



Indigenous Allied Health Australia (IAHA) Submission to the Review and development of the Accreditation Standards for entry-level physiotherapy in Australia

Indigenous Allied Health Australia Ltd. (IAHA), the national Aboriginal and Torres Strait Islander allied health body, appreciates the opportunity to contribute to the *Review and development of the Accreditation Standards for entry-level physiotherapy in Australia*. IAHA anticipates that the revised Accreditation Standards will build the capacity of education providers to produce physiotherapy graduates who have the skills, knowledge and experiences to work effectively with and deliver culturally responsive care to Aboriginal and Torres Strait Islander peoples.

IAHA brings the perspective of Aboriginal and Torres Strait Islander allied health professionals and students to this submission. In order to coordinate this submission, IAHA sought input from the Aboriginal and Torres Strait Islander Physiotherapy students and graduates in its membership. Aboriginal and Torres Strait Islander Physiotherapy full members provide unique insight into the education and training requirements of Physiotherapists to be able to provide culturally responsive care to Aboriginal and Torres Strait Islander people. This submission is also consistent with the IAHA submission made in 2013 to the OT Council which led to significant improvements in the Accreditation Standards for the Occupational Therapy profession.

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 Physiotherapy health education program development and implementation within their communities. It is important that Physiotherapy education providers consult and build relationships with Aboriginal and Torres Strait Islander professionals and organisations in addition to community members to gain a broad spectrum of input to strengthen Physiotherapy program content and delivery.

Improving the capacity of physiotherapy graduates to deliver culturally responsive care to Aboriginal and Torres Strait Islander people requires more than just ensuring education providers show evidence of Aboriginal and Torres Strait Islander curriculum content. Accreditation standards must also embed requirements for education providers to address the processes and structures that will enhance their ability to create culturally safe learning and teaching environments and place priority on the development of cultural capabilities in their graduates in addition to clinical capabilities.

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

IAHA and its members would welcome the opportunity to work further with the Australian Physiotherapy Council, education providers and other key partners on the implementation of these recommendations.

Aboriginal and Torres Strait Islander people and the role of the Physiotherapy profession and their Education Providers

In order to improve Aboriginal and Torres Strait Islander health outcomes, Physiotherapy graduates must be equipped with the skills, knowledge and experience to provide culturally responsive person-centred Physiotherapy care. This can be enhanced by embedding the cultural, historical and social perspectives of Aboriginal and Torres Strait Islander people in the Physiotherapy Accreditation Standards.

The National Aboriginal And Torres Strait Islander Health Plan 2013–2023¹, developed in collaboration with Aboriginal and Torres Strait Islander peoples, underpins its priorities with **Culture**; where Aboriginal and Torres Strait Islander people have the right to live a healthy, safe and empowered life with a healthy strong connection to culture and country. The plan acknowledges the wealth of evidence that supports the positive associations of health, education and employment outcomes as well as general wellbeing with language and culture. It further states that wellbeing for Aboriginal and Torres Strait Islander people incorporates broader issues of social justice, equity and rights.

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.²” Physiotherapists work within a framework of empowering the individual, carer or the community through education and the promotion of self-management of health and well-being³ which complements this holistic view of health.

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 Physiotherapy programs. Physiotherapy education providers must provide evidence to support how this occurs.

It is essential that all Physiotherapy 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

¹ National Aboriginal and Torres Strait Islander Health Plan 2013-2023

[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf) (accessed January 2014)

² *National Aboriginal Health Strategy, 1989*

³ Australian Physiotherapy Association http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Indigenous_Health_2010.pdf (accessed March 2015)

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 Physiotherapy Accreditation Standards to hold education providers accountable for the quality and cultural integrity of Aboriginal and Torres Strait Islander curricula within Physiotherapy 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.

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 introduced⁴. However it is well documented⁵ 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.

A multi-faceted approach that includes physiotherapists as key players across sectors will be essential to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Physiotherapists are ideally placed to impact on the complex and interrelated factors, including social, historical, political and cultural determinants that strongly influence Aboriginal and Torres Strait Islander health and wellbeing outcomes. Operating within widely diverse settings, including clinics, hospitals, rehabilitation centres, schools, long-term care facilities, Aboriginal Medical/Health Services, community health centres and home healthcare agencies, physiotherapists maintain a strong position to provide information and advice to people suffering from or at risk of developing chronic disease and/or disability.

Physiotherapy has an important role in the prevention and management of many of the conditions and illnesses that disproportionately affect Aboriginal and Torres Strait Islander peoples:

1. Chronic Disease

A recent biomedical survey reported that Aboriginal and Torres Strait Islander people, when compared with the non-Indigenous population (and after adjusting for age differences), were more than three times as likely to have diabetes (rate ratio of 3.3); twice as likely to have signs of chronic kidney disease (rate ratio of 2.1); nearly twice as likely to have high triglycerides – a risk factor for cardiovascular disease (rate ratio 1.9); and more likely to have more than one chronic condition, for example having both diabetes and kidney disease at the same time (53.1% compared with 32.5%). The report provided a strong indication that gains to health and life expectancy are possible through targeted and enhanced primary health services that are able to prevent, detect, treat and support the management of chronic diseases.

⁴ Closing the Gap : Prime Minister's Report 2013 http://www.fahcsia.gov.au/sites/default/files/documents/02_2013/00313-ctg-report_fa1.pdf

⁵ AIHW Indigenous Observatory <http://www.aihw.gov.au/hospitalisation-indigenous/> Accessed August 2012.

Optimal treatment for people with chronic disease is person-centred, promotes self-management, and involves interdisciplinary team care which includes physiotherapy. Physiotherapists are able to positively impact on Australia's burden of chronic disease through health promotion, providing assistance with disease management and facilitating self-management, dealing with the co-morbidities associated with chronic disease and addressing the symptoms of chronic disease⁶. This is particularly important in Aboriginal and Torres Strait Islander populations, where there is a disproportionately high rate of chronic disease and preventable conditions.

Physiotherapists offer a wide variety of services to people at risk of developing or who have chronic disease. These services can occur in a variety of highly accessible community and inpatient settings, in both private and public sectors.

2. Disability

Indigenous people experience higher rates of disability than other Australians⁷. The disparity in the rates for Indigenous and non-Indigenous Australians needing assistance with core activities was greatest in the 45-54 and 55-64 year age groups, with Indigenous Australians almost 3 times as likely to require assistance as non-Indigenous Australians. This reflects the pattern of premature ageing seen among the Indigenous population, expressed in a greater chronic disease burden in middle and later life, and shorter life expectancy⁸. Physiotherapists can play an integral role in improving the lives of Aboriginal and Torres Strait Islander peoples as they assess, diagnose and treat people of all ages with movement problems so that they can live as independently as possible.

It can be seen that physiotherapists can play an important role in improving Aboriginal and Torres Strait Islander health and wellbeing, however it is imperative that they possess the cultural capabilities to be culturally responsive and provide culturally safe care.

⁶ Australian Physiotherapy Association http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Chronic_Disease_2009.pdf (accessed February 2015)

⁷ Australian Institute of Health and Welfare 2011. Aboriginal and Torres Strait Islander people with disability: wellbeing, participation and support IHW 45. Canberra: AIHW.

⁸ Vos T, Barker B, Begg S, Stanley L & Lopez A 2009. Burden of disease and injury in Aboriginal and Torres Strait Islander peoples: the Indigenous health gap. *International Journal of Epidemiology* 38:470-477.

Comments and Recommendations

A Comparison of Accreditation Standards across Australian health professions

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 peoples, issues and/or health and wellbeing across the accreditation standards of several registered professions.

It is evident that Accreditation Standards for Medicine, Pharmacy and Occupational Therapy 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 Physiotherapy Accreditation Standards meet or exceed these standards.

However IAHA acknowledges that in addition to strengthening the Accreditation Standards, it is equally important to develop partnerships and strategies that strengthen the capacity and willingness of education providers to uphold standards across physiotherapy programs.

Current Physiotherapy Accreditation Standards

The current *Australian Standards for Physiotherapy* (also under review) are intended to provide the profession with a benchmark for the knowledge, skills and attributes of a safe and effective entry level physiotherapist. The current standards mention the word 'Indigenous' 6 times and 'culture' or 'cultural' 44 times. However as outlined in Appendix A – the *Accreditation Standard Requirements and Accreditation Of Entry-Level Physiotherapy Programs - Guide for education providers* both only mention 'cultural' twice and neither make reference to Indigenous or Aboriginal and Torres Strait Islander peoples, health or cultural needs and influences.

The document *Accreditation Standard Requirements* which is the focus of this review, was developed to be a quality framework for the accreditation process. The framework is based upon a set of four broad Accreditation Requirements that are each described in terms of a number of elements and criteria that in total forms the Accreditation Standard. It sets out four Requirements and the elements for each Requirement with each element having a broad criterion statement. The document Accreditation Guide (Australian Physiotherapy Council, 2014) provides further guidance to education providers as in addition to including the requirements, elements and criteria, this document also contains indicators and examples of evidence for each criterion.

Currently the four Accreditation Standard requirements are:

1. **Program attributes** (including the elements Program and degree nomenclature, Duration of programs; and Entry-level doctoral programs)
2. **Quality systems** (including the elements Program outcomes; Graduate outcomes; Benchmarking; and Research environment and outcomes)

3. **Academic program** (including the elements Pedagogy; Curriculum; Assessment; Research/Evidence based practice; Clinical education model; and Clinical education placements)
4. **Resources and infrastructure elements** (including the elements Academic and research leadership; Academic staffing; Clinical educators; General staffing; Physical resources; Funding; Organisational structure; Policies; Procedures)

The current Physiotherapy Accreditation Requirements would be enhanced by being more explicit across all domains/requirements 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.

IAHA encourages the Australian Physiotherapy Council to examine the accreditation standards developed by the OT Council and Australian Pharmacy Council. These bodies are currently leading the way in allied health by clearly articulating how education providers may work towards producing more culturally responsive graduates.

IAHA asserts that the Accreditation Standard Requirements as they currently stand do not adequately articulate the requirements, criterion, indicators or evidence required to enable education providers to produce culturally responsive, safe and effective entry level physiotherapists.

IAHA asserts that a culturally responsive 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, within culturally safe environments. All health profession graduates need to be both clinically competent and culturally responsive to affect positive Aboriginal and Torres Strait Islander health outcomes.

National Aboriginal and Torres Strait Islander Health Curriculum Framework

IAHA successfully lobbied for the development of a culturally inclusive, interdisciplinary national Aboriginal and Torres Strait Islander Health Curriculum Framework to be integrated into tertiary entry level health profession training. IAHA is on the project advisory committee for the project to develop a National Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework) which aims to support health education providers to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples by acquiring relevant knowledge and developing cultural capabilities as learning outcomes of equal importance to clinical skills.

The Framework aims to build on and support the considerable work happening across health professions in higher education by offering an interprofessional approach for health education providers to successfully implement Aboriginal and Torres Strait Islander health across curriculum. Developing a shared vision and map for implementing Aboriginal and Torres Strait Islander

curriculum across health professions is important to support the health sector to holistically enhance the cultural capabilities of health services.

The introduction of this Framework across higher education has the potential to encourage consistent learning outcomes related to Aboriginal and Torres Strait Islander health and wellbeing for all health graduates. It provides a benchmark for graduate cultural capability standards as well as opportunities and guidelines to support stakeholders to work together to achieve systemic change.

The Framework is in its final draft and aspects of this submission are drawn from this draft. We acknowledge that in order for any Aboriginal and Torres Strait Islander health curricula framework to be implemented within health profession training it must be supported by and embedded within health profession course accreditation.

Summary of Recommendations

IAHA believes education providers need to be held accountable for the cultural capability of its health graduates.

It is the responsibility of the health education providers to ensure their graduates attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. This includes providing clinical experiences that provide opportunities to meet the unique needs of Aboriginal and Torres Strait Islander populations.

As stated previously, improving the capacity of physiotherapy graduates to deliver culturally responsive care to Aboriginal and Torres Strait Islander people requires more than just ensuring education providers show evidence of Aboriginal and Torres Strait Islander curriculum content. It is imperative that accreditation standards also embed requirements for education providers to address the processes and structures that will enhance their ability to create culturally safe learning and teaching environments and place priority on the development of cultural capabilities in their graduates in addition to clinical capabilities.

In 2013 IAHA developed a comprehensive submission for the Review of the OT Accreditation standards. The revised OT Accreditation Standards (2013) now more explicitly address 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 (see Appendix A).

Building upon the recommendations contained within the OT submission, IAHA believes that the Physiotherapy Accreditation Standards could also be improved by requiring education providers to be accountable for how they:

1. Address Aboriginal and Torres Strait Islander peoples in their health program philosophy and purpose
2. Embed comprehensive curriculum coverage of Aboriginal and Torres Strait Islander Health (studies of the history, culture and health of Aboriginal and Torres Strait Islander people) across the program.

3. Engage in education strategies that involve partnerships with relevant local Aboriginal and Torres Strait Islander communities, organisations and individuals.
4. Outline strategies used to ensure that students have the requisite knowledge, skill and capabilities to deliver culturally responsive care to Aboriginal and Torres Strait Islander people.
5. Provide clinical learning environments that provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples living in urban, rural and remote locations.
6. Use educational expertise, including that of Aboriginal and Torres Strait Islander people, in the development and management of the program.
7. Articulate how the educational facilities and resources are consistent with and support the program's Aboriginal and Torres Strait Islander philosophy and purpose.
8. Ensure staff recruitment strategies are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.
9. Collaborate with Aboriginal and Torres Strait Islander health professionals and community members to provide feedback and advice to the program.
10. Utilise strategies and admission policies that 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.
11. Physiotherapy research and evidence based enquiry underpins all elements of curriculum content and delivery and all Aboriginal and Torres Strait Islander research reflects the NH&MRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research⁹.

Should these be embedded within physiotherapy Accreditation Standards for entry-level physiotherapy in Australia, they would assist education providers to produce more culturally responsive physiotherapy graduates.

⁹ <http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/e52.pdf>

This submission will now provide specific recommendations or wording that will enrich the current Physiotherapy Accreditation Standards to better meet the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples.

Requirement 1 - Program attributes

Nil recommendations

Requirement 2 – Quality Systems.

Element 2.1: Program outcomes

The criterion for this element states “The philosophy and learning outcomes of the program are clearly stated and are consistent with the professional practice of physiotherapy and the Australian Standards for Physiotherapy.” This would benefit from an explicit articulation of how the philosophy and learning outcomes contribute to improving Aboriginal and Torres Strait Islander health and wellbeing.

Recommendation

Add to Criterion: Program philosophy and purpose clearly address Aboriginal and Torres Strait Islander peoples and their health

Add Evidence: Provide program documents that outline the philosophy, purpose, and learning outcomes of the program as they pertain to Aboriginal and Torres Strait Islander health and wellbeing.

Element 2.2: Graduate outcomes

Physiotherapy graduates must possess the cultural capabilities to deliver culturally safe and responsive care. Below are recommended graduate outcomes/capabilities as per the draft National Aboriginal and Torres Strait Islander health curriculum framework.

Recommendation

Add to evidence Education providers demonstrate how they ensure their graduates achieve the following attributes/outcomes/capabilities:

- Respect - Recognise Aboriginal and Torres Strait Islander peoples’ ways of knowing, being and doing in the context of history, culture, and diversity, and affirm and protect these factors through ongoing learning in health care practice.
- Communication - Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships and effective partnerships with Aboriginal and Torres Strait Islander peoples.
- Safety and Quality - Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care.
- Reflection - Examine, recognise and reflect on how one’s own culture, life experiences and worldview as well as dominant cultural paradigms, influence perceptions of and interactions, with Aboriginal and Torres Strait Islander peoples.

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

Element 2.4: Research Environment and Outcomes

Recommendation

Add new criterion: Physiotherapy research and evidence based enquiry underpins all elements of curriculum content and delivery, including Aboriginal and Torres Strait Islander content and delivery.

Evidence:

- Provide program documents that outline how physiotherapy research with Aboriginal and Torres Strait Islander peoples reflects the NH&MRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research¹⁰.

Requirement 3 – Academic Program.

Element 3.1: Pedagogy

This element currently does not explicitly mention Aboriginal and Torres Strait Islander input into the delivery of Physiotherapy education. Partnerships with and input from local Aboriginal and Torres Strait Islander peoples will allow education providers the opportunity to develop and utilise teaching and learning pedagogies that value and respect Aboriginal and Torres Strait Islander ways of knowing, being, doing and learning in the context of history, culture, and diversity.

IAHA recommends the following:

Recommendation

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

Evidence:

- Describe the range of educational and learning strategies that have been developed and/or delivered in partnership with the Aboriginal and Torres Strait Islander peoples and/or organisations
- Articulate pedagogical and teaching strategies that ensure students engage with Aboriginal and Torres Strait Islander content safely and effectively

¹⁰ <http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/e52.pdf>

Element 3.2: Curriculum

Upon implementation, the National Aboriginal and Torres Strait Islander Health Curriculum Framework will be an invaluable tool for education providers to meet this proposed new criterion and provide evidence of such. It is essential that education providers can articulate how Aboriginal and Torres Strait Islander health content is embedded across all years of their physiotherapy program.

Recommendation

- Add new criterion: 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.

Add 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 specific description of content of particular relevance for the health and well-being of Aboriginal and Torres Strait Islander people.
- Identify how the curriculum incorporates the principles/standards of culturally responsive practice.
- Provide documentation that outlines the contribution of Aboriginal and Torres Strait Islander people to the development and delivery of curricula.

Element 3.3: Assessment

Assessment of cultural capabilities may be challenging for some education providers. It is essential that wherever possible, the education provider draws on the expertise of Aboriginal and Torres Strait Islander staff and community members in assessment processes.

Recommendation

Add to Evidence:

- Provide documentation that details how education provider assesses cultural capabilities and how they draw on the expertise of Aboriginal and Torres Strait Islander staff and community members in these assessments.
- or
- Provide evidence that describes the processes and contributions of Aboriginal and Torres Strait Islander people to the assessment of cultural capabilities in the program

Quality Improvement

The following recommendation pertains to continuous quality improvement processes that aim to enhance the relevance and effectiveness of the physiotherapy program in meeting the needs of Aboriginal and Torres Strait Islander peoples.

Recommendation

Add new criterion: 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.

Element 3.5: Clinical Education Model & Element 3.6: Clinical Education Placements

Description currently states “The physiotherapy program must include a sustainable clinical education program covering the required range and depth of clinical placements for all students in all key areas of physiotherapy, across all ages and from acute to community contexts.”

IAHA recommends the following:

Recommendation

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

Evidence:

- Outline strategies used to ensure that students have the requisite knowledge, skill and cultural capabilities to deliver culturally safe and responsive practice.
- 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 safe and responsive health care to Aboriginal and Torres Strait Islander peoples in a variety of contexts.
- Provide detailed description of the contributions of Aboriginal and Torres Strait Islander peoples and/or organisations to clinical education models, including clinical placements

Requirement 4 – Resources and Infrastructure elements

Element 4.2: Academic Staffing & Element 4.3: Clinical Educators

Recommendation

Add to Evidence:

Provide documentation that describes:

- The processes and contributions of Aboriginal and Torres Strait Islander people to the development and management of the program. Includes:
 - how the Program actively recruits or draws upon, trains and supports Aboriginal and Torres Strait Islander staff and community members
 - How the program actively recruits or draws upon staff with the specialist knowledge and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health
- Staff recruitment strategies that are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander People.

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

Element 4.5: Physical Resources & Element 4.6: Funding.

Recommendation

Add the following to Evidence:

- Articulate how educational facilities and resources are contributing to building the cultural capabilities of staff and students to meet the needs of Aboriginal and Torres Strait Islander peoples.

Element 4.8: Policies & Element 4.9: Procedures

Recommendation

Add new criterion: Staff recruitment policies and strategies are culturally inclusive, 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.

Recommendation

Add new criterion - 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 Australian Physiotherapy Council to develop Accreditation Standards for entry-level physiotherapy in Australia 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 the Australian Physiotherapy Council has an opportunity to lead other allied health disciplines and positively impact on the education of the next generation of Physiotherapists 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 Australian Physiotherapy Council, education providers and Aboriginal and Torres Strait Islander health professionals, organisations and communities in order to ensure the Physiotherapy Accreditation Standards for entry-level physiotherapy in Australia 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

Medicine	Registered Nursing	Physiotherapy	Occupational Therapy (after review)	Pharmacy
<p>Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements (approved by Aust. Medical Board 12 December 2012)</p>	<p>National Competency Standards for the Registered Nurse (2012)</p>	<p>Accreditation Standard Requirements (under review)</p>	<p>Accreditation Standards for Entry-Level Occupational Therapy Education Programs December 2013</p>	<p>Accreditation Standards for Pharmacy Programs in Australia and New Zealand (effective 1 Jan 2014)</p>
<p>Graduate Outcome Statements: 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 Maori.</p>	<p>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. Standard 3: Program Development and Structure The program provider demonstrates: 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. Standard 4: Program Content 4.6 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait</p>	<p>The Australian Standards For Physiotherapy (2006) mention the word 'Indigenous' 6 times and 'culture' or 'cultural' 44 times. However – the Accreditation Standard Requirements and Accreditation Of Entry-Level Physiotherapy Programs - Guide for education providers both only mention 'cultural' twice and neither make reference to Indigenous or Aboriginal and Torres Strait Islander peoples. It states: Requirement 2 – Quality Systems Element 2.2: Graduate Outcomes Most Australian universities offering entry-level physiotherapy education have clearly defined graduate attributes that must be developed in conjunction with profession specific knowledge, skills and attributes. Graduate attributes may include:</p>	<p><i>Introductory text - Key differences between the December 2013 standards and the November 2012 Standards:</i> a stronger focus on Aboriginal and Torres Strait Islander people's health; The Accreditation Standards The competency standards' document highlights ... the expectation that graduates are able to work autonomously as well as effective members of a team, valuing knowledge of and attention to the needs of Aboriginal and Torres Strait Islander people, and the necessity of developing culturally safe practices. Section 1: Program Overview, Philosophy and Purpose Standard 1.7 The philosophy and purpose of the program reflect current and predicted health and welfare needs, occupations, systems and priorities of the Australian population including Aboriginal</p>	<p>Standard 7 the School of Pharmacy has active and ongoing partnerships or associations with relevant professional, government, health, indigenous and community agencies through which matters of mutual interest are progressed. Formal relationships exist with health care providers, practitioners and services to facilitate access to appropriate experiential placements. Guidance Effective partnerships or engagement with individuals, their communities or networks of Aboriginal and Torres Strait Islander people in Australia and Māori in New Zealand is important for gaining an understanding of the unique challenges faced by indigenous people that impact on their health status and for securing relevant expertise for assisting program development.</p>

Medicine	Registered Nursing	Physiotherapy	Occupational Therapy (after review)	Pharmacy
<p>Standard 1: The Context of the Medical Program</p> <p>1.4 Educational Expertise</p> <p>1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.</p> <p>1.6 Interaction with Health Sector and Society</p> <p>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.</p> <p>Standard 2: The Outcomes of the Medical Program</p> <p>2.1 Purpose</p> <p>2.1.2 The medical education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Maori and their health.</p> <p>Standard 3: The Medical Curriculum</p> <p>3.5 Indigenous Health</p> <p>The medical program provides curriculum coverage of Indigenous Health (studies of</p>	<p>Islander peoples' history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples are also appropriately embedded into other subjects within the curriculum.</p> <p>Standard 6: Students</p> <p>The program provider demonstrates:</p> <p>6.8 Aboriginal and Torres Strait Islander peoples are encouraged to enrol and a range of support needs are provided to those students.</p> <p>Standard 7: Resources</p> <p>The program provider demonstrates:</p> <p>7.4 Staff recruitment strategies:</p> <p>a. are culturally inclusive and reflect population diversity</p> <p>b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.</p>	<ul style="list-style-type: none"> • A comprehensive and well founded knowledge of the profession • Capacity for independent critical thought, rational inquiry, and self-directed learning • Cultural competence and ethical and social responsibility based on understanding and appreciation of social and cultural diversity and respect for individual human rights and dignity • Cognitive, analytical, and problem solving skills. 	<p>and Torres Strait Islander peoples and the local geographical region in which the program is conducted.</p> <p>Evidence</p> <p>Provide a detailed outline of the philosophy, purpose, and graduate outcomes of the program as they pertain to Aboriginal and Torres Strait Islander peoples.</p> <p>Include key references.</p> <p>Section 2: Curriculum Content and Sequence</p> <p>Standard 2.4 The curriculum is developed through consultation and collaboration with the occupational therapy practice community and other health and human service experts, including consumers and Aboriginal and Torres Strait Islander health professionals.</p> <p>Standard 2.8</p> <p>The curriculum content reflects current and future emerging practice areas of Australian occupational therapists.</p> <p>Evidence</p> <p>Provide evidence of the curriculum content focussing on the health of Aboriginal and Torres Strait Islander peoples and evidence of the contribution of Aboriginal and Torres Strait</p>	<p>Standard 13</p> <p>The School of Pharmacy actively encourages contribution to program delivery in Australia by Aboriginal and Torres Strait Islander people, and in new Zealand by Māori.</p> <p>Guidance</p> <p>Australian Aboriginal and Torres Strait Islander people and New Zealand Māori have a unique contribution to make to the education of future health professionals. Their contribution is essential for developing cultural competence and cultural sensitivity in students but also to assist students' understanding of the significant gaps in health indices of these groups in comparison to the population as a whole.</p> <p>Standard 19</p> <p>Cultural competence and cultural sensitivity are fostered through embedded curriculum content that enables students to develop an appreciation and respect for cultural diversity, and specifically addresses the health and wellbeing of Aboriginal and Torres Strait Islander people in Australia and Māori in new Zealand.</p> <p>Guidance</p>

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<p>the history, culture and health of the Indigenous peoples of Australia or New Zealand).</p> <p>Standard 7: Implementing the Curriculum – Students</p> <p>7.1 Student Intake</p> <p>7.1.2 The medical education 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.</p> <p>7.2 Admission Policy and Selection</p> <p>7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Maori.</p> <p>Standard 8: Implementing the Curriculum – Learning Environment</p> <p>8.3 Clinical Learning Environment</p> <p>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.</p>			<p>Islander people to the development of the curricula.</p> <p>Section 5: Local Context of Professional Practice</p> <p>Standard 5.2</p> <p>The program prepares graduates to engage in culturally safe practice, in particular practices relevant to the health and well-being of Aboriginal and Torres Strait Islander peoples.</p> <p>Evidence</p> <p>Identify how the curriculum incorporates the principles/standards of culturally safe practice.</p> <p>Provide specific description of content with particular relevance for the health and well-being of Aboriginal and Torres Strait Islander people.</p> <p>Section 8: Continuing Quality Improvement</p> <p>Standard 8.3</p> <p>... feedback ... informs the development of the curriculum and delivery of the program.</p> <p>Evidence</p> <p>Provide detailed evidence that the program receives and is responsive to feedback from each of the key stakeholders listed below:</p> <p>... Aboriginal and Torres Strait Islander health professionals, organisations and/or local communities;</p>	<p>The curriculum should provide students with an appreciation for the professional practice issues that arise from practising in a multicultural society. Input to the curriculum on Indigenous health issues and health priorities provided in Australia by Aboriginal and Torres Strait Islander people and in New Zealand by Māori will be important for ensuring the completeness of the program and for assuring a culturally-sensitive program of study. The curriculum should provide opportunities for the development of cultural competence and cultural sensitivity and provide insights and/or experience into differences in health care needs and approaches to practice in urban, rural and remote communities.</p> <p>Standard 28 -(eligibility or admission criteria and policies)</p> <p>Guidance</p> <p>Aboriginal and Torres Strait Islander people in Australia and Māori and Pacific peoples in New Zealand should be included within the scope of any such policy.</p> <p>Curriculum content</p>

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			<p>Standard 8.9 Strategies/admission policies are in place to target groups under-represented in the program to ensure student profile is reflective of the community profile.</p> <p>Evidence Provide details of admission policy documents. Outline Aboriginal and Torres Strait Islander specific initiatives, and strategies to support the recruitment and retention of students within the program.</p> <p>Standard 8.10 Processes/accommodations including the assessment and management of at risk/special needs students are used across all aspects of the program, including practice education/fieldwork.</p> <p>Evidence Provide policy documents relevant to sub groups of students e.g. Aboriginal and Torres Strait Islanders, international and culturally and linguistically diverse students, students with disabilities, and students with academic performance issues.</p>	<p>Learning domain 1: The health care consumer ...The curriculum should address specific consumer needs in diverse multicultural populations, particularly Aboriginal and Torres Strait Islander people in Australia and Māori in New Zealand.</p> <p>Learning domain 5: Health care systems and the roles of professionals</p> <p>Indicative Elements</p> <ul style="list-style-type: none"> 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.

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 over 600 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.

Our Vision

For Aboriginal and Torres Strait Islander peoples to have health equity through improved access to culturally responsive allied health care that is recognised as an essential part of a holistic approach to achieving optimal health and wellbeing.

Our Purpose

To improve the lives of Aboriginal and Torres Strait Islander peoples and influence generational change, through national allied health leadership, building a responsive workforce, advocacy, partnerships and support across the multiple sectors that influence health and wellbeing.

Our Values

As the national Aboriginal and Torres Strait Islander allied health peak body we value:

- Respect
- Cultures
- Inclusiveness
- Accountability
- Collaboration
- Innovation

Our Principles

The following principles lay the foundation for IAHA strategic priorities and objectives:

- Culture is central to the health and wellbeing of Aboriginal and Torres Strait Islander peoples
- Education, evidence based practice and research
- Aboriginal and Torres Strait Islander allied health professionals and students view their lives through unique professional and cultural perspectives.
- The holistic and inclusive Aboriginal and Torres Strait Islander view of health and wellbeing
- A rights based, culturally responsive approach to health and wellbeing
- Aboriginal and Torres Strait Islander leadership, strength, resilience and self determination
- Diversity of Aboriginal and Torres Strait Islander individuals, families and communities
- Communications are targeted, multifaceted and have purpose