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
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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:
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. 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.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of programs of study and number of units on Aboriginal and Torres Strait Islander Health</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>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.</td>
<td>0</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>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.</td>
<td>0</td>
</tr>
<tr>
<td>Dentistry</td>
<td>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.</td>
<td>0</td>
</tr>
<tr>
<td>Dietetics</td>
<td>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.</td>
<td>14</td>
</tr>
<tr>
<td>Exercise Physiology</td>
<td>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.</td>
<td>0</td>
</tr>
<tr>
<td>Nursing</td>
<td>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.</td>
<td>75</td>
</tr>
<tr>
<td>Profession</td>
<td>Courses (programs) identified</td>
<td>Accreditation of study</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Medicine</td>
<td>25 courses (programs)</td>
<td>to the accredited qualification of medical practitioner.</td>
</tr>
<tr>
<td>Midwifery</td>
<td>33 courses (programs)</td>
<td>to the accredited qualification of midwife.</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>23 courses (programs)</td>
<td>to the accredited qualification of Occupational Therapist.</td>
</tr>
<tr>
<td>Optometry</td>
<td>5 courses (programs)</td>
<td>to the accredited qualification of Optometrist.</td>
</tr>
<tr>
<td>Oral Health</td>
<td>11 courses (programs)</td>
<td>to the accredited qualification of Dental Hygienist, Dental Therapist or Oral Health practitioner.</td>
</tr>
<tr>
<td>Orthoptics</td>
<td>3 courses (programs)</td>
<td>to the accredited qualification of Orthoptist.</td>
</tr>
<tr>
<td>Orthotics and Prosthetics</td>
<td>1 course (program)</td>
<td>to the accredited qualification of Orthotist and Prosthetist.</td>
</tr>
<tr>
<td>Osteopathy</td>
<td>5 courses (programs)</td>
<td>to the accredited qualification of Osteopath.</td>
</tr>
<tr>
<td>Paramedicine</td>
<td>20 courses (programs)</td>
<td>to the accredited qualification of Paramedic.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>28 courses (programs)</td>
<td>to the accredited qualification of Pharmacist.</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>27 courses (programs)</td>
<td>to the accredited qualification of Physiotherapist.</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1 course (program)</td>
<td>to the qualification of Physician Assistant.</td>
</tr>
</tbody>
</table>
Podiatry
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.

Psychology
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.

Radiation Science
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.

Social Work
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.

Sonography
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.

Speech Pathology
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.

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)¹ 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.

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¹ 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 on developing cultural competency five guiding principles were identified, which recognise which HEP 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

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2 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. 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

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Implementing an Aboriginal and Torres Strait Islander Health Curriculum Framework:
Findings from environmental scan of accreditation and professional competency standards

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• 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

<table>
<thead>
<tr>
<th>Profession</th>
<th>Type</th>
<th>Accreditation Standard (A) / Professional Competency (PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health Practitioner</td>
<td>A</td>
<td>Accreditation Standards currently being developed</td>
</tr>
<tr>
<td>Audiology</td>
<td>PC</td>
<td>ASA Professional Standards of Practice for Audiologists currently under development</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>A</td>
<td>Std 4.4 – focus on cultural determinants of health</td>
</tr>
<tr>
<td></td>
<td>PC</td>
<td>Std 6.1, 9,3 – consider cultural background</td>
</tr>
<tr>
<td>Dentistry</td>
<td>A</td>
<td>Std 7, 8, 18 – student support; curriculum; commitment to National Strategic Framework for Aboriginal and Torres Strait Islander health</td>
</tr>
<tr>
<td>Dietetics</td>
<td>A</td>
<td>5.1.1 - eating attitudes and culture (including Aboriginal and Torres Strait Islander);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.1.8 – communication (including Aboriginal and Torres Strait Islander)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 – cultural competency</td>
</tr>
</tbody>
</table>
| Exercise physiology | A | 3.18 – adapt communication  
17.6 – factors impacting exercise  
18.2 – knowledge of challenges of culturally appropriate exercise  
18.3 – design and delivery of culturally appropriate exercise |
| Medicine | A | 1.4.1 – use Indigenous peoples expertise in program  
1.6.2 – effective partnerships with local communities  
1.8.3 – actively recruit, train and support Indigenous staff  
2.1.2 – purpose addresses Aboriginal and Torres Strait Islander health  
3.5 – curriculum coverage of Aboriginal and Torres Strait Islander health  
7.1.2 – include targets for Aboriginal and Torres Strait Islander students  
7.2.3 – affirmative action strategy for Aboriginal and Torres Strait Islander students  
7.3.3 – learning support for students from equity target groups  
8.3.3 – clinical learning environment provides students with provision of culturally competent health to Aboriginal and Torres Strait Islander people  
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.  
3.8 – describe attitudes of national systems of health care including those pertaining to Aboriginal and Torres Strait Islander peoples |
| Midwifery | A | 3.3 – Aboriginal and Torres Strait Islander students encouraged to enrol  
3.6 – provision made for Aboriginal and Torres Strait Islander student support needs  
5.3 – curriculum addresses specifically the history, health and culture of Indigenous peoples and cultural safety |
| Nursing | A | 1.5 – TOR for school committees include partnerships with Aboriginal and Torres Strait Islander people  
2.4 – T&L approaches promote cultural safety  
3.1 – collaborative approaches to curriculum design with key |
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*Findings from environmental scan of accreditation and professional competency standards*  
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<table>
<thead>
<tr>
<th>Professions</th>
<th>Domain</th>
<th>Occupational Therapy</th>
<th>A</th>
<th>PC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.4 – provide detailed curriculum to indicate where Australian Competency Stds for New Grad OTs are addressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.1 – fieldwork encompasses ethnicity reflective of population</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.2 – culturally safe practice(specific content of particular relevance for First Australians)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometry</td>
<td>A</td>
<td>4b – teaching includes understanding and appreciation of cultural and social diversity and values</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PC</td>
<td>1.8.3 – culturally inclusive practice specifically mentions Aboriginal and Torres Strait Islander people</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1.1 – communication sensitive to cultural background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral health</td>
<td>A</td>
<td>Stds 7, 8, 18 – student support; curriculum; commitment to National Strategic Framework for Aboriginal and Torres Strait Islander health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthoptics</td>
<td></td>
<td>Unable to locate accreditation or professional standards documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthotics and prosthetics</td>
<td>PC</td>
<td>1.5 – patients treated with respect and dignity in culturally appropriate manner; cultural awareness of ethnic minorities demonstrated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Osteopathy | PC | 2.1 and 2.1.2 – understands cultural and social factors related to management of individual  
2.2.1 - communication culturally appropriate  
3.2.2 – select and adapt treatment including cultural constraints |
| Paramedicine | PC | 4.2 – effective and appropriate communication and how it is affected by culture  
8.3 – formulate appropriate patient care and adapt to meet cultural needs |
| Pharmacy | A | 7 – active and effective partnerships with Indigenous & community agencies  
13 – actively encourage contribution to program delivery by Aboriginal and Torres Strait Islander people and its important in developing cultural competency  
19 – cultural competence and cultural sensitivity fostered through embedded curriculum content and specifically addresses health and wellbeing of Aboriginal and Torres Strait Islander people  
29 – affirmative action policies for Aboriginal and Torres Strait Islander students  
Learning Domain 1 – curriculum should address specific consumer needs include Aboriginal and Torres Strait Islander peoples  
Learning Domain 5 – health care systems include role of pharmacist in Aboriginal Health Services |
| Physiotherapy | A | 2.1 – Philosophy and learning outcomes consistent with Australian Standards for Physiotherapy  
2.2, 2.2.1-2.2.3 – adapt communication style recognising cultural safety and linguistic diversity  
3.2 – awareness of own cultural assumptions and that of hospitals and health care  
3.3 – aware of current and emerging factors in health environment including Indigenous health  
4.3.3 – adapt assessment in recognition of cultural background  
6.1.2 – impact of culture, values and attitudes on intervention plan are identified |
| Podiatry | A | Evidence of patient safety, cultural competence  
1.7 – practices in a culturally sensitive and inclusive manner  
6.1.2 – culture, values and lifestyle impacts are identified and |
<table>
<thead>
<tr>
<th>Program</th>
<th>Level</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>A PC</td>
<td>3.1.7 – acquire understanding in the discipline including intercultural diversity and Indigenous psychology</td>
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<td>5.1.12a – overall knowledge of discipline includes cultural bases of behaviour and organisational systems</td>
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<td></td>
<td></td>
<td>5.1.12b – familiarity with legal and professional matters including cultural issues for minority or marginalised groups</td>
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<td>5.1.12c – strong level of skills and knowledge in psychological assessment including reference to cultural issues</td>
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<td></td>
<td></td>
<td>1 – display basic knowledge of intercultural diversity and Indigenous psychology</td>
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<td></td>
<td></td>
<td>4 – understand complexity of sociocultural and international diversity (recognise how privilege, power and oppression may affect prejudice, discrimination and inequity)</td>
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<td></td>
<td></td>
<td>5 – demonstrate effective interpersonal communication with diverse ethnic and cultural partners</td>
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<tr>
<td>Radiation Science (includes Medical Imaging and Radiation Therapy)</td>
<td>A PC</td>
<td>Under development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D1.5 – provide client with care which is culturally respectful, empathetic and non-discriminatory</td>
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<tr>
<td></td>
<td></td>
<td>D2.1f – use culturally competent communication including with Aboriginal and Torres Strait Islander people</td>
</tr>
<tr>
<td>Social Work</td>
<td>A</td>
<td>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</td>
</tr>
</tbody>
</table>
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
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
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.

| Sonography                  | A          | Under development |
|                            | PC         | D1.5 – provide client with care which is culturally respectful, empathetic and non-discriminatory |
|                            |            | D2.1f – use culturally competent communication including with Aboriginal and Torres Strait Islander people |

| Speech Pathology           | PC         | P1 – in all contexts, consider individual’s cultural and linguistic background |
|                            |            | 1.1, 1.2 and 1.3 – include cultural and linguistic information |
|                            |            | 2.1, 2.2 – consider cultural appropriateness and influence of culture on testing |
|                            |            | 3.1 – rationale for decision made with reference to culture of client |
|                            |            | 4.1, 4.6 – select interventions which are culturally appropriate |
|                            |            | 5.4 – demonstrate sensitivity to cultural issues |
|                            |            | 7.4 – cultural competence in communication skills |
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


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


