Aboriginal and Torres Strait Islander Health Practice Accreditation Committee

Accreditation Standards: **Aboriginal and Torres Strait Islander health practice**

2019

Contents

1. Preamble

On 1 July 2012, the profession of Aboriginal and Torres Strait Islander health practice joined the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) established the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (the Accreditation Committee) under the National Law. The Accreditation Committee is responsible for developing the accreditation standards against which education providers and their implementation of programs of study (programs) in Aboriginal and Torres Strait Islander health practice are assessed when applying for accreditation under the National Law. The Board first published approved accreditation standards for Aboriginal and Torres Strait Islander health practice programs in December 2013. The Accreditation Committee must regularly review the accreditation standards to ensure that they are contemporary and relevant.

The Accreditation Committee accredits programs that meet, and monitors accredited programs to ensure they continue to meet, the accreditation standards for Aboriginal and Torres Strait Islander health practice programs. Accreditation of a program provides assurance that graduating students have the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner. The Accreditation Committee provides reports about accredited programs to the Board. The Board considers these reports when it approves programs for registration purposes.

Graduates of an accredited and approved Aboriginal and Torres Strait Islander Health practice program are qualified for general registration to practise as an Aboriginal and Torres Strait Islander health practitioner.

The Accreditation Committee acknowledges that Aboriginal and Torres Strait Islander health workers are not regulated under the National Law and that health workers are only required to register if they wish to, or their employer requires them to use one of the following protected titles: Aboriginal and Torres Strait Islander health practitioner, Aboriginal health practitioner, or Torres Strait Islander health practitioner.

This document contains:

- a preamble relevant to the context of the Aboriginal and Torres Strait Islander health practice accreditation standards
- the Aboriginal and Torres Strait Islander health practice accreditation standards and their associated criteria
- guidance on the evidence to be presented by education providers seeking accreditation or responding to monitoring of an Aboriginal and Torres Strait Islander health practice program, including:
  - expected information for each criterion to be presented
  - explanatory notes, to help common understandings between accreditation assessment teams and education providers as to the Accreditation Committee's requirements
  - a glossary of key terms used, and
  - a list of acronyms.

Assessment teams and providers of programs should also refer to the separate document Aboriginal and Torres Strait Islander Health Practice accreditation process for information about the accreditation processes and procedures used by the Accreditation Committee to assess and monitor programs against the accreditation standards.

Overview of the *Accreditation standards: Aboriginal and Torres Strait Islander health practice*

The *Accreditation standards: Aboriginal and Torres Strait Islander health practice (2019)* (the accreditation standards) recognise contemporary practice in standards development across Australia and internationally. The accreditation standards focus on the demonstration of outcomes. Where education processes are considered, the evidence required by the Accreditation Committee relates to learning outcomes and related assessment tasks rather than evidence of any specific processes. The accreditation standards accommodate a range of educational models, teaching methods and assessment approaches.

These accreditation standards apply to any Aboriginal and/or Torres Strait Islander Primary Health Care Practice program where graduates expect to qualify for registration with the Board. This includes any program that provides the knowledge, skills and professional attributes for Aboriginal and Torres Strait Islander health practice.

The Accreditation Committee acknowledges that all accredited and approved programs delivered the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification at the time that this document was published. The accreditation standards in this document provide an opportunity for education providers who choose to offer programs at higher AQF levels to apply for accreditation if they want their graduates to qualify for registration with the Board.

The Board's Aboriginal and/or Torres Strait Islander registration standard, which outlines that only persons who are Aboriginal and/or Torres Strait Islander are eligible for registration as an Aboriginal and Torres Strait Islander health practitioner, continues to apply for all Aboriginal and Torres Strait Islander health practice programs.

Mapping learning outcomes and assessment tasks to the Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners

These accreditation standards refer to the *Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners* (the professional capabilities) which will be endorsed by the Board in 2019 and included as an appendix to the accreditation standards. The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner, and establish the threshold level of professional capability needed for registration in Australia.

These accreditation standards require education providers to design and implement a program where unit/subject learning outcomes and assessment tasks map to all the professional capabilities. Accreditation of a program therefore provides assurance to the Board and the community that graduating students from the Aboriginal and Torres Strait Islander health practice program have the knowledge, skills and professional attributes that are necessary for safe and competent practice.

The relationship between the Accreditation Committee and other regulators

The Accreditation Committee recognises the role of:

- the Australian Skills Quality Authority (ASQA)[1] and the Training Accreditation Council (WA) (TAC)[2] and their application of the Standards for Registered Training Organisations (RTOs) 2015[3], in regulation and quality assurance of the Vocational Education and Training (VET) sector in Australia, and

[1] For information on ASQA, see www.asqa.gov.au/. Accessed 15 February 2019.
[2] For information on TAC (WA), see www.tac.wa.gov.au/. Accessed 15 February 2019.
[3] For information on the Standards for Registered Training Organisations (RTO) 2015, see www.legislation.gov.au/Details/F2014L01377. Accessed 15 February 2019.

- the Department of Education and Training (DET), the Higher Education Standards Panel (HESP)[4], and Tertiary Education Quality Standards Agency (TEQSA)[5] in regulation and quality assurance of higher education in Australia.

The Accreditation Committee does not seek to duplicate the role of these bodies, but rather seeks assurance of the application of standards to the program. The Accreditation Committee does not assess against the Standards for Registered Training Organisations (RTOs) 2015 nor the standards from the *Higher Education Standards Framework (Threshold Standards) 2015* (threshold HES)[6]. The accreditation standards in this document are limited to aspects of the education provider and program that are directly related to ensuring students have the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner.

Structure of the accreditation standards

The accreditation standards comprise five standards:

1. Assuring safe practice
2. Academic governance and quality assurance of the program
3. Program design, implementation and resourcing
4. The student experience
5. Assessment

A standard statement articulates the key purpose of each standard.

Each standard statement is supported by multiple criteria. The criteria are not sub-standards, they are indicators that set out what is generally needed to meet the standard.

The Accreditation Committee considers whether the education provider and its program have met each criterion. When the Accreditation Committee determines whether the evidence presented by an education provider clearly demonstrates that a particular standard is met, the Committee takes a balanced view of the findings for the whole standard.

Guidance on the presentation of evidence for accreditation assessment and its evaluation by assessment teams and the Accreditation Committee

The Accreditation Committee and its expert assessment teams rely on current documentary evidence submitted as part of the education provider's application for accreditation, and experiential evidence obtained through discussions with a range of:

- students
- staff at the education provider
- workplace supervisors and other staff at work placement and practical training providers
- graduates, and
- employers.

Expert assessment teams established by the Accreditation Committee evaluate the evidence the education provider presents for each criterion using the principles of fairness, validity, flexibility, transparency, sufficiency and reliability. The teams report their evaluation findings to the Accreditation Committee. The Accreditation Committee consider these findings and decides whether the standards are met. The Accreditation Committee also decides on accreditation of the program in accordance with section 48 of the National Law. Programs may be accredited, accredited with conditions and/or specific monitoring requirements, or not accredited. The onus is on the education provider to present evidence

[4] For information on the HESP, see www.education.gov.au/higher-education-standards-panel-hesp-0. Accessed 15 February 2019.
[5] For information on TEQSA, see: www.teqsa.gov.au. Accessed 15 February 2019.
[6] For information on the threshold HES, see www.legislation.gov.au/Details/F2015L01639. Accessed 15 February 2019.

that demonstrates how the Aboriginal and Torres Strait Islander health practice program meets each of the accreditation standards.

Guidance on presenting an explanation and expected information

The Accreditation Committee expects the education provider to explain how they meet each standard and provide the relevant expected information.

Education providers are expected to:

- make clear in their explanation, the purpose of including each piece of expected information
- highlight where the relevant information can be found in the expected information documents i.e. provide the page number and paragraph number which are relevant, and
- reference the criterion (or criteria) which each piece of expected information relates to.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject profiles/outlines are expected be provided for Criteria 1.1, 3.4, 3.7, 3.8, 3.9 and 5.1, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Providing a staff matrix

The Accreditation Committee expects the education provider to provide a staff matrix for Criteria 2.12, 2.14, 3.1 and 5.4. The purpose of the staff matrix differs for each standard. The Accreditation Committee recognises that there may be duplication of information requested across these criteria, and therefore would accept submission of one staff matrix that covers all the relevant information across the criteria mentioned above.

A template for the staff matrix is available to education providers for completion. Use of the template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information for relevant criteria.

Providing examples of assessments

The Accreditation Committee expects the education provider to provide examples of assessments for Criteria 1.1, 1.3 and 5.1. The examples are expected to include at least three different assessment tools or modalities. For each tool or modality, it is expected that three de-identified examples from students across the range of performance are provided. Where possible this will include an example of a satisfactory or pass, and an example of unsatisfactory or fail.

Implementation of formal mechanisms

The Accreditation Committee recognises that it is likely that the higher education regulator has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level i.e. the outputs and/or outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

Monitoring of accredited programs

After the Accreditation Committee accredits a program it has a legal responsibility, under Section 50 of the National Law, to monitor whether the program continues to meet the accreditation standards. Continued accreditation requires that the program meets the accreditation standards while students continue to be enrolled in the accredited program.

The education provider should keep the expected information listed in this document up-to-date and available during the life of the program because the Accreditation Committee expects information to be presented at each round of monitoring. The expected information to be presented during monitoring will be based on the findings of the original assessment (or previous monitoring) and risks identified by the Accreditation Committee.

During monitoring, the Accreditation Committee relies on documentary evidence submitted by the education provider, as well as experiential evidence obtained during visits to sites where the education provider delivers the accredited program.

Feedback and further information

The Accreditation Committee invites education providers, accreditation assessors and other users to provide feedback on the expected information and explanatory notes in this document.

Please email your comments and suggestions to the Program Accreditation Team at program.accreditation@ahpra.gov.au. The Accreditation Committee will review all feedback, which will inform any future refinements to this document.

For further information please contact:

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AHPRA
GPO Box 9958
Melbourne
VIC 3001
Email: program.accreditation@ahpra.gov.au
Website: www.atsihealthpracticeboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed from time to time as required. This will generally occur at least every five years.

Date of effect: 1 June 2020 (From this date, these accreditation standards replace the *Accreditation standards: Aboriginal and Torres Strait Islander health practice* published in 2013).

2. The accreditation standards, criteria, expected information and explanatory notes

Standard 1: Assuring safe practice

Standard statement: Assuring safe practice is paramount in program design, implementation and monitoring.

Criteria		Expected information for inclusion with accreditation application/monitoring response
1.1	Safe practice is identified in the learning outcomes of the program, including any work placements and practical training elements.	• Program materials and unit/subject profiles/outlines that show protection of the public and safe practice are addressed in the curriculum. • At least three different assessment tools or modalities which show that safe practice is being taught and assessed in the clinical/primary health care setting. For each tool or modality, include at least three de-identified examples from students across the range of performance. • Examples of implementation of formal mechanisms used to identify, report on and remedy issues impacting on safe practice in program design, implementation and monitoring.
1.2	Formal mechanisms exist to ensure students in the program are fit to practise safely at all times.	• Examples of implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the program, and manages situations where safety issues are identified. • Three de-identified examples of implementation of formal mechanisms to ensure students are safe to engage in practice before work placements and practical training, learning, including confidential disclosure of issues by students, vaccinations and, where mandated, completion of police checks and working with children checks.
1.3	Students in the program are required to achieve relevant pre-clinical capabilities before providing primary health care as part of work placements and practical training.	• Documents showing the relevant learning outcomes to be achieved prior to providing primary health care as part of work placements and practical training. • At least three different assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, include at least three de-identified examples from students across the range of performance.
1.4	Health practitioners who supervise students in the program during work placements and practical training must hold current registration in Australia for the clinical elements they supervise.	• Register of all workplace supervisors' qualifications, registration status and supervision responsibilities. • Examples of implementation of formal arrangements internally and with any external clinical sites (for example, an agreement) that ensure practitioners supervising students during work placements and practical training hold current registration.

1.5	Facilities and health services used for work placements and practical training maintain relevant accreditation and licences.	• Examples of implementation of formal mechanisms that show facilities and health services used for work placements and practical training maintain relevant accreditation and licences. • Examples to show the education provider monitors the currency of accreditation and licences. • Register of agreements (formal contracts and/or other written communication securing placements) between the education provider and external facilities and health services used for work placements and practical training. • Examples of implementation of formal mechanisms on safety for work placements and practical training including screening, reporting and control of infectious diseases.
1.6	The education provider requires students in the program to comply with the Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the Board's) guidelines relevant to safe practice, and provides mechanisms for students to familiarise themselves with any changes to relevant guidelines as they arise.	• Information provided to students that refers to the requirement for them to comply with the Board's guidelines. • Examples of implementation of formal mechanisms on mandatory and voluntary notifications about students to the Australian Health Practitioner Regulation Agency (AHPRA).
1.7	The education provider complies with its obligations under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) and other laws.	• Examples of implementation of formal mechanisms that show compliance with relevant legislation, including restrictions on the administration of scheduled medicines by students. • Examples to show that prospective and enrolled students are informed about any restrictions on their administration of scheduled medicines as a practitioner.
1.8	The education provider requires students to comply with a code of conduct consistent with the Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the Board's) expectations of ethical and professional conduct.	• Examples of implementation of a code of conduct that is consistent with the Board's guiding principles on ethical and professional conduct.

Standard 1: Explanatory notes

This standard addresses safe practice and the care of patients/clients as the prime considerations. The focus is on work placements and practical training, supervision and the way the education provider effectively manages internal or external work placements and practical training environments to ensure quality and reliable outcomes for both patients/clients and students.

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and responsibilities as a student and as a registered practitioner. The Accreditation Committee expects the education provider to assure safe practice in the program by implementing particular formal mechanisms relating to work placements and practical training environments and to teach students in the program about the different aspects of safe practice, including but not limited to, workplace health and safety (WHS), manual handling, and infection control.

Student work placements and practical training

The Accreditation Committee recognises that education providers design and carry out work placements and practical training in a variety of ways and expects the education provider to present documentary and experiential evidence that shows how their arrangements meet the accreditation standard.

Achievement of pre-clinical capabilities before work placements and practical training

To enable students in the program to practise safely, the Accreditation Committee expects students to achieve the pre-clinical capabilities that are relevant to their subsequent student work placement and practical training, before providing patient/client care. Achievement of these pre-clinical capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice. It is recognised that some students may complete part of their work placement and practical training in an employment setting. All students in the program must have an appropriate level of English language skills to communicate effectively with patients/clients, workplace supervisors, and other staff in the work placement and practical training setting.

Relevant accreditation and licensing

The Accreditation Committee expects the education provider to implement formal mechanisms that ensure each health service or facility that provides work placements and practical training for students in the program:

1. complies with any other licensing requirements, such as applicable public health laws, and
2. where relevant, is accredited by one of the nine approved accreditation agencies[7] that accredit to the *National Safety and Quality Health Service (NSQHS) Standards*.

These mechanisms may include relevant clauses in an agreement between the education provider and the health service or facility.

Ethical and professional conduct

The requirements for the ethical and professional conduct of Aboriginal and Torres Strait Islander health practitioners to assure safe practice are set out in the *Professional capabilities for Aboriginal and Torres Strait Islander health practitioners* and the *Code of conduct* for registered health practitioners published by the Board.[8]

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[7] 'Assessment & Accreditation', see www.nationalstandards.safetyandquality.gov.au/accreditation. Accessed 15 February 2019.
[8] Aboriginal and Torres Strait Islander Health Practice Board of Australia *Code of conduct, 2014* , see www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Code-of-conduct. Accessed 15 February 2019.

Standard 2: Academic governance and quality assurance of the program

Standard statement: Academic governance, quality improvement strategies, and formal mechanisms are effective in developing and implementing sustainable, high-quality education at a program level.

Criteria		Expected information for inclusion with accreditation application/monitoring response
2.1	The education provider is currently registered with the relevant VET regulator, or with TEQSA.	• For education providers that are currently registered with the relevant VET regulator: - link to the relevant information on www.training.gov.au showing current registration status, and - copy of the education provider's most recent ASQA/TAC audit report. • For education providers that are currently registered with TEQSA: - copy of written notice of decision from TEQSA on registration, including whether TEQSA has granted self-accrediting authority.
2.2	If the education provider is implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the VET sector, the scope of the provider's registration must include the qualification. Or If the education provider is implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the higher education sector, TEQSA has accredited the program and approved its AQF level or, for education providers with self-accrediting authority, the program and its AQF level have been approved by the education provider's relevant board or committee responsible for program approval.	• For education providers implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the VET sector: - link to the relevant information on www.training.gov.au showing that the scope of the education provider's registration includes the qualification. • For education providers implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the higher education sector: - if TEQSA has not granted self-accrediting authority: ○ TEQSA's report on accreditation of the program ○ disclosure of any issues concerning the program that TEQSA has identified and details of any conditions imposed ○ subsequent dialogue with TEQSA about addressing the conditions, and ○ TEQSA's approval of the AQF level of the program. - if TEQSA has granted self-accrediting authority: ○ copy of the program approval decision by the education provider's relevant board or committee, such as a record of resolution in meeting minutes ○ disclosure of any issues concerning the program that the board or committee identified ○ subsequent dialogue with the board or committee about addressing the issues, and ○ education provider's relevant board or committee approval of the AQF level of the program.

2.3	Students, trainers/lecturers and workplace supervisors in the program have opportunities to contribute to the information that informs decision-making about program design, implementation and quality.	• Details of any student, trainer/lecturer, and workplace supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show consideration of information contributed by students, lecturers, and workplace supervisors when decisions about program design, implementation and quality are being made. • Examples of the use of student, trainer/lecturer and workplace supervisor satisfaction data or other feedback to improve the program.
2.4	The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or similar group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the Aboriginal and Torres Strait Islander health practice profession and the health workforce.	• Overview of formal academic governance arrangements for the program, including an organisational chart of governance for the program. • Current list of members of the committee or group responsible for program design, implementation and quality. • Examples of implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and review contributes to improvement in the design, implementation and quality of the program. • Examples of implementation of formal mechanisms used to monitor and review the design, implementation and quality of the program. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program. • Records of the three previous meetings of the key committee or group that has responsibility for design, implementation and quality of the program. • Record of the most recent internal course review of the program.
2.5	Formal mechanisms exist to evaluate and improve the design, implementation and quality of the program, including student feedback, internal and external academic and professional peer review, and other evaluations.	• Examples of implementation of formal mechanisms to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary, log or register of any actions taken, and changes made, to improve the design, implementation and quality of the program in response to student and staff feedback.
2.6	Formal mechanisms exist to validate and evaluate improvements in the design, implementation and quality of the program.	• Examples of implementation of formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.
2.7	There is external stakeholder input into the design, implementation and quality of the program, including from representatives of the Aboriginal and Torres Strait Islander health practice profession, other health professions, prospective employers, health consumers and graduates of the	• Examples of effective engagement with external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander communities and of other health professions) about program design and implementation. • List of all external stakeholders that have had input into the design, implementation and quality improvement of the program.

	program.	• Terms of reference of a current stakeholder group responsible for input into design, implementation and quality of the program, including the list of representatives on the group and their current positions. • Current stakeholder groups' meeting calendar for the current year. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and their implementation.
2.8	Formal mechanisms exist to anticipate and respond to contemporary developments in Aboriginal and Torres Strait Islander health practice and the education of health practitioners, within the curriculum of the program.	• Examples of implementation of formal mechanisms used to anticipate and respond to contemporary developments in Aboriginal and Torres Strait Islander health practice and the education of health practitioners within the curriculum of the program. • Explanation of how current workforce trends are monitored and how knowledge is obtained on the current health requirements of Aboriginal and/or Torres Strait Islander Peoples and communities.
2.9	Formal mechanisms exist to ensure regular monitoring of the suitability of workplace trainers and supervisors, and the ongoing quality assurance of work placements and practical training facilities, including evaluation of student feedback.	• Examples of implementation of formal mechanisms to regularly monitor the suitability of workplace trainers and supervisors. • Examples of implementation of formal quality assurance mechanisms in the program. • Examples of evaluation of student feedback about their work placements and practical training experience and their feedback on workplace trainers and supervisors, and work placements and practical training facilities. • Examples of feedback from workplace supervisors and staff employed at facilities and health services. • Examples of responses to quality assurance findings.
2.10	Staff and students work and learn in a physically and culturally safe environment that supports Aboriginal ways of learning.	• Examples of implementation of formal mechanisms to ensure that the staff and student work and learning environment is physically and culturally safe. • Examples of implementation of formal mechanisms that support Aboriginal ways of learning. • Examples of resolving any issues that compromised the physical and/or cultural safety of staff and student work and learning environments. • Examples of feedback from staff and students about the safety of the environment.
2.11	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	• Examples of implementation of a risk management plan and formal mechanisms for the program, which include assessing and mitigating risk, and identifying any subsequent program opportunities following a risk assessment.

2.12	The education provider appoints academic staff at an appropriate level to manage and lead the program.	• Staff matrix of staff responsible for management and leadership of the program, identifying their: - Aboriginal and Torres Strait Islander status - academic level of their appointment - management or leadership role in the program - type (ongoing, contract, casual) of appointment and the fraction (full-time, part-time) - qualifications and experience relevant to their management and leadership responsibilities - engagement in primary health care practice, and - engagement in further learning related to their role and responsibilities.
2.13	Staff managing and leading the program have sufficient autonomy to request the level and range of human resources, facilities, equipment and financial resources within the program.	• Examples of correspondence or meetings that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
2.14	The education provider ensures the recruitment, appointment and promotion of Aboriginal and/or Torres Strait Islander staff in order to contribute to student learning in the program.	• Staff matrix for the program, which identifies the Aboriginal and Torres Strait Islander status of staff. • Examples of targeted recruitment of Aboriginal and/or Torres Strait Islander staff. • Examples of promotion and training of Aboriginal and/or Torres Strait Islander staff. • Examples of implementation of formal mechanisms for recruitment of staff including equal employment opportunity policy for employment of Aboriginal and/or Torres Strait Islander Peoples. • Education provider's Reconciliation Action Plan, where available.

Standard 2: Explanatory notes

This standard addresses the organisation and governance of the Aboriginal and Torres Strait Islander health practice program. The Accreditation Committee acknowledges ASQA's, TAC's, and TEQSA's role in assessing the education provider's governance as part of their registration application, but they now seek evidence on how the Aboriginal and Torres Strait Islander health practice program operates within the organisational governance.

For education providers who offer TEQSA-accredited programs in Aboriginal and/or Torres Strait Islander primary health care practice, the Accreditation Committee acknowledges that there is some similarity between these accreditation standards and the standards applied by TEQSA in its course accreditation. Education providers can therefore provide evidence of TEQSA's assessment against the course accreditation standards.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program and the degree of control that the program staff have for managing and implementing the program. This standard also covers engagement with the Aboriginal and Torres Strait Islander health practice profession and other external stakeholders as it relates to the quality of the program to produce graduates who are safe and competent to practise.

Formal quality assurance mechanisms

The Accreditation Committee expects that the education provider will regularly monitor and review the program and the effectiveness of its implementation. The education provider is expected to engage with and consider the views of representatives of the Aboriginal and Torres Strait Islander health practice profession, students, graduates, lecturers, workplace trainers and supervisors, prospective employers and other health professionals when relevant.

The Accreditation Committee also expects that the education provider will implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

Evidence of effective engagement with external stakeholders

The Accreditation Committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, or face-to-face meetings. The Accreditation Committee expects that engagement with external stakeholders will occur regularly through one or more of these mechanisms at least twice every 12-18 months.

External stakeholders

The Accreditation Committee expects that the education provider will engage with any individuals, groups or organisations that are significantly affected by and/or have considerable influence on the education provider, and its program's design and implementation. This should include, but is not limited to, representatives of the local community and Aboriginal and Torres Strait Islander communities, health consumers, relevant health services and health professionals, relevant peak bodies, and industry.

Reconciliation Action Plan

In recent years organisations have developed Reconciliation Action Plans (RAPs) to provide a framework for supporting the national reconciliation movement. A RAP is a strategic document that supports an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates.[9]

[9] 'Reconciliation Action Plans', see www.reconciliation.org.au/reconciliation-action-plans/. Accessed 12 March 2019.

The Accreditation Committee acknowledges that developing a RAP is a new concept for many education providers and not all providers will have yet developed a RAP.

Staff and student work and learning environments

The work environment includes any physical or virtual place staff attend to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students attend to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, work placements and practical training facilities and health services.

All environments related to the program must be physically and culturally safe for both staff and students and must support Aboriginal ways of learning.

Staff matrix for staff responsible for management and leadership of the program

A template for the staff matrix is available[10] for education providers to complete. Use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 2.12.

For education providers regulated by a VET regulator, the Accreditation Committee does not assess against the *Standards for Registered Training Organisations (RTOs) 2015*, but it expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the program meet the relevant RTO governance and administration requirements within the *Standards for Registered Training Organisations (RTOs) 2015*.

For education providers regulated by TEQSA, the Accreditation Committee does not assess against the threshold HES*,* but it expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the program to meet the relevant requirements within the threshold HES.

If information at the level of the program has been provided to and assessed by the relevant VET regulator or TEQSA, evidence of the outcome of the regulator's assessment is sufficient.

[10] Please contact AHPRA's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Standard 3: Program design, implementation and resourcing

Standard statement: Program design, implementation and resourcing enable students to achieve all the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.

Criteria		Expected information for inclusion with accreditation application/monitoring response
3.1	Cultural competence is integrated in the design and implementation of the program and is clearly articulated in unit/subject learning outcomes, with an emphasis on cultural safety and working with a range of Aboriginal and Torres Strait Islander Peoples in the Australian healthcare setting.	• Explanation of how cultural competence is integrated in the design and implementation of the program. • Details of unit/subject learning outcomes that articulate how cultural competence is integrated in the program, with an emphasis on cultural safety and working with a range of Aboriginal and Torres Strait Islander Peoples in the Australian healthcare setting.
3.2	Decisions about the program are informed by leadership from Aboriginal and/or Torres Strait Islander Peoples and engagement with local communities.	• Terms of reference for a Course Advisory Group (CAG) that includes local Aboriginal and Torres Strait Islander Peoples, and members who have curriculum design knowledge. • List of names and positions of current members of the CAG. • Record of the latest CAG meeting which shows that decisions about the program are informed by leadership from Aboriginal and/or Torres Strait Islander Peoples and engagement with local communities.
3.3	A coherent educational philosophy informs the program design and implementation.	• Statement of overall educational philosophy/design for the program. • Weekly schedule for implementation of the units/subjects, including any electives, for the entire program, indicating allocation of key learning activities such as on campus classes and periods of work placements and practical training.
3.4	Unit/subject learning outcomes in the program address all the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.	• Curriculum map including unit/subject learning outcomes and alignment to all the professional capabilities. • Detailed profiles/outlines for each unit/subject taught in the program.
3.5	If the education provider is implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the VET sector, implementation and assessment of units/subjects in the program must comply with the requirements of the HLT training package.	• Curriculum map including unit/subject learning outcomes and alignment to all core units of competency in the endorsed training package. • The Training and Assessment Strategy (TAS) for the entire program. • The learning/training and assessment strategies and assessment details for the Administer medications unit/subject, and three de-identified examples of a complete student log book for that unit/subject. • Details of the hours of learning and assessment for each unit/subject.

3.6	The curriculum design supports Aboriginal ways of learning, and must integrate theoretical concepts and practical application throughout the program, including simulation, work placements and practical training experiences.	• Examples of implementation of formal mechanisms that ensure Aboriginal ways of learning are incorporated into curriculum design. • The learning and assessment strategy for the entire program. • Typical week-by-week schedule/calendar for the entire program.
3.7	Unit/subject learning outcomes in the program address contemporary principles of interprofessional education and reflective practice.	• Program materials and unit/subject profiles/outlines that show where interprofessional education is addressed. • Program materials and unit/subject profiles/outlines that show where reflective practice is addressed.
3.8	Unit/subject learning outcomes and assessment in the program specifically reference the *National Safety and Quality Health Service (NSQHS) Standards*, including in relation to collaborative practice, team-based care and culturally safe health care, particularly for Aboriginal and Torres Strait Islander Peoples.	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant *NSQHS Standards* are specifically referenced in the program.
3.9	Unit/subject learning outcomes in the program address social and cultural determinants of Aboriginal and Torres Strait Islander health.	• Program materials and unit/subject profiles/outlines that show where social and cultural determinants of Aboriginal and Torres Strait Islander health are addressed.
3.10	Legislative and regulatory requirements relevant to the Aboriginal and/or Torres Strait Islander health practice profession are taught and their application to practice is assessed during work placements and practical training in the program.	• Identification of where relevant requirements are taught and assessed during work placements and practical training.
3.11	The education provider ensures work placements and practical training provide students in the program with regular opportunities to reflect on their observations of practice in the primary health care setting.	• Three de-identified records of student feedback that includes an opportunity for reflection on their work placements and practical training.
3.12	The education provider has an active relationship with the practitioners who provide instruction and supervision to students in primary health care settings, and formal mechanisms exist for training and monitoring those supervisors.	• Examples of engagement between the education provider and practitioners who provide instruction and supervision to students during work placements and practical training. • Examples of implementation of formal mechanisms used for training and monitoring workplace supervisors.

3.13	The quality, quantity, duration and diversity of student experience during work placements and practical training in the program is sufficient to produce a graduate who has demonstrated the knowledge, skills and professional attributes to safely and competently practise Aboriginal and/or Torres Strait Islander health practice.	• Explanation about how the education provider monitors the quality, quantity, duration and diversity of student experience during work placements and practical training to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise Aboriginal and Torres Strait Islander health practice. • Examples of implementation of formal mechanisms for monitoring the quality, quantity, duration and diversity of student experience during work placements and practical training.
3.14	The education provider appoints academic staff at an appropriate level to implement the program.	• Staff matrix of staff responsible for implementation of the program, identifying their: - Aboriginal and Torres Strait Islander status - academic level of their appointment - role in implementation of the program - fraction (full-time, part-time) and type (ongoing, contract, casual) of appointment - qualifications and experience relevant to their responsibilities - engagement in primary health care practice - relevant registration status, and - engagement in further learning related to their role and responsibilities.
3.15	The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all professional capabilities for Aboriginal and Torres Strait Islander health practitioners.	• A letter from senior management of the education provider confirming ongoing support for the quality and resourcing of the program. • Description of, and examples that show the facilities used for teaching and learning in the program enable students to achieve all the professional capabilities.

Standard 3: Explanatory notes

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the professional capabilities for Aboriginal and Torres Strait Islander health practitioners and the way the educational outcomes are achieved.

Program design

The Accreditation Committee considers that the two key goals of the Aboriginal and Torres Strait Islander health practice program leading to qualification for general registration are:

- to ensure that graduates can safely, competently and independently practise Aboriginal and Torres Strait Islander health practice at the level needed for general registration, and
- to provide the educational foundation for lifelong learning in Aboriginal and Torres Strait Islander health practice.

To deliver on the educational outcomes, the education provider is encouraged to present evidence in an overview about how the curriculum is structured and integrated to produce graduates who have demonstrated all the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.

The Accreditation Committee expects the education provider to make explicit statements about the learning outcomes at each stage of the program, to provide guides for each unit/subject that clearly set out the learning outcomes of the unit/subject, and to show how the learning outcomes map to the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.

Cultural competence and cultural safety

At the time of publication, the Health Professions Accreditation Collaborative Forum was undertaking a collaborative project to determine how programs across all health professions prepare their graduates to support Aboriginal and Torres Strait Islander Peoples to achieve their health outcomes. As this project continues to develop a strategy, further content on cultural competence and cultural safety will be incorporated into this document.

The Accreditation Committee recognises the complex cultural differences in Aboriginal and Torres Strait Islander communities and does not intend to imply that there is one standard approach to cultural competence and cultural safety.

Integration of cultural competence and cultural safety within the design and implementation of Aboriginal and Torres Strait Islander health practice programs

The Australian Government Department of Health's *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.[11]

There is an expectation that relevant aspects of the Framework are incorporated into the design and implementation of Aboriginal and Torres Strait Islander health practice programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Accreditation Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

[11] 'Aboriginal and Torres Strait Islander Health Curriculum Framework', see www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework. Accessed 15 February 2019.

Learning and teaching approaches

The Accreditation Committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills, and incorporate Aboriginal ways of learning. Problem and evidence-based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Education providers may demonstrate how these approaches are realised and incorporated into the curriculum to facilitate the achievement by students of the learning outcomes and the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.

Interprofessional education

The principles of interprofessional education encompass learning about, from and with other health professions, and understanding, valuing and respecting individual discipline roles in primary health care. Interprofessional education also includes learning about the need for a multidisciplinary approach to care coordination to ensure patients/clients receive optimal care throughout the patient/client journey.

Social and cultural determinants of health

The Accreditation Committee expects that the education provider considers social determinants of health as they relate to the design, implementation and quality improvement of its program, such as the way people think about health and illness; individual behaviours and habits that influence health; and how culture interacts with environment, economy, and politics to affect health. Cultural determinants of health are also expected to be considered, such as Aboriginal and Torres Strait Islander Peoples connection to family and community, land and sea, culture and identity.[12]

Teaching and assessment of legislative and regulatory requirements

The Accreditation Committee expects legislative and regulatory requirements relevant to the Aboriginal and Torres Strait Islander Health Practice profession to be taught in the program and for their application to practice being assessed during work placements and practical training.

Work placements and practical training

The Accreditation Committee expects the education provider to include at least 500 hours of work placements and practical training in a primary health care practice setting. The Accreditation Committee expects that students will be provided with extensive and diverse work placement and practical training experiences with a range of patients/clients and clinical presentations.

The Accreditation Committee considers that direct patient/client encounters throughout the program will help to ensure students achieve the professional capabilities for Aboriginal and Torres Strait Islander health practitioners. Education providers are expected to explain how the entire spectrum of work placement and practical training experiences will ensure graduates achieve the professional capabilities.

The Accreditation Committee expects the education provider to have consistent two-way communication with practitioners acting as workplace supervisors. The examples of engagement provided should clearly show workplace supervisors have an opportunity to provide feedback to the education provider on students' work placement and practical training experiences.

[12] Social and Cultural Determinants of Indigenous Health. Implementation Plan Advisory Group Consultations 2017 Discussion Paper, see www.consultations.health.gov.au/indigenous-health/determinants/. Accessed 12 March 2019.

Practical training facilities

The Accreditation Committee expects the education provider has access to at least one practical training facility, the size of which depends on the number of students and the extent to which the education provider makes use of external primary health care facilities.

Staff matrix for staff responsible for implementation of the program

A template for the staff matrix is available[13] for education providers to complete. Use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 3.14.

For education providers regulated by a VET regulator, the Accreditation Committee does not assess against the *Standards for Registered Training Organisations (RTOs) 2015.* However, the Committee expects the education provider to submit clear evidence that all staff with teaching and supervisory roles in the program meet the trainers and assessors' requirements within the *Standards for Registered Training Organisations (RTOs) 2015*.

For education providers regulated by TEQSA, the Accreditation Committee does not assess against the threshold HES*,* but it expects the education provider to submit clear evidence that all staff with teaching and supervisory roles in subjects/units in the program to meet the relevant requirements within the threshold HES.

If information at the level of the program has been assessed by the relevant VET regulator or TEQSA, evidence of the outcome of the regulator's assessment is sufficient.

[13] Please contact AHPRA's Program Accreditation Team at program.accreditation@ahpra.gov.au obtain the most up-to-date version of the staffing profile.

Standard 4: The student experience

Standard statement: Students in the program have equitable and timely access to program information, learning support and complaints and/or appeals processes.

Criteria		Expected information for inclusion with accreditation application/monitoring response
4.1	Program information is complete, accurate, clear, accessible and up-to-date.	• Information provided to prospective students (before enrolment) and enrolled students about the program. • Explanation about when and how prospective and enrolled students are provided with full details about practitioner registration requirements, program fees, refunds and any other costs involved in the program. • Program information handbooks and/or links to website pages containing program information for prospective and enrolled students.
4.2	The education provider ensures cultural safety for students at all times.	• Examples of implementation of formal mechanisms relevant to cultural safety.
4.3	Students in the program have access to effective complaints and appeals processes.	• Register of complaints or appeals lodged by students in the program showing the outcome of the process. • Examples of implementation of the complaints and appeals process for students in the program.
4.4	The education provider identifies and provides support services to meet the learning needs of students in the program.	• Examples of implementation of support services to meet the learning needs of students in the program. • An explanation about identifying and responding to the varying learning needs of students enrolled in the program. • Examples of orientation programs and remediation programs that address learning, health or cultural issues. • Examples of formal mechanisms for feedback from and to students in the program, including the strategies to assist underperforming students, provision of effective remediation opportunities, and responses to student feedback.
4.5	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples.	• Examples of implementation of formal mechanisms for recruitment and admissions to the program by Aboriginal and/or Torres Strait Islander Peoples.

Standard 4: Explanatory notes

This standard focuses on how the education provider ensures students have equitable and timely access to program information and learning support, and delivers a student experience that is culturally safe.

The Accreditation Committee acknowledges the VET regulators' and TEQSA's roles in assessing student access to program information, learning support and complaints/appeals processes as part of their registration application. If information relevant to this standard has been assessed by the relevant VET regulator or TEQSA, the education provider can include evidence of the outcome of the regulator's assessment.

The Accreditation Committee does not assess against the *Standards for Registered Training Organisations (RTOs) 2015* or the threshold HES, but it expects the education provider to submit evidence of implementation at the level of the program, of any formal mechanisms used to ensure student access to program information, learning support and complaints/appeals processes.

Registration requirements

The Accreditation Committee expects that the education provider clearly and fully informs prospective students about the Board's practitioner registration requirements before the students enrol in the program, including the requirement that only persons who are Aboriginal and/or Torres Strait Islander Peoples are eligible for registration as an Aboriginal and/or Torres Strait Islander health practitioner. This requirement is to enhance the quality of holistic healthcare that is provided by Aboriginal and/or Torres Strait Islander health practitioners to the community in a culturally safe manner. Students enrolled in the program should also be reminded of the requirements prior to their graduation.

The Accreditation Committee expects that the information refers to the following registration standards[14] set by the Board:

- Aboriginal and/or Torres Strait Islander registration standard
- Continuing professional development registration standard
- Criminal history registration standard
- English language skills registration standard
- Professional indemnity insurance arrangements registration standard
- Recency of practice registration standard

Student support services and facilities to meet learning needs

The Accreditation Committee expects that evidence of implementation of adequate student learning support services is provided at the level of the program. Evidence of implementation of learning support services could include how students in the program access services and student advisers, as well as more informal and readily accessible advice from individual teaching staff.

[14] Aboriginal and Torres Strait Islander Health Practice Board of Australia *Registration Standards,* see www.atsihealthpracticeboard.gov.au/Registration-Standards. Accessed 15 February 2019.

Standard 5: Assessment

Standard statement: All graduates of the program have demonstrated achievement of all the learning outcomes taught and assessed during the program.

Criteria		Expected information for inclusion with accreditation application/monitoring response
5.1	All the professional capabilities for Aboriginal and Torres Strait Islander health practitioners and unit/subject learning outcomes are mapped to assessment tasks in the program.	• Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment and mapping of all assessment tasks, all unit/subject learning outcomes and all professional capabilities. • Detailed unit/subject profiles/outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit/subject. • At least three different assessment tools or modalities used during work placements and practical training that show how students attain the professional capabilities. For each tool or modality, include at least three de-identified examples from students across the range of performance.
5.2	Multiple valid and reliable assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through direct observation of students in the clinical setting.	• Details of the assessment strategy for each year of the program, identifying assessment tools, modes and sampling. • Examples of implementation of formal mechanisms to evaluate student capability in the clinical setting.
5.3	Formal mechanisms exist, including program management, unit/subject co-ordination and quality assurance processes that ensure assessment of learning outcomes for determining student competence reflects the principles of assessment.	• Examples of implementation of formal mechanisms that ensure assessment of learning outcomes for determining student competence reflects the principles of assessment. • Examples of assessment statistical data and how it is reviewed and used to improve implementation of assessment. • Examples of assessment moderation and validation including the outcomes. • Examples of assessment benchmarking including the outcomes.
5.4	Staff who assess students in the program are suitably experienced and prepared for the role and hold appropriate qualifications where relevant.	• Staff matrix for staff responsible for assessment of students in the program identifying their: - Aboriginal and Torres Strait Islander status - academic level of appointment - role in assessment of students in the program - fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment - qualifications and experience relevant to their responsibilities - engagement in primary health care practice - their relevant registration status (for health practitioners), and - engagement in further learning related to their role and responsibilities. • Details of arrangements to monitor staff who assess students during work placement and practical

		training.
5.5	The education provider ensures the recruitment, appointment and promotion of Aboriginal and/or Torres Strait Islander staff to assess students in the program.	• Examples of targeted recruitment of Aboriginal and/or Torres Strait Islander staff who assess students in the program. • Examples of training and promotion of Aboriginal and/or Torres Strait Islander staff who assess students in the program. • Examples of implementation of formal mechanisms for recruitment of staff, including an equal employment opportunity policy for employment of Aboriginal and/or Torres Strait Islander Peoples.
5.6	Formal mechanisms exist to ensure the learning outcomes and the assessment of all work placements and practical training activities are defined and known to both students and workplace supervisors.	• Examples of implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work placement and practical training activities are defined and known to both students and workplace supervisors. • Information provided to students and workplace supervisors about work placement and practical training and assessment. • Examples of guidance provided to workplace supervisors on how to use assessment tools to enhance the validity and reliability of their assessments.

Standard 5: Explanatory notes

This standard focuses on assessment, including quality assurance processes and the staff responsible for assessing students in the program. The Accreditation Committee expects the education provider to ultimately show how they assure every student who passes the program has achieved all the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.

The Accreditation Committee expects the education provider to use fit for purpose and comprehensive assessment methods and formats to assess the intended learning outcomes, and to ensure a balance of formative and summative assessments occur throughout the program.

Use of valid and reliable assessment tools, modes and sampling in the program

The Accreditation Committee expects the education provider to implement an assessment strategy that incorporates the use of valid and reliable assessment tools, modes and sampling. It is also expected that when the education provider designs and implements supplementary and alternative assessments in the program that these contain different material to the original assessment.

Staff matrix for staff responsible for assessment of students in the program

A staff matrix template for the staffing profile is available[15] for education providers for completion. Use of this template is optional, and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 5.4.

For education providers regulated by a VET regulator, the Accreditation Committee does not assess against the *Standards for Registered Training Organisations (RTOs) 2015*, but expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the program meet the Trainers and Assessors requirements within the *Standards for Registered Training Organisations (RTOs) 2015*.

For education providers regulated by TEQSA, the Accreditation Committee expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the program to meet the relevant requirements within the threshold HES.

If information at the level of the program has been provided to and assessed by the relevant VET or Higher Education regulator, evidence of the outcome of the regulator's assessment is sufficient.

Cultural safety during work placement and practical training assessments

The Accreditation Committee expects assessment of students in the program to be done by an assessor who has relevant expertise and qualifications in the unit/subject being assessed. Where the assessment relates to professional capabilities in the work placement and practical training setting, the Accreditation Committee expects the assessor to be a registered health practitioner who is:

- an Aboriginal and/or Torres Strait Islander Person, or
- accompanied and advised by an Aboriginal and/or Torres Strait Islander Person who is a recognised member of the community with experience in primary health care.

[15] Please contact AHPRA's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Glossary

Aboriginal and Torres Strait Islander health practitioner	A person registered by the Aboriginal and Torres Strait Islander Health Practice Board of Australia. The practitioner may use the titles: • Aboriginal health practitioner • Aboriginal and Torres Strait Islander health practitioner, or • Torres Strait Islander health practitioner.
Aboriginal and Torres Strait Islander Health Practice Accreditation Committee	The committee appointed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia to exercise accreditation functions for the profession.
Aboriginal ways of learning	A learning framework that can change in different settings and broadly comprises eight interconnected pedagogies involving: • story sharing, i.e. narrative-driven learning • learning maps, i.e. visualised learning processes • non-verbal, i.e. hands-on/reflective techniques • symbols and images, i.e. use of metaphors and symbols • land links, i.e. land-based learning • non-linear, i.e. indirect, synergistic logic, interdisciplinary approach • deconstruct reconstruct, e.g. modelled/scaffolded genre mastery • community links, i.e. connection to community.[16]
Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program provide persons who complete the program with the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner in Australia.
Assessment benchmarking	A structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality improvement process used to evaluate performance by comparing institutional practices to sector good practice.[17]
Assessment matrix	Is a technical component of assessment; it is a document that demonstrates the link between learning outcomes and what is assessed. Note, the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers.[18]
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability; appropriateness; and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[19]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the Aboriginal and Torres Strait

[16] Based on 'Knowledge frameworks of Aboriginal and Torres Strait Islander peoples', see www.qcaa.qld.edu.au/about/k-12-policies/aboriginal-torres-strait-islander-perspectives/resources/frameworks. Accessed 27 March 2019.
[17] 'TEQSA Guidance Note: Benchmarking', see www.teqsa.gov.au/latest-news/publications/teqsa-guidance-note-benchmarking. Accessed 15 February 2019.
[18] Medical Deans Australia and NZ (HWA project), *Developing a national assessment blueprint for clinical competencies for the medical graduate (competencies project stage 3) final report*, see www.medicaldeans.org.au/resources/reports/. Accessed 15 February 2019.
[19] Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 15 February 2019.

	Islander health practice program against the accreditation standards.
Assessment validation	Validation is a quality review process that confirms the assessment system can produce outcomes that consistently confirm a student holds the necessary knowledge and skills described in the learning outcomes.[20]
Course Advisory Group	A committee or group that oversees curriculum development and elective offerings.
Cultural competence	A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.[21]
Cultural determinants of health	Cultural determinants originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the Articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)[22], cultural determinants include, but are not limited to: • Self-determination • Freedom from discrimination • Individual and collective rights • Freedom from assimilation and destruction of culture • Protection from removal/relocation • Connection to, custodianship, and utilisation of country and traditional lands • Reclamation, revitalisation, preservation and promotion of language and cultural practices • Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and • Understanding of lore, law and traditional roles and responsibilities.[23] Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song

[20] Adapted from Fact sheet – Conducting validation, see www.asqa.gov.au/news-publications/publications/fact-sheets/conducting-validation. Accessed 15 February 2019.
[21] Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
[22] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), see www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html. Accessed 12 March 2019.
[23] Prof. Ngiare Brown (undated), cited in The Lowitja Institute – Cultural Determinants Roundtable, Melbourne 26th November 2014, Background Paper, see www.lowitja.org.au/page/research/research-roundtable/cultural-determinants. Accessed 12 March 2019.

	and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[24]
Cultural safety	The National Scheme Aboriginal and Torres Strait Islander Health Strategy's statement of intent[25] defines cultural safety as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples. The Accreditation Committee acknowledges cultural safety is particularly important in Australia's multicultural society and is not limited only to Aboriginal and Torres Strait Islander Peoples. A culturally safe environment (see definition below) should be afforded to all people in the Australian healthcare context.[26]
Culturally safe environment	A culturally safe environment is where any Aboriginal or Torres Strait Islander person is not only treated well and in a culturally respectful manner, but they are also: empowered to actively participate in interactions, believing they are valued, understood and taken seriously and supported to carry out culturally significant tasks as part of service delivery or participation in the program.[27]
Education Provider	The term used by the National Law to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training, specialist medical colleges and/or health professional colleges.
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively implement the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Interprofessional education	When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[28]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and can demonstrate as a result of learning.[29]
Mandatory and voluntary notification(s) about students	An education provider must notify AHPRA if the provider reasonably believes: a) a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or b) a student for whom the education provider has arranged clinical training has an impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm.[30] A voluntary notification about a student may be made to AHPRA on the grounds that— a) the student has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months imprisonment

[24] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, see www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consultation. Accessed 12 March 2019.
[25] 'Aboriginal and Torres Strait Islander Health Strategy – Statement of Intent', see www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent. Accessed 15 February 2019.
[26] At the time of publication, the definition of cultural safety in the *Statement of Intent* was under review. This glossary will be updated if the definition changes as a result of the review.
[27] 'How do you create a culturally safe environment for Indigenous personnel?, see www.naidoc.org.au/get-involved/naidoc-week-events/how-do-you-create-culturally-safe-environment-indigenous-personnel. Accessed 15 February 2019.
[28] Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva, World Health Organization (WHO), see www.who.int/hrh/resources/framework_action/en/. Accessed 15 February 2019.
[29] Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed 15 February 2019.
[30] Section 143(1) of the National Law.

	or more; or b) the student has, or may have, an impairment; or c) that the student has, or may have, contravened a condition of the student's registration or an undertaking given by the student to a National Board.[31] NOTE: The term "impairment" has a specific meaning under the National Law in Australia. In relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect: a) for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or b) for a student, the student's capacity to undertake clinical training— i. as part of the approved program of study in which the student is enrolled; or ii. arranged by an education provider.[32]
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Professional capabilities for Aboriginal and Torres Strait Islander health practitioners	Threshold capabilities needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner in Australia.
Program of study	A program of study provided by an education provider. Note, the term 'course' is used by many education providers.
Reliable assessment/ reliability	The degree to which an assessment tool produces stable and consistent results.[33]
Simulation	Simulation refers to the artificial representation of a real-world process to achieve educational goals through experiential learning.[34]
Social determinants of health	The circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.[35]
Stakeholders	Current stakeholders relevant to education providers implementing a program in Aboriginal and/or Torres Strait Islander health care practice include (but are not limited to): employers such as Aboriginal Medical Services, Aboriginal Community Controlled Health Services and government and other relevant agencies such as poisons regulatory entities.
Unit/subject	A component of the Aboriginal and Torres Strait Islander health practice program. Note the term 'unit', 'course' or 'topic' is used in many programs.
Valid assessment/ validity	How well an assessment measures what it is purported to measure.[36]
Work placements and practical training	During the work placement, the student completes professional procedures and/or processes in a primary health care environment, whilst receiving guidance and feedback from a workplace supervisor for the purpose of

[31] Section 144(2) of the National Law.
[32] Section 5 of the National Law.
[33] 'Principles of Assessment – Part 1 (Reliability), see www.ittacademy.net.au/principles-assessment-part-1/. Accessed 15 February 2019.
[34] Al-Elq AH (2010) 'Simulation-based medical teaching and learning'. *Journal of Family and Community Medicine*. 17(1),35-40.
[35] Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva, World Health Organization, see www.who.int/social_determinants/thecommission/finalreport/en/. Accessed 15 February 2019.
[36] 'Principles of Assessment – Part 4 (Validity), see www.ittacademy.net.au/principles-assessment-part-4-validity/. Accessed 15 February 2019.

	developing and attaining the knowledge, skills and professional attributes (identified in the professional capabilities) that are needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner.
Workplace supervisor and supervision	A workplace supervisor is an appropriately qualified and recognised professional who guides learners' education and training during work placements and practical training. The supervisor's role may encompass educational support and organisational functions. The supervisor is responsible for ensuring safe, appropriate and high-quality patient/client care. Workplace supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified supervisor(s) to guide, provide feedback on, and assess personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient/client care. Workplace supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.

List of acronyms

AHPRA	Australian Health Practitioner Regulation Agency
ASQA	Australian Skills Quality Authority
AQF	Australian Qualifications Framework
CAG	Course Advisory Group
DET	Department of Education and Training
HES	Higher Education Standards
HESP	Higher Education Standards Panel
NSQHS Standards	National Safety and Quality Health Service Standards
RTO	Registered Training Organisation
TAC	Training Accreditation Council (WA)
TEQSA	Tertiary Education Quality and Standards Agency
VET	Vocational Education and Training
WHS	Workplace health and safety