An Australian Government Initiative

Aboriginal and Torres Strait Islander Health Curriculum Framework

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK

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The logo was developed by Balarinji, an Australian Indigenous strategy and design company.

It depicts a scroll, symbolising the unfurling of action. The blue, brown and red ochre lines are interconnected to represent

the Aboriginal and Torres Strait Islander community, government and health professionals.

The dynamic of a scroll, which creates its own movement, reinforces the sustainable energy of the Aboriginal and Torres Strait Islander Health Curriculum Framework. The dots and quality of line refer to the universal Aboriginal and Torres Strait Islander style.

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Aboriginal and Torres Strait Islander Health Curriculum Framework

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK

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ACRONYMS

Aboriginal and Torres Strait Islander Health Curriculum Framework	the Framework
Aboriginal Community Controlled Health Services	ACCHSs
Australian Indigenous Doctors' Association	AIDA
Australian Nursing and Midwifery Accreditation Council	ANMAC
Committee of Deans of Australian Medical Schools	CDAMS[1]
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	CATSINaM
Health Professional Programs	HPPs
Health Workforce Australia	HWA
Higher Education Providers	HEPs
National Aboriginal and Torres Strait Islander Health Council	NATSIHC
National Aboriginal and Torres Strait Islander Health Plan 2013-2023	NATSIHP

1 Note: CDAMS is now MDANZ – the Medical Deans Australia and New Zealand

OVERVIEW

The Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework) supports higher education providers (HEPs) to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training.

THE FRAMEWORK CONTAINS FOUR SECTIONS:

Section 1
Background
Context of Aboriginal and Torres Strait Islander health and curricula, and history to the development of the Framework;

Section 2
The Elements
A composite of resources that outline, map and align the implementation of Aboriginal and Torres Strait Islander health curricula with learning outcomes and the development of clearly articulated graduate cultural capabilities;

Section 3
Implementation Guidelines
Resources, suggestions, tools and guidelines to assist higher education providers in the process of implementing Aboriginal and Torres Strait Islander health curricula; and

Section 4
Accreditation Guidelines
Suggestions for accreditation bodies in defining criteria that could be expected in undergraduate health professional programs to demonstrate curricula is being delivered in line with professional standards.

In the following pages, the background to the development of the Framework is presented. This content, together with the other three sections of the Framework, addresses core aspects of successful implementation of Aboriginal and Torres Strait Islander health curricula, as well as learning outcomes that may reflect requirements within the health sector.

BACKGROUND TO THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK

The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (NATSIHP) draws attention to 'the centrality of culture in the health of Aboriginal and Torres Strait Islander peoples and the rights of individuals to a safe, healthy and empowered life' (Australian Government 2013, p.4).

Good health care outcomes for Aboriginal and Torres Strait Islander peoples require health professionals to be both clinically and culturally capable.

Ensuring all health care professionals develop cultural capabilities before graduating from higher education is one way of enhancing health service delivery to Aboriginal and Torres Strait Islander peoples.

In 2011 Health Workforce Australia (HWA) released *Growing Our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker project.* The purpose of the report was to inform policies and strategies that could strengthen the Aboriginal and Torres Strait Islander Health Worker workforce. The report recognised the critical importance of non-Indigenous health professionals understanding the role of Aboriginal and Torres Strait Islander Health Workers and what it means to work in partnership with them to deliver cultural safe health care to Aboriginal and Torres Strait Islander communities. Recommendation 23 of the report articulated the need to:

> Embed mandatory cultural competency curricula, including an understanding of the role of the Aboriginal and Torres Strait Islander Health Worker, in vocational and tertiary education for health professionals (HWA, 2011, p.56)

Development of the Framework was initiated in direct response to this Report. The Framework also responds to and builds on, extensive evidence and recommendations from other related reports, studies and consultations to actively develop greater cultural safety in health service delivery. The Framework contextualises the issue of Aboriginal and Torres Strait Islander health, responds to the need to improve tertiary education in this area, offers suggestions that encourage consistent learning outcomes related to Aboriginal and Torres Strait Islander health and wellbeing, and provides a benchmark for graduate cultural capability standards. It offers opportunities and guidelines to support stakeholders to work together to achieve systemic change in this area.

CONTEXT OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE'S HEALTH

Disparities in health between Aboriginal and Torres Strait Islander and other Australians have been well documented, with the reasons for such inequalities many and varied (Pink & Allbon 2008; Australian Institute of Health and Welfare 2014). Aboriginal and Torres Strait Islander Australians fare worse in conditions such as chronic disease, mental health, oral health, and cancer (Australian Institute of Health and Welfare 2014). While risk factors include smoking, diet, exercise and misuse of alcohol and drugs (Di Giacomo et al. 2011; Australian Institute of Health and Welfare 2014; Australian Institute of Health and Welfare 2013; Australian Bureau of Statistics 2013a), other social determinants play a significant role in undermining Aboriginal and Torres Strait Islander health. These include inadequate housing, poverty, poor education, unemployment and limited access to services in some areas (Australian Institute of Health and Welfare 2014).

Discrimination based on race or racism is also a social determinant of Aboriginal and Torres Strait Islander health (Paradies, Harris & Anderson 2008; Larson et al. 2007; Henry, Houston & Mooney 2004).[2] Racism harms the physical and mental health of Aboriginal and Torres Strait Islander Australians (Kelaher, Ferdinand & Paradies 2014; Larson et al. 2007). Evidence suggests that racism occurs in health services (Johnstone & Kanitsaki 2009; Durey, Thompson & Wood 2011), compromising care and leading to reluctance by Aboriginal and Torres Strait Islander people to attend services for treatment (Shahid, Finn & Thompson 2009). Evidence also suggests that racism occurs at a systemic level where Aboriginal and Torres Strait Islander people are offered fewer procedures for treating illness and promoting health than other Australians (Boffa 2008; National Heart

[2] For information on institutional racism see Larson et al. (2007), Henry et al. (2009), and Paradies et al. (2008)

Foundation of Australia & Australian Healthcare and Hospitals Association 2009).

While discharges against medical advice (DAMA) – particularly common among young men (Katzenellenbogen et al. 2013) – and not attending follow-up appointments are serious concerns in terms of compromising optimum care, the blame is often apportioned to Aboriginal and Torres Strait Islander people (Durey & Thompson 2012). However, the question must be asked about the extent to which the system and health services themselves are responsible for providing care that is discriminatory, however inadvertently, so people are reluctant to access services. Most non-Indigenous health care providers would be appalled to think that the care they are offering their patients is racist; as health care providers their intention is to improve health, not undermine it. However, many health care providers may be unaware that their behaviour, or the normalised practices and systems in which they work, are discriminatory, with significant impacts on Aboriginal and Torres Strait Islander people's health and wellbeing.

Indigenous scholar Aileen Moreton Robinson (2009) suggests that the dominance of white Anglo-Australian culture, represented in a Western biomedical model of care, is often invisible, and as the norm, shapes the lives of all Australians, privileged and disadvantaged. It is also the standard against which differences from the norm are often judged and demeaned, however inadvertently. When such privilege is invisible, normalised and socially sanctioned, assumptions and practices that may demean Aboriginal and Torres Strait Islander people, such as stereotyping, are not critiqued for their negative effect on health and wellbeing but remain unacknowledged (Pease 2010). If such practices, or health care providers' beliefs and assumptions about Aboriginal and Torres Strait Islander people, are not examined for whether they undermine, rather than promote, health and wellbeing, discrimination continues.

If care that is discriminatory compromises Aboriginal and Torres Strait Islander health and wellbeing, culturally safe care is likely to increase better health outcomes for Aboriginal and Torres Strait Islander peoples. This requires offering health services that respect Aboriginal and Torres Strait Islander people and their culture - an aspect that many services around Australia have taken extremely seriously with clear evidence of positive outcomes. In Queensland, the Inala mainstream health service changed its practices to be respectful, welcoming and honouring of Aboriginal and Torres Strait Islander people and dramatically increased patient attendance (Hayman, White & Spurling 2009). In order to achieve this outcome more widely, a multi-pronged approach is needed. This includes establishing and building partnerships between Aboriginal and Torres Strait Islander communities and health service providers. These partnerships will support ongoing reflection and assessment of current beliefs and practices about Aboriginal and Torres Strait Islander health at the level of policy and practice. This might also involve stakeholders critically reflecting on the barriers and facilitators within the health care system to delivering high quality, comprehensive, equitable health care to Aboriginal and Torres Strait Islander peoples.

Cultural respect is essential for effective health service delivery to people of all backgrounds, but is especially significant in the context of the unacceptably poor health outcomes experienced within the Aboriginal and Torres Strait Islander population. The Australian Bureau of Statistics reports that data for 2010-2012 shows life expectancy of Aboriginal and Torres Strait Islander men to be around '10.6 years lower than non-Indigenous men, while life expectancy of Aboriginal and Torres Strait Islander women is 9.5 years lower than non-Indigenous women' (Australian Bureau of Statistics 2013b). While this gap has slightly lessened in recent years it continues to represent an enormous discrepancy in health outcomes. One of the contributing factors is the lack of cultural safety that many Aboriginal and Torres Strait Islander peoples experience in the health system.

Research indicates that Aboriginal and Torres Strait Islander Australians are often reluctant to access health services because of discrimination, misunderstanding, fear, poor communication and lack of trust in service providers (Durey, Thompson & Wood 2011; Shahid et al. 2009; Shahid, Finn & Thompson 2009). Aboriginal and Torres Strait Islander peoples are also six times more likely (age adjusted) to discharge themselves from hospital against medical advice, a significant indicator of discomfort in the hospital environment (Australian Institute of Health and Welfare 2011). Evidence has repeatedly shown that Aboriginal and Torres Strait Islander patients are more likely to access health services where service providers communicate respectfully, have some understanding of culture,

build good relationships with Aboriginal and Torres Strait Islander patients, and where Aboriginal or Torres Strait Islander Health Workers are part of the health care team (Durey, Thompson & Wood 2011; Shahid et al. 2009; Taylor et al. 2009).

The NATSIHP, builds on the Closing the Gap policy, which aims to close the unacceptable gaps between Aboriginal and Torres Strait Islander and non-Indigenous Australians across a variety of indicators. The NATSIHP is based on four principles: Health Equality and a Human Rights Approach; Aboriginal and Torres Strait Islander Community Control and Engagement; Partnership; and Accountability. In the context of improving health outcomes, the NATSIHP specifically calls for racism and inequality to be eliminated from the Australian health system and for health services to address social inequalities and social determinants of health to be effective, appropriate, high quality and accessible for Aboriginal and Torres Strait Islander peoples.

It is widely recognised that health care providers' attitudes and behaviours towards Aboriginal and Torres Strait Islander peoples can either undermine or enable better health outcomes. With most Aboriginal and Torres Strait Islander peoples living in urban areas and accessing mainstream health services, contrary to common assumptions, an acceptable level of knowledge and capability is necessary for all health care professionals, not only those whose main focus is Aboriginal and Torres Strait Islander health or who are working in remote areas. The responsibility for quality health care for Aboriginal and Torres Strait Islander peoples must be shared across the whole health care system, which is why all graduates need to be equipped to work across the entire range of Australian socio-cultural contexts (Anderson et al. 2003).

CONTEXT OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH IN HIGHER EDUCATION

A culturally capable health workforce is vital to ensure culturally safe services that meet the needs of Aboriginal and Torres Strait Islander peoples to improve their health outcomes. Charged with the responsibility of educating the future health care workforce, HEPs play a pivotal role in ensuring graduates have the capacity to work effectively and respectfully in Aboriginal and Torres Strait Islander health contexts (Universities Australia 2011; Grote 2008). The potential to reduce health inequities by including Aboriginal and Torres Strait Islander health curricula to support a more culturally informed health care workforce is now strongly recognised (Thackrah & Thompson 2013; Flavell, Thackrah & Hoffman 2013; Behrendt et al. 2012; Universities Australia 2011; Grote 2008; Nash, Meiklejohn, & Sacre 2006; Department of Health and Ageing 2007).

The NATSIHC *A Blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander peoples (*2008) recommended that educational institutions and Aboriginal and Torres Strait Islander health care personnel and communities work in partnership to develop a culturally inclusive Aboriginal and Torres Strait Islander health curriculum in a multidisciplinary approach.

Similarly, a report from an Indigenous Health Workforce Forum held in 2010 identified the need to develop an Aboriginal and Torres Strait Islander health curriculum package that could be integrated into *every* health profession at undergraduate and post-graduate levels.[3] HWA's *Growing Our Future* report also recommended that mandatory cultural competency curricula should be embedded in all health disciplines (HWA, 2011).

There have been impressive developments within different health disciplines across the higher education sector as they begin to implement Aboriginal and Torres Strait Islander curricula to enhance the cultural capabilities of graduates. Developing cultural safety in nursing practice

[3] Unpublished report: Indigenous Health Workforce Forum held in July 2010 hosted by the National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC) formerly known as the National Indigenous Health Equality Council (NIHEC)

has been a major focus within nursing curricula for some time, with the incorporation of cultural safety into New Zealand nursing curricula (Papps & Ramsden 1996; Ramsden 2002) informing curriculum developments in Australia (for example, see Nash, Meiklejohn & Sacre 2006). Partnerships between the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the Australian Nursing and Midwifery Accreditation Council (ANMAC) have been instrumental in defining standards for culturally safe practice and translating these standards into curricula and recommendations to Nursing and Midwifery schools for embedding Aboriginal and Torres Strait Islander perspectives across their programs (CATSINaM 2014). As the largest professional group employed within the health care system, the capacity for nurses to contribute to improving Aboriginal and Torres Strait Islander health is substantial.

In 2004, the Committee of Deans of Australian Medical Schools (CDAMS) published the Indigenous Health Curriculum Framework (Phillips 2004), a suite of guidelines for medical schools to successfully develop and deliver Aboriginal and Torres Strait Islander health content in core medical education. The implementation of the CDAMS Framework in different locations across Australia has resulted in more Aboriginal and Torres Strait Islander content in medical curricula, facilitated in many cases by highly effective and culturally appropriate pedagogical approaches. A recent review of the implementation of the CDAMS Framework provided crucial feedback to improve its effectiveness and demonstrates commitment within the Australian medical sector to continually improve the link between education and practice (Medical Deans-AIDA 2012). This work has been significantly strengthened and informed by the work of the Australian Indigenous Doctors' Association (AIDA), who has a similar position to CATSINaM in improving standards for cultural safety in education and practice.

There has also been increasing work in other discipline-specific health curricula to incorporate Aboriginal and Torres Strait Islander content including oral health (Bazen, Paul & Tennant 2007), occupational therapy (Gray & McPherson 2005), public health (Public Health Education and Research Program Indigenous Public Health Capacity Development Project Reference Group 2008), psychology (Ranzijn et al. 2008; Pedersen & Barlow 2008) and recently, social work (Bessarab et al. 2014). Such efforts to integrate curricula across different schools and disciplines have resulted in commendable progress within higher education.

However whilst impressive, these developments have largely been contained to individual disciplines. Individual professions/disciplines do not deliver health care services in isolation: instead they play a specific role in a service team, highlighting interdependency between different professions and the need for shared visions and goals in education, training and professional regulation (Task Force Two 2006). The interprofessional context of health care practice highlights the need for an interprofessional approach to the development of cultural capabilities.

The Framework aims to build on and support the considerable work happening across health professions in higher education by offering an interprofessional approach for HEPs to successfully integrate Aboriginal and Torres Strait Islander health content across curricula.

Developing a shared vision and map for implementing Aboriginal and Torres Strait Islander health curricula across health professions is important to support the health care system to holistically enhance the cultural capabilities of health service providers.

DEVELOPING THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK

The Framework has been developed in multiple stages, including an environmental scan of entry level curricula and professional/ accreditation standards; key informant interviews; a broad literature review; workshops with stakeholders in the higher education system, health professionals, and accreditation bodies; online consultation submissions; a series of case studies on good practice; online surveys and consultation with expert advisors; and a final stakeholder forum.

A summary of the findings from each stage is presented in Attachment A. More detailed information about the development of the Framework and the findings of the national consultation are available in the following publications:

- Appendix A - *Implementing an Aboriginal and Torres Strait Islander Health Curriculum Framework: Findings from environmental scans of entry level curricula, accreditation and professional competency standards* (Jones 2014)
- Appendix B - *Developing Aboriginal and Torres Strait Islander Cultural Capabilities in Health Graduates: A review of the literature* (Taylor, Durey & Mulcock et al. 2014)
- Appendix C - *Case Studies: Innovations in Aboriginal and Torres Strait Islander health curriculum implementation* (Taylor, Durey & Bullen et al. 2014)
- Appendix D - *Implementing an Aboriginal And Torres Strait Islander Health Curriculum Framework: Findings from national consultation* (Taylor, K, Kickett, M & Jones, S 2014)

While reviewing literature and associated data sources was crucial for identifying the parameters and initial content of the Framework, the involvement, feedback and guidance of stakeholders throughout the development of the Framework was instrumental in defining final content and design. A Project Advisory Group, consisting predominantly of Aboriginal and Torres Strait Islander representatives from stakeholder organisations around Australia, directed key stages of the Framework's development.

In recognition of the unique contexts in which Australian HEPs operate, the Framework is not intended to be prescriptive; but rather a suggested map to assist HEPs in implementing curricula successfully whilst being equipped to work with some of the known challenges and opportunities that are characteristic of this area.

USERS OF THE FRAMEWORK

While the Framework is primarily a set of resources designed to support HEPs develop or enhance curricula for health science students and regulation authorities to assess implementation of Aboriginal and Torres Strait Islander health curricula, it must also engage with and reflect the needs and priorities of Aboriginal and Torres Strait Islander people and of the health care system more broadly. In this way, there are potentially multiple users of the Framework.

HIGHER EDUCATION PROVIDERS

HEPs are responsible for ensuring their graduates develop the entry-level skills, knowledge and understanding necessary to operate professionally and competently in their chosen work places.

Across Australia, HEPs have different organisational models for the delivery of health curricula. For some, health curricula will be delivered through discrete health faculties. Others have departments and schools of health science, or deliver health curricula across multiple organisational units.

Within individual HEPs, users of the Framework will specifically be those responsible for developing, revising, implementing and reviewing the HEPs health programs. Collectively referred to as 'Health Professional Programs' (hereafter HPPs) throughout the Framework, this organisational body will be able to use the resources developed as a basis for building locally informed curricula and implementation plans.

The Framework has the potential to provide HEPs with a benchmark towards national consistency for the minimum level of capability required by graduates to effectively deliver culturally safe health care to Aboriginal and Torres Strait Islander service users.

ACCREDITATION AUTHORITIES

Accreditation authorities for both regulated and self-regulated health professions are responsible for setting and assessing entry-level requirements and professional standards for the health system and for managing complaints and regulatory issues.

Incorporation of the Framework into accreditation processes will ensure that graduate outcomes and industry expectations about cultural capabilities are closely aligned. The Framework has been developed with input from representatives from accreditation of regulated and self-regulated health professions, and offers guidelines for revision of professional standards across the health system, including cultural capability requirements for assessors and staff within these bodies.

Section 4 of the Framework outlines Accreditation Guidelines, to assist accreditation; regulated and self-regulating health professional bodies to develop the requirements for HEPs to demonstrate, how the teaching and learning experience is increasing the cultural capabilities in graduates.

ABORIGINAL AND TORRES STRAIT ISLANDER STAKEHOLDERS

There are a number of Aboriginal and Torres Strait Islander stakeholders who could also be users of the Framework. As the consumers of health services, Aboriginal and Torres Strait Islander peoples are the ultimate assessors of cultural capabilities in health graduates and professionals. Input from Aboriginal and Torres Strait Islander stakeholders was integral to defining the elements of cultural capabilities that are articulated through the Framework, and health consumers can use the Framework to advocate for, or understand, how HEPs are preparing health graduates to deliver culturally safe health care.

Aboriginal and Torres Strait Islander educators are also users of the Framework as they may be impacted by its implementation in a variety of ways. Aboriginal and Torres Strait Islander educators may be required, for example, to deliver curricula and to contribute to development of cultural capabilities within HEPs.

HEALTH SERVICE EMPLOYERS

Health service employers assess suitability of potential employees against industry standards. These standards can also be used in performance reviews and to guide professional development needs in the work place.

The Framework, alongside the requirements of the accreditation and registration bodies, will guide employers' expectations of graduate cultural capabilities in the context of health service delivery to Aboriginal and Torres Strait Islander peoples. It may also inform employment criteria and professional development and training expectations, supporting health services to develop and align professional practice with educational outcomes.

CLINICAL PLACEMENT PROVIDERS

Clinical placement providers, in partnership with HEPs, have an important role to play in creating opportunities for student learning and development, and evaluating student performance. Cultural capabilities are key learning outcomes that need to be developed, demonstrated, and assessed through clinical placements.

The Framework provides clear expectations around Aboriginal and Torres Strait Islander cultural capabilities for clinical placement providers. It also provides tools and a guide for evaluating student development of those capabilities. Clinical placement providers can work with HEPs to adapt and implement these tools within their local context.

There will be particular benefits for Aboriginal Community Controlled Health Services (ACCHSs) who provide clinical placements for students. The broad implementation of the Framework will ensure that students are better prepared for their placements in ACCHSs with a greater understanding of the Aboriginal and Torres Strait Islander health context, and of the impacts of the health care system and health service delivery for Aboriginal and Torres Strait Islander peoples.

ATTACHMENT A: SUMMARY OF DATA COLLECTION FINDINGS

METHOD	SUMMARY
Environmental scan of entry level curricula and professional/ accreditation standards	• Two environmental scans were undertaken in the second half of 2013 as part of the preliminary work for the development of the Framework • Entry-level health courses in Australian HEPs, and Accreditation standards and professional competency standards were assessed for Aboriginal and Torres Strait Islander content and related competencies • Scans allowed existing achievements and gaps around Australia to be identified • Environmental scan of entry-level health courses revealed considerable variability in content across institutions • Nursing, Midwifery and Social Work courses were most likely to have dedicated units focused on Aboriginal and Torres Strait Islander health • Only 25% of HEPs had graduate attributes that made reference to Aboriginal and Torres Strait Islander perspectives, while a quarter of HEPs had a Reconciliation Action Plan (RAP) and half had a Reconciliation Statement • Scans indicated that development of graduate attributes specific to Aboriginal and Torres Strait Islander cultural capabilities and the implementation of Reconciliation Action Plans were key strategies for supporting Aboriginal and Torres Strait Islander health curricula • Scans of accreditation and professional competency standards also highlighted wide variation- although most standards made some reference to the need to provide culturally safe or competent care • Around 60% specifically addressed the needs of Aboriginal and Torres Strait Islander peoples, with statements related primarily to course content rather than requirements for engagement with Aboriginal and Torres Strait Islander students, staff, clinical practice or communities • Medicine, Nursing, Occupational Therapy and Social Work demonstrated the strongest statements in their Accreditation Standards and/or Professional Competencies
Key informant interviews	• Key Informant Interviews undertaken late 2013 • Participants provided feedback on proposed framework principles, design, proposed curriculum content, enablers required to support the implementation and the role of system collaboration • Key themes included: – Importance of partnership and opportunities for Aboriginal and Torres Strait Islander input – Need to acknowledge cultural diversity and local context when implementing curriculum – Essential role of transformational teaching strategies and Aboriginal and Torres Strait Islander pedagogies – Need for learning environments that are culturally safe for Aboriginal and Torres Strait Islander students – Importance of educators avoiding blaming and shaming approaches – Significance of leadership from the executive down and from the ground up – Development of graduate capabilities and learning outcomes with reference to a number of criteria categorised under skills, attributes, knowledge and understanding

METHOD	SUMMARY
Literature Review	• Explored eight key elements of core importance to the development and implementation of the Framework: terminology; accreditation & professional standards; role of clinical placements; pedagogical approaches; Aboriginal and Torres Strait Islander content; models to map the development of graduate capabilities; assessment strategies; and organisational readiness • Key findings: – Ongoing development of 'cultural capabilities' preferred over the idea of a finite goal of achieving 'cultural competence' – Importance of working closely with accreditation & professional standards organisations to ensure graduates develop the right workplace skills – Safe and effective pedagogical approaches that create space for students to develop cultural capabilities by engaging in transformational learning processes is essential – Sustainable strategies for integrating Aboriginal and Torres Strait Islander content needed – Clear models for mapping the development of graduate capabilities combined with effective means of assessing learning outcomes support the success of cultural capability curricula – Organisational readiness, and strong support and leadership at the executive level crucial to effective curriculum implementation
National Consultation workshops	• Six workshops held at the beginning of 2014 with higher education and health professional stakeholders, and one with accreditation authorities and professional body representatives • Workshops explored participants views on various elements proposed for inclusion in the Framework • Key themes relating to the design and implementation of the curriculum emerging from these workshops included: – Importance of building on existing frameworks[4] – Need for strong institutional leadership – Engagement with accreditation and professional registration bodies – Strong partnerships between the health, community and education systems – Recognition of diversity and the local cultural context – Choice of terminology and definitions significant – The Framework should include a foundational first year unit followed by vertical and horizontal integration – *Process* of curriculum implementation as important as the content – The Framework must include support resources, tools and guidelines for teaching staff and HEPs in order to create authentic and transformational learning experiences – Cultural capabilities amongst staff and across the whole organisation crucial – Need for innovative assessment strategies – Development of cultural capabilities must be understood as a lifelong learning process • Participants in the accreditation workshop agreed the Framework should be incorporated into accreditation processes and that cultural capability training is also needed for accreditation staff

[4] For example the National Aboriginal and Torres Strait Islander Health Plan 2013, the National Cultural Respect Framework 2004-2009, NACCHO Cultural Safety Training Standards (2011), CDAMS Framework and AIDA Review (2012) and the 2007 United Nations Declaration of Rights of Indigenous Peoples.

METHOD	SUMMARY
Online Consultation	• March-April 2014 online consultation paper released • Eight key findings emerged from the online consultation process including: – The complexity and contestation around terminology and definitions – Significance of appropriate pedagogical approaches for successful content delivery – Importance of involving Aboriginal and Torres Strait Islander peoples in assessment criteria – Ensuring assessors have cultural capabilities – Necessity for partnerships between accreditation, health system and higher education for implementing the Framework – Importance for HEPs having graduate attributes specifically related to Aboriginal and Torres Strait Islander peoples and active Reconciliation Action Plans – Importance of ensuring that cultural capability training challenges dominant power relations
Case Studies	• Five case studies undertaken throughout 2014 to document innovative programs and illustrate good practice • Case studies emerged during the National Consultation Workshops and were selected by the Project Advisory Group through a consensus process • The five case study categories and sites were: – Innovation in Curriculum Design (Charles Sturt University) – Community Engagement and Partnerships (The Wollotuka Institute and the University of Newcastle) – Clinical Placements (Institute of Urban Indigenous Health and the University of Queensland) – Simulation Programs (Flinders University) – Large Scale Curriculum Delivery (Curtin University) • Critical success factors across the case studies included senior leadership commitment, often beginning with 'champions' whose vision initially drove the process but ultimately led to more systemic engagement • Establishing and building ongoing strong relationships with local Aboriginal and Torres Strait Islander communities is also a success factor, by including community members in the design and delivery of curriculum • A key finding was the importance of the local context – moving away from a 'one-size-fits-all' to more flexible, innovative and culturally appropriate ways of implementing curricula that valued Aboriginal and Torres Strait Islander knowledge and practice • Importance of ongoing and adequate resources for training and support for Aboriginal and Torres Strait Islander and non-Indigenous staff, and community members delivering Aboriginal and Torres Strait Islander health curriculum also highlighted • Successes and lessons demonstrated through the case studies informed the Framework

METHOD	SUMMARY
Final Stakeholder Forum	• Constructive feedback and positive responses strongly indicated that the Framework, whilst requiring revisions and refinements, was on track to support HEPs and regulation authorities develop and implement initiatives to embed Aboriginal and Torres Strait Islander health in curriculum, as well as enhance standards across professional regulation • Desire for clear, strong links between concepts presented in the Framework *a*nd transformative practices within health service delivery • The Framework to have clearly articulated and achievable goals for student learning outcomes • Importance of 'respect' for Aboriginal and Torres Strait Islander people, communication and leadership • Aboriginal and Torres Strait Islander pedagogies should be applied with meaningful community engagement to design and implement curriculum

ATTACHMENT: B REFERENCES

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SECTION 2 THE ELEMENTS

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OVERVIEW

The Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training.

THE FRAMEWORK CONTAINS FOUR SECTIONS:

Section 1
Background

Context of Aboriginal and Torres Strait Islander health and curricula, and history to the development of the Framework;

Section 2
The Elements

A composite of resources that outline, map and align the implementation of Aboriginal and Torres Strait Islander health curricula with learning outcomes and the development of clearly articulated graduate cultural capabilities;

Section 3
Implementation Guidelines

Resources, suggestions, tools and guidelines to assist higher education providers in the process of implementing Aboriginal and Torres Strait Islander health curricula; and

Section 4
Accreditation Guidelines

Suggestions for accreditation bodies in defining criteria that could be expected in undergraduate health professional programs to demonstrate curricula is being delivered in line with professional standards.

In the following pages, the Elements of the Framework are presented. These Elements are primarily a resource for organisers, managers and coordinators, to guide the design and implementation of Aboriginal and Torres Strait Islander health curricula across health professional programs.

Together with the other three sections of the Framework, the Elements address core aspects of successful implementation of Aboriginal and Torres Strait Islander health curricula, as well as learning outcomes that may reflect requirements within the health sector.

THE ELEMENTS

The Elements are an interconnected suite of resources that identify and map the design and implementation of Aboriginal and Torres Strait Islander health curricula across health professional programs (HPPs).

THE ELEMENTS ARE:

Principles of the Framework	Core principles that guide the Framework overall, as well as providing the context for successful implementation.
Graduate Capabilities for Culturally Safe Aboriginal and Torres Strait Islander Health Care	Five core capabilities that graduates will develop after undertaking Aboriginal and Torres Strait Islander health studies as outlined in the Framework. Learning Outcomes and Curriculum Content are mapped directly towards developing these five capabilities in graduates.
Primary Learning Outcomes to Develop Graduate Cultural Capabilities	Maps across three levels (novice, intermediate and entry to practice), the Primary Learning Outcomes for each of the five core graduate cultural capabilities.
Curriculum Content, Learning Outcomes and Assessment Map	Maps 17 curriculum themes to the three-levelled primary learning outcomes, as well as describes how each curriculum theme will achieve the desired learning outcomes in students. A number of suggested assessment approaches are also provided for each learning outcome.

PRINCIPLES

The Framework is underpinned by eight principles. These principles guide the conceptual design and model of implementation, and provide the context for successful curriculum delivery.

PRINCIPLE 1

Leadership at all levels is key to supporting effective implementation of Aboriginal and Torres Strait Islander health curricula

- Organisational leadership, commitment and accountability at all levels, including the executive level, supports full implementation of Aboriginal and Torres Strait Islander health curricula
- Undertaking cyclical organisational assessments provides opportunities to enhance and support more effective curriculum implementation
- Building leadership capabilities in graduates to be advocates and agents of change in their chosen health profession is key to transforming health practice

PRINCIPLE 2

Respectful partnerships and collaboration with shared responsibility between Aboriginal and Torres Strait Islander and non-Indigenous people are required in curriculum design and implementation

- Meaningful involvement of local Aboriginal and Torres Strait Islander peoples in the development and implementation of curricula is essential
- Curriculum content and the learning process must emphasise learning 'from' and 'with' rather than 'about' Aboriginal and Torres Strait Islander peoples
- Shared responsibility between Aboriginal and Torres Strait Islander and non-Indigenous staff for leading and dealing with Aboriginal and Torres Strait Islander matters is critical

PRINCIPLE 3

The process of learning is equally as important as content

- Transformational teaching and learning approaches that favour adult learning principles and enable a critically reflexive learning experience whilst caring for the wellbeing of students is essential
- Aboriginal and Torres Strait Islander pedagogies should be integrated into teaching practice
- Strengths-based learning[1] incorporating innovative, experiential and practice-based examples should be emphasised

PRINCIPLE 4

Self-reflexivity and humility develop respectful health care practice

- Self-reflexivity and critical analysis of one's own cultural values and privileges are integral to respectful health care practice
- Development of humility and respectful person-centred health care practice involves recognising and understanding the feelings and experiences of Aboriginal and Torres Strait Islander peoples

PRINCIPLE 5

Holistic health service delivery is essential

- Aboriginal and Torres Strait Islander peoples have unique health needs shaped by the local context and colonial history, which requires responsive, effective person-centred health services
- Health services should be informed by comprehensive primary health care principles and models of interprofessional[2] practice, these elements are integral in the education of health graduates

[1] Strengths-based learning refers to the emphasis of examples and case studies of Aboriginal and Torres Strait Islander people's achievements, successes and strengths, rather than education focusing only on the 'bad news stories'

[2] An interprofessional learning environment encourages and creates interactive opportunities for two or more professions to learn with, from and about each other with the goal of strengthening collaborative partnerships (Curtin University n.d. p.3).

PRINCIPLE 6

Local context and diversity must be recognised

- Curriculum content and the teaching and learning process should reflect the local Aboriginal and Torres Strait Islander context and the diversity of Aboriginal and Torres Strait Islander people

PRINCIPLE 7

Development of intercultural capabilities is a lifelong learning journey

- Foundational content on Aboriginal and Torres Strait Islander health should be introduced in the first year of study and then built on through horizontal and vertical integration throughout HPPs
- The development of cultural capabilities is a lifelong journey, extending beyond formal education and practice

PRINCIPLE 8

Ongoing professional development and professional support for Aboriginal and Torres Strait Islander and non-Indigenous educators is essential

- HPPs should offer ongoing cultural learning and professional development opportunities for all levels of staff
- Support needs to be provided for Aboriginal and Torres Strait Islander and non-Indigenous educators, recognising the emotional load encountered while teaching in this context
- Educators should have strong theoretical and practical understanding of Aboriginal and Torres Strait Islander pedagogical principles that support safe and effective transformational learning

GRADUATE CAPABILITIES FOR CULTURALLY SAFE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CARE

Efforts to improve health outcomes for Aboriginal and Torres Strait Islander peoples by enhancing the cultural abilities of health care professionals and services has seen widespread use of the notion of 'culturally competent' health care and/or services.

However, the extent to which cultural competence in delivering health services to Aboriginal and Torres Strait Islander peoples can be achieved is highly contested. Competencies describe a set of skills, knowledge and attributes that are the outcome of a learning journey (Duignan 2006). Therefore, having cultural competencies can imply a finite set of learning outcomes that can be transferred across a range of different cultural contexts. Yet this is unrealistic, as Aboriginal and Torres Strait Islander cultures are too nuanced for a set of measurable competencies to be either defined or applicable to the diversity of Aboriginal and Torres Strait Islander cultural contexts (Paul, Hill & Ewen 2012).

The concept of 'capabilities' offers a more holistic (and realistic) approach to identifying and assessing behaviours and understanding that go beyond particular knowledge and skills (Duignan 2006). Stephenson (2000, p.2) describes a capability as an 'all round human quality', that allows knowledge, skills and personal attributes to be applied not just in the 'known circumstances but in response to new and changing circumstances'. Capabilities reflect a lifelong journey of development and are tested in every new interaction. This is essential when considering the learning outcomes of health graduates who will be delivering culturally appropriate care to Aboriginal and Torres Strait Islander peoples. The Framework recognises 'capabilities' as the more appropriate terminology for describing assessable learning outcomes for health graduates.

GRADUATE CULTURAL CAPABILITY MODEL

The Graduate Cultural Capability Model identifies the capabilities that graduates develop after undertaking studies in a tertiary setting where the Framework has been implemented. The model is based on the principles that i) Aboriginal and Torres Strait Islander clients are at the centre of health delivery and ii) the ultimate goal is to enable better health outcomes for Aboriginal and Torres Strait Islander peoples.

The model identifies **five interconnected cultural capabilities:**

i. Respect
ii. Communication
iii. Safety and Quality
iv. Reflection
v. Advocacy

Each capability has a number of **key descriptors** that articulate required attitudes, values, skills and knowledge that students need to demonstrate to develop the associated capability.

1. RESPECT

Recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice.

KEY DESCRIPTORS

1.1 Historical Context
Recognise the impact of history and colonisation on contemporary Aboriginal and Torres Strait Islander health outcomes.

1. 2 Cultural Knowledge
Knowledge of Aboriginal and Torres Strait Islander history, culture, values and social practices, and respect for how these aspects may influence health practice.

1.3 Diversity
Recognise the diversity of Aboriginal and Torres Strait Islander peoples' cultures and lived experiences and apply knowledge of the local community context.

1.4 Humility and Lifelong Learning
Utilise lifelong learning skills to develop cultural capabilities and demonstrate humility in regard to how much one can meaningfully understand Aboriginal and Torres Strait Islander cultures.

2. COMMUNICATION

Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples.

KEY DESCRIPTORS

2.1 Culturally Safe Communication
Recognise the role of language and appropriate verbal and non-verbal cues; strengths based communication; and applied knowledge of culturally safe health practice.

2.2 Partnerships
Recognise the important role of relationships with Aboriginal and Torres Strait Islander health professionals, organisations and communities, and be able to build effective partnerships.

3. SAFETY AND QUALITY

Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care.

KEY DESCRIPTORS

3.1 Clinical Presentation
Apply knowledge of best practice in clinical presentation and disease prevention for Aboriginal and Torres Strait Islander peoples.

3.2 Population Health
Apply knowledge of Aboriginal and Torres Strait Islander demographic and health statistics, as well as features of effective policies and strategies relative to Aboriginal and Torres Strait Islander peoples in the context of health care.

4. REFLECTION

Examine and reflect on how one's own culture and dominant cultural paradigms, influence perceptions of and interactions with Aboriginal and Torres Strait Islander peoples.

KEY DESCRIPTORS

4.1 Cultural Self and Health Care
Recognise the influence of one's own cultural identity and the culture of the Australian health care system on perceptions of Aboriginal and Torres Strait Islander peoples.

4.2 Racism
Evaluate different forms of racism and associated stereotypes that impact on Aboriginal and Torres Strait Islander health, and demonstrate practice that is free from racism.

4.3 White Privilege
Critique privileges and advantages afforded to white Australian society and understand the role of power relations in the inequitable distribution of privileges.

5. ADVOCACY

Recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Islander health. Advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander peoples and actively contribute to social change.

KEY DESCRIPTORS

5.1 Equity and Human Rights

Promote equitable health services and affirm the principles of the United Nations Declaration on the Rights of Indigenous Peoples and other human rights instruments to support Aboriginal and Torres Strait Islander peoples to attain equitable health outcomes.

5.2 Leadership

Demonstrate leadership in advocating for equitable health outcomes and culturally safe services for Aboriginal and Torres Strait Islander clients and resilience to manage resistance to change from others.

PRIMARY LEARNING OUTCOMES TO DEVELOP GRADUATE CULTURAL CAPABILITIES

Learning outcomes describe what students are expected to understand, or be able to do, in order to be successful in an area of study. Learning outcomes need to be observable and measurable, and provide the basis for designing student assessments.

Each of the five cultural capabilities and associated key descriptors in the Graduate Cultural Capability Model are aligned to a series of primary learning outcomes. These learning outcomes are adapted from Bloom's revised teaching taxonomy (Atherton 2013), which describes three progressive stages of thinking and skill development in the following way:

i. **Novice**
   - Information about matters relating to this theme
   - Remembering, comprehending

ii. **Intermediate**
   - Upskilling in this theme
   - Applying, analysing

iii. **Entry to Practice**
   - Practical skills and hands on engagement with this theme
   - Evaluating, creating

These progressive levels provide a structure for mapping student learning in stand-alone units of study, as well as across horizontal and vertically integrated curriculum.

Primary Learning Outcomes				
CAPABILITIES	KEY DESCRIPTORS	NOVICE (N)	INTERMEDIATE (I)	ENTRY TO PRACTICE (ETP)
RESPECT Recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice	HISTORICAL CONTEXT Recognise the impact of history and colonisation on contemporary Aboriginal and Torres Strait Islander health outcomes	1.1 Describe the health of Aboriginal and Torres Strait Islander Australians pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples (N)	1.2 Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and health service access, and the implications of these events on building trust and relationships with individuals, families and communities in health practice (I)	1.3 Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities (ETP)
	CULTURAL KNOWLEDGE Knowledge of Aboriginal and Torres Strait Islander history, culture, values and social practices, and respect for how these aspects may influence health practice	2.1 Describe Aboriginal and Torres Strait Islander culture pre-colonisation to the present (N)	2.2 Examine Aboriginal and Torres Strait Islander key concepts of health and wellbeing and the influence of culture, family and connection to country in health practice (I)	2.3 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety (ETP)
	DIVERSITY Recognise the diversity of Aboriginal and Torres Strait Islander peoples' cultures and lived experiences and apply knowledge of the local community context	3.1 Describe the diversity of Aboriginal and Torres Strait Islander cultures and languages, and illustrate examples (N)	3.2 Examine key elements attributed to cultural beliefs and practices within the local context (e.g. kinship, reciprocity) (I)	3.3 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity (ETP)
	HUMILITY AND LIFELONG LEARNING Utilise lifelong learning skills to develop cultural capabilities and demonstrate humility in regard to how much one can meaningfully understand Aboriginal and Torres Strait Islander cultures	4.1 Articulate the concept of cultural humility as a process of lifelong learning (N)	4.2 Demonstrate cultural humility and explain behaviours and values required to engage in lifelong learning (I)	4.3 Design professional strategies that enable continued learning and development of cultural capabilities in health practice (ETP)

Primary Learning Outcomes				
CAPABILITIES	KEY DESCRIPTORS	NOVICE (N)	INTERMEDIATE (I)	ENTRY TO PRACTICE (ETP)
COMMUNICATION Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples	CULTURALLY SAFE COMMUNICATION Recognise the role of language and appropriate verbal and non-verbal cues; strengths based communication; and applied knowledge of culturally safe health practice	5.1 Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients (N)	5.2 Analyse the strengths and limitations of key terms and definitions in the context of culturally safe health practice (I)	5.3 Propose examples for applying key terms and definitions in health practice (ETP)
		3.1 Describe the diversity of Aboriginal and Torres Strait Islander cultures and languages and illustrate examples (N)	3.2 Examine key elements attributed to cultural beliefs and practices within the local context (e.g. kinship, reciprocity) (I)	3.3 Design strategies for delivering culturally safe health care with respect to individual and cultural and linguistic diversity (ETP)
		6.1 Describe the impact of effective verbal and non-verbal communication as well as miscommunication and how this links to health outcomes (N)	6.2 Analyse differences between own verbal and non-verbal communication and Aboriginal and Torres Strait Islander clients, and the implications for health care (I)	6.3 Incorporate knowledge and skills of culturally safe communication when interacting with Aboriginal and Torres Strait Islander individuals and family members (ETP)
		7.1 Describe the concept of strengths-based knowledge and communication and how this is used to balance problem-based perspectives of Aboriginal and Torres Strait Islander health and peoples (N)	7.2 Analyse how knowledge of improvements in Aboriginal and Torres Strait Islander mortality/ morbidity can be used in strengths-based communication (I)	7.3 Formulate strategies for incorporating strengths-based communication approaches into health practice with Aboriginal and Torres Strait Islander clients (ETP)
	PARTNERSHIPS Recognise the important role of relationships with Aboriginal and Torres Strait Islander health professionals, organisations and communities, and able to build effective partnerships	8.1 Describe the historical development of Aboriginal and Torres Strait Islander health sector initiatives, including community controlled health services and role of Aboriginal and Torres Strait Islander health professionals (N)	8.2 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients (I)	8.3 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, and devise a plan to respectfully acquire cultural information (ETP)
SAFETY AND QUALITY Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care	CLINICAL PRESENTATION Apply knowledge of best practice in clinical presentation and disease prevention for Aboriginal and Torres Strait Islander peoples	9.1 Identify issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander clients (N)	9.2 Research age-related morbidity differences and analyse implications for Aboriginal and Torres Strait Islander client care (I)	9.3 Apply local epidemiology and population health data in diagnostic thinking, and develop strategies for community-wide approaches to prevention (ETP)
	POPULATION HEALTH Apply knowledge of Aboriginal and Torres Strait Islander demographic and health statistics, as well as features of effective policies and strategies relative to Aboriginal and Torres Strait Islander peoples in the context of health care	10.1 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these to trends for non-Indigenous peoples in Australia over time (N)	10.2 Analyse strengths and limitations of data used as key indicators of Aboriginal and Torres Strait Islander health, and also key policies and strategies designed to improve health care for Aboriginal and Torres Strait Islander peoples (I)	10.3 Establish key features of successful Aboriginal and Torres Strait Islander health surveillance and health policies and strategies for improving health care for Aboriginal and Torres Strait Islander peoples (ETP)

Primary Learning Outcomes				
CAPABILITIES	KEY DESCRIPTORS	NOVICE (N)	INTERMEDIATE (I)	ENTRY TO PRACTICE (ETP)
REFLECTION Examine and reflect on how one's own culture and dominant cultural paradigms, influence perceptions of and interactions with Aboriginal and Torres Strait Islander peoples	CULTURAL SELF AND HEALTH CARE Recognise the influence of one's own cultural identity and the culture of the Australian health care system on perceptions of Aboriginal and Torres Strait Islander peoples	11.1 Examine own cultural worldview and values and describe implications for health care practice (N)	11.2 Analyse the limitations of one's own perspectives and reflect upon the implications of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients (I)	11.3 Design practical strategies to enable ongoing self-reflexivity in a professional context (ETP)
		12.1 Discuss the history of Australia's dominant Western cultural paradigm and how this characterises the contemporary health system (N)	12.2 Examine the culture of chosen health professions, and analyse the impacts of this professional culture and the broader health system on Aboriginal and Torres Strait Islander health service experiences (I)	12.3 Develop strategies for mitigating the potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care practice (ETP)
	RACISM Evaluate different forms of racism and associated stereotypes that impact on Aboriginal and Torres Strait Islander health, and demonstrate practice that is free from racism	13.1 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and health outcomes for Aboriginal and Torres Strait Islander peoples (N)	13.2 Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences (I)	13.3 Generate strategies for incorporating anti-racist and affirmative action approaches in health care practice (ETP)
	WHITE PRIVILEGE Critique privileges and advantages afforded to white Australian society and understand the role of power relations in the inequitable distribution of privileges	14.1 Discuss the concept of White Privilege and other social privileges and how this affects health care and health outcomes for Aboriginal and Torres Strait Islander clients (N)	14.2 Examine one's own positioning in terms of White Privilege and other social privileges (I)	14.3 Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients (ETP)

Primary Learning Outcomes				
CAPABILITIES	KEY DESCRIPTORS	NOVICE (N)	INTERMEDIATE (I)	ENTRY TO PRACTICE (ETP)
ADVOCACY Recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Islander health. Advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander peoples and actively contribute to social change	EQUITY AND HUMAN RIGHTS Promote equitable health services and affirm the principles of the United Nations Declaration on the Rights of Indigenous Peoples and other human rights instruments to support Aboriginal and Torres Strait Islander peoples to attain equitable health outcomes	15.1 Identify factors that can impact on Aboriginal and Torres Strait Islander individuals, families and communities having equal access to health services, in the context of the UN Declaration of Human Rights and Indigenous Peoples and other human rights instruments (N)	15.2 Analyse strengths and limitations in health care with reference to the UN Declaration of Human Rights and Indigenous Peoples and other human rights instruments in terms of equity for Aboriginal and Torres Strait Islander peoples (I)	15.3 Develop strategies for redressing inequity in health care for Aboriginal and Torres Strait Islander individuals, families and communities (ETP)
		16.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health (N)	16.2 Determine strengths and challenges in delivering health care with respect to the social determinants of health (I)	16.3 Devise strategies for diagnosing and treating Aboriginal and Torres Strait Islander clients from the perspective of the social determinants of health (ETP)
	LEADERSHIP Demonstrate leadership in advocating for equitable health outcomes and culturally safe services for Aboriginal and Torres Strait Islander clients and resilience to manage resistance to change from others	17.1 Describe the role of individual leadership in effecting positive change within the health system and identify key leadership capabilities (N)	17.2 Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with possible health system challenges in delivering culturally safe health care (I)	17.3 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients (ETP)

CURRICULUM CONTENT, LEARNING OUTCOMES AND ASSESSMENT

One of the keys to successful learning is to align learning outcomes with curriculum content and design assessment tasks that allow students to demonstrate achievement of those outcomes (Biggs 2003).

The following section describes seventeen curriculum content themes and maps how this content develops the primary learning outcomes aligned to the Graduate Cultural Capability Model. A range of assessment approaches for each theme is provided - however these are not prescriptive or intended to limit innovative assessment practice.

	CONTENT	CONTENT DESCRIPTION	LEARNING OUTCOMES ADDRESSED	ASSESSMENT APPROACHES
1	**History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience**	Introduces students to the history of Aboriginal and Torres Strait Islander peoples in Australia and key stages since European invasion/ colonisation in the context of understanding the contemporary Aboriginal and Torres Strait Islander health experience.	1.1 Describe the health of Aboriginal and Torres Strait Islander Australians pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples (N) 1.2 Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and health service access, and the implications of these events on building trust and relationships with individuals, families and communities in health practice (I) 1.3 Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Problem scenario; case study; group work/ presentation; clinical placement problem reflection; research paper Design strategy/ project; group/ individual oral presentation; creative performance; simulation; clinical placement based project
2	**Aboriginal and Torres Strait Islander culture, beliefs and practices**	Introduces students to Aboriginal and Torres Strait Islander culture, beliefs, language and practices, as well as key concepts of Aboriginal and Torres Strait Islander health and wellbeing in theory and practice.	2.1 Describe Aboriginal and Torres Strait Islander culture pre-colonisation to the present (N) 2.2 Examine Aboriginal and Torres Strait Islander key concepts of health and wellbeing and the influence of culture, family and connection to country in health practice (I) 2.3 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Case study analysis; research paper; group work/ presentation Design strategy/ project; group/ individual oral presentation; creative performance; simulation; clinical placement based project
3	**Diversity of Aboriginal and Torres Strait Islander cultures**	Develops students' knowledge and understanding of the enormous diversity of Aboriginal and Torres Strait Islander nations across Australia specifically in terms of cultural beliefs, practices and colonial history, and the implications of this diversity for health care practice.	3.1 Describe the diversity of Aboriginal and Torres Strait Islander cultures and languages, and illustrate examples (N) 3.2 Examine key elements attributed to cultural beliefs and practices within the local context (e.g. kinship, reciprocity) (I) 3.3 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Case study analysis; research paper; group work/ presentation Design strategy/ project; group/ individual oral presentation; creative performance; simulation; clinical placement based project; produce a poster

	CONTENT	CONTENT DESCRIPTION	LEARNING OUTCOMES ADDRESSED	ASSESSMENT APPROACHES
4	**Humility and Lifelong Learning**	Introduces students to the concept of lifelong learning of cultural capabilities. Develops non-Indigenous students' humility in terms of how much they can meaningfully understand about Aboriginal and Torres Strait Islander cultures.	4.1 Articulate the concept of cultural humility as a process of lifelong learning (N) 4.2 Demonstrate cultural humility and explain behaviours and values required to engage in lifelong learning (I) 4.3 Design professional strategies that enable continued learning and development of cultural capabilities in health practice (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Role play; produce video/ performance piece; written examination; short answer questions/ essays Design strategy/ project; group/ individual oral presentation; creative performance; simulation; clinical placement based project; produce a poster
5	**Cultural Safety in health care: terminology and definitions**	Introduces students to key terminology that is used in the context of developing and delivering culturally safe health care to Aboriginal and Torres Strait Islander Australians.	5.1 Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients (N) 5.2 Analyse the strengths and limitations of key terms and definitions in the context of culturally safe health practice (I) 5.3 Propose examples for applying key terms and definitions in health practice (ETP)	Annotated bibliography; short answer questions/ essays; oral examination Problem scenario; case study; group work/ presentation; clinical placement problem reflection; research paper; reflective journal Design strategy/ project; group/ individual oral presentation; produce a poster; debate; concept map
6	**Culturally safe communication**	Develops students' knowledge of the broad spectrum of verbal and non-verbal communication cues of Aboriginal and Torres Strait Islander clients and how these elements may intersect in health service delivery and practice. Has a progressive focus on building skills in students to be able to engage in respectful and culturally safe communication.	6.1 Describe the impact of effective verbal and non-verbal communication as well as miscommunication and how this links to health outcomes (N) 6.2 Analyse differences between own verbal and non-verbal communication and Aboriginal and Torres Strait Islander clients, and the implications for health care (I) 6.3 Incorporate knowledge and skills of culturally safe communication when interacting with Aboriginal and Torres Strait Islander individuals and family members (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Reflective journal; problem scenario; case study; group work/ presentation; clinical placement problem reflection; research paper Demonstration; role play; simulation; clinical placement experience

	CONTENT	CONTENT DESCRIPTION	LEARNING OUTCOMES ADDRESSED	ASSESSMENT APPROACHES
7	**Strengths-based knowledge and communication**	Introduces students to the concept of strengths-based approaches to Aboriginal and Torres Strait Islander health and the importance of balancing knowledge and communication of health statistics with positive information to support and empower clients and communities.	7.1 Describe the concept of strengths-based knowledge and communication and how this is used to balance problem-based perspectives of Aboriginal and Torres Strait Islander health and peoples (N) 7.2 Analyse how knowledge of improvements in Aboriginal and Torres Strait Islander mortality/ morbidity can be used in strengths-based communication (I) 7.3 Formulate strategies for incorporating strengths-based communication approaches into health practice with Aboriginal and Torres Strait Islander clients (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Reflective journal; group work/ presentation; clinical placement problem reflection; critical essay; research paper; peer assessment Demonstration; role play; simulation; clinical placement experience
8	**Partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities**	Develops students' knowledge and understanding of the historical development of Aboriginal and Torres Strait Islander health initiatives, community controlled health services and Aboriginal and Torres Strait Islander health professionals, and the impacts on the Australian health care system.	8.1 Describe the historical development of Aboriginal and Torres Strait Islander health sector initiatives, including community controlled health services and role of Aboriginal and Torres Strait Islander health professionals (N) 8.2 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients (I) 8.3 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, and devise a plan to respectfully acquire cultural information (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Critical essay; research paper; peer assessment Design strategy/ project; group/ individual oral presentation; produce a poster; concept map
9	**Clinical presentations**	Develops students' understanding of considerations in diagnosing and treating illness, disease and injury for Aboriginal and Torres Strait Islander clients and ability to apply local population health data, as well as skills to deliver effective evidence and strengths-based health care to Aboriginal and Torres Strait Islander clients in the context of their chosen discipline.	9.1 Identify issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander clients (N) 9.2 Research age-related morbidity differences and analyse implications for Aboriginal and Torres Strait Islander client care (I) 9.3 Apply local epidemiology and population health data in diagnostic thinking, and develop strategies for community-wide approaches to prevention (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Critical essay; research paper; data based-project Design strategy/ project; group/ individual oral presentation; research successful strengths-based initiatives and identify critical success factors; produce a poster; concept map

	CONTENT	CONTENT DESCRIPTION	LEARNING OUTCOMES ADDRESSED	ASSESSMENT APPROACHES
10	**Population health**	Develops students' knowledge of the current demographic and health statistics for Aboriginal and Torres Strait Islander peoples and features of policies and strategies relative to the Aboriginal and Torres Strait Islander population in the context of health service delivery.	10.1 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these to trends for non-Indigenous peoples in Australia over time (N) 10.2 Analyse strengths and limitations of data used as key indicators of Aboriginal and Torres Strait Islander health, and also key policies and strategies designed to improve health care for Aboriginal and Torres Strait Islander peoples (I) 10.3 Establish key features of successful Aboriginal and Torres Strait Islander health surveillance and health policies and strategies for improving health care for Aboriginal and Torres Strait Islander peoples (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Critical essay; research paper; data based- project Critical essay; group/ individual oral presentation; produce a poster; concept map
11	**Self-reflexivity**	Introduces students to the concept of ongoing self-reflexivity and its crucial role in facilitating culturally safe health service delivery. Develops students' skills and ability to engage in ongoing self-reflexive health practice.	11.1 Examine own cultural worldview and values and describe implications for health care practice (N) 11.2 Analyse the limitations of one's own perspectives and reflect upon the implications of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients (I) 11.3 Design practical strategies to enable ongoing self-reflexivity in a professional context (ETP)	Reflective journal; oral presentation; short essay Critical essay; reflective journal Design strategy/ project; individual oral presentation; clinical placement based project; self-evaluation
12	**Culture of Australian health system**	Introduces students to the culture of the Australian health system and of individual health professions. Develops students' ability to understand the intersection of the professional culture of mainstream health care with Aboriginal and Torres Strait Islander cultures, and possible implications for health care practice.	12.1 Discuss the history of Australia's dominant Western cultural paradigm and how this characterises the contemporary health system (N) 12.2 Examine the culture of chosen health professions, and analyse the impacts of this professional culture and the broader health system on Aboriginal and Torres Strait Islander health service experiences (I) 12.3 Develop strategies for mitigating the potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care practice (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Reflective journal; critical essay Design strategy/ project; individual oral presentation; clinical placement based project

	CONTENT	CONTENT DESCRIPTION	LEARNING OUTCOMES ADDRESSED	ASSESSMENT APPROACHES
13	**Racism and anti-racism in health practice**	Introduces students to Aboriginal and Torres Strait Islander stereotypes and different forms of racism, and how these impact Aboriginal and Torres Strait Islander individuals, families and communities. Develops students' ability to critically reflect on self and organisational practice and be equipped to consciously engage in health practice that is free from stereotyping or racism.	13.1 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and health outcomes for Aboriginal and Torres Strait Islander peoples (N) 13.2 Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences (I) 13.3 Generate strategies for incorporating anti-racist and affirmative action approaches in health care practice (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Reflective journal; oral presentation; simulation; clinical placement experience; case study Design strategy/ project; individual/ group oral presentation; clinical placement based project; self-evaluation
14	**White Privilege**	Introduces students to the important concepts of White Privilege and other social privileges, and develops their understanding around how these concepts have influenced relations between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians both historically and in contemporary Australia in the context of health care.	14.1 Discuss the concept of White Privilege and other social privileges and how this affects health care and health outcomes for Aboriginal and Torres Strait Islander clients (N) 14.2 Examine one's own positioning in terms of White Privilege and other social privileges (I) 14.3 Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Reflective journal; individual oral presentation; critical essay Debate; group oral presentation; critical essay; written examination; self-evaluation
15	**Equity and Human Rights in health care**	Develops students' understanding of the importance of equity and human rights in health care through knowledge of the United Nations Declaration on the Rights of Indigenous Peoples and other landmark human rights movements and the implications of these movements for developing health services that are fair, available, accessible and acceptable to Aboriginal and Torres Strait Islander peoples.	15.1 Identify factors that can impact on Aboriginal and Torres Strait Islander individuals, families and communities having equal access to health services, in the context of the UN Declaration of Human Rights and Indigenous Peoples and other human rights instruments (N) 15.2 Analyse strengths and limitations in health care with reference to the UN Declaration of Human Rights and Indigenous Peoples and other human rights instruments in terms of equity for Aboriginal and Torres Strait Islander peoples (I) 15.3 Develop strategies for redressing inequity in health care for Aboriginal and Torres Strait Islander individuals, families and communities (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Critical essay; written examination Design strategy/ project; individual/ group oral presentation; creative performance

	CONTENT	CONTENT DESCRIPTION	LEARNING OUTCOMES ADDRESSED	ASSESSMENT APPROACHES
16	**Social determinants**	Introduces students to the concept of the social determinants of health, and develops their ability to understand Aboriginal and Torres Strait Islander health and clinical presentations through a social determinants lens, and the implications on health professional practice.	16.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health (N) 16.2 Determine strengths and challenges in delivering health care with respect to the social determinants of health (I) 16.3 Devise strategies for diagnosing and treating Aboriginal and Torres Strait Islander clients from the perspective of the social determinants of health (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Critical essay; written examination Design strategy/ project; oral presentation; portfolio; simulation; clinical placement based project
17	**Leadership, advocacy and effecting change**	Develops knowledge in students around the intersection of their own cultural capabilities with the broader health system in which they work and the possible impacts on their ability at an individual level, to deliver culturally safe care. Develops skills in students to be resilient in the face of these challenges, whilst also introducing the notion of health professionals being leaders and advocates for change in the health care system.	17.1 Describe the role of individual leadership in effecting positive change within the health system and identify key leadership capabilities (N) 17.2 Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with possible health system challenges in delivering culturally safe health care (I) 17.3 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients (ETP)	Short answer questions/ multiple choice questions; Oral examination/ critique; short essay Design strategy/ project; individual/ group oral presentation; portfolio Simulation; clinical placement based project; self-evaluation

GRADUATE LEARNING OUTCOMES

The interconnectedness of the graduate cultural capabilities and associated key descriptors means that studies in each of the seventeen curriculum themes will develop not only primary learning outcomes, but many further learning outcomes. The following matrix articulates the learning outcomes for each curriculum theme in relation to the associated graduate cultural capability.

		CURRICULUM CONTENT THEMES*																
CAPABILITY	**KEY DESCRIPTOR**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
RESPECT	Historical context	X	X	X		X	X			X								
	Cultural Knowledge	X	X	X		X			X	X								
	Diversity		X	X	X	X	X		X									
	Humility and Lifelong Learning		X	X	X		X		X									
COMMUNICATE	Culturally Safe Communication	X	X	X	X	X	X	X	X				X	X			X	
	Partnerships	X	X	X					X	X	X							
QUALITY AND SAFETY	Clinical Presentation										X							
	Population Health									X	X							
REFLECT	Cultural Self and Health Care				X	X	X					X	X	X	X			
	Racism			X						X		X	X	X	X	X	X	
	White Privilege											X	X	X	X			
ADVOCATE	Equity and Human Rights	X		X		X		X	X	X	X		X	X	X	X	X	X
	Leadership					X		X	X	X	X	X	X	X	X	X		X

*CURRICULUM CONTENT THEMES

1. History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience
2. Aboriginal and Torres Strait Islander culture, beliefs and practices
3. Diversity of Aboriginal and Torres Strait Islander cultures
4. Humility and Lifelong Learning
5. Cultural Safety in health care: terminology and definitions
6. Culturally safe communication
7. Strengths-based knowledge and communication
8. Partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities
9. Clinical presentations
10. Population health
11. Self-reflexivity
12. Culture of Australian health system
13. Racism and anti-racism in health practice
14. White Privilege
15. Equity and Human Rights in health care
16. Social determinants
17. Leadership, advocacy and affecting change

A NOTE ON TERMINOLOGY

Across the literature, there is diversity and interchangeability amongst the terms used to describe the qualities of safe and welcoming health services for Aboriginal and Torres Strait Islander peoples (Taylor, Durey & Mulcock et al. 2014). In this field, terminology continues to be widely discussed, changing and an often contested area.

To enable consistency amongst users of the Framework, a basis of key terms are required. The shared understanding of key terms is core to appreciating how graduate cultural capabilities are being developed through the Framework.

The terms below have been chosen due to their wide use across the health and education sector. The definitions provided have been distilled from a number of key sources, in view of providing a general understanding of each terms meaning in the context of the Framework.

CULTURAL AWARENESS

Cultural awareness involves developing knowledge and understanding of Aboriginal and Torres Strait Islander peoples by learning about their beliefs, values, practices and experiences. This includes the historical and current context. Having this knowledge, however, does not automatically equate with having the ability to act upon it, although awareness and knowledge is a prerequisite for action.

CULTURAL SAFETY[3]

The concept of cultural safety in health service delivery focuses on the subjective experience of the health service user, whereby they experience an environment that does not challenge, assault or deny their cultural identity. Cultural safety is enabled if the people who work there show respect and sensitivity for the different cultural needs of Aboriginal and Torres Strait Islander peoples, and are aware of how their own cultural values may have an impact (Phillips 2004). A culturally safe setting allows for shared learning, shared meaning and genuine listening with full acceptance of Aboriginal and Torres Strait Islander diversity (Eckermann et al. 2010).

CULTURAL COMPETENCE

Cultural competence describes the awareness of one's own culture, plus knowledge, understanding of, and sensitivity towards, other cultural beliefs and practices, combined with the ability to interact with people from different cultural backgrounds in ways that are considered appropriate by those people (IHEAC 2011).

There is no single definition for cultural competence or pedagogical model to develop it, and the term remains contentious due to its implication that there is a finite set of learning outcomes. Despite the tensions, the term has been applied in key health and education documents and is referred to within the Framework.

CULTURAL CAPABILITY

The Framework uses the notion of 'cultural capability' as its foundational concept. Cultural capability implies the demonstrated capacity to act on cultural knowledge and awareness through a suite of core attributes that are acquired through a dynamic lifelong-learning process. Capabilities are holistic, transferable and responsive, and can be adapted to new and changing contexts (Duignan 2006; Stephenson 2000).

INTERCULTURAL

An intercultural approach supports open discussion and robust enquiry and avoids definitive explanations of people and their cultures. Nakata and colleagues resist what they refer to as 'binary cultural positioning', where Western and Aboriginal and Torres Strait Islander ways are over-simplified. An intercultural approach creates a space where shared meanings and points of difference are explored, whilst new knowledge is created. This has also been described as the 'middle ground' (Nakata et al. 2012; Nakata 2007).

[3] This term can often be used interchangeably with 'Cultural Security'

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SECTION 3
IMPLEMENTATION GUIDELINES

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ACRONYMS

Aboriginal and Torres Strait Islander Health Curriculum Framework	the Framework
Aboriginal Community Controlled Health Service	ACCHS
Australian Indigenous Doctors' Association	AIDA
Committee of Deans of Australian Medical Schools	CDAMS[1]
Critical Race Theory	CRT
Critical Whiteness Theory	CWT
Health Professional Programs	HPPs
Higher Education Providers	HEPs
Human Rights and Equal Opportunity Commission	HREOC
Role Emerging Placement	REP
National Aboriginal and Torres Strait Islander Health Council	NATSIHC
National Aboriginal and Torres Strait Islander Health Plan 2013-2023	NATSIHP
Organisational Commitment and Health Professional Program Readiness Assessment Compass	OCHPPRAC

[1] Note: CDAMS is now MDANZ – the Medical Deans Australia and New Zealand

OVERVIEW

The Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework) supports Higher Education Providers (HEPs) to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training. The Framework contains four sections:

Section 1 **Background**	Context of Aboriginal and Torres Strait Islander health and curricula, and history to the development of the Framework
Section 2 **The Elements**	A composite of resources that outline, map and align the implementation of Aboriginal and Torres Strait Islander health curricula with learning outcomes and the development of clearly articulated graduate cultural capabilities
Section 3 **Implementation Guidelines**	Resources, suggestions, tools and guidelines to assist higher education providers in the process of implementing Aboriginal and Torres Strait Islander health curricula
Section 4 **Accreditation Guidelines**	Suggestions for accreditation bodies in defining criteria that could be expected in undergraduate health professional programs to demonstrate curricula is being delivered in line with professional standards.

In the following pages, the Implementation Guidelines for the Framework are presented. These guidelines are both a resource for organisers, managers and coordinators of health professional programs, as well as for educators who are specifically involved in curriculum delivery. The Implementation Guidelines, together with the other three sections of the Framework, address core aspects of successful implementation of Aboriginal and Torres Strait Islander health curricula, as well as learning outcomes that may reflect requirements within the health sector.

IMPLEMENTATION GUIDELINES

Implementing curricula successfully is not just about content; it must address the overall educational journey where students are guided through a set of teaching, learning and assessment experiences toward the achievement of educational outcomes and graduate attributes (Hughes et al. 2012).

To enable these learning outcomes to be reached, there are many elements throughout the journey that need to be considered. These include factors at the level of direct content delivery; professional development and support for educators; and elements that enable a supportive organisational context.

In this section, discussion, suggestions and resources are provided to support the leadership team, course coordinators and educators within Health Professional Programs (HPPs), to effectively plan and implement the Framework. This section includes information on leadership; building a supportive organisational context; developing and supporting educators to deliver curriculum; teaching and learning approaches; learning through practice; and assessment. This section also draws on excellent resources that have already been developed - both in individual health disciplines and by HEPs more broadly.

The information in this section is offered as guidelines; staff in HPPs can work through the content to assess areas of suitable or immediate use depending on their local context; while possibly using other aspects at later stages of implementation.

ORGANISATIONAL COMMITMENT AND LEADERSHIP

It is widely recognised that leadership and executive commitment is critical to developing a culturally capable higher education setting (Taylor, Durey & Mulcock et al. 2014; Taylor, Kickett & Jones 2014; Universities Australia 2011). Moving towards this level of commitment may require a review of the attitudes of individuals as well as the overall organisational culture across management, policies and strategies.

The experience at Charles Sturt University highlights the strength and capacity afforded when curriculum strategies are aligned with organisational commitment, readiness and strong leadership at the highest level. These include mandating the inclusion of Aboriginal and Torres Strait Islander curricula and review cycles through an Indigenous Cultural Competence Pedagogical Framework across all faculties; central coordination with senior level investment; Aboriginal and Torres Strait Islander executive level governance and an Indigenous Board of Studies to review all Aboriginal and Torres Strait Islander content; key performance indicators aligned to an Aboriginal and Torres Strait Islander education strategy; the identification of Aboriginal and Torres Strait Islander perspectives in organisational policy and availability of cultural competency training for all staff (Taylor, Durey & Bullen et al. 2014).

The Universities Australia (2011) *Best Practice Framework for Indigenous Cultural Competency* provides HEPs with guidelines based on best practice for developing leadership and a whole-of-organisation commitment. It is strongly suggested that HPP managers and coordinators charged with implementing the Framework explore this excellent resource to assist planning and developing the cultural competency[2] of the broader organisational context in which they work.

Effective implementation of the Framework throughout a HPP is most likely to occur if there is a whole-of-organisation commitment to developing cultural competency within the HEP. Yet while this may be ideal, many organisational environments may have varied levels of commitment. The degree of commitment and leadership experienced in each context is likely to influence the capacity of HPP managers and coordinators to implement aspects of the Framework. It is important that these staff identify - and have strategies - to work with the possible challenges that may exist due to the broader organisation in which they operate.

[2] Cultural Competency is the term used in the Universities Australia Framework (2011, p.6). This term is defined as:
Student and staff knowledge and understanding of Indigenous Australian cultures, histories and contemporary realities and awareness of Indigenous protocols, combined with the proficiency to engage and work effectively in Indigenous contexts congruent to the expectations of Indigenous Australian peoples.

COMMITMENT AND LEADERSHIP ACROSS THE HEALTH PROFESSIONAL PROGRAM

Commitment to the Framework by all staff in HPPs will undoubtedly provide the greatest chance for effective implementation. The crucial role of leadership in facilitating an environment conducive to change is undisputed, and leadership across HPPs is required to enable necessary reforms to occur (from curriculum changes to educator workload reviews), while ensuring resources are allocated to support the Framework's implementation. Leadership and commitment is also required to embed initiatives whereby the cultural capability of the whole HPPs is enhanced - from the attitudes and behaviours of staff to the strategic direction of the HPP more broadly.

RESOURCES

Allocating resources for an ongoing Aboriginal and Torres Strait Islander health program is instrumental to supporting effective implementation of the Framework, and it is strongly suggested that HPP managers dedicate ongoing funding within their annual budgets. Many of the strategies suggested in these guidelines will require some resource investment for maximum efficacy.

In environments of resource shortage, working collaboratively across schools and disciplines to pool funding may provide another way to develop suitable and ongoing budgets for the Aboriginal and Torres Strait Islander programs.

RECONCILIATION ACTION PLAN AND ADVISORY GROUP

Many HEPs do not yet have a whole-of-institution Reconciliation Action Plan (Jones 2014). In contexts where there is little progress in the broader organisation to develop a Reconciliation Action Plan, the HPP leadership team can develop their own plan, with an associated Advisory Group. A Reconciliation Action Plan provides an anchor for commitment and advocacy to support the Framework. Establishing a Reconciliation Action Plan Advisory Group with Aboriginal and Torres Strait Islander representation can offer a powerful strategy for monitoring and reviewing the implementation of the Framework, as well as Aboriginal and Torres Strait Islander initiatives happening around the organisation more broadly. A Reconciliation Action Plan and associated Advisory Group is also a potential indicator to accreditation authorities that the HPP has a forum for ongoing review and monitoring of achievements in developing the cultural capabilities of graduates.

ROLE MODELLING ABORIGINAL AND TORRES STRAIT ISLANDER PROTOCOLS

Modelling to students and the broader organisation that there is understanding and familiarity with local Aboriginal and Torres Strait Islander protocols across the whole HPP is extremely important in developing and demonstrating commitment.

Adapted from the *Getting it Right Framework* (Bessarab et al. 2014, p. 74), the following points can guide HPPs around role modelling commitment to Aboriginal and Torres Strait Islander protocols:

- Develop a HPP vision statement articulating commitment and ensure the statement is visible on school/discipline/faculty home pages
- Ensure a Welcome to Country is always conducted at key functions (including student orientation events), and have a register of appropriate local Aboriginal and Torres Strait Islander Elders who are able to deliver these addresses and explain how partnerships with local Aboriginal and Torres Strait Islander communities and stakeholders are being developed and maintained
- Acknowledgement of traditional owners on school/discipline/faculty home pages, outlining the steps taken across the HPP to embed Aboriginal and Torres Strait Islander curriculum
- Take opportunities at large team/public gatherings to restate engagement and commitment by the HPP
- Explore opportunities to 'visualise' Aboriginal and Torres Strait Islander peoples within HPP buildings through artwork, flags, pictures of prominent leaders etc
- HPP staff and leaders to participate and celebrate key Aboriginal and Torres Strait Islander events (e.g. NAIDOC, Sorry Day, Reconciliation Week) and include students in these celebrations.

HEALTH PROFESSIONAL PROGRAM STAFF CULTURAL CAPABILITIES

Commitment to developing HPP staff cultural capabilities ensures the educational environment is conducive to student learning whilst demonstrating the programs' commitment to culturally safe environments for Aboriginal and Torres Strait Islander people within the university.

This approach could include minimum professional development and cultural capability requirements for *all* staff regardless of their position, with pathways for how cultural capabilities are developed depending on different HPP staff positions outlined. For example, educators who are involved in delivering Aboriginal and Torres Strait Islander curriculum require a suite of capabilities that are specific to the teaching and learning setting.

On the other hand, staff in leadership positions play a specialised role in driving initiatives, and there will be different expressions of the cultural capabilities required in their roles. Showing evidence that they lead, value, and work in culturally safe ways, and identifying key performance indicators that are linked to other strategies and policies (such as Reconciliation Action Plans, student retention, Aboriginal and Torres Strait Islander employment strategies or curriculum initiatives) are examples of how more specialised capabilities could be demonstrated.

Developing the capabilities of all levels of staff across a HPP requires a strategy and resource commitment to plan and implement ongoing professional development opportunities. This is a significant task and is likely to take time, co-ordination and long-term vision across the HPP. While executive level leadership and champions across the program are crucial to this process (Taylor, Durey & Bullen et al. 2014), it is also essential for sustainability of programs not to rely on a few key individuals, but rather to be embedded into systems, policies and practice.

The following may assist planning a HPP staff cultural capabilities strategy:

- Assemble a Curriculum Change Working Group with representation from:
  - Faculty Dean/ Associate Dean of Teaching and Learning
  - Each school and discipline
  - Human Resources/Organisational Development Unit
  - Curriculum Change Project Coordinator
  - Aboriginal and Torres Strait Islander Pedagogical Coordinator
  - Aboriginal and Torres Strait Islander academic and community member representation.
- Identify expected baseline cultural capability requirements for all HPP staff
- Identify second and third level cultural capability requirements in:
  - HPP leadership team
  - Educators of Aboriginal and Torres Strait Islander curriculum
  - Academic staff who will not be directly involved in teaching Aboriginal and Torres Strait Islander curriculum
  - Professional staff – i.e. general and support staff.
- Undertake a mapping of pre-existing Aboriginal and Torres Strait Islander professional development activities and how they link to developing cultural capabilities for staff
- Identify gaps and commit to implementing professional development strategies to address those gaps. Consider:
  - Sustainable resource requirements to implement professional development
  - Allocating time in academic work plans
  - Discipline specific professional standards/ competencies relative to Aboriginal and Torres Strait Islander cultural capabilities that professionals may be exposed to or have developed in their careers by virtue of their discipline
  - Explore how professional development can be implemented through an interprofessional approach, reflecting the interprofessional approach to student learning
  - Explore possibilities for incentives for staff to further their learning and develop their own cultural capabilities in keeping with the principle of lifelong learning.
- Schools and disciplines to undertake planning of how they will implement professional development requirements for staff
- Provide details of staff development plans to Aboriginal and Torres Strait Islander advisory boards/ committee for input.

OVERCOMING CHALLENGES TO IMPLEMENTING THE FRAMEWORK

Concerns of an overcrowded curriculum, resourcing limitations, the complexities of innovation in teaching and learning, lack of content knowledge and covert or even overt resistance or racism are some of the challenges that may be encountered while attempting to implement the Framework.

The following suggestions are provided to assist HPP implementation teams address staff resistance and build enthusiasm and commitment:

- Provide all staff with opportunities for cultural immersion/on-country learning experience, facilitated by local Aboriginal and Torres Strait Islander peoples
- Embed regular meetings, debrief forums and feedback sessions for staff to voice concerns and ideas in the curriculum change and implementation process
- Link proactive staff engagement (participation in curriculum change process, committees, education, community etc.) in this field to performance indicators
- Organise regular presentations by visitors, including Aboriginal and Torres Strait Islander community members and academics, sharing good news stories, to promote to staff the powerful impacts associated with implementing Aboriginal and Torres Strait Islander curriculum
- Invite presentations by students and graduates who have experienced significant positive change through their educational or clinical experience working with Aboriginal and Torres Strait Islander peoples.

PARTNERSHIPS

There are two key stakeholder groups that HPPs must establish and maintain partnerships with in order to implement the Framework effectively: Aboriginal and Torres Strait Islander stakeholders, and health care services.

The following steps are suggested to assist the HPP leadership team develop a partnership strategy:

Step 1. Conduct a mapping exercise to identify what partnerships the HPP currently has with required stakeholders; how active these relationships are (i.e. active, inactive, sustained), and with whom the HPP needs to develop relationships

Step 2. Develop a plan to build partnerships across the different stakeholder groups, considering suggestions provided below

Step 3. Implement an ongoing partner engagement strategy to sustain long-term relationships

ABORIGINAL AND TORRES STRAIT ISLANDER STAKEHOLDERS

Meaningful partnerships with Aboriginal and Torres Strait Islander stakeholders are absolutely instrumental to implementing the Framework. The nature of pre-existing partnerships between HEPs/HPPs and Aboriginal and Torres Strait Islander stakeholders will vary across contexts. Location, demographic and historical factors as well as, the will and vision of the HEP/HPP will influence the degree to which Aboriginal and Torres Strait Islander stakeholders are currently engaged. Many HEPs have Aboriginal and Torres Strait Islander learning centres on campus, with well-established engagement between the broader organisation and these centres through strategies such as participation by staff on curriculum review committees and governance structures; Elders in Residence; and ongoing action in relation to developing the cultural capacity of the HEP context more broadly.

HPP leadership teams that assess their setting as in the preliminary stages of partnership development with Aboriginal and Torres Strait Islander stakeholders may find the strategies articulated in the table below beneficial in planning a strategy.

Table 1. Suggestions for developing partnerships with Aboriginal and Torres Strait Islander stakeholders

Strategy	Description
Develop partnerships and 'formalise' working relationships with campus Aboriginal and Torres Strait Islander Learning Centres	While many HEPs have Aboriginal and Torres Strait Islander learning centres on campus, it is not uncommon for HEPs to have underdeveloped working relationships with these centres. There is considerable scope for partnerships between these centres and HPPs in the ownership and delivery of the Framework. Identifying and formalising a working relationship between Aboriginal and Torres Strait Islander learning centres and HPPs could facilitate pooling of resources, a pathway for more Aboriginal and Torres Strait Islander staff to be involved in teaching the Framework, opportunities for shared curriculum delivery models, and embedding of a partnership approach to the Framework's implementation. Depending on the history between the HEP/HPP and the Aboriginal and Torres Strait Islander learning centre, the process of developing a working relationship may require dedicated time and resource commitment over a long period.
Engage with local Aboriginal and Torres Strait Islander communities	One of the most powerful ways to develop and maintain partnerships with Aboriginal and Torres Strait Islander stakeholders is to implement sustained activities of engagement with local communities. Examples of the way this engagement could occur include: • Explore opportunities for local community members to be involved in informing and presenting aspects of the curriculum (e.g. case studies, vodcasts, simulation scenarios, guest lectures, on-country and cultural awareness excursions) • Develop with local community advisors, initiatives to recruit and retain local Aboriginal and Torres Strait Islander staff and students • Identify opportunities to collaborate with communities' on initiatives addressing local issues, and explore how these can be developed in collaboration with relevant discipline specific clinical placement and/ or projects. Liaising with local Aboriginal and Torres Strait Islander organisations is an important way to begin engaging with local community members particularly in receiving guidance around protocols. Community engagement should be formalised so communities are aware of the interests and responsibilities of the HPP in getting involved.
Aboriginal and Torres Strait Islander Health Services	Building relationships with Aboriginal and Torres Strait Islander health services and staff is instrumental to developing opportunities for clinical placements as well as ensuring the curriculum is reflective and responsive to the real-world context of Aboriginal and Torres Strait Islander health service delivery. While relationships may be built between individual staff within different disciplines (many who come from a health service delivery background may have pre-established relationships), a coordinated approach to maintaining these relationships across the HPP is highly recommended. An allocated project officer could be considered to support a cohesive approach to sustaining these partnerships and a coordinated approach to clinical placements. Users of these Guidelines may wish to refer to lessons from the highly successful clinical placement coordination project at the Urban Institute for Indigenous Health in Queensland (Taylor, Durey & Bullen et al. 2014) to support partnerships with Aboriginal and Torres Strait Islander health organisations.

Strategy	Description
Allocate resources (staff time and funds) to enable meaningful engagement with Aboriginal and Torres Strait Islander stakeholders	There has been considerable work in Australia looking at factors supporting the development of effective relationships and partnerships between Aboriginal and Torres Strait Islander and non-Indigenous people (Taylor et al. 2013; Taylor & Thompson 2011). It is widely recognised that, due to Australia's colonial history, there can be a deep sense of mistrust within many Aboriginal and Torres Strait Islander organisations of non-Indigenous intentions behind partnership building endeavours. In this context, developing and nurturing meaningful relationships can take time. Unfortunately, the importance of this process is often not recognised by organisations, with staff work plans usually having very little allocated time or extra capacity to engage consistently and meaningfully in relationship-building activities. HPPs must ensure staff have reasonable amount of time allocated within their work plans to engage with Aboriginal and Torres Strait Islander campus staff and external stakeholders. The critical role of relationships between Aboriginal and Torres Strait Islander and non-Indigenous peoples across the spectrum of initiatives in this area is undisputed. [3]
Build Aboriginal and Torres Strait Islander representation on curriculum development, review and implementation committees	Aboriginal and Torres Strait Islander representation on the Framework curriculum development, review panels, implementation committees and advisory groups is crucial. In the absence of Aboriginal and Torres Strait Islander staff within the HPP or an Aboriginal and Torres Strait Islander learning centre at the HEP as described above, HPPs will need to engage with local Aboriginal and Torres Strait Islander communities and other Aboriginal and Torres Strait Islander stakeholders to enlist suitable representation.

[3] For example, National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 , Australian Government Implementation Plan 2007-2013 (Australian Government 2007); Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004-2009 (Australian Health Ministers' Advisory Council - Standing Committee for Aboriginal and Torres Strait Islander Health Working Party ,2004); Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 (State of Queensland 2010).

The University of Newcastle (UoN), through its support and engagement with the Wollotuka Institute, provides an excellent example of strong and positive community engagement, which has led to high numbers and high retention rates, of Aboriginal and Torres Strait Islander staff and students. Key contributing factors to UoN's success include strong involvement from the local Aboriginal community and establishment of an 'Elders in Residence' program; a whole-of-university approach including respect and support from the university executive; a university-wide Reconciliation Action Plan; clear pathways from entry to university through to graduation and employment for Aboriginal students and staff; and integration of Indigenous knowledges across all university programs through UoN's strategic plan (Taylor, Durey & Bullen et al. 2014).[4]

HEALTH CARE SERVICES

Partnerships between HPPs and health care services are essential for creating learning through practice opportunities for students. Such partnerships also ensure curriculum remains responsive to the realities of different health professions. Most health disciplines will have active industry partnerships, depending on the requirements of the course.

While HPPs can prepare graduates to become capable of delivering culturally safe care to Aboriginal and Torres Strait Islander people, such knowledge must be translated to skills at the level of practice. This requires support for ongoing professional development in the workplace if culturally safe service delivery is to be implemented and sustained.

Industry standards set some of the core educational goals for HPPs along with outlining expectations for health service employers. These include the requirements of accreditation and registration bodies that assess the suitability of potential employees and guide performance reviews and professional development needs of health service staff (Taylor, Durey & Mulcock et al. 2014, pp. 12-20). Leadership from government health departments can also help drive the implementation of cultural capability standards in health service delivery.

While the Framework is primarily designed to assist HPPs, the link between standards and expectations within the professional environment is key to graduate cultural capabilities being translated and further developed in practice. Clearly, partnerships and ongoing dialogue will ensure the work occurring in higher education is reflective of the professional setting.

Partnerships may also open possibilities for health services to tap into knowledge and resources developed within HPPs around cultural capabilities, and for health service employees to potentially access appropriate professional development in this area. Such collaboration and sharing of knowledge offers a more integrated and sustainable approach to developing cultural capabilities, not just in students but also in health professionals throughout their career.

An interprofessional approach to health service delivery is paramount if Aboriginal and Torres Strait Islander health is to be improved (IAHA 2013). This is a central tenant in the development of graduate cultural capabilities within the Framework. While different disciplines will have, to various degrees, established partnerships with health services, the notion of an interprofessional approach embedded through the Framework suggests HPPs develop a coordinated and centralised approach to health service partnerships. The partnership between the Institute of Urban Indigenous Health (IUIH) and the University of Queensland, for example, demonstrates the considerable benefits, for ACCHSs, HEPs and students, of a coordinated approach to managing clinical placements from a variety of professions. This model reduces administrative and supervisory pressures of host services and ensures that students are better prepared and supported throughout their placements (Taylor, Durey & Bullen et al. 2014).

A dedicated partnerships project officer, who works not only to develop and coordinate partnerships with Aboriginal and Torres Strait Islander health service stakeholders but also services in the broader health system, is an ideal strategy to facilitate an interprofessional approach to clinical placements.

[4] More details about this case study can be found in the report prepared as part of development of the Framework (Taylor, Durey & Bullen et al. 2014)

ORGANISATIONAL COMMITMENT AND HEALTH PROFESSIONAL PROGRAM READINESS ASSESSMENT COMPASS

The Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) (Attachment A) has been developed to assist the HPP leadership team and course coordinators identify the readiness of their environment for implementing the Framework. The tool supports HPPs to:

i. assess the nature and degree of leadership and commitment across the HEP and how this may affect the Framework's implementation

ii. identify readiness, enablers and potential barriers to effectively implement the Framework

The OCHPPRAC recognises there is a variety of elements that will influence and support successful implementation of the Framework, particularly depending on the local setting. To create a better chance of successful implementation of the Framework, it is important that HPPs identify the nature of these elements and what developments and improvements may be required.

The OCHPPRAC does not replace an implementation plan, nor does it assess whether the Framework is suitable for implementation in a particular HPP. Instead, the OCHPPRAC aims to support by highlighting critical success factors through a tool that can be used to assist planning and dialogue across the organisation.

The OCHPPRAC recognises four critical factors for success, each with a suite of influential elements that are important for successful and sustainable implementation of the Framework.

i. Organisational commitment to cultural competency[5]

ii. Health Professional Program Leadership and Commitment

iii. Structures and Support for Implementation

iv. Partnerships and Engagement

The OCHPPRAC has been developed from key elements identified by participants in the consultation process, findings from consultation during the development of the Framework and the Interprofessional Collaborative Organisation Map and Preparedness Assessment (IP-COMPASS, Parker & Oandasan 2012).

ONGOING QUALITY IMPROVEMENT

Ongoing monitoring and review of the implementation of the Framework is essential. This process is not only important to identify barriers and developments required; but a process that can demonstrate evidence to an accreditation authority of ongoing performance review and commitment to improving the quality of the implemented curriculum.

The Critical Reflection Tool was developed by the MDANZ Indigenous health project staff with the assistance of Aboriginal and Torres Strait Islander and non-Indigenous academics and representatives from the Australian Indigenous Doctors' Association (Medical Deans Australia and New Zealand 2007). The tool was developed to support medical schools to implement, monitor and sustain Aboriginal and Torres Strait Islander curriculum. Although not intended as a report or evaluation tool as such, it provides a powerful framework for internal reflection and improvement, and can be adapted for HPPs where the Framework is being implemented.

[5] The Universities Australia (2011) Best Practice Framework is a powerful resource to support HEPs to develop their system and practice with respect to Aboriginal and Torres Strait Islander cultural 'competency'. While there is some contention around the use of the word 'competency', this Universities Australia document is widely respected across the sector and denotes competency as an institutional whole-of-organisation aim. As this is a Critical Success Factor, the notion of cultural competency has also been applied here to synergise with this important sector document.

IMPLEMENTING ABORIGINAL AND TORRES STRAIT ISLANDER CURRICULUM ACROSS THE HEALTH PROFESSIONAL PROGRAM

Implementing Aboriginal and Torres Strait Islander health curriculum is not simply an exercise in allocating content within pre-existing units or courses; but rather, requires innovative and transformative approaches to curriculum implementation. This exploration – particularly with respect to new ways of learning, being and doing through Aboriginal and Torres Strait Islander teaching and learning approaches – may be challenging, and requires time and resources to support dialogue and planning between the HPP leadership team, course designers, educators and academics.

CURRICULUM PROJECT COORDINATOR

Engaging a suitably experienced Curriculum Change Project Coordinator to drive the activities of the curriculum process, including coordinating committee and advisory group meetings, undertaking curriculum mapping, liaising with key stakeholders and allies, developing and implementing strategies for building support for curriculum change, may be helpful. As this is a whole-of-HPP initiative, time is required to work through the planning process to consider: the logistics of the curriculum change process; the building of partnerships with Aboriginal and Torres Strait Islander colleagues and community members; the culture of the program itself; and the challenges faced by exploring and supporting new ways of being, thinking and doing that are culturally safe for staff and students.

FOUNDATIONAL AND INTEGRATED CURRICULUM MODEL

Evidence suggests[6] the preferred best practice model for implementing Aboriginal and Torres Strait Islander curriculum is to offer an introductory, foundational unit to all undergraduates and then to build upon that with content and defined learning outcomes that are mapped horizontally and vertically across the HPP.

A foundational introductory unit should include content that develops the cultural capabilities of students at a novice level. This unit can be delivered across the HPP through an interprofessional approach, with all students, regardless of their discipline, completing foundational learning outcomes within their first year of study.

There are many variables that can affect whether a foundational course across the whole HPP is achievable. Aboriginal and Torres Strait Islander curriculum can still be implemented effectively without a foundational core unit, by mapping content into pre-existing units/courses.

Whichever approach is used, it is essential to be able to demonstrate where the graduate capabilities and learning outcomes are embedded and assessed within the curriculum and that both students and staff can demonstrate achievement of the required capabilities upon completion of the program.

Integrating Aboriginal and Torres Strait Islander content into pre-existing courses to achieve intermediate and entry to practise level learning outcomes requires considerable planning and central coordination.

[6] See results of national consultation (Taylor, Kickett & Jones 2014).

STEPS FOR REVIEWING CURRENT CURRICULUM AND IMPLEMENTING ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM

Adapted from steps provided in the *Getting it Right Social Work Framework* (Bessarab et al. 2014), the following are suggested steps for undertaking a whole of HPP curriculum review:

1. Assemble a Curriculum Change Working Group, with representation from:
    i. Faculty Dean/ Associate Dean of Teaching and Learning
    ii. Each school and discipline
    iii. Curriculum Change Project Coordinator
    iv. Aboriginal and Torres Strait Islander Pedagogical Coordinator/s
    v. Aboriginal and Torres Strait Islander academic staff
2. Undertake a HPP-wide mapping of pre-existing Aboriginal and Torres Strait Islander content as well as any overlap across courses
3. Identify possible areas of implementation within courses for Aboriginal and Torres Strait Islander content. Consider:
    i. Where are learning outcomes being considered simultaneously in units (to avoid overlap)
    ii. Adhering to professional accreditation standards when mapping content and learning outcomes
    iii. Scheduling factors, such as when clinical placements should occur in relation to required learning outcomes
    iv. Existence of discipline specific professional standards relative to Aboriginal and Torres Strait Islander cultural capabilities
    v. Embedding content through an interprofessional approach
4. Identify resources required and capacity of nominated courses and units to deliver content effectively and with respect to appropriate teaching and learning approaches
5. Work with the curriculum change working group to identify staff cultural capability requirements to deliver curriculum content effectively. In partnership with working group, outline a strategy for rolling out professional development initiatives
6. Courses to undertake planning on how to implement curriculum content with teaching and learning approaches articulated in the Framework
7. Processes for assessing learning outcomes and demonstration of student achievement of those outcomes nominated
8. Provide proposed amendments to Aboriginal and Torres Strait Islander Board of Studies/ relevant committee for input and approval.

Authors of the *Getting it Right Social Work Framework* also highlight the need for the process of curriculum review to be 'culturally responsive' (Bessarab et al. 2014)[7], and provide a number of considerations to enact this:

- Ensure there is Aboriginal and Torres Strait Islander staff representation at every meeting and decision making stage
- Have a clear process that is enabling Aboriginal and Torres Strait Islander community representation
- Consult widely and use different approaches for consultation (i.e. on line, group presentations and feedback, individual meetings)
- Ensure there is continual attention that the 'right people' are engaged in the curriculum change discussions and processes are 'inclusive'
- Ensure local Aboriginal and Torres Strait Islander community are kept informed and have opportunities to give feedback
- Pay attention to group processes. If people's worldviews or positions are challenged, discussions, at times, may become difficult. Attention to how these processes unfold is an opportunity for cultural capabilities to be developed and strengthened both in individuals and program operations, through the curriculum review process itself.

QUALITY ENHANCEMENT AND CYCLICAL REVIEWS

Rigney argues Aboriginal and Torres Strait Islander curriculum must adhere to standards of excellence to ensure the content meets the same rigorous requirements of other curricula content (Rigney cited in Behrandt et al. 2012). This is also crucial to ensure the curriculum receives recognition for its quality and legitimacy in the broader health curriculum.

Mechanisms to evaluate the quality of the teaching and learning experience and effectiveness of the curriculum in ensuring achievement of graduate cultural capabilities are important for quality enhancement purposes. They also legitimise the curricula by implementing processes that support quality and standards. These mechanisms may also provide evidence for accreditation assessment teams.

In order to support cohesion between discrete curriculum activities within different HPP courses, dedicated resources and staff to drive the early phases of the curriculum change process and also its implementation is essential.

The employment of an Aboriginal and Torres Strait Islander Curriculum and Pedagogy Coordinator (CPC) and an overarching pedagogical framework, such as seen at Charles Sturt University[8], demonstrates a successful strategy to enable ongoing review of implemented curriculum throughout undergraduate courses. Using an internal monitoring and review tool, such as the OCHPPRAC or CDAMS Critical Reflection Tool (Medical Deans Australia and New Zealand 2007) are important strategies to maintain cohesion and facilitate cyclical reviews.

EDUCATORS AND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM

Educators are the 'face' of the implementation of the Framework, and their skills, abilities and knowledge is crucial to students having productive and transformative learning experiences. There are a number of important elements to consider in terms of educators delivering Aboriginal and Torres Strait Islander health curricula, particularly who 'should' teach it, and what sort of capabilities should they have.

WHO SHOULD TEACH ABORIGINAL AND TORRES STRAIT ISLANDER CONTENT?

Until quite recently, the scarcity of Aboriginal and Torres Strait Islander educators and academics within higher education has meant Aboriginal and Torres Strait Islander content has largely been taught by non-Indigenous academics. However this trend is slowly changing, with Aboriginal and Torres Strait Islander staff numbers increasing in many HEPs, supported by employment strategies highlighting a strong focus on building representation.[9]

[7] NOTE: Cultural Responsiveness is the preferred term in the *Getting it Right* Framework (Bessarab et al. 2014).

[8] See Curriculum Innovation Case Study in Taylor, K; Durey, A; Bullen et al. (2014).

[9] For example, the *National Indigenous Higher Education Workforce Strategy* as developed by the former Indigenous Higher Education Advisory Council (2011) is providing clear direction for HEPs to improve their ratio of Aboriginal and Torres Strait Islander staff numbers.

As more Aboriginal and Torres Strait Islander educators and academics take their place in tertiary settings, challenges to the dominance of non-Indigenous construction and teaching of Indigenous knowledges – and the question of 'who should teach Aboriginal and Torres Strait Islander content?' has been the subject of considerable discussion and debate (Universities Australia 2011).

Importantly, non-Indigenous educators and academics must be educated in Aboriginal and Torres Strait Islander cultures, histories and contemporary realities, as well as trained in appropriate teaching strategies so they may educate students safely and effectively in Aboriginal and Torres Strait Islander content (Universities Australia 2011). Non-Indigenous staff must also understand protocols for being involved in Aboriginal and Torres Strait Islander content delivery. These include:

- Acknowledgement and gaining of consent from Aboriginal and Torres Strait Islander peoples before telling their stories to students
- Telling respectful accounts of content that privileges the stories and lives of Aboriginal and Torres Strait Islander people through a strengths-based approach. Often the sensationalist and unpleasant stories are told, perpetuating stereotypes and missing key learning opportunities.

Ultimately, Aboriginal and Torres Strait Islander ways of teaching knowledge cannot be replicated by non-Indigenous staff, as Lynne Stuart highlights

> *Due to the rapid change from oral to written Indigenous knowledge the essence in the teaching space can be lost, especially when taught by non-indigenous staff. The Indigenous way of teaching knowledge I don't believe can be replicated/ imitated...because our stories are genetically embedded in our ways of knowing, being and doing...an inheritance from our ancestors...it is our birth rite - Lynne Stuart (Mandandanji)*[10]

Ideally, students learn Aboriginal and Torres Strait Islander content from Aboriginal and Torres Strait Islander educators. However, the sheer number of students being educated in universities means this will not always be logistically possible. This is why, as Bessarab et al. (2014) emphasise, Aboriginal and Torres Strait Islander voices and perspectives must guide and inform curriculum design, content, and teaching and learning approaches (see below).

A PARTNERSHIP APPROACH TO DELIVERY

A partnership approach to the delivery of Aboriginal and Torres Strait Islander curriculum is being increasingly embraced across higher education. This approach proposes that non-Indigenous and Aboriginal and Torres Strait Islander educators facilitate teaching and learning experiences in partnership, sending powerful messages to students and assisting the pedagogy of Aboriginal and Torres Strait Islander curriculum to be based on intercultural and collaborative practice principles.

While the co-delivery of content may be desirable, inclusion of Aboriginal and Torres Strait Islander health curriculum horizontally and vertically will make this logistically difficult to enact in every learning setting. Despite this, however, the principle of partnerships should be featured through the implementation of the curriculum. Examples include:

- Establishing an Aboriginal and Torres Strait Islander and non-Indigenous Curriculum and Pedagogical Coordinator as a shared position
- Ensuring students have sufficient exposure to tandem delivery of aspects of the curriculum (e.g. a lecture/ tutorial delivered by Aboriginal and Torres Strait Islander and non-Indigenous staff in partnership).

Joint coordination and delivery of courses through collaboration between Aboriginal and Torres Strait Islander and non-Indigenous staff is crucial in demonstrating respect and commitment to partnership.

WHAT CAPABILITIES ARE REQUIRED IN EDUCATORS?

The Framework strongly recommends the development of cultural capabilities in all HPP staff, with educators being a core group. One of the best ways for a student to develop Aboriginal and Torres Strait Islander cultural capabilities is to be in a learning environment where the staff they encounter model these attributes (Goerke & Kickett 2013). HPP also need to develop the capabilities

[10] *Lynne Stuart, Senior Lecturer in Nursing,* University of the Sunshine Coast.

required in educators to teach Aboriginal and Torres Strait Islander content so that it becomes a shared responsibility between Aboriginal and Torres Strait Islander and non-Indigenous staff (Behrendt et al. 2012; Nash, Meiklejohn & Sacre 2006; de la Harpe, Radloff & Scoufis et al. 2009; Flavell, Thackrah & Hoffman 2013).

The teaching of Aboriginal and Torres Strait Islander content requires discipline specific expertise, as well as knowledge and understanding of Aboriginal and Torres Strait Islander histories, culture and contemporary experiences. However, the delivery of Aboriginal and Torres Strait Islander curriculum is not simply an exercise in content transmission. The learning approaches suggested in the following section require educators to have a suite of specialised skills to guide students safely through terrain that is often emotive, unsettling and challenging.

Below are suggested essential skills for both non-Indigenous and Aboriginal and Torres Strait Islander educators involved in teaching Aboriginal and Torres Strait Islander content:

1. Aboriginal and Torres Strait Islander content specific knowledge
2. Self-reflexivity – both in 'looking back' on one's life and in classroom practice
3. Highly developed facilitation skills – including the ability to facilitate courageous conversations (Singleton & Linton 2006) and learning that inspires students to examine their beliefs in a safe learning environment
4. Robust skills in cross cultural facilitation and the capacity to develop challenging yet 'safe' teaching and learning spaces that do not resort to binary views but rather encourage students to explore multiple 'intercultural' perspectives in an open and transparent way
5. Deep understanding of the student learning journey specific to Aboriginal and Torres Strait Islander content
6. Ability to enact strategies of professional and personal self-care
7. Demonstrate intercultural partnerships, collaboration and engagement.

ABORIGINAL AND TORRES STRAIT ISLANDER CONTENT SPECIFIC KNOWLEDGE

The teaching of content requires the educator to have discipline specific knowledge. Teaching Aboriginal and Torres Strait Islander content is no different; it is a specialised area of knowledge and will require educators to have appropriate knowledge to enable them to teach effectively.

However in this area, 'content specific knowledge' needs to be interpreted with caution. There has been much discussion in Australia around what is appropriate in terms of transmission of knowledge to students in the classroom and by whom. With much Aboriginal and Torres Strait Islander content having been taught by non-Indigenous people over the years, inappropriate and offensive sharing or discussion of some Aboriginal and Torres Strait Islander knowledge has raised many debates around how specific content should be shared in classrooms.

For each HEP, the specificities of content will be different, and it is essential that HPPs have engaged with Aboriginal and Torres Strait Islander advisors (for example, Aboriginal and Torres Strait Islander Pedagogy Coordinators, Learning Centres, Board of Studies and community representatives) to be guided around what should be taught, how it should be taught and importantly, *by whom*. Developing a statement of protocols for how Aboriginal and Torres Strait Islander knowledges are engaged with and taught across the HPP is highly recommended.

SELF-REFLEXIVITY

Self-reflexivity is arguably one of the most important capabilities in educators to enable effective facilitation of student discussion, and to monitor their own internal reactions and bias in the teaching and learning of Aboriginal and Torres Strait Islander content. Self-reflexivity facilitates greater awareness of the influential forces that are shaping how knowledge is presented and discussed in the classroom. The nature and degree of the educator's engagement in Aboriginal and Torres Strait Islander content both formally and informally in the course of their own life, along with their social and familial background, are some of the factors that will influence how they present Aboriginal and Torres Strait Islander curriculum.

For many non-Indigenous students, their internal world of beliefs, values and ideas relating to Aboriginal and Torres Strait Islander peoples may have existed relatively unexplored until they encounter this curriculum in the course of their study. This can be a deeply challenging experience for many students and it is critical that educators (Aboriginal and Torres Strait Islander and non-Indigenous) understand their own journey in becoming self-reflexive in order to support students to develop these same skills. Virgin (2011) refers to the role of a reflexive educator as a 'mirror' for behaviours and values that may otherwise be overlooked by students.

As part of their *Courageous Conversations About Race* package, Singleton and Linton (2006, p.63) offer a practical guide for educators aiming to develop racial consciousness within a learning environment. They suggest that educators need to 'establish a racial context that is personal, local and immediate', and provide the Racial Autobiography exercise as a tool to help individuals unpack the life events that have shaped their racial consciousness. This process cultivates the racial consciousness of the educator and enables them to better understand how learners may be interacting with the curriculum. It is also a tool that can be used in the classroom.

Developing self-reflexivity will mean different things for different educators, particularly with respect to their own racial and cultural backgrounds. For example, Kowal (2011) argue that contemporary White identity characterised by guilt and political correctness often leads to ambivalence. This could mean that a self-reflexive 'white' educator might question the unconscious silencing of their own 'voice' in the classroom. For Aboriginal and Torres Strait Islander educators, developing self-reflexive teaching practice could include understanding how student responses to content may trigger their own deep emotional traumas or scars and how these effects may unintentionally be expressed in their role as educator.

FACILITATING DISCUSSION OF CHALLENGING CONTENT

One of the most challenging aspects for educators delivering this curriculum is to effectively facilitate student discussion through challenging and emotive terrain. As curriculum starts to engage with more confronting elements such as racism, white privilege and systemic inequities, whilst also calling students to be critically self-reflexive, learning spaces can become tense and uncomfortable. Ill equipped educators may find discussion becomes stagnant, unproductive or at worst, out of control or destructive.

Byram and Nichols (2001) suggest educators working in an intercultural space need to develop capabilities that enable them to 'bring forth' alternative perspectives and 'decentralise' attitudes, to mediate and facilitate dialogue. The *Courageous Conversations About Race* is a valuable resource for educators to work with, to enable more effective classroom dialogue and engagement. The authors posit that four elements are needed to enable a 'courageous conversation':

- Keep the Spotlight on Race
- Connect through your story
- Make complexity your friend
- Understand white privilege.

Key to the Courageous Conversations program are four 'conditions' that the authors propose participants (or in this case, students) commit to. They are:

- Remain connected
- Honesty is the best policy
- Discomfort is ok
- It's a marathon not a sprint.

Another way that discussion can be facilitated through challenging content is to move away from binary positions or definitive explanations. Nakata et al. (2012) suggest an 'intercultural approach', where educators invite students to move beyond accepting simplistic definitions and instead develop skills to engage with a more complex understanding of culture, knowledge and values. Similarly, Boler (1999, p. 176) suggests educators extend their 'ethical language and sense of possibilities beyond a reductive model of 'guilt vs. innocence''. Moving beyond simplistic or essentialised descriptions and discussions creates a pathway for educators to facilitate discussion through confronting content. Rather than approaching curriculum material and student's views, as 'right or wrong', the learning space is opened to be more inclusive and nuanced. Educators need to have an internalised understanding of the complexity of intercultural spaces if they are to create such a space in a classroom.

Some students may demonstrate resistance, which could be characterised by oppositional/ argumentative positions or refusal to engage in discussion or activities. Resistance can have many causes, from students being challenged to explore and face their own biases, to being confronted with uncomfortable historical and contemporary realities, or even interacting with material that is forcing them to question their own belief systems. While resistance can often be a precursor to change, educators need to be equipped to understand and work productively with resistance in the classroom.

Resistance is often demonstrated if an issue is only being viewed through a single lens. A key strategy in this case is to create opportunities for the issue to be explored from multiple angles. Edward de Bono (2008) developed the widely used 'Six Thinking Hats' in the 1980's to support different ways of thinking. Exploring an issue through the perspective of each of the different 'hats' individually or as a group can be a powerful change-enabling teaching strategy. The six thinking hats provide a framework for moving student groups through an exploration process, and may provide a tool for managing single-lensed perspectives, cornered dialogue or resistance.

Table 2. Bono's Six Thinking Hats

Hat Colour	Thinking Approach
WHITE	Facts, Figures, and objective information
RED	Emotions and Feelings
BLACK	Logical, critical thoughts
YELLOW	Positive, constructive thoughts
GREEN	Creativity and new ideas
BLUE	Overview- summary

CULTURAL SAFETY AND SELF–CARE FOR EDUCATORS

As students begin to challenge their ideas and beliefs about self and culture, their reactions to one another, or confrontation and/or direct resistance toward the educator, can result in a challenging classroom dynamic. It can also create an emotional load for educators that can be harboured long after the class is over.

Mindfulness can support educators to reduce the potential for burnout, assist them to model social and emotional competence, and support them to respond appropriately to challenging student behaviour (Jennings & Greenberg 2009). The Garrison Institute (n.d.) in America has designed the CARE for Teachers Program as a form of professional development to help teachers handle the stresses and regulate the emotions associated with teaching through basic mindfulness activities. The reality of teaching is that it often comes with emotional labour (Isenbarger & Zembylas 2006), and mindfulness can be a powerful self-care strategy.

Aboriginal and Torres Strait Islander educators may have different professional and personal support and self-care needs from non-Indigenous educators. Responsibilities and obligations within their own communities related to the sharing of information combined with the (often unconscious) expectation from students that Aboriginal and Torres Strait Islander educators will provide answers to 'all things cultural' can create enormous pressures on individuals. Other triggers in this environment could include:

- Facing racism and resistance directly or indirectly from students
- Re-traumatisation through sharing personal information related to content
- Being a staff member in a culturally unsafe university context.

It is important to develop a professional climate where cultural safety and self-care strategies are nurtured. Educators must learn to be aware of their own boundaries and self-care needs, and have strategies to meet them.

Some examples of how HPPs may support educators to develop self-care skills include:

- Developing a 'self-care' module as part of staff and educator professional development
- Establishing communities of practice, where educators are supported to regularly interact to debrief, share strategies and support one another
- Implementing mentoring and collegial support lines for all educators
- Ensuring all staff develop cultural capability to provide a culturally safe workplace.

ROLE MODELLING THROUGH PARTNERSHIPS, COLLABORATION AND ENGAGEMENT

Role modelling cultural capabilities is crucial in terms of student learning. Educators who demonstrate collaboration with Aboriginal and Torres Strait Islander peoples will provide powerful learning opportunities for students, whilst also ensuring their own cultural practice is informed through Aboriginal and Torres Strait Islander engagement. Aboriginal and Torres Strait Islander engagement may be an indicator for HPPs building portfolios of staff cultural capabilities.

Other interpersonal skills to consider include empathy and ability to work with people from a wide range of backgrounds; listening to different points of view before making decisions; the ability to motivate others to achieve positive outcomes; and developing a network of Aboriginal and Torres Strait Islander and non-Indigenous colleagues.

FURTHER RESOURCES

For further support resources on developing educator capabilities, refer to Attachment B.

APPROACHES TO FACILITATING LEARNING IN THE CLASSROOM

Principle 3 of the Framework identifies the process of learning as equally important as the content, with Aboriginal and Torres Strait Islander approaches integrated into practice. In the following section a number of Aboriginal and Torres Strait Islander approaches to teaching and learning are discussed. HPPs are strongly advised to also work closely with local Aboriginal and Torres Strait Islander peoples to ensure approaches to learning are guided by the voices of Aboriginal and Torres Strait Islander people in the local context and with respect to diversity (Phillips 2004; Behrendt et al. 2012).

PRIVILEGING ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

The work of Professor Lester-Irabinna Rigney, a Narungga man, has helped shape the discourse around the importance of Aboriginal and Torres Strait Islander approaches to facilitating student learning. Rigney offers an anti-colonial cultural critique of research that had previously ignored or denied Indigenous voices and lived experience of the colonised context, resulting in oppressive and discriminatory knowledge construction and translation to the disadvantage of Aboriginal and Torres Strait Islander peoples and the silencing of Indigenous voices (1999).

Rigney developed the concept of an Indigenist research methodology involving principles that position Aboriginal and Torres Strait Islander people at the centre of the research process, where they become the subjects of their own research rather than the objects of non-Indigenous research. Three key principles inform Rigney's Indigenist research agenda:

- resistance as the emancipatory imperative
- political integrity
- privileging Indigenous voices (p.116).

Rigney's work on Indigenist research methodology and his ongoing contribution to education and knowledge transmission provides pivotal guidance in terms of the teaching of Aboriginal and Torres Strait Islander content through the privileging of Aboriginal and Torres Strait Islander voices. Juanita Sherwood (2010) also highlights this in the context of health outcomes and research agendas. She provides evidence demonstrating that the exclusion of Aboriginal and Torres Strait Islander voices is not only unethical, it has contributed to ongoing poor health outcomes. Sherwood argues strongly for building relationships and partnerships that allow non-Indigenous researchers to listen to and work with, rather than on, Aboriginal and Torres Strait Islander people.

Rigney and Sherwood foreground a decolonial approach to teaching and learning of Aboriginal and Torres Strait Islander curriculum with Aboriginal and Torres Strait Islander voices and perspectives central to facilitating student learning. Suggestions for drawing in Aboriginal and Torres Strait Islander voices include:

- Presenting direct perspectives of Aboriginal and Torres Strait Islander peoples (e.g. guest lecturers, vodcasts, broadcasts, publications, etc.) in every learning session
- Ensuring local Aboriginal and Torres Strait Islander peoples have had direct input into curriculum content and design
- Applying Aboriginal and Torres Strait Islander teaching and learning approaches.

CULTURAL INTERFACE AND CRITICAL THINKING

Torres Strait Islander Professor Martin Nakata and colleagues have discussed the teaching and learning of Aboriginal and Torres Strait Islander and Indigenous content from a de-colonial standpoint (Nakata et al. 2012). This body of work includes a call to move beyond the presentation of Aboriginal and Torres Strait Islander content in binary opposition to western knowledge and perspectives (e.g. collectivist versus individualist; nuclear families versus extended; holistic versus scientific etc.). While simple concepts are an important 'entry point' for student learning, the ongoing presentation of Aboriginal and Torres Strait Islander content in this way potentially reinforces cultural stereotypes instead of developing capabilities in students to move into a much more nuanced 'intercultural space' (Nakata et al. 2012; Nakata 2007).

Nakata and colleagues suggest critical thinking approaches help to bring students into the intercultural interface where they can ask questions, critique the knowledges presented to them, and think productively through the complexity of Aboriginal and Torres Strait Islander content. This approach can assist students to develop skills that will allow them to be responsive to the diversity of Aboriginal and Torres Strait Islander communities and experiences (Nakata et al. 2012; Nakata 2007).

Suggestions from this body of work for moving beyond binary presentation of knowledges to more critical levels of intercultural enquiry include:

- Introducing students to the idea of 'suspension'; i.e., suspension of pre-suppositions and suspension of foregone conclusions
- Encouraging students to move beyond fence-sitting, to explore their own thinking and to articulate more complex perspectives
- Encouraging students to understand that not everything (i.e. health problems, student questions etc.) can be resolved/ answered immediately – and developing their ability to 'sit with the discomfort'.

YUNKAPORTA'S 8 WAYS OF LEARNING

Dr Tyson Kaawoppa Yunkaporta (2009), a Bama man of Nunga and Koori descent, developed the '8 Ways of Learning' model as a teaching and learning framework designed to engage educators with Aboriginal and Torres Strait Islander knowledges.[11] The 8 ways model is not prescriptive; rather it offers frameworks for engaging in dialogue with local Aboriginal and Torres Strait Islander peoples around curriculum and guiding the teaching and learning process. This approach has been applied in many learning contexts from schools to institutions for higher education, and is respected for its attention to supporting HEP engagement with the local Aboriginal and Torres Strait Islander context to provide a framework for educating through Aboriginal and Torres Strait Islander processes and protocols, not just through content.

Table 3. Yunkaporta's 8 Ways of Learning model and description for practice

8 ways	Description
Story Sharing	Learning through narrative
Learning maps	Planning and visualising explicit processes
Non-verbal	Working non-verbally with self-reflective, hands-on methods
Symbols and images	Learning through images, symbols and metaphors
Land links	Learning through place-responsive, environmental practice
Non-linear	Using indirect, innovative and interdisciplinary approaches
Deconstruct/ reconstruct	Modelling/scaffolding by working from wholes to parts
Community links	Connecting learning to local values, needs and knowledge

[11] See also the online resource about 8 Aboriginal Ways of Learning available at http://8ways.wikispaces.com/

YARNING

Yarning is an Aboriginal and Torres Strait Islander technique for information sharing and relationship building. Yarning describes a conversational, interactive and 'two-way' learning environment that moves beyond didactic teaching models, towards developing relationship-orientated learning spaces. As a teaching and learning strategy, educators can use this approach to share and explore curriculum.

Professor Dawn Bessarab, a Bardi Yindjabarndi woman, has produced a number of works on the practice of Yarning, offering step-by-step explanations of how Yarning can be applied in different contexts. She explains that Yarning is an Aboriginal and Torres Strait Islander teaching and learning approach, building on the oral tradition of sharing information in an informal way through the telling of stories/ narratives. Rather than the story being told in a linear, beginning, middle and end fashion, Bessarab explains 'to yarn' involves a meandering or weaving through different content elements in an unstructured way (Bessarab, D & Ng'andu, B 2010). Central to a yarn is the locating of the content in the individual's context. That is, material is relative and connected to the storyteller's life. Students who experience learning content via the 'yarn' of their educator experience an Aboriginal and Torres Strait Islander teaching process. This is also an opportunity for them to become more comfortable with this style of communication, which will be integral for working with Aboriginal and Torres Strait Islander clients in a culturally safe way in their professional lives.

Attachment C presents an example of a teaching and learning resource developed by Bessarab, using story to assist students in understanding how cultural capabilities are developed.

WHITE PRIVILEGE, CRITICAL WHITENESS THEORY AND CRITICAL RACE THEORY

Implementing Aboriginal and Torres Strait Islander curriculum must include recognising and addressing the historical legacy of post-colonial relations between Aboriginal and Torres Strait Islander peoples and other Australians (Universities Australia 2011). The implications of unequal power relations (historical and current) need to be addressed not only in curriculum content, but also through the teaching and learning process itself. Educators who bring these concepts to life in the learning setting can contribute to decolonisation[12] by actively demonstrating shifts in social relations and power inequities between Aboriginal and Torres Strait Islander and non-Indigenous peoples.

Critical Race Theory (CRT), Critical Whiteness Theory (CWT) and other whiteness studies are academic perspectives that use the concept of 'white privilege' to critique the ways that race and power inequities manifest as privileges for white people. While some contest these concepts,[13] their inclusion is a key theoretical learning outcome for students and can be a potent teaching and learning approach. In practice, this involves educators guiding students to interrogate discourses and social structures that perpetuate power differentials widely considered to be 'normal'. This shifts the focus from content about the racialised oppressed, to the analysis of white middle class norms. The learning implications of building this approach within the classroom are powerful, and offer students and educators opportunities to develop skills to actively engage and reflect on the reproduction of power and privilege in society (Nicols 2004). This process enables the curriculum to create spaces of social justice and action in the classroom (Hook 2012).

In the context of implementing the Courageous Conversations About Race program, Fiahlo (2013) suggests CRT has five core aspects: counter-story telling; accepting the permanence of racism; recognising how whiteness functions as property; interpreting social justice progress/ racial equity gains with caution; and critiquing liberalism. These five aspects outlined by Fiahlo provide a powerful map for considering how they can be applied as learning approaches, creating a process of critical examination and reflexivity in the classroom.

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[12] Decolonisation describes the process of critically examining the established culture of teaching and learning to foreground how power imbalances and privileges associated with being white in a white-dominant context are maintained. Teaching and learning approaches that challenge established power inequalities is an essential part of decolonising education (See, for example, Lester-Irabinna Rigney, 1999; Dudgeon & Fielder 2006; and Nakata et al. 2012).

[13] Some argue, for example, that too much focus on the concept of 'whiteness' as a source of privilege may detract from power inequities also experienced within the white population, or social inequities associated with other characteristics such as age and gender and disability.

The following suggestions for educators applying CRT and CWT as a teaching and learning approach in the classroom build on Fiahlo's model:

- Present alternative narratives and perspectives to the dominant white/ mainstream portrayal of history and contemporary knowledge
- Support/ inspire/ challenge students to examine unconscious racist/ stereotypical beliefs with each other. What are they unconsciously thinking about one another without even realising it?
- Support/ inspire/ challenge students to examine their own unconscious privilege in how information is being presented and obtained in the learning process. How is 'whiteness' and 'white privilege' creating learning rights?
- Educators can reflect on how they as an educator may unconsciously defer/ preference/ or stereotype certain students in their behaviour/ beliefs and responses, and share that reflection with students
- Confront and explore undercurrents or classroom dynamics that may be present in regards to the question: 'why is there a specialised course on Aboriginal and Torres Strait Islander health?' Question assumptions about the outcomes of 'positive discrimination'.

DISCOMFORT AS A TRANSFORMATIVE TEACHING AND LEARNING STRATEGY

The learning experience for students engaging with Aboriginal and Torres Strait Islander curriculum can at times, be challenging. Exposure to previously unknown historical events and ongoing socio-economic and health disparities can be extremely confronting for students. Undertaking critical and reflective learning processes where students are challenged to question their preconceived ideas about Aboriginal and Torres Strait Islander peoples - while also unpacking assumptions about their own identity and privileges in society - can be uncomfortable. Students are not necessarily going to be willing to undertake these challenging learning processes (St Denis & Schick 2003), and educators may experience resistance. Student discomfort and resistance can manifest as lack of engagement with learning material, vocal resistance, shame and guilt (leading to withdrawal), anger or ambivalence.

It is the discomfort, however, that holds considerable potential for taking students through transformative learning experiences.

Boler (1999) describes the 'pedagogy of discomfort' as the process of questioning beliefs and assumptions which can stimulate a suite of emotions including defensiveness, anger, and importantly, fear that one's personal and cultural identities will be lost. However, Boler argues discomfort can be a transformative teaching and learning strategy - rather than a traumatic experience - and is in itself, a call to action in learning.

Boler proposes a number of aspects to the pedagogy of discomfort, which can be adapted into classroom strategies:

- Learning to see the individual 'self' in context
- Understanding what is to be gained through discomfort (individually and at a collective, advocacy level)
- Understanding differences between spectating and witnessing history and contemporary uncomfortable truths
- Avoiding binary traps of teaching and learning (e.g. innocence vs guilt; right vs wrong)
- Teaching students how to learn to be comfortable with unknown/ ambiguity - to 'inhabit ambiguous selves'.

Importantly, measures need to be implemented to provide a safe place for Aboriginal and Torres Strait Islander students when non-Indigenous students are experiencing the discomfort of moving through challenging content.

STRENGTHS-BASED LEARNING

The need to educate mainstream Australia about the serious health and social inequities and the gap in life expectancy affecting Aboriginal and Torres Strait Islander peoples has resulted in what is often described as an overemphasis on 'bad news stories'. For example, a recent study by Stoneham (2014) reported that the portrayal of Aboriginal and Torres Strait Islander health in selected Australian media was overwhelmingly negative. Research suggests that this phenomenon perpetuates racist stereotypes and further impacts on the health of Aboriginal and Torres Strait Islander peoples.

Principle 3 of the Framework highlights the importance of a strengths-based approach to teaching and learning about Aboriginal and Torres Strait Islander health. This involves focusing on stories about successful health interventions and positive qualities of Aboriginal and Torres Strait Islander peoples. This principle is similarly recognised in the CDAMS Framework, which emphasises the importance of acknowledging that Aboriginal and Torres Strait Islander communities were strong and healthy and functional prior to colonization (2004).

A strengths-based approach looks for opportunities to complement, support and build on existing strengths and capacities, as opposed to merely focusing on 'the problem' (Australian Government 2013). Seeing Aboriginal and Torres Strait Islander peoples as having 'so many problems' can propagate negative stereotypes and be extremely disempowering. Such terminology wrongly conveys a sense that the problems are somehow inherent and a defining characteristic of the Aboriginal and Torres Strait Islander population.

A strengths-based approach recognises the importance of people's environments and their resilience, focusing on their potential and abilities (Saint-Jacques, Turcotte & Pouliot 2009; Grant & Cadell 2009). Incorporation of a strengths-based approach is critical in order to transform an inaccurate and outdated style of delivering content that conveys the Aboriginal and Torres Strait Islander population as inundated with seemingly unfixable issues. While it is absolutely essential that students acquire evidence-based knowledge of the disadvantages and health concerns impacting the Aboriginal and Torres Strait Islander population, this information on its own, does not provide solutions, positive symbols and conversations of hope for the future. It is paramount that evidence of disadvantage is counter-balanced with positive information to develop a sense of empowerment in health students, encouraging them to actively contribute to, and be part of, change.

Suggestions for enacting a strengths-based approach in the classroom include:

- Focus on the pre-invasion health status of Aboriginal and Torres Strait Islander people - 40,000 years versus 236 years. The state of health today in Australia is not the natural state for Aboriginal and Torres Strait Islander people
- Focusing on strengths/resilience of Aboriginal and Torres Strait Islander peoples, rather than just pathology and 'what's wrong'; provide examples of strengths and healing both historical and contemporary
- Identifying and exploring the abundance of tangible and intangible resources available within Aboriginal and Torres Strait Islander communities
- Understanding Aboriginal and Torres Strait Islander self-determination and links to improved health and social outcomes
- Educating students on the concept of a strengths-based approach, and using critical reflection so students can examine their own responses to applying a strengths-based approach in practice
- Identifying evidence of successful strengths based approaches for improved health and social outcomes
- Learning how to focus on strengths in the context of Aboriginal and Torres Strait Islander health care delivery.

TEACHING AND LEARNING FOR SOCIAL CHANGE

Implementing Aboriginal and Torres Strait Islander curriculum through a social change approach can assist educators to explore how a transformative student journey can lead to graduates who have the capacity to effect social change.

The 'Teaching for Change: Engaging in Transformative Education' project (n.d) has produced a website offering practical resources for educators in Aboriginal and Torres Strait Islander studies. The resources emerged from the PEARL Project, which engaged in a curriculum renewal exercise across five HEPs.

PEARL aimed to overcome the negative connotations of the widely used pedagogical approach of Problem Based Learning (PBL) (Boler 2004) to develop a new strategy that could support the creation of transformative teaching and learning spaces, rich with the potential for change. As an approach specifically for the Australian tertiary setting, PEARL offers a powerful roadmap for developing learning environments that understand the process of education as a potential journey towards effecting social change.

Table 4: PEARL s an acronym for transformative educational practice[14]

	What	How
P	Performative, political, process, place based	Bringing experiences, knowledge and practice in to the classroom; reflecting and responding to the 'agency' in the classroom; educators who embody and demonstrate learning outcomes and recognise the inherent political nature of the process of learning
E	Embodied, experiential, explorative, engaged, emotion, empathy, experience	Holistic and collaborative exploration of material that engages mind, body and emotion in empathetic dialogue
A	Active, anti-racist, anti-colonial	Theoretical importance placed on anti-racist/ anti-colonial discourses, with a focus on shifting students from reflection to action through agency and awareness
R	Relational, reflective, reflexive	Reflection on particular structured learning activities to transform student's experiences into knowledge and deeper wisdom, which they apply to their personal and professional lives
L	Lifelong learning	Learning for life, for change, for empowerment, for hope, for knowledge, to lead, to let go of assumptions, to liberate

[14] Revised from Teaching For Change (n.d).

CREATING SAFE, RELATIONSHIP ORIENTATED LEARNING SPACES

In 2008, Christine Asmar from the University of Melbourne's *Murrup Barak* undertook research as part of an Australian Learning and Teaching Council Fellowship to identify exemplars for good teaching and learning practice in Aboriginal and Torres Strait Islander higher education (Asmar 2012).

Asmar's research foregrounds the importance of developing safe, relational teaching and learning spaces. The focus on relationships within the classroom, between students and with educators as central to the learning process and to knowledge exchange, is an important characteristic in the successful implementation of Aboriginal and Torres Strait Islander curriculum.

The following table includes suggestions adapted from Asmar's exemplars (2012) as well as input from previously discussed approaches to facilitate learning. It offers educators ideas for developing and maintaining safe, relational spaces with students that foster dialogue and critical thinking and reflection.

Table 5. Practical suggestions for developing safe, relationship-orientated learning spaces

Aim	Description	Practical suggestions
Build trust and respect **Understand, anticipate and allay fears**	Many students feel trepidation when entering a learning environment where they feel uninformed or out of place, and given the sensitivities in the post-colonial and race-based Australian context, this is a common experience. Resistance to subject is also common, as are negative assumptions and stereotypical attitudes.	- Create an environment where students feel safe to speak – all perspectives and experiences provide relevant starting points for reflection and discussion - Invite questions - 'there are no stupid questions' - Use humour - Discuss the silencing that can be felt due to 'heightened political correctness' and explore freedom to make mistakes - Change chair and table layouts from rows to circles - Avoid hierarchical teaching approaches - Favour yarning and conversational approaches in the classroom rather than didactic approaches - Develop terms of reference for respectful engagement with student group as a starting point
Build inclusive learning	One of the major barriers to building relationships in the classroom is the polarising that can occur if content is presented in a binary way.	- Focus first on similarities across cultures before exploring differences - Discuss the impacts of binary thinking by asking students to reflect on 'exceptions to the norm' in their own cultural contexts (present some examples where 'both' is a preferred answer than one or the other)
Negotiate emotional reactions and maintain relationships	Emotional reactions and responses are common as students engage with Aboriginal and Torres Strait Islander content. There can be anger, guilt, sadness, or disenchantment. These emotions are part of the learning journey, and how their expression is handled in the classroom can be critical to educators developing and maintaining a safe, relational learning space.	- Acknowledge to students that emotional discomfort is normal, and can be a positive part of the learning process - Allow for diversity – Recognise that knowledge is not going to be 'consumed' in the same way by different students, depending on their context and background - Have a collegial network to debrief in so educators are able to return to classroom following emotional outbursts without taking it on board - Acknowledge all views as legitimate with empathy ('I can see where you're coming from') and put contentious views back to whole classroom to think about – rather than being the only one that needs to respond
Utilise personal experiences – both educators and students	The personal backgrounds of both educators and students bring not only powerful teachable moments; but a key to building relationships between educators and students.	- Share own stories of learning, naivety, challenges – these are points of connection - Give plenty of opportunities for students to share their own personal stories – both directly and relatively to the field and also those that offer parallels (e.g. being migrants)
Demonstrate to students openness to reflecting, learning and changing as an educator	Developing reflexive abilities in students is a major learning outcome. This is also important for educators to model, alongside the ability to be open to learning and to change in their role. These are powerful tools for supporting a relational space.	- Suspend judgement – there's usually a story underneath why students do and say what they do - Share with students own learning experiences that have led to change - Ask students to share their learning experiences with each other

FURTHER RESOURCES

For further support resources on approaches to teaching and learning refer to Attachment B.

LEARNING THROUGH EXPERIENCE – SIMULATION, CLINICAL PLACEMENTS, AND COMMUNITY IMMERSION AND ENGAGEMENT

Case studies allow students to understand the importance of learning about Aboriginal and Torres Strait Islander history and culture and the implications for clinical practice. Case studies also provide the opportunity for students to examine different pathological processes that may present abnormal clinical signs that, in combination with an understanding of history and culture, create a powerful student teaching and learning experience (clinical presentation of Rheumatic Fever is a good example).

Case studies are excellent learning strategies that provide clinical focuses for students to analyse and unpack. Exposure to case studies through experience is another potent strategy, with simulation, clinical placements and interaction with community members' are pathways for students to engage with case studies in 'real time'.

Learning through experience is one of the most powerful educational strategies for Aboriginal and Torres Strait Islander curriculum, and is emphasised throughout the Framework. Interacting with Aboriginal and Torres Strait Islander peoples and developing relationships will be the most potent component of the curriculum. Three key experiential learning approaches are described in the following sections: Simulation; Clinical Placement Programs; and Community Immersion.

SIMULATION

Simulated learning is a potential strategy to increase student contact with Aboriginal and Torres Strait Islander patients in a controlled and safe environment where facilitators and simulated patients are able to give feedback (MacLeod 2012). It can be an effective foundational stage for students to begin to explore the knowledge, skills, values and behaviours they are developing in a practice setting, or an intermediate stage where more complex cases are examined. Simulation can also be useful to increase student contact with Aboriginal and Torres Strait Islander clients in a service setting where opportunities for clinical placements may be limited.

Simulation programs designed to develop the cultural capabilities of health students have been successfully implemented by a number of HEPs in Australia and New Zealand and in other parts of the world (Huria, 2012; Ewen et al. 2011).

Working closely with local Aboriginal and Torres Strait Islander communities to develop relevant simulation scenarios and employing local Aboriginal and Torres Strait Islander peoples/ actors etc. to be part of the simulation programs is strongly recommended.

Experience from other simulation programs highlights that to be successful working with local Aboriginal and Torres Strait Islander community members, programs should also:

- Ensure cultural safety for Aboriginal and Torres Strait Islander participants by discussing case studies with them in advance and offering debriefing opportunities
- Provide appropriate training around assessment and standardisation requirements for employed Aboriginal and Torres Strait Islander community members.

Simulation case studies and scenarios must be developed to acknowledge the diversity of Aboriginal and Torres Strait Islander cultures and the variety of historical and contemporary experiences in different locations. Providing students with additional educational resources or cultural orientation programs, developed in consultation with local Aboriginal and Torres Strait Islander community members and representatives, is also important. These resources should challenge students' assumptions and stereotypes and encourage engagement with Aboriginal and Torres Strait Islander beliefs, values and practices associated with health.

Simulation will inevitably challenge some students to move out of their comfort zone. This may be uncomfortable and possibly distressing at times for some students. Providing structured and safely facilitated opportunities for self–reflexive discussion before and after simulation sessions is an important strategy in maintaining safe yet challenging and transformative simulation experiences.

KEYS TO SETTING UP A SUCCESSFUL SIMULATION PROGRAM

Experience from different HEPs around Australia highlights a number of key strategies that can mitigate some of the difficulties in setting up simulation programs:

- Undertaking careful planning to recruit Aboriginal and Torres Strait Islander community members for a simulation program. Ensure that participants have opportunities to provide feedback on their experience and consider pay rates that reflect the value of the cultural knowledge that they bring to these roles. Incorporate appropriate training for the participants and be willing to negotiate around timing and availability
- Ensuring that simulation activities are properly embedded in courses and integrated into the curriculum so that students have additional resources and context to draw on and educators are well supported to develop effective programs. Avoid 'stand-alone' programs by creating additional opportunities for students to interact with and learn from Aboriginal and Torres Strait Islander peoples
- Considering the impact of involving Aboriginal and Torres Strait Islander community members as 'actors'. Individual participants may be asked to simulate scenarios that are close to their real life experience or the experience of their families. Careful preparation and contextualisation can help people to manage possible emotional impacts and also help to raise awareness around rights and expectations in health service delivery
- Being realistic about the amount of time required to administer simulation programs that involve working closely with community members and acknowledge this time commitment in workload allocations for HPP staff. Allowing regular time for face-to-face interaction with community members is important for respectful and committed collaboration and relationship building. It is important to build enough flexibility into the program to accommodate changes in availability of Aboriginal and Torres Strait Islander simulation program participants and HPP staff. Strong relationships and networks with Aboriginal and Torres Strait Islander staff within a higher education setting and across the community will reduce reliance on one or two key individuals.

Involving Aboriginal and Torres Strait Islander participants in identifying learning outcomes, as well as the actual process of assessing learning outcomes, is crucial to any simulation program that is seeking to develop skills in culturally safe health practice. As previously mentioned, while self-reflexivity is important, the client's experience of the health service they receive is the ultimate measure of whether the care provided is culturally safe.

Flinders University runs a successful simulation program that is compulsory for all second year medical students. Key factors in the success of the program have been strong engagement with local communities and community members

playing the role of patients in case studies that are developed based on the local context and in consultation with these individuals. The case studies are also designed to have high relevance for professional practice and the program is supported through development of appropriate educational resources (Taylor, Durey & Bullen et al. 2014).

FURTHER RESOURCES

For further support resources on simulation, refer to Attachment B.

CLINICAL PLACEMENT PROGRAMS

Clinical placements are widely recognised as a powerful tool to enhance students' cultural understanding and learning outcomes

(Siggins Miller Consultants 2012; Medical Deans-AIDA, 2012).

Clinical placement opportunities are a potent link between theory and practice. They offer students who have progressed further in their studies the potential to take their learning and apply it within a real life context.

The clinical placement setting, however, also has many potential challenges. These can include: lack of resources or capacity in the host health service; poorly planned placements that are not well supported in HPPs; ill-prepared students or students poorly matched to the organisation; limited opportunities for placements; cultural safety issues for clients, service providers or students; and lack of cohesion between different disciplines in HPPs and roster for placements.

Experience from around the country of planning and undertaking clinical placements in Aboriginal and Torres Strait Islander contexts emphasises the importance of the following elements to support more successful clinical placement programs:

- Ensure reasonable allocation of resources to support placement, coordination and cohesiveness across participating schools, through a dedicated Project Officer or Clinical Placement Coordinator
- Identify multiple channels for clinical placement opportunities in Aboriginal and Torres Strait Islander contexts to be advertised to students including through on-line portals and in-class presentations
- Assess student suitability for placements in ACCHSs through initial student application for placement, and through staff assessment of student behaviours and disposition during orientation session. Any concerns from staff at either of these assessment stages must be acted on
- Identify expectations and obligations of each party (i.e. the health service, the student and the HPP) prior to student placement
- While students will have a supervisor/ mentor within their placement, it is critical that a dedicated Placement Coordinator from the HPP where the student is enrolled is regularly in contact during the placement to ensure the health service and associated staff are not left managing complications that create unnecessary burden or stress on the service or the students
- Placements must be coordinated and well-spaced to ensure health services are not over-burdened
- HPPs should conduct cyclical reviews of the effectiveness of clinical placement programs and their impact on health services in partnership with the health service providers.

STUDENT PREPARATION AND SUPPORT

An important consideration for implementing a successful clinical placement program is suitable preparation of students (ClinEdAus 2014). Developing opportunities for students to be exposed to Aboriginal and Torres Strait Islander contexts regularly in an informal way early in their studies (such as by attending community events, or interacting with visiting speakers) may be an important initial step for students who have had little exposure to Aboriginal and Torres Strait Islander people.

Prior to their placement, students should undertake a half-day orientation, which may be developed in partnership with an on-campus Aboriginal and Torres Strait Islander centre (if applicable) or with other Aboriginal and Torres Strait Islander staff employed by the HEP. This orientation should give students an introduction to the placement setting, debunking 'myths', common challenges and

strategies to address them, and the practice of self-reflexivity in the health care context. Orientation sessions, where possible, should be conducted interprofessionally, to give students exposure to interprofessional health care settings and the critical importance of working with Aboriginal and Torres Strait Islander health professionals. Creating opportunities for pre-placement students to engage in yarning circles with local community members could also be a potent strategy for relationship building and exposing students to Aboriginal and Torres Strait Islander peoples' patterns of communication and dialogue.

The Framework identifies advocacy as a core graduate capability at the entry to practice level. This refers to the capacity of a health graduate to have 'courageous conversations', challenging culturally inappropriate and ineffective health care practice and advocating for improvements. HPP supervisors need to work carefully with students on placement to ensure that they do not put themselves at risk by confronting host organisations' procedures and/or practices if they are working in a service where their ability to demonstrate assessable learning outcomes for cultural capability is limited by the cultural safety of the health service overall.

Such experiences, however, can also be powerful learning opportunities for students. By undertaking a situational analysis of their experience of the service, students can demonstrate their cultural capabilities to assessors, rather than challenging the service itself (Bessarab *et al* 2014). This could be done via:

- student observations
- identification of barriers to developing enhanced cultural capabilities within the service
- observations of discrimination or privilege within the service that may be having a negative impact on client care, and/or
- suggestions for how the service could address barriers and issues from a policy and practice perspective.

HPPs may also wish to explore a more regional and coordinated approach to clinical placement programs, as demonstrated through the successful Clinical Placement Coordinator position at the Institute for Urban Indigenous Health (IUIH) in Queensland, where placements are coordinated across multiple participating HEPs (Taylor, Durey & Bullen et al. 2014). The IUIH program is successful because it implements many of the strategies listed in this section. The IUIH is a community controlled health service (CCHS) itself and has strong partnerships with other CCHSs. These partnerships allow it to organise and effectively support a large number of placements based on deep understanding of the needs of the CCHSs.

IUIH runs orientation sessions for students before they begin their clinical placements to ensure they are well prepared. The IUIH is highly flexible and responsive to the needs of the CCHSs that it works with and provides a point of liaison with participating HEPs to reduce the administrative load for the CCHSs. This model also offers a means of responding to the increasing demand for clinical placements in ACCHSs resulting from changes in professional accreditation requirements associated with cultural capabilities and health service delivery to Aboriginal and Torres Strait Islander people.

ROLE EMERGING PLACEMENTS

One way of increasing opportunities for clinical placements where health professionals of the student's discipline are not employed in the service is introducing role emerging placements. These placements involve external supervision of students by other staff (e.g. Clinical Placement Coordinators or Project Officer), allowing the student to still undertake a clinical placement but to be supervised externally. This may allow a health service, to be piloted within the organisation whilst supporting an interprofessional approach as students learn to collaborate with each other in the absence of a direct supervisor in the organisation from their health profession. Role emerging placements require considerable coordination to ensure that they are well planned and timed with both students and services, receiving the support they need.

REQUIRED CAPABILITIES OF CLINICAL PLACEMENT SUPERVISORS

Supervision of students in clinical placement situations requires staff to have an extra set of capabilities not necessarily required in their regular service delivery roles. In an Aboriginal and Torres Strait Islander context, these skills are even more specialised. Core to the capabilities of supervisors is their knowledge of the 'entry to practice' graduate capabilities that HPP are seeking to develop in students through the implementation of the Framework.

Cultural supervision and mentorship[15] provides students with direct access to an Aboriginal or Torres Strait Islander person with suitable knowledge and experience in the practice context, to assist students to explore and make sense of the culturally nuanced encounters they are experiencing. Importantly, cultural supervision and mentoring may well be embedded in the overall experience for students placed in ACCHSs under the guidance of Aboriginal and Torres Strait Islander health professionals. However, in mainstream health services, where students may not have this opportunity, the requirements of cultural supervision may need to be articulated.

Key aspects to consider in identifying staff for these roles are:

- intended supervisors' knowledge of required learning outcomes for student
- capacity of intended supervisor in terms of time/ resourcing
- reimbursement/ reciprocity of time, financially, through in-kind support, professional development or training opportunities.

Supervisors also need to understand the Framework and the links between the curriculum and discipline specific professional standards. To support this, HPPs can:

- provide information to services through a quick, user-friendly guide around curriculum and professional standards
- offer tertiary professional development opportunities for supervisors
- link in-service supervisors to online support, such as the Queensland University of Technology training for Social Work supervisors (http://www.swiss.qut.edu.au).

ASSESSING CLINICAL PLACEMENT LEARNING OUTCOMES

Learning outcomes need to be clearly identified prior to clinical placements. Students, placement supervisors and coordinating staff need to be aware of:

- what will be assessed
- how it is to be assessed
- who will be assessing
- the implications of 'failing' any or all components of the assessment criteria.

There are three main points to consider when developing assessment criteria for the learning outcomes of clinical placements.

1. What is the realistic scope of the service/ discipline to provide situations where students can demonstrate learning around particular outcomes?
2. How can theory be integrated into practice and demonstrated by students?
3. How can graduate cultural capabilities be usefully and realistically incorporated into learning opportunities?

The following examples of assessable learning outcomes demonstrating development of cultural capabilities are built on recent work about assessment of cultural learning in the context of clinical placements (for example Bessarab et al. 2014).

- Confidence and ability to liaise with Aboriginal and Torres Strait Islander health professionals and the frequency with which this is done
- Reflexive professional practice, including insight into the implications of their own culture and how it influences their practice, as well as how culture influences behaviours and experiences of Aboriginal and Torres Strait Islander service users
- Ability to offer alternatives in care/ program plans to demonstrate capacity for flexibility and responsiveness to Aboriginal and Torres Strait Islander service users
- Engaging with local cultural context – the degree and process of the student's self-directed learning, and the translation of this learning into practice in the placement setting.

Development of strong partnerships between individual services and local HPP can assist staff to identify who should be involved in student assessment in light of available resources, cultural capacity and capability, learning outcomes and assessment requirements. It is also crucial that HPPs explore avenues for Aboriginal and Torres Strait Islander staff, colleagues or, where appropriate, community members, to provide feedback on the development of students' skills during their placement.

[15] Bessarab et al. (2014, p. 53, 76) describes cultural supervision as "embedded in an Aboriginal/Indigenous space that is supportive and culturally safe for Aboriginal and non-Aboriginal (staff and students) to engage in and reflect on cultural issues emerging in their practice/research". Non-indigenous people cannot undertake this role.

If health service staff are to play a formal or direct role in assessing student learning outcomes, familiarity with the curriculum and learning outcomes is crucial. The HEPs ability to provide support and/or training to develop this capacity in staff is important (Bessarab et al. 2014), as is understanding the mutual benefit for health service staff of being directly involved in the assessment of student learning.

FURTHER RESOURCES

For further support resources on clinical placement, refer to Attachment B.

COMMUNITY IMMERSION AND ENGAGEMENT

Yunkaporta (2009) argues that Aboriginal and Torres Strait Islander perspectives do not come from Aboriginal and Torres Strait Islander content – but rather through Aboriginal and Torres Strait Islander *processes* of knowledge transmission and ways of knowing. This insight highlights the importance of working closely with Aboriginal and Torres Strait Islander communities to create opportunities for students to be immersed in Aboriginal and Torres Strait Islander settings where they can interact with and learn directly from community members about Aboriginal and Torres Strait Islander experiences. Importantly, contrary to an often-held stereotype that 'real' Aboriginal and Torres Strait Islander Australians live only in rural northern Australia (Phillips 2004), many HPPs working in urban contexts can play a significant role in shifting stereotypes to expose students to the rich, contemporary Aboriginal and Torres Strait Islander culture in their local area.

Clinical placements in Aboriginal and Torres Strait Islander health settings will involve elements of cultural immersion due to the context. However there are also other opportunities for students to interact with Aboriginal and Torres Strait Islander peoples in less formal ways that can lead to valuable experiential learning. These can be structured opportunities organised through HPPs in partnership with local Aboriginal and Torres Strait Islander communities and organisations, or they can be initiated by students themselves by attending public events such as NAIDOC Day and Survival Day celebrations and other community gatherings. HPPs should create opportunities for students to broaden their exposure to Aboriginal and Torres Strait Islander peoples through diverse community engagement experiences.

FACILITATING AND ASSESSING CULTURAL IMMERSION EXPERIENCES

Developing respectful partnerships with local Aboriginal and Torres Strait Islander communities and organisations can create many possibilities for cultural immersion and community engagement experiences that extend beyond simulation or formal clinical placement programs (Dowell, Crampton & Parkin 2001; Huria 2012; Healey & Tagak, 2014), including:

- Students participating in experiential elements such as bush walks through country to learn about traditional food and medicine sources, significant sites and relationships to land
- Work with cultural tourism initiatives set up by Aboriginal and Torres Strait Islander communities or organisations to develop overnight excursions for students to introduce them to local cultural beliefs and practices
- Promote public Aboriginal and Torres Strait Islander events in the course context and encourage students to attend individually or organise for student groups to attend. This could include Aboriginal and Torres Strait Islander movies, art, exhibitions etc
- Incorporate community outreach components such as home visits into clinical placements with Aboriginal and Torres Strait Islander health professionals to help students understand the social context of the clients
- Create opportunities on campus for local Aboriginal and Torres Strait Islander communities and organisations to host events or programs.

Aboriginal and Torres Strait Islander communities have limited capacity to host students, and it is important that cultural immersion experiences are developed in close partnership with communities to ensure that they are sustainable and mutually beneficial. Providing students with Aboriginal and Torres Strait Islander content and resources, along with opportunities to discuss expectations and preconceptions in a safe learning environment prior to the immersion experience may be a way of preparing students to enter the immersion experience with open minds.

Learning opportunities from cultural immersion experiences can be formalised and supported through facilitated discussion and reflective journaling as well as considering how students might demonstrate reciprocity in light of

their learning experiences. Students can be encouraged to examine their own responses and behaviours in the context of the immersion, their relationships or interactions with the people they encounter, and, where relevant to the immersion setting, their observations of the health care system and/or dominant cultural system.

CONSIDERATIONS FOR ONLINE LEARNING

While the effectiveness of online as opposed to face to face classroom learning continues to be a topic of discussion within tertiary settings, increasing numbers of higher education courses are being delivered online. Online learning brings educational possibilities to people across the world who may, due to time, location or situation, be unable to otherwise engage in higher education.

The increasing use of information technology and online learning raises many questions about the impact on the pedagogy of content. While HEPs need to explore how traditional pedagogical practices can be repositioned to better engage in student online learning (Edwards & Bone 2012), the implications of online learning for Aboriginal and Torres Strait Islander curriculum and approaches to teaching and learning requires very careful consideration. Difficulties in monitoring a student's level of emotional engagement with content; challenges in ensuring students are having sufficient exposure to Aboriginal and Torres Strait Islander perspectives and voices; detecting and working with student discomfort and/or resistance and availability of denigrating literature that can find its way in to online forums, are some of the challenges facing educators in online teaching and learning settings. However these are not unique to online learning. With experiential learning acknowledged as a key strategy for developing cultural capabilities, curriculum designers need to explore alternatives for how online students can engage with this curriculum. There are a number of techniques that can be considered to enhance and improve the online teaching and learning experience:

- online learning environments monitored by staff to ensure that inappropriate and unsupportive learning material about Aboriginal and Torres Strait Islander peoples doesn't find its way into online forums
- consider specific training for educators teaching online to enhance their skills in terms of appropriate techniques to engage students in discussion - and challenge them where necessary
- carefully consider topics for online discussions - some topics in the classroom may not be suitable in an online environment
- early in the unit, focus on building trust between educators and students, which is key to support effective engagement and facilitation of confronting and emotive conversations in a safe space
- ensure Aboriginal and Torres Strait Islander vodcasts/footage/voices are used in every session to enhance student exposure and encourage emotional engagement in content
- develop opportunities for yarning online – using skype/video/learning management system collaboration tools/ tele conferencing. Provide incentives for students to engage in this powerful learning tool, such as an Aboriginal and Torres Strait Islander guest presenter participating in one of the online yarning forums
- develop practice-based/ community engagement learning activities and assessments to ensure students are actively engaging with their local Aboriginal and Torres Strait Islander community.

Clearly, on-line teaching is not the same as face-to-face teaching, and there are inherent limitations that are difficult to completely ameliorate. The further students' progress in their studies, the more they will be required to demonstrate intermediate and entry-to-practice learning outcomes that look for more nuanced, reflective and mature knowledge and understanding, as well as abilities that are assessed in practice. Different forms of assessment such as videos demonstrating achievement of outcomes in authentic contexts is one way of overcoming limitations of assessing student achievement of outcomes. Importantly, HPPs will need to assess within their own context, where the cut-off point exists for the availability of Aboriginal and Torres Strait Islander curriculum online in the undergraduate journey.

ASSESSING LEARNING OUTCOMES

Despite the importance of graduate health professionals having the ability to relate to Aboriginal and Torres Strait Islander peoples in ways that are respectful of cultural differences, there are few validated tools to assess cultural capabilities in this context. While some effort has been made to validate surveys and assessment of outcomes to demonstrate culturally safe health care (Chun 2010; CAHPS 2012; Jeffreys & Dogan 2010; Perng, & Watson 2011) this area, overall, is underdeveloped.

Few validated survey instruments in Aboriginal and Torres Strait Islander curricula have been developed to assess changes in student knowledge, perceptions, values and experiences. However, a tool developed at the Centre for Aboriginal Medical and Dental Health is an exception. The tool uses a survey incorporating a Likert scale assessment of medical and dental students' knowledge, attitudes and perception of their current skill and preparedness to work with Aboriginal and Torres Strait Islander service users following their participation in a related course. Validation of the tool found the survey to be sensitive enough to identify a range of student responses. Assessing genuine attitudinal shifts, however, continues to be one of the most difficult aspects in this process (Carr, Paul & Bazen 2011; Paul, Carr & Milroy 2006). An increasingly recognised theme – and core to the Framework – is that development of cultural capabilities is a lifelong learning process, that sometimes includes backwards movement, such as demonstrating resistance to new material, which can also be a key learning stage for moving forwards.[16]

One of the biggest challenges in assessing learning outcomes is the false perception that a learning outcome for cultural capability is achieved in a measurable, somewhat linear and finite way. This raises difficulties for HPPs in assessing graduates as capable for culturally safe health care practice.

Boud and Falchikov (2007) argue that students need to develop skills to become assessors of their own practice in order to facilitate learning by judging their progress and assessing what they need to do to enhance their learning throughout their lifetime. Importantly, they also argue that students must be active agents in their own assessment process because after they graduate, it is their desire to continually learn that will be the motivator. By incorporating these principles into assessment methods, students are encouraged to develop the ability to continually reflect on and assess their capabilities once they enter the workforce. They are also encouraged to develop the motivation to enhance their understanding and knowledge by seeking out learning experiences. Pivotal to this, is the feedback of Aboriginal and Torres Strait Islander recipients of care. Culturally safe care is a subjective experience, and while the ability of students to assess and reflect on their own practice is important, it is the client's experience as the recipient of care that will ultimately determine whether the care they received was culturally safe. Developing opportunities for students to demonstrate their ability to ask Aboriginal and Torres Strait Islander clients about the cultural safety of their experience - and receive feedback - is a crucial element for educators to consider in assessment and could be incorporated into simulated learning programs.

Assessment is necessary in higher education, and despite the tensions and complexities, there are many clear and assessable elements that HPPs can attribute to learning outcomes, as mapped in the Framework. Universities Australia's (2011) *National Best Practice Framework* synthesises literature on assessment methods directed mainly at undergraduate courses to encourage students to engage with the literature and reflect on their own experiences. A combination of quantitative and qualitative assessment is favoured. Quantitative methods include multiple choice questions, pre- and post-test. Qualitative methods include case study analysis (oral and written presentations and papers) and reflections on a topic recorded in the student's journal for assessment. Self-evaluations are also administered before and at the end of a unit and clinical placements. Users of the Framework are advised to review the assessment section in the Universities Australia document (2011, p. 79) in addition to the suggestions provided in the section on Learning Outcomes, Curriculum Content and Assessment in this document.

FURTHER RESOURCES

For further support resources on assessment, refer to Attachment B.

[16] Many cultural developmental models suggest that to move forwards, there may be stages encountered that appear a step back. HPPs are strongly encouraged to review a variety of cultural developmental models for better understanding of this notion (e.g. Bennett 1993, 1986).

ATTACHMENT A: ORGANISATIONAL COMMITMENT AND HEALTH PROFESSIONAL PROGRAM READINESS ASSESSMENT COMPASS

The Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) has been developed[17] to assist the HPP to identify the readiness of their environment for implementing The Aboriginal and Torres Strait Islander Health Curriculum Framework. The tool aims to support HPP:

i. Assess the nature and degree of leadership and commitment across the whole organisation and how this may in turn, affect the implementation of the Framework

ii. Identify HPP readiness, key enablers and possible barriers to effectively implementing the Framework.

The OCHPPRAC recognises there is a variety of elements that will influence and support successful implementation of the Framework, and that these will interact in unique ways in every setting. To create a better chance of successful implementation of the Framework, it is important that the HPP identifies the nature of these elements and the local developments and improvements that may be required.

These elements include:

- Commitment and leadership within the HPP and across the broader organisation
- Professional development for all staff and support for educators
- Work plans
- Financial and human resources ear marked to support implementation of the Framework
- Aboriginal and Torres Strait Islander engagement and other stakeholder partnerships.

The OCHPPRAC is not intended for use in place of an implementation plan; nor does it assess whether a HPP can or can't implement the Framework. Instead, the OCHPPRAC aims to support HPP by highlighting critical success factors by providing a tool that can be used to assist planning and dialogue across the organisation.

The OCHPPRAC recognises four critical success factors, each with a suite of influential elements that are important for successful and sustainable implementation of the Framework.

i. Organisational commitment to cultural competency[18]

ii. HPP Leadership and Commitment

iii. Structures and Support for Implementation

iv. Partnerships and Engagement.

Effective implementation of the Framework throughout a HPP is most likely to occur if there is a whole of organisation commitment and leadership. The degree of this commitment will be variable across different settings and will consequently impact some aspects of the implementation of the Framework in a HPP. It is important that the HPP identifies and has strategies to work with the possible challenges that may exist due to the broader organisation in which they operate.

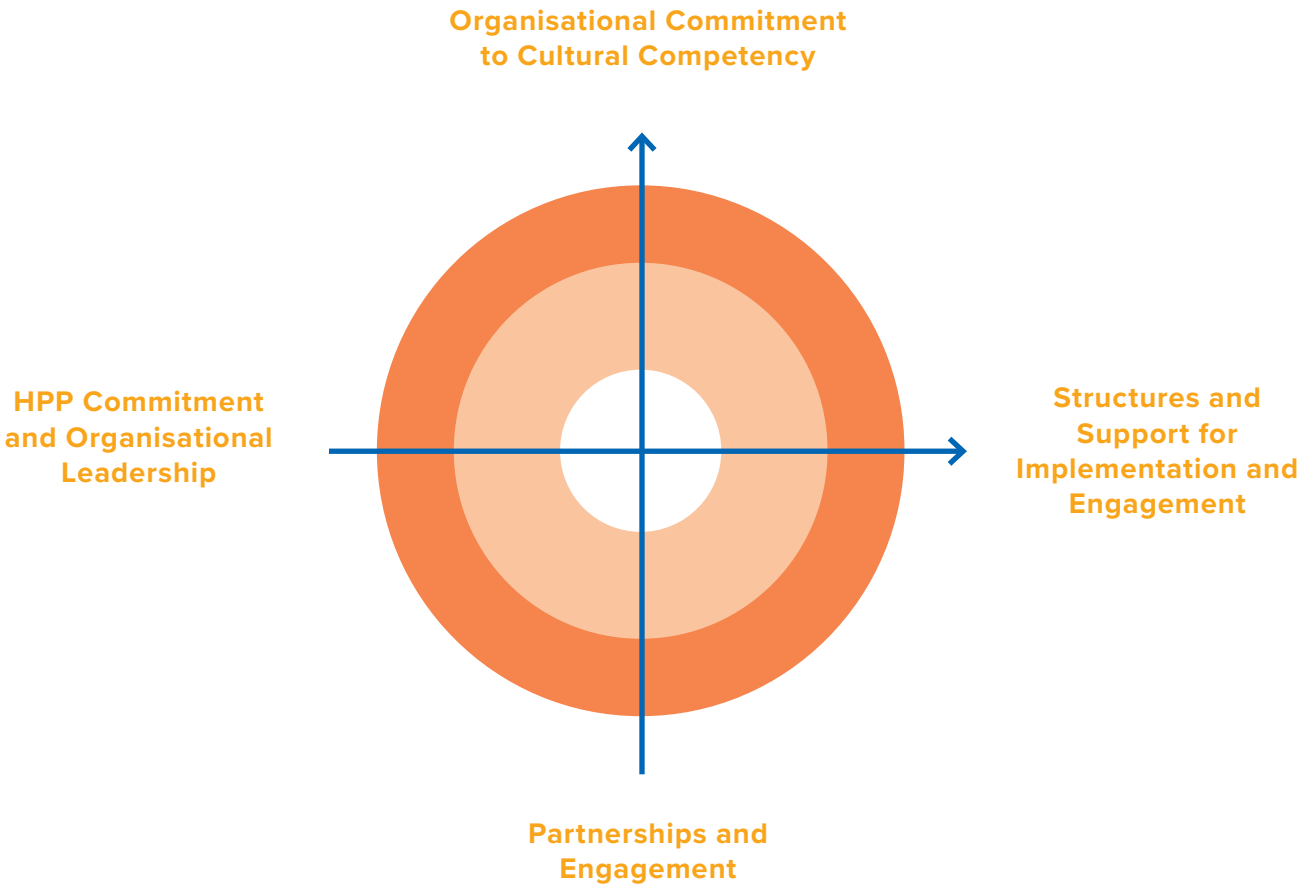
[17] The OCHPPRAC has been developed from key elements identified by participants in the consultation process, findings from consultation during the development of the HCF and adaptation from two pre-existing tools: i) the Interprofessional Collaborative Organisation Map and Preparedness Assessment (IP-COMPASS) and ii) Health Workforce Australia's Organisational Readiness for undertaking expanded scope of practice.

[18] The Universities Australia Best Practice Framework is a powerful resource to support HEPs to develop their system and practice with respect to Aboriginal and Torres Strait Islander cultural 'competency'. While there is some contention around the use of the word 'competency', this Universities Australia document is widely respected across the sector and denotes competency as an institutional whole-of-organisation aim. As this is a Critical Success Factor, the notion of cultural competency has also been applied here to synergise with this important sector document.

HOW DOES THE OCHPPRAC WORK?

Use the following pages to take stock of your readiness for implementing the Framework. These pages list success factors (as shown on the Compass diagram below) and influential elements that enable a supportive context for implementing the Framework successfully.

Working through the prompts in the pages that follow, you can plot your overall rating for each success factor on the Compass diagram. Draw lines between the four points to provide a visual map of how prepared your HPP is to implement the Framework.



SUCCESS FACTOR 1 ORGANISATIONAL COMMITMENT TO CULTURAL COMPETENCY

Need More Info*	Element	Absent	Weak	Adequate	Strong	Action *
☐	There is strong organisation-wide senior executive commitment to developing the cultural capabilities of the organisation.	☐	☐	☐	☐	☐
☐	There is demonstrated organisation-wide action around addressing the system and cultural barriers associated with Aboriginal and Torres Strait Islander health curricula, employment, engagement and education.	☐	☐	☐	☐	☐
☐	The organisation has relevant policy or strategic documents related to Aboriginal and/or Torres Strait Islander education and system change (e.g. Reconciliation Action Plan or Reconciliation Statement, employment strategies and student recruitment and retention initiatives, community engagement initiatives).	☐	☐	☐	☐	☐
☐	Completion of Aboriginal and Torres Strait Islander awareness training or similar is mandatory for all staff.	☐	☐	☐	☐	☐
☐	All students must undertake a core unit in Aboriginal and Torres Strait Islander cultural studies or similar.	☐	☐	☐	☐	☐
☐	Continual learning & development is part of the organisation's culture.	☐	☐	☐	☐	☐
☐	Aboriginal and Torres Strait Islander cultural capabilities are a consideration when hiring & orienting new staff.	☐	☐	☐	☐	☐
		WEAK ☐☐☐☐☐☐☐☐☐☐ **STRONG**				

Check "Need more info**" if there is not enough information to make a rating. Assign someone to get the information needed. Check "Action" if this is an area that your team would like to strengthen (even if it is already strong).*

Ideas:

SUCCESS FACTOR 2 HPP LEADERSHIP AND COMMITMENT

Need More Info*	Element	Absent	Weak	Adequate	Strong	Action *
☐	The Head of the HPP is supportive and committed to the Framework.	☐	☐	☐	☐	☐
☐	the Framework is part of the HPP strategic direction and is being promoted.	☐	☐	☐	☐	☐
☐	Senior leaders across the HPP are supportive and committed.	☐	☐	☐	☐	☐
☐	Senior champions who are committed to the implementation and sustainability of the Framework have been identified.	☐	☐	☐	☐	☐
☐	There is meaningful participation of Aboriginal and/or Torres Strait Islander representation in the governance structures of the HPP.	☐	☐	☐	☐	☐
☐	Monitoring and cyclical quality improvement processes have been established.	☐	☐	☐	☐	☐
☐	The HPP has previously undertaken similar major curriculum change with success.	☐	☐	☐	☐	☐
☐	A dedicated HPP Framework budget has been established.	☐	☐	☐	☐	☐
☐	There is a strong commitment to the sustainability of the Framework through dedicated human resourcing (e.g. Project Officer, Coordinator).	☐	☐	☐	☐	☐
☐	The HPP is committed to providing ongoing employment and career development of Aboriginal and Torres Strait Islander educators.	☐	☐	☐	☐	☐
☐	Continual learning & development is part of the HPP culture.	☐	☐	☐	☐	☐
		WEAK ☐☐☐☐☐☐☐☐☐☐ **STRONG**				

Check "Need more info**" if there is not enough information to make a rating. Assign someone to get the information needed. Check "Action" if this is an area that your team would like to strengthen (even if it is already strong).*

Ideas:

SUCCESS FACTOR 3 STRUCTURES AND SUPPORT FOR IMPLEMENTATION

Need More Info*	Element	Absent	Weak	Adequate	Strong	Action *
☐	A curriculum review and change management plan has been developed clearly outlining elements required to implement the change.	☐	☐	☐	☐	☐
☐	A process for integrating Aboriginal and Torres Strait Islander pedagogies into teaching practice has been established.	☐	☐	☐	☐	☐
☐	The HPP has a governance/ curriculum change committee in place with appropriate representation to oversee and review the implementation of the Framework. The HPP has capacity to ensure formal project management skills are employed to support implementation of the project.	☐	☐	☐	☐	☐
☐	The HPP has a documented record of providing ongoing training of staff within its organisation and appraising and supporting the development of staff.	☐	☐	☐	☐	☐
☐	The HPP supports all educators to develop skills and knowledge to strengthen cultural capabilities.	☐	☐	☐	☐	☐
☐	The HPP has a professional development strategy to support educators to develop skills and knowledge to teach specific Aboriginal and/or Torres Strait Islander content.	☐	☐	☐	☐	☐
☐	The HPP acknowledges the emotional impact of teaching in this area and the need for additional support or mentoring, and has identified a support strategy for educators and allocated resources to that strategy.	☐	☐	☐	☐	☐
		WEAK ☐☐☐☐☐☐☐☐☐☐ **STRONG**				

Check "Need more info**" if there is not enough information to make a rating. Assign someone to get the information needed. Check "Action" if this is an area that your team would like to strengthen (even if it is already strong).*

Ideas:

SUCCESS FACTOR 4 PARTNERSHIPS AND ENGAGEMENT

Need More Info*	Element	Absent	Weak	Adequate	Strong	Action *
ABORIGINAL AND TORRES STRAIT ISLANDER STAKEHOLDERS						
☐	Commitment to the change and management of the process is recognised as a shared responsibility between Aboriginal and Torres Strait Islander and non-Indigenous staff across the HPP.	☐	☐	☐	☐	☐
☐	Management structures & course coordination use a partnership approach.	☐	☐	☐	☐	☐
☐	The HPP has experience of successfully working in partnership with Aboriginal and/or Torres Strait Islander stakeholders.	☐	☐	☐	☐	☐
☐	Collegial relationships with Aboriginal and Torres Strait Islander learning centres on campus are productive and partnerships in the context of implementing the Framework have been formalised.	☐	☐	☐	☐	☐
☐	There is a clearly defined strategy for engaging and maintaining Aboriginal and/or Torres Strait Islander involvement in the development and implementation of the proposed curriculum change (e.g. steering committee).	☐	☐	☐	☐	☐
☐	Governance of the Framework includes meaningful Aboriginal and /or Torres Strait Islander representation.	☐	☐	☐	☐	☐
☐	There is meaningful participation of Aboriginal and /or Torres Strait Islander peoples on curriculum development, review and implementation committees.	☐	☐	☐	☐	☐
☐	There is a commitment to the time and resources required within the HPP for building and maintaining relationships with Aboriginal and/or Torres Strait Islander stakeholders.	☐	☐	☐	☐	☐
☐	There are formal linkages with Aboriginal and/or Torres Strait Islander health services.	☐	☐	☐	☐	☐
OTHER STAKEHOLDERS						
☐	The HPP has established a strategy for ongoing engagement with regulation bodies and the health system.	☐	☐	☐	☐	☐
☐	The HPP governance arrangements include all key stakeholders.	☐	☐	☐	☐	☐
		WEAK ☐☐☐☐☐☐☐☐☐☐ **STRONG**				

Check "Need more info**" if there is not enough information to make a rating. Assign someone to get the information needed. Check "Action" if this is an area that your team would like to strengthen (even if it is already strong).*

Ideas:

ATTACHMENT B: SUPPORT RESOURCES

Method	Source
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Method	Source
Educator capabilities	Kowal, E & Paradies, Y 2005, 'Ambivalent helpers and unhealthy choices: public health practitioner's narratives of Indigenous ill-health', Social Science and Medicine, vol 60, pp. 1347-1357. Laurillard, D1979, 'The processes of student learning', Higher Education, vol. 8, no. 4, pp. 395-409. Accessed from http://www.jstor.org/stable/3446152 Manglitz, E, Johnson, BJ & Cervero, R 2005, 'Struggles of hope: how white adult educators challenge racism', Teachers College Record, vol.107, no.6, pp.1245-1274. *Racism no way (Australia) An anti-racism website for Australian schools. Offers case studies on incidents and responses to racism including cyber-racism. http://www.racismnoway.com.au/about-racism/cyber-racism/case-studies.html Scott, K, Bessarab, D, Durey, A, Taylor, K, Hoffman, J, Kickett, M, Forrest, S, Jones, S, & Austen, L 2013, Working Together: Intercultural Academic Leadership LE 11-2082 Final Report, Office for Learning and Teaching, Department of Industry, Innovation, Science, Research and Tertiary Education, Sydney. Accessed from http://academicleadership.dev.curtin.edu.au/IALP/ Stahl, B & Goldstein, E 2010, A mindfulness-based stress reduction workbook, New Harbinger Publications Inc, Oakland, CA. Tinstall-Pedoe, Rink, E & Hilton, S 2003, 'Student attitudes to undergraduate interprofessional education', Journal of Interprofessional Care, no. 17, vol. 2, pp.161-172. Trigwell, K, Ashwin, P n.d., Undergraduate students' experience at the University of Oxford, Institute for the Advancement of University Learning. Accessed from http://www.itl.usyd.edu.au/aboutus/OLCPFinal.pdf University of New South Wales, Actively engaging students in the learning process. Accessed from https://teaching.unsw.edu.au/guideline1 University of Queensland. Problem based learning. Accessed from http://www.uq.edu.au/tediteach/flipped-classroom/problem-bl.html University of British Columbia, 'What I learnt in class today' project. http://www.intheclass.arts.ubc.ca/about-the-project.html University of Western Australia – Courageous Conversations about Race. Based on the work of Glenn Singleton and Curtis Linton (2006) in the US, who explored the achievement gap through the prism of race, and Malcolm Fialho at UWA, this approach explores, among other things, the notion of self-reflection and creating a racial biography. http://www.hr.uwa.edu.au/__data/assets/pdf_file/0016/2231233/CCAR_-_We_are_Australian.pdf Using media literacy to combat racism (US). This website highlights the importance of discussing race in the classroom and offers tips on how to do this. http://www.youthmediareporter.org/2010/02/15/using-media-literacy-to-combat-racism/ Walter, M & Butler, K 2013, 'Teaching race to teach Indigeneity', Journal of Sociology, vol.49, no.4, pp.397-410. Wells, M 2000, 'Beyond cultural competence: A model for individual and institutional cultural development', Journal of Community Health Nursing, vol.17, no.4, pp.189-199. Williams, R 1999, 'Why should I feel guilty? Reflections on the workings of guilt in white Aboriginal relations', Australian Psychologist, vol. 35, no. 2, pp. 136- 142.

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Method	**Source**
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Method	Source
Simulated Learning	AIPPEN Simulation based learning: resources and articles http://www.aippen.net/criehsimulationbased ECU simulation Centre. Accessed from https://www.ecu.edu.au/community-engagement/health-advancement/ecu-health-simulation-centre/overview Flinders University Medical School Simulation Program. Accessed from http://www.flinders.edu.au/medicine/sites/clinical-skills-and-simulation/ Health Workforce Australia 2012, National Simulation Learning Project: report for podiatry, HWA, Adelaide. Accessed from https://hwa.gov.au/sites/default/files/HWA_SLE%20Curriculum-Project_Podiatry.pdf Hendicott, P and Samson, G 2011, Use of simulated learning environments (SLE) in undergraduate optometry training, HWA, Adelaide. Accessed from http://www.hwa.gov.au/sites/default/files/sle_optometry_final_report_201109.pdf Lateef, F 2010, 'Simulation based learning: just like the real thing', Journal of Emergency, Trauma and Shock, vol. 3, No. 4, pp. 348-352. Available from http://elearnit.pbworks.com/w/file/fetch/71560271/Oline%20Simulations%20Annotated%20Bib.pdf Lonne, B, Daniels, R and King, J 2010., Visioning technology based simulated learning environments in the social work curriculum, HWA, Adelaide. Accessed from http://www.hwa.gov.au/sites/default/files/sles-in-social-work-curriculum-201108.pdf Reilly A and Spratt C 2007, 'The perceptions of undergraduate student nurses of high-fidelity simulation-based learning: a case report from the University of Tasmania', Nurse Education Today, vol. 27, no. 6, pp. 542-550. Accessed http://www.sciencedirect.com/science/article/pii/S0260691706001456 Spinello E and Fischbach, 2004, 'Problem-based learning in public health instruction: a pilot study of an online simulation as a problem-based learning approach', Education for Health, vol.17, no.3, pp. 365 – 373. Accessed http://elearnit.pbworks.com/w/file/fetch/71560271/Oline%20Simulations%20Annotated%20Bib.pdf
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Assessment	American Speech-Language-Hearing Association, Self-assessment for cultural competence. Accessed from http://www.asha.org/practice/multicultural/self/ Cultural competence assessment resources (US) accessed at http://iengage.multicultural.ufl.edu/resources/campus_resources/cultural_competence_resources/ Deardorff, D 2006, 'Identification and assessment of intercultural competence as a student outcome of internationalization', Journal of Studies in International Education, Vo.10, no. 3, pp.241-266. Doorenbos, A, Myers, S, Benkert, R, & Borse, N 2005, 'Psychometric evaluation of the Cultural Competence Assessment Instrument among healthcare providers', Nursing Research, vol. 54, no. 5, pp.324-331. Gozu, A, Beach, MC, Price, EG, Gary, TL, Robinson, K, Palacio, A, Smarth,C, Jenckes, M, Feuerstein, C, Bass, EB, Powe, NR, & Cooper, LA 2007, 'Self-administered instruments to measure cultural competence of health professionals: a systematic review', Teaching and Learning in Medicine, vol.19, no. 2, pp. 180–190. Loftin, C, Hartin, V, Branson, M & Reyes, H 2013, 'Measures of cultural competence in nurses: an integrative review', The Scientific World Journal, Article ID 289101, http://dx.doi.org/10.1155/2013/289101 LaVeist, TA, Relosa, R & Sawaya, N 2008, 'The COA360: a tool for assessing the cultural competency of healthcare organizations',Journal of Healthcare Management, vol. 53, no.4, pp. 257-66 & pp. 266-7.

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Assessment	Multicultural Mental Health Australia, 2010, National cultural competency tool for mental health services, Accessed from www.mhima.org.au/_literature_73821/NCCT This package has been specifically designed for use by mental health services in working with people from culturally and linguistically diverse (CALD) backgrounds. National Centre for Cultural Competence, Georgetown University, Tools and processes for self-assessment. cAccessed from http://nccc.georgetown.edu/foundations/assessment.html Pruegger, V & Rogers, T 1993, 'Development of a scale to measure cross-cultural sensitivity in the Canadian context', Canadian Journal of Behavioural Science, vol. 25, no.4, pp. 615-621 (Aimed at undergraduate students). Perng, S-J & Watson, R 2012, 'Construct validation of the Nurse Cultural Competence Scale: a hierarchy of abilities', Journal of Clinical Nursing, vol 21, no.11-12, pp. 1678–1684. Siegel C, Haugland G, Laska E, Reid-Rose L, Tang D-I, & Wanderling, J 2011, 'The Nathan Kline Institute Cultural Competency Assessment Scale: psychometrics and implications for disparity reduction', Administration and Policy in Mental Health, Vol. 38, pp.120-130. Truong, T, Paradies, Y & Priest, N 2014, 'Interventions to improve cultural competency in healthcare: a systematic review of reviews', BMC Health Services Research, vol. 14, p. 99. Accessed from http://www.biomedcentral.com/1472-6963/14/99

ATTACHMENT C:
TEACHING AND LEARNING RESOURCE: USING STORY TO ASSIST UNDERSTANDING IN THE LEARNING OF CULTURAL CAPABILITIES

Stories can be a powerful way to assist teaching and learning practice. Stories told by Aboriginal and Torres Strait Islander voices give life and context to the curriculum content. The bringing of Aboriginal and Torres Strait Islander voices into curriculum is also important in decolonising teaching and learning settings.

Depending on the teaching style of the educator and the learning style of the student, stories can be used as analogies to illustrate important elements of a particular theme.

Professor Dawn Bessarab, an Aboriginal woman of Bardi (West Kimberley) and Indjarbandi (Pilbara) descent was a member of the project team who were involved in developing the Aboriginal and Torres Strait Islander Health Curriculum Framework.

In 2014, Professor Bessarab participated in a series of basket weaving workshops held on Whadjuk people's traditional land of Wadjemup, also known as Rottnest Island. These cultural heritage workshops involved women sharing traditional stories and weaving objects such as baskets and ornamental items.

Professor Bessarab reflected on the basket weaving process, and how key stages and considerations of basket weaving could provide a learning analogy for students to understand key aspects of the journey of developing cultural capabilities.

Professor Bessarab shares the following story which educators may find supportive as a teaching and learning resource for their students.

Basket weaving involves using natural materials sourced from the local environment, such as bark, sticks, vines, leaves, feathers and shells. The materials available to weave the baskets will be different depending on the country where the basket is being made.

Even though the learner may have woven baskets in other parts with this group of learners and teacher their experience is different as are the local materials they are using. Even though they may know some of the techniques of weaving, their guide reminds them they are always learning; as in each area, on each country, the diversity of materials means the weaving a basket is different. The learners understand and appreciate the local guidance around what materials to use, and how to weave them into a basket.

The local knowledgeable basket weaver who is teaching those learning how to weave appropriately using the locally available materials talks and guides each struggling learner, correcting their mistakes and teaching them the best way to tie knots, how to apply different stitches to produce different patterns and produce a loose or tight basket.

Basket weaving is relaxing, meditative and a social experience for the learners; at times there is a silence in the group as they weave the different materials available. Reflecting on their thoughts but immersed in the experience of weaving - each strand, each element, there is a mindfulness throughout the group as they carefully work with the different materials. Breaking from the silence the learners share what they are doing, moving around to observe what each other are doing borrowing ideas and colours to incorporate into their basket.

When the learners become unsure, they signal to their guide for assistance, to see how they are weaving their basket. The learners can see the basket weaver is indeed knowledgeable, as their guide is modelling, and demonstrating through their own practice, how to use the materials available to weave a beautifully constructed basket.

In the circle of learners, each basket being woven is slightly different. Some baskets are woven very

tightly – some people have woven baskets before or are familiar and comfortable with the materials, others have a natural dexterity that emerges in their developing baskets. Other baskets are looser or smaller - maybe the learner has never woven a basket or touched these materials before. Despite the diversity of baskets and the individual expression of each, they are all emerging as beautiful, woven, natural vessels, capable of holding something. The knowledgeable basket weaver smiles, for they are continuously reminded that no matter how many people they teach to weave a basket, each learner does it slightly differently, and this in itself keeps the guide constantly learning too.

As the sun starts to lower in the sky, the knowledgeable basket weaver explains to the group that for today, their time has come to an end for weaving their basket. The knowledgeable basket weaver then asks the group to show her what they have produced, for some even though their basket for now is completed they are already thinking ahead about the next basket which will build on what they have learnt today. For others their basket is still a work in progress, the last thread, the last piece of weaving they did – this piece of material hangs loose, for tomorrow, another piece of material can be added to this piece, and the next day, another. While the basket has developed, and it is becoming large enough to hold something; it is not quite finished. The threads of the basket, the last weaves, can be, and must be, continually added to until the weaver is satisfied with what they have created.

Image: Marissa Verma

The basket-weaving story is used to describe and symbolise developing graduate cultural capabilities as a continuous learning journey. This story captures key principles of the Aboriginal and Torres Strait Islander Health Curriculum Framework:

- Baskets can and must continue to be added to, representing that cultural capabilities are a lifelong learning journey
- Baskets are 'woven' through collaboration, and with guidance, from a local Aboriginal and Torres Strait Islander person or persons, representing the crucial importance of meaningful partnerships and valuing expertise from local Aboriginal and Torres Strait Islander peoples to enact capabilities
- Basket weaving is a mindful practice that creates a space for reflection
- Each basket is woven utilising local and introduced materials - baskets will look different depending on the weaver and the local environment where they are woven. This highlights the point that capabilities may be developed, but they will be shaped by the local context
- Each basket will look slightly different; due to the diversity, experience and dexterity of individuals and the pre-learnt skills, behaviours, values and attributes they bring to the weaving of a basket. Developing cultural capabilities in higher education is similar - some students come with considerable experience/ exposure to Aboriginal and Torres Strait Islander peoples; others have had little or none. This will influence their experience of content and pedagogy
- The important role of the basket weaving expert as the guide or the educator – in demonstrating and modelling through practice, the very skills and behaviours they are teaching their learners to develop.

ATTACHMENT D: REFERENCES

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SECTION 4
ACCREDITATION GUIDELINES

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ACRONYMS

Aboriginal and Torres Strait Islander Health Curriculum Framework	the Framework
Curriculum Vitaes	CVs
Health Professional Programs	HPP
Higher Education Provider	HEP
Organisational Commitment and Health Professional Program Readiness Assessment Compass	OCHPPRAC

OVERVIEW

The Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training.

The Framework contains four sections:

Section 1 **Background**	Context of Aboriginal and Torres Strait Islanderr health and curricula, and history to the development of the Framework;
Section 2 **The Elements**	A composite of resources that outline, map and align the implementation of Aboriginal and Torres Strait Islander health curricula with learning outcomes and the development of clearly articulated graduate cultural capabilities;
Section 3 **Implementation Guidelines**	Resources, suggestions, tools and guidelines to assist higher education providers in the process of implementing Aboriginal and Torres Strait Islander health curricula; and
Section 4 **Accreditation Guidelines**	Suggestions for accreditation bodies in defining criteria that could be expected in undergraduate health professional programs to demonstrate curricula is being delivered in line with professional standards.

The accreditation guidelines outlined in the following pages are specifically for use by accreditation authorities from both regulated and non-regulated health professions. While a standalone resource, these guidelines are integral to the entire package, with the combined four sections addressing core aspects of successful implementation of Aboriginal and Torres Strait Islander health curricula, as well as learning outcomes that may reflect health professional accreditation requirements. It is suggested that accreditation authorities are familiar with these other sections, to support alignment between the priorities of both the higher education and the health sector.

BEST PRACTICE ACCREDITATION GUIDELINES

Under the Health Practitioner Regulation National Law Act as enacted in each state and territory (National Law), professional registration boards work closely with their accreditation authorities to effectively implement the National Registration and Accreditation Scheme (Australian Health Practitioner Regulation Agency 2012)[1]. The National Law provides that an accreditation authority accredits a program of study and the relevant National Board approves the program of study for the purposes of registration.

Key objectives of the National Law are consistent with the requirements of the Framework in that amongst other imperatives they exist to:

- Protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- Facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or practise in more than one participating jurisdiction;
- Facilitate the provision of high quality education and training of health practitioners;
- Facilitate access to services provided by health practitioners in the public interest; and
- Enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Accreditation authorities are responsible for monitoring education providers of HPP of study that lead to endorsement or registration. In addition they have a role in regularly reviewing Accreditation Standards that underpin accreditation programs. Professional accreditation is part of a broader process of assuring the community that having completed an accredited program of study, beginning practitioners have achieved an agreed set of professional outcomes, are equipped with the necessary knowledge, professional attitudes and skills, and they are able to practice safely and competently.

Under the National Law and the Quality Framework for the Accreditation Function, the accreditation authority is responsible for developing accreditation standards for the assessment of programs of study. Accreditation authorities are also responsible for policies on selection, appointment, training and performance review of its assessment team members who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards (Australian Health Practitioner Regulation Agency, 2013)[2].

Therefore the purpose of the National Law is consistent with the development of graduate capabilities within the Framework to ensure graduates are able to demonstrate that: (i) Aboriginal and Torres Strait Islander service users are at the centre of health delivery; (ii) health service delivery is culturally safe; and (iii) the ultimate goal is to enable better health outcomes for Aboriginal and Torres Strait Islander peoples.

[1] Australian Health Practitioner Regulation Agency 2012, 'Accreditation under the health practitioner regulation national law act', AHPRA, Canberra, (http://www.ahpra.gov.au/Publications/Accreditation-publications.aspx).

[2] Australian Health Practitioner Regulation Agency 2013, 'Quality framework for the accreditation function', AHPRA, Canberra, (http://www.ahpra.gov.au/Publications/Accreditation-publications.aspx).

Accreditation Authorities for both regulated and non-regulated health professions are in an important position to exert considerable influence on the implementation of the Framework through: demonstrating leadership in contributing to the improvement in health outcomes for Aboriginal and Torres Strait Islander peoples through the articulation of the requirements within their accreditation standards; ensuring that the standards are adequately assessed by accreditors who are knowledgeable in Aboriginal and Torres Strait Islander health; and the application of conditions which must be met if programs do not sufficiently meet the standards. It is recognised that it will take time for Accreditation Authorities to make changes through their regular review cycles and to develop their own culturally capable workforce.

This section provides accreditation authorities with suggestions around a series of criteria or elements that could be expected in HPPs implementing the Framework to demonstrate that Aboriginal and Torres Strait Islander health curriculum is being delivered in line with (developing) relative accreditation standards.

ACCREDITATION STANDARD REQUIREMENTS

Accreditation standards typically consist of a set of broad standards with a series of criteria or elements that clearly articulate how the necessary components demonstrate achievement of the standards. In order to implement the Framework, it is strongly recommended that there are criteria or elements that specifically include Aboriginal and Torres Strait Islander peoples in the context of:

- Curriculum design, monitoring and evaluation
- Recruitment of staff
- Professional development for all staff and additional development for those staff teaching in Aboriginal and Torres Strait Islander health
- Specific recruitment and support for Aboriginal and Torres Strait Islander students
- Curriculum requirements and assessment of achievement of graduate capabilities and learning outcomes
- Engagement with the Aboriginal and Torres Strait Islander community.

Each profession usually expresses accreditation standards and criteria/elements differently.

The examples below are indicators of how criteria/elements might be expressed to reflect accreditation standard requirements:

1. Curriculum design, monitoring and evaluation

- There is a consultative and collaborative approach to curriculum design and implementation which includes Aboriginal and Torres Strait Islander academic staff, health professionals or health service users.

2. Recruitment of staff

- The HPP actively recruits or draws upon, trains and supports Aboriginal and Torres Strait Islander staff and community members
- The HPP actively recruits or draws upon staff with the specialist knowledge and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health.

3. Professional development

- There is professional development for *all* HPP staff to develop the required cultural capabilities which makes the Health Program a culturally safe learning and teaching environment
- There is specific professional development for educators in Aboriginal and Torres Strait Islander health to ensure they have the requisite knowledge, reflexivity, facilitation skills, self-care and strategies to work in intercultural partnerships, collaboration and engagement.

4. Curriculum requirements and assessment of achievement of graduate capabilities and learning outcomes

- There is specific subject matter which develops the Framework graduate capabilities and learning outcomes and which gives students knowledge of the health and diversity of Aboriginal and Torres Strait Islander peoples in both foundation units and integrated within the curriculum
- Aboriginal and Torres Strait Islander peoples' history, culture, health, and wellness in accordance with the principles and curriculum content of the Framework are incorporated within the curriculum
- Graduate cultural capabilities are assessed, with students able to demonstrate their achievement prior to completion of their program
- Students can demonstrate their achievement of cultural capabilities prior to completion of their program.

5. Engagement with the community

- There is evidence of meaningful engagement with and responsiveness to the local Aboriginal and Torres Strait Islander community through involvement in curriculum design, delivery, monitoring and evaluation
- There is commitment of time and resources to building and maintaining relationships with Aboriginal and/or Torres Strait Islander stakeholders
- Formal linkages with Aboriginal and/or Torres Strait Islander health services exist.
- Evaluation of Accreditation Standards Requirements

Accreditation assessment teams play a critical role in determining the extent to which the requirements of accreditation standards are met and make recommendations as to whether any conditions should be applied to the program. This includes review of the standards and criteria/elements that specifically relate to Aboriginal and Torres Strait Islander peoples and the components of the Framework as outlined above. The knowledge, expertise and cultural capability of the accreditation assessment team will influence the manner and extent to which the criteria/elements are interrogated.

The following table outlines the range of evidence that might be used to determine whether criteria/elements of the standards have been met.

CRITERIA/ELEMENT	RECOMMENDED SOURCES OF EVIDENCE
There is a consultative and collaborative approach to curriculum design and implementation which includes Aboriginal and Torres Strait Islander health professionals and/or health service users	• Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) or similar completed with relevant action plans • Terms of Reference of Advisory Boards, Curriculum Committees etc. • Minutes of meetings of Advisory Boards, Curriculum Committees etc. • Minutes of meetings with Aboriginal and Torres Strait Islander health professionals or service users
The program actively recruits/ draws upon, trains and supports Aboriginal and Torres Strait Islander staff and community members	• Number of Aboriginal and Torres Strait Islander staff or community members associated with the HPP • CVs of Aboriginal and Torres Strait Islander staff
The program actively recruits/ draws upon staff with the specialist knowledge and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health	• Number of staff with relevant expertise • CVs of staff
There is professional development for all HPP staff to develop the required cultural capabilities which makes the program a culturally safe learning and teaching environment	• Professional development programs available to staff • Number of staff who have completed relevant professional development programs
There is specific professional development for educators in Aboriginal and Torres Strait Islander health to ensure they have the requisite knowledge, reflexivity, facilitation skills, self-care and strategies to work in partnerships through collaboration and engagement	• OCHPPRAC Tool or similar has been completed with relevant action plans • Specific professional development programs available to educators in Aboriginal and Torres Strait Islander health • Number of staff who have completed relevant professional development programs
There are specific admission, recruitment, support and retention strategies for Aboriginal and Torres Strait Islander students	• Policies related to admission, recruitment, support and retention for Aboriginal and Torres Strait Islander students • Retention rates for Aboriginal and Torres Strait Islander students (benchmarked against all students) • Support accessed by Aboriginal and Torres Strait Islander students • Dedicated staff member allocated to supporting Aboriginal and Torres Strait Islander students

CRITERIA/ELEMENT	RECOMMENDED SOURCES OF EVIDENCE
There is specific subject matter which develops the Framework graduate capabilities and learning outcomes and which gives students an appreciation of the health and diversity of Aboriginal and Torres Strait Islander peoples in both foundation units and integrated within the curriculum	• Recommended Sources of Evidence • Unit/Course outlines for those units which develop the Framework cultural capabilities • Curriculum map demonstrating syllabus, unit learning outcomes, learning experiences and assessments which are aligned to the learning outcomes
Aboriginal and Torres Strait Islander peoples' history, culture, health, and wellness in accordance with the principles and curriculum content of the Framework are incorporated within the curriculum	• Unit/Course outlines for those units which develop the Framework cultural capabilities • Curriculum map demonstrating syllabus, unit learning outcomes, learning experiences and assessments which are aligned to the learning outcomes
The Framework graduate cultural capabilities are assessed	• Examples of a range of assessments of the Framework cultural capabilities e.g. written, journals, oral presentations, clinical assessments, simulation • Evidence of student performance in relevant assessment items
Students can demonstrate their achievement of cultural capabilities prior to completion of their program	• Interviews with students (Aboriginal and Torres Strait Islander and non-Indigenous students) • Portfolios or e-portfolios of achievements • Clinical placement assessment forms
There is evidence of meaningful engagement with and responsiveness to the local Aboriginal and Torres Strait Islander community through involvement in curriculum design, delivery, monitoring and evaluation	• OCHPPRAC Tool has been completed with relevant action plans • Number of community members involved in curriculum design, implementation, monitoring and evaluation • Types of engagement with curriculum delivery e.g. lectures, tutorials, sharing stories, provision of case studies, involvement in practical assessments, simulation etc. • Evidence of contribution to Aboriginal and Torres Strait Islander community i.e. reciprocity by the HPP/ HEP
There is a commitment to the time and resources required to build and maintain relationships with Aboriginal and/or Torres Strait Islander stakeholders	• OCHPPRAC Tool or similar has been completed with relevant action plans • Staff who are involved in teaching and working with Aboriginal and Torres Strait Islander community have appropriate workloads • Interviews with staff about workloads
Formal linkages with Aboriginal and/or Torres Strait Islander health services	• Signed partnership agreements with Aboriginal and/or Torres Strait Islander health services

ACCREDITATION ASSESSORS

Accreditation authorities have the opportunity to take significant leadership in building culturally safe health practitioners through the design of accreditation standards and also through the requirements for accreditation assessors.

The expertise and cultural capability of accreditation assessors is important in both assessing the extent to which the accreditation standards and criteria/elements are met, and in creating a culturally safe environment for Aboriginal and Torres Strait Islander staff, students and community members to provide their perspectives on the extent to which the criteria/elements have been met.

As accreditation teams are generally comprised of two or more assessors, it is recommended that one of the assessors be either:

- A registered Aboriginal and Torres Strait Islander health practitioner (preferably in the discipline) with a sound knowledge of clinical practice and experience in teaching and learning or clinical education, or
- A non-Indigenous academic who has well developed cultural capability and requisite knowledge of the pedagogy of Aboriginal and Torres Strait Islander curriculum, reflexivity, facilitation skills, and strategies to work in intercultural partnerships, collaboration and engagement
- An Aboriginal and Torres Strait Islander academic in the same profession.

Inclusion of assessors with the capabilities outlined above not only ensures that the criteria/elements are addressed during the accreditation process, but also makes a powerful statement to the HPP about the importance of addressing the Framework within their program. Where there is not sufficient evidence of the Framework criteria/elements having been addressed within the HPP, then appropriate requirements for further action must be required (typically in the form of conditions which must be met).

DEVELOPING CULTURAL CAPABILITY TRAINING FOR ACCREDITATION ASSESSORS

Accreditation authorities are required to articulate selection criteria and professional development requirements for assessors. As there is an expectation that HPP being reviewed have professional development for all HPP staff to develop the required cultural capabilities that make the program a culturally safe learning and teaching environment, the same requirement could also be applied to accreditation assessors. Accreditation authorities can demonstrate their leadership and commitment to reconciliation by ensuring accreditation assessors undertake cultural capability training and fostering partnerships with relevant organisations to undertake such professional development activities.