Aboriginal and Torres Strait Islander Health Practitioner interview questions

careertips.com.au: common questions and what they're really testing

What to expect

Interviews for Aboriginal and Torres Strait Islander Health Practitioner roles usually assess your registration, clinical judgement and cultural safety in equal measure. You will likely meet a panel that includes a clinical lead, an Aboriginal health worker or community representative, and a practice manager.

- **Registration and scope:** Questions about your AHPRA registration, scope of practice, and how you work under a care plan.
- **Clinical and care planning:** Cases that ask you to describe assessments, medication support, and coordination with GPs and allied health.
- **Cultural safety and community:** How you build trust, engage families, and work within community controlled values and protocols.
- **Scenario and judgement:** Unexpected situations, such as a client refusing treatment or a missed follow-up, where they want to see your reasoning.
- **Teamwork and communication:** Working with Aboriginal health workers, nurses, GPs and external services, including handling disagreements.

The interview is often a single panel session lasting about an hour. It may start with a walk through your registration and experience, then move to scenario and behavioural questions. Some services include a yarn with community members or a separate practical task using a patient information system. You will usually get a chance to ask questions at the end.

1. Can you walk me through your registration pathway and what your scope of practice looks like day to day?

Why they ask

They need to confirm you are registered and understand your legal boundaries.

How to structure your answer

Process walk-through: start with your qualification, then registration, then the tasks you can do independently and those that need a GP or nurse practitioner sign-off.

Example answer

“I completed a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice), then registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through AHPRA. Day to day, I see clients for health assessments, check vital signs, review medications, and provide health education. I work under care plans, so I can administer medications that are within my scope and refer to a GP when a condition needs medical diagnosis or a change in treatment. I also coordinate recalls and follow-up appointments.”

2. Tell me about a time you provided culturally safe care to a client who was hesitant about treatment.

Why they ask

Cultural safety is central to this role, and they want a real example, not a definition.

How to structure your answer

STAR: describe the situation, the client's hesitation, what you did to build trust, and the outcome.

Example answer

“I had a client who was reluctant to start insulin after a diabetes diagnosis. She had concerns about side effects and felt the clinic had not explained things in a way that respected her family responsibilities. I sat with her, listened to her worries, and asked if she wanted her daughter in the room. We talked through the treatment in plain language, and I connected her with an Aboriginal health worker she already knew. Over two visits, she agreed to a trial, and her GP adjusted the plan. She later told me she appreciated that I did not rush her.”

3. A client misses a follow-up appointment for a chronic disease check. What do you do?

Why they ask

This tests your judgement, follow-up process, and how you work with community.

How to structure your answer

Scenario judgement: first acknowledge the missed appointment without blame, then describe your steps to reconnect, then explain how you would prevent it happening again.

Example answer

“I would first check the client's record to see if there is a reason noted, like transport or family commitments. Then I would call them or send a reminder through the service's usual way, perhaps a text or a home visit if that is appropriate. I would ask if they need help with transport or if a different time would work. I would also let the GP know. If I could not reach them, I would ask an Aboriginal health worker or community liaison to help. After reconnecting, I would look at what caused the miss and see if we can adjust the recall system or offer more flexible times.”

4. How do you use Communicare or another patient information system to support care planning and recalls?

Why they ask

They want to know you are comfortable with the clinical software and that you use it to improve care, not just record notes.

How to structure your answer

Technical walk-through: name the system, describe how you enter data, how you set recalls, and how you use reports to follow up clients.

Example answer

“I use Communicare daily. When I see a client, I record the health assessment, any medications, and referrals in their file. I set recalls for chronic disease checks, like diabetes reviews or cervical screening, so the system flags when they are due. I also use the recall list to contact clients who have not been in. At my current service, I run a weekly report to see who is overdue and then follow up by phone or letter. I also make sure information is entered correctly so the GP has a clear picture.”

5. Describe a situation where you had to explain a medication or treatment plan to a client with low health literacy.

Why they ask

Health education is a core task, and they want to see you can adapt your communication.

How to structure your answer

Behavioural: use a specific example, show how you checked understanding, and give the result.

Example answer

“A client was prescribed a new blood pressure medication but was unsure how to take it. I used a simple diagram and showed him the tablets, explaining morning and night. I asked him to tell me back what he would do, and he repeated it correctly. I also wrote it down in plain words and gave him a pill organiser. He came back a month later with his blood pressure under control and said he felt more confident.”

6. Why do you want to work in an Aboriginal community controlled health service, and how do you stay connected to community?

Why they ask

This checks your motivation and cultural fit, and whether you understand the community controlled model.

How to structure your answer

Motivation and values: connect your personal or professional reasons to the service's values, then describe how you maintain relationships and cultural knowledge.

Example answer

“I want to work in a community controlled service because I believe health care should be led by the community it serves. I have seen how Aboriginal health workers and practitioners can make a real difference when clients feel safe and respected. I stay connected by attending community events, listening to Elders, and being part of local health networks. In my current role, I make time to yarn with clients and families, not just complete tasks. That connection helps me provide better care and encourages people to come back.”