individual lives and what will be most relevant to them.
Capability 3. Professional practice		
3.1	Respects professional practice boundaries	<ul style="list-style-type: none"> • I practise to the top of my scope and remain within my knowledge and understanding of presenting issues. • I conduct myself with professionalism and integrity. • I seek and engage clinical supervision or external expertise to support my understanding and knowledge and to help the individual receive best-practice care. • I comply with my professional body's expectations for continuous education and professional development.
3.2	Obtains consent	<ul style="list-style-type: none"> • I seek the individual's consent by taking the time to explain details, risks and benefits to any lung health recommendations, proposed treatments or next steps and confirm their understanding. • I respect the individual's right to decline intervention. I include individuals, families, carers and their community, as appropriate, in the shared decision-making process so that they can give informed consent.
3.3	Adapts professional practice for the individual	<ul style="list-style-type: none"> • I respect the backgrounds, cultures and differences of all individuals, families, and carers that I engage it within my practice and feel confident to shape my interactions accordingly.
3.4	Adapts professional practice to match health literacy levels.	<ul style="list-style-type: none"> • I understand that individual's and their support network may have different health literacy levels, this may also vary depending on their cultural backgrounds. • I communicate and educate in meaningful ways to help improve their understanding while respecting their individual needs and circumstances.
3.5	Upskills team awareness of common stigmas and assumptions made in relation to individuals with lung condition/s.	<ul style="list-style-type: none"> • I educate my team on the stigmas associated with lung health conditions and encourage them to be compassionate and without judgement, regardless of their role within the team.
3.6	Values quality improvement for best-practice lung health care	<ul style="list-style-type: none"> • I use research (e.g., journal articles), technology, and feedback to keep my lung health knowledge up to date to help me provide best-practice care.

	Competency	Details
Capability 4. Guidance for individuals, families, and carers.		
4.1	Offers easy-to-understand information and resources to support self-management	<ul style="list-style-type: none"> • I offer consumer-friendly resources to individuals' their families and carers from healthy lung promotion to diagnosis of lung condition/s, treatment, management, and flare-ups.
4.2	Avoids using medical/clinical jargon with individuals.	<ul style="list-style-type: none"> • I help interpret medical/clinical information to individuals, their families, and carers to help improve their understanding. I avoid using medical/clinical jargon whenever possible and use language appropriate to the individual's communication needs.
4.3	Explains aspects of the patient journey to individual and family.	<ul style="list-style-type: none"> • While remaining within my scope of practice, I take the time to explain the potential changes or impacts to the quality of life of the individual and their family during the different aspects of the patient journey. From lung health promotion, detection, and diagnosis through to on-going care and management. • I respect that some cultures may be supported by their greater extended family. I adjust my expectations and usual clinical practice to accommodate additional family members attending different healthcare services. <p><i>Examples of health services: health interventions, appointments, requests to be present during a procedure, or when delicate clinical information being shared with everyone present.</i></p>
4.4	Uses the teach-back method ²² .	<ul style="list-style-type: none"> • As appropriate, I use the teach-back technique to help improve health literacy and empowerment of the individual, carers, and family and as appropriate, their community. • I encourage colleagues (clinical and non-clinical) to practice teach-back methods. For example, asking the individual to confirm what they need to bring to the next appointment, or what they can do to help manage their health in between appointments.

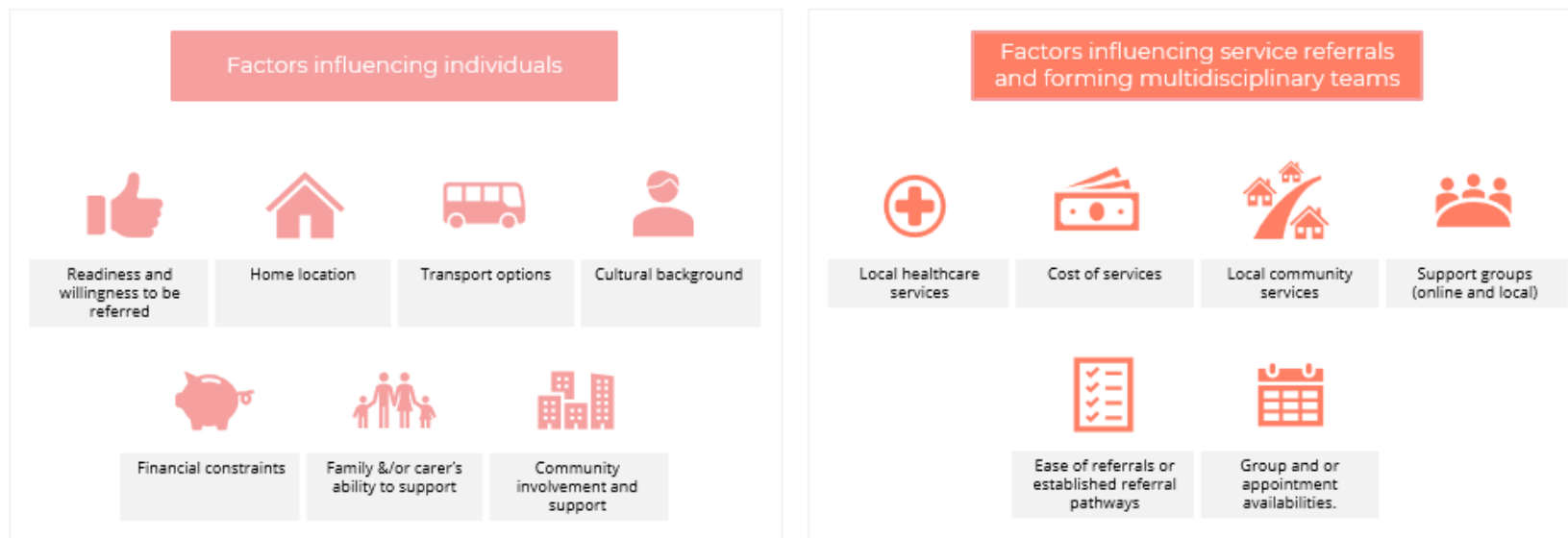
The Fundamentals: Shared multidisciplinary care

Shared multidisciplinary care highlights effective coordination and collaboration across the interdisciplinary healthcare team along with their support networks (family, carers, and community) maintaining high-quality care. Multidisciplinary teams (MDT) include but are not limited to healthcare professionals, carers, families, community, social services, community services and support groups²³. Understanding how community services can benefit from the individual's care plan and their support network is highly encouraged. It's acknowledged that referring to and working with other health professionals and services depends on what is available locally and digitally, the individual's willingness and ability to engage in other services. A range of factors influence MDT and referrals (Figure 6).

²² "Health literacy universal precautions toolkit, 2nd edition" Agency for Healthcare Research and Quality, (2020).

²³ "The multidisciplinary care team" Cancer Australia, (2022).

Figure 6: An example of factors that primary healthcare professionals need to consider when offering a referral



Consider your current role and scope of practice (e.g., ability to refer) when determining what shared multidisciplinary care competencies are applicable.

	Competency	Details
Capability 5. Coordinating, collaborating, and communicating with other health professionals and services.		
5.1	Coordinates and collaborates care with other health professionals, as appropriate. <i>*Please note, in some instances working with specialists may not be applicable to all professions</i>	<ul style="list-style-type: none"> As appropriate, I liaise with lung health specialist (e.g., respiratory physicians and respiratory physiotherapists), develop person-centred management plans together and confidently apply their advice to offer the best, culturally safe care to the individual, family, and carers. As appropriate, I provide a combined multidisciplinary approach to offer the best, culturally safe care. I engage and collaborate with other healthcare professionals and health care assistants to develop person-centred management plans together. I actively seek additional input, consultation, and feedback from my MDT as appropriate. I advocate and encourage effective communication and collaboration between healthcare professionals within my community to create a culturally safe and person-centred approach for the individual and to improve outcomes of their condition²⁴.
5.2	Possesses and encourages a shared understanding of the individual and their specific case.	<ul style="list-style-type: none"> I liaise and communicate with my interdisciplinary team to ensure that I, and the whole team, have a shared understanding of the individual's case (e.g., overall health, lung condition/s, needs, support network, health literacy and care plan).
5.3	Conducts management reviews <i>*Please note, this competency is not applicable to all professions</i>	<ul style="list-style-type: none"> I refer to and coordinate advice with lung health specialist (e.g., respiratory physicians and respiratory physiotherapists), conduct reviews with the individual (and family and or carers if appropriate) and report on my findings to the specialists and other health professionals as appropriate.
5.4	Uses technology and digital services (tele-health, video calls etc).	<ul style="list-style-type: none"> I understand technology helps coordinate services, provides affordable care to individuals, especially in regional and remote areas of Australia. I use and promote, and teach my team to use tele-health, video calls and digital health services to increase the individual's access to different services required. I know the benefits of digital services to continue healthcare throughout pandemics or other serious events. I campaign the use of tele-health, video calls and digital health services for increased funding and support. <i>*Please note, campaigning is not an expectation of all primary healthcare professionals.</i>
5.5	Adjust MDT and referral approach to meet the individual's needs. <i>*Particularly important in rural and remote locations</i>	<ul style="list-style-type: none"> I know of the local services and resources which can deliver high-quality care to the individual. I utilise online resources to supplement face to face services and support. I consult with other health professionals and services (local and remote) and seek advice for viable treatment adaptations.
5.6	Encourage other community-based services	<ul style="list-style-type: none"> I know of and value the importance of some non-healthcare related services within the community and encourage the individual's engagement when appropriate. These may include cultural centres, churches, local gyms, and support groups.
5.7	Engages families and community support as part of the multi-disciplinary team.	<ul style="list-style-type: none"> I engage the individual's family and community to support, as appropriate. This may include but is not limited to providing transport, monitoring symptoms, assisting with daily routines and self-management.

²⁴ "Establishment, referral & configuration" Severe asthma toolkit (2019).

Please note:

1. *Capability 6 highlights examples of some referral pathways between different healthcare professionals and acknowledges this is not an exhaustive list and does not cater for all services.*

	Competency	Details
Capability 6. Establishing effective referral pathways		
6.1	Establishing effective referral communication and actions.	<ul style="list-style-type: none"> • When referring and working with other health professionals I ensure I: <ul style="list-style-type: none"> ○ utilise organisational procedure, targets ○ communicate effectively, clearly, and openly ○ write comprehensive notes and suggestions ○ promptly follow up referral requests ○ provide feedback and resolve any concerns • I build collaborative relationships between the individual, myself, and the multidisciplinary team.
6.2	Refers to lung health specialists. <i>E.g., respiratory physicians and respiratory physiotherapists.</i>	<ul style="list-style-type: none"> • I identify when an individual requires a lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) for assessment, diagnostics, and management.
6.3	Investigates and/or refers to lung health research and clinical trials.	<ul style="list-style-type: none"> • I search for clinical trials and new research publications and opportunities for lung condition/s for individuals as appropriate. • I discuss options alongside a specialist's team with individuals, families, and carers. • I refer to clinical trials if appropriate and the individual understands and consents. <p><i>*Please note, for some professions, awareness of clinical trials may be adequate</i></p>
6.4	Refers to smoking and vaping cessation programs.	<ul style="list-style-type: none"> • I recommend an opt-out referral to behavioural intervention to support/encourage someone who smokes (and/or vapes) to quit. • I include these recommendations within my referral notes and routinely check in to support behaviour change. • I complete the necessary forms (e.g., Quitline) with the individual, as appropriate.
6.5	Refers to and works with professionals offering counselling and mental health support. <i>E.g., psychiatrists, psychologists, social workers, and counsellors</i>	<ul style="list-style-type: none"> • I develop relationships with community mental health workers and refer, when appropriate and the individual agrees to do so, to support their mental wellbeing. • I can identify and screen for individuals who require support with their mental wellbeing (e.g., anxiety, depression, and stress) and I know when to suggest a referral.
6.6	Receives mental health referrals and works with individuals with mental health needs.	<ul style="list-style-type: none"> • I work with individuals, families, and carers to support their mental wellbeing and offer counselling. • I receive and am confident at managing referrals g. and collaborating with other primary healthcare professionals. <p><i>*Please note, only mental health professionals (e.g., psychiatrists, psychologists, social workers, and Aboriginal mental health workers) can offer these services.</i></p>
6.7	Refers to and works with professionals offering exercise prescription and pulmonary rehabilitation. <i>E.g., exercise physiologists and physiotherapists</i>	<ul style="list-style-type: none"> • I develop relationships with community exercise prescription and pulmonary rehabilitation experts and refer individuals, when appropriate and the individual agrees to do so, to support individual's physical health and wellbeing. <p><i>*Please note, not all professions can refer to pulmonary rehabilitation programs. It's dependant on the program's requirements and/or location.</i></p> <ul style="list-style-type: none"> • I refer and assist booking individuals diagnosed with a chronic lung condition in pulmonary rehabilitation as a part of their disease management plan.

	Competency	Details
		<ul style="list-style-type: none"> • I can identify signs of physical inactivity or when exercise prescription can help (e.g., to improve cardiorespiratory fitness and to help manage activities of daily living) and I know when to suggest a referral.
6.8	Receives referrals for exercise prescription, and pulmonary rehabilitation, for individuals with lung condition/s.	<ul style="list-style-type: none"> • I prescribe safe exercise and encourage regular exercise to improve quality of life for individuals with lung condition/s. • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals. • I recommend and/or facilitate pulmonary rehabilitation as a part of an individual's management plan. <p><i>*Please note, only accredited exercise professionals (e.g., physiotherapists and exercise physiologists) can offer selected services.</i></p>
6.9	Receives referrals for airways clearance for individuals with lung condition/s.	<ul style="list-style-type: none"> • I perform chest physiotherapy to help improve quality of life for individuals with lung condition/s (e.g., relieve mucus obstruction and reduce airway infection and inflammation for individuals with cystic fibrosis and bronchiectasis). • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals. <p><i>*Please note, only airways clearance techniques professionals (e.g., physiotherapists) can offer these services.</i></p>
6.10	Refers to and works with nutritional professionals <i>E.g., dietitians and nutritionists</i>	<ul style="list-style-type: none"> • I develop relationships with nutritional professionals and refer when appropriate and the individual agrees to do so, to support their health. I can identify signs of malnutrition or when nutrition assessment and screening can help (e.g., unable to maintain healthy weight, lack of appetite).
6.11	Receives nutritional referrals and works with individuals with nutritional health needs.	<ul style="list-style-type: none"> • I work with individuals, families, and carers to undertake nutrition screening and assessment including the development of nutrition care plans and monitoring. • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals. <p><i>*Please note, only nutritional professionals (e.g., dietitians and nutritionists) can offer these services.</i></p>
6.12	Refers to and works with professionals offering support for individuals with swallowing and vocal cord difficulties. <i>E.g., speech pathologists</i>	<ul style="list-style-type: none"> • I develop relationships with professionals who support individuals with vocal cord and swallowing difficulties. I refer when appropriate and the individual agrees to do so. • I can identify signs of difficulty and when additional support can help (e.g., constant and or uncontrolled coughing and difficulty swallowing).
6.13	Receives referrals for and works with individuals with swallowing and vocal cord difficulties.	<ul style="list-style-type: none"> • I work with individuals, families, and carers to reduce the individual's swallowing impairments and improve airway protection. • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals. <p><i>*Please note, only vocal cord experts (e.g., speech pathologists) can offer these services.</i></p>
6.14	Refers to and works with professionals offering support for Aboriginal and Torres Strait Islander peoples <i>E.g., Aboriginal Health Practitioners, Aboriginal Health Workers and Liaison Officers</i>	<ul style="list-style-type: none"> • I develop relationships with professionals who support Aboriginal and Torres Strait Islander peoples and their families. I refer and work alongside these professionals as appropriate and the individual agrees to do so. • I am aware of the integral role professionals offering support for Aboriginal and Torres Strait Islander peoples play in delivering high-quality care to Aboriginal and Torres Strait Islander peoples. • I can identify when additional support can help build trust, understanding and support the care of Aboriginal and Torres Strait Islander peoples.
6.15	Receives referrals for and works with Aboriginal and Torres Strait Islander peoples and communities.	<ul style="list-style-type: none"> • I work with Aboriginal and Torres Strait Islander peoples, carers, families, elders, and communities to support their engagement, understanding and management of their healthcare plans. • I am aware of the integral role I play in delivering high-quality care to Aboriginal and Torres Strait Islander peoples. • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals. <p><i>please note, this applies to select professions (e.g., Aboriginal Health Practitioners, Aboriginal Health Workers and Liaison Officers).</i></p>

	Competency	Details
6.16	Refers to and works with nurse lung-health specialists.	<ul style="list-style-type: none"> • I develop relationships with nurse lung-health specialists who support individuals with their specific condition (e.g., lung cancer, COPD, and asthma) • I can identify when additional support can help increase the education and management of the individual's condition and develop action plans.
6.17	Receives referrals for and works with individuals and their families who need nursing support. <i>*Please note, this applies to select professions (e.g., lung cancer nurses and respiratory nurse practitioners)</i>	<ul style="list-style-type: none"> • I work with individuals, families, and carers who need additional support for their specific condition/s (e.g., how to use to devices such as pulse oximeters, peak flow meters and oxygen masks, and help to self-manage medication use and asthma action plans.) • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals. <i>*Please note, this applies to select professions (e.g., lung cancer support nurses and COPD support nurses)</i>
6.18	Refers to and works with pharmacotherapy professionals. <i>E.g., community pharmacists</i>	<ul style="list-style-type: none"> • I develop relationships with pharmacotherapy professionals who can advise on appropriate use, offer ongoing support (e.g., in terms of adherence and device technique) and review current medications. • I can identify when a pharmacotherapy review and advice would benefit the individual's health (e.g., using more than five medications at once, pregnancy, and significant weight loss).
6.19	Receives referrals for and works with individuals and their families who need pharmacotherapy reviews and advice.	<ul style="list-style-type: none"> • I work with individuals, families, and carers who need support and advice with their medications. • I receive and am confident at managing referrals and collaborating with other primary healthcare professionals <i>*Please note, this applies to select professions (e.g., community pharmacists)</i>
6.20	Refers to and works with cystic fibrosis specialist centres	<ul style="list-style-type: none"> • I develop relationships with specialists who support individuals with cystic fibrosis. • I can identify when additional support can help increase the education and management of the individual's condition and develop action plans.

Domains and capabilities

The Framework blueprints are structured around four lung health specific domains (Figure 7) representing different components of the patient journey. Each domain (A-D) contains a set of capabilities (Figure 8) and underlying competencies that a primary healthcare professional (PHCP) may perform to a defined standard based on knowledge, skills, and abilities. [The Fundamentals](#) (person-centred approach and shared multidisciplinary care) outlined above reflect the core capabilities and competencies that apply across the patient journey.

Figure 7: Primary healthcare professionals' domains and capabilities

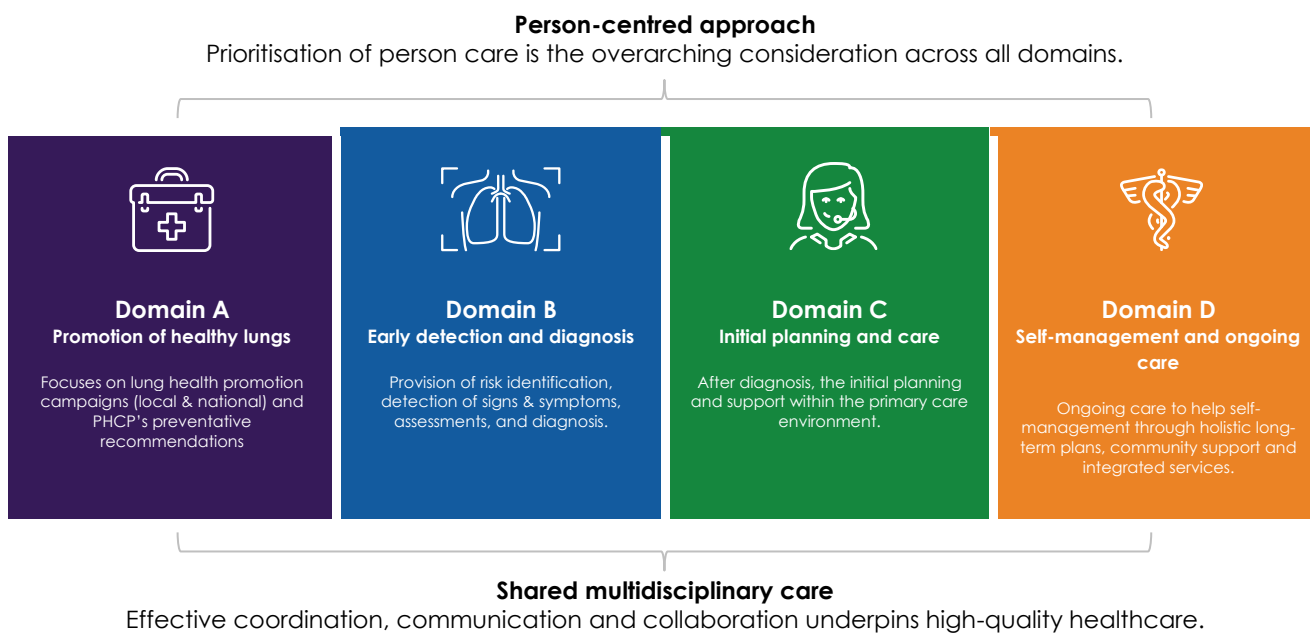


Figure 8: List of capabilities within the different domains

Domain A	Domain B	Domain C	Domain D
Lung health promotion and campaigns	Early detection, assessments, diagnosis and intervention	Initial planning and care within the primary healthcare setting	Empowering individuals to self-manage and ongoing care support
<ol style="list-style-type: none"> 1. Risk identification and case finding for lung conditions 2. Medications/vaccinations 3. Health promotion and education supporting healthy lungs 4. Encourage smoking and vaping cessation 5. Other lifestyle behaviours for healthy lungs 6. Supporting lung health during public health crises 	<ol style="list-style-type: none"> 7. Patient/client interviews 8. Physical examination and other tests 9. Radiological lung tests 10. Lung function tests 11. Diagnosis 	<ol style="list-style-type: none"> 12. Educating individual, family & carer about lung condition/s 13. Establishing a management plan 14. Pharmacotherapy/therapeutic medicine 	<ol style="list-style-type: none"> 15. Empowering self-management and providing ongoing care 16. Pulmonary rehabilitation and other supportive services 17. Digital health, e-health, telehealth 18. Advanced care planning and end-of-life support 19. Survivorship

Knowledge and skill levels

The Framework capabilities and competencies are further mapped against a range of knowledge and skill levels within a competency (Figure 9).

The primary healthcare professions are not grouped to a specific level of knowledge and skills

- The knowledge and skill levels do not correlate to a specific role or groups of roles.
- The competencies incorporate the national best-practice standards for lung health.
- For some areas, there is an opportunity for all PHCPs to move from left to right (Figure 11), however this is not applicable to all competencies (Figure 12)
- The competencies which are more influenced by profession will be marked with a ^ next to the competency number (Figure 12).

Please note, some competencies will not have four levels of knowledge and skills.

Figure 9: Levels and associated knowledge and skill set

Competency	Foundational knowledge and skills	Intermediate knowledge and skills	Advanced knowledge and skills	Expert knowledge and skills
Description	<ul style="list-style-type: none"> • Awareness of a skill and/ or procedure and • Foundational practical skills expected from all primary healthcare professionals 	<ul style="list-style-type: none"> • Applies knowledge and skills, as appropriate, within their clinical practice 	<ul style="list-style-type: none"> • Provides specific advice and/or practical application of skills within their clinical practice 	<ul style="list-style-type: none"> • Provides expert advice and/or practical application of skills within their clinical practice

Important considerations of knowledge and skill levels

The Lung Learning Self-Appraisal Tool

The Lung Learning Self Appraisal Tool (the Self-Appraisal Tool) is an additional resource designed to help PHCP's reflect on their current skill level, confidence to practice that skill and to identify training opportunities (Figure 10).

Two suggested ways to identify training opportunities.

Figure 10: How to evaluate appropriate knowledge and skill levels and confidence levels

Type of competency	Self-appraisal method
Applicable to all (not role specific)	<ul style="list-style-type: none"> • Identify your current knowledge and skill level of that competency (foundational, intermediate, advanced and/or expert).
Not applicable to all^ (profession influences applicability and expected skill level)	<ul style="list-style-type: none"> • For a particular competency, identify which box you think you should be in (e.g., advanced) and score your confidence out of 5. 1 = not confident at all 3 = somewhat confident 5 = very confident

Figure 11: An example of a competency that provides an opportunity to move left to right and the word association for the different skill levels.

Applicable to all (not role specific)					
Competency	Foundational	Intermediate	Advanced	Expert	
Capability 5. Other lifestyle behaviours for healthy lungs					
5.3	Understands, educates, and/or trains others in the impacts of second-hand tobacco smoke and second-hand aerosol exposure.	<ul style="list-style-type: none"> • I know the lung health impacts second-hand tobacco smoke and second-hand aerosol exposure. 	<ul style="list-style-type: none"> • I know of and clearly explain the impacts and recommend individuals avoid/minimise second-hand tobacco smoke and second-hand aerosol exposure. 	<ul style="list-style-type: none"> • I know of and clearly explain the impacts and recommend individuals avoid/minimise second-hand tobacco smoke and second-hand aerosol exposure. • I offer advice to and encourage my team to do as above. 	<ul style="list-style-type: none"> • I actively campaign for and educate my community about why they should avoid/minimise second-hand tobacco smoke and second-hand aerosol exposure. • I educate my team's knowledge about the above and encourage them to incorporate it into their advice.
	<ul style="list-style-type: none"> • I am aware of the knowledge or skill required of the competency but it's not my "bread and butter". • I know where to access additional resources and information as required. • I am aware of the correct referral pathways or next steps. 	<ul style="list-style-type: none"> • I confidently apply this skill and/or knowledge • I clearly explain, educate, and discuss information/actions as appropriate to my practice and professional • I recommend resources and services and refer as appropriate 	<ul style="list-style-type: none"> • I have advanced skill sets which may be from additional training, accreditations, and/or industry experience. • I encourage my team to think, engage, use in a particular competency or skills. • I confidently recommend resources and services and refer as appropriate 	<ul style="list-style-type: none"> • I have expert skill sets which may be from additional training, accreditations, and/or industry experience. • I educate and lead my team. • I actively engage and participate in campaigns and/or lung health programs within my community. 	

Figure 12: An example of a competency that does not move left to right.

Not applicable to all [^] (profession influences applicability and expected skill level)				
Competency	Foundational	Intermediate	Advanced	Expert
Capability 14. Pharmacotherapy				
14.1 [^] Applies principles of evidence-based practice in the use of medicines for therapeutic management of lung conditions. <i>*Ensures the use of medicines and therapeutic management are aligned to the most updated guidelines</i>	<ul style="list-style-type: none"> I know of medications that can aid/support the management of the individual's lung condition and how it may influence the advice/actions I offer within my scope of practice. 	<ul style="list-style-type: none"> I know of and administer specific medications that can aid/support the individual's lung condition. <i>*Depending on state and accreditation, I may also be able to prescribe, administer & review specific medications.</i> 	<ul style="list-style-type: none"> I know of, dispense, advise on appropriate use, offer ongoing support (e.g., in terms of adherence and device technique) and review specific medications that can aid/support the individual's lung condition consider the patient's preference. 	<ul style="list-style-type: none"> I prescribe, administer, and review specific medications that can aid/support the individual's lung condition and consider the patient's preference.
	<p>I am an exercise physiologist and am aware of the medications that can aid/support the management of the individual's lung condition which are contraindicators for exercise or may influence the individual's response to exercise. I am confident in tailoring my advice accordingly.</p>	<p>I am a nurse and know of and can administer specific medications that can aid/support the individual's lung condition.</p>	<p>I am a pharmacist and know of, dispense, advise on appropriate use, offer ongoing support (e.g., in terms of adherence and device technique). I review specific medications that can aid/support the individual's lung condition consider the patient's preference.</p>	<p>I am a rural generalist and can prescribe, administer, and review specific medications that can aid/support the individual's lung condition and consider the patient's preference.</p>

The Framework Blueprints

Domain A. Promotion of healthy lungs

Domain A focuses on the knowledge and skills which promote healthy lungs. This is essential to help raise awareness and understanding around lung health to individuals and their communities. Primary healthcare professionals need to understand and educate individuals on the risks of developing or experiencing an exacerbation of lung condition/s throughout an individual's life, including before birth. The competencies outlined in this section aim to maintain/manage current health, reduce the risk of complications or developing additional lung conditions or co-morbidities.

The goal of Domain A is to increase promotion of good lung health and prevent individuals acquiring lung condition/s or a worsening of current lung conditions.

Please note:

- In the competencies listed below, 'individuals' is commonly used. The statement also refers to the individual's family, carer/s and as appropriate, their community.
- The Fundamentals apply to all competencies listed, meaning that all interactions are delivered in a person-centred and culturally safe way and working towards respectful relationships between the individual, their family, carer/s and community and the entire multidisciplinary and interdisciplinary teams.

Competency	Foundational	Intermediate	Advanced	Expert	
Capability 1. Risk identification and case finding for lung conditions					
1.1	Identifies people at risk of lung condition/s	<ul style="list-style-type: none"> • I identify people and populations at-risk of common lung conditions in the local primary healthcare setting and community and know the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I confidently identify populations and people at-risk of common lung conditions in the local primary healthcare setting and community and know the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I confidently identify and encourage my team to identify populations and people at-risk of common and uncommon lung conditions in the local primary healthcare setting and community. • I offer advice to other primary healthcare professionals to help them identify at-risk populations and those at-risk of community lung conditions. 	<ul style="list-style-type: none"> • I identify populations and people at-risk of common, uncommon, and complex lung conditions in the local primary healthcare setting and community. • I educate and lead awareness campaigns highlighting at-risk populations and those at risk of lung conditions. to increase the knowledge of clinical and non-clinical colleagues and support services within my practice and community.
1.2 [^]	Identifies risk factors for lung conditions	<ul style="list-style-type: none"> • I identify risk factors of common lung conditions in the local primary healthcare setting and community. 	<ul style="list-style-type: none"> • I confidently identify and clearly explain risk factors of common lung conditions to individuals, 	<ul style="list-style-type: none"> • I confidently identify and encourage my team to identify and clearly explain risk factors of common and uncommon lung 	<ul style="list-style-type: none"> • I identify and clearly explain risk factors of common, uncommon, and complex lung conditions to

	Competency	Foundational	Intermediate	Advanced	Expert
			families, carers and as appropriate, their community.	<p>conditions to individuals, families, carers and as appropriate, their community.</p> <ul style="list-style-type: none"> • I offer advice to other primary healthcare professionals to help them identify risk factors of common lung conditions present in our practice and community. 	<p>individuals, families, carers and as appropriate, their community.</p> <ul style="list-style-type: none"> • I educate and lead awareness campaigns highlighting risk factors of lung conditions to increase the knowledge of clinical and non-clinical colleagues and support services within my practice and community. • I monitor conditions and treatments where lung health can be impacted even if it is not through primary presentations (e.g., rheumatoid arthritis and chemotherapy).
1.2.1^	<i>Examples: Risk factors for lung conditions</i>	<p>Common risk factors I can identify include:</p> <ul style="list-style-type: none"> • Smoking/vaping (active and passive) • Illicit drugs (e.g., cannabis and methamphetamines) • Obesity • Physical inactivity • Social determinants e.g., education level and health literacy, alcoholism, mental health, cultural beliefs, and practices (e.g., herbal medicine) • Family history of lung disease including atopy • Recurrent chest infections • Recent hospital admission for pneumonia or bronchiolitis in a young Aboriginal and/or Torres Strait Islander child. • A chronic and/or frequent wet cough particularly in young Aboriginal and/or Torres Strait Islander children. (4-6 weeks for wet cough) • Prematurity (chronic neonatal lung disease of prematurity) • Previously contracted COVID-19 • Previous admissions to ICU/anaphylaxis • Radiotherapy • Home environment (allergens) • Exposure to air pollution • Occupational exposure • Allergic rhinitis 			<p>Uncommon or complex risk factors I monitor and detect include:</p> <ul style="list-style-type: none"> • Some medications (e.g., methotrexate, amiodarone) • Infection from birds (psittacosis) • Diving (barotrauma) • Certain Chinese herbal medicine

	Competency	Foundational	Intermediate	Advanced	Expert
1.3 [^]	Identifies symptoms for lung conditions	<ul style="list-style-type: none"> • I identify common symptoms of lung condition/s and know the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I identify and explain common symptoms of lung condition/s to individuals, families, carers and as appropriate, their community and know the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I identify and encourage my team to identify and clearly explain common symptoms of lung condition/s to individuals, families, carers and as appropriate, their community. • I offer advice to other primary healthcare professionals to help them identify common symptoms of lung conditions present in our practice and community. 	<ul style="list-style-type: none"> • I identify and explain common, uncommon, and complex symptoms of lung conditions to individuals, families, carers and as appropriate, their community. • I educate and lead awareness campaigns highlighting symptoms of lung conditions to increase the knowledge of clinical and non-clinical colleagues and support services within my practice and community.
1.3.1	<p><i>Examples: Symptoms for lung conditions</i></p> <p><i>*please note, symptoms in kids can be non-typical</i></p>	<p>Common symptoms I can identify include:</p> <ul style="list-style-type: none"> • Breathlessness • Breathlessness on exertion • Different types of airway noises (may be described incorrectly as wheeze) • Coughing (both dry and wet, and in particular a chronic cough (4-6 weeks for wet cough)) • Sputum production • Rattling of the chest • Chest tightness/pain • Recurrent respiratory infections • Post viral cough and respiratory symptoms (e.g., shortness of breath) 			
1.4 [^]	Identifies signs for lung conditions	<ul style="list-style-type: none"> • I identify common signs of lung condition/s and know the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I confidently identify and clearly explain common signs of lung condition/s to individuals, families, carers and as appropriate, their community and know the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I confidently identify and encourage my team to identify and clearly explain common signs of lung condition/s to individuals, families, carers and as appropriate, their community. • I offer advice to other primary healthcare professionals to help them identify common signs of lung conditions present in our practice and community. 	<ul style="list-style-type: none"> • I identify and clearly explain common, uncommon, and complex signs of lung conditions to individuals, families, carers and as appropriate, their community. • I educate and lead awareness campaigns highlighting signs of lung conditions to increase the knowledge of clinical and non-clinical colleagues and support services within my practice and community.

	Competency	Foundational	Intermediate	Advanced	Expert
1.4.1 1	<i>Examples: Signs for lung conditions</i>	<p>Common signs I can identify include:</p> <ul style="list-style-type: none"> • Upper airways noise and transmitted sounds e.g., stridor/stertor • Wheezing • Crackles/crepitations • Reduced breath sound • Percussion dullness/ stony dullness <ul style="list-style-type: none"> • Blue lips/tongue (cyanosis); low oxygen saturation in room air • Tachypnoea (different reference for children) • Failure to thrive / poor weight gain in children • Clubbing (e.g., soft nail bed and last part of the finger may appear large or bulging). • Chest wall recessions (children) and use of accessory respiratory muscles <ul style="list-style-type: none"> • Poor growth in infants and children 			
1.5	Understands nicotine dependence and symptoms of withdrawal.	<ul style="list-style-type: none"> • I know the factors influencing nicotine dependence and • I know of and can identify the symptoms of nicotine withdrawal. 	<ul style="list-style-type: none"> • I confidently know the factors influencing nicotine dependence • I confidently know of and identify the symptoms of nicotine withdrawal. 	<ul style="list-style-type: none"> • I confidently know and encourage my team to be mindful of and know the factors influencing level of nicotine dependence and symptoms of nicotine withdrawal and how to identify them. 	<ul style="list-style-type: none"> • I educate and lead my team to be mindful of the factors influencing level of nicotine dependence and symptoms of nicotine withdrawal and how to identify them.
1.5.1	<i>Examples: Symptoms of nicotine withdrawals</i>	<p>Common symptoms of nicotine withdrawals that I can identify include:</p> <ul style="list-style-type: none"> • Restlessness and impatience • Irritability, anger, and frustration • Weight gain • Breathlessness • Depressed mood • Insomnia and waking up at night 			
Capability 2. Medications/vaccinations (reducing risk of lung condition/s)					
2.1 [^]	<p>Vaccinations: knowledge and/or administration</p> <p><i>Respiratory illness examples: COVID-19, influenza, pneumococcal, and whooping cough</i></p>	<ul style="list-style-type: none"> • I am aware of specific vaccines that can reduce the chance of acquiring illnesses which impact lung health or reduce respiratory symptoms if contracted. • I know who to refer individuals to, to receive these vaccines. • I can direct people to accurate and culturally appropriate educational resources 	<ul style="list-style-type: none"> • I know of and can administer specific vaccines that can reduce the chance of acquiring respiratory illness or reduce respiratory symptoms if contracted. • I can confidently provide education to the individuals, families, and carers about the vaccine in a culturally safe way. • I am aware of additional scheduled vaccinations for certain populations such as 	<ul style="list-style-type: none"> • I know of and can dispense specific vaccines to reduce the chance of acquiring respiratory illness or reduce respiratory symptoms if contracted. Including additional scheduled vaccinations for certain populations such as Aboriginal and Torres Strait Islander peoples. • I can confidently provide education and dispel any misconceptions and 'myths' to 	<ul style="list-style-type: none"> • I can prescribe and administer specific vaccines that can reduce the chance of acquiring respiratory illness or reduce respiratory symptoms if contracted, including additional scheduled vaccinations for certain populations such as Aboriginal and Torres Strait Islander peoples. • I can confidently provide education and dispel any

	Competency	Foundational	Intermediate	Advanced	Expert
			Aboriginal and Torres Strait Islander peoples.	the individuals, families, and carers about the vaccine in a culturally safe way. <i>*Depending on the state and accreditation, I can prescribe and administer the vaccine.</i>	misconceptions and 'myths' to the individuals, families, and carers about the vaccine in a culturally safe way.
2.2 [^]	<p>Medications: knowledge, administration and/or referral <i>*This refers to medications to treat/manage respiratory condition/s, can cause respiratory illness or respiratory symptoms, or influence advice or actions offered.</i></p> <p><i>*CTG scripts relates to 'close the gap' scripts to support the health of Aboriginal and Torres Strait Islander peoples by providing free or low-cost medicines to those who have, or at risk of, chronic disease.</i></p>	<ul style="list-style-type: none"> • I know of common medications that can aid/support the management of the individual's lung condition and how it may influence the advice and actions I offer within my scope of practice. 	<ul style="list-style-type: none"> • I know of and can administer appropriately (including delivery devices such as nebulisers, inhalers, and spacers) specific medications that can aid/support the management of the individual's lung condition and how it may influence the advice and actions I offer within my scope of practice. • I identify medications that may cause a deterioration in respiratory illness or respiratory symptoms and refer for appropriate review. • I am aware of medications readily available as part of local formularies (e.g., certain medications being available on CTG scripts for Aboriginal and Torres Strait Islander peoples). • I recommend educational resources about the medication to individuals, families, carers and as appropriate, their community. • I support the individual to self-manage their medication, adherence, and correct device use. <p><i>*Depending on state and accreditation, I may also be able to prescribe and administer the medication.</i></p>	<ul style="list-style-type: none"> • I know of, dispense, advise on appropriate use, offer ongoing support (e.g., in terms of adherence and device technique) and review specific medications that can aid/support the management of the individual's lung condition while considering the individual's preferences. • I look for opportunities to optimise devices if more than one medication can be combined to help ease of compliance and administration. • I confidently identify medications that may cause a deterioration on respiratory illness or respiratory symptoms and refer for appropriate review. • I educate and offer appropriate resources about the medication and device to the individuals, families, carers and as appropriate, their community. • I know the medications readily available as part of local formularies (e.g., certain medications being available on CTG scripts for Aboriginal and Torres Strait Islander peoples). 	<ul style="list-style-type: none"> • I prescribe, administer, and review specific medications that can aid/support the individual's lung condition and consider the patient's capacity and preference. • I know when to increase or decrease treatment/management based on clinical practice guidelines. • I know which medications may cause a deterioration in respiratory illness or respiratory symptoms and adapt my prescribed therapy accordingly. • I know the medications readily available as part of local formularies (e.g., certain medications being available on CTG scripts for Aboriginal and Torres Strait Islander peoples). • I clearly explain and offer appropriate resources to individuals to help informed consent and shared decision-making for the recommend medications. • I encourage, and refer to, medical counselling as appropriate to do so.

Capability 3. Health promotion and education supporting healthy lungs

	Competency	Foundational	Intermediate	Advanced	Expert
3.1	<p>Has awareness of, advocates and/or participates in lung health programs and campaigns.</p> <p><i>Example campaigns</i></p> <ul style="list-style-type: none"> • <i>Influenza (and other) vaccinations</i> • <i>Back to School Asthma campaign</i> • <i>Active for Life campaign</i> 	<ul style="list-style-type: none"> • I know of local and national lung health programs and promotion campaigns that support good lung health. 	<ul style="list-style-type: none"> • I recommend individuals to engage in national and locally run health programs and promotion campaigns that support good lung health. 	<ul style="list-style-type: none"> • I help and encourage my team to help individuals to engage/enrol and in national and locally run health programs and promotion campaigns that support good lung health. • I increase awareness of and challenge common stigmas regarding lung conditions within my practice and community. 	<ul style="list-style-type: none"> • I actively participate and encourage my team to participate in programs and campaigns addressing lung health within my community. • I campaign and encourage my team to reduce the stigma present in the community regarding lung condition/s.
3.2	<p>Educates individuals and/or community about lung health information and resources to improve health literacy.</p>	<ul style="list-style-type: none"> • I know of, access, and suggest suitable resources, including tailored lung health promotion and evidence-based behaviour change strategies, to support self-care and lung health and increased health literacy. 	<ul style="list-style-type: none"> • I use clear explanations and educate individuals, families and carers of the impact and consequences of poor lung health as well as increasing their health literacy. 	<ul style="list-style-type: none"> • I use and encourage my team to use clear explanations, educate and offer accurate and appropriate general lung health information and resources to the individual to increase health literacy. • I adapt the information to ensure it is culturally safe for different cultural groups. 	<ul style="list-style-type: none"> • I am confident in developing or contributing to developing initiatives preventing lung conditions, targeting at-risk populations in the local primary healthcare setting and community to increase health literacy. When developing resources for Aboriginal and Torres Strait Islander peoples or culturally and linguistically diverse (CALD) families, I consult the appropriate expertise.
3.3	<p>Identifies individuals who are resistant to care and uses different strategies to adapt approach.</p> <p><i>Resistant to care examples: resistant to change, offers of care, recommendations, adherence to health advice and/or health ownership.</i></p> <p><i>Strategy examples: Reframe the idea of control, use reflective listening, and emphasis personal choice and offer support and guidance if desired.</i></p>	<ul style="list-style-type: none"> • I identify individuals who are resistant to care and am aware of strategies to help engagement. 	<ul style="list-style-type: none"> • I confidently identify individuals who are resistant to care and use of strategies to help engagement. 	<ul style="list-style-type: none"> • I encourage my team to identify individuals who are resistant to care and use of strategies to help engagement. • I use different motivational interviewing techniques to better understand the individual and connect with what's meaningful to the individuals, families, carers, and community as appropriate. 	<ul style="list-style-type: none"> • I educate and lead my team to identify individuals who are resistant to care and use of strategies to help engagement. • I confidently use different motivational interviewing techniques to better understand the individual and connect with what's meaningful to the individuals, families, carers, and community as appropriate.
<p>Capability 4. Encourage smoking and vaping cessation</p>					
4.1	<p>Understands barriers to smoking and vaping cessation.</p> <p><i>E.g., stress, mental wellbeing, and social, cultural resistance, access to help, cognitive and physical ability,</i></p>	<ul style="list-style-type: none"> • I know and appreciate the barriers which may influence the ability to quit. 	<ul style="list-style-type: none"> • I know and appreciate the barriers which may influence the ability to quit. • I clearly explore potential barriers when asked by individuals, their 	<ul style="list-style-type: none"> • I know and appreciate the barriers which may influence the ability to quit. • I encourage my team to clearly explore and discuss potential barriers with individuals and their 	<ul style="list-style-type: none"> • I know, appreciate, and clearly explore the barriers which may influence the ability to quit. • I educate my team to understand the barriers and how they can explore and discuss them in a

	Competency	Foundational	Intermediate	Advanced	Expert
	<p><i>environmental factors, and chemical factors</i>²⁵.</p> <p><i>*Consider the accessibility barriers which may impact cultural and linguistically diverse populations and Aboriginal and Torres Strait Islander peoples.</i></p> <p><i>*Consider the role vaping can play in smoking cessation on a per case basis.</i></p>		family and community or as appropriate.	family, I adapt my messaging depending on the individual's needs, priorities, and health literacy levels and cultural background.	respectful, appropriate, and culturally safe way within their practice.
4.2	<p>Understands benefits of smoking and vaping cessation or avoiding uptake. <i>E.g., reduced risk of lung damage (alveoli damage), some cancers, emphysema, COPD, CVD, adverse pregnancy outcomes, and improvements to children's health and asthma control. Methamphetamine specific: reduced damage and decay of the mouth and teeth and organ failure.</i></p> <p><i>*The short and long-term side-effects of vaping aren't well known. Please keep up to date with the latest advice.</i></p>	<ul style="list-style-type: none"> • I know and discuss the benefits of quitting, or avoiding altogether, vaping, and smoking with individuals, families, carers and as appropriate, their community. 	<ul style="list-style-type: none"> • I know and clearly explain the benefits of quitting, or avoiding altogether, vaping and smoking. • I confidently discuss the benefits of cessation to help initiate and actively promote and support thoughts of quitting. 	<ul style="list-style-type: none"> • I know and clearly explain benefits of quitting, or avoiding altogether, vaping and smoking. • I encourage my team to confidently discuss the benefits of cessation to help initiate and actively promote and support thoughts of quitting. • I confidently adopt my knowledge and tailor advice to the individual. <p><i>E.g., 'Did you know that chemicals in tobacco smoke can impact on some of your psychiatric medication? If you quit, you may be able to reduce your dose.'</i></p>	<ul style="list-style-type: none"> • I know and teach the benefits of quitting, or avoiding altogether, vaping, and smoking to health professionals and consumers in my community. • I actively participate and encourage my team to participate in campaigns which promote the benefits of not smoking and encourage cessation. • I confidently adopt my knowledge and tailor advice to the individual. <p><i>E.g., 'Did you know that smoking can compromise your asthma control? If you quit you will be better positioned to manage your asthma.'</i></p>
4.3 [^]	<p>Discusses smoking and/or vaping cessation, offer pharmacotherapy options and referrals to cessation care services as appropriate²⁶.</p> <p><i>*This competency refers to individuals (their families, carers, and community) who smoke tobacco, vape, or smoke illicit drugs.</i></p> <p><i>*Consider the motivation and resistance to change when discussing smoking and/or vaping cessation</i></p> <p><i>*Refer to a culturally specific smoking cessation service where available.</i></p>	<ul style="list-style-type: none"> • I systematically identify individuals who smoke and/or vape, ask about their smoking and/or vaping status, and offer brief cessation advice at every opportunity (brief advice model of care). • I offer self-help materials (material handouts and online resources) • I refer individuals to external support services (e.g., Quitline) 	<ul style="list-style-type: none"> • I systematically identify individuals who smoke and/or vape, ask about their smoking and/or vaping status, and offer cessation advice at every opportunity (brief advice model of care). • I offer self-help materials (material handouts and online resources). • I refer individuals to external support services (e.g., Quitline or a tobacco treatment specialist) as appropriate. 	<ul style="list-style-type: none"> • I systematically identify individuals who smoke and/or vape, ask about their smoking and/or vaping status, and offer cessation advice at every opportunity (brief advice model of care). • I actively promote and support treatment options offered by my practice or alliance partners or refer to external support services (e.g., Quitline or a professional 	<ul style="list-style-type: none"> • I systematically identify individuals who smoke and/or vape, ask about their smoking and/or vaping status, and offer cessation advice at every opportunity (brief advice model of care). • I discuss nicotine replacement therapies (NRT), non-nicotine treatments (e.g., behavioural support) and/or other pharmacotherapy treatments as

²⁵ "Guidelines for pharmacists providing smoking cessation support", *Pharmaceutical Society of Australia*, (2021).

²⁶ "What is new - Changes to the regulation of nicotine as of 1st October 2021", *RACGP* (2021).

Competency	Foundational	Intermediate	Advanced	Expert
<p>* Consider using the brief advice model of care - Ask, Advise, Help (AAH)²⁷. Help may include referring to relevant health professionals or service as appropriate (quit smoking information and details to call quit smoking services) and booking a follow-up appointment.</p>	<p>or a tobacco treatment specialist) as appropriate.</p>	<ul style="list-style-type: none"> • I confidently raise smoking cessation if an individual presents with a problem exacerbated by smoking (e.g., poor wound healing and frequent or recurrent lung infections). • I offer behavioural support as appropriate. • I confidently use motivational interviewing techniques to help understand individuals' needs and best ways to quit and supporting self-help materials. 	<p>face to face services as appropriate.</p> <ul style="list-style-type: none"> • I confidently raise smoking cessation if an individual presents with a problem exacerbated by smoking (e.g., poor wound healing and frequent or recurrent lung infections). • I confidently use different advice techniques to help understand individuals' needs and best ways to quit and supporting self-help materials. • I encourage the use of breath carbon monoxide (CO) monitors as appropriate²⁸. • I assess the nicotine dependence level and discuss nicotine replacement therapies (NRT), non-nicotine support (e.g., behavioural support) and/or other pharmacotherapy treatments as appropriate and organise follow-up appointments to review²⁹. 	<p>appropriate and organise follow-up appointments to review³⁰.</p> <ul style="list-style-type: none"> • I confidently raise smoking cessation if an individual presents with a problem exacerbated by smoking (e.g., poor wound healing and frequent or recurrent lung infections). • I confidently use motivational interviewing techniques to help understand individuals' needs and best ways to quit and supporting self-help materials. • I actively promote and support the use of breath carbon monoxide (CO) monitors as appropriate. • I assist individuals to access subsidized treatments for smoking cessation e.g., PBS, Close the Gap (CTG) or local programs

Capability 5. Other lifestyle behaviours for healthy lungs

5.1 ^	<p>Understands the benefits of and encourages physical activity E.g., improves health and wellbeing and reduce symptoms such as breathlessness. *If local resources aren't available, I consider and incorporate safe alternatives into my advice (e.g., online support, video consultations with exercise professionals or walking groups)</p>	<ul style="list-style-type: none"> • I know the benefits of regular exercise for lung health. • I actively promote and support individuals with a diagnosed chronic lung condition participate in pulmonary rehabilitation or other appropriate exercise programs 	<ul style="list-style-type: none"> • I know of and clearly explain the benefits of regular exercise for lung health in a culturally safe way to individuals. • I recommend/refer individuals with a chronic lung condition to participate in pulmonary rehabilitation or other appropriate exercise programs as a part of 	<ul style="list-style-type: none"> • I know of and clearly explain about the benefits of regular exercise for lung health in a culturally safe way. • I encourage my team to learn and promote the benefits of pulmonary rehabilitation or other appropriate exercise programs for individuals with a 	<ul style="list-style-type: none"> • I clearly explain and encourage my team to explain the benefits of regular exercise for lung health in a culturally safe way to help educate individuals, ways they can manage their condition. • I confidently develop, prescribe, and/or facilitate
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²⁷ "Supporting smoking cessation, a guide for health professionals", RACGP (2011).

²⁸ "Carbon monoxide (CO) monitor for smoking management: a brief guide for staff", Clinical Excellence Queensland, (2021).

²⁹ "Guidelines for pharmacists providing smoking cessation support", Pharmaceutical Society of Australia, (2021).

³⁰ "Guidelines for pharmacists providing smoking cessation support", Pharmaceutical Society of Australia, (2021).

	Competency	Foundational	Intermediate	Advanced	Expert
		as a part of their disease management.	their disease management or support to increase their physical activity safely.	chronic lung condition to help manage their condition or improve overall quality of life. • I assist with facilitating evidence-based exercise programs targeting good lung health and to increase their physical activity safely.	evidence-based exercise programs targeting good lung health and to increase their physical activity safely. • I advocate for and facilitate individuals with a chronic lung condition participate in pulmonary rehabilitation or other appropriate exercise programs as a part of their management plan.
5.2^	Understands, educates, and/or trains others on the impact of air pollution (e.g., exhaust fumes, workplace, household chemicals, campfires, and biomass fires) and mineral dust exposure (e.g., coal dust, silica, and asbestos) on lung health.	• I know the lung health impacts from air pollution and mineral dust exposure.	• I clearly explain the lung health impacts from air pollution and mineral dust exposure and discuss minimisation options (wear proper face, airways, and skin protection), as appropriate (i.e., if the individual's work environment increases exposure levels of risk). <i>Example: if working in an environment that increases exposure levels, wear proper face, airways, skin, clothing protection and have regular check-ups if to monitor lung health).</i>	• I facilitate discussion and encourage my team to discuss in our practice and community highlighting lung health impacts from air pollution and mineral dust exposure, and further discuss minimisation options. <i>Example: if working in an environment that increases exposure levels, wear proper face, airways, skin, clothing protection and have regular check-ups if to monitor lung health).</i>	• I actively participate and collaborate with local community organisations to promote and monitor the lung health impacts from air pollution and mineral dust exposure. • I confidently and clearly discuss minimisation options. <i>Example: if working in an environment that increases exposure levels, wear proper face, airways, skin, clothing protection and have regular check-ups if to monitor lung health).</i>
5.3	Understands, educates, and/or trains others in the impacts of second-hand tobacco smoke and second-hand aerosol exposure.	• I know the lung health impacts second-hand tobacco smoke and second-hand aerosol exposure.	• I know of and clearly explain the impacts and recommend individuals avoid/minimise second-hand tobacco smoke and second-hand aerosol exposure.	• I know of (and clearly explain) the impacts and recommend individuals avoid/minimise second-hand tobacco smoke and second-hand aerosol exposure. • I offer advice and encourage my team to do as above.	• I actively campaign for and educate my community about why they should avoid/minimise second-hand tobacco smoke and second-hand aerosol exposure. • I educate my team's knowledge about the above and encourage them to incorporate it into their advice.
5.4	Understands, explains, and educates the benefits of avoiding or reducing allergen/trigger exposures.	• I know the benefits of avoiding or reducing allergen/trigger exposures.	• I know and clearly explain the benefits of and recommend individuals avoid or reduce allergen/trigger exposures.	• I confidently explain and encourage my team to explain and recommend individuals avoid or reduce allergen/trigger exposures.	• I confidently explain the benefits of and recommend individuals avoid or reduce allergen/trigger exposures. I educate my team why this is important and guide them to incorporate it into their practice.

Competency	Foundational	Intermediate	Advanced	Expert	
				<ul style="list-style-type: none"> • I actively campaign for and educate my community on common allergen/triggers for lung condition/s. 	
5.5^	<p>Understands, explains, and educates the benefits of (and barriers to), good nutrition. <i>*If local resources are not available, I consider and incorporate safe alternatives into my advice (e.g., video consultations with nutrition professionals or online resources and support).</i></p>	<ul style="list-style-type: none"> • I know the benefits of and recommend good nutrition to help overall health and to help achieve and/or maintain a healthy body weight. 	<ul style="list-style-type: none"> • I know of and clearly explain the benefits of and encourage good nutrition to help overall health and to help achieve and/or maintain a healthy body weight. 	<ul style="list-style-type: none"> • I confidently and clearly explain the benefits of and encourage good nutrition to help overall health and to help achieve and/or maintain a healthy body weight. • I recommend/refer the individual to a dietitian to support the health needs of the individual as appropriate. 	<ul style="list-style-type: none"> • I provide expert nutrition advice, screening, and management to support health needs of the individual.
5.6	<p>Understands, explains, and educates the benefits of (and barriers to) other healthy behaviours and practices. <i>*If local resources aren't available, I consider and incorporate safe alternatives into my advice (e.g., video consultations with appropriate professionals, support groups and online resources).</i></p>	<ul style="list-style-type: none"> • I know the benefits of (and barriers to) other healthy behaviours. • I encourage individuals stay up to date with vaccinations, limiting alcohol consumption, avoiding drug abuse and practice infection control (e.g., hand hygiene). 	<ul style="list-style-type: none"> • I know and clearly explain the benefits of (and barriers to) other healthy behaviours. • I encourage individuals stay up to date with vaccinations, limiting alcohol consumption, avoiding drug abuse and practice infection control (e.g., hand hygiene). • I recommend online and community resources and support networks as appropriate. 	<ul style="list-style-type: none"> • I clearly explain and encourage my team to explain the benefits of staying up to date with vaccinations, monitor their alcohol and drug use and encourage infection control practices (e.g., hand hygiene). • I help individuals stay up to date and self-manage healthy behaviours and practices and suggest online and community resources and support networks as appropriate. 	<ul style="list-style-type: none"> • I educate other health professionals and my community on the benefits of and staying up to date with vaccinations, monitor their alcohol and drug use and encourage infection control practices (e.g., hand hygiene) • I help individuals stay up to date and self-manage healthy behaviours and practices and suggest online and community resources and support networks as appropriate. • I refer individuals to other healthcare professionals as appropriate.

Capability 6. Supporting lung health during public health crises

The following three competencies are examples of different public health crises and their resulting impacts on lung health. Please consider and adapt as necessary for other scenarios which may arise in your community or as additional action plans develop (e.g., floods and subsequent mould, dust storms and poor air quality).

	Competency	Foundational	Intermediate	Advanced	Expert
6.1	Understands and explains, impacts of a virus-based public health crisis which compromise lung health (e.g., COVID-19 pandemic and influenza epidemics).	<ul style="list-style-type: none"> • I know the signs, symptoms, and potential impacts of the respiratory virus to the individual and greater community. • I know where to find (and access) the most current advice to help support people's lung health. 	<ul style="list-style-type: none"> • I clearly explain the signs, symptoms, and potential impacts of the respiratory virus to individuals, families, and carers. • I confidently direct individuals to reliable resources for the most current advice to help their lung health and safety. 	<ul style="list-style-type: none"> • I clearly explain and encourage my team to explain the signs, symptoms, and potential impacts of the respiratory virus to individuals, families, and carers. • I promote and offer reliable resources for the most current advice to help lung health and safety to my colleagues and community. 	<ul style="list-style-type: none"> • I confidently and clearly educate individuals, families, carers, and my practice (clinical and non-clinical) about the signs, symptoms, and potential impacts of the respiratory virus. • I develop customised resources based on reliable information for the most current advice to help lung health and safety to my community.
6.2 [^]	Understands and explains the impacts of thunderstorm asthma. <i>*Particularly in Victoria</i>	<ul style="list-style-type: none"> • I know of thunderstorm asthma and which populations are at risk • I know where to find (and access) the most current advice to help support those at risk. 	<ul style="list-style-type: none"> • I clearly explain thunderstorm asthma to at risk individuals, families, and carers. • I confidently direct individuals to reliable resources for the most current advice to help their lung health and safety. • I assist individuals to develop a thunderstorm asthma action plan. 	<ul style="list-style-type: none"> • I clearly explain and encourage my team to explain thunderstorm asthma to at risk individuals, families, and carers. • I promote and offer reliable resources for the most current advice to help lung health and safety to my colleagues and community. • I help to facilitate and empower individuals to develop a thunderstorm asthma action plan. 	<ul style="list-style-type: none"> • I confidently and clearly educate individuals, families, carers, my practice (clinical and non-clinical) and my community about the signs, symptoms, and potential impacts of thunderstorm asthma. • I develop customised resources based on reliable information for the most current advice to help lung health and safety to my community. • I help to facilitate and empower individuals to develop a thunderstorm asthma action plan • I teach my team to know how to write a thunderstorm asthma action plan.
6.3 [^]	Understands and explains how large-scale bushfires can impact lung health.	<ul style="list-style-type: none"> • I know the effects of bushfires on lung health. • I know where to find (and access) the most current advice to help protect lung health in the community and in at-risk populations. 	<ul style="list-style-type: none"> • I understand and explain how lung conditions can be aggravated by bushfires. • I confidently direct individuals to reliable resources for the most current advice to protect their lung health and safety and encourage them to minimise exposure. • I assist individuals to develop a bushfire action plan to help manage impacts of smoke inhalation. 	<ul style="list-style-type: none"> • I clearly explain and encourage my team to explain the effects of bushfires on lung health to individuals, families, and carers and the aggravating response for those with lung condition/s. • I promote and offer reliable resources for the most current advice to protect the lung health and safety within my community. • I help to facilitate and empower individuals to develop a bushfire action plan to help manage impacts of smoke inhalation. 	<ul style="list-style-type: none"> • I confidently and clearly educate individuals, families, carers, my practice (clinical and non-clinical) and my community about the lung health impacts and aggravated conditions from bushfires. • I develop customised resources based on reliable information for the most current advice to help protect health and safety to my community. • I help to facilitate and empower individuals to develop a bushfire

	Competency	Foundational	Intermediate	Advanced	Expert
					action plan to help manage impacts of smoke inhalation. • I teach my team to know how to write a bushfire action plan.

Domain B. Early detection and diagnosis

Domain B encompasses skills and knowledge supporting the early detection and diagnosis of lung conditions such as using evidence-based diagnostic criteria, patient interviews, assessments, tests and examinations, diagnosis, and initial management plans. Being aware of different culturally and linguistically appropriate resources and explanatory tools can help acquire patient history. For example, using a visual aid resource developed in partnership with local communities to explain and obtain disease-specific lung health information before taking respiratory history can facilitate more accurate responses from Aboriginal and Torres Strait Islander peoples.

The goal for Domain B is to increase awareness of the different functionalities for early detection and diagnosis within the primary healthcare setting and **encourage** primary healthcare professionals (PHCPs) to reflect on their knowledge, roles and responsibility and identify opportunities to develop additional skills.

Please note:

- In the competencies listed below, 'individuals' is commonly used. The statement also refers to the individual's family, carer/s and as appropriate, their community.
- The Fundamentals apply to all competencies listed, meaning that all interactions are delivered in a person-centred and culturally safe way and working towards respectful relationships between the individual, their family, carer/s and community and the entire multidisciplinary and interdisciplinary team.
- For many remote Aboriginal and Torres Strait Islander communities, the local clinic does not have a GP. Instead, it may be a local clinic which has GP/remote area nurse. Therefore, for competencies discussing referrals or notifying GP's, the following statement is may be more accurate. 'For Aboriginal and Torres Strait Islander peoples, I would notify the local clinic/GP/ Aboriginal Community Controlled Health Organisation (ACCHO) or other Aboriginal Medical Services, as part of the referral the process.'
- In the cases that there are less than four levels for a competency, the space will be greyed out.
- Please note, not all the competencies listed in this domain will be applicable to all professions. Consider the role you play in detection and diagnoses, and expected knowledge/skills surrounding screening, diagnostics, referrals, and its relevancy to your practice.

Competency	Foundational	Intermediate	Advanced	Expert
Capability 7. Patient/client interviews				
7.1 [^] Facilitates patient interviews (history taking) which <ul style="list-style-type: none"> • is evidence-based and structured • uses and measures relevant health indicators (e.g., lung health, mood, function, and environment) • can help to support a diagnosis 	<ul style="list-style-type: none"> • I know how to and conduct a tailored, culturally safe, accurate and efficient patient interview for lung conditions and/or presentations (within my scope of practice). 	<ul style="list-style-type: none"> • I clearly explain why and confidently conduct a tailored, culturally safe, accurate and efficient patient interview for lung conditions/presentations (within my scope of practice). 	<ul style="list-style-type: none"> • I clearly explain why and confidently conduct a tailored, culturally safe, accurate and efficient patient interview for lung conditions/presentations (within my scope of practice). • I offer advice to my team to help with their patient interview techniques. 	<ul style="list-style-type: none"> • I clearly explain, confidently conduct, and teach others how to conduct, a tailored, culturally safe, accurate and efficient patient interview for lung conditions/presentations (within my scope of practice).

	Competency	Foundational	Intermediate	Advanced	Expert
7.2^	Understands lung health red flags and consequential actions.	<ul style="list-style-type: none"> • I know the red flags for common lung conditions. • I identify red flags during the assessment, refer to their GP/local clinic (as appropriate), and create follow up actions occur promptly. • I recommend resources, as appropriate to increase individual's understanding and health ownership. 	<ul style="list-style-type: none"> • I know the red flags for common lung conditions. • I confidently identify and clearly explain red flags during the assessment, refer the individual to their GP/local clinic (as appropriate) and create follow up actions promptly. • I recommend additional resources and service (online and local) as appropriate to increase individual's understanding and health ownership. • I liaise with their GP/other healthcare professionals to offer suitable follow-up and management of red flags. 	<ul style="list-style-type: none"> • I confidently know and identify red flags for common, uncommon, and complex lung conditions during the assessment, refer to their GP/local clinic (as appropriate) and create follow up actions promptly. • I clearly explain and educate individuals about their health and red flags to encourage health ownership and increase health literacy. • I offer advice to my team to help build their awareness and actions for red flags. • I collaborate with their GP/other healthcare professionals to co-develop (with the individual) suitable follow-up and management of red flags. 	<ul style="list-style-type: none"> • I confidently know and educate my team to identify red flags for common, uncommon, and complex lung conditions. • I educate individuals, my community (and upskill my team) about lung health and red flags to encourage health ownership and increase health literacy. • I identify red flags during the assessment and organise additional diagnostics and lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) referrals as appropriate.
7.2.1	<i>Examples: Common red flags for lung conditions</i>	Common red flags I can identify include (but not limited to): <ul style="list-style-type: none"> • Cough > 3 weeks • Persistent cough in smoker • Persistent sore throat • Persistent palpable neck lumps • Coughing up blood • Chest pain • Insomnia 			
7.3^	Understands lung health yellow flags and consequential actions to avoid them becoming red flags.	<ul style="list-style-type: none"> • I know the yellow flags for common lung conditions. • I identify and highlight yellow flags during the assessment, so they are regularly checked. • I know the appropriate referral pathways (e.g., who and/or where to refer on to). • I recommend additional resources as appropriate to increase individual's understanding and health ownership. 	<ul style="list-style-type: none"> • I know the yellow flags for common lung conditions. • I confidently identify and clearly explain yellow flags during the assessment. • I know the appropriate referral pathways (e.g., who and/or where to refer on to). • I recommend additional resources as appropriate to increase individual's understanding and health ownership. 	<ul style="list-style-type: none"> • I confidently identify yellow flags for common and complex lung conditions and ensure they're being regularly checked and monitored. • I educate individuals about their health and yellow flags to encourage health ownership and increase health literacy. • I notify the individual's GP or health clinic regarding the yellow flags as appropriate. 	<ul style="list-style-type: none"> • I comprehensively understand and identify yellow flags for common, uncommon, and complex lung conditions. • I educate individuals and my community about their health and yellow flags to encourage health ownership and increase health literacy. • I ensure all identified yellow flags are regularly assessed with follow-up appointments to avoid them becoming red flags.

	Competency	Foundational	Intermediate	Advanced	Expert
			<ul style="list-style-type: none"> • I assess/monitor yellow flags regularly to avoid them becoming red flags. 	<ul style="list-style-type: none"> • I initiate regular check-ups to avoid the yellow flags becoming red flags. • I offer advice to my team to help build their awareness and actions for yellow flags. 	
7.3.1	Examples: Common yellow flags for lung conditions	<p>Common yellow flags I can identify include (but not limited to):</p> <ul style="list-style-type: none"> • Excessive use of relievers (e.g., bronchodilators) • Over-reliance on a caregiver • Too many lifestyle compromises (e.g., needs to stop and catch breath frequently while grocery shopping) • Unable to be as active as desired, or keep up with peers • Feeling frightened or anxious about breathlessness 			
7.4	<p>Screens for infection with simple, clear questions. E.g., "Do you have a cough? Wet or dry? How long?"</p> <p><i>*Particularly significant in regional and remote areas of Australia.</i></p>	<ul style="list-style-type: none"> • I know to ask simple, clear questions which aid early detection of chest infections and refer to the individual's GP as appropriate. 	<ul style="list-style-type: none"> • I know and confidently ask specific, simple, clear questions which aid early detection of respiratory infections and refer on to their GP as required. 	<ul style="list-style-type: none"> • I know, confidently ask and encourage my team to ask specific, simple, clear questions which aid early detection of chest infections and refer on to their GP as required. • I promote the importance of asking these questions to help detect lung conditions early. 	<ul style="list-style-type: none"> • I know, confidently ask, and teach my team about specific, simple, clear questions which aid early detection of chest infections and refer on to their GP as required. • I confidently manage and treat lung infection as indicated. • I actively participate in local awareness campaigns to educate my community (consumers and other health services) the importance of asking these questions to help detect lung conditions early.
7.5	<p>Conducts brief lifestyle assessments. E.g., SNAP: smoking, nutrition, alcohol, and physical activity.</p> <p><i>*This includes queries into exposure to second-hand smoke for when patients are children.</i></p>	<ul style="list-style-type: none"> • I know of and conduct lifestyle assessments within my consultations. • I create referrals for the individual to the relevant health professionals and or services as appropriate. (e.g., for asthma and COPD). 	<ul style="list-style-type: none"> • I know of and confidently conduct lifestyle assessments within my consultations. • I clearly explain results and offer referrals for the individual to the relevant health professionals and or services as appropriate. (e.g., for asthma and COPD). 	<ul style="list-style-type: none"> • I know of, confidently conduct, and encourage my team to conduct, lifestyle assessments within my consultations. • I clearly explain results and offer referrals for the individual to the relevant health professionals and or services as appropriate. (e.g., for asthma and COPD). • I promote the use of lifestyle screening resources as simple routine ways of identifying lifestyle risk factors of common lung conditions. 	<ul style="list-style-type: none"> • I confidently conduct and teach lifestyle assessments. • I clearly explain results and offer referrals for the individual to the relevant health professionals and or services as appropriate. (e.g., for asthma and COPD). • I actively participate in local awareness campaigns to educate my community (consumers and other health services) to raise awareness of lifestyle risk factors of common lung conditions.

	Competency	Foundational	Intermediate	Advanced	Expert
7.6^	<p>Detects signs and symptoms and refers for sleep apnoea testing. <i>E.g., snoring nightly, stop breathing during sleep gasping for air during sleep, awakening with a dry mouth, excessive day time sleepiness</i></p>	<ul style="list-style-type: none"> • I know of and can recognise the signs and symptoms of sleep apnoea and confidently refer to their GP or health clinic as required. • I recommend appropriate resources to help the individual's understanding and health literacy. 	<ul style="list-style-type: none"> • I confidently recognise and clearly explain the signs and symptoms of sleep apnoea and refer to their GP, paediatric sleep physician, or health clinic as appropriate. • I recommend appropriate resources to help the individual's understanding and health literacy and offer initial advice for the individual to self-manage their health between appointments. 	<ul style="list-style-type: none"> • I confidently recognise and encourage my team to look for the signs and symptoms of sleep apnoea. • I recommend appropriate resources to help the individual's understanding and health literacy and offer initial advice for the individual to self-manage their health between appointments. • I help to manage and treat sleep apnoea through lifestyle behaviour change (e.g., sleep hygiene and weight loss). 	<ul style="list-style-type: none"> • I recognise common and uncommon signs and symptoms of sleep apnoea and confidently refer to sleep specialists and further diagnostics as required. • I educate and upskill my team on detecting sleep apnoea and ways to offer brief advice and explanations for the individuals. • I offer a comprehensive risk assessment, at-home sleep study (incl equipment), CPAP and BPAP machines and ongoing support and advice as appropriate. • I help to manage and treat sleep apnoea through lifestyle behaviour change (e.g., sleep hygiene and weight loss).
7.70^	<p>Recognises multiple presentations and/or complaints relating to lung health signs and/or symptoms.</p>	<ul style="list-style-type: none"> • I recognise individuals who repetitively mention the same signs and symptoms. • I ask individual to report their symptoms/impairments of importance (e.g., dyspnoea, cough, reduced exercise tolerance, pain) and together determine who is the best health professional to address these symptoms. 	<ul style="list-style-type: none"> • I confidently identify individuals who repetitively mention the same signs and symptoms and refer individuals to their GP or health clinic as appropriate. • I clearly explain what I've noticed and the reason I'm suggesting additional support/investigation. • I encourage the individual to report their symptoms and/or impairments of importance (e.g., dyspnoea, cough, reduced exercise tolerance, pain) and together determine who is the best health professional to address these symptoms. 	<ul style="list-style-type: none"> • I can detect if someone is self-medicating or going through medication too fast. • I confidently identify individuals who repetitively mention the same signs and symptoms and refer individuals to their GP or health clinic as appropriate. • I clearly explain what I've noticed and the reason I'm suggesting additional support/investigation. • I encourage and work with the individual to determine their symptoms and/or impairments of importance (e.g., dyspnoea, cough, reduced exercise tolerance, pain) and together determine who is the best health professional to address these symptoms. 	<ul style="list-style-type: none"> • I identify and intercept individuals who repetitively mention the same signs and symptoms or request script repeats too quickly and will begin an appropriate assessment, conduct tests, or refer to a lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) as appropriate. • I clearly explain what I've noticed and the reason I'm suggesting additional diagnostics to help improve the individual's understanding and shared decision-making. • I encourage and work with the individual to determine their symptoms and/or impairments of importance (e.g., dyspnoea, cough, reduced exercise tolerance, pain) and together determine what health

	Competency	Foundational	Intermediate	Advanced	Expert
					goals/management they want to establish.
7.8^	<p>Conducts early mood screen (mental health and wellbeing) E.g., DASS21 (Depression, Anxiety, and Stress Scales,21), K10 (Kessler Psychological Distress Scale) and HEADSS (H = Home, E = Education and employment, eating and exercise, A = Activity and peer relationships, social media D = Drug use, including prescribed medications, cigarettes, vaping, alcohol and other drugs, S = Sexuality and gender S = Suicide, self-harm, safety and spirituality.</p>	<ul style="list-style-type: none"> • I know of and use (as appropriate) early mood screens which are useful resources to help review adults' mental health (e.g., DASS21, K10) and adolescents' psychosocial health (HEADSS). • I identify flags, provide basic supportive counselling, and refer to relevant health professionals and health services as appropriate. 	<ul style="list-style-type: none"> • I know of and confidently use (as appropriate) early mood screens which are useful resources to help review adults' mental health (e.g., DASS21, K10) and adolescents' psychosocial health (HEADSS). • I confidently identify flags, provide basic supportive counselling, and refer to relevant health professionals and health services as appropriate. 	<ul style="list-style-type: none"> • I know of and use mental health screening resources, confidently identify flags, engage, provide basic supportive counselling, and appropriately refer individuals who have psychosocial, behavioural and lifestyle risk factors to relevant health professionals and health services as appropriate. • I clearly explain the reasons why I think additional support may be helpful and help to empower the individual within the decision-making process. 	<ul style="list-style-type: none"> • I confidently use mental health screening resources to identify, and support individuals who have psychosocial, behavioural and lifestyle risk factors. • I conduct detailed assessments, actively intervene, address red and yellow flags and work with individuals to achieve goals (e.g., improved mood, health management/self-efficacy, improved functions, quality of life etc). • I ensure it's a safe, and respectful environment encouraging self-empowerment and build confidence in shared decision making.
7.9	<p>Screens for other co-morbidities (e.g., obesity, and cardiovascular disease).</p>	<ul style="list-style-type: none"> • I screen for other co-morbidities (e.g., obesity and cardiac illness) which impact on lung condition/s 	<ul style="list-style-type: none"> • I confidently screen and monitor for other co-morbidities (e.g., obesity and cardiac illness) which impact on lung condition/s. • I interpret and clearly explain results to individual, families, carers and as appropriate their community 	<ul style="list-style-type: none"> • I screen, monitor and encourage my team to screen and monitor for other co-morbidities (e.g., obesity and cardiac illness) which impact on lung condition/s. • I interpret and clearly explain the results to individuals, families, carers and as appropriate their community. • I help facilitate increases in health literacy and support by offering additional appropriate and relevant resources and guidance. 	<ul style="list-style-type: none"> • I confidently screen and monitor for other co-morbidities (e.g., obesity and cardiac illness) which impact on lung condition/s. • I interpret and clearly explain results and offer brief advice to individuals, families, carers and as appropriate their community. • I educate and upskill my team to screen and provide advice regarding other co-morbidities. • I actively participate in awareness campaigns to increase in my community's understanding of

	Competency	Foundational	Intermediate	Advanced	Expert
					different co-morbidities and impact on lung health.
Capability 8: Physical examination and other tests					
8.1 [^]	<p>Knows of and/or conducts physical chest examinations to look for symptoms and/or indications of potential lung conditions. <i>E.g., inspection, respiratory rate, oxygen saturation, palpations, percussion, auscultation, and inclusion of ENT examination</i></p>	<ul style="list-style-type: none"> I know of common physical chest examinations to help the case finding process for lung condition/s. 	<ul style="list-style-type: none"> I know of and conduct common physical chest examinations to help the case finding process for lung condition/s. I identify impairments and/or indications of lung function/health. I clearly explain my findings to the individual, family, and carer/s, and discuss referral options or next steps as appropriate. 	<ul style="list-style-type: none"> I confidently encourage my team to conduct appropriate physical examinations to look for symptoms and/or indications of irregularities (e.g., cyanosis and tracheal position). I recognise markers in children (e.g., failure to thrive) and understand that physical signs change with age (e.g., respiratory rate). I identify impairments and/or indications of lung function/health. I clearly explain my findings to the individual, family, and carer/s, and discuss referral options or next steps as appropriate. 	<p>I confidently use and educate others how to:</p> <ul style="list-style-type: none"> Conduct appropriate physical examinations to look for symptoms and/or irregularities (e.g., cyanosis and tracheal position). Recognise markers in children (e.g., failure to thrive) and understand that physical signs change with age (e.g., respiratory rate). Identify impairments and/or indications of lung function/health. Explain findings to the individual, family, and carer/s, and discuss referral options or next steps as appropriate.
8.2 [^]	<p>Knows of and/or conducts exercise capacity tests to look for symptoms and/or indications of potential lung conditions. <i>E.g., Six-minute walk test and the incremental shuttle walk test. (adults)</i> <i>*These tests are used for monitoring as well as case finding</i></p>	<ul style="list-style-type: none"> I know of common exercise capacity tests to help the case finding and monitoring process for lung condition/s. 	<ul style="list-style-type: none"> I know of and conduct exercise capacity tests to help the case finding process for lung condition/s. I identify impairments, activity limitations and/or participation restrictions. I clearly explain my findings to the individual, family, and carer/s, and discuss referral options or next steps as appropriate. 	<p>I confidently use and teach others how to:</p> <ul style="list-style-type: none"> Conduct appropriate exercise capacity tests to help the case finding process for lung condition/s. Identify impairments, activity limitations and/or participation restrictions. Explain findings to the individual, family, and carer/s, and discuss referral options or next steps as appropriate. 	<ul style="list-style-type: none"> I request exercise capacity tests, interpret results, and use as part of my case finding and monitoring process. I explain findings to the individual, family, and carer/s, and discuss options or next steps as appropriate.
8.3 [^]	<p>Knows of and/or conducts other investigations and physical examinations for lung conditions and other co-morbidities (e.g., obesity, pulmonary hypertension, and</p>	<ul style="list-style-type: none"> I know of and conduct common physical examinations for other co-morbidities which impacts lung health. 	<ul style="list-style-type: none"> I know of and confidently conduct common physical examinations for other co-morbidities which impacts lung health. 	<p>I confidently encourage my team to</p> <ul style="list-style-type: none"> Conduct physical examinations for other co-morbidities which impacts lung health, clearly explain identified impairments or 	<ul style="list-style-type: none"> I educate others how to conduct physical examinations for other co-morbidities which impacts lung health and clearly explain and discuss appropriate next steps of identified

	Competency	Foundational	Intermediate	Advanced	Expert
	cardiovascular disease) which impacts lung health. <i>E.g., of additional investigations: pathology requests for white blood cell count, or echocardiograms for pulmonary hypertension</i> <i>E.g., for other co-morbidities: height, blood pressure, body temperature and waist circumference.</i>	<ul style="list-style-type: none"> • I identify impairments or risk factors (within my scope of practice). • I am aware of additional investigations which help the case finding process for lung condition/s. 	<ul style="list-style-type: none"> • I identify and clearly explain impairments or risk factors (within my scope of practice). • I discuss options of referral, further testing and or health management with the individual, family, carer/s and community as appropriate. • I am aware of additional investigations which help the case finding process for lung condition/s. 	risk factors (within my scope of practice). <ul style="list-style-type: none"> • Discuss options of referral, further testing and or health management with the individual, family, carer/s and community as appropriate. • I am aware of and can explain additional investigations which help the case finding process for lung condition/s. 	impairments or risk factors (e.g., referrals, further testing and or health management with the individual, family, and carer/s) <ul style="list-style-type: none"> • I actively participate in community campaigns to raise awareness of different co-morbidities and risk factors (e.g., obesity and cardiovascular disease) and its impact on lung health and health more generally. • I request additional investigations to help the case finding process for lung condition/s and use the findings to help determine a correct diagnosis.
8.4 [^]	Uses pulse oximetry and/or increases individuals' awareness/ability to self-monitor. <i>E.g., An individual can recognise when oxygen levels are too low and needs to wear their oxygen therapy, or when to stop exercising and rest to regain healthy oxygen levels.</i> <i>*Pulse oximetry is used more for monitoring e.g., the oxygen saturation levels at rest and during exercise for individuals with lung condition/s.</i>	<ul style="list-style-type: none"> • I know of and use pulse oximetry devices to monitor oxygen saturation. • I know how to identify the reading and the appropriate referral pathways (e.g., who and/or where to refer on to). 	<ul style="list-style-type: none"> • I know of and confidently use pulse oximetry devices to monitor and interpret oxygen saturation levels and apply it to my practice. • I clearly explain the results to the individual and discuss options for referrals or further investigations as appropriate. 	<ul style="list-style-type: none"> • I confidently use pulse oximetry devices to monitor and interpret oxygen saturation levels and discuss options for referrals or further investigations as appropriate. • I teach individuals, families, carers and as appropriate, their community, how to use and interpret pulse oximetry devices (at rest and during exercise) to help improve, health literacy, self-management, and empowerment 	<ul style="list-style-type: none"> • I confidently use pulse oximetry devices to monitor oxygen saturation levels and interpret measurements. • I refer to lung health specialists (e.g., respiratory physicians or respiratory physiotherapists) and conduct further investigations as appropriate. • I upskill other health professional how to guide individuals, families, carers and as appropriate, their community, to feel confident using and interpreting pulse oximetry devices (at rest and during exercise) to help improve, health literacy, self-management, and empowerment

Capability 9. Radiological lung tests and findings

	Competency	Foundational	Intermediate	Advanced	Expert
9.1^	Radiological lung testing: risk awareness and management <i>E.g., low exposure to radiation and slight increased risk of cancer).</i>	<ul style="list-style-type: none"> • I know of risks associated with radiological testing. 	<ul style="list-style-type: none"> • I know of and clearly explain the importance of the test/s and risks associated with radiological testing to individuals, families, carers and as appropriate, their community 	<ul style="list-style-type: none"> • I confidently and clearly explain importance of the test/s, and risks associated with radiological testing to individuals, families, carers and as appropriate, their community. 	<ul style="list-style-type: none"> • I anticipate and manage risks associated with radiological investigations such as Chest X-Ray, CT, molecular imaging, and nuclear medicine. • I confidently and clearly explain the importance of the test/s and risks associated with radiological testing to individuals, families, carers and as appropriate, their community.
9.2^	Radiological lung health testing and diagnostic procedures (radiological): request parameters				<ul style="list-style-type: none"> • I confidently order radiological investigations based on clinical assessment and decision-making rules.
9.3^	Radiological lung testing: selection criteria				<ul style="list-style-type: none"> • I consistently choose the most appropriate radiological investigations and access the required authorisation if needed.
9.4^	Radiological lung testing: request communication				<ul style="list-style-type: none"> • I consistently communicate all necessary information on the imaging request.
9.5^	Lung testing: findings	<ul style="list-style-type: none"> • I understand and apply the test report's conclusion and findings to my practice. 	<ul style="list-style-type: none"> • I confidently understand and apply the test report's conclusion and findings to my practice. • I offer individuals' a brief explanation based on the report's conclusion and findings. 	<ul style="list-style-type: none"> • I confidently understand and apply the test report's conclusion of the findings to my practice. • I offer individuals a brief explanation based on the report's conclusion and findings. • I encourage my team to read the reports and help inform individuals they're caring for as appropriate. 	<ul style="list-style-type: none"> • I confidently interpret the findings from the appropriate investigations to diagnose potential lung conditions. • I clearly explain and discuss the results and potential next steps with the individuals, and ensure they are part of the decision-making process.
Capability 10: Lung function tests					
10.1^	Performs the basic lung function test: spirometry and understands the reference values and the relativity to local populations. <i>*consider what tests may be more appropriate for children e.g., oscillometry</i>	<ul style="list-style-type: none"> • I know how spirometry tests assist the diagnosis and management of lung conditions (e.g., asthma and COPD). 	<ul style="list-style-type: none"> • I know and clearly explain (as appropriate) how spirometry tests assist the diagnosis and management of lung conditions (e.g., asthma and COPD) to individuals, families, and carers. 	<ul style="list-style-type: none"> • I confidently perform spirometry tests accurately and consistently and know the reference values and the relativity to local populations. <i>*With appropriate certification</i> 	<ul style="list-style-type: none"> • I confidently perform spirometry tests accurately and consistently and know the reference values and the relativity to local populations. <i>*With correct certification</i>

	Competency	Foundational	Intermediate	Advanced	Expert
				<ul style="list-style-type: none"> • I confidently and clearly explain how spirometry tests assist the diagnosis and management of lung conditions (e.g., asthma and COPD) and can outline the individual's results for them. • I encourage individuals to record an 'early baseline' if they smoke and/or vape to monitor their lung health. 	<ul style="list-style-type: none"> • I encourage individuals (and upskill my team) to record an 'early baseline' if they smoke and/or vape to monitor their lung health. • I confidently and clearly explain how spirometry tests assist the diagnosis and management of lung conditions (e.g., asthma and COPD). • I interpret the results (<i>with understanding of the effect of age, height, gender at birth, and ethnicity's effect on normal reference values</i>) and use them to help reach a diagnosis/understanding of the individual's condition. • I discuss next steps and share the decision-making process with individuals, families, carers and as appropriate, their community.
10.2 [^]	<p>Performs the basic lung function test: peak flow</p> <p><i>*Peak flow metres are used more for management (e.g., part of an asthma action plan) rather than diagnostics. It is not a substitute for spirometry</i></p>	<ul style="list-style-type: none"> • I know how peak flow meters help monitor airway variability over time (e.g., in asthma). • I can instruct individuals how to perform it themselves and record their results. 	<ul style="list-style-type: none"> • I know and clearly explain how peak flow meters help monitor airway variability over time (e.g., in asthma). • I instruct individuals how to perform it themselves and record their results. • I confidently get individuals to perform peak flow tests accurately and consistently and outline the individual's results for them. 	<ul style="list-style-type: none"> • I clearly explain how peak flow meters help monitor airway variability over time (e.g., in asthma) and teach individuals how to perform it themselves. • I confidently get individuals to perform peak flow tests accurately and consistently and outline the individual's results for them. • I help individuals (family, carer/s, and community) to incorporate peak flow monitoring into their asthma action plan. 	<p>I educate other health professionals how to:</p> <ul style="list-style-type: none"> • Explain peak flow meter's role in monitoring airway variability over time (e.g., in asthma) • Teach individuals how to use it accurately themselves. • Interpret, discuss results and incorporate it into asthma action plans.
10.3 [^]	<p>Requests additional lung function tests (<i>e.g., body plethysmography, diffusion capacity test, FeNO airway challenge tests cardiopulmonary exercise testing, or oscillometry for children</i>) for further investigation and interprets findings.</p>			<ul style="list-style-type: none"> • I know of different lung tests and diagnostics which can be ordered for further investigation. 	<ul style="list-style-type: none"> • I know which additional lung function tests and diagnostics to order for further investigation and when to refer. • I confidently interpret the findings from lung function investigations

Competency	Foundational	Intermediate	Advanced	Expert	
				to diagnose potential lung conditions. <ul style="list-style-type: none"> • I clearly explain and discuss the results and potential next steps with the individuals, and ensure they are part of the decision-making process 	
Capability 11: Diagnosis					
11.1 [^]	Requests a systematic, multidimensional assessment to be performed across several clinical domains ³¹ .	<ul style="list-style-type: none"> • I know and value the importance of working within a collaborative interdisciplinary team to help determine and review the findings. • I work to understand findings, share results, and provide consistent messaging to individuals, families, cares and as appropriate, their community. 	<ul style="list-style-type: none"> • I confidently work, collaborate, and request reviews/input as part of an interdisciplinary team to help determine and assess the findings. • I understand findings (or seek help to understand), share results, and confidently provide consistent messaging to individuals, families, cares and as appropriate, their community. 	<ul style="list-style-type: none"> • I encourage my team to collaborate, and request reviews/input as part of an interdisciplinary team to help determine and assess the findings. • I understand, clearly explain reviews/findings, and provide consistent messaging to individuals, families, cares and as appropriate, their community. 	<ul style="list-style-type: none"> • I confidently consult with lung health specialists (<i>e.g., respiratory physicians or respiratory physiotherapists</i>) to help determine a lung condition diagnosis. • I upskill my team in ways to collaborate, request reviews, maintain consistent messaging to individual (and families, cares and as appropriate, their community) by working as a cohesive interdisciplinary team.
11.2 [^]	Interprets multidisciplinary review of findings			<ul style="list-style-type: none"> • I evaluate the findings/reports from different specialists and/or diagnostic services. • I prioritise the individual's health needs and work with the individual, their family and carer/s to establish next steps to treating and/or managing their condition. 	
11.3 [^]	Establishes an accurate and specific diagnosis (e.g., lung cancer, pneumonia, COPD). <i>*Accurate and specific diagnosis occurs after appropriate investigation (e.g., using and interpreting the correct case-finding tests and diagnostics).</i>			<ul style="list-style-type: none"> • I use clinical reasoning to formulate an evidence-based diagnosis of lung condition/s using clinical reasoning, assessments, using patient history, physical examination, radiological investigations, and any other determinants which may be applicable. 	

³¹ "Interdisciplinary approach & multidimensional assessment" *Severe Asthma Toolkit*, (2019).

	Competency	Foundational	Intermediate	Advanced	Expert
11.4 ^A	Awareness of rare lung condition/s and/or diseases.	<ul style="list-style-type: none"> • I value the importance of collaborating with lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) and clinical researchers when supporting individuals to access appropriate health care professionals or attend diagnostics appointments about their rare lung condition/s and/or diseases. 		<ul style="list-style-type: none"> • I'm aware that I may encounter lung conditions or rare diseases that I am unfamiliar with. • I value the importance of collaborating lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) and clinical researchers when supporting individuals to determine rare lung condition/s and/or diseases. 	<ul style="list-style-type: none"> • I'm aware that I may encounter lung conditions or rare diseases that I am unfamiliar with. I will work with lung health specialists (e.g., respiratory physicians) and clinical researchers to help determine a diagnosis.

Domain C. Initial care and planning

Domain C highlights the capabilities required after an individual is diagnosed with lung condition/s. It outlines skills and behaviours to educate the individual, family, and carer/s and community about the condition/s and therapeutic medicines and establishing a management plan which is culturally safe and meets the individual's needs. The initial care and planning phase are essential to establish successful and sustainable plans with a cohesive and collaborative team. The individual and their support team (family, carer/s, and community) need to understand their care plan, are involved in the decision-making processes, and are empowered to self-manage. Consider what resources and support services are available locally and online and look for condition-specific support groups/services so they can connect to others having similar experiences.

The goal of Domain C is to develop a good foundation (consistency, clarity, and multi-disciplinary support) which will flow into a more successful Domain D (self-management and ongoing care).

Please note:

- In the competencies listed below, 'individuals' is commonly used. The statement also refers to the individual's family, carer/s and as appropriate, their community.
- The Fundamentals apply to all competencies listed, meaning that all interactions are delivered in a person-centred and culturally safe way and working towards respectful relationships between the individual, their family, carer/s and community and the entire multidisciplinary and interdisciplinary team.
- Please note, not all the competencies listed in Domain C will be applicable to all professions. Consider the role you play in initial care and planning and expected knowledge/skills surrounding education, developing care management plans, support communication and cultural awareness and its relevancy to your practice.

Competency	Foundational	Intermediate	Advanced	Expert
Capability 12. Educating individuals, families & carers, and communities about lung condition/s				
12.1 [^] Facilitates lung condition/s education (post diagnosis) with culturally appropriate resources and support. <i>Education examples: lung condition/s, severity, mortality risk, comprehensive management (medication and lifestyle), action plans, lifestyle changes/risk factor modification, genetic counselling, symptoms, and management.</i> <i>Resource formats examples written, visuals/images, and videos.</i>	<ul style="list-style-type: none"> • I explain and help individuals and families understand their lung condition/s and how it may impact their life. • I use supportive resources that are appropriate for the individuals and families. • I invite additional support people to help with translation, trust and understanding. 	<ul style="list-style-type: none"> • I clearly explain, educate, and help individuals understand their lung condition/s and how it may impact their life. • I confidently use educational and supportive resources that are appropriate for individuals and families. • I invite additional support people to help with translation, trust and understanding as required. • I recommend additional resources and/or services (online and face to face) which may offer addition guidance and support. 	<ul style="list-style-type: none"> • I clearly explain, educate, and help individuals understand their lung condition/s and how it may impact their life, and potential effects of pharmacological and non- pharmacological therapies. <i>(e.g., medical management (medications), inhaler technique and action plan use).</i> • I use, and encourage my team to use, educational and supportive resources that are appropriate for individuals and families. • I invite and encourage additional support people to help with interpretation, trust and understanding as required. 	<ul style="list-style-type: none"> • I develop and/or customise educational and supportive resources to make them appropriate for individuals and families. • I use my developed and/or customised resources to explain conditions with individuals and their families in a way that's clear and meaningful to them. • I confidently educate and help individuals understand their lung condition/s and how it may impact their life, and potential effects of pharmacological and non- pharmacological therapies.

	Competency	Foundational	Intermediate	Advanced	Expert
				<ul style="list-style-type: none"> • I provide additional resources and/or services (online and face to face) which may offer additional guidance and support. 	<ul style="list-style-type: none"> • I invite and encourage additional support people to help with interpretation, trust and understanding as required.
12.2 [^]	<p>Understands mental wellbeing impacts lung conditions and/or offers counselling services.</p> <p><i>Mental wellbeing impacts examples: increase rates of anxiety, depression, and low mood.</i></p>	<ul style="list-style-type: none"> • I know how lung condition/s can impact an individual's mental health and exercise in care looking after their mental wellbeing. 	<ul style="list-style-type: none"> • I know how lung condition/s can impact an individual's mental health and exercise in care in looking after their mental wellbeing. • I give brief advice and guidance for individuals, families, and carers on the potential impacts on mental wellbeing. • I refer to mental health professionals or support services as appropriate. 	<ul style="list-style-type: none"> • I confidently know how lung condition/s can impact an individual's mental health and exercise care in looking after their mental wellbeing. • I give brief advice and guidance for individuals, families, and carers on the potential impacts on mental wellbeing. • I offer and/or discuss basic mental wellbeing resources, suggest support groups (online and within the community) and additional education resources as appropriate. • I refer to mental health professionals as appropriate. 	<ul style="list-style-type: none"> • I comprehensively know the impacts lung condition/s can have on an individual's mental health and will consider exercise care in looking after their mental wellbeing within my practice. • I give expert advice and guidance for individuals, families, and carers on the potential impacts on mental wellbeing. • I offer counselling to help improve the individual's mental wellbeing and engage additional supports as necessary. • I encourage support groups (online and within the community) and additional education resources as appropriate.
12.3 [^]	<p>Understands and promotes the benefits of physical activity and regular exercise on ongoing lung health management.</p> <p><i>Exercise benefits examples: improves cardiorespiratory fitness, increases tolerance to exercise/physical activity, reduces risk of co-morbidities, reduces/manages symptoms of anxiety and depression and increases to quality of life³².</i></p>	<ul style="list-style-type: none"> • I know the benefits of and recommend regular exercise and/or maintaining a physically active lifestyle for individuals with lung conditions. • I know the benefits of pulmonary rehabilitation and its role within a management plan. 	<ul style="list-style-type: none"> • I give brief advice about the positive impacts of regular exercise on symptoms and quality of life. • I encourage individuals, families, and carers to exercise regularly and maintain a physically active lifestyle. • I know and explain the benefits of pulmonary rehabilitation as appropriate. 	<ul style="list-style-type: none"> • I confidently encourage my team to educate individuals, families, and carers about the benefits of regular exercise and maintaining a physically active lifestyle on symptoms and quality of life. • I refer individuals to accredited exercise professionals to support their physical wellbeing as appropriate. • I confidently explain the benefits of pulmonary rehabilitation as appropriate. 	<ul style="list-style-type: none"> • I confidently prescribe specific exercises and exercise programs to individuals with lung conditions. • I educate individuals, families, and carers about the benefits of regular exercise and maintaining a physically active lifestyle on symptoms and quality of life. • I work with individuals to develop and self-management their routine. • I actively participate in community campaigns to help

³² "COPD and exercise: does it make a difference?" *breathe*, 2016.

Competency	Foundational	Intermediate	Advanced	Expert	
				<p>raise awareness of the benefits of exercise, particularly for those with lung condition/s.</p> <ul style="list-style-type: none"> • I educate and lead my team on the benefits of pulmonary rehabilitation and how to explain it to individuals and families. 	
Capability 13. Establishing a management plan					
13.1 [^]	<p>Identifies and develops biopsychosocial management plan/s to manage lung condition/s. <i>*Holistic examples: patient history, needs, support network, finances, readiness to change, and accessibility to services. *Consider using resources such as the Patient Activation Measure (PAM) which can consistently predict the individual's behaviour to help guide the approach³³.</i></p>	<ul style="list-style-type: none"> • I consider the individual holistically when developing the care plan components. 	<ul style="list-style-type: none"> • I confidently develop lifestyle components of evidence-based, lung health management/action plans. I consider the individual holistically when developing the care plan components. • I clearly explain the importance of the lifestyle component and work to empower the individual and their family to increase health literacy and help to self-manage their condition. <i>*The components I am involved in differ depending on my profession. (E.g., dietitian – nutritional advice, physiotherapist– physical therapy and exercise prescription, psychologist – mental wellbeing.)</i> 	<ul style="list-style-type: none"> • I confidently develop (or co-develop) medication use and education components (e.g., inhaler use) of the lung health management and action plans. I consider the individual holistically when developing the care plan components. • I confidently facilitate MDT referrals and drafting action plans (e.g., asthma action plans). • I encourage my team to take a biopsychosocial approach to developing lung health management plans. 	<ul style="list-style-type: none"> • I lead, establish, oversee, and review high-quality, evidence-based biopsychosocial lung health management/action plans. I consider the individual holistically when developing the care plan. • I educate and upskill my team on the benefits of developing biopsychosocial lung health management plans and working together as an interdisciplinary team while ensuring that the plan maintains a person-centred approach. <i>*The plan considers investigations, diagnosis, prescriptions, recommendations, and interactions with other healthcare professionals (including referrals to lung health specialist (e.g., respiratory physicians and respiratory physiotherapists) and, if appropriate, clinical trials) and the individual's goals.</i>
13.2 [^]	<p>Implements and coordinates management plan (within scope of practice) maintaining a continuity of</p>	<ul style="list-style-type: none"> • I facilitate and/or cofacilitate components of the individual's care plan to build their resilience, improve physical 	<ul style="list-style-type: none"> • I establish initial plans for consultations, check-ins, and assessments as necessary suitable 	<ul style="list-style-type: none"> • I coordinate the lung health management and/or treatment plan implementation across primary health care services 	<ul style="list-style-type: none"> • I coordinate and implement safe and effective lung health management and/or treatment plans with goals to

³³ "Patient Activation Measure®: A vital sign for value-based care", *Value Based Care Australia*, (2020).

	Competency	Foundational	Intermediate	Advanced	Expert
	<p>care with the individual and across the interdisciplinary team.</p> <p><i>*The components the profession implements/facilitates and or coordinates will differ depending on their profession.</i></p>	<p>and/or mental wellbeing and quality of life.</p> <ul style="list-style-type: none"> • I set up follow up appointments and reminders with the individual as opportunity to maintain advice and support for the care plan components I'm involved in. 	<p>to the individual and my scope of practice.</p> <ul style="list-style-type: none"> • I confidently engage in follow up appointments with the individual to maintain advice and support for the care plan components I facilitate. • I clearly explain the purpose and benefits of the components I coordinate and/or facilitate. I ensure that shared decision-making and self-management are key priorities in the care plan implementation. • I maintain consistent communication and collaboration with other health professionals and support persons throughout the implementation. • I liaise with my interdisciplinary team to keep them informed of my actions. 	<p>meeting a range of the individual's needs.</p> <ul style="list-style-type: none"> • I engage and encourage my team to follow up with the individual to maintain advice and support for the care plan components I coordinate/implement. • I take the time to teach individuals about the purpose and benefits of the components I coordinate and/or facilitate. I ensure that shared decision-making and self-management are key priorities in the care plan implementation. • I encourage my team to work cohesively within our practice, with other health professionals and additional support services (online and face to face) who are involved in the individual's care plan. • I liaise with my interdisciplinary team to encourage continuity of care within their role and update them as relevant. 	<p>enhance quality of life, physical and mental health, independent living and cost effective for the individual, family, and carer.</p> <ul style="list-style-type: none"> • I educate and upskill my team how to follow up with the individual to have continuity of care throughout their health journey. • I upskill my team on how to implement effective lung health treatment and/or management care plans, or components of care plans (within their scope of practice). • I liaise with my interdisciplinary team to encourage continuity of care within their role and update them as relevant.
Capability 14. Pharmacotherapy					
14.1 [^]	<p>Ensures medicines and therapeutic management are aligned to the most updated guidelines for therapeutic management of lung condition/s.</p>	<ul style="list-style-type: none"> • I know of medications that can aid/support the management of the individual's lung condition and how it may influence the advice/actions I offer within my scope of practice. 	<ul style="list-style-type: none"> • I know of and administer specific medications that can aid/support the individual's lung condition. <p><i>*Depending on state and accreditation, I may also be able to prescribe, administer & review specific medications.</i></p>	<ul style="list-style-type: none"> • I know of, dispense, advise on appropriate use, offer ongoing support (e.g., in terms of adherence and device technique) and review specific medications that can aid/support the individual's lung condition consider the patient's preference. 	<ul style="list-style-type: none"> • I prescribe, administer, and review specific medications that can aid/support the individual's lung condition and consider the patient's preference.
14.2 [^]	<p>Educates individuals about therapeutic medicine for their lung condition/s (including adverse effects) in a culturally safe way with</p>	<ul style="list-style-type: none"> • I know the medications which can have potential interactions and impacts on my practice. • Using appropriate resources and plain English, I clearly 	<ul style="list-style-type: none"> • I confidently explain the potential interactions and impacts of common medications on my practice. 	<ul style="list-style-type: none"> • In a culturally safe way and with appropriate resources, I educate the individual about their current lung health medications or other medications they may be using 	<ul style="list-style-type: none"> • I prescribe and accurately discuss the potential interactions and/or impacts of and individual's medication/s.

	Competency	Foundational	Intermediate	Advanced	Expert
	appropriate resources (e.g., written information and visual aids)	<p>explain the specific interactions of medication as appropriate to the individual and my scope of practice. <i>(E.g., Bronchodilators for example asthma reliever can increase your heart rate.</i></p>	<ul style="list-style-type: none"> • I know how and value the importance to deliver culturally safe health information when discussing the potential interactions/impacts of and individual's medication/s regarding my practice. • I confidently use appropriate resources to provide health information in a culturally safe way. 	<p>and their interactions with their lung condition/s.</p> <ul style="list-style-type: none"> • I encourage ways to increase the individuals and their families' knowledge and understanding of their therapeutic medicines, to improve self-empowerment and self-management. 	<ul style="list-style-type: none"> • I confidently use appropriate resources to provide health information in a culturally safe and clear way. • I prioritise the individual's need to be empowered to self-manage their lung condition.

Domain D. Self-management and ongoing care

Domain D highlights the capabilities required to facilitate ongoing care, help increase health literacy, independence, rehabilitation, survivorship, and end of life support. When reading through Domain D, please consider the competencies from Domains A to C while providing ongoing care. It's essential to work with individuals to share decisions, determine their preferences and needs and co-designing an ongoing plan to assist in the management of their lung condition

The goal for Domain D is to ensure that individuals receive high-quality care and are empowered to manage their condition and overall health, or as they enter advanced care planning or through their transition to survivorship.

Please note:

- In the competencies listed below, 'individuals' is commonly used. The statement also refers to the individual's family, carer/s and as appropriate, their community.
- The Fundamentals apply to all competencies listed, meaning that all interactions are delivered in a person-centred and culturally safe way and working towards respectful relationships between the individual, their family, carer/s and community and the entire multidisciplinary and interdisciplinary team.
- Digital health models of care (capability 17) are alternative ways to engage and care for individuals, acknowledging it isn't always suitable, appropriate, or accessible.
- Please note, not all the competencies listed in Domain D will be applicable to all professions. Consider the role you play in self-management and ongoing care, and the expected knowledge/skills surrounding ongoing care, advanced care planning and survivorship and its relevancy to your practice.

Competency	Foundational	Intermediate	Advanced	Expert
Capability 15. Empowering self-management and providing ongoing care				
15.1 Recognises the individual's motivation to change and as appropriate, works to increase self-empowerment, self-efficacy and self-confidence of individuals, families, and carers. <i>Strategy example: coach and encourage lifestyle changes, rituals, and routines to empower the individual to make healthy choices specific to their needs, interests, and lifestyle.</i> <i>*Strategies will vary depending on profession.</i> <i>*Self-manage refers to helping the individual to have health ownership when appropriate and in a supportive way. E.g. (using a pill organiser pack to help the individual take their daily medication by themselves)</i>	<ul style="list-style-type: none"> • I know the importance of empowering individuals, families, and carer/s to self-manage their condition/s through education, care plans and integration with community support. • I recommend suitable resources and support groups to help build and individuals health literacy. • I am aware of the individual's motivation to change and mindful that may be resistant to health advice and health ownership and will adapt my approach to meet their needs. 	<ul style="list-style-type: none"> • I use clear explanations, recommend suitable educational resources, and work with relevant community support to empower individuals, families, and carer/s to self-manage their condition/s. • I am aware of the individual's motivation to change and mindful that may be resistant to health advice and health ownership and will adapt my approach to meet their needs. I use motivational interviewing techniques and education to increase health literacy and desire for great health ownership as appropriate. 	<ul style="list-style-type: none"> • I use and encourage my team to use clear explanations, recommend suitable educational resources, and coordinate community support to empower individuals, families, and carer/s to self-manage their condition/s. • I teach the individual and family how to use monitoring devices and/or support aids at home (e.g., home oxygen concentrators and/or cylinders and pulse oximeters). 	<ul style="list-style-type: none"> • I use and upskill my team to use clear explanations, recommend suitable educational resources, and work with relevant community support to empower individuals, families, and carer/s to self-manage their condition/s. • I actively participate in and build relationships within my community to develop strong support networks and encourage self-empowerment. • I ensure the individual has access to monitoring devices and/or support aids at home (e.g., home oxygen concentrators and/or cylinders and pulse oximeters).

	Competency	Foundational	Intermediate	Advanced	Expert
15.2	<p>Monitoring of lung condition/s throughout the management and/or treatment plan.</p> <p><i>*This competency is to be read as it would apply to your scope of practice</i></p> <p><i>*Note: For Aboriginal and Torres Strait Islander peoples and individuals from culturally and linguistically diverse backgrounds, establish if clinician and/or individual needs an interpreter or use appropriate health literacy assessment and/or management resources so that the individual understands what they are being asked to provide informed consent for.</i></p> <p><i>*Consider engaging Aboriginal and Torres Strait Islander Health Practitioners, Health Workers and/or Liaison Officers to support.</i></p>	<ul style="list-style-type: none"> • I help to monitor, measure, and record the individual's response to lung care practices I'm facilitating and share my findings to my supervisor. • I clearly explain my role within their care plan and the expected outcomes to ensure the individual, family and carer/s understand and are part of the decision-making process. • I respectfully listen and address any concerns from the individual regarding informed consent. 	<ul style="list-style-type: none"> • I monitor, measure, record and evaluate the individual's response to lung care practices I'm facilitating and share my findings with the relevant care plan team. • I clearly explain my role within their care plan and the expected outcomes to ensure the individual, family and carer/s understand and are part of the decision-making process. • I respectfully listen and address any concerns from the individual regarding informed consent. 	<ul style="list-style-type: none"> • I monitor, measure, record and evaluate the individual's response to lung care practices I'm facilitating and use my assessment findings to inform the management and/or treatment plan. • I clearly explain the expected outcomes and risks of treatments (e.g., pharmacotherapy) and ongoing care to ensure the individual, family and carer/s understand. I ensure the individual and family is part of decision-making process. • I respectfully listen and address any concerns from the individual regarding informed consent. • I constructively use processes and resources to ensure quality delivery of primary healthcare in accordance with the individual's lung health plan. 	<ul style="list-style-type: none"> • I upskill my team how to monitor, measure, record and evaluate the individual's response to their entire lung intervention care practices and use my assessment findings to inform the management and/or treatment plan. • I clearly explain the risks specific to lung conditions, proposed treatments, and ongoing care to ensure the individual, family and carer/s understand. • I respectfully listen and address any concerns from the individual regarding informed consent. • I consistently evaluate and assess the individual's capacity for decision-making and informed consent. • I recognise and respond to irregular or atypical situations which arise when implementing a plan for lung condition/s.
15.3 [^]	<p>Monitoring individuals and engaging communities with high risk factors and/or comorbidities</p> <p><i>*Competencies 7.2 and 7.3 refer to red and yellow flags</i></p>	<ul style="list-style-type: none"> • I identify individuals who are at risk of additional lung health conditions or additional comorbidities and organise follow up appointments to monitor and/or measure their health and any yellow flags. • I recommend suitable education and supportive resources to help them understand more about their health and potential next steps. 	<ul style="list-style-type: none"> • I confidently identify individuals who are at risk of additional lung health conditions or additional comorbidities and organise follow up appointments to monitor and/or measure their health and any yellow flags. • I inform and discuss their health risks and support increased health literacy and ownership to improve their ability to self-manage as appropriate. 	<ul style="list-style-type: none"> • I confidently encourage my team to identify individuals who are at risk of additional lung health conditions or additional comorbidities and organise follow up appointments to monitor and/or measure their health and any yellow flags. • I inform and discuss their health risks and support increased health literacy and ownership to improve their ability to self-manage as appropriate. • I identify communities and populations who are at greater risk and am mindful to check in with them during our appointments. 	<ul style="list-style-type: none"> • I upskill my team to identify individuals who are at risk of additional lung health conditions or additional comorbidities and organise follow up appointments to monitor and/or measure their health and any yellow flags. • I inform and discuss their health risks and support increased health literacy and ownership to improve their ability to self-manage as appropriate. • I actively participate and/or lead discussions to raise awareness about individuals, populations and communities who have a high risk of additional lung conditions and/or co-morbidities

	Competency	Foundational	Intermediate	Advanced	Expert
					and best ways to monitor/manage their health.
15.4	<p>Ongoing education: increasing health literacy that's meaningful, age appropriate and culturally relevant. <i>E.g., share relevant resources, recommend education groups and explain/educate health advice/medical</i></p> <p><i>*This competency is to be read as it would apply to your scope of practice</i></p>	<ul style="list-style-type: none"> • I continue to facilitate knowledge around common lung condition/s to increase their health knowledge and awareness relating to their condition/s and dispel myths and misinformation. • I offer ongoing education to the individual, families, and carers as appropriate during check in appointments. 	<ul style="list-style-type: none"> • I continue to confidently facilitate knowledge and give clear explanations of common lung condition/s to increase their health knowledge and awareness relating to their condition/s and dispel myths and misinformation. • I offer ongoing education and recommend suitable resources to the individual, families, and carers as appropriate during check in appointments. 	<ul style="list-style-type: none"> • I continue to encourage my team to facilitate knowledge and give clear explanations of common, uncommon, and complex lung condition/s to increase their health knowledge and awareness relating to their condition/s and dispel myths and misinformation. • I provide ongoing education and recommend suitable resources to the individual, families, and carers as appropriate during check in appointments. <p><i>*I'm aware that in the cases of rare lung conditions and/or diseases, the individual may know more about their lung condition than I do. In these cases, I support to the best of my ability and ensure a collaborate approach between lung health specialist (e.g., respiratory physicians and respiratory physiotherapists), clinical researchers and primary health care professional continues.</i></p>	<ul style="list-style-type: none"> • I upskill my team on ways to provide ongoing knowledge and give clear explanations of common, uncommon, and complex lung condition/s to increase their health knowledge and awareness relating to their condition/s and dispel myths and misinformation. • I develop education and customised resources to offer individuals, families, and carers as appropriate during check in appointments. <p><i>*I'm aware that in the cases of rare lung conditions and/or diseases, the individual may know more about their lung condition than I do. In these cases, I support to the best of my ability and ensure a collaborate approach between lung health specialist (e.g., respiratory physicians and respiratory physiotherapists), clinical researchers and primary health care professional continues.</i></p>
Capability 16. Pulmonary rehabilitation and other supportive services					
16.1 [^]	<p>Refers to local accredited exercise professionals and facilities who specialise in or can support individuals with lung conditions and/or to pulmonary rehabilitation clinics (local or online support).</p> <p><i>*Some pulmonary rehabilitation services have special referral requirements (e.g., a letter from a GP and/or respiratory physician)</i></p>	<ul style="list-style-type: none"> • I know of local accredited exercise professionals and facilities who specialise in or can support individuals with lung conditions within my community and know when to recommend individuals to attend. • I know when to recommend individuals directly to a pulmonary rehabilitation clinic (locally or through online support). 	<ul style="list-style-type: none"> • I recommend/refer individuals to local accredited exercise professionals and facilities who specialise in or can support individuals with lung conditions and follow up with their progress. • I know when to recommend individuals directly to a pulmonary rehabilitation clinic (locally or through online support). 	<ul style="list-style-type: none"> • I collaborate and coordinate with local accredited exercise professionals and facilities who specialise in or can support individuals with lung conditions and pulmonary rehabilitation clinics. • I have a robust referral and follow up methodology to support the individual with their lung condition/s and progress. 	<ul style="list-style-type: none"> • I provide evidence-based prescriptive exercises for individuals with condition/s and/or pulmonary rehabilitation within the primary care setting including, but not limited to, appropriate assessment and monitoring, education, self-management, and symptom management strategies.

	Competency	Foundational	Intermediate	Advanced	Expert
16.2	Recommends emotional and wellbeing support services.	<ul style="list-style-type: none"> • I know and recommend participation and/or attendance to mental wellbeing support groups (in the community and online) as appropriate. 	<ul style="list-style-type: none"> • I discuss and clearly explain the roles of different mental wellbeing support groups (in the community and online). • I recommend participation and/or attendance for individuals, families, and carers as appropriate. 	<ul style="list-style-type: none"> • I encourage my team to clearly explain the roles of different mental wellbeing support groups (in the community and online) and recommend participation and/or attendance for individuals, families, and carers as appropriate. 	<ul style="list-style-type: none"> • I upskill my team on ways to discuss the roles of different mental wellbeing support groups (in the community and online) and how to recommend participation and/or attendance for individuals, families, and carers as appropriate.
16.3	Recommends condition-specific support services and/or groups.	<ul style="list-style-type: none"> • I know and recommend participation and/or attendance to condition-specific support services and/or groups (in the community and online) as appropriate. 	<ul style="list-style-type: none"> • I discuss and clearly explain the roles of condition-specific support services and/or groups (in the community and online). • I recommend participation and/or attendance for individuals, families, and carers as appropriate. 	<ul style="list-style-type: none"> • I encourage my team to clearly explain the roles of condition-specific support services and/or groups (in the community and online) and recommend participation and/or attendance for individuals, families, and carers as appropriate. 	<ul style="list-style-type: none"> • I upskill my team on ways to discuss the roles of condition-specific support services and/or groups (in the community and online) and how to recommend participation and/or attendance for individuals, families, and carers as appropriate.
Capability 17. Digital health, e-health, and telehealth					
17.1	<p>Accesses online/digital resources (for primary healthcare professionals and individuals)</p> <p><i>*Language, culture, health literacy, stage of illness, computer literacy and other influencing factors should be considered when recommending digital services.</i></p>	<ul style="list-style-type: none"> • I know of lung health online education, resources, and community groups. • I suggest options which I think would be most suitable. 	<ul style="list-style-type: none"> • I know of and review lung health online education, resources, and community groups which would be appropriate for the individuals attending my practice. • I confidently suggest options which I think would be most suitable. 	<ul style="list-style-type: none"> • I use, and promote my team to use, lung health online education, resources, and community groups appropriate for the individuals attending our practice. • I confidently suggest and clearly explain options which I think would be most suitable. 	<ul style="list-style-type: none"> • I develop and/or participate in lung health online education, resources, and community groups. • I upskill my team on how to select and offer suitable resources.
17.2	<p>Uses digital enablers to deliver virtual care (e.g., tele-health, video-consultation options, e-scripts, and online health records).</p> <p><i>*Consider language, culture, health literacy, stage of illness, computer literacy and other influencing factors should be considered when recommending digital services.</i></p>	<ul style="list-style-type: none"> • I know of and use digital models of care to improve engagement, accessibility, comfort, and patient empowerment. 	<ul style="list-style-type: none"> • I confidently use different digital models of care to improve engagement, accessibility, comfort, and patient empowerment. 	<ul style="list-style-type: none"> • I use, and encourage my team to use, digital models of care to improve engagement, comfort, accessibility, and patient empowerment. 	<ul style="list-style-type: none"> • I use and teach my team how to use, digital models of care to improve engagement, accessibility, comfort, and patient empowerment.
17.3	<p>Uses digital health services (e.g., from support lines, online classes, online appointments for remote access)</p> <p><i>*Language, culture, health literacy, stage of illness, computer literacy and other influencing factors should be considered when recommending digital services.</i></p>	<ul style="list-style-type: none"> • I know of different digital health services to support the individual's lung health care plan. • I recommend suitable digital health and support services. 	<ul style="list-style-type: none"> • I know of, recommend, and clearly explain different digital health services to support the individual's lung health care plan. 	<ul style="list-style-type: none"> • I recommend, and encourage my team to offer, different digital health services to support the individual's lung health care plan. • I help facilitate digital health service/s supporting lung health 	<ul style="list-style-type: none"> • I run and/or participate in digital health service/s supporting lung health which individual/s can access/join.

Competency	Foundational	Intermediate	Advanced	Expert	
			which individual/s can access/join.		
Capability 18. Advanced care planning and end-of-life support					
18.1 [^]	<p>Develops advanced care plans and advance life directives in preparation for a time when individuals become seriously ill and unable to communicate for themselves³⁴. *Consider cultural and religious beliefs, age, gender, sexuality, and cognitive capacity. *Consider engaging Aboriginal and Torres Strait Islander Health Practitioners, Health Workers and/or Liaison Officers to support.</p>	<ul style="list-style-type: none"> • I know and value the importance of developing advanced care plans as part of ongoing care and respect the individual's future healthcare preferences. • I recommend advanced-care planning support groups and resources as appropriate. 	<ul style="list-style-type: none"> • I know my role and respect the individual's future healthcare preferences. • I support the individual, family, and carer in advanced care planning as appropriate and as applicable to my role and scope of practice. • I recommend advanced-care planning support groups and culturally appropriate resources as appropriate. 	<ul style="list-style-type: none"> • I offer culturally appropriate counselling and support to discuss advanced care planning and directives. • I recommend advanced-care planning support groups and culturally appropriate resources as required. • I ensure advanced care planning is introduced early as part of ongoing care rather than as a reaction to a decline in condition. 	<ul style="list-style-type: none"> • I start the conversation and help write and/or document individual's advanced care plan and advanced care directives (and engage the family/carers where appropriate) respecting the individuals' future healthcare preferences and answer questions helping them make informed consent. • I ensure advanced care planning is introduced early as part of ongoing care rather than as a reaction to a decline in condition. • I recommend advanced-care planning support groups and culturally appropriate resources as required.
18.2 [^]	<p>Ensuring end-of-life plans are consistent to the individual's cultural beliefs and values.</p>	<ul style="list-style-type: none"> • I know that an individual's beliefs and values for end-of-life plans may vary depending on cultural backgrounds and religion and adapt my practice accordingly. 	<ul style="list-style-type: none"> • I educate and upskill my team how end-of-life needs may vary depending on cultural backgrounds and religion and to adapt their practice accordingly. 	<ul style="list-style-type: none"> • I ask about their beliefs and values and ensure their advanced care plans include directives consistent to their cultural and religious needs. 	
18.3 [^]	<p>Coordinates care with palliative care team and provides palliative home care and ensures the concept of palliative care and the care team are involved early. *Respiratory team may include respiratory physicians, nurse practitioners and</p>	<ul style="list-style-type: none"> • I know the importance of and support palliative care teams as appropriate to my scope of practice and role within the individual's care plan. • I know and appreciate that end-of-life care is a 	<ul style="list-style-type: none"> • I assist in monitoring the individuals' health and helping the individual is receiving high quality palliative care in the setting of their choice. • I deliver care appropriate to my scope of practice (e.g., 	<ul style="list-style-type: none"> • I monitor the individual's health and ensure that the individual is receiving high quality palliative care in the setting of their choice. • I deliver care appropriate to my scope of practice and recommend addition services 	<ul style="list-style-type: none"> • I coordinate and refer care to palliative care physicians and nurse practitioners as appropriate. • I lead a multidisciplinary primary care team in collaboration with their respiratory team on a per

³⁴ "Health professionals: roles and responsibilities" *Advance Care Planning Australia*, (2021).

	Competency	Foundational	Intermediate	Advanced	Expert
	Aboriginal Health Practitioners and Aboriginal Health Workers	component of palliative care, and that palliative care considers overall optimal quality of life if an individual's condition is no longer curable.	counselling, medication review, physiotherapy, and nutritional support).	where required (e.g., counselling, medication review, anticipatory medicines such as escalation of morphine, physiotherapy, cultural and religious support services, and nutritional support). • I ensure palliative care planning and the palliative care team are introduced early as part of ongoing care rather than as a reaction to a decline in condition.	case basis to support palliative care at home or in aged-care home. • I ensure advanced care planning is introduced early as part of ongoing care rather than as a reaction to a decline in condition.
18.4 [^]	Follows an advanced life directive at a time when the individual becomes seriously ill and unable to communicate for themselves ³⁵ .	• When it's time to act on an advanced care directive I know my role and respect the individual's wishes.	• When it's time to act on an advanced care directive, I know my role and respect the individual's wishes. • I offer support for the individual's family, and carer/s as applicable to my role and scope of practice.	• As appropriate, I offer counselling and mental wellbeing support which are culturally sensitive to families once individual's advanced care directives are initiated .	• As appropriate, I help to initiate and action the individual's advanced care directives.
Capability 19. Survivorship					
19.1 [^]	Supports individuals through survivorship. <i>*Please note, in some instances seeking appropriate services might be challenging and alternative modes of support might be sought.</i>	• I am aware of mental health and/or other support services (e.g., survivorship programs) and the appropriate referral pathways.	• I know the physical, emotional, social, and economic impact associated with survivorship, the possible early and late effects of treatments and the need to tailor management plans to manage these in individual survivors. • I know and appreciate the difficulties can occur through the transition to survivorship and offer support to individuals, families, and carers to the best of my capacity and scope. • I actively listen to and as appropriate refer individuals to a mental health professional and/or culturally appropriate survivorship programs.	• I provide professional mental wellbeing support, counselling, and strategies to help transition to survivorship for individuals, families, and carers.	
19.2	Encourages participation at community groups which support the survivorship transition. <i>*Consider an individual's cultural background, language preferences and preferred ways of engaging before offering any suggestions</i>	• I know of and encourage individuals to explore and join local and online community groups.	• I discuss different local and online community groups and encourage individuals to explore and join groups that meet their needs.	• I have established relationships with local community groups and know of online options. • I discuss different local and online community groups and encourage individuals to explore	• I facilitate or co-facilitate local and/or online community groups which support the survivorship transition. • I engage and train my team on how to encourage individuals to

³⁵ "Health professionals: roles and responsibilities" *Advance Care Planning Australia*, (2021).

	Competency	Foundational	Intermediate	Advanced	Expert
				and join groups that meet their needs.	explore and join groups that meet their needs.

Bibliography

- Advance care directive*. (2019, July 17). Retrieved from Australian Government Department of Health: <https://www.health.gov.au/health-topics/palliative-care/planning-your-palliative-care/advance-care-directive>
- Alison, J., & Meharg, D. (2018). *Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians*. Sydney: The University of Sydney.
- Asthma Australia. (2019, October 22). *Understanding chronic disease in culturally diverse communities*. Retrieved from Asthma Australia: <https://asthma.org.au/blog/understanding-chronic-disease-in-culturally-diverse-communities/>
- Australian College of Applied Psychology. (2018, April 27). *Referencing and Academic Integrity*. (Australian College of Applied Psychology) Retrieved from Australian College of Applied Psychology: <https://sls.navitas-professional.edu.au/using-credible-sources-0>
- Australian College of Rural and Remote Medicine. (2021). *Rural Generalist Curriculum*. Brisbane: Australian College of Rural and Remote Medicine.
- Australian Commission on Safety and Quality in Health Care. (2017). *Writing health information for consumers*. Sydney: Australian Commission on Safety and Quality in Health Care.
- Australian Digital Health Agency. (2020, July 17). *National Nursing and Midwifery Digital Health Capability Framework*. Retrieved 09 15, 2021, from <http://nursing-midwifery.digitalhealth.gov.au/>
- Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*. Canberra: Australian Health Ministers' Advisory Council. Retrieved from https://www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf
- Australian Institute of Health and Welfare. (2016, September 13). *Australia's health 2016*. Retrieved September 22, 2021, from Australian Institute of Health and Welfare: <https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/ill-health>
- Australian Institute of Health and Welfare. (2016, May 24). *Primary Health Care in Australia*. (The Department of Health) Retrieved October 2021, from <https://www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care>
- Australian Physiotherapy Association. (2017). *Physiotherapy Career Pathway Competence Framework*. Camberwell: Australian Physiotherapy Association.
- Australian Physiotherapy Association. (2019). *APA National Advanced Musculoskeletal Physiotherapy Competency Framework: Standard of Practice*. Melbourne: Australian Physiotherapy Association.
- Australian Physiotherapy Association. (2019). *National Advanced Musculoskeletal Practice (AMP) Physiotherapy Framework: Background to AMP*. Melbourne: Australian Physiotherapy Association.

- Australian Physiotherapy Association. (2021). *APA Professional Development Course Application / Review*. Melbourne: Australian Physiotherapy Association.
- Australian Primary Health Care Nurses Association. (2018, March 6). *APNA Career and Education Frameworks for Nurses in Primary Health Care*. Retrieved from <https://www.apna.asn.au/nursing-tools/framework>
- Australian Qualifications Framework Council. (2013). *Australian Qualifications Framework Second Edition*. Australian Qualifications Framework Council.
- Cancer Australia. (2022). *The multidisciplinary care team*. Retrieved from Cancer Australia: <https://www.canceraustralia.gov.au/clinicians-hub/multidisciplinary-care/all-about-multidisciplinary-care/multidisciplinary-care-team>
- Causa, B. (2017, November 3). *Lung Disease and speech pathology: what can we do to protect your voice?* Retrieved from Woollongong speech pathology: <https://woollongongspeech.com.au/lung-disease-and-speech-pathology/>
- Centers for Disease Control and Prevention. (2016). *Everyday Words for Public Health Communication*. Atlanta: Centers for Disease Control and Prevention.
- Central Australian Aboriginal Congress. (2017). *CARPA Standard Treatment Manual*. Alice Springs: Centre for Remote Health.
- Charnock, D. (1998). *The DISCERN Handbook*. Oxon: Radcliffe Medical Press.
- Clinical Excellence Queensland, Queensland Health. (Brisbane). *Carbon Monoxide (CO) Monitoring for Smoking Management: A brief guide for staff*. 2021: State of Queensland (Queensland Health).
- Cook, B. (2017, May 29). *4 essential things to check when evaluating training materials*. Retrieved from BUPLAS by Future Perfect: <https://www.futureperfect.com/4-essential-things-check-evaluating-training-materials/>
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, 18.
- Dealing with stigma and shame*. (2021, March 14). Retrieved from Lung Foundation Australia: <https://lungfoundation.com.au/blog/dealing-with-feelings-of-stigma-and-shame/>
- Establishment, Referral & Configuration*. (2019, February 13). Retrieved from Severe Asthma Toolkit: <https://toolkit.severeasthma.org.au/>
- Exercise & Sports Science Australia (ESSA). (2021). *Accreditation of External Professional Development Opportunities (PDO) Guidelines*. Ascot: Exercise & Sports Science Australia (ESSA).
- Exercise & Sports Science Australia (ESSA). (2021). *Accredited Exercise Physiologist Professional Standards 2021*. Ascot: Exercise & Sports Science Australia (ESSA).
- Exercise & Sports Science Australia (ESSA). (2021). *Accredited Exercise Physiologist Professional Standards Support Guide*. Ascot: Exercise & Sports Science Australia (ESSA).
- Exercise & Sports Science Australia (ESSA). (2021). *Professional Development Opportunity (PDO) External Application Form*. Ascot: Exercise & Sports Science Australia (ESSA).

- Greco, M. (2020, June 3). *Patient Activation Measure®: A vital sign for value-based care*. Retrieved from Value Based Care Australia: <https://valuebasedcareaustralia.com.au/wp-content/uploads/2020/09/The-Patient-Activation-Measure.pdf>
- Griffith University. (2017). Barriers to lung cancer care: health professionals' perspectives. 25(2).
- Guidelines for pharmacists providing smoking cessation support*. (2021, September). Retrieved from Pharmaceutical Society of Australia: https://my.psa.org.au/servlet/fileField?entityId=ka10o00000U2cWAAS&field=PDF_File_Member_Content__Body__s
- Harford-Mills, M., MacRae, A., & Drew, N. (2019). Summary of Aboriginal and Torres Strait Islander health status. *Australian Indigenous HealthInfoNet*.
- Health Literacy Universal Precautions Toolkit, 2nd Edition*. (2020, September). Retrieved from Agency for Healthcare Research and Quality: <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>
- Hennessy, D., & Hicks, C. (2011). *Hennessy-Hicks Training Needs Analysis Questionnaire and Manual*. Birmingham: University of Birmingham.
- Interdisciplinary Approach & Multidimensional Assessment*. (2019, February 11). Retrieved from Severe Asthma Toolkit: <https://toolkit.severeasthma.org.au/management/interdisciplinary-approach-multidimensional-assessment/>
- International Classification of Functioning, Disability and Health (ICF)*. (n.d.). (World Health Organization) Retrieved from <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- Lung Foundation Australia. (2017, October 26). *Stigma research reveals its true extent and impact on people with lung disease*. (Lung Foundation Australia) Retrieved from Lung Foundation Australia - News: <https://lungfoundation.com.au/news/stigma-research-reveals-its-true-extent-and-impact-on-people-with-lung-disease/>
- Lung Foundation Australia. (2018, October 24). *Making Lung Cancer A Fair Fight: A Blueprint for Reform*. Retrieved from Lung Foundation Australia - Resources: <https://lungfoundation.com.au/resources/making-lung-cancer-a-fair-fight-a-blueprint-for-reform/>
- Lung Foundation Australia. (2019). *National Strategic Action Plan for Lung Conditions*. Canberra: Australian Government Department of Health.
- Lung Foundation Australia. (2020). *Australia's investment in lung disease and lung cancer research*. Milton: Lung Foundation Australia.
- Maltby, S., Gibson, P., Reddel, H., & Smith, L. (2020). Severe Asthma Toolkit: an online resource for multidisciplinary health professionals—needs assessment, development process and user analytics with survey feedback. *BMJ Open*.
- Markaki, A., Malhotra, S., & Billings, R. (2021). Training needs assessment: tool utilization and global impact. *BMC Medical Education*.
- Mitchell, G., Tieman, J., & Shelby-James, T. (2008). Multidisciplinary care planning and teamwork in primary care. *The Medical Journal of Australia*.

- Moody, L., Nicholls, B., Shamji, H., Bridge, E., Dhanju, S., & Singh, S. (2018). The Person-Centred Care Guideline: From Principle to Practice. *Journal of Patient Experience*, 282-288.
- Multidisciplinary team care. (2020, October 16). Retrieved from NSW Health: <https://www.health.nsw.gov.au/integratedcare/Pages/multidisciplinary-team-care.aspx>
- Nancarrow, S., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health*.
- National Aboriginal Community Controlled Health Organisation and The Royal Australian College of General Practitioners. (2018). *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*. 3rd edn. East Melbourne: RACGP. Retrieved from <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide>.
- Northern NSW Local Health District. (2020). *Checklist for designing consumer-friendly health information*. Lismore: Northern NSW Local Health District.
- NPS MedicineWise. (2021). *Prescribing Competencies Framework: embedding quality use of medicines into .* Sydney: NPS MedicineWise.
- Pharmaceutical Society of Australia. (2016). *National Competency Standards Framework for Pharmacists in Australia*. Deakin West: Pharmaceutical Society of Australia.
- Pharmaceutical Society of Australia. (2017). *Professional Practice Standards: Version 5*. Deakin West: Pharmaceutical Society of Australia.
- Pharmacy Programs Administrator. (2021). *Program Rules: Home Medicines Review*. Canberra: Australian Government Department of Health.
- Pharmacy Programs Administrator. (2021). *Program Rules: Residential Medication Management Review*. Canberra: Australian Government Department of Health.
- Proof Research and Lung Foundation Australia. (2020, 05 21). *The Lived Experience*. Brisbane: Lung Foundation Australia.
- Radiation risk from medical imaging. (2021, September 30). Retrieved from Harvard Medical School: <https://www.health.harvard.edu/cancer/radiation-risk-from-medical-imaging>
- Respiratory tract infections - red flag symptoms. (2022). Retrieved from GP Online: <https://www.gponline.com/respiratory-tract-infections-red-flag-symptoms/respiratory-system/article/1310931>
- Spruit, M. A., Burtin, C., De Boever, P., Langer, D., Vogiatzis, I., Wouters, E., & Franssen, F. (2016). COPD and exercise: does it make a difference? *breathe*, e38-e49.
- State of Victoria, Department of Health. (2014, 02). *Advanced Musculoskeletal Physiotherapy Clinical Education Framework*. Melbourne. Retrieved from <http://www.health.vic.gov.au/ampworkforce/docs/amp-clinical-ed-framework.pdf>
- State of Victoria, Department of Health and Human Services. (2016, December). *Allied health: credentialing, competency and capability framework (revised edition)*. Melbourne: State of Victoria, Department of Health and Human Services. Retrieved from <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>

- (2020). *Summary of respiratory diseases among Aboriginal and Torres Strait Island children*. Australian Indigenous HealthInfoNet, Edith Cowan University.
- Supporting smoking cessation, a guide for health professionals*. (2011, December). Retrieved from RACGP: <https://www.racgp.org.au/download/documents/Guidelines/smoking-cessation.pdf>
- Sydney Local Health District. (2016). *Health Literacy Framework*. Sydney: Sydney Local Health District.
- Sylva, P., Walker, R., Lane, M., Change, A. B., & Schultz, A. (2019). Chronic wet cough in Aboriginal children: It's not just a cough. *Journal of Paediatrics and Child Health*, 833-843.
- (2021). *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*. hra & National Boards.
- The Royal Australian College of General Practitioners. (2021). *RACGP educational framework*. East Melbourne: The Royal Australian College of General Practitioners.
- Weir, K., Jansen, J., Bonner, C., McCaffery, K., & Naganathan, V. (2018). *Medicines Conversation Guide: Pharmacist Toolkit*. The University of Sydney.
- What is new - Changes to the regulation of nicotine as of 1st October 2021*. (2021, September 29). Retrieved from RACGP: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation>
- World Health Organization. (2010). *Evaluating training in WHO*. Geneva: World Health Organization.
- World Physiotherapy. (2021). *Physiotherapist education framework*. London: World Physiotherapy.

Glossary

Term	Definition
Aboriginal Community Controlled Health Organisation (ACCHS)	An organisation established by a local Aboriginal community to deliver holistic, culturally appropriate healthcare to the community.
Anticipatory medicines	Medicines prescribed to individuals who are in the last days of life in advance of potential symptoms such as pain, nausea, and breathlessness. These aim to increase comfort and reduce distress for the individual and their families.
Biopsychosocial approach	The holistic consideration of the interaction between biological, psychological, and social factors on individual health, illness and for the development of healthcare.
Capabilities	The relevant knowledge, skills and abilities of a role or profession.
Cardiovascular disease (CVD)	A condition impacting the heart or blood vessels. Typically connected with fatty deposits inside the arteries and an increased risk of blood clots.
Chronic Obstructive Pulmonary Disease (COPD)	An inflammatory lung disease which causes obstructed airways, leading to coughing, difficulty breathing, wheezing and mucus production.
Comorbidity	The existence of two or more conditions in the same person.
Competencies	The clinical application of relevant knowledge, skills, and abilities.
Cultural safety	The delivery of care in accordance with respect and responsiveness to the cultural and linguistic needs of a community.
Evidence-based practice/s	The conscientious integration of clinical evidence from rigorous research with clinical expertise when making decisions and providing care for an individual's health.
Health literacy	The extent to which basic health information can be obtained, processed, and understood by an individual for the purpose of making health decisions.
Interdisciplinary team	The assembly of a group of healthcare professionals from a variety of fields to achieve health outcomes for an individual with a comprehensive, integrated approach.
Lung condition/s	Conditions which impact the normal functioning of the lungs and airways. Lung conditions may cause difficulty breathing, coughing and fatigue.
Lung function tests	Tests used to measure how well an individual's lungs are operating, including lung size, airflow and the ability of gases to get in and out of the blood. Lung function tests may be used in the diagnosis of disease or the monitoring of an individual and their treatment. Examples include spirometry, lung volume tests, pulse oximetry and arterial blood gas tests. Also known as Pulmonary Function Tests.
Lung-health specialists	Physicians who specialise in the respiratory system including respiratory physicians and respiratory physiotherapists.
Multidisciplinary team	The assembly of a variety of healthcare professions from a variety of fields, working together with family, community and non-healthcare workers to deliver comprehensive patient care.
Palliative care	Care for an individual with a life-limiting illness, focusing on the prevention and alleviation of suffering. Palliative care is targeted towards the early identification and treatment of pain and other physical, psychosocial, and spiritual symptoms.
Person-centred approach	Care with the needs and values of the individual prioritised in partnership with practitioners, individuals, and their families. Aims to ensure that individuals are supported in making decisions about their own health care. For the purposes of this document,
Primary healthcare professional/s (PHCPs)	Healthcare professionals who are typically first to encounter individuals and patients in the healthcare system. Examples of services delivered by PHCPs include health promotion, prevention and screening, early intervention, treatment, and management (Australian Institute of Health and Welfare, 2016).
Pulmonary rehabilitation	A broad program for the improvement of the wellbeing of those with chronic breathing conditions, including those with cancer, COPD or cystic fibrosis. May involve exercise and education components.
Risk factors	Personal behaviours, environments, genetic characteristics or lifestyle aspects which are associated with health conditions (according to epidemiological evidence).

Term	Definition
Self-management	Decisions and behaviours engaged by individuals to impact and improve their condition or health.
Spirometry	A lung function test in which an individual engages maximal effort to breathe through a tube connected to a computer. The test measures air flow rate and estimated lung size.
Stigma	Negative and often unfair social attitudes towards a characteristic, person, or group of people. Stigma surrounding lung conditions is primarily due to the negative social attitude that lung diseases are self-inflicted from smoking behaviours. Prejudice caused by stigma results in discrimination, worsening the outcomes and wellbeing of the individual.
Telehealth	The utilisation of technology by healthcare professionals in the diagnosis, examination, and treatment of individuals. Examples of technology involved in telehealth include telephones and computers.
The Lung Learning Framework (the Framework)	<p>A national, evidence-based Lung Health Competency and Education Framework (the Framework) for primary healthcare professionals that supports higher-levels of best-practice care for people with lung disease and lung cancer. Via a person-centred approach, the Framework will define professional competencies and referral pathways in three key areas of lung health:</p> <ul style="list-style-type: none"> • Identification of those at risk • Diagnosis • Management

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APPENDIX



Appendix 1: How the Framework was developed

To ensure the Framework was adaptable and relevant across Australia, a rigorous collaborative effort was undertaken from September 2021 - March 2022. The following details the key activities undertaken in the development on the Framework.

Key activities

Project planning	<ul style="list-style-type: none"> • Desktop review of other healthcare educational frameworks • Consortium to co-design the framework to support the Lung Learning vision • Internal consultation with the sponsor team (TSANZ, LFA and AA) and PwC team
Stakeholder engagement	<ul style="list-style-type: none"> • 3 National Virtual Roundtables to gain input on: <ul style="list-style-type: none"> ○ Section 2 ○ Section 3 and Implementation ○ Inclusivity focused: concentrating on cultural safety and applicability for Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and remote and regional Australia • Delphi study was used with decision making by a 70% majority vote from lead partners and Consortium • 2 lived experience surveys <ul style="list-style-type: none"> ○ Consumer survey ○ Healthcare professionals survey • Stakeholder workshops and individual interviews using snowball sampling • Expert working groups to gather expert clinical advice including the formalised Technical Advisory Group • Ongoing draft reviews: advice and paper reviews from more than 30 multi-industry experts for relevant sections of the Framework throughout the development process
Draft Framework	<ul style="list-style-type: none"> • Prototype testing • Analysis of survey results, mural board interactions and meeting notes • Advice from Consortium and TAG on Framework design • Collation of findings into draft framework
Final governance model	<ul style="list-style-type: none"> • Paper review by multi-industry expert panels • 3 internal draft reviews • 1 page turn focusing on each framework component (Introduction, Domain A&B, Domain C & D and Self-Appraisal Tool) • Final review from Consortium

Governance Approach

The governance model allowed decisions to be made in an efficient and effective manner throughout the Framework development. The model highlights the governance approach, roles and resources and a decision-making process to enable effective leadership, communication, and timely decision-making for project success.

The agreed governance approach follows a ripple-out method, with the Lung Foundation Australia (LFA), the Thoracic Society of Australia and New Zealand (TSANZ), and Asthma Australia as the lead and co-partner primary decision-makers, as presented in Figure 1.1 below. Roles and resources are further established within the governance approach in Figure 1.2.

Figure 1.1: Governance Approach

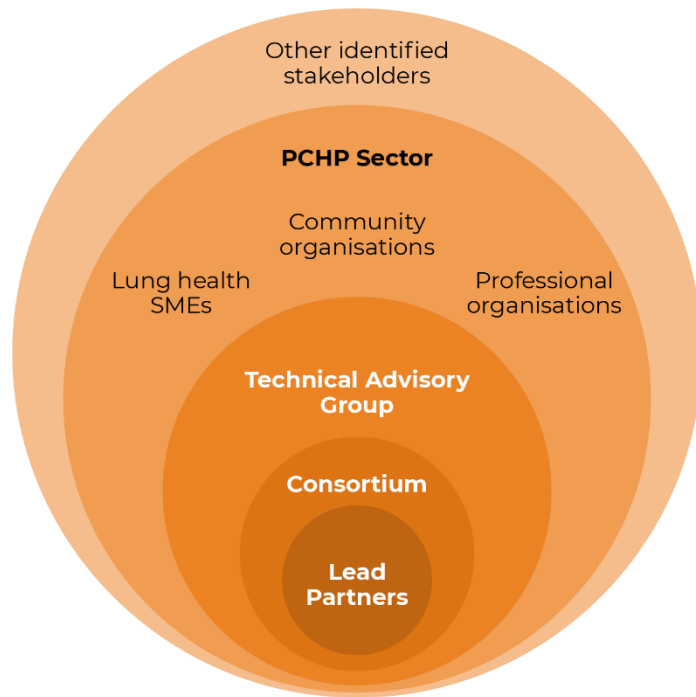
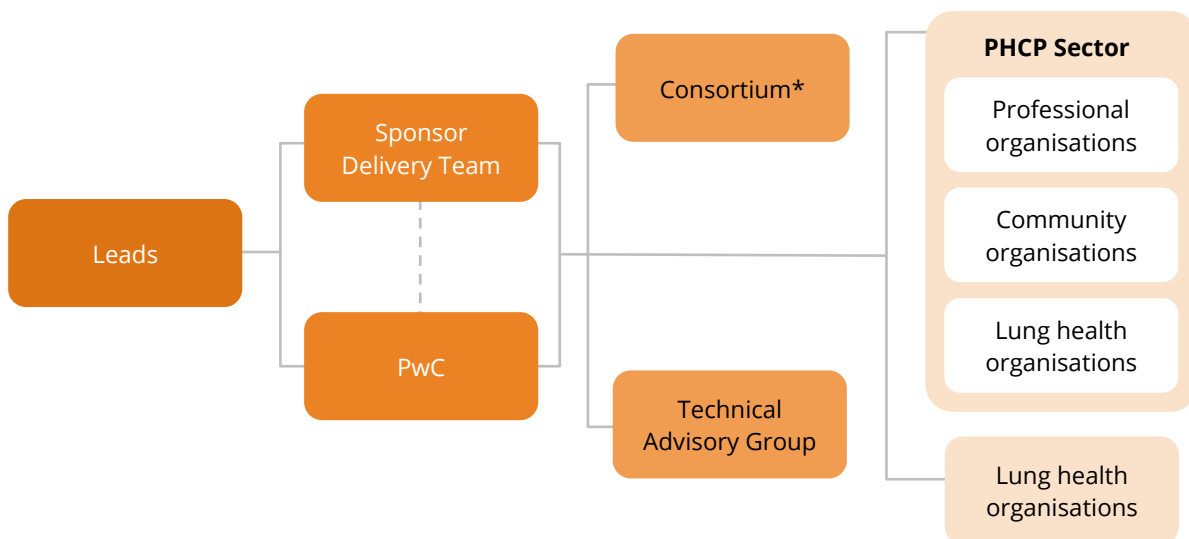


Figure 1.2: Roles and Resources



Appendix 2: Framework principles

The Framework is underpinned by 6 principles:

1

Strive for best practice. The Framework is informed by the best available research and is designed by a wide range of stakeholders with clinical, community and specialist expertise to incorporate evidence-based, best-practice standards.

2

Person-centric. The Framework keeps the person, their family, carer and, community at its heart. The education and training it informs prioritises issues, methods and care delivery that are priority to people with lung conditions and observes established principles of a person-centred approach.

3

Adaptable & customisable. The Framework supports all primary healthcare professionals to operate to the top of their scope to treat people with lung conditions, nationally to meet the needs of their local environment and community. It's designed to meet current needs as well as opportunities and threats within the changing health care environment. It accommodates demands caused by existential threats such as COVID-19 and bushfires.

4

Comprehensive. The Framework is thorough with clear instructions and explanations in the use of tools, processes, competencies, and capabilities to support all primary healthcare professionals spanning the diverse range of lung conditions.

5

Accessible and user-friendly. The Framework is easy to understand and navigate. It offers tools that are clearly written and easy to learn and apply in practice. It helps primary healthcare professionals to identify risk, diagnose, manage the condition/s, provide quality care and work towards prevention of lung conditions.

6

Quadruple aim. The Framework provides a supportive approach to patients and primary healthcare professionals. It aims to reduce burnout, drive better care, improve work satisfaction, and create economic sustainability through an optimised health system.

Appendix 3. List of stakeholders

Below is a list of stakeholders who were engaged throughout the development of the Framework. We wish to acknowledge and thank the consumers (individuals, families, and carers), healthcare professionals and experts for contributing their valuable contribution. The insights and perspectives they shared ensure the Framework addresses the diverse needs of Australian communities and healthcare professionals.

Consortium	Technical Advisory Group	Roundtable	Paper review guest contributors	Page turn expert panel	
<p>Dr Shannon Simpson, <i>Wal-yan Respiratory Research Centre and Telethon Kids Institute</i></p> <p>Representative of,, <i>National Aboriginal Community Controlled Organisation (NACCHO)</i></p> <p>Ken Griffin, <i>Australian Primary Health Care Nurse Association (APNA)</i></p> <p>As/Prof Tamera Corte, <i>CRE-Pulmonary Fibrosis (CRE-PF)</i></p> <p>Prof Vanessa McDonald- <i>CRE-Asthma Treatable Traits (CREATT)</i></p> <p>Representative of, <i>Australian College of Rural and Remote Medicine (ACRRM)</i></p> <p>Anthony Flynn, <i>Asthma Australia</i></p> <p>Mark Brooke, <i>Lung Foundation Australia (LFA)</i></p> <p>Dr Graham Hall, <i>The Thoracic Society of Australia and New Zealand (TSANZ)</i></p>	<p>Skye Gray, <i>Aus. College of Nurse Practitioners (ACNP)</i></p> <p>Karl Briscoe, <i>Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)</i></p> <p>Representative for, <i>Australian Physiotherapy Association (APA)</i></p> <p>Emma Gainer, <i>Exercise Sports Science Australia (ESSA)</i></p> <p>A/prof Anne Burke, <i>Australian Psychological Society (APS)</i></p> <p>Dr Leanne Rodwell, <i>The Australian and New Zealand Society of Respiratory Science (ANZSRS)</i></p> <p>Dr Johnson George, <i>Pharmaceutical Society of Australia (PSA)</i></p> <p>Margaret Gordon, <i>National Asthma Council (NAC)</i></p> <p>CEO, <i>Cystic Fibrosis Australia (CFA)</i></p> <p>Dr Ronald McCoy, <i>The Royal Australian College of General Practitioners (RACGP)</i></p> <p>Jane Cotter <i>Representing nurse practitioners – respiratory (profession)</i></p> <p>Dr Sandra Chuang <i>Representing Respiratory Paediatricians (profession)</i></p>	<p>Coralie Brannelly Emma Dean Ken Griffin Amber Bates Sarah Baum Mitchell Taylor Prof Adam Jaffe Prof Helen Reddel Tracy Leong Irene Schneider Dr Vanessa Brunelli As/Prof Natasha Smallwood Dr Kerry Hall Jay Flack Zoe Colman Dr Sandra Chuang Emma Gainer Karl Briscoe Robyn Lindner Skye Gray Sarah Gillespie Anthony Flynn Dr Sowmya Krishnan Dr Lorraine Anderson Dr Leela Arthur Jane Cotter</p>	<p>Dr Shannon Simpson Margaret Gordon Deborah Rigby Ian Yang Gilyan Thorn Sarath Ranganathan Prof Vanessa McDonald Dr Kumar Singh Prof Jennifer Alison Sara McLaughlin-Barrett As/Prof Tamera Corte Laura Glenn Margaret McElrea Paul Stewart Inara Betts Dr Konrad Kangru Dr Julie Marchant David Meharg Dr Pamela Laird Alice Nugent Skye Gray Lesley Versteegh James Harris Dr Ronald McCoy Dr Leanne Rodwell</p>	<p>Sarah Baum Mitchell Taylor Prof Adam Jaffe Helen Reddel Sonia Cheng Dr Leela Arthur Dr Pamela Laird Alice Nugent Dr Leanne Rodwell Emma Dean Anthony Flynn Sarah Gillespie A/Prof Anne Burke Deborah Rigby Prof Anne Chang Zoe Colman Tracy Leong Laura Glenn Emma Gainer Margaret Gordon Ken Griffin David Meharg Dr Kumar Singh Margaret McElrea Irene Schneider Eileen Cole Jennifer Kyi</p>	<p>Sarah Baum Mitchell Taylor A/Prof Anne Burke Margaret Gordon Dr Vanessa Brunelli Dr Kerry Hall Jay Flack Zoe Colman Skye Gray Deborah Rigby Dr Pamela Laird Dr Leanne Rodwell Emma Dean Dr Sandra Chuang Coralie Brannelly Sarah Gillespie Dr Konrad Kangru</p>

Appendix 4. Summary of responses from lived experience surveys

	Consumer Statements	Healthcare Professional Statements
What helped	<ul style="list-style-type: none"> • consistency • alignment between health professional • good communication • compassion and kindness • feeling supported • post diagnosis education by team and online research • good relationship with health team • peer support groups online • rehab (information provided) • rehab (exercise prescription with EPs and Physios) • rehab (support with psychologists) • rehab (nutritional support/education with dietitians) • empowerment through excellent explanations and support from GPs, nurses, allied health • support from respiratory nurses • fast referrals, time between tests and diagnosis • feeling listened to • a written care plan • ongoing self-management with support re: healthy lifestyle, learning how to self-manage flare-ups, escripts and telehealth • a good action plan 	<ul style="list-style-type: none"> • awareness of cultural beliefs and own biases • bulk billing • enough time, or not time restricted • funding and financial rebates • good communication between MDTs • good referral pathways between PHCPs and to specialists
What were barriers	<ul style="list-style-type: none"> • when things weren't explained well/not enough info at diagnosis stigma around lung disease • didn't feel supported • not enough information • jargon or "medi speak" • not knowing about new treatments for conditions • no official care plan • poor/limited ability access to healthcare (GPs, allied health, respiratory nurses and specialists) - e.g., rural/remote living • COVID-19 impacting ability to attend appointments • not understanding personal barriers impacting individual's ability to access services 	<ul style="list-style-type: none"> • personal biases • communication breakdowns between MDTs • not enough training
Suggestions	<ul style="list-style-type: none"> • simple charts/booklets/tools to help explanations • more education or recommendations for resources (e.g., health info, online groups, breathing technique videos etc) • great emphasis on lifestyle changes for lung health (prevention and as treatment) • consistent or timely communication between major tests and diagnosis • consistent and easy to understand information • understanding medications • more emphasis on creating independence and self-management • more referrals to allied health (dietitians, EPs, physios and psychologists) • help to reduce stigma in community (e.g., not everyone with lung condition/s smoke) • ongoing rehab support, not just at diagnosis • exercise tips "do's and don'ts" • more education, prompts, advertising and follow up re: quit smoking/vaping • holistic approach (from diagnosis to ongoing care) 	<ul style="list-style-type: none"> • creating a culturally safe environment • one on one education with individual • screening in pharmacies • regular screening/check-ups in GP practices (e.g., education, referrals, review persistent coughs and spirometry) • promote case-finding through community pharmacies