Aboriginal and Torres Strait Islander Health Practice Board

Ahpra

Accreditation standards:

Aboriginal and Torres Strait Islander Health Practice

Contents

Preamble

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) established the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (the Committee) under the National Law. The Committee is responsible for developing the accreditation standards for Aboriginal and Torres Strait Islander health practice (the accreditation standards), which education providers and their implementation of programs of study (programs) in Aboriginal and Torres Strait Islander health practice are assessed against when applying for accreditation under the National Law.

The Committee accredits programs that meet the accreditation standards and monitors accredited programs to ensure they continue to meet the accreditation standards. Accreditation of a program provides assurance that graduating students have the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander Health Practitioner.

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

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

This document contains:

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

Assessment teams and providers of programs should also refer to the *Guidelines for accreditation of education and training programs* for information about the accreditation processes and procedures used by the Committee to assess programs against the standards.

Overview of the Accreditation standards: Aboriginal and Torres Strait Islander Health Practice (2025)

The accreditation standards recognise contemporary practice in standards development across Australia and internationally. The accreditation standards focus on the demonstration of outcomes. Where education processes are considered, the information required by the Committee relates to learning outcomes and related assessment tasks rather than information on specific processes.

The accreditation standards accommodate a range of educational models, teaching methods and assessment approaches. The focus is on demonstrating that student learning outcomes and assessment tasks map to all the *Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners* (the professional capabilities).

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

The Board's Aboriginal and/or Torres Strait Islander registration standard, which outlines that only

persons who are Aboriginal or Torres Strait Islander are eligible for registration as an Aboriginal and Torres Strait Islander Health Practitioner, continues to apply for all Aboriginal and/or Torres Strait Islander health practice programs.

Structure of the accreditation standards

The accreditation standards include five standards:

1. Assuring safety
2. Academic governance, quality assurance and resourcing of the program
3. Program design
4. Assessment
5. Preparing students for contemporary practice

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

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

Explanatory notes are included to provide further information for some accreditation criteria. They may outline the minimum expectations of the committee (where stated) or provide more general context for consideration when designing curricula and developing accreditation assessment submissions.

The National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners is specifically reflected in standard one – assuring safety, which comprises safe and culturally safe practice. However, standard one is central to all of the standards and must be embedded throughout programs of study, as shown in Figure 1.

Figure 1: Standard 1 - Assuring safety is central to all accreditation standards.

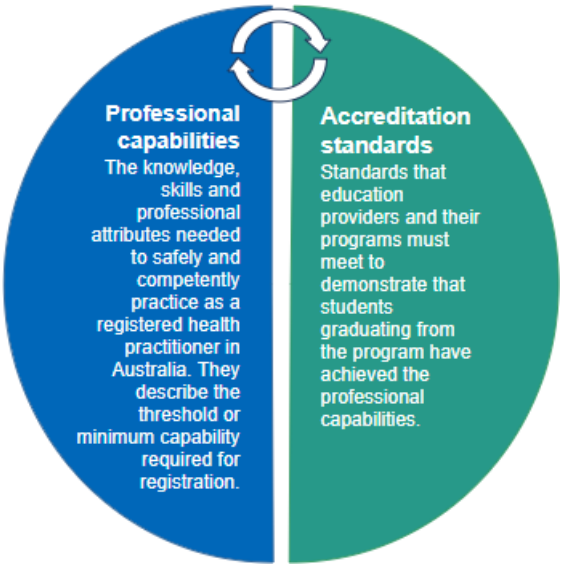
Mapping learning outcomes and assessment tasks to the Professional capabilities for registered

Aboriginal and Torres Strait Islander Health Practitioners

These accreditation standards refer to the professional capabilities and identify the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and/or Torres Strait Islander Health Practitioner, and establish the threshold level of professional capability needed for registration in Australia.

These accreditation standards require education providers to design and implement a program where unit/subject learning outcomes and assessment tasks map to all the professional capabilities (Figure 2). Accreditation of a program provides assurance to the Board and the community that graduating students from the Aboriginal and Torres Strait Islander health practice program have the knowledge, skills and professional attributes that are necessary for safe and competent practice. The professional capabilities are published on the Board's website.[1]

Figure 2: The relationship between accreditation standards and professional capabilities



The relationship between the Committee and other regulators

The Committee recognises the role of:

- the Australian Skills Quality Authority (ASQA)[2] and the Training Accreditation Council (WA) (TAC)[3] and their application of the Standards for Registered Training Organisations (RTOs) 2015[4], 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), and Tertiary Education Quality Standards Agency (TEQSA)[5] in regulation and quality assurance of higher education in Australia.

The Committee does not seek to duplicate the role of these bodies but rather seeks assurance of the application of standards to the program. The Committee does not assess against the Standards for Registered Training Organisations (RTOs) 2015 nor the standards from the *Higher Education Standards*

[1] See the Aboriginal and Torres Strait Islander Health Practice Board of Australia website.
[2] For information on ASQA, see website, accessed 8 August 2024.
[3] For information on TAC (WA), see website, accessed 8 August 2024
[4] For information on the Standards for Registered Training Organisations (RTO) 2015, see website. Accessed 8 August 2024.
[5] For information on TEQSA, see: website, accessed 8 August 2024.

Framework (Threshold Standards) 2021 (threshold HES)[6] The accreditation standards in this document are limited to aspects of the education provider and program that are directly related to ensuring students have the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander Health Practitioner.

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

The Committee relies on current documentary information submitted as part of the education provider's application for accreditation, and experiential information obtained through discussions with a range of:

- students
- staff at the education provider
- work-integrated learning supervisors
- graduates, and
- employers.

The onus is on the education provider to present information that demonstrates how the Aboriginal and Torres Strait Islander health practice program meets each of the accreditation standards.

Guidance on presenting an explanation and examples of information for an accreditation assessment

Education providers should explain how they meet each standard and:

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

Education providers are encouraged to provide supporting information in whatever format they consider most appropriate, so the administrative burden of the accreditation process is kept to a minimum. For example, an assessment report from another body (such as TEQSA) does not need to be reformatted for submission to the Committee. Some documents may apply to multiple standards and criteria, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Consistent with accreditation standards that are outcome focused, it is for the education provider to determine with justification what information to provide to demonstrate that their program(s) meet the standards.

Staffing profile template

The template for the staffing profile at criterion 2.8 is available from the Program Accreditation team (program.accreditation@ahpra.gov.au). Education providers should complete one profile that covers all details identified in the examples of information across the relevant criteria.

Mapping document template

The mapping document template for criteria 3.5, 3.7 and 4.1 is available for education providers to complete and should map all assessment tasks, simulation activities, all unit/subject learning outcomes and all professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners.[7]

Providing examples of assessments

Education providers must provide examples of assessments for multiple standards and criteria. The

[6] For information on the threshold HES, see website, accessed 8 August 2024.
[7] Contact Ahpra's Program Accreditation team to obtain the most up-to-date version of the mapping template.

examples should include a sample of different assessment tools or modalities. For each tool or modality, it is expected that a range of de-identified examples from students across the range of performance will be provided. Where possible this will include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

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

Monitoring of accredited programs

After the Committee accredits a program, it has a legal responsibility under Section 50 of the National Law to monitor whether the program continues to meet the accreditation standards.

The Committee must remain satisfied that the program and education providers continue to meet the accreditation standards if students are enrolled in the accredited program.

If the Committee is not reasonably satisfied the accredited program continues to meet the accreditation standards, it may seek further evidence through discussions with the education provider and/or through a site visit.

Further information

For further information on this document please contact the Program Accreditation team at program.accreditation@ahpra.gov.au or visit www.atsihealthpracticeboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed as necessary. This will generally occur at least every five years.

Date of effect: 1 January 2026

Navigating this document

Where explanatory notes have been included to provide further information, links have been added to the criteria or examples of information to the relevant explanatory note located towards the end of this document. Links are also included in the explanatory notes to allow you to navigate back to the standards.

The accreditation standards, criteria and examples of information for inclusion with an accreditation application

Standard 1: Assuring safety

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

This standard addresses physical, psychological and culturally safe practice that is free of racism, and the safe and ethical care of patients/clients and students. The focus is on educating students to ensure that they practise safely before and during work-integrated learning activities and when they are registered practitioners. This standard also focusses on assuring the safety of staff and students throughout the program.

Criteria		**Examples of information for inclusion with accreditation application**
Safe practice		
1.1	Physically and psychologically safe and ethical practice is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements. See explanatory note: Safe practice and Ethical practice	• Program materials and unit/subject profiles/outlines that show protection of the public and safe and ethical practice, are addressed in the curriculum. • A sample of different assessment tools or modalities which show that safe and ethical practice are being taught and assessed in the primary health care setting and acute care setting. For each tool or modality, include a range of de-identified examples from students across the range of performance. Where possible, include an example of a satisfactory or pass, and an example of an unsatisfactory or fail. • Examples of implementation of formal mechanisms used to identify, report on, monitor and address issues affecting physically and psychologically safe and ethical practice in program design, implementation and monitoring, including work-integrated learning.
1.2	Formal mechanisms exist and are applied to ensure that students are physically and psychologically fit to practise safely at all times.	• Examples of implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the program, and manages situations where safety issues are identified. • A sample of de-identified examples of implementation of formal mechanisms to ensure students are safe to engage in practice before work placements and practical training, learning, including confidential disclosure of issues by students, vaccinations and, where mandated, completion of police checks and working with children checks.

1.3	Students in the program have access to the education provider's cultural, health and learning support services, to ensure staff and students are physically and psychologically safe, including during work-integrated learning. See explanatory note: Student support services and facilities to meet learning, welfare and cultural needs	• Examples of: - the implementation and availability of adequate support services to meet the needs of students in the program
1.4	The education provider requires students in the program to comply with the Aboriginal and Torres Strait Islander Health Practice Board (the Board) of Australia's *Code of conduct* and expectations of safe and professional practice.	• Information provided to students refers to the requirement for them to comply with the Board's registration standards and guidelines on ethical and professional conduct.[8] • Mechanisms are provided for students to familiarise themselves with any changes to relevant Board guidelines as they arise. • Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to Ahpra. • Examples of mechanisms used to monitor compliance with the Board's *Code of conduct*.
1.5	The education provider complies with its obligations under the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory and other laws.	• Examples of implementation of formal mechanisms that show compliance with the: - National Law and other laws, and - relevant legislation, including restrictions on the administration of scheduled medicines by students. • Examples that show students are informed about any restrictions on their administration of scheduled medicines as a practitioner.
Culturally safe practice		
1.6	Culturally safe practice that is free of racism and discrimination is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting. See explanatory notes: • Culturally safe practice for Aboriginal and Torres Strait • Cultural safety for all communities,	• Program materials and unit/subject profiles/outlines that show culturally safe practice is addressed in the curriculum. • A sample of different assessment tools or modalities which show that culturally safe practice, is being taught and assessed across the curriculum, including in work-integrated learning elements. For each tool or modality, give a range of de-identified examples of student assessment. Where possible, give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms

[8] Aboriginal and Torres Strait Islander Health Practice Board of Australia's Shared Code of Conduct for Health Practitioners (2022) and other codes and guidelines issued by the Aboriginal and Torres Strait Islander Health Practice Board of Australia available on the Aboriginal and Torres Strait Islander Health Practice Board of Australia's website. Accessed 12 February 2025.

	and • Integration of culturally safe practice in the design and implementation of Aboriginal and Torres Strait Islander health practice programs	used to identify, report on and address issues affecting culturally safe practice in program design, implementation, monitoring and assessment.
1.7	Unit/subject learning outcomes and assessment in the program specifically reference relevant national safety and quality standards, in relation to culturally safe healthcare that is free of racism and discrimination, particularly for Aboriginal and Torres Strait Islander Peoples.	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are specifically referenced in the program, and where student learning outcomes are assessed against those standards
1.8	The education provider and program have formal mechanisms in place to ensure staff and students learn and work in environments that are culturally safe and responsive and s free of racism and discrimination, including during work-integrated learning elements. See explanatory note: The staff and student work and learning environment	• Examples of: - the implementation of formal mechanisms used to monitor and assess that staff and students work and learn in an environment that is culturally safe and free of racism, including in face-to-face, work- integrated learning and online environments. - de-identified feedback from students and staff about the cultural safety of the environment in which they work and learn. - resolving any issues that compromised the cultural safety of the environment for staff and students.
1.9	The education provider ensures the recruitment, appointment and promotion of Aboriginal and Torres Strait Islander staff in order to contribute to student learning in the program. See explanatory note: Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health	• Examples of: - any targeted recruitment of Aboriginal and Torres Strait Islander staff. - implementation of formal mechanisms for recruitment of staff including equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. - the implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. - promotion and training of Aboriginal and Torres Strait Islander staff. - education provider's Indigenous Strategy and Reconciliation Action Plan (RAP), where available, including actions taken to comply with the Indigenous Strategy and RAP and the outcomes of such actions. See explanatory note: Reconciliation Action Plan

1.10	There are specific strategies to support the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples. This includes providing cultural support services.	• Examples of the implementation of formal mechanisms for: - the recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples. - supporting the retention of Aboriginal and Torres Strait Islander Peoples.

Standard 2: Academic governance, quality assurance and resourcing of the program

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

This standard addresses the organisation and governance of the Aboriginal and Torres Strait Islander health practice program. The Committee acknowledges ASQA's, TAC's, and TEQSA's role in assessing the education provider's governance as part of their registration application.

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

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

Criteria		**Examples of information for inclusion with accreditation application**
2.1	If the education provider is currently registered with the relevant VET regulator and is implementing an Aboriginal and/or Torres Strait Islander primary health care practice program, the scope of the provider's registration must include the qualification. Or If the education provider is currently registered with Tertiary Education Quality Standards Agency (TEQSA) and is implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the higher education sector, TEQSA has accredited the program and approved its AQF level. For the education providers with self-accrediting authority, the program and its AQF level have been approved by the education provider's relevant board or committee responsible for program approval.	• For education providers implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the VET sector: - link to the relevant information on the Training.gov.au website showing that the scope of the education provider's registration includes the qualification. • For education providers implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the higher education sector: - if TEQSA has not granted self-accrediting authority: ○ TEQSA's report on accreditation of the program ○ disclosure of any issues concerning the program that TEQSA has identified, and details of any conditions imposed ○ subsequent dialogue with TEQSA about addressing the conditions, and ○ TEQSA's approval of the AQF level of the program. - if TEQSA has granted self-accrediting authority: ○ copy of the program approval decision by the education provider's relevant board or

		committee, such as a record of resolution in meeting minutes ○ disclosure of any issues concerning the program that the board or committee identified ○ subsequent dialogue with the board or committee about addressing the issues, and ○ education provider's relevant board or committee approval of the AQF level of the program.
2.2	Program information for prospective and enrolled students is complete, accurate, clear, accessible and up to date. See explanatory note: Registration requirements	• Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. Including the application and monitoring of inherent requirements and opportunities for student appeal. See explanatory note: Inherent requirements • Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, program fees, refunds and any other costs involved in the program.
2.3	The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to enable students to meet the needs of the Aboriginal and Torres Strait Islander Health Practice Board's professional capabilities. See explanatory note: Committees/groups responsible for program design, implementation and quality assurance	• Overview of formal academic governance arrangements for the program, including an organisational chart of governance for the program. • Current list of members of the committee or group responsible for program design, implementation and quality assurance, including their role titles and the organisation/stakeholder group they are representing. • Examples of implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and review improves the design, implementation and quality of the program so students meet the professional capabilities. • Examples of implementation of formal mechanisms are used to monitor and review the design, implementation and quality of the program. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program, with examples from the past three to five years. • A sample of records of previous meetings of the key committee or group that has responsibility for design, implementation and quality of the program. • Record of the most recent internal course review of program.

2.4	Formal mechanisms are applied to evaluate and improve the design, implementation and quality of the program, including through feedback from students, work-integrated learning supervisors, internal and external academic and professional peer review, and other evaluations.	• Examples of implementation of formal mechanisms to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of staff and student feedback and actions taken to improve the design, implementation and quality of the program.
2.5	Students, academic staff and work-integrated learning supervisors in the program have opportunities to contribute to program design and quality improvements.	• Details of any student, academic staff, and workplace supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show consideration of information contributed by students, academic staff, and workplace supervisors when decisions about program design, implementation and quality are being made. • Examples of the use of student, academic staff and workplace supervisor satisfaction data or other feedback to improve the program design.
2.6	There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the Aboriginal and Torres Strait Islander health practice profession, other health professions, prospective employers, health consumers and graduates of the program. See explanatory note: Effective engagement with external stakeholders	• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and Torres Strait Islander communities and of other health professions) about program design and implementation. • List of all external stakeholders, including who they represent that have had input into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into design, implementation and quality of the program, including the list of representatives on the group and their current positions. • Minutes of previous meetings over the last two years. • Examples of feedback from: - employers - graduates - internal/external reviews, and - external stakeholders with an explanation of the outcomes and actions taken in response to the feedback. • Records of other stakeholder engagement activities showing participation, decisions made and their implementation.

2.7	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	Examples of: • implementation of a risk management plan • implementation of formal mechanisms for assessing, mitigating and addressing risks to the program and program outcomes, and • minutes of relevant committee meetings that consider risks to the program. *(Examples of risks to the program include pandemics; increasing or decreasing student enrolment numbers; decreasing student fees; student to staff ratio; casual academic staffing; simulation, clinical equipment and work-integrated learning issues.)*
2.8	The education provider appoints academic staff at an appropriate level with suitable experience and qualifications to assess students in the program and to implement and lead the program.	• Staffing profile for staff responsible for assessing students in the program and implementing and leading the program, identifying: - Aboriginal and/or Torres Strait Islander status - academic level of their appointment and/or equivalent - management or leadership role in the program - type (ongoing, contract, casual) of appointment and the fraction (full-time, part-time) - qualifications and experience relevant to their management and leadership responsibilities - engagement in primary health care practice, and - engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of the program. See explanatory note: Staffing
2.9	Staff managing and leading the program have sufficient autonomy to request the level and range of human resources, facilities, equipment and financial resources within the program.	• Examples of correspondence or meetings that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment and financial resources when necessary, and the response from the decision-makers.
2.10	The program has the resources and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners.	• A letter from senior management of the education provider confirming ongoing support for the quality and resourcing of the program, including the roles of professional staff managing simulation facilities. • Demonstrate that the equipment and facilities used for teaching and learning in the program are adequate for the delivery of the program and enable students to achieve culturally safe practice and all the professional capabilities.

2.11	The education provider supports staff engagement in learning that aims to maintain knowledge of contemporary practice and principles of health professions education.	• Details of: - staff engagement in development opportunities - the percentage of staff participation, and - engagement in evidence-based research • Examples of types of development engaged in, and methods of engagement.

Standard 3: Program design

Standard statement: The program design comprising curriculum, learning and teaching and work-integrated learning enables students to achieve all the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners.

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners.

This standard also addresses work-integrated learning and supervision and the way the education provider effectively manages internal and/or external work-integrated learning environments to ensure quality and reliable outcomes for both patients/clients and students.

Criteria		**Examples of information for inclusion with accreditation application**
Curriculum		
3.1	Decisions about the program are informed by leadership from Aboriginal and Torres Strait Islander Peoples and engagement with local communities.	• Terms of reference for a Course Advisory Group (CAG) that includes local Aboriginal and Torres Strait Islander Peoples, and members who have curriculum design knowledge. • List of names and positions of current members of the CAG. • Records of the latest CAG meeting which shows that decisions about the program are informed by leadership from Aboriginal and Torres Strait Islander Peoples and engagement with local communities.
3.2	The program design and implementation are informed by contemporary educational theories and practices. See explanatory note: Program design	• Rationale of the educational theories and practices which inform the program design and implementation, including examples of how they inform the delivery of the program. • Overview of the program identifying relationships between units/subjects in and between years of the program.
3.3	The curriculum design supports Aboriginal and Torres Strait Islander ways of learning evidence-based Indigenous pedagogy and must integrate theoretical concepts and practical application throughout the program, including simulation and work-integrated learning elements.	• Examples of implementation of formal mechanisms that ensure Aboriginal and Torres Strait Islander ways of learning are incorporated into curriculum design. • The learning and assessment strategy for the entire program. • Typical week-by-week schedule/calendar for the entire program.
3.4	If the education provider is implementing an Aboriginal and/or Torres Strait Islander primary health care practice program in the VET sector, implementation and assessment of units/subjects in the program must comply with the	• Mapping document including unit/subject learning outcomes and alignment to all core units of competency in the endorsed training package. • The Training and Assessment Strategy (TAS) for the entire program.

	requirements of the HLT training package.	• The learning/training and assessment strategies and assessment details for the Administer medications unit/subject, and a sample of de-identified examples of a complete student logbook for that unit/subject. • Details of the hours of learning and assessment for each unit/subject.
3.5	Unit/subject learning outcomes in the program address all the professional capabilities for Aboriginal and Torres Strait Islander health practitioners.	• Mapping document that shows alignment of unit/subject learning outcomes to: – all professional capabilities.[9] – assessment tasks for work-integrated learning elements, and – use of simulation in the program • Detailed profiles/outlines for each unit/subject taught in the program.
3.6	Relevant national safety and quality standards are specifically referenced and embedded in program materials and assessment of the program. See explanatory note: Referencing the national safety and quality standards	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
3.7	Unit/subject learning outcomes in the program address the principles of the quality use of medicines as they apply to Aboriginal and Torres Strait Islander health practice.	• Details of units/subjects demonstrating learning outcomes relevant to the quality use of medicines • Detailed information demonstrating that learning in relation to the safe use of medicines takes account of cultural and social influences and determinants of health. • Curriculum map that shows alignment and mapping of unit/subject learning outcomes to the relevant professional capabilities required for the safe and effective use of medicines in the relevant context of Aboriginal and Torres Strait Islander health practice.
Learning and teaching		
3.8	Learning and teaching approaches lead to the development of the appropriate level of critical thinking, technical and communication skills. See explanatory note: Learning and teaching approaches	• Provide examples of where explicit teaching on critical thinking, technical and communication skills occur.

[9] Contact Ahpra's Program Accreditation team to obtain the most up-to-date version of the mapping template.

3.9	Opportunities for students to integrate their knowledge, skills and professional attributes are provided throughout the program, including in work-integrated learning, simulation and practice/case-based learning.	• Unit/subject profiles/outlines that show where opportunities exist for students to integrate their knowledge and skills. • A description of how simulation and practice/case-based learning is used to integrate student's knowledge, skills and professional attributes and examples of how it has improved student performance.
3.10	Students are provided with opportunities to learn from other health professionals to foster ongoing collaborative practice throughout the program.	• Examples of interprofessional learning experiences across a range of learning and teaching methods.
Work-integrated learning See explanatory note: Work-integrated learning		
3.11	Legislative and regulatory requirements relevant to the Aboriginal and/or Torres Strait Islander health practice profession are taught prior to and complied with during work integrated learning. See explanatory note: Teaching and assessment of legislative and regulatory requirements	• Examples where relevant legislative and regulatory requirements are taught in the program, including assessment of application during work-integrated learning, and examples of the outcomes of the assessments. • De-identified sample of assessments that demonstrate that legislative and regulatory requirements are understood by students prior to work-integrated learning.
3.12	Students are required to achieve relevant capabilities before each period of work-integrated learning. See explanatory note: Achievement of relevant capabilities before work-integrated learning	• Documents showing the relevant learning outcomes to be achieved prior to providing primary health care as part of work-integrated learning. • A sample of different assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, include a range of de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.
3.13	Health practitioners who supervise students in the program during work-integrated learning hold current registration in Australia for the clinical elements they supervise, with no conditions or undertakings on their registration relating to performance or conduct.	• Examples of implementation of formal arrangements internally and with any external clinical sites (for example, an agreement) that ensure practitioners supervising students during work-integrated learning hold current registration.

3.14	Facilities and health services used for work-integrated learning maintain workplace safety standards, including any accreditation, licensing and/or registration required in the relevant state or territory. See explanatory note: Relevant accreditation and licensing	• Examples of: - implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain relevant accreditation and licenses - how the education provider monitors the currency of accreditation and licenses. - implementation of formal mechanisms on safety for work-integrated learning including screening, reporting and control of infectious diseases. • Register of agreements (formal contracts and/or other written communication securing placements) between the education provider and external facilities and health services used for work-integrated learning.
3.15	The education provider engages with the practitioners who provide instruction and supervision to students during work-integrated learning in a timely and effective manner.	• Examples of: - engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning, - how engagement between the education provider and work-integrated learning supervisors is maintained throughout the duration of work-integrated learning elements, and - guidance provided to work-integrated learning supervisors on how to provide formative feedback and manage student performance.
3.16	Work-integrated learning experiences provide students in the program with regular opportunities to critically reflect on their practice. See explanatory note: Critical reflection	• A sample of de-identified reflective journals, or equivalent completed by students during periods of work-integrated learning and responses to those reflections.
3.17	The quality, duration and diversity of student experience during work-integrated learning in the program is sufficient to produce graduates who have shown the knowledge, skills and professional attributes to safely and competently practise across a broad range of Aboriginal and Torres Strait Islander health practice settings and acute care settings. See explanatory note: Diverse work-integrated learning	• Explanation about how the education provider monitors the quality, duration and diversity of student experience during work-integrated learning. • Examples of implementation of formal mechanisms for monitoring the quality, quantity, duration and diversity of student experience during work-integrated learning. This should include examples of work-integrated learning placement allocation for the duration of the program.

3.18	Formal mechanisms are applied to ensure the ongoing quality assurance of work-integrated learning instruction and supervision, and regular monitoring of the suitability of supervisors in the program, including evaluation of student feedback. See explanatory note: Work-integrated learning supervisors	• Examples of implementation of formal quality assurance mechanisms for work-integrated learning including: - mechanisms for training and monitoring work-integrated learning supervisors to ensure assessment meets the principles of assessment See explanatory note: Principles of assessment - providing feedback processes for students and supervisors that are free of power imbalances - mechanisms for the evaluation of work-integrated learning, including examples of ways in which feedback from students and supervisors is used, and - description of and examples that show the mechanisms by which the education provider ensures staff and work-integrated learning supervisors demonstrate culturally safe practice in the assessment of students. • Examples of responses to quality assurance findings.
3.19	Work-integrated learning supervisors assessing students in the program are suitably experienced, prepared for the role, and hold appropriate qualifications where required.	• Details of arrangements to monitor work-integrated learning supervisors to ensure assessment meets the principles of assessment. • Examples of work-integrated learning supervisors' engagement in learning related to their role and responsibilities, including clinical pedagogy. • Description of and examples that show the mechanisms by which the education provider ensures staff and work-integrated learning supervisors demonstrate culturally safe practice in the assessment of students.
3.20	Formal mechanisms are applied to ensure the learning outcomes and assessment for all work-integrated learning elements are defined and known to both students and supervisors.	• Examples of: - implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and work-integrated learning supervisors. - information provided to students and work-integrated learning supervisors about work-integrated learning and assessment. - guidance provided to work-integrated learning supervisors on how to use assessment tools to enhance the validity and reliability of their assessments.

Standard 4: Assessment

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

This standard focuses on assessment, including quality assurance processes and the staff responsible for assessing students in the program. The education provider should ultimately show how they assure every student who passes the program has achieved all the professional capabilities, including capabilities for culturally safe practice, for Aboriginal and Torres Strait Islander Health Practitioners.

The education provider should 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.

Criteria		**Examples of information for inclusion with accreditation application**
4.1	All the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners and unit/subject learning outcomes are mapped to assessment tasks in the program.	• Mapping document to show alignment of all assessment tasks, all unit/subject learning outcomes and all professional capabilities.[10] • Detailed profiles/outlines for each unit/subject in the entire program, including details of the assessment tasks for the relevant unit of study. • A sample of different assessment tools or modalities used during work-integrated learning that shows how students attain the professional capabilities and culturally safe practice. For each tool or modality, include an assessment rubric and a range of de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.
4.2	A clear assessment strategy is established and includes multiple robust, contemporary, contextualised and scaffolded assessment tools and modes throughout the program. See explanatory note: Use of valid and reliable assessment tools and modes in the program	• Details of and the rationale for the assessment strategy for each year of the program, identifying assessment tools and modes.
4.3	Multiple authentic and reliable methods used to evaluate the development of student capability and performance during work-integrated learning and meaningful feedback is provided on student performance.	• Details of the assessment strategy for each work-integrated learning element. • Examples of implementation of formal mechanisms that ensure authentic assessment of student capabilities enable practice. See explanatory note: Simulation-based assessment • Examples of implementation of meaningful feedback mechanisms, used during work-integrated learning elements, including examples of how this

[10] Contact Ahpra's Program Accreditation team to obtain the most up-to-date version of the mapping template.

		feedback is used by students to improve performance

4.4	Assessment moderation processes and external referencing mechanisms are applied to ensure assessment of student learning outcomes is valid, reliable, appropriate and reflects the principles of assessment. *See explanatory note:* Principles of assessment	• Examples of: - the formal assessment mechanisms used to determine student competence - assessment review processes and their use in quality improvement outcomes - assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes - external referencing of assessment methods including the outcomes - assessment statistical data and how it is reviewed and used to improve implementation of assessment, and - benchmarking of assessment methods including the outcomes
4.5	Student requests for reasonable adjustments/accommodations for assessments are reviewed and actioned in a timely manner.	• De-identified adjustment/accommodation requests for assessment that includes: - the implementation of formal mechanisms for ensuring the suitability of any reasonable adjustments/accommodations, and - the implementation of formal mechanisms for communicating arrangements with students.
4.6	The education provider ensures the recruitment, appointment and promotion of Aboriginal and Torres Strait Islander staff to assess students in the program.	• Examples of: - targeted recruitment of Aboriginal and Torres Strait Islander staff who assess students in the program. - training and promotion of Aboriginal and/or Torres Strait Islander staff who assess students in the program. - implementation of formal mechanisms for recruitment of staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples.

Standard 5: Preparing students for contemporary practice

Standard statement: Graduates of the program are equipped with the knowledge and skills to adapt to practice that is shaped by social, cultural, environmental and technological factors.

This standard focuses on preparing students for practice and consideration of contemporary and relevant issues and principles that will affect their practice.

Criteria		Examples of information for inclusion with accreditation application
5.1	Formal mechanisms are applied to anticipate and respond to contemporary developments in Aboriginal and Torres Strait Islander health practice, and related health professionals, and the education of health practitioners within the curriculum of the program.	• Examples of implementation of formal mechanisms, including staff research and research translation, used to anticipate and respond to contemporary developments in: - Aboriginal and Torres Strait Islander health practice, - chronic disease management, mental health and injury prevention and control, and - the education of health practitioners within the curriculum of the program.
5.2	Program materials address contemporary principles of: - cultural safety and decolonisation of curricula - interprofessional education - collaborative practice - reflective practice - co-design approaches to practice, and - embedding lived experiences of healthcare in teaching and assessment. These principles are incorporated into the program, including in work-integrated learning elements.	• Program materials and unit/subject profiles/outlines that show where the listed contemporary principles are included and reflected in student learning outcomes. See explanatory notes: • Interprofessional education, • Interprofessional collaboration, • co- design and • lived experience
5.3	Unit/subject learning outcomes in the program address social and cultural determinants of health and are consistent with the needs of priority populations that experience health inequities. See explanatory note: Social and cultural determinants of health	• Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, including but not limited to the care of: – Aboriginal and Torres Strait Islander Peoples – victim-survivors of family, domestic and sexual violence[11] – people experiencing sex and gender bias and disparities in healthcare – people living in remote and rural locations, and

[11] See *Joint Position on Family Violence by Regulators of Health Practitioners*, available on the Ahpra website, accessed 8 January 2025.

		– the individual across the lifespan including frailty, disability, palliative care and person-centred care. • Program materials and unit/subject profiles/outlines that show where trauma and violence informed care is addressed. • Examples of how education providers create safe and empowering environments in both clinical and educational settings.
5.4	Formal mechanisms are applied to ensure that the use of clinical and educational technologies is effective, including during work-integrated learning, and the program and education provider: • support its safe and ethical use by students in practice • sufficiently resource relevant technology and ensure equitable access for students, and • ensure the use of technologies in assessment is appropriate. See explanatory note: Clinical and educational technologies	• Details on how the education provider/program ensures: - equitable access to relevant technology for students, and - the ethical use of technology by students. • Provide detailed information on how learning is enhanced and monitored through the use of technology.
5.5	The program includes principles of environmentally sustainable and climate resilient healthcare. See explanatory note: Environmentally sustainable and climate resilient healthcare	• Provide details of: - where environmentally sustainable healthcare is addressed, with particular reference to resource optimisation, waste reduction and environmentally conscious practices - how the impact of climate change on healthcare is addressed, and - relevant staff research related to environmental sustainability and climate resilience in healthcare.

Explanatory notes

Safe practice

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

Ethical practice

Ethical practice promotes the consideration of values in the prioritisation and justification of actions by health professionals, researchers and policymakers that may impact on the health and wellbeing of patients, families and communities. A health ethics framework aims to ensure systematic analysis and resolution of conflicts through evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity.[12]

Student support services and facilities to meet learning, social and cultural needs

The education provider must be able to demonstrate the implementation of adequate student learning support services provided at the level of the program.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise students' unique needs during studies and during work-integrated learning, such as dealing with situations involving patient critical-incident scenarios and death. The level of support should reflect the learning needs of students in the context of the academic entry requirements for admission to the program and the expected academic level to be achieved by graduation.

Examples of the implementation of support services should include how students access student learning, welfare and cultural support services as well as how they access student academic advisers and more informal and readily accessible advice from individual academic staff.

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Culturally safe practice for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. The strategy focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety.

The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

[12] World Health Organization, Western Pacific, Health Topics, Ethics in the Western Pacific. Available from the World Health Organization website, accessed 8 January 2025.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

All health practitioners in Australia, including Aboriginal and Torres Strait Islander Health Practitioners, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities. Health practitioners also need to take into consideration the different needs of First Nations People, including geographical differences, gender, age and culture.

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Cultural safety for all communities

The section above defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities.

In this context, culturally safe care recognises that individuals are all unique with different lived experiences. This can include social, cultural, linguistic, religious, spiritual, psychological and medical needs that can vastly affect the care, support and services they need.

Effectively delivering culturally safe care can:

- enable individuals to retain connections to their culture and traditions, including connection to land, family, law, ceremony and language
- reduce social isolation, loneliness and feelings of marginalisation
- engender trust in a graduate's ability to provide safe care for individuals from diverse backgrounds, including Aboriginal and Torres Strait Islander Peoples
- empower individuals to make informed decisions and be active participants in their care, and
- increase mutual respect and enhanced relationships with the workforce and community.

Aboriginal and Torres Strait Islander Health Practitioners must be able to work effectively with people from a range of cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture.

A holistic, patient and family-centred approach to practice requires culturally safe practice. It also requires Aboriginal and Torres Strait Islander Health Practitioners to demonstrate culturally safe practice by learning, developing and adapting their behaviour to each experience.

Reconciliation Action Plan

In partnership with Reconciliation Australia, a Reconciliation Action Plan (RAP) enables organisations to sustainably and strategically take meaningful action to advance reconciliation.

Based around the core pillars of relationships, respect and opportunities, RAPs provide tangible and substantive benefits for Aboriginal and Torres Strait Islander Peoples, increasing economic equity and supporting First Nations self-determination.

Reconciliation Australia's RAP Framework provides organisations with a structured approach to advance reconciliation. There are four different types of RAP that an organisation can develop: Reflect, Innovate, Stretch and Elevate. Each type of RAP is designed to suit an organisation at different stages of their reconciliation journey.[13]

Integration of culturally safe practice within the design and implementation of Aboriginal and Torres Strait Islander health practice programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.[14]

There is an expectation that relevant aspects of the framework are incorporated into the design and implementation of Aboriginal and Torres Strait Islander health practice programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. This is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Education providers should inform students of Indigenous data sovereignty which refers to the right of Indigenous people to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous data.[15]

Program materials relating to Aboriginal and Torres Strait Islander health and wellbeing are developed by, or in consultation with, Aboriginal and Torres Strait Islander Peoples.

Staff and student work and learning environments

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

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

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[13] For more information on Reconciliation Action Plans see the Reconciliation Australia website. accessed 24 June 2024.
[14] For information on the Aboriginal and Torres Strait Islander Health Curriculum Framework, see website, accessed 8 August 2024.
[15] Further information on Indigenous Data sovereignty can be found on the Maian nayri Wingara website, accessed 14 July 2025.

Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health

The Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander people as staff who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance, the Committee will look at education providers' efforts to improve recruitment and retention of Aboriginal and Torres Strait Islander staff. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities), if Aboriginal and Torres Strait Islander Peoples are not on staff.

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Registration requirements

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

The registration standards[16] set by the Board:

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

Formal quality assurance mechanisms

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

The education provider should implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

Inherent requirements

Inherent requirements are the core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. These activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state that: 'Prospective students must be made aware of any inherent requirements for doing a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority.'[17]

[16] For more information on the registration standards see the Aboriginal and Torres Strait Islander Health Practice Board of Australia's website, accessed 8 August 2024.
[17] Domain 1 of the HES Framework. Available from the TEQSA website, accessed 24 June 2024.

Committees/groups responsible for program design, implementation and quality assurance

The education provider will regularly monitor and review the program and the effectiveness of its implementation and engage with and consider the views of a wide range of stakeholders. This includes membership of the following stakeholder groups on its committees:

- Aboriginal and Torres Strait Islander Peoples, including students, health professionals and community members, or consultation with Aboriginal and Torres Strait Islander groups/communities
- representatives of the podiatry profession
- students
- graduates
- academics
- work-integrated learning supervisors, and
- employers and other health professionals when relevant.

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

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Effective engagement with external stakeholders

The education provider should engage with any individuals, groups or organisations that are significantly affected by and/or have considerable influence on the education provider, and its program's design and implementation. This should include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, people from multi-cultural backgrounds, representatives from the LGBTIQA+ community, representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

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

Staffing

A template for the staffing profile is available[18] for education providers to complete and should include the details identified at criterion 2.8.

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

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

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

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[18] Contact Ahpra's Program Accreditation team for the most up-to-date version of the staffing profile.

Program design

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

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

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

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

Quality use of medicines

The committee acknowledges that all health practitioners in Australia should understand the principles of the quality use of medicines. The standards require the education provider to ensure that students are achieving the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners related to the safe and effective use of medicines. The relevant context of safe and effective use of medicines in Aboriginal and Torres Strait Islander health practice means that a student is expected to understand the responsibility of the registered practitioner to recognise and work within the limits of their competence.

The Health Professions Accreditation Collaborative Forum's *Framework for the safe and effective use of medicines* affords education providers with guidance on possible learning outcomes for students regarding the safe and effective use of medicines.[19]

The principles underpinning the quality use of medicines are one of the central objectives of Australia's National Medicines Policy and are applied when prescribing medicines.[20] Quality use of medicines means:

- Selecting management options wisely by:
  - considering the place of medicines in treating illness and maintaining health, and
  - recognising that there may be better ways than medicine to manage many disorders.
- Choosing suitable medicines if a medicine is considered necessary so that the best available option is selected by taking into account:
  - the individual
  - the clinical condition
  - risks and benefits

[19] For information on the Framework for accreditation requirements for the safe and effective use of medicines, see the Health Professions Accreditation Collaboration Forum website. Accessed 6 August 2024.
[20] For information on the National Strategy for Quality Use of Medicines 2002 see the Department of Health and Aged Care website. Accessed on 6 August 2024.

- dosage and length of treatment
- any co-existing conditions
- other therapies
- monitoring considerations
- costs for the individual, the community and the health system as a whole.

- Using medicines safely and effectively to get the best possible results by:
  - monitoring outcomes,
  - minimising misuse, over-use and under-use, and
  - improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

Referencing the national safety and quality standards

At a minimum, the education provider should be referencing within the program curriculum the relevant national safety and quality standards published by the:

- Australian Commission on Safety and Quality in Health Care, including the *National Safety and Quality Health Service Standards and the National Safety and Quality Primary and Community Healthcare Standards*
- Aged Care Quality and Safety Commission, and
- National Disability Insurance Scheme Quality and Safeguards Commission as well as other relevant agencies.

This may include through learning materials given to students, and during lectures.

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Learning and teaching approaches

The 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, technology assisted learning, simulation and other student-centred learning strategies are also encouraged.

Education providers may demonstrate how these approaches are realised and incorporated into the curriculum to facilitate the achievement by students of the learning outcomes and the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners.

Teaching and assessment of legislative and regulatory requirements

The legislative and regulatory requirements relevant to the Aboriginal and Torres Strait Islander health practice profession should be taught in the program and for their application to practice being assessed during work-integrated learning elements.

This should include the range of legislative and regulatory requirements that apply to professional practice; not just those related to the profession of Aboriginal and Torres Strait Islander health practice, these may include but are not limited to:

- medical device laws and regulations
- funding schemes
- medicines and poisons legislations, and
- personal information protection.

Achievement of capabilities before work-integrated learning

To enable students in the program to practise safely, students should achieve the pre-clinical capabilities that are relevant to their subsequent work-integrated learning, before providing patient/client care and undertaking work-integrated learning assessment tasks, including case studies and reflections.

Achievement of these pre-clinical capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice. It is recognised that some students may complete part of their work-integrated learning elements in an employment setting. All students in the program must have an appropriate level of English language skills to communicate effectively with patients/clients, work-integrated learning supervisors, and other staff in the work-integrated learning setting.

Work-integrated learning

The education provider should include at least 500 hours of work-integrated learning in a primary health care practice setting and acute care setting. The students should be provided with extensive and diverse work-integrated learning experiences with a range of patients/clients and clinical presentations.

The Committee recognises that education providers design and carry out work-integrated learning in a variety of ways and expects the education provider to present documentary and experiential information that shows how their arrangements meet the accreditation standard.[21]

The Committee considers that direct patient/client encounters throughout the program will help to ensure students achieve the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners. Education providers are expected to explain how the entire spectrum of work-integrated learning experiences will ensure graduates achieve the professional capabilities.

The education provider should have consistent two-way communication with practitioners acting as work-integrated learning supervisors. The examples of engagement provided should clearly show work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences.

Return to Standard 3

Diverse work-integrated learning

The Committee considers that work-integrated learning experiences throughout the program will help ensure students achieve the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners. Education providers must explain how the entire range of work-integrated learning experiences will ensure graduates achieve the professional capabilities for Aboriginal and Torres Strait Islander Health Practitioners.

Students should be provided with extensive and diverse work-integrated learning experiences with a range of patients/clients and clinical presentations. This should include, but not be limited to:

- Aboriginal and Torres Strait Islander Peoples
- people living in geographically diverse locations including rural or regional areas of Australia
- people from multicultural backgrounds
- people with a disability, including cognitive disability, and/or their advocates
- neurodiverse people
- older people
- young people, and

[21] Further information is available in the Independent Accreditation Committee's publication, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education.* Available on the Ahpra website, accessed 25 February 2025.

- lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) people.

Where assessments address meeting the Aboriginal and Torres Strait Islander Health Practice Board of Australia's professional capabilities early in the duration of a course of study, proficiency in these capabilities should be continually demonstrated throughout work-integrated learning placements.

Work-integrated learning facilities

The education provider has access to at least one work-integrated learning 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.

Relevant accreditation and licensing

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

- comply with any other licensing requirements, such as applicable public health laws, and
- where relevant, is accredited by an approved accreditation agency[22] that accredits to the *National Safety and Quality Health Service (NSQHS) Standards*.

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

Critical reflection

Critical reflection is active personal learning and development that promotes engagement with thoughts, feelings and experiences. It helps to examine the past, look at the present and then apply learnings to future experiences or actions.[23] The education provider should guide students in using relevant tools and models to inform how they critically reflect on their practice.

Return to Standard 3

Work-integrated learning supervisors

Work-integrated learning conducted in Australia must be supervised by an Aboriginal and/or Torres Strait Islander Health Practitioner who holds registration in Australia for the clinical elements they supervise (where registration is a requirement under the National Law).

The education provider should engage with the practitioners who are work-integrated learning supervisors. The examples supplied should show work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences and on the work-integrated learning program.

Cultural safety during work-integrated learning assessments

The assessment of students in the program should be done by an assessor who has relevant expertise and qualifications in the unit/subject being assessed. Where the assessment relates to professional capabilities in the work-integrated learning setting, the assessor should be a registered health practitioner who is:

- an Aboriginal and/or Torres Strait Islander Person, or
- accompanied and advised by an Aboriginal and/or Torres Strait Islander Person who is a recognised

[22] Approved accrediting agencies contact details are available on the Australian Commission on Safety and Quality in Healthcare website. accessed 24 June 2024.

[23] Adapted from Deakin University Library, *Critical reflection for assessments and practice.* Available from the Deakin University website, accessed 31 July 2024.

member of the community with experience in primary health care.

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is:

Fair

- The individual student's needs are considered in the assessment process
- Where appropriate, reasonable adjustments are applied by the education provider/program to consider the individual student's needs
- The education provider/program informs the student about the assessment process and provides them with the opportunity to appeal the result of assessment and be reassessed if necessary.

Flexible

Assessment is flexible to the individual by:

- reflecting the student's needs
- assessing capabilities held by the student no matter how or where they have been acquired, and
- drawing from a range of assessment methods and using those that are appropriate to the context, the unit/subject learning outcomes and associated assessment requirements, and the individual.

Valid

Validity requires:

- assessment against the unit/subject learning outcomes covers the broad range of skills knowledge and professional attributes that are essential to meet the learning outcomes
- assessment of knowledge, skills and professional attributes is integrated with practise in a clinical setting
- assessment to be based on the demonstration that a student could practise the skills, knowledge and professional attributes in other similar situations, and
- judgement of assessment is based on student performance that is aligned to the unit/subject learning outcomes.

Reliable

- Assessments are consistently interpreted and assessment results are comparable irrespective of the assessor conducting the assessment.[24]

The education provider should implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments in the unit and/or subject, these must contain different material from the original assessment.

Return to Standard 4

Simulation-based assessment

The benefits of assessing by simulation include:

- exposure to active, experiential, reflective and contextual learning approaches allowing students to see the direct relevance of their educational experience to their future practice
- enabling educators to assess a student's preparedness for work-integrated learning
- technology-based forms of simulation that can enable instant feedback to students, and
- providing effective means of evaluating students' competencies, such as their professionalism, as well as their content knowledge.[25]

[24] Adapted from Australian Skills Quality Authority (ASQA), *Accredited Course Standards Guide, Appendix 6: Principles of Assessment*. Available from the ASQA website, accessed 19 June 2024.

[25] Adapted from the University of New South Wales, *Assessing with role plays and simulations.* Available from the University of New South Wales website, accessed 30 July 2024.

Simulation-based assessment should:

- be aligned with the learning outcomes
- provide students (ideally in the course outline) with clear and explicit information as to what is expected
- ensure that the task is authentic and real-world-based. (this may include inviting subject-matter experts to come in as real-time resources for students to consult, as they might consult mentors in a professional setting)
- scaffold the learning experience, breaking tasks down to manageable size, and
- use simulations for both formative feedback and summative assessment, rather than introducing them only at the end of the course as a summative assessment.

Return to Standard 4

Interprofessional education

Interprofessional education is important for preparing students of Aboriginal and Torres Strait Islander health practice to work with other health professionals in a collaborative team environment.

Interprofessional teams involving multiple health professionals can improve the quality of patient care and improve patient outcomes, particularly for patients who have complex conditions or comorbidities.

Interprofessional education allows students from two or more professions to learn about, from and with each other to enable effective collaboration and improve health outcomes.[26]

Examples of interprofessional learning might include, but are not limited to:

- small groups working together on an interactive patient case
- simulation-based learning
- clinical settings such as interprofessional learning placements

The principles of interprofessional education include valuing and respecting individual discipline roles in healthcare with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Interprofessional collaboration (Also known as interprofessional collaborative practice)

Refers to healthcare practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination.[27]

Co-design

A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[21]

The principles of co-design are:

- Inclusive – includes a wide variety of stakeholders groups
- Respectful – the input of all participants is valued and equal
- Participative – the process is open, empathetic and responsive
- Iterative – ideas and solutions are continually tested and evaluated with the participants
- Outcomes focused – the process of designed to achieve an outcome or series of outcomes where

[26] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[27] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

potential solutions can be rapidly tested and effectiveness measured.[28]

Lived experience

Lived experience refers to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.

Engagement that values lived experience focuses on recognising life context, culture, identity, risks and opportunities, it's about working together in partnership to identify what's appropriate for consumers, carers, families and kinship groups, and then acting on this.

Acknowledging lived experience perspectives facilitates high quality person-centred care that is embodied in the principles of recovery, dignity of risk, trauma-informed care, cultural safety and co-production.[29]

Return to Standard 5

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

The education provider should implement an assessment strategy that incorporates the use of valid and reliable assessment tools, modes and sampling. If the education provider designs and implements supplementary and alternative assessments in the program, these contain different material to the original assessment.

Social and cultural determinants of health

The education provider should consider social and cultural determinants of health as they relate to the design, implementation and quality improvement of the program. These include:

- Aboriginal and Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity ,as well as health and wellbeing across their lifespan, including frailty, disability, palliative care and patient-centred care
- family, domestic and sexual violence (FDSV) as a significant and widespread problem with serious and lasting impacts on individuals, families and communities. Consistent with the National Plan to End Violence Against Women and Children 2022-2032, it is recognised that FDSV affects people of all genders, all ages and all backgrounds, but it predominantly affects women and children[30] and
- sex and gender bias and disparities in healthcare. Gender inequity in health refers to the unfair, unnecessary, and preventable provision of inadequate health care that fails to take account of the differences between women and men in their state of health, risks to health, and participation in health work.[31]

The World Health Organization lists the following examples of social determinants of health that can influence health equity:

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity
- housing, basic amenities and the environment
- early childhood development
- social inclusion and non-discrimination

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[28] NSW Council of Social Service (NCOSS) Principles of Co-design (2017). Available from the NCOSS website, accessed 16 January 2025.
[29] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.

[30] Australian Government Department of Social Services. *National plan to end violence against women and children 2022-2032*. Available from the Department of Social Services website, accessed 19 June 2024.
[31] Pan American Health Organization, Gender Equality in Health. Available from the PAHO website, accessed 24 February 2025.

- structural conflict, and
- access to affordable health services of decent quality. [32]

Education providers/programs must develop students' knowledge, skills and professional attributes to:

- identify patients who may be experiencing health inequities
- build trust and create a supportive and safe environment for patients to feel safe to disclose
- use trauma-informed approaches to have conversations about health inequities
- work in partnership to respond to the patient's immediate and ongoing support/safety needs
- meet their obligations under local mandatory reporting laws, and
- refer patients to specialist services, where appropriate.

Return to Standard 5

Clinical and educational technologies

Clinical and educational technologies might include, for example, learning management systems, assessment management systems, electronic portfolio systems and contemporary technology used in the practise of the profession. This includes simulation and virtual care. [33]

Increasingly, the use of technologies includes Artificial Intelligence (AI) and specifically generative AI.

Generative Artificial Intelligence is an AI model capable of generating text, images, code, video and audio. Large Language Models (LLMs) such as ChatGPT and Copilot produce text from large datasets in response to text prompts. [34]

Generative AI impacts on learning, teaching, assessment and clinical practice, and education providers need to be able protect the integrity of their awards and produce graduates with both discipline-expertise and the ability to use gen AI tools effectively and ethically. [35]

Designing and implementing assessment with the emergence of AI presents additional challenges and opportunities. TEQSA's *Assessment reform for the age of artificial intelligence* describes guiding principles that capture the essence of the considerations required for higher education assessment and AI:

- assessment and learning experiences equip students to participate ethically and actively in a society where AI is ubiquitous, and
- forming trustworthy judgements about student learning in a time of AI requires multiple, inclusive and contextualised approaches to assessment. [36]

Education providers/programs must provide students with ethical guidance on the use of AI. Any AI applications that are required in order for students to meet the learning outcomes of the program must be provided at no extra cost to the students to ensure equitable access.

Return to Standard 5

Environmentally sustainable and climate resilient healthcare

Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the

[32] Word Health Organization, Social determinants of health. Available from the World Health Organization website, accessed 19 June 2024.
[33] Independent Accreditation Committee, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education*. Available from the Ahpra website, accessed 8 April 2025.
[34] Australian Academic Integrity Network (AAIN), *Generative artificial intelligence guidelines* (2023). Available from the TEQSA website, accessed 19 June 2024.
[35] Tertiary Education Quality and Standards Agency, *Gen AI strategies for Australian Higher Education: Emerging practice* (2024). Available from the TEQSA website, accessed 6 February 2025.
[36] Tertiary Education Quality and Standards Agency, *Assessment reform for the age of artificial intelligence* (2023). Available from the TEQSA website, accessed 6 February 2025.

functioning of health systems. [37]

Actions to address the health impacts of climate change must also take a health equity approach, because some groups, such as rural and remote communities, and Aboriginal and Torres Strait Islander Peoples, are at a disproportionately increased risk of adverse health impacts from climate change due to existing inequities.[38]

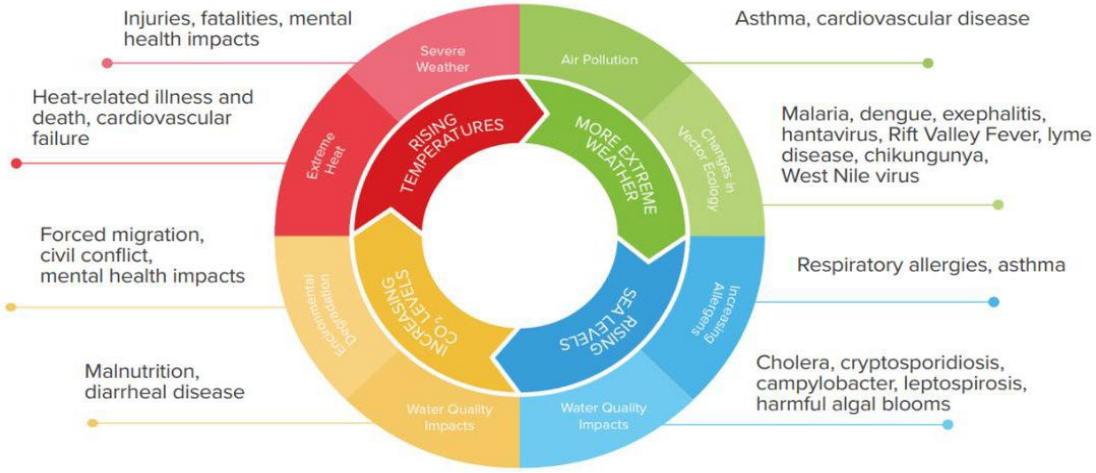
Health professionals have a responsibility to develop environmentally sustainable healthcare systems. This may be achieved by avoiding wasteful or unnecessary medical interventions; developing innovative and more integrated models of care; optimising the use of new technologies; preventing avoidable activity; and strengthening primary care, self-management and patient empowerment.[39]

Education providers and programs may already implement environmentally sustainable practices which may include:

- following recommendations of an institutional sustainability strategy
- following a waste management plan, including use of recyclable products
- considering how equipment that may no longer be suitable for its initial purpose may be used in a different context
- established service and maintenance plans to prolong the use of equipment, and
- providing students with guidance and options on the cost and quantities of resources required.

Environmentally sustainable healthcare systems improve, maintain or restore health, while minimising negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and wellbeing of current and future generations.[40]

Figure 3: Impacts of climate change on health outcomes[41]



[37] World Health Organization, *Fact sheets - Climate change*. Available from the World Health Organization website, accessed 19 June 2024.
[38] Australian Commission on Safety and Quality in Health Care (ACSQHC), Interim Australian Centre for Disease Control and Council of Presidents of Medical Colleges, *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate (2024)*. Available from the ACSQHC website, accessed 15 January 2025.
[39] The Royal Australian College of Physicians, *Environmentally Sustainable Healthcare Position Statement* (2016). Available from the RACP website, accessed 19 June 2024.
[40] World Health Organization, *Environmentally sustainable health systems: a strategic document* (2017). Available from the World Health Organization website, accessed 20 June 2024.
[41] Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACSQHC website, accessed 15 January 2025.

Glossary

Aboriginal and Torres Strait Islander Health Practitioner	A person registered by the Aboriginal and Torres Strait Islander Health Practice Board of Australia. The practitioner may use the titles: • Aboriginal Health Practitioner • Aboriginal and Torres Strait Islander Health Practitioner, or • Torres Strait Islander Health Practitioner.
Aboriginal and Torres Strait Islander Health Practice Accreditation Committee	The committee appointed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia to exercise accreditation functions for the profession.
Aboriginal and Torres Strait Islander ways of learning	A learning framework that can change in different settings and broadly comprises eight interconnected pedagogies involving: • story sharing, i.e. narrative-driven learning • learning maps, i.e. visualised learning processes • non-verbal, i.e. hands-on/reflective techniques • symbols and images, i.e. use of metaphors and symbols • land links, i.e. land-based learning • non-linear, i.e. indirect, synergistic logic, interdisciplinary approach • deconstruct reconstruct, e.g. modelled/scaffolded genre mastery • community links, i.e. connection to community.[42]
Accreditation standards	A standard(s) used by an accreditation authority to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
Assessment benchmarking	A structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality improvement process used to evaluate performance by comparing institutional practices to sector good practice.
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure consistency or comparability; appropriateness; and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[43]
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.

[42] Based on 'Knowledge frameworks of Aboriginal and Torres Strait Islander peoples', see Queensland Curriculum & Assessment Authority website, accessed 9 August 2024.
[43] Adapted from TEQSA glossary of terms, see TEQSA website. Accessed 6 August 2024.

Assessment validation	Validation is a quality review process that confirms the assessment system can produce outcomes that consistently confirm a student holds the necessary knowledge and skills described in the learning outcomes.
Climate resilience	Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change.[44]
Co-design	A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[45]
Cultural determinants of Indigenous health	Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the *Articles of the United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[46], cultural determinants include, but are not limited to: • self-determination • freedom from discrimination • individual and collective rights • freedom from assimilation and destruction of culture • protection from removal/relocation • connection to, custodianship, and utilisation of country and traditional lands • reclamation, revitalisation, preservation and promotion of language and cultural practices • protection and promotion of traditional knowledge and Indigenous intellectual property, and • understanding of lore, law and traditional roles and responsibilities. Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[47]
Culturally safe environment	A culturally safe environment is about creating a place is where any person, including Aboriginal and Torres Strait Islander Peoples feel safe, comfortable, accepted, and confident that they will be respected. They will be listened to and supported in their work and learning.
Education provider	The term used by the National Law to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training, specialist medical colleges and/or health professional colleges.

[44] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[45] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[46] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), see website. Accessed 6 August 2024.
[47] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, see report. Accessed 6 August 2024.

Frailty	Frailty is conceptually defined as a clinically recognisable state in which the ability of older people to cope with every day or acute stressors is compromised by an increased vulnerability brought by age-associated declines in physiological reserve and function across multiple organ systems.[48]
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively implement the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Inherent requirements	The core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. The activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.[49] Prospective students must be made aware of any inherent requirements for carrying out the program, or parts of the program, that may affect those students in special circumstances or with special needs, especially where a program leads to a qualification that may lead to registration as a professional practitioner by a registering authority.[50]
Interprofessional education	Refers to educational experiences where students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[51]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and can demonstrate as a result of learning.[52]
Lived experience	A broad term referring to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.[53]
Mapping document	A document that shows the link between learning outcomes, assessment tasks and the Aboriginal and Torres Strait Islander Health Practice Board of Australia's professional capabilities.[54]
Mandatory and voluntary notification(s) about students	An education provider must notify Ahpra if the provider reasonably believes: a) a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or b) a student for whom the education provider has arranged clinical training has an impairment that, in the course of the student

[48] WHO Clinical consortium on Health Ageing, Topic Focus: frailty and intrinsic capacity, see Report of consortium meeting1-2 December 2016 in Geneva, Switzerland. Accessed 6 August 2024.
[49] Disability Employment Australia's 'Inherent requirements', see website. Accessed 6 August 2024.
[50] TEQSA's Higher Education Standards Framework, *Domain 1, Student participation and attainment*, see TEQSA website. Accessed 6 August 2024.
[51] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[52] Adapted from Australian Qualifications Framework, Second Edition January 2013, see website.
[53] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.
[54] Contact Ahpra's Program Accreditation team to obtain the most up-to-date version of the mapping template.

	undertaking the clinical training, may place the public at substantial risk of harm.[55] A voluntary notification about a student may be made to Ahpra on the grounds that— a) the student has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months imprisonment or more; or b) the student has, or may have, an impairment; or c) that the student has, or may have, contravened a condition of the student's registration or an undertaking given by the student to a National Board.[56] NOTE: The term "impairment" has a specific meaning under the National Law in Australia. In relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect: a) for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or b) for a student, the student's capacity to undertake clinical training— i. as part of the approved program of study in which the student is enrolled; or ii. arranged by an education provider.[57]
Medicines	Therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human or animal. It includes prescription, non-prescription and complementary medicines.[58]
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Professional capabilities for Aboriginal and Torres Strait Islander health practitioners	Threshold capabilities needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner in Australia.
Program of study	A program of study provided by an education provider. Note, the term 'course' is used by many education providers.
Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption, it may not be deemed reasonable. Reasonable adjustment requirements directly address systemic

[55] Section 143(1) of the National Law.
[56] Section 144(2) of the National Law.
[57] Section 5 of the National Law.
[58] Health Professions Accreditation Collaboration Forum, *Framework for accreditation requirements for the safe and effective use of medicines*, unpublished, p7.

	discrimination experienced by people with disability in education.
Social determinants of health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[59]
Stakeholders	Current stakeholders relevant to education providers implementing a program in Aboriginal and/or Torres Strait Islander health care practice include (but are not limited to): employers such as Aboriginal Medical Services, Aboriginal Community Controlled Health Services and government and other relevant agencies such as poisons regulatory entities.
Unit/subject	A component of the Aboriginal and Torres Strait Islander health practice program. Note the term 'unit', 'course' or 'topic' is used in many programs.
Valid assessment/ validity	How well an assessment measures what it is purported to measure.[60]
Work-integrated learning	An umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practise in a purposefully designed curriculum. The application to practice may be real or simulated and can occur in the workplace or at the education institution.
Work-integrated learning supervisor and/or supervision	A work-integrated learning supervisor, also known as a clinical supervisor, is an appropriately qualified and recognised professional who guides learners' education and training during work-integrated learning. 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. Work-integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves the oversight 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. Work-integrated learning supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.

[59] World Health Organisation, *Social determinants of health.* Available on the WHO website, accessed 11 February 2025.
[60] 'Principles of Assessment – Part 4 (Validity), see International Teacher Training Academy website. Accessed 6 August 2024.

List of acronyms

Ahpra	Australian Health Practitioner Regulation Agency
ASQA	Australian Skills Quality Authority
TAC WA	Training Accreditation Council WA
RTO	Registered Training Organisation
VET	Vocational education and Training
DET	Department of Education and Training
TEQSA	Tertiary Education Quality and Standards Agency
HESP	Higher Education Standards Panel
HES	Higher Education Standards
RAP	Reconciliation Action Plan
AQF	Australian Qualifications Framework
CAG	Course Advisory Group
TAS	Training and Assessment Strategy
WHS	Workplace health and safety
NSQHS	National Safety and Quality Health Service Standards
FDSV	Family, domestic and sexual violence
AI	Artificial Intelligence
LLM	Large Language Models