

# Implementing an Aboriginal and Torres Strait Islander Health Curriculum Framework

*Findings from environmental scans of  
entry level health curricula,  
accreditation and professional  
competency standards*

July 2014



## Creative Commons Licence



This publication is licensed under the [Creative Commons Attribution 4.0 International Public License](https://creativecommons.org/licenses/by/4.0/legalcode) available from <https://creativecommons.org/licenses/by/4.0/legalcode> ("Licence"). You must read and understand the Licence before using any material from this publication.

### Restrictions

The Licence may not give you all the permissions necessary for your intended use. For example, other rights (such as publicity, privacy and moral rights) may limit how you use the material found in this publication.

The Licence does not cover, and there is no permission given for, use of any of the following material found in this publication:

- the Commonwealth Coat of Arms. (by way of information, the [terms under which the Coat of Arms may be used](http://www.itsanhonour.gov.au) can be found at [www.itsanhonour.gov.au](http://www.itsanhonour.gov.au));
- any logos and trademarks;
- any photographs and images;
- any signatures; and
- any material belonging to third parties.

### Attribution

Without limiting your obligations under the Licence, the Department of Health requests that you attribute this publication in your work. Any reasonable form of words may be used provided that you:

- include a reference to this publication and where, practicable, the relevant page numbers;
- make it clear that you have permission to use the material under the Creative Commons Attribution 4.0 International Public License;
- make it clear whether or not you have changed the material used from this publication;
- include a copyright notice in relation to the material used. In the case of no change to the material, the words "© Commonwealth of Australia (Department of Health) 2016" may be used. In the case where the material has been changed or adapted, the words: "Based on Commonwealth of Australia (Department of Health) material" may be used; and
- do not suggest that the Department of Health endorses you or your use of the material.

### Enquiries

Enquiries regarding any other use of this publication should be addressed to the Branch Manager, Communication Branch, Department of Health, GPO Box 9848, Canberra ACT 2601, or via e-mail to [copyright@health.gov.au](mailto:copyright@health.gov.au)

## Disclaimer

The information in this publication is general in nature and not intended as advice. Views and conclusions expressed in this publication are those of its authors, and they may not be the same as those held by the Department of Health.

# Contents

Introduction	3
<b>About the Aboriginal and Torres Strait Islander Health Curriculum Framework Project</b> .....	3
<b>Purpose of this Report</b> .....	3
<b>Summary of Findings</b> .....	3
Phase 1: Environmental Scan of Health Curricula.....	5
<b>Overview</b> .....	5
<b>Method</b> .....	5
<b>Results</b> .....	6
<b>Graduate Attributes</b> .....	8
<b>Reconciliation Action Plans</b> .....	9
<b>Conclusion</b> .....	9
List of Higher Education Providers included.....	11
Phase 2: Environmental Scan of Accreditation and Professional Competency Standards	12
<b>Overview</b> .....	12
<b>Method</b> .....	12
<b>Results</b> .....	13
<b>Analysis of Results</b> .....	21
<b>Conclusion</b> .....	21
References	22

# Introduction

## About the Aboriginal and Torres Strait Islander Health Curriculum Framework Project

Enhancing the cultural capabilities of the health professional workforce to better care for Aboriginal and Torres Strait Islander patients is a critical step in improving the health of Aboriginal and Torres Strait Islander people.

Health professionals need to be both clinically and culturally competent to genuinely affect positive outcomes. This is true for the whole population but is particularly important for Aboriginal and Torres Strait Islander people whose health outcomes are unacceptably poor. Ensuring all health professionals have cultural competency training before they graduate from higher education is one way of improving healthcare practice for Aboriginal and Torres Strait Islander people.

It is recognised that a necessary step to guide and assist Higher Education Providers (HEP) in developing the cultural capabilities of health graduates is a national Aboriginal and Torres Strait Islander Health Curriculum Framework. The introduction of a Framework across higher education has the potential to encourage consistency into teaching and learning practices, while providing a benchmark of minimum levels of cultural capabilities required to work effectively with Aboriginal and Torres Strait Islander peoples.

Health Workforce Australia, with the assistance of Curtin University, have undertaken the Implementing Aboriginal and Torres Strait Islander Health Curriculum Project to develop a national Framework to support HEP to improve the knowledge and capabilities of health professionals to work more effectively with Aboriginal and Torres Strait Islander people and their communities. It will also provide health graduates with the skills to contribute to transforming health service organisations to be more inclusive and culturally safe.

## Purpose of this Report

This report presents findings from two separate environmental scans that were conducted from July to September in 2013:

- i. Entry level health courses in Australia Higher Education Providers
- ii. Accreditation standards and professional competency standards

These scans were undertaken as preliminary activities in the Implementing an Aboriginal and Torres Strait Islander Health Curriculum Project to determine the current extent that Aboriginal and Torres Strait Islander health content, and related student and health professional competencies, were included in higher education health courses and health professional competency and accreditation standards.

The scan allowed the current achievements- and gaps –across Australian HEP and accreditation and professional authorities to be identified. The findings will inform key areas in the development of the Framework in curricula content, and the link between graduate competencies and articulated professional standards within the health sector.

Findings have been crucial to informing the development of Implementation Guidelines to support the adoption of the Framework by HEP.

## Summary of Findings

Findings from the environmental scan of current health courses in higher education highlighted there is much scope for increasing Aboriginal and Torres Strait Islander perspectives across a variety of health professions curricula. Key findings included:

Implementing an Aboriginal and Torres Strait Islander Health Curriculum Framework:  
*Findings from the environmental scan of entry level health curricula*

July 2014

- The extent of Aboriginal and Torres Strait Islander Health in health professional curricula is highly variable
- The highest proportion of courses with a dedicated unit on Aboriginal and Torres Strait Islander Health is Nursing, followed by Midwifery and Social Work. Each of these professions has reasonably robust accreditation standards which require dedicated units on Aboriginal and Torres Strait Islander health and social care.
- Only 25% of HEP have graduate attributes which make reference to Aboriginal and Torres Strait Islander perspectives while a quarter of HEP have a Reconciliation Action Plan (RAP) and half have a Reconciliation Statement.
- Developing graduate attributes which reflect Aboriginal and Torres Strait Islander capabilities, as well as embedding a Reconciliation Action Plan, is key to improving curriculum strategies, particularly in higher education settings where these areas are underdeveloped or do not exist.

Findings from the environmental scan of accreditation and professional competency standards highlighted that while most standards make some reference to the need to provide culturally safe or competent care, there are wide variations in the extent they address the needs of Aboriginal and Torres Strait Islander people. More specifically:

- Approximately 60% of professions include statements that specifically mention Aboriginal and Torres Strait Islander people, although there are inconsistencies in the way this approached
- The remaining health professions had generic statements indicating the need to provide culturally competent care
- Most Accreditation Standards or Professional Competencies statements are in the context of curriculum content – few indicate requirements for engagement with Aboriginal and Torres Strait Islander students, staff, clinical practice or communities
- Determining the extent to which standards are measured and assessed was difficult
- Professions which demonstrated the strongest statements in their Accreditation Standards and/or Professional Competencies were Medicine, Nursing, Occupational Therapy and Social Work

This phase of the environmental scan highlighted that more explicit accreditation standards, and mechanisms for assessing the extent to which they address Aboriginal and Torres Strait Islander health service provision, are required.

# Phase 1: Environmental Scan of Health Curricula

## Overview

An environmental scan of current entry level health curricula was undertaken to determine the inclusion of Aboriginal and Torres Strait Islander health content and related competencies working with Aboriginal and Torres Strait Islander people.

## Method

The methods for data collection involved three key stages:

1. Identification of health professions courses at each of the 39 Australian HEP for the following courses:
  - Audiology
  - Chiropractic
  - Dentistry
  - Dietetics
  - Exercise physiology
  - Medicine
  - Midwifery
  - Nursing
  - Occupational therapy
  - Optometry
  - Oral health (dental hygiene and dental therapy)
  - Orthoptics
  - Orthotics and prosthetics
  - Osteopathy
  - Paramedicine
  - Pharmacy
  - Physiotherapy
  - Podiatry
  - Psychology but only where the practice of that profession would include accreditation in the specialties of clinical psychology, clinical neuropsychology, community psychology, counselling, educational and developmental psychology, forensic psychology or health psychology
  - Radiation science, including radiotherapy, radiation therapy and nuclear medicine technology
  - Social work
  - Sonography
  - Speech pathology
2. A search was undertaken for each HEP to identify Aboriginal and Torres Strait Islander health content in entry level health profession courses. The syllabus of all units which included the words Aboriginal, Indigenous, cultural, diversity, cultural competence were included. Entry level courses included bachelor, postgraduate diploma and masters (including masters extended) level courses
3. The following data (where available) was collected for each profession:
  - Name of the degree
  - Whether there is a discrete unit on Aboriginal and Torres Strait Islander health
  - How many units include Aboriginal and Torres Strait Islander health
  - Unit syllabus and content
  - Whether the unit is a core unit or it is an elective/optional unit
  - Whether Indigenous cultural competence (or a variation such as working in a culturally respectful manner) is identified within the University's graduate attributes
  - Whether staff training in Indigenous pedagogy is required

- Whether the university has a Reconciliation Action Plan and how the elements of it are demonstrated for example through community engagement

The search for information included undergraduate and postgraduate coursework degrees delivered on campus. The award levels, course duration and field of education for each course were obtained from the *My University* website at [myuniversity.gov.au](http://myuniversity.gov.au). Alternate search terms were used for some courses for example, audiology includes hearing science; dentistry and oral health includes dental; paramedicine also includes paramedic; radiography, also includes radiology and radiation science; speech pathology includes speech and hearing science.

There is a wide variation in the terms used to describe some health professions and the following were not included in the scan:

- Exercise science courses - as their graduates are not eligible to receive a Medicare rebate. Exercise physiologists are trained in either a 4 year Bachelor's Pass level course or after graduate studies following completion of an exercise science degree.
- Nutrition courses – as graduates are not able to practise as dieticians.

## Results

A high level summary of the data sets analysed is displayed in the table below. The column with the % heading signifies the percentage of the total number of courses that include a unit in Aboriginal and Torres Strait Islander health.

Profession	Number of programs of study and number of units on Aboriginal and Torres Strait Islander Health	%
<b>Audiology</b>	6 courses (programs) of study were identified in 5 universities that lead to the accredited qualification of audiologist. No evidence was found for a unit in Aboriginal and Torres Strait Islander health in any these courses.	0
<b>Chiropractic</b>	8 courses (programs) of study were identified in 4 HEP that lead to the accredited qualification of chiropractor. No evidence was found for a unit in Aboriginal and Torres Strait Islander health in any these courses.	0
<b>Dentistry</b>	8 courses (programs) of study were identified in 7 HEP that lead to the accredited qualification of dentist. No evidence was found for a unit in Aboriginal and Torres Strait Islander health in any these courses.	0
<b>Dietetics</b>	22 courses (programs) of study were identified in 17 HEP that lead to the accredited qualification of dietician. A unit in Aboriginal and Torres Strait Islander health was present in the courses at 4 HEP.	14
<b>Exercise Physiology</b>	30 courses (programs) of study were identified in 22 HEP that lead to the accredited qualification of exercise physiologist. No evidence was found for a unit in Aboriginal and Torres Strait Islander health in any these courses.	0
<b>Nursing</b>	58 courses (programs) of study were identified in 32 HEP that lead to the accredited qualification of registered nurse. A unit in Aboriginal and Torres Strait Islander health was present in the courses at 22 HEP.	75

<b>Medicine</b>	25 courses (programs) of study were identified in 17 HEP that lead to the accredited qualification of medical practitioner. No evidence was found for a unit in Aboriginal and Torres Strait Islander health in any these courses, although 2 units included rural and remote medicine themes. Note: due to the integrated curriculum design of most medical curricula it is difficult to ascertain the extent of inclusion of Aboriginal and Torres Strait Islander health	-
<b>Midwifery</b>	33 courses (programs) of study were identified in 20 HEP that lead to the accredited qualification of midwife. A unit in Aboriginal and Torres Strait Islander health was present in 18 of the courses, with two courses having two units.	52
<b>Occupational Therapy</b>	23 courses (programs) of study were identified in 17 HEP that lead to the accredited qualification of Occupational Therapist. A core unit on Aboriginal and Torres Strait Islander health was present in 7 of the courses, and an elective unit was available in 5 courses.	30
<b>Optometry</b>	5 courses (programs) of study were identified in 5 HEP that lead to the accredited qualification of Optometrist. Units on Aboriginal and Torres Strait Islander health were not found in any of the courses.	0
<b>Oral Health</b>	11 courses (programs) of study were identified in 8 HEP that lead to the accredited qualification of Dental Hygienist, Dental Therapist or Oral Health practitioner. A unit on Aboriginal and Torres Strait Islander health was present in 1 of the courses.	9
<b>Orthoptics</b>	3 courses (programs) of study were identified in 2 HEP that lead to the accredited qualification of Orthoptist. A unit on Aboriginal and Torres Strait Islander health was not present in any of the courses.	0
<b>Orthotics and Prosthetics</b>	1 course (program) of study was identified in 1 university that lead to the accredited qualification of Orthotist and Prosthetist. A unit on Aboriginal and Torres Strait Islander health was not present in the course.	9
<b>Osteopathy</b>	5 courses (programs) of study were identified in 3 HEP that lead to the accredited qualification of Osteopath. A unit on Aboriginal and Torres Strait Islander health was present in 1 of the courses.	20
<b>Paramedicine</b>	20 courses (programs) of study were identified in 14 HEP that lead to the accredited qualification of Paramedic. A unit on Aboriginal and Torres Strait Islander health was present in 5 of the courses.	25
<b>Pharmacy</b>	28 courses (programs) of study were identified in 19 HEP that lead to the accredited qualification of Pharmacist. A unit on Aboriginal and Torres Strait Islander health was present in 6 courses, and one course contained 2 units.	25
<b>Physiotherapy</b>	27 courses (programs) of study were identified in 19 HEP that lead to the accredited qualification of Physiotherapist. A unit on Aboriginal and Torres Strait Islander health was present in 7 of the courses.	26
<b>Physician Assistant</b>	1 course (program) of study was identified that lead to the qualification of Physician Assistant. A unit on Aboriginal and Torres Strait Islander health was present in this course.	100



<b>Podiatry</b>	14 courses (programs) of study were identified in 9 HEP that lead to the accredited qualification of Podiatrist. A unit on Aboriginal and Torres Strait Islander health was present in 2 of the courses.	14
<b>Psychology</b>	There are 588 Psychology approved programs of study by the APA and there are many types of psychology degrees. 117 courses (programs of study) were identified which were single degrees. Of those identified, a unit on Aboriginal and Torres Strait Islander health was present in 17 of these courses.	14
<b>Radiation Science</b>	14 courses (programs) of study were identified in 8 HEP that lead to the accredited qualification of Medical Radiation Therapist. A unit on Aboriginal and Torres Strait Islander health was not present in any of the courses.	0
<b>Social Work</b>	50 courses (programs) of study were identified in 26 HEP that lead to the accredited qualification of Social Worker. 19 HEP did not have a clearly identifiable unit on Aboriginal and Torres Strait Islander cultures. A single core unit on Aboriginal and Torres Strait Islander health or culture was present in 21 courses and in 6 courses, two or more units were present	42
<b>Sonography</b>	13 courses (programs) of study were identified in 8 HEP that lead to the accredited qualification of Sonographer. No units on Aboriginal and Torres Strait Islander health were found in any of the courses.	0
<b>Speech Pathology</b>	21 courses (programs) of study were identified in 15 HEP that lead to the accredited qualification of Speech Pathologist. A unit on Aboriginal and Torres Strait Islander health was present in 6 of the courses.	29

There was considerable difficulty in determining which units in curricula contained Aboriginal and Torres Strait Islander Health and therefore the data should be interpreted with caution. The extent to which there are readily identifiable specific units of study which include Aboriginal and Torres Strait Islander Health in health professional curricula is highly variable, ranging from 0% to 75%. Nursing had the highest proportion of courses with a dedicated unit on Aboriginal and Torres Strait Islander Health, followed by Midwifery and Social Work. Each of these professions has robust accreditation standards.

Whilst it was difficult to determine the extent to which Aboriginal and Torres Strait Islander Health content existed in medical curricula through the environmental scan, the Medical Deans – AIDA National Medical Education Review (2012)<sup>1</sup> found that in 2011 all Australian medical schools were implementing more Indigenous health content than they were in 2003. However there was significant variation in the comprehensiveness and effectiveness of implementation of the CDAMS Curriculum Framework and very few of the schools were following best practice. This finding occurred despite the presence of reasonably robust accreditation standards in Medicine.

## Graduate Attributes

Most HEP have a set of graduate attributes or capabilities which graduates must demonstrate on successful completion of their course. A graduate attribute which related to Aboriginal and Torres Strait Islander people was evident in only 9 of 39 HEP.

<sup>1</sup> Medical Deans - AIDA 2012, *National medical educational review: A review of the implementation of the Indigenous health curriculum framework and the Healthy Futures Report within Australian medical schools.*

## Reconciliation Action Plans

Reconciliation Australia encourages organisations to develop a Reconciliation Action Plan (RAP) that document what they will do within their sphere of influence to contribute to reconciliation in Australia. Within higher education, a RAP outlines practical actions that HEP take to build strong relationships and increased respect for Aboriginal and Torres Strait Islander peoples.

A review of the HEP providing health profession programs revealed the following:

- 9 HEP have a readily locatable RAP
- 7 HEP indicate that they are working on or moving towards having a RAP
- 20 HEP have a readily locatable Reconciliation Statement (RS)
- 2 HEP indicate that they have a Reconciliation Statement but was not able to be located.
- 28 HEP have a readily locatable Indigenous Education Statement (IES)
- 5 HEP have a RAP, RS and IES
- 2 HEP do not appear to have a RAP, RS or IES

These findings indicate that only a quarter of HEP have a RAP whilst half have a Reconciliation Statement. The extent to which Aboriginal and Torres Strait Islander issues are embedded within curricula may be a reflection of the need for greater recognition by HEP of the need for reconciliation action.

As part of the 2011 Universities Australia report<sup>2</sup> on developing cultural competency five guiding principles were identified, which recognise that HEP themselves need to become culturally competent if they are to develop graduate students with the same capability. In other words, merely embedding Aboriginal and Torres Strait Islander content into the curriculum is not sufficient.

The five guiding principles from Universities Australia include:

1. University governance: Indigenous people should be actively involved in university governance and management.
2. Teaching and learning: All graduates of Australian HEP should be culturally competent.
3. Indigenous research: University research should be conducted in a culturally competent way that empowers Indigenous participants and encourages collaborations with Indigenous communities.
4. Human Resources: Indigenous staffing will be increased at all appointment levels and, for academic staff, across a wider variety of academic fields.
5. Community Engagement: HEP should operate in partnership with local Indigenous communities and should help disseminate culturally competent practices to the wider community.

## Conclusion

The extent to which there are readily identifiable specific units of study which include Aboriginal and Torres Strait Islander Health in health professional curricula is highly variable, ranging from 0% to 75%. Nursing had the highest proportion of courses with a dedicated unit on Aboriginal and Torres Strait Islander Health, followed by Midwifery and Social Work. Each of these professions has reasonably robust accreditation standards.

Only 25% of HEP have graduate attributes which make reference to Aboriginal and Torres Strait Islander perspectives, a quarter of HEP have a RAP and half have a Reconciliation Statement.

The environmental scan highlighted considerable room for increasing Aboriginal and Torres Strait Islander health within curricula for a wide variety of health professions. It is noteworthy that efforts to improve curriculum strategies

---

<sup>2</sup> Universities Australia 2011, *National best practice framework for Indigenous cultural competency in Australian universities*, Department of Education, Employment and Workplace Relations (DEEWR), Canberra, ACT.

for improving Aboriginal and Torres Strait Islander health within higher education will need to occur in environments where the majority of HEP are yet to develop graduate attributes which reflect respect for Aboriginal and Torres Strait Islander people and have a RAP.

# List of Higher Education Providers included

Australian Catholic University  
Bond University  
Central Queensland University  
Charles Darwin University  
Charles Sturt University  
Curtin University of Technology  
Deakin University  
Edith Cowan University  
Flinders University  
Griffith University  
James Cook University  
La Trobe University  
Macquarie University  
Monash University  
Murdoch University  
Queensland University of Technology  
Royal Melbourne Institute of Technology  
Southern Cross University  
Swinburne University of Technology  
The Australian National University  
The University of Melbourne  
The University of New South Wales  
The University of Newcastle  
The University of Notre Dame  
The University of Queensland  
The University of Sydney  
The University of Western Australia  
University of Adelaide  
University of Ballarat  
University of Canberra  
University of New England  
University of South Australia  
University of Southern Queensland  
University of Tasmania  
University of Technology Sydney  
University of the Sunshine Coast  
University of Western Sydney  
University of Wollongong  
Victoria University

# Phase 2: Environmental Scan of Accreditation and Professional Competency Standards

## Overview

An environmental scan of the Accreditation Standards and Professional Competency Standards for a nominated list of professions was undertaken to determine the inclusion of Aboriginal and Torres Strait Islander health content and related competencies working with Aboriginal and Torres Strait Islander people.

The Australian Health Practitioner Regulation Agency is the body which supports the National health practitioner Boards implement the National Scheme which has a number of objectives, including to:

- help keep the public safe by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitate provision of high quality education and training for practitioners
- enable the continuous development of a flexible Australian health workforce.

The National Boards for each of the registered health professions set the registration and accreditation standards which must be met in order for graduates and practitioners to register.

The purpose of a professional course accreditation process is to ensure the quality of a profession and its work on behalf of public interest and public safety. Education providers are required to ensure their graduates have the required knowledge, skills, behaviours and attitudes to practice competently<sup>3</sup>. It would be reasonable therefore, to expect that professional accreditation and competency standards would include the requirement to provide care for Aboriginal and Torres Strait Islander peoples in a culturally safe and respectful manner.

## Method

An environmental scan of the professional accreditation and/or professional competency standards was undertaken. Data collections involved two key stages:

1. A web search for health profession accreditation and/or professional standards documentation for the following professions:
  - Audiology
  - Chiropractic
  - Dentistry
  - Dietetics
  - Exercise physiology
  - Medicine
  - Midwifery
  - Nursing
  - Occupational therapy
  - Optometry
  - Oral health (dental hygiene and dental therapy)
  - Orthoptics
  - Orthotics and prosthetics
  - Osteopathy
  - Paramedicine
  - Pharmacy
  - Physiotherapy
  - Podiatry

---

<sup>3</sup> Australian Nursing and Midwifery Accreditation Council, 2012. *Registered Nurse Accreditation Standards*. ANMAC, Canberra. Implementing an Aboriginal and Torres Strait Islander Health Curriculum Framework:

- Psychology but only where the practice of that profession would include accreditation in the specialties of clinical psychology, clinical neuropsychology, community psychology, counselling, educational and developmental psychology, forensic psychology or health psychology
- Radiation science, including radiotherapy, radiation therapy and nuclear medicine technology
- Social work
- Sonography
- Speech pathology

2. Each set of standards and/or competencies was reviewed to ascertain whether there were specific statements which supported the development of cultural capabilities important for provision of culturally safe care for Aboriginal and Torres Strait Islander people and their families. Additional information pertaining to the accreditation process, strategies in place which give effect to assessment of the standards and training of accreditors was also sought.

## Results

Some professions are in the early stages of development of accreditation or professional competency standards and these are not yet available.

The following table provides a summary of the professions which had Accreditation Standards or Professional Competencies which addressed the needs of Aboriginal and Torres Strait Islander people. Many standards made reference to significance of cultural diversity, but specific mention of Aboriginal and Torres Strait Islander peoples was not always made. Statements in the table are a combination of verbatim statements and summaries where appropriate.

*NB: highlighted professions did not make specific mention of Aboriginal and Torres Strait Islander people*

Profession	Type	Accreditation Standard (A) / Professional Competency (PC)
Aboriginal Health Practitioner	A	Accreditation Standards currently being developed
<b>Audiology</b>	<b>PC</b>	<b>ASA Professional Standards of Practice for Audiologists currently under development</b>
<b>Chiropractic</b>	<b>A</b> <b>PC</b>	<b>Std 4.4 – focus on cultural determinants of health</b> <b>Std 6.1, 9,3 – consider cultural background</b>
Dentistry	A	<b>Stds 7, 8, 18 – student support; curriculum; commitment to National Strategic Framework for Aboriginal and Torres Strait Islander health</b>
Dietetics	A	5.1.1 - eating attitudes and culture (including Aboriginal and Torres Strait Islander); 5.1.8 – communication (including Aboriginal and Torres Strait Islander) 9 – cultural competency

Exercise physiology	A	<p><b>3.18 – adapt communication</b></p> <p><b>17.6 – factors impacting exercise</b></p> <p><b>18.2 – knowledge of challenges of culturally appropriate exercise</b></p> <p><b>18.3 – design and delivery of culturally appropriate exercise</b></p>
Medicine	A	<p>1.4.1 – use Indigenous peoples expertise in program</p> <p>1.6.2 – effective partnerships with local communities</p> <p>1.8.3 – actively recruit, train and support Indigenous staff</p> <p>2.1.2 – purpose addresses Aboriginal and Torres Strait Islander health</p> <p>3.5 – curriculum coverage of Aboriginal and Torres Strait Islander health</p> <p>7.1.2 – include targets for Aboriginal and Torres Strait Islander I students</p> <p>7.2.3 – affirmative action strategy for Aboriginal and Torres Strait Islander students</p> <p>7.3.3 – learning support for students from equity target groups</p>
	PC	<p>8.3.3 – clinical learning environment provides students with provision of culturally competent health to Aboriginal and Torres Strait Islander people</p> <p>3.4 – understand and describe factors contributing to health and wellbeing of Aboriginal and Torres Strait Islander peoples including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples.</p> <p>3.8 – describe attitudes of national systems of health care including those pertaining to Aboriginal and Torres Strait Islander peoples</p>
Midwifery	A	<p>3.3 – Aboriginal and Torres Strait Islander students encouraged to enrol</p> <p>3.6 – provision made for Aboriginal and Torres Strait Islander student support needs</p> <p>5.3 – curriculum addresses specifically the history, health and culture of Aboriginal and Torres Strait Islander peoples and cultural safety</p>
Nursing	A	<p>1.5 – TOR for school committees include partnerships with Aboriginal and Torres Strait Islander people</p> <p>2.4 – T&amp;L approaches promote cultural safety</p> <p>3.1 – collaborative approaches to curriculum design with key</p>

		<p>stakeholders including Aboriginal and Torres Strait Islander health professionals</p> <p>4.5 – inclusion of subject matter to develop cultural respect and safety</p> <p>4.6 – include discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture. Health conditions prevalent amongst Aboriginal and Torres Strait Islander people embedded in other subjects</p> <p>6.8 – Aboriginal and Torres Strait Islander people encouraged to enrol and support provided</p> <p>7.4 – staff recruitment is culturally inclusive and takes affirmative action to encourage participation of Aboriginal and Torres Strait Islander people</p>
Occupational Therapy	A	<p>2.4 – provide detailed curriculum to indicate where Australian Competency Stds for New Grad OTs are addressed</p> <p>4.1 – fieldwork encompasses ethnicity reflective of population</p> <p>5.2 – culturally safe practice(specific content of particular relevance for First Australians)</p>
	PC	<p>Statement acknowledging impact of history and social determinants of health that underpin disadvantage of First Australians and ongoing losses experienced through illness, laws and policies</p> <p>Competencies – 1.1.3, 1.1.9, 1.2, 1.2.1 - 1.2.6, 1.7.7, 2.1.4, 3.3.7, 3.3.11, 5,1,1, 5.2.1 – all make reference to culturally safe practice when working with First Australians and provide specific cues for monitoring</p>
Optometry	A	<p>4b – teaching includes understanding and appreciation of cultural and social diversity and values</p>
	PC	<p>1.8.3 – culturally inclusive practice specifically mentions Aboriginal and Torres Strait Islander people</p> <p>2.1.1 –communication sensitive to cultural background</p>
Oral health	A	<p>Stds 7, 8, 18 – student support; curriculum; commitment to National Strategic Framework for Aboriginal and Torres Strait Islander health</p>
<b>Orthoptics</b>		<p><b>Unable to locate accreditation or professional standards documentation</b></p>
<b>Orthotics and prosthetics</b>	PC	<p><b>1.5 – patients treated with respect and dignity in culturally appropriate manner; cultural awareness of ethnic minorities demonstrated</b></p>



Osteopathy	PC	<p><b>2.1 and 2.1.2 – understands cultural and social factors related to management of individual</b></p> <p><b>2.2.1 - communication culturally appropriate</b></p> <p><b>3.2.2 – select and adapt treatment including cultural constraints</b></p>
Paramedicine	PC	<p><b>4.2 – effective and appropriate communication and how it is affected by culture</b></p> <p><b>8.3 – formulate appropriate patient care and adapt to meet cultural needs</b></p>
Pharmacy	A	<p>7 – active and effective partnerships with Indigenous &amp; community agencies</p> <p>13 – actively encourage contribution to program delivery by Aboriginal and Torres Strait Islander people and its important in developing cultural competency</p> <p>19 – cultural competence and cultural sensitivity fostered through embedded curriculum content and specifically addresses health and wellbeing of Aboriginal and Torres Strait Islander people</p> <p>29 – affirmative action policies for Aboriginal and Torres Strait Islander students</p> <p>Learning Domain 1 – curriculum should address specific consumer needs include Aboriginal and Torres Strait Islander peoples</p> <p>Learning Domain 5 – health care systems include role of pharmacist in Aboriginal Health Services</p>
Physiotherapy	A  PC	<p>2.1 – Philosophy and learning outcomes consistent with Australian Standards for Physiotherapy</p> <p>2.2, 2.2.1-2.2.3 – adapt communication style recognising cultural safety and linguistic diversity</p> <p>3.2 – awareness of own cultural assumptions and that of hospitals and health care</p> <p>3.3 – aware of current and emerging factors in health environment including Indigenous health</p> <p>4.3.3 – adapt assessment in recognition of cultural background</p> <p>6.1.2 – impact of culture, values and attitudes on intervention plan are identified</p>
Podiatry	A  PC	<p><b>Evidence of patient safety, cultural competence</b></p> <p><b>1.7 – practices in a culturally sensitive and inclusive manner</b></p> <p><b>6.1.2 – culture, values and lifestyle impacts are identified and</b></p>

		<p><b>considered</b></p> <p><b>7.1.2 – benefits of intervention explained in a culturally appropriate way</b></p> <p><b>8.4.1 – needs of local communities in which they work are understood</b></p> <p><b>8.5.2 – relevant vulnerable and marginalised population health issues are responded to</b></p>
Psychology	<p>A</p> <p>PC - 4</p>	<p>3.1.7 – acquire understanding in the discipline including intercultural diversity and Indigenous psychology</p> <p>5.1.12a – overall knowledge of discipline includes cultural bases of behaviour and organisational systems</p> <p>5.1.12b – familiarity with legal and professional matters including cultural issues for minority or marginalised groups</p> <p>5.1.12c – strong level of skills and knowledge in psychological assessment including reference to cultural issues</p> <p>1 – display basic knowledge of intercultural diversity and Indigenous psychology</p> <p>4 – understand complexity of sociocultural and international diversity (recognise how privilege, power and oppression may affect prejudice, discrimination and inequity)</p> <p>5 – demonstrate effective interpersonal communication with diverse ethnic and cultural partners</p>
Radiation Science (includes Medical Imaging and Radiation Therapy)	<p>A</p> <p>PC</p>	<p>Under development</p> <p>D1.5 – provide client with care which is culturally respectful, empathetic and non-discriminatory</p> <p>D2.1f – use culturally competent communication including with Aboriginal and Torres Strait Islander people</p>
Social Work	<p>A</p>	<p>GA4 - Ability to apply knowledge of human behaviour and society, as well as the social, cultural, political, legal, economic and global contexts of practice to respond effectively within a human rights and social justice framework. Knowledge of and ability to critically analyse social, political, economic, historical, cultural and ecological systems as important considerations of governance; The ability to apply knowledge of organisations, systems and processes and societal systems to identify and explain inequalities and to act to reduce social barriers, inequality and injustice; The ability to utilise knowledge from a range of sources to inform practice; Knowledge of disability, vulnerability and resilience and their social construction and the ability to analyse these factors to inform practice; Knowledge of theories of trauma and its impact on functioning</p>

and an ability to utilise this knowledge in practice at the individual, family and community level

GA8 - Ability to work with diversity and demonstrate respect for cultural difference

3.3.5 - knowledge of and the ability to critically analyse social, political, economic, historical, cultural, legal and ecological systems as well as the important considerations of governance with respect to these.

3.3.6 - Fields of practice; It is expected the following areas will be addressed: Aboriginal and Torres Strait Islander cultures; mental health; child wellbeing and child safety; ageing; income security; health; disability; cultural and linguistic diversity; rural and remote locations; correctional services and justice; housing and homelessness; international practice and education

5.4 - Formal consultative structures must be developed to enable teaching staff, field educators, human service providers, Aboriginal and Torres Strait Islander communities, service users, employers, graduates, AASW representatives and students to participate in decision making related to the social work program.

*ASWEAS Guideline 1.1: very detailed and a strong emphasis on culturally safe and sensitive practice including cultural and race theories; culturally safe and sensitive practice; specific historical and contemporary cross-cultural issues in Australia, international cross-cultural issues*

3.1 – Attitudes and Values for Social Work Practice

3.2 - Knowledge for Social Work Practice. 3.3 – Skills for Social Work Practice

4.1 - Knowing and Being: Attitudes and Values. To ensure safe practice, the social work curriculum content is expected to embed the following specific attitudes and values underpinning practice: 1) Respect for, and acknowledgment of, the diversity of Aboriginal and Torres Strait Islander experiences. 2) Respect for the person and who they are in their unique cultural context. 3) A preparedness to challenge racism and oppression. 4) An understanding of, and a critical engagement with, notions of universal human rights, social justice and non-racist practice. 5) Acknowledgement of the need for continual critical reflection on our personal and professional cultural contexts. 6) Recognition of the richness of knowledge and skills within different Aboriginal and Torres Strait Islander groups. 7) Recognition of the strengths and tensions of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander worldviews. 8) Recognition of the importance of dialogue, accountability, mutual respect and responsibility in building understanding and relationship. 9) Acknowledgement of the complexities of Aboriginal and Torres Strait Islander experiences. 10) Recognition of the constantly changing nature of Aboriginal and Torres Strait Islander contexts and experiences. 11) Recognition of the Australian practice context and the interface with Aboriginal and Torres

Strait Islander experiences.

4.2 - Knowing: Knowledge for Social Work Practice: The social work curriculum is expected to address the following specific knowledge areas underpinning practice: 1) Knowledge of the resilience, strengths and survivorship of Aboriginal and Torres Strait Islander peoples and their communities. 2) Knowledge of the intergenerational impacts of Aboriginal and Torres Strait Islander experiences of racism and oppression, in particular, the traumatic legacy of the Stolen Generations. 3) Knowledge of the continuing health and social inequalities between Aboriginal and Torres Strait Islander Australians and other Australians. 4) Awareness and understanding of historical and contemporary perceptions of social work services among Aboriginal and Torres Strait Islander communities, and the legacy arising from experiences of colonisation, dispossession and the Stolen Generations experiences. 5) Knowledge of the three core values of professional social work, outlined in the AASW Code of Ethics (2010). 6) Knowledge of Australia's history of colonisation and its devastating impact on the wellbeing and ways of life of Aboriginal and Torres Strait Islander peoples. 7) Knowledge of legislative and policy practices that both enhance and inhibit Aboriginal and Torres Strait Islander wellbeing at individual, family and community levels. 8) Knowledge of the central notions of Aboriginal and Torres Strait Islander community and family life, including country, language, kinship and moiety. 9) Knowledge of some of the worldview differences between Aboriginal and Torres Strait Islander and Western perspectives in relation to time, 'identity' and individuality. 10) Knowledge of the structure and governance of Aboriginal and Torres Strait Islander families and communities. 11) Knowledge of the importance of Aboriginal worldviews, terms of reference and meaning. 12) Knowledge of communication differences with the Aboriginal emphasis on yarning and storying. 13) Knowledge of theories of race, diversity, and power. 14) Knowledge of Australia's history of colonisation and its importance in shaping the nation. 15) Knowledge of key organisations that support Aboriginal and Torres Strait Islander peoples. 16) Knowledge of who to engage with and how when working with Aboriginal and Torres Strait Islander families and communities, mindful of the resourcing issues that they face.

4.3 - Doing: Skills for Social Work Practice. The social work curriculum is expected to address the following specific knowledge areas underpinning practice: 1) Critically reflect on their own personal and professional assumptions and worldviews, and the influence they have in social work practice. 2) Critically reflect on the organisational and social factors influencing the capacity for practice to be culturally sensitive and safe. 3) Engage in continual learning about culturally respectful, empowering practice. 4) Use supervision to critically reflect upon Aboriginal and Torres Strait Islander issues emerging in practice. 5) Work effectively with Aboriginal and Torres Strait Islander colleagues within organisational contexts. 6) Communicate effectively through respectful, clear dialogue. 7) Assess and address any barriers to

		<p>effective communication. 8) Assess the cultural context and experiences of clients as part of an overall assessment to understand the ways these are influencing current wellbeing and/or difficulties. 9) Advocate with and on behalf of clients in culturally respectful and socially just ways. 10) Use the full range of social work methods to work for change and social justice with Aboriginal and Torres Strait Islander peoples and communities. 11) Establish rapport and empathy with Aboriginal and Torres Strait Islander peoples particularly through the use of listening rather than questioning. 12) Relate using skills of yarning and storying and other skills based on narrative approaches.</p>
Sonography	<p>A</p> <p>PC</p>	<p>Under development</p> <p>D1.5 – provide client with care which is culturally respectful, empathetic and non-discriminatory</p> <p>D2.1f – use culturally competent communication including with Aboriginal and Torres Strait Islander people</p>
Speech Pathology	PC	<p>P1 – in all contexts, consider individual’s cultural and linguistic background</p> <p>1.1, 1.2 and 1.3 –include cultural and linguistic information</p> <p>2.1, 2.2 – consider cultural appropriateness and influence of culture on testing</p> <p>3.1 – rationale for decision made with reference to culture of client</p> <p>4.1, 4.6 – select interventions which are culturally appropriate</p> <p>5.4 – demonstrate sensitivity to cultural issues</p> <p>7.4 – cultural competence in communication skills</p>

## Analysis of Results

As can be seen from the Table above, there are wide variations in Accreditation Standards and Professional Competencies with respect to the extent to which they address the health and social care needs of Aboriginal and Torres Strait Islander people. Most standards make some reference to the need to provide culturally safe or competent care (with little or no distinction made between them).

Of the 24 professions listed, Aboriginal Health Practitioners were excluded given that they are well aware of the requirements for practice; 14 had some mention of Aboriginal and Torres Strait Islander health issues or the need to adapt provision of health care to ensure it is culturally respectful and most of the remaining 9 professions had a generic statement indicating the need to provide culturally competent care.

Where there is inclusion of Aboriginal and Torres Strait Islander health perspectives in Accreditation Standards or Professional Competencies, it is mostly in the context of curriculum content. Few professions indicated requirements for Aboriginal and Torres Strait Islander students, staff, clinical practice, or engagement with Aboriginal and Torres Strait Islander communities. Exceptions were Medicine, Nursing, Occupational Therapy, Pharmacy and Social Work.

Information regarding the training of accreditors and the strategies by which accreditation or professional standards were measured or monitored to address provision of health services to Aboriginal and Torres Strait Islander people was unable to be ascertained.

Professions which demonstrated the strongest statements in their Accreditation Standards and/or Professional Competencies were Medicine, Nursing, Occupational Therapy and Social Work. Additional supporting documentation to the Australian Social Work Education Accreditation Standards - Guideline 1.1: Guidance on essential core curriculum content. Section 3: Cross cultural curriculum content – provides comprehensive and detailed guidance on the expectations in the areas of knowledge, skills and practice with Aboriginal and Torres Strait Islander people.

## Conclusion

Preliminary analysis indicates that most professions have Accreditation Standards or Professional Competencies which require graduates to demonstrate they are able to adapt their practice in recognition of cultural requirements. Approximately 60% of the professions include some statements which make specific mention of Aboriginal and Torres Strait Islander people. However, the extent to which this is measured or monitored through accreditation is difficult to determine. More explicit accreditation standards and mechanisms for assessing the extent to which they address Aboriginal and Torres Strait Islander health service provision and the mechanisms to assess their effect are required.

# Accreditation & Professional Standards source documents

Australian and New Zealand Osteopathic Council Ltd, 2012. *Procedures for the Accreditation of Osteopathic courses in Australia*. Victoria. Available at: <http://www.anzoc.org.au/files/ANZOC%20Accreditation%20Standards%20-%20August%202010%20V2.pdf>

Australian and New Zealand Podiatry Accreditation Council, 2009. *Podiatry Competency Standards for Australia and New Zealand*. Available at: <http://www.anzpac.org.au/accreditation.html>

Australian Association of Social Workers, 2012. *Australian Social Work Education and Accreditation Standards (ASWEAS)*. Canberra. Available at: <http://www.aasw.asn.au/document/item/100>

Australian Association of Social Workers, 2013. *Practice Standards*. Canberra. Available at: <http://www.aasw.asn.au/document/item/4551>

Australian Dental Council, 2010. *ADC/DCNZ Accreditation Standards: Education Programs for Dentists*. Victoria. Available at: <http://www.adc.org.au/index.php?id=13>

Australian Dental Council, 2010. *ADC/DCNZ Accreditation Standards: Education Programs for Dental Hygienists and Dental Therapists*. Victoria. Available at: <http://www.adc.org.au/index.php?id=13>

Australian Health Practitioner Regulation Agency, 2013. *About the National Scheme*. Available at: <http://www.ahpra.gov.au/~link.aspx?id=D4E5EF420D3C4EAB8B247FDB72CA6E0A&z=z>

Australian Medical Council (2011): *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council*. Available at: <http://www.amc.org.au/index.php/ar/bme/standards>

Australian Medical Council, 2012. *Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements*. Available at: <http://www.amc.org.au/index.php/component/content/article/91-news/615-accred-review-dec-21>

Australian Nursing and Midwifery Accreditation Council, 2010. *Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia—with Evidence Guides*. ANMAC, Canberra. Available at: <http://www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf>

Australian Nursing and Midwifery Accreditation Council, 2012. *Registered Nurse Accreditation Standards*. ANMAC, Canberra. Available at: [http://www.anmac.org.au/sites/default/files/documents/ANMAC\\_RN\\_Accreditation\\_Standards\\_2012.pdf](http://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf)

Australian Orthotic Prosthetic Association, 2003. *National Competency Standards*. Available at: <http://www.aopa.org.au/publications/standards-and-codes>

Australian Pharmacy Council Ltd, 2012. *Accreditation Standards for Pharmacy Programs in Australia and New Zealand*. Canberra. Available at: <http://pharmacycouncil.org.au/content/assets/files/Publications/Accreditation%20Standards%20for%20Pharmacy%20Degree%20Programs%202014.pdf>

Australian Pharmacy Council Ltd, 2013. *Guidelines and Procedures for the Accreditation of Pharmacy Degree Programs*. Canberra. Available at: <http://pharmacycouncil.org.au/content/assets/files/Publications/Accreditation%20Standards%20for%20Pharmacy%20Degree%20Programs%202014.pdf>

Australian Physiotherapy Council, 2011. *Accreditation of Entry Level Physiotherapy Programs - a Manual for Universities*. Available at: <http://www.physiocouncil.com.au/accreditation>

Australian Physiotherapy Council, 2006. *Australian Standards for Physiotherapy*. Available at: <http://www.physiocouncil.com.au/files/the-australian-standards-for-physiotherapy>

Australian Psychological Society, 2008. *Graduate Attributes of the Four-Year Australian Undergraduate Psychology Program*. Available at: [http://www.psychologycouncil.org.au/Assets/Files/Feb22\\_2008\\_Draft\\_Guidelines\\_Aust\\_UG\\_Psych.pdf](http://www.psychologycouncil.org.au/Assets/Files/Feb22_2008_Draft_Guidelines_Aust_UG_Psych.pdf)

Australian Psychology Accreditation Council, 2010. *Rules & Accreditation Standards for Psychology Courses Version 10*. Victoria. Available at: <http://www.psychologycouncil.org.au/standards-and-guidelines/>

Australian Social Work Education and Accreditation Standards (ASWEAS), 2012. *Guideline 1.1: Guidance on essential core curriculum content*. Available at: <http://www.aasw.asn.au/document/item/3552>

Council on Chiropractic Education Australasia Inc, 2003. *Victoria. Policy and procedures on Accreditation*. Available at: <http://www.ccea.com.au/Documents/Accreditation/Accreditation%20Standards%201011.pdf>

Council on Chiropractic Education Australasia Inc, 2009. *Victoria. Competency Based Standards for Entry Level Chiropractors*. Available at: <http://www.ccea.com.au/Publications/Accreditation%20Documentation.htm>

Dietitians Association of Australia, 2011. *Manual for accreditation of dietetic education programs Version 1.2*. ACT. Available at: <http://daa.asn.au/universities-recognition/accreditation-of-dietetic-programs/manual-for-accreditation-of-dietetic-education-programs>

Dietitians Association of Australia, 2010. *National Competency Standards for Entry-Level Dietitians*. ACT. Available at: <http://daa.asn.au/universities-recognition/accreditation-of-dietetic-programs/manual-for-accreditation-of-dietetic-education-programs>

Exercise and Sports Science Australia, 2012. *National University Course Accreditation Program*. Queensland. Available at: <http://www.essa.org.au/membership/accreditation/>

Occupational Therapy Australia, 2010. *Australian Minimum Standards for New Graduate Occupational Therapists*

Occupational Therapy Council (Australia and New Zealand), 2012. *Accreditation Standards for Entry Level Occupational Therapy Programs*. Available at: <http://www.occupationaltherapyboard.gov.au/Accreditation.aspx>

Optometry Council of Australia and New Zealand, 2012. *Accreditation Manual for Optometry Programs in Australia and New Zealand Part 1 – Process and Procedures*. Available at: <http://www.ocanz.org/accreditation>

Optometry Council of Australia and New Zealand, 2012. *Accreditation Manual for Optometry Programs in Australia and New Zealand Part 2 – Standards*. Available at: <http://www.ocanz.org/accreditation>

Paramedics Australasia, 2011. *Professional competency standards: Paramedics*. Available at: [http://www.paramedics.org.au/content/2011/10/PA\\_Australasian-Competency-Standards-for-paramedics\\_July-2011.pdf](http://www.paramedics.org.au/content/2011/10/PA_Australasian-Competency-Standards-for-paramedics_July-2011.pdf)

Speech Pathology Australia, 2011. *Competency-based Occupational Standards for Speech Pathologists - Entry Level*. Victoria. Available at: <http://www.speechpathologyaustralia.org.au/library/CBOS%20Entry%20Level%202001.pdf>



