



# Draft Accreditation Standards: Aboriginal and Torres Strait Islander health practice

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# 1. Preamble

Education and training of Aboriginal health workers began in Australia in the 1970s. The current approved Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification (HLT40213) reflects the role of Aboriginal and Torres Strait Islander Peoples working to provide a range of clinical primary health care services to clients and communities, including specific health care programs, advice and assistance with, and administration of, medication.

Aboriginal health practitioners are expected to flexibly assume a variety of job roles and apply a broad range of skills either individually or as a member of a multidisciplinary team within primary health care practice.

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

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (National Board) established the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (Accreditation Committee) under the National Law. The Accreditation Committee is responsible for developing the accreditation standards against which education providers and their delivery of qualifications in Aboriginal and/or Torres Strait Islander Primary Health Care Practice will be assessed when applying for accreditation under the National Law.

The Accreditation Committee first published accreditation standards and procedures 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 programs to ensure they continue to meet, the accreditation standards outlined in this document. Accreditation of a program provides assurance to the National Board and the community that graduating students have the knowledge, skills and other professional attributes that are necessary for Aboriginal and Torres Strait Islander health practice in Australia. The Accreditation Committee provides reports about accredited programs to the National Board. The National Board considers these reports when it approves programs for registration purposes.

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

This document contains:

- An outline of the context of the accreditation process and the standards
- The Aboriginal and Torres Strait Islander health practice accreditation standards and their associated criteria
- Guidance on the evidence to be presented by providers of the program seeking accreditation or responding to monitoring of the program with the Accreditation Committee, including:
  - expected information for each criterion to be presented
  - explanatory notes, to assist common understandings between accreditation assessment teams and providers as to the Accreditation Committee's requirements
  - a glossary of key terms used.

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

## Overview of the Accreditation Standards: Aboriginal and Torres Strait Islander health practice

These accreditation standards recognise contemporary practice in standards development across Australia and internationally. The standards focus on demonstration of outcomes. Where education processes are considered, the evidence 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.

The Accreditation Committee acknowledges and recognises the role of:

- the Standards for Registered Training Organisations (RTOs) 2015<sup>1</sup>, the Australian Skills Quality Authority (ASQA)<sup>2</sup>, the Training Accreditation Council (WA) (TAC)<sup>3</sup>, and the Victorian Registration and Qualifications Authority (VRQA)<sup>4</sup> in regulation and quality assurance of the Vocational Education and Training (VET) sector in Australia, and
- the Department of Education and Training (DET), the Higher Education Standards Panel (HESP)<sup>5</sup>, and Tertiary Education Quality Standards Agency (TEQSA)<sup>6</sup> in regulation and quality assurance of higher education in Australia

The Accreditation Committee does not seek to duplicate that role, but rather seeks assurance of the application of standards to the program of study (the program). These accreditation standards apply to the program and aspects of the education provider that are directly related to delivery of the program. The Accreditation Committee applies these standards to ensure education providers and their programs provide Aboriginal and Torres Strait Islander health practice students with the knowledge, skills and attributes required for competent and ethical practice of Aboriginal and Torres Strait Islander health practice in Australia. New programs are assessed, and accredited programs are monitored against, the same accreditation standards and associated criteria.

### Structure of the accreditation standards

The *Accreditation Standards: Aboriginal and Torres Strait Islander health practice* comprise five Domains:

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

A Standard Statement articulates the standard for each Domain.

Each Standard Statement is supported by multiple criteria. The criteria are indicators that set out what is required to meet the Standard Statement.

### Guidance on the presentation of evidence for accreditation assessment and its evaluation by the Aboriginal and Torres Strait Islander Accreditation Committee

The Accreditation Committee relies on current documentary evidence submitted as part of the education provider's application for accreditation, and experiential evidence obtained through discussions with the provider, students, staff, workplace supervisors and work placement and practical training providers, graduates and employers during a teleconference.

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<sup>1</sup> Information about the Standards for Registered Training Organisations (RTOs) 2015 is available at <https://www.legislation.gov.au/Details/F2014L01377>

<sup>2</sup> Information about ASQA is available at <https://www.asqa.gov.au/>,

<sup>3</sup> Information about TAC is available at <http://www.tac.wa.gov.au/>

<sup>4</sup> Information about VRQA is available at <http://www.vrqa.vic.gov.au/>

<sup>5</sup> Information about the Higher Education Standards Panel is available at <https://www.education.gov.au/higher-education-standards-panel-hesp-0>

<sup>6</sup> Information about the Tertiary Education Quality Standards Agency is available at [www.teqsa.gov.au](http://www.teqsa.gov.au)

Expert assessment teams, using the principles of fairness, validity, sufficiency and reliability, will evaluate the evidence the education provider presents for each criterion and report on its findings to the Accreditation Committee. The Accreditation Committee will then decide on accreditation of the program. Programs may be accredited, accredited with conditions and/or specific monitoring requirements, or not accredited. The onus is on the provider to present evidence that demonstrates how program meets each of the standards.

### Monitoring of accredited programs

After the Accreditation Committee accredits a program, the committee has a legal responsibility under Section 50 of the National Law, to monitor whether the program continues to meet the accreditation standards and associated criteria. Continued accreditation requires that the program meets the accreditation standards and associated criteria while students continue to be enrolled in the accredited program. The expected information listed in this document should therefore be kept up-to-date and available during the life of the program as the Accreditation Committee will expect 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 provider, as well as experiential evidence obtained from a monitoring site visit to the provider, within twelve months of the Accreditation Committee's original accreditation decision.

### 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 within this document. Email your comments and suggestions to [Accreditation.Unit@ahpra.gov.au](mailto:Accreditation.Unit@ahpra.gov.au). The Accreditation Committee will review all your feedback, which will inform refinements to relevant content in this document.


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

### Standard 1: Assuring safe practice

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
Assuring safe practice is paramount in program design and delivery.	1.1	Safe practice is clearly identified in the learning outcomes of the program and during work placements and practical training.	<ul style="list-style-type: none"> <li>• Program materials and unit profiles/outlines that clearly identify protection of the public and safe practice are addressed in the curriculum</li> <li>• Three de-identified examples of assessments - lowest mark, highest mark, average mark, which show that safe practice is being taught and assessed</li> <li>• Examples of implementation of formal mechanisms that identify, report on and remedy issues that may affect safe practice and any actions taken</li> </ul>
	1.2	The education provider implements formal mechanisms to ensure students in the program are fit to practise safely at all times.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms that outline how the education provider monitors and manages student fitness to practise throughout the duration of the program</li> <li>• Three de-identified examples of assessments – lowest mark, highest mark, average mark, to show implementation of formal mechanisms to ensure students are safe to engage in practice prior to 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</li> </ul>
	1.3	Students in the program are required to achieve relevant pre-requisite competencies, including having an appropriate level of English language skills, prior to providing primary health care as part of the work placements and practical training.	<ul style="list-style-type: none"> <li>• Documents showing the relevant learning outcomes to be achieved prior to providing primary health care as part of the work placements and practical training</li> <li>• Three de-identified examples of assessments – lowest mark, highest mark, average mark, which show assessment of relevant learning outcomes</li> </ul>

	1.4	Registered practitioners and/or other health professionals supervise students in the program during work placements and practical training and are suitably qualified for the elements they supervise.	<ul style="list-style-type: none"> <li>• Register of all workplace supervisors' qualifications, registration status and supervision responsibilities</li> <li>• Examples of implementation of formal mechanisms on work placements and practical training and supervision, including external placements</li> </ul>
	1.5	Internal and external facilities and health services where students in the program engage in work placements and practical training maintain relevant accreditation and licences.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms that require external clinics and/or practices where students in the program engage in work placements and practical training to maintain relevant accreditation and licences</li> <li>• Register of agreements (formal contracts and/or other written communication securing placements) between the education provider and external clinics and/or practices where students in the program engage in work placements and practical training</li> <li>• Examples of implementation of formal mechanisms on safety for work placements and practical training including screening, reporting and control of infectious diseases</li> </ul>
	1.6	The education provider requires students to comply with the Aboriginal and Torres Strait Islander Health Practice Board of Australia's guidelines relevant to safe practice, and provides mechanisms for students to familiarise themselves with any changes to relevant guidelines as they arise. 	<ul style="list-style-type: none"> <li>• Information provided to students that refers to the requirement for them to comply with the Aboriginal and Torres Strait Islander Health Practice Board of Australia's guidelines</li> <li>• Examples of implementation of formal mechanisms on mandatory and voluntary notifications to the Australian Health Practitioner Regulation Agency (AHPRA) about students</li> </ul>

	1.7	The education provider complies with its obligations under the Health Practitioner Regulation National Law and other laws, as in force in each state and territory (National Law).	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms regarding compliance with relevant legislation, including restrictions on the administration of scheduled medicines by students</li> <li>• Examples to show prospective and enrolled students are informed about any restrictions on their administration of scheduled medicines as a practitioner</li> </ul>
	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 expectations of ethical and professional conduct.	<ul style="list-style-type: none"> <li>• Examples of implementation of a code of conduct that is consistent with the National Board's guiding principles on ethical and professional conduct</li> </ul>

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## Standard 1: Explanatory notes

This accreditation standard addresses public safety and the safe care of patients as the prime considerations. The focus is on work placements, practical training and 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 and students.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected be provided in relation to different elements for criteria 3.2, 3.6 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which it relates and aspects that are specific to the criterion should be highlighted.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that the VET (ASQA/TAC/VQRA) or Higher Education (TEQSA) 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/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

### **Student fitness to practise**

Fitness to practise includes a student's capacity to safely undertake work placements and practical training. Impairment has a specific meaning in Australia (see Glossary).

### **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. The Accreditation Committee requires education providers to present documentary and experiential evidence that shows how their arrangements meet the accreditation standard.



#### *Achievement of pre-requisite competencies prior to work placements and practical training*

To enable students in the program to practise safely, the Accreditation Committee expects students to achieve the pre-requisite competencies that are relevant to their subsequent student work placement and practical training, prior to providing patient care. Achievement of these pre-requisite competencies is required to minimise risk, particularly because supervision alone cannot assure safe practice.

### **Relevant accreditation and licensing**

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

1. accredited by the one of the nine accreditation agencies that accredit to the National Safety and Quality Health Service (NSQHS) Standards
2. compliant with any other licensing requirements such as applicable public health laws.

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 in Australia are set out in the *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* (professional capabilities) endorsed by the National Board, and the *Code of Conduct* for registered health practitioners published by the National Board and available at <https://www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx>


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## Standard 2: Academic governance and quality assurance of the program

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
<p>Academic governance and quality improvement strategies, and formal mechanisms are effective in developing and delivering sustainable, high-quality education at a program level.</p>	2.1	<p>The education provider is currently registered with the relevant VET regulator, or with TEQSA.</p>	<ul style="list-style-type: none"> <li>• If delivering the HLT40213 (Certificate IV) or HLT50213 (Diploma) Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification:               <ul style="list-style-type: none"> <li>- a link to the relevant information on <a href="http://www.training.gov.au">www.training.gov.au</a> showing current registration status</li> <li>- a copy of the education provider's most recent ASQA/TAC/VRQA audit report</li> </ul> </li> <li>• If delivering a qualification at AQF level 6 (Associate Degree) or above, a copy of written notice of decision from TEQSA on registration including whether TEQSA has granted self-accrediting authority</li> </ul>
	2.2	<p>Students in the program have opportunities to input into the decision-making processes addressing program design, delivery and quality.</p>	<ul style="list-style-type: none"> <li>• Official record of meetings and/or other examples that identify the inclusion of students as members from the program and highlights decisions in which student input was considered in relation to program design, delivery and quality.</li> <li>• Examples of the use of student satisfaction data or other feedback to improve the program</li> </ul>
	2.3	<p>The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or similar entity with the responsibility, authority and capacity to develop, deliver and change the program to meet the needs of the Aboriginal and Torres Strait Islander health practice profession and health workforce needs.</p>	<ul style="list-style-type: none"> <li>• Overview of formal course governance arrangements for the program, including a current list of members of the committee or group responsible for program design, delivery and quality and organisational chart of governance for the program.</li> <li>• Examples of implementation of formal mechanisms relating to academic governance for the program</li> <li>• A description of the methods used to monitor and review the design, delivery and quality of the program</li> <li>• An explanation and at least one example of how monitoring and review contributes to</li> </ul>

			<p>improvement in the design, delivery and quality of the program</p> <ul style="list-style-type: none"> <li>• A schedule for monitoring, review and evaluation of the design, delivery and quality of the Certificate IV qualification</li> <li>• A record of the most recent internal course review of the program</li> <li>• Records of the three previous meetings of the key committee/group that has responsibility for design, delivery and quality of the program</li> </ul>
2.4	Formal mechanisms exist for quality improvement of the program, using student feedback and other evaluations, internal and external academic and professional peer review to evaluate and improve the design, delivery and quality of the program.		<ul style="list-style-type: none"> <li>• Details of outcomes and actions from external or internal reviews of the program in the past five years</li> <li>• A summary of actions to improve the design, delivery and quality of the Certificate IV qualification in response to student and staff feedback</li> <li>• Minutes of a recent senior management meeting highlighting decisions and/or actions informed by feedback from trainers and assessors involved in the delivery of the program</li> <li>• Examples of implementation of formal mechanisms relating to quality improvement of the program</li> </ul>
2.5	There is external stakeholder input into the design, delivery 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 program.		<ul style="list-style-type: none"> <li>• Examples of effective engagement with external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander communities and of other health professions) regarding program design and delivery</li> <li>• A list of all external stakeholders that have had input to design, delivery and quality improvement of the program</li> <li>• Terms of reference of a current stakeholder group responsible for oversight of the delivery of the program, including the list of stakeholders who are represented on the group and the list of names, qualifications and position of current members</li> </ul>

			<p>of the group</p> <ul style="list-style-type: none"> <li>• The current stakeholder groups' meeting calendar for the current year</li> <li>• Examples of reports from employer and/or graduate surveys/reviews and explanation of outcomes/actions taken in response to reports</li> <li>• Records of other stakeholder consultation or engagement activities showing participation, decisions made and their implementation</li> </ul>
2.6	Formal mechanisms are implemented to anticipate and respond to contemporary developments in Aboriginal and Torres Strait Islander health practice and education of health practitioners, within the curriculum of the program.		<ul style="list-style-type: none"> <li>• Examples of implementation of the formal mechanisms used to respond within the curriculum of the program</li> <li>• Examples of implementation of the formal mechanisms</li> <li>• Examples of updates to the curriculum in response to changes in educational approaches and changes in practice</li> <li>• An explanation about how current workforce trends are monitored and how knowledge is obtained of the current health requirements of Aboriginal and/or Torres Strait Islander peoples and communities</li> </ul>
2.7	There are formal mechanisms that ensure the ongoing quality assurance of workplace trainers, workplace supervisors, work placements and practical training facilities, including evaluation of student feedback.		<ul style="list-style-type: none"> <li>• Examples of implementation of formal quality assurance mechanisms in the program</li> <li>• Examples of evaluation of student feedback about their experience whilst engaged in work placements and practical training and their feedback on clinical trainers, workplace supervisors, work placements and practical training facilities</li> <li>• Examples of feedback from workplace supervisors and staff employed at primary health care facilities</li> <li>• Examples of responses to quality assurance findings</li> </ul>
2.8	Staff and students work and learn in a physically and culturally safe environment.		<ul style="list-style-type: none"> <li>• Examples of implementation of safety audits of all staff and student work and learning environments</li> <li>• Examples of resolving any identified safety issues from the</li> </ul>

			audits
	2.9	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	<ul style="list-style-type: none"> <li>• Examples of implementation of a risk management plan and formal mechanisms for the program, which include identifying program opportunities and assessing and mitigating program risks</li> </ul>
	2.10	The education provider ensures the recruitment, appointment and promotion of Aboriginal and/or Torres Strait Islander staff to contribute to student learning in the program.	<ul style="list-style-type: none"> <li>• Staff matrix for the program, which identifies staff Aboriginality</li> <li>• Examples of targeted recruitment of Aboriginal and/or Torres Strait Islander staff</li> <li>• Examples of implementation of formal mechanisms for recruitment of staff including equal employment opportunity policy for employment of Aboriginal and/or Torres Strait Islander people</li> </ul> 

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## Standard 2: Explanatory notes

This accreditation standard addresses the organisation and governance of the program. The Accreditation Committee acknowledges ASQA's, TAC's, VRQA'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 program operates within the organisational governance.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected to be provided in relation to different elements for criteria 3.2, 3.6 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which it relates and aspects that are specific to the criterion should be highlighted.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that the VET (ASQA/TAC/VQRA) or Higher Education (TEQSA) 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/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

The focus is on the overall context in which the program is delivered, specifically the administrative and academic organisational structure which supports the program and the degree of control that the program staff have for managing and delivering the program. The accreditation 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 competent to practise.

### **Evidence of effective engagement with external stakeholders**

The Accreditation Committee expects that the education provider will regularly monitor and review the program and the effectiveness of its delivery, consulting with and considering the views of representatives of the Aboriginal and Torres Strait Islander health practice profession, students, graduates, prospective employers and other health professionals when relevant. The Accreditation Committee expects that consultation with external stakeholders will occur on a regular basis and at least once every 12-18 months.

#### *External stakeholders*

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

### **Formal quality assurance mechanisms**

The Accreditation Committee expects that an education provider will regularly monitor and review the program and the effectiveness of its delivery, consulting with and considering the views of the profession, students, graduates and employers and other health professionals when relevant.

### Standard 3: Program design, delivery and resourcing

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
<p>Program design, delivery and resourcing enable students to achieve all the professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.</p>	3.1	<p>If an education provider is delivering the HLT40213 (Certificate IV) or HLT50213 (Diploma) Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification, the scope of the provider's registration includes the qualification.</p> <p>or</p> <p>If an education provider is delivering a qualification at AQF level 6 (Associate Degree) or above, 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 relevant internal academic board or committee responsible for program approval.</p>	<ul style="list-style-type: none"> <li>• For providers delivering the HLT40213 (Certificate IV) or HLT50213 (Diploma) Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification, a link to the relevant information on <a href="http://www.training.gov.au">www.training.gov.au</a> showing the scope of the provider's registration includes the qualification</li> <li>• For providers delivering a qualification at AQF level 6 or above: <ul style="list-style-type: none"> <li>- if TEQSA has not granted self-accrediting authority, TEQSA's report on accreditation of the program and disclosure of any issues concerning the program that TEQSA has identified, details of any conditions imposed and subsequent dialogue with TEQSA regarding the resolution of conditions</li> <li>- if TEQSA has granted self-accrediting authority, a copy of the program approval decision by the relevant internal board or committee, such as board or committee resolution in meeting minutes and disclosure of any issues concerning the program that the board or committee has identified, and subsequent dialogue with the board or committee regarding the resolution of issues</li> </ul> </li> </ul>
	3.2	<p>Cultural competence is integrated within the design and delivery of the program and is clearly articulated in unit/subject outlines, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.</p>	<ul style="list-style-type: none"> <li>• An explanation of how cultural competence is integrated within the design and delivery of the program</li> <li>• Details of unit/subject learning outcomes that clearly articulate cultural competence (with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting) in the program</li> </ul>



3.3	A coherent educational philosophy informs the program design and delivery.	<ul style="list-style-type: none"> <li>• A statement of overall educational philosophy/design for the program</li> <li>• The weekly schedule for delivery of the units, including electives, for the entire program indicating allocation of key learning activities such as on campus classes and periods of work placements and practical training</li> </ul>
3.4	The curriculum design includes integration of theoretical concepts and practical application throughout the program including simulation and work placements and practical training experiences.	<ul style="list-style-type: none"> <li>• The learning and assessment strategy for the entire program</li> <li>• Typical week by week schedule/calendar for the entire program</li> </ul>
3.5	Contemporary principles of interprofessional education and reflective practice are clearly addressed by the learning and assessment strategy for the program.	<ul style="list-style-type: none"> <li>• Clear identification of where interprofessional education and reflective practice are taught, assessed and monitored in the program</li> </ul>
3.6	Unit learning outcomes in the program address all the professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.	<ul style="list-style-type: none"> <li>• Curriculum map including unit/subject learning outcomes and alignment to all the professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia</li> <li>• Detailed unit/subject outlines for each unit/subject taught in the program</li> </ul>
3.7	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.	<ul style="list-style-type: none"> <li>• Three de-identified records of student feedback which includes an opportunity for reflection on their work placements and practical training</li> <li>• Details of assessment of work placements and practical training</li> </ul>
3.8	The education provider has an active relationship with the supervisors who provide instruction and supervision to students in primary health care settings, and formal mechanisms in place to ensure selection, training and review of those supervisors.	<ul style="list-style-type: none"> <li>• Examples of engagement between the education provider and supervisors who provide instruction and supervision to students during work placements and practical training</li> <li>• Examples of implementation of formal mechanisms for selecting, training and reviewing workplace supervisors</li> </ul>
3.9	The program is responsive to, and considers, social determinants of health.	<ul style="list-style-type: none"> <li>• Clear identification of where social determinants of health are considered and addressed in the program</li> </ul>

3.10	Decisions about the program are informed by leadership from Aboriginal and/or Torres Strait Islander people and engagement with local communities.	<ul style="list-style-type: none"> <li>• Terms of reference for a Course Advisory Group that includes members who have curriculum design knowledge, and local Aboriginal and Torres Strait Islander people</li> <li>• List of names, qualifications and position of current members of the committee or group that oversees curriculum development and elective offerings</li> </ul>
3.11	If delivering the HLT40213 (Certificate IV) or HLT50213 (Diploma) Aboriginal and/or Torres Strait Islander Primary Health Care qualification, delivery and assessment of units in the program comply with the requirements of the HLT training package.	<ul style="list-style-type: none"> <li>• Curriculum map including unit/subject learning outcomes and alignment to all of the core units of competency in the endorsed training package</li> <li>• The Training and Assessment Strategy (TAS) for the entire program</li> <li>• The learning/training and assessment strategies and assessment details for the Administer medications unit, and three de-identified examples of a complete student log book for that unit</li> <li>• Details of the hours of learning and assessment for each of the units</li> </ul>
3.12	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 practice Aboriginal and/or Torres Strait Islander health practice in a competent and ethical manner.	<ul style="list-style-type: none"> <li>• Explanation about how the provider monitors the quality, quantity, duration and diversity of student experience during work placements and practical training</li> <li>• Three de-identified graded examples of completed work placements and practical training assessments and completed student clinical log books/portfolios which show how students attained the professional capabilities</li> </ul>
3.13	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.	<ul style="list-style-type: none"> <li>• Clear identification of where relevant requirements are assessed during work placements and practical training</li> </ul>

3.14	The education provider appoints teaching staff at an appropriate level to deliver the program.	<ul style="list-style-type: none"> <li>• Staff matrix for <u>delivery of the program</u>, identifying: <ul style="list-style-type: none"> <li>- number of staff</li> <li>- their level of appointment</li> <li>- their role in delivery of the program</li> <li>- fraction (full-time, part-time) and type of (ongoing, contract, casual) appointment</li> <li>- qualifications and experience relevant to their responsibilities, and</li> <li>- relevant registration status</li> </ul> </li> </ul>
3.15	The program has the level and range of human resources, facilities, equipment and financial resources to sustain the quality and scope of education required for students to achieve all professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.	<ul style="list-style-type: none"> <li>• A letter from senior education provider management confirming ongoing support for the quality of the program</li> <li>• Description of, and examples to show, the physical resources used for teaching and learning in the program</li> <li>• A list of all equipment used for teaching and learning in the program</li> </ul>
3.16	Staff leading and managing the program have sufficient autonomy to request the level and range of human resources, facilities, equipment and financial resources within the program.	<ul style="list-style-type: none"> <li>• Examples of correspondence or meetings that show program staff are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision makers</li> </ul>

### Standard 3: Explanatory notes

This accreditation standard focuses on how consistent the educational outcomes of the program are with the *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* endorsed by the National Board, and the way the educational outcomes are achieved.

#### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected be provided in relation to different elements for criteria 3.2, 3.6 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which it relates and aspects that are specific to the criterion should be highlighted.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that the VET (ASQA/TAC/VQRA) or Higher Education (TEQSA) 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/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

#### **Program design**

The Accreditation Committee considers that the two key goals of the program leading to registration are:

- to ensure that graduates are competent to undertake practice of Aboriginal and Torres Strait Islander health practice at the level required for general registration
- to provide the educational foundation for lifelong learning.

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 *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* endorsed by the National Board.

The Accreditation Committee expects the education provider to make explicit statements about the learning outcomes expected of students 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 clearly identify how the learning outcomes map to the *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* endorsed by the National Board.

#### **Work placements and practical training**

The Accreditation Committee expects education providers to include at least 500 hours of work placements and practical training in a primary healthcare practice setting. Education providers are expected to explain how the entire spectrum of work placements and practical training experiences will ensure graduates achieve the *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* endorsed by the National Board.

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

### **Practical training facilities**

The Accreditation Committee expects that each education provider has access to a 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.

### **Social determinants of health**

The Accreditation Committee expects that each education provider considers social determinants of health as they relate to the design, delivery 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 (See Glossary).

### **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 *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* endorsed by the National Board.

### **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 to be assessed during work placements and practical training.

### **Staffing profile for staff responsible for delivery of the program**

A staff matrix template for the staffing profile is available to education providers for completion, however 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 above.

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.

### **Interprofessional education**

The principles of interprofessional education encompass understanding, valuing and respecting individual discipline roles in primary health care (See Glossary).

### **Cultural Competence and Cultural Safety**

The Health Professions Accreditation Collaborative Forum (Forum) is currently 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 the *Accreditation Standards: Aboriginal and Torres Strait Islander Health Practice* and the *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities*.

## Standard 4: The student experience

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
Students in the program are provided with equitable and timely access to program information and learning support.	4.1	Program information is complete, accurate, clear and accessible.	<ul style="list-style-type: none"> <li>• Information provided to prospective students (prior to enrolment) and enrolled students about the program</li> <li>• 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</li> <li>• Program information handbooks and/or links to website pages containing program information for prospective and enrolled students</li> </ul>
	4.2	The education provider ensures cultural safety for students at all times.	<ul style="list-style-type: none"> <li>• Examples of implementation of policies and procedures relevant to cultural safety</li> </ul>
	4.3	Students in the program have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> <li>• Register of grievances or appeals lodged by students in the program showing outcome of the process</li> <li>• Details of the appeals process for admissions decisions and an example of its implementation</li> </ul>
	4.4	The education provider identifies and provides learning support services to meet the academic learning needs of students in the program.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms relevant to student learning needs</li> <li>• Examples of the provision of learning support services in the program</li> <li>• An explanation about identifying and responding to the varying learning needs of students enrolled in the program</li> <li>• Examples of orientation programs and remediation programs that address learning, health or cultural issues</li> </ul>
	4.5	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms for recruitment and admissions to the program by Aboriginal and/or Torres Strait Islander Peoples.</li> </ul>

## Standard 4: Explanatory notes

This accreditation standard focuses on how the education provider delivers a student experience that is equitable and respectful of all students' development, wellbeing, safety and rights. The Accreditation Committee acknowledges ASQA's, TAC's, VRQA's and TEQSA's role in assessing these elements as part of their registration application, but they now seek evidence on program information and academic support provided to students enrolled in the program.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected to be provided in relation to different elements for criteria 3.2, 3.6 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which it relates and aspects that are specific to the criterion should be highlighted.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that the VET (ASQA/TAC/VQRA) or Higher Education (TEQSA) 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/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

### **Registration requirements**

The Accreditation Committee expects that the education provider clearly and fully informs prospective students about the National Board's practitioner registration requirements, prior to the students enrolling in the program. 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 set by the National Board:

- Aboriginal and/or Torres Strait Islander Registration Standard
- Criminal History Registration Standard
- English Language Skills Registration Standard
- Professional Indemnity Insurance Arrangements Registration Standard
- Recency of Practice Registration Standard

For more information please visit <https://www.atsihealthpracticeboard.gov.au/Registration-Standards.aspx>

### **Student learning support services and facilities**

The Accreditation Committee expects that evidence of implementation of adequate student 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. The Accreditation Committee will also review the formal mechanisms in place for feedback from and to students in the program including the strategies to assist underperforming students, the provision of effective remediation opportunities and responses to student feedback.

## Standard 5: Assessment

Standard statement	Criteria		Expected information for inclusion with accreditation application/monitoring response
<p>All graduates of the program have demonstrated they have achieved all of the learning outcomes required of the program, including the requirements for safe and competent practice, and all the professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.</p>	5.1	<p>All the professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia and unit/subject learning outcomes are mapped to assessment tasks in the program.</p>	<ul style="list-style-type: none"> <li>• Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment/mapping of all assessment tasks, all unit/subject learning outcomes and all professional capabilities</li> <li>• Detailed unit/subject outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit/subject</li> <li>• Three de-identified examples of student work placement and practical training assessments (lowest mark, highest mark and average mark), and student clinical log books/portfolios which show students attained the professional capabilities</li> </ul>
	5.2	<p>Multiple valid, reliable and informative assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through direct observation of students in the clinical setting.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of the assessment strategy, in accordance with the assessment matrix</li> </ul>
	5.3	<p>Program management and unit/subject co-ordination ensure valid, reliable and informative assessment outcomes.</p>	<ul style="list-style-type: none"> <li>• Examples of implementation of formal mechanisms for program management and unit/subject coordination ensure reliable and informative assessment outcomes</li> <li>• Examples of assessment statistical data and how it is reviewed/used to improve implementation of assessment</li> <li>• Examples of assessment moderation including the outcomes</li> <li>• Examples of assessment benchmarking including the outcomes</li> </ul>



	5.4	Staff who assess students in the program are suitably qualified, experienced, and prepared for the role.	<ul style="list-style-type: none"> <li>• Details of teaching staff responsible for <u>assessment of students in the program</u> identifying: <ul style="list-style-type: none"> <li>- their level of appointment</li> <li>- their role in assessment of students in the program</li> <li>- the fraction (full-time, part-time) and type (ongoing, contract, casual) of appointment</li> <li>- qualifications and experience relevant to their responsibilities, and</li> <li>- for health practitioners, their relevant registration status</li> </ul> </li> <li>• Details of arrangements for assessment of students during work placement and practical training experiences</li> </ul>
	5.5	Formal mechanisms are in place to ensure the objectives and the assessment of all work placements and practical training are clearly defined and known to both students and supervisors.	<ul style="list-style-type: none"> <li>• Explanation of formal mechanisms in place to ensure the learning outcomes and assessment for all work placement and practical training activities are clearly defined and known to both students and supervisors</li> <li>• Information provided to students and supervisors about work placements and practical training, and assessment</li> <li>• Examples of guidance provided to work placement and practical training supervisors on how to use assessment tools to enable valid and reliable assessment during periods of work placement and practical training.</li> </ul>

## Standard 5: Explanatory notes

This accreditation standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the education provider give assurance that every student who passes the program has achieved all the *Aboriginal and Torres Strait Islander Health Practice Professional Capabilities* endorsed by the National Board.

### **Guidance on presenting explanation and expected information**

The Accreditation Committee expects the education provider to explain how they meet each criterion within a standard and clearly identify the purpose of including particular expected information in the context of each criterion. Expected information without an explicit reference to the criterion (or criteria) to which it relates, within the explanation is insufficient and an explanation without the expected information to support it is also insufficient.

Some documents listed in the expected information may be applicable across multiple standards and criteria, for example, unit/subject outlines are expected be provided in relation to different elements for criteria 3.2, 3.6 and 5.1. The Accreditation Committee expects such documents to be clearly referred to for the criterion to which it relates and aspects that are specific to the criterion should be highlighted.

#### *Implementation of formal mechanisms*

The Accreditation Committee recognises that it is likely that the VET (ASQA/TAC/VQRA) or Higher Education (TEQSA) 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/outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

The Accreditation Committee expects education providers 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.

### **Staffing profile for staff responsible for assessment of students in the program**

A staff matrix template for the staffing profile is available to education providers for completion, however 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 above.

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

## Glossary

Aboriginal ways of learning	A learning framework that can change in different settings and broadly comprises eight interconnected pedagogies involving narrative-driven learning, visualised learning plans, hands-on/reflective techniques, use of symbols/metaphors, land-based learning, indirect/synergistic logic, modelled/scaffolded genre mastery, and connectedness to community.
Accreditation Committee	Appointed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (National Board), the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (Accreditation Committee) is responsible for implementing and administering accreditation.
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 necessary to practice.
Assessment benchmarking	Benchmarking of assessment processes establishes comparability of standards of student performance across, for example, different markers, locations, units/subjects, providers and/or courses of study.
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. <sup>7</sup>
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.
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the Aboriginal and Torres Strait Islander health practice program against the accreditation standards.
Cultural competence	<p>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.</p> <p>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 (Cross et al. 1989: iv/7).</p>
Cultural safety	The National Scheme Aboriginal and Torres Strait Islander Health Strategy's statement of intent <sup>8</sup> 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.
Education Provider	The term used by National Law (Australia) to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.

<sup>7</sup> Source: Medical Deans Australia and NZ (HWA project) Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate Final Report <http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf>

<sup>8</sup> Source: AHPRA website <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>

Formal mechanisms	Formal mechanisms refer to activities that an education provider undertakes in a systematic way to effectively deliver 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.
Impairment	The term “impairment” has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner’s capacity to practise or a student’s capacity to undertake clinical training. That is, a person’s physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (includes its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner’s capacity to practise or a student’s capacity to undertake clinical training. <sup>9</sup>
Interprofessional education	Interprofessional education (IPE) occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (World Health Organisation, 2010).
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. (Adapted from: Australian Qualifications Framework, January 2013)
Professional capabilities	Threshold capabilities required to practise the Aboriginal and Torres Strait Islander health practice profession
Program or program of study	A program of study provided by an education provider. Note the term ‘course’ is used by many education providers.
Social determinants of health	The World Health Organization (WHO) has described social determinants as “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.” (WHO Commission on Social Determinants of Health 2008).
Stakeholders	Current Stakeholders relevant to education providers delivering a program in Aboriginal and/or Torres Strait Islander Primary 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.
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 developing and attaining the required competencies and professional capabilities required to engage in safe and effective practice as a registered Aboriginal and Torres Strait Islander health practitioner.

<sup>9</sup> Source: Legal Practice Notice - Practitioners And Students With Impairment LPN 12 (10 August 2012)  
<https://www.ahpra.gov.au/Publications/legal-practice-notes.aspx>

<p>Workplace supervisor and supervision</p>	<p>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.</p> <p>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.</p>
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## List of acronyms

ASQA	Australian Skills Quality Authority
AQF	Australian Qualifications Framework
DET	Department of Education and Training
HES	Higher Education Standards
HESP	Higher Education Standards Panel
RTO	Registered Training Organisation
TAC	Training Accreditation Council (WA)
TEQSA	Tertiary Education Quality and Standards Agency
VET	Vocational Education and Training
VRQA	Victorian Registration and Qualifications Authority