Thank you for the opportunity to contribute to the Review of the Accreditation Standards for the Occupational Therapy (OT) Profession (Accreditation Standards). IAHA anticipates that the revised Accreditation Standards will build the capacity of education providers to produce OT Graduates who have the skills, knowledge and experiences to work effectively with and deliver culturally responsive care to Aboriginal and Torres Strait Islander peoples.

Engagement and Consultation

The Aboriginal and Torres Strait Islander occupational therapy full members initiated and have driven the development of this submission. Indigenous Allied Health Australia Inc. (IAHA), the national peak organisation representing Aboriginal and Torres Strait Islander allied health professionals and students sought input from its OT membership via email and telephone. IAHA is particularly grateful for the input and exceptional commitment of Corrine Butler and Chontel Gibson to this process.

Aboriginal and Torres Strait Islander occupational therapy full members provide unique insight into the education and training requirements of occupational therapists to be able to provide culturally responsive care to Aboriginal and Torres Strait Islander people.

Effective and ongoing engagement and communication with Aboriginal and Torres Strait Islander people is one significant mechanism that will enable long term commitment, action and sustainable change. Engaging in meaningful and purposeful consultation over time will ensure that change occurs from the local level with Aboriginal and Torres Strait Islander people impacting upon OT health education program development and implementation within their communities. It is important that OT education providers consult with Aboriginal and Torres Strait Islander professionals in addition to community members to gain a broad spectrum of input and strengthen OT program content.

The recommendations within this submission aim to build the capacity of both education providers and Aboriginal and Torres Strait Islander communities to ensure that OT health education programs will best meet the needs of Aboriginal and Torres Strait Islander people.

IAHA and its members would welcome the opportunity to work further with the Occupational Therapy Council and other key partners on the implementation of these recommendations.
Summary of IAHA Recommendations

1. Add new standard to Section 1: Program philosophy and purpose address Aboriginal and Torres Strait Islander peoples and their health
   Evidence: Provide program documents that outline the philosophy, purpose, and graduate outcomes of the program as they pertain to Aboriginal and Torres Strait Islander health. Include key references.

2. Add new standard to Section 2: The program provides comprehensive curriculum coverage of Aboriginal and Torres Strait Islander Health (studies of the history, culture and health of Aboriginal and Torres Strait Islander people) embedded across the program.
   Evidence:
   • Provide a detailed Aboriginal and Torres Strait Islander health curriculum framework and map how the content is embedded across all years of the program.
   • Provide documentation that outlines the contribution of Aboriginal and Torres Strait Islander people to the development of curricula.
   Or:
   Add the following to Evidence for Standard 2.4:
   • Provide a detailed Aboriginal and Torres Strait Islander health curriculum framework and map how the content is embedded across all years of the program.
   • Provide documentation that outlines the contribution of Aboriginal and Torres Strait Islander people to the development of curricula.

3. Add new standard to Section 3: Education strategies involve partnerships with relevant local communities, organisations and individuals in the Aboriginal and Torres Strait Islander health sector to promote the education and training of OT graduates.
   Evidence: Describe the range of educational and learning strategies that have been developed in partnership with the Aboriginal and Torres Strait Islander health sector.

4. Add the following to evidence for Standard 4.9:
   Outline strategies used to ensure that students have the requisite knowledge and skill in delivering culturally responsive practise.

5. Add new standard to Section 4: The program provides clinical learning environments that provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples.
   Evidence: Outline the clinical placements that the program offers, across the life of the program that will provide students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples.

6. Amend Evidence for Standard 5.2:
   • Identify how the curriculum incorporates the principles/standards of culturally responsive practice.
   • Provide specific description of content of particular relevance for the health and well-being of Aboriginal and Torres Strait Islander people.
   • Detail the contribution of Aboriginal and Torres Strait Islander people to the development of curricula.
   • Outline the clinical placements that the program offers, across the life of the program that will provide students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples.

7. Add new standard to Section 6: The education provider uses educational expertise, including that of Aboriginal and Torres Strait Islander people, in the development and management of the program.
   Evidence: Articulate the processes and contributions of Aboriginal and Torres Strait Islander people to the development and management of the program.

8. Add the following to Evidence for Standard 7.2:
   Articulate how the educational facilities and resources are consistent with and support the program’s Aboriginal and Torres Strait Islander philosophy and purpose.

9. Add new standard to Section 7: Staff recruitment strategies are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.
   Evidence: Provide policies and procedure that demonstrate that the program actively encourages workforce participation of Aboriginal and Torres Strait Islander people.

10. Add new standard to Section 8: Aboriginal and Torres Strait Islander health professionals and community members provide feedback and advice to the program.
    Evidence: Indicate how the program receives and is responsive to feedback from Aboriginal and Torres Strait Islander health professionals, organisations and/or local communities.

11. Amend Standard 8.9 - Strategies/admission policies are in place to target groups under-represented in the program, highlighting initiatives for and numbers of Aboriginal and Torres Strait Islander students, to ensure student profile is reflective of the community profile.
    Evidence: Outline Aboriginal and Torres Strait Islander specific initiatives and strategies to increase student numbers within the program.
Background – About IAHA

Indigenous Allied Health Australia Inc. (IAHA) is the national peak organisation representing Aboriginal and Torres Strait Islander allied health professionals and students. IAHA was established in 2009, from a network of committed allied health professionals. IAHA currently has 441 members, including full and associate members.

All Aboriginal and Torres Strait Islander allied health professionals who have graduated from an allied health course with a recognised qualification and Aboriginal and Torres Strait Islander students who are enrolled in an allied health course are eligible for Full Membership of IAHA.

IAHA welcomes non-Indigenous allied health professionals, all allied health assistants and Aboriginal and Torres Strait Islander people studying or working in other health related fields as Associate Members.

IAHA Vision

IAHA appreciates all people working in Indigenous health and values the holistic approach to health care and education, in respect of Aboriginal and Torres Strait Islander people, their culture, spirituality, traditional healing, inspiring us to work collegiately in following our vision:

*For Indigenous Australians to have access to professionally and culturally competent allied health services delivered by Indigenous allied health professionals who are recognised and acknowledged as an essential part of a holistic approach to Indigenous Health.*

IAHA Purpose

*To advance the health status of Indigenous Australians through IAHA’s contribution to the national health agenda, facilitation of improved education opportunities for and representation of Indigenous allied health professionals.*

IAHA asserts that a culturally competent health workforce is imperative in order to ensure Aboriginal and Torres Strait Islander people receive the culturally safe healthcare required to improve health outcomes.

Health outcomes for Aboriginal and Torres Strait Islander people will be improved by healthcare delivered by health professionals who are better prepared to work with Aboriginal and Torres Strait Islander people. All health profession graduates need to be both clinically competent and culturally responsive to affect positive Aboriginal and Torres Strait Islander health outcomes.

IAHA has successfully argued for the development of a culturally inclusive, interdisciplinary Aboriginal and Torres Strait Islander Health Curriculum Framework to be integrated into tertiary entry level health profession training and Health Workforce Australia (HWA) is funding the development of this framework.

However in order for any Aboriginal and Torres Strait Islander curricula framework to be implemented within health profession training it must be supported by and embedded within health profession course accreditation. IAHA believes education providers need to be held accountable for the cultural capability of its health graduates.
Aboriginal and Torres Strait Islander people and the role of the Occupational Therapy profession and their Education Providers

Significant investment and progress has been made to address Aboriginal and Torres Strait Islander disadvantage in the years since the COAG Closing the Gap framework was agreed to. However it is well documented that Aboriginal and Torres Strait Islander people continue to suffer a greater burden of ill health than the rest of the population. Overall, Aboriginal and Torres Strait Islander people experience lower levels of access to health services than the general population, are more likely to experience disability and reduced quality of life due to ill health, to be hospitalised for most diseases and conditions and to die at younger ages than other Australians. Aboriginal and Torres Strait Islander people also suffer a higher burden of emotional distress and mental illness than that experienced by the wider community.

Many Aboriginal and Torres Strait Islander people view health as “not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and this bring about the total well-being of their community."

This holistic view of health is consistent with many occupational therapy theoretical frameworks, nationally and internationally, which take into consideration the person, the environment (including physical, social, cultural and temporal) and occupation. In order to improve Aboriginal and Torres Strait Islander health outcomes, occupational therapy graduates must be equipped with the skills, knowledge and experience to provide a culturally responsive person-centred occupational therapy service.

Previous and current policies, societal attitudes and colonial history influence the current health and wellbeing of Aboriginal and Torres Strait Islander people. Historically, Aboriginal and Torres Strait Islander people have had little power to influence the public policy decisions that affect their lives and health. In the interest of self-determination, it is essential that Aboriginal and Torres Strait Islander people lead the development, delivery and evaluation of Aboriginal and Torres Strait Islander curricula within OT programs. OT education providers must provide evidence to support how this occurs (see recommendations 2, 3, 6, 7 and 10).

Additionally, it is essential that all occupational therapy graduates are aware of the impact on Aboriginal and Torres Strait Islander health and wellbeing as a result of these policies, societal attitudes and colonial history enacted by governments at State/Territory and Commonwealth level. It is well known that successive governments introduced legislation and policies aimed at protection and then assimilation, further decimating Aboriginal and Torres Strait Islander culture, communities and health and wellbeing. It is the role of the OT Accreditation standards to hold

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education providers accountable for the quality and cultural integrity of Aboriginal and Torres Strait islander curricula within OT education programs and can do so by including standards and evidence relating to the Aboriginal and Torres Strait Islander people, their culture, histories and societal attitudes.

Occupational therapists play a strong role in delivering services to improve the health and wellbeing, as well as influencing the social determinants of health and wellbeing. There is a clear relationship between the social inequalities experienced by Aboriginal and Torres Strait Islander people and their current health status. This social disadvantage is directly related to dispossession and characterised by poverty and powerlessness. The key determinants of social inequalities in health arise from the conditions in which people are born, grow, live, work, and age which in turn are influenced by disparate access to resources and power. This is where occupational therapists can positively impact the lives and health of Aboriginal and Torres Strait Islander people as they facilitate independence and empowerment.

Occupational Therapy Australia and the World Federation of Occupational Therapists define occupational therapy as “a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement”. It is imperative that graduating OTs are able to explore the occupations and environments with Aboriginal and Torres Strait Islander people, as well as understand their current environments, which have been influenced by historical and political factors.

**IAHA brings the unique perspective of Aboriginal and Torres Strait Islander allied health professionals and students to this submission.**

As Aboriginal occupational therapist and IAHA member Chontel Gibson states, “Aboriginal and Torres Strait Islander people, history and culture extends for thousands and thousands of years and have been passed through the generations. Traditional healing methods are still used in many Aboriginal and Torres Strait Islander communities today. Additionally, Aboriginal and Torres Strait Islander people may also choose (or are even sometimes forced) to use westernised health services. It is important for Occupational Therapists to explore each person and/or community in context of their rich culture and historical context and if appropriate works in partnership with Aboriginal service providers/professionals and/or traditional healers to provide a delivery approach that is centred on the person’s needs.”

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Comments and Recommendations

Examination of Accreditation Standards for other registered professions shows that there are varying degrees of importance placed on Aboriginal and Torres Strait Islander health. Please see Appendix A for a Comparison Table that outlines key references to Aboriginal and Torres Strait Islander people, health and wellbeing across the accreditation standards of several registered professions.

Medicine and Nursing Accreditation Standards currently lead the way in setting high standards for Education Providers in the development and implementation of Aboriginal and Torres Strait Islander curricula and working collaboratively with Aboriginal and Torres Strait Islander communities.

IAHA would like to see the OT Accreditation Standards meet or exceed these standards.

The current OT Accreditation Standards would be enhanced by being more explicit across all sections around Aboriginal and Torres Strait Islander health, overtly addressing the processes, structures and curriculum requirements needed in order to produce graduates able to work with and deliver culturally responsive care to Aboriginal and Torres Strait Islander people.

The following recommendations would strengthen the current OT Accreditation Standards:

Section 1 - Program overview, philosophy and purpose.

<table>
<thead>
<tr>
<th>Recommendation 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add new Standard: Program philosophy and purpose address Aboriginal and Torres Strait Islander peoples and their health</td>
</tr>
<tr>
<td>Evidence: Provide program documents that outline the philosophy, purpose, and graduate outcomes of the program as they pertain to Aboriginal and Torres Strait Islander health. Include key references.</td>
</tr>
</tbody>
</table>

Section 2 - Curriculum content and sequence.

Standard 2.4 states “The curriculum content and process addresses all of the knowledge, skills and attitudes specified in the Australian Competency Standards for New Graduate Occupational Therapists (Occupational Therapy Australia, 2010).” In order for Education Providers to meet this standard they must:

- “Provide a detailed curriculum map to indicate where the units and elements of the Australian Competency Standards for New Graduate Occupational Therapists (2010) are addressed in the curriculum.
- Indicate how the knowledge, skills and attitudes embedded within the units of competence are developed for students across all years of the curriculum.”

The Australian Competency Standards for New Graduate Occupational Therapists (2010) make significant and welcome reference to Aboriginal and Torres Strait Islander people within its scope, elements and performance criteria and in particular outlines comprehensive performance criteria for Element 1.2 – Practises in a culturally safe professional manner. However the evidence for this Standard needs to be strengthened or a new Standard should be inserted.
IAHA recommends the following:

**Recommendation 2**

1. Add new standard to Section 2: The program provides comprehensive curriculum coverage of Aboriginal and Torres Strait Islander Health (studies of the history, culture and health of Aboriginal and Torres Strait Islander people) embedded across the program.
   
   Evidence:
   - Provide a detailed Aboriginal and Torres Strait Islander health curriculum framework and map how the content is embedded across all years of the program.
   - Provide documentation that outlines the contribution of Aboriginal and Torres Strait Islander people to the development of curricula.

   Or

2. Add the following to Evidence for Standard 2.4:
   - Provide a detailed Aboriginal and Torres Strait Islander health curriculum framework and map how the content is embedded across all years of the program.
   - Provide documentation that outlines the contribution of Aboriginal and Torres Strait Islander people to the development of curricula.

**Section 3 - Educational methods.**

This section does not explicitly mention Aboriginal and Torres Strait Islander input into the delivery of OT education. IAHA recommends the following:

**Recommendation 3**

Add new Standard: Education strategies involve partnerships with relevant local communities, organisations and individuals in the Aboriginal and Torres Strait Islander health sector to promote the education and training of OT graduates.

Evidence:
- Describe the range of educational and learning strategies that have been developed in partnership with the Aboriginal and Torres Strait Islander health sector.

**Section 4 - Practice education/fieldwork.**

Standard 4.9 states: The program adequately prepares students for their placements. This includes ensuring that students have the requisite knowledge and skill in delivering culturally responsive practise prior to clinical placement. IAHA recommends the following:

**Recommendation 4**

Add the following to evidence for Standard 4.9:
- Outline strategies used to ensure that students have the requisite knowledge and skill in delivering culturally responsive practice.
## Recommendation 5

Add new Standard: The program provides clinical learning environments that provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples.

Evidence:
- Outline the clinical placements that the program offers, across the life of the program that will provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples.

### Section 5 - Local context of professional practice.

This section contains **Standard 5.2 - Graduates engage in culturally safe practice.** In order to meet this standard, Education Providers must:
- Identify how the curriculum incorporates the principles/standards of culturally safe practice.
- Provide specific description of content of particular relevance for the health and well-being of first Australians.

IAHA recommends the following:

## Recommendation 6

Amend Evidence for Standard 5.2:
- Identify how the curriculum incorporates the principles/standards of culturally responsive practice.
- Provide specific description of content of particular relevance for the health and well-being of Aboriginal and Torres Strait Islander people.
- Detail the contribution of Aboriginal and Torres Strait Islander people to the development of Aboriginal and Torres Strait Islander curricula.
- Outline the clinical placements that the program offers, across the life of the program that will provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples.

### Section 6 - Educators.

This section does not explicitly mention Aboriginal and Torres Strait Islander people in either standards or evidence.

## Recommendation 7

Add new Standard: The education provider uses educational expertise, including that of Aboriginal and Torres Strait Islander people, in the development and management of the OT program.

Evidence:
- Articulate the processes and contributions of Aboriginal and Torres Strait Islander people to the development and management of the program
Section 7 - Resources.

This section does not explicitly mention Aboriginal and Torres Strait Islander people in either standards or evidence however in standard 7.2 it states that education facilities and resources must be consistent with the program’s philosophy. If recommendation 1 is accepted, IAHA recommends the following:

**Recommendation 8**

Add the following to Evidence for Standard 7.2:
- Articulate how the educational facilities and resources are consistent with and support the program’s Aboriginal and Torres Strait Islander philosophy and purpose.

**Recommendation 9**

Add new Standard: Staff recruitment strategies are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.

Evidence:
- Provide policies and procedure that demonstrate that the program actively encourages workforce participation of Aboriginal and Torres Strait Islander people.

Section 8 - Quality improvement processes.

Standard 8.3 states “Key stakeholders are engaged in the provision of feedback relevant to the occupational therapy program”. IAHA recommends the following:

**Recommendation 10**

Add new Standard: Aboriginal and Torres Strait Islander health professionals and community members provide feedback and advice to the program.

Evidence:
- Indicate how the program receives and is responsive to feedback from Aboriginal and Torres Strait Islander health professionals, organisations and/or local communities.

**Recommendation 11**

Amend Standard 8.9 - Strategies/admission policies are in place to target groups under-represented in the program, **highlighting initiatives for and numbers of Aboriginal and Torres Strait Islander students**, to ensure student profile is reflective of the community profile.

Evidence:
- Outline Aboriginal and Torres Strait Islander specific initiatives and strategies to increase student numbers within the program.
Conclusion

IAHA will continue to support and advocate on behalf of its membership, contributing to allied and wider health policy development, workforce engagement and support, within the context of improving the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples.

IAHA has provided a number of recommendations that will assist the OT Council to develop Accreditation Standards that will have a positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Through the revision of its Accreditation Standards for the Occupational Therapy Profession the Occupational Therapy Council has an opportunity to lead other allied health disciplines and positively impact on the education of the next generation of occupational therapists to better meet the needs of Aboriginal and Torres Strait Islander people.

In the spirit of partnership and collaboration, IAHA welcomes the opportunity to continue to work with the OT Council and Aboriginal and Torres Strait Islander health professionals and communities in order to ensure the OT Accreditation Standards are culturally responsive to the needs of Aboriginal and Torres Strait Islander people.
## Appendix A - Accreditation Standards – Comparison Table of Aboriginal and Torres Strait Islander references

<table>
<thead>
<tr>
<th>Occupational Therapy</th>
<th>Medicine</th>
<th>Physiotherapy</th>
<th>Pharmacy</th>
<th>Psychology</th>
<th>Registered Nursing</th>
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</thead>
</table>

### Section 5: Local context of professional practice

#### Standard 5.2
Graduates engage in culturally safe practice.

#### Evidence
- Identify how the curriculum incorporates the principles/standards of culturally safe practice.
- Provide specific description of content of particular relevance for the health and well-being of first Australians.

#### Domain 3
Health and Society: the medical graduate as a health advocate

3.4 Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.

3.8 Describe the attributes of the national systems of health care including those that pertain to the health care of Aboriginal and Torres Strait Islander peoples and/or Māori.

3.0 The Context of Physiotherapy Practice in Australia

3.2 Cultural diversity

The Australian community is made up of people from many cultures, including Indigenous Australians. Awareness of cultural diversity is vital when working as a physiotherapist in Australia. Practitioners need to be aware of their own cultural assumptions, and the cultures of hospitals and of health care. Physiotherapists must consider the impact of the health culture on people for whom a hospital or other health care setting is an unfamiliar environment.

#### Standard 7: The Students
8.1 The course must have content and be delivered in a manner which fosters graduates with the following generic attributes:
- cultural understanding: an understanding of cultural diversity, including indigenous issues (in the case of New Zealand students, within the framework of the Treaty of Waitangi) and multiculturalism; an ability to put aside assumptions and personal paradigms in their professional dealings with patients from culturally diverse backgrounds

#### SECTION 3 UNDERGRADUATE 3-YEAR SEQUENCE COURSES

3.1 Three year courses

Graduate Attribute 1: Core knowledge and understanding
- intercultural diversity and indigenous psychology

#### Standard 1: Governance

The education provider must provide evidence of:

1.5. Terms of reference for relevant school committees and advisory and/or consultative groups, including partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
<table>
<thead>
<tr>
<th>Occupational Therapy</th>
<th>Medicine</th>
<th>Physiotherapy</th>
<th>Pharmacy</th>
<th>Psychology</th>
<th>Registered Nursing</th>
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<tbody>
<tr>
<td>Standard 1: The Context of the Medical Program</td>
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<td>1.4 Educational Expertise</td>
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<td>1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.</td>
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<td>1.6 Interaction with Health Sector and Society</td>
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<td>1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.</td>
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<td>Standard 2: The Outcomes of the Medical Program</td>
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<td>2.1 Purpose</td>
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<td>2.1.2 The medical education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Maori and their health.</td>
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<td>Element 2: Adapt communication style recognising cultural safety, and cultural and linguistic diversity</td>
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<td>Demonstrate application of:</td>
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<td>– strategies for communicating effectively with people from differing cultural backgrounds including Indigenous Australians</td>
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<td>– understanding of issues that may be a potential cause of misinterpretation or conflict when working across cultures</td>
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<td>– common formats for documentation relevant to physiotherapy practice</td>
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<td>– how to access and use interpreters.</td>
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<td>Element 6: Implement health promotion activities</td>
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<td>Selects strategies considering:</td>
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<td>– existing community providers of health education and health promotion</td>
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<td>APPENDIX I: Indicative Curriculum</td>
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<td>1. Curriculum content</td>
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<td>The Patient</td>
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<tr>
<td>The patient is the main focus in the degree course. The items grouped under this heading address the biological, environmental, psychological and some of the social foundations of treatment with medicines. The curriculum should address specific patient needs in diverse multicultural populations, particularly Indigenous people in Australia and New Zealand.</td>
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<td>Health care systems and the roles of professionals</td>
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<td>For pharmacy graduates to be able to practice effectively, efficiently and confidently they need to know about, understand and have some of the skills to operate within</td>
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<td>Standard 3: Program Development and Structure</td>
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<td>The program provider demonstrates:</td>
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<td>3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, those working in health disciplines, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.</td>
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<td>Standard 4: Program Content</td>
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<td>4.6 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. Health conditions prevalent among</td>
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<td>Occupational Therapy</td>
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<td>strategies for early identification of disorders or disease</td>
<td>principles of preventive health care, health promotion and ergonomics</td>
<td>risk avoidance programs relevant to specific groups</td>
<td>health care systems, alongside and together with other health professionals and other scientists.</td>
<td></td>
<td>Aboriginal and Torres Strait Islander peoples are also appropriately embedded into other subjects within the curriculum.</td>
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<td>the importance of physical and psychosocial factors on the health and welfare of clients</td>
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<td>1. Health care systems in Australia or New Zealand (as applicable) including roles of pharmacists and other health care professionals in primary, secondary and tertiary health care. Rural and remote health care systems, including Aboriginal Health Services.</td>
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<td>indigenous health issues</td>
<td>differences in the needs of rural and metropolitan communities.</td>
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**Standard 3: The Medical Curriculum**

**3.5 Indigenous Health**

The medical program provides curriculum coverage of Indigenous Health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).

**Standard 6: Students**

The program provider demonstrates:

6.8 Aboriginal and Torres Strait Islander peoples are encouraged to enrol and a range of support needs are provided to those students.

**Standard 7: Implementing the Curriculum – Students**

**7.1 Student Intake**

7.1.2 The medical education

**Standard 7: Resources**

The program provider demonstrates:

7.4 Staff recruitment
provider has defined the nature of the student cohort, including targets for **Aboriginal and Torres Strait Islander peoples** and/or Maori students, rural origin students and students from under-represented groups, and international students.

### 7.2 Admission Policy and Selection

7.2.3 The medical education provider has specific admission, recruitment and retention policies for **Aboriginal and Torres Strait Islander peoples** and/or Maori.

**Standard 8: Implementing the Curriculum – Learning Environment**

**8.3 Clinical Learning Environment**

8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to **Aboriginal and Torres Strait Islander peoples** and/or Maori.