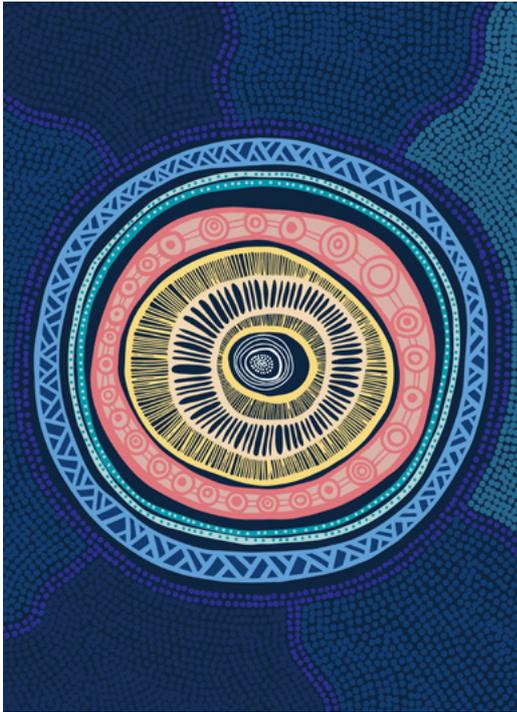
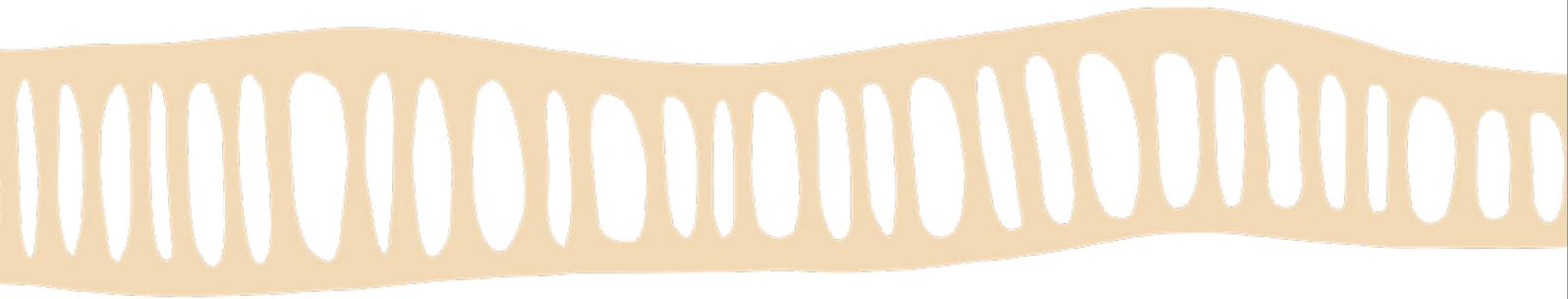


The National Scheme's Aboriginal and Torres Strait Islander
Health and Cultural Safety Strategy 2020-2025





The artwork and artist

Our Health

Building culturally safe healthcare together and empowering the community to have access to equitable, culturally safe healthcare that is free from racism. Greater self-determination for Aboriginal and Torres Strait Islander Peoples to ensure community enjoy a health life enriched by strong living culture, dignity and justice.

By Keisha Thomason

Keisha Thomason is an Aboriginal Graphic Designer and Artist. Keisha is a proud Waanyi/Kalkadoon (Mount Isa, Queensland) and Chinese woman. Her artwork style is contemporary, influenced by her culture, identity and the modern world.

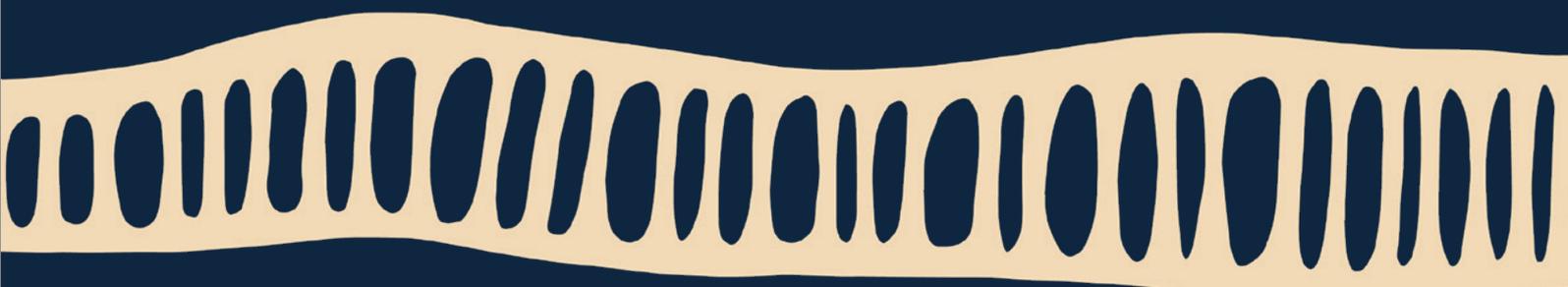
Acknowledgement

Ahpra together with the National Boards, through its implementation of the National Scheme, would like to acknowledge the Traditional Custodians of the land in which we regulate registered health practitioners in Australia.

We acknowledge Aboriginal and Torres Strait Islander culture as the oldest continuing culture in the world. Aboriginal and Torres Strait Islander people never ceded sovereignty and we recognise the impacts colonisation continues to have on the health of Aboriginal and Torres Strait Islander people to date.

We acknowledge Aboriginal and Torres Strait Islander Peoples for their continuing connection to culture, language and country; along with Elders past, present and emerging and the ancestors that walk with Aboriginal and Torres Strait Islander people every day.

We recognise the Indigenous leadership, excellence, and spirit of partnership which helped to formulate this strategy, in our efforts to affect systemic health reform to help close the gap in health outcomes for Aboriginal and Torres Strait Islander people.



Contents

A strategy that aims to eliminate racism from the health system ...	5
Background	6
Partnership, ownership and governance.....	7
Vision	7
Goal.....	7
Rationale for investment	8
Objectives.....	9
Cultural safety.....	10
Increased participation	12
Greater access.....	14
Influence	16
Monitoring and reporting	18
Terminology	18
Appendix 1: Initial Workshop Report	19
Appendix 2: Progress.....	24



Community and People

The central circle represents communities and people are centric to build equitable, culturally safe healthcare. Self-determination is built from this point, to empower the community to achieve a healthy life, equal to that of other Australians, enriched in strong living culture.

Safety and Accessibility

The yellow ring represents providing culturally safe and accessible healthcare, which is integral to building a healthy life and closing the gap for Aboriginal and Torres Strait Islander Peoples health outcomes.

A strategy that aims to eliminate racism from the health system

We acknowledge and pay respect to the sovereign Traditional Owners of Australia – Aboriginal and Torres Strait Islander Peoples. The National Registration and Accreditation Scheme (the National Scheme) acknowledges that healthcare science has been practised by Aboriginal and Torres Strait Islander Peoples for millennia on this continent, and that Western healthcare and science has a lot to learn from the original human healers.

Colonisation, massacres and dispossession have produced, and continue to produce, gross health inequities and racism as a public health issue.

It is for this reason, and because we believe in a better future and more healed society for all our children and coming generations, that this strategy is so important.

We acknowledge the historical and ongoing work of Aboriginal and Torres Strait Islander communities and leaders in supporting a culturally safe health system. This strategy represents one further landmark step in that journey.

With the direct levers to change minimum levels of practice that registered health practitioners must meet, as well as the standards for the educational courses that lead to registration, the vast reach of the National Scheme puts its entities in a unique position to affect real change to patients and communities.

Our aim in this strategy is to produce consistency and quality improvement in matters of Aboriginal and Torres Strait Islander health and cultural safety across the National Scheme. The *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* aims to make cultural safety the norm for Aboriginal and Torres Strait Islander patients. It sets a clear direction and course of action for Ahpra, National Boards and Accreditation Authorities, who together regulate Australia's 740,000 registered health practitioners. Cultural safety is a critical component of patient safety, and cultural safety must be defined by Aboriginal and Torres Strait Islander Peoples.

While there had been previous important work by individual entities within the National Scheme, February 2016 was the moment that the National

Scheme became aware of the need to address health equity and racism as a public health issue collectively. This was a pivotal moment that marked the beginning of one of the most ambitious and important initiatives in the National Scheme's history.

By July 2018, 37 entities, including Ahpra, National Boards, Accreditation Authorities and Aboriginal and Torres Strait Islander health experts, committed to doing their part to help to eradicate racism from the health system. The *National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent* aims for health equity by 2031 and was developed in close partnership with many Aboriginal and Torres Strait Islander organisations and experts.

This five-year Strategy was developed by the Aboriginal and Torres Strait Islander Health Strategy Group (the Strategy Group), which represents a strategic partnership between independent Aboriginal and Torres Strait Islander health leaders, experts and peak bodies, and leaders and representatives from across the National Scheme. The Strategy Group is a joint decision-making body, not an advisory body to Ahpra or the National Scheme. This governance structure enables self-determination for Aboriginal and Torres Strait Islander Peoples, as enunciated in the United Nations Declaration on the Rights of Indigenous Peoples, and which the evidence shows is a critical component of improving health outcomes.

We particularly honour the work of the Aboriginal and Torres Strait Islander health leaders on the Strategy Group, and all non-Indigenous partners and leaders across the National Scheme for their dedication, openness and willingness to work in a strategic partnership. In doing so, we are re-defining and equalising power relations in the production of higher quality regulation and consistency of approach across the National Scheme.

We commend this strategy to you and invite you to embrace and implement its goals with vigour, humility and respect.

Prof Gregory Phillips

Co-chair, Aboriginal and Torres Strait Islander Health Strategy Group

Ms Julie Brayshaw

Co-chair, Aboriginal and Torres Strait Islander Health Strategy Group

Mr Martin Fletcher

CEO of the Australian Health Practitioner Regulation Agency (Ahpra)

Ms Gill Callister PSM

Chair of Ahpra's Agency Management Committee (AManC)

Background

The Australian Health Practitioner Regulation Agency (Ahpra) administers the National Registration and Accreditation Scheme (National Scheme), the mission of which is to 'protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare.'

In the area of Aboriginal and Torres Strait Islander health, Ahpra already administers and supports the Aboriginal and Torres Strait Islander Health Practice Board of Australia and is aware of work being undertaken in other professional and accreditation agencies with regard to Aboriginal and Torres Strait Islander health.

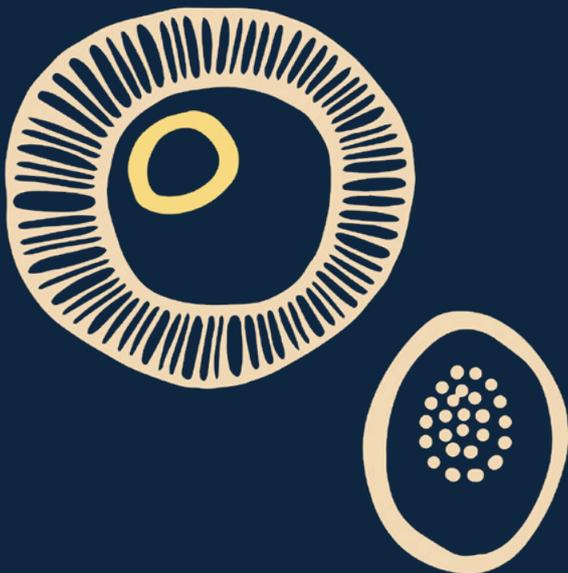
Ahpra engaged ABSTARR Consulting in 2016 to assist in formally engaging with Aboriginal and Torres Strait Islander health organisations and representatives. An initial workshop was held in February 2017 with the aim of 'identifying possible strategies utilising the levers and opportunities available through the National Scheme.' A summary of the initial workshop report is detailed here in Appendix 1.

As a result of that initial workshop, Ahpra has undertaken a series of major initiatives and developments have been undertaken with ABSTARR Consulting's guidance and oversight, detailed in Appendix 2.

Ahpra is wishing to further develop its strategic direction in Aboriginal and Torres Strait Islander health in the interests of patient safety, workforce development and closing the gap in health outcomes between Aboriginal and Torres Strait Islanders and other Australians. This is in line with the Council of Australian Government's (COAG) commitment to 'a health system free of racism'.

This document, written by ABSTARR Consulting, sets out a strategic direction for Ahpra and the National Scheme in Aboriginal and Torres Strait Islander health. The strategic direction was guided by key outcomes and recommendations made at the February 2017 workshop. Participants included Aboriginal and Torres Strait Islander health organisations, academics and stakeholders, Ahpra's Agency Management Committee Chair, Ahpra Chief Executive Officer (CEO) and staff, and representatives of National Boards and Accreditation Authorities (see Appendix 1). This strategy will align with and influence the broader National Scheme and Ahpra strategy review being undertaken in 2019.

Ahpra would like to acknowledge ABSTARR Consulting for the Indigenous leadership and systemic reform over the last three years to closing the gap in health outcomes in Aboriginal and Torres Strait Islander people.



Partnership, ownership and governance

There are three major stakeholder groups in this partnership:

- Aboriginal and Torres Strait Islander health organisations, academics and individuals
- National Scheme entities including Boards (National, State and Territory) and Accreditation Authorities
- Ahpra Agency Management Committee and staff.

All three major stakeholder groups agree to jointly own and govern this partnership, including the development, implementation and monitoring of this Strategy; with due regard to the principles and practice of self-determination and leadership for Aboriginal and Torres Strait Islander Peoples.

Self-determination means the following, as stated in the United Nations Declaration on the Rights of Indigenous Peoples. The stakeholder groups align our meaning and intent with this definition.

Article 3 - Indigenous peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

Article 4 - Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.¹

Vision

Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples.

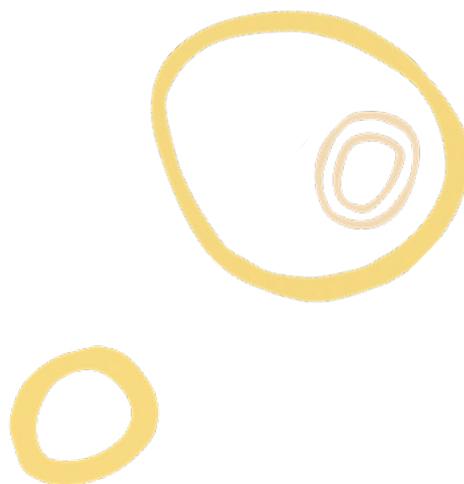
Goal

Identify, implement and monitor the National Scheme's Strategy and role in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.

¹ www.humanrights.gov.au/publications/un-declaration-rights-indigenous-peoples-1

Rationale for investment

- **Strength** – There are lessons to be learned from Aboriginal and Torres Strait Islander Peoples and their health – this means treat Aboriginal and Torres Strait Islanders as the beneficiaries of 60,000 years of science, knowledges and paradigms that can inform better health care for all Australians, rather than as just another cohort.
- **Concordance** – Better patient outcomes are more likely if the attending health professional is also Aboriginal and Torres Strait Islander.
- **Responsibility** – Ahpra and the National Scheme have responsibilities to protect patient safety and enhance health care quality for Aboriginal and Torres Strait Islander Peoples. A major part of this is ensuring non-Indigenous health professionals have the necessary training/skills in cultural safety and capability.
- **National and community expectation** – There are significant national policy and political imperatives (e.g. Closing the Gap, National COAG targets, social visibility of Aboriginal and Torres Strait Islander health as a nationally significant issue). This includes COAG's commitments to 'a health system free of racism'.
- **Community as owners** – A truism of Aboriginal and Torres Strait Islander worldviews in relation to health and wellbeing is that individuals and communities must be regarded as 'customer-owners' of our work, rather than mere patients. This aligns with self-determination, human rights and community development principles and obligations.
- **More than patient safety** – The Strategy Group understands that our goal must be more than to 'protect the public', to engage with them or to keep them safe; our goal must be to ensure no harm and neglect, and to partner with individuals, communities, professionals and employers as our strategic partners in the mutual delivery of the highest possible quality policy, care and services possible. We see an ecosystem of co-delivery as essential here.



Objectives

Cultural safety – a culturally safe health workforce through nationally consistent standards, codes and guidelines across all practitioner groups within the National Scheme.

Definition of 'cultural safety'

Principles:

The following principles inform the definition of cultural safety:

- Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training

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.

How to:

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.

Increased participation – increased Aboriginal and Torres Strait Islander participation in the registered health workforce and across all levels of the national scheme.

Greater access – greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services of health professions regulated under NRAS.

Influence – using our leadership and influence to achieve reciprocal goals (e.g. thought leadership on nationally agreed approaches to measuring 'merit' and 'excellence', definition of cultural safety, alignment with standards in education and health services).

Cultural safety

Strategy	Initiatives
1. Ensure a consistent definition of 'Aboriginal and Torres Strait Islander health' and 'cultural safety' is adopted across the National Scheme	<ul style="list-style-type: none"> • Strategy Group defines 'Aboriginal and Torres Strait Islander health' and 'cultural safety' in partnership with the National Health Leadership Forum (NHLF)
2. Ensure consistency for Aboriginal and Torres Strait Islander health and cultural safety in education and training standards and accreditation guidelines	<ul style="list-style-type: none"> • National Boards and their committees adopt and endorse the Aboriginal and Torres Strait Islander Health Curriculum Framework and maintain a consistency of definition, standards and quality assessment methods
3. Ensure consistency for cultural safety in health professions codes of conduct	<ul style="list-style-type: none"> • National Boards adopt consistent guidelines and standards in codes of conduct
4. Recommend and advocate change to the National Law to ensure consistency in cultural safety for Aboriginal and Torres Strait Islander Peoples	<ul style="list-style-type: none"> • Follow up submission to the National Law review panel with Ministers and Departments
5. Implement cultural safety training for Ahpra staff, Agency Management Committee, National, State, Territory and Regional boards	<ul style="list-style-type: none"> • Engage providers to deliver consistent cultural safety training to Ahpra staff, boards and accrediting authorities
6. Develop a Continuous Professional Development (CPD) and upskilling strategy for the registered health workforce	<ul style="list-style-type: none"> • Review National Board Standards and Guidelines • Review and map existing CPD initiatives (registration standards and guidelines) for all professions • Develop a set of core standards and competencies which can be adapted to any profession or location • Develop a national cultural safety CPD framework and strategy

Responsible	KPIs	Timeline
<ul style="list-style-type: none"> • Strategy Group & NHLF defines • The National Scheme adopts 	<ul style="list-style-type: none"> • Adoption by the National Scheme and the NHLF 	<ul style="list-style-type: none"> • Finalisation of definition by 30 August 2019 (subject to stakeholder agreement) • Adoption by the National Scheme by end of 2019
<ul style="list-style-type: none"> • Ahpra • National Boards • Strategy Group endorses definition developed by caucus and works with Accreditation Authorities to define quality assessment methods. • All Accrediting Authorities adopt 	<ul style="list-style-type: none"> • Endorsement by all National Boards • Adoption by all Accrediting Authorities 	<ul style="list-style-type: none"> • Adoption by National Boards and Accrediting Authorities by early 2020 (statement of endorsement)
<ul style="list-style-type: none"> • Strategy Group defines consistency • National Boards adopt 	<ul style="list-style-type: none"> • Adoption by all National Boards 	<ul style="list-style-type: none"> • Commitment by National Boards by end of 2019 to adopt in the context of individual Codes as each are reviewed
<ul style="list-style-type: none"> • Ahpra and Strategy Group 	<ul style="list-style-type: none"> • National law is changed to ensure consistency 	<ul style="list-style-type: none"> • Amend by 30 July 2021
<ul style="list-style-type: none"> • Ahpra and Strategy Group 	<ul style="list-style-type: none"> • Training on a rolling basis for all members & staff within first year, and every three years • Accreditation Authorities can request training at fee for service 	<ul style="list-style-type: none"> • Commence trials in February 2020 • Commence delivery of cultural safety training in April 2020
<ul style="list-style-type: none"> • Ahpra • Strategy Group • Ahpra and Strategy Group 	<ul style="list-style-type: none"> • Mapping complete • Core standards & competencies identified & agreed • Framework and strategy completed and adopted 	<ul style="list-style-type: none"> • Commence work by 30 July 2021 • National Boards to encourage practitioners to undertake CPD on cultural safety in the meantime

Increased participation

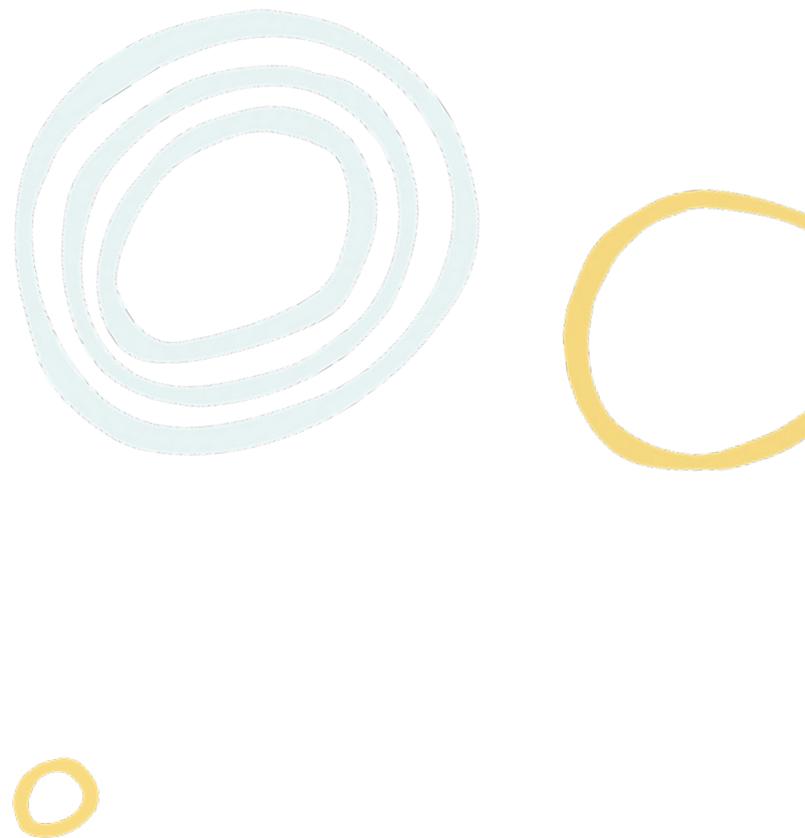
Strategy	Initiatives
7. Governance – Agency Management Committee	<ul style="list-style-type: none"> Ensure two Aboriginal and Torres Strait Islander representatives on the Agency Management Committee
8. Governance – Boards and Accrediting Authorities	<ul style="list-style-type: none"> Ensure two Aboriginal and Torres Strait Islander representatives on each National Board and Accreditation Authority
9. Strengthen the participation of Aboriginal and Torres Strait Islander health professionals in the National Scheme	<ul style="list-style-type: none"> Engage with Aboriginal and Torres Strait Islander health professionals in all professions regarding barriers and enablers for registration and participation Implement strategies to support Aboriginal and Torres Strait Islander health professionals, increase their registration and support their participation
10. Ensure stakeholder engagement	<ul style="list-style-type: none"> Meet with National Boards and Accrediting Authorities to consult on the Statement of Intent & this Strategy Actively engage with National Boards and Accreditation Authorities to consult on this Strategy
11. Upgrade the Reconciliation Action Plan (RAP)	<ul style="list-style-type: none"> Review the RAP and plan for upgrade to the 'Innovate' and 'Stretch' levels
12. Improve data quality	<ul style="list-style-type: none"> Develop and implement strategies to monitor and improve data on Aboriginal and Torres Strait Islander participation in the National Scheme
13. Develop and implement a five-year Ahpra Aboriginal and Torres Strait Islander Employment Strategy	<ul style="list-style-type: none"> Develop and implement a five-year Ahpra Aboriginal and Torres Strait Islander Employment Strategy to increase the Aboriginal and Torres Strait Islander workforce Become an employer of choice

	Responsible	KPIs	Timeline
	<ul style="list-style-type: none"> Agency Management Committee Ahpra to encourage greater participation and make more recommendations to Ministers 	<ul style="list-style-type: none"> Two Aboriginal and Torres Strait Islander representatives appointed (consideration given to appointment cycles) by the end of 2025 	<ul style="list-style-type: none"> Complete by 31 December 2025
	<ul style="list-style-type: none"> National Boards and accrediting authorities recommend to and lobby Ministers for legislative change Ahpra to encourage greater participation and make more recommendations to Ministers 	<ul style="list-style-type: none"> Two Aboriginal and Torres Strait Islander representatives appointed (consideration given to appointment cycles) to each body by the end of 2025 	<ul style="list-style-type: none"> Complete by 31 December 2025
	<ul style="list-style-type: none"> Strategy Group conducts surveys, interviews and focus groups, and reports findings to participants, Ahpra and the National Scheme The Strategy Group proposes scheme-wide changes to ensure the enablers are strengthened and barriers are removed 	<ul style="list-style-type: none"> Engagement conducted by end of 2020 Strategies proposed and adopted by the National Scheme and Ahpra 	<ul style="list-style-type: none"> Review existing data sets by 31 December 2020 Integrate strategies by 31 December 2020
	<ul style="list-style-type: none"> Strategy Group co-chairs and Members 	<ul style="list-style-type: none"> Meet with National Board Chairs and HPACF by the end of 2019 	<ul style="list-style-type: none"> Brief as many National Boards as possible and HPACF on the Strategy by 15 July 2019
	<ul style="list-style-type: none"> Ahpra People and Culture co-ordinates RAP working groups 	<ul style="list-style-type: none"> 'Innovate' by the end of 2021 'Stretch' by 2023 	<ul style="list-style-type: none"> 'Innovate' by 30 December 2021 'Stretch' by 30 December 2023
	<ul style="list-style-type: none"> Strategy Group Secretariat and Ahpra Data Team 	<ul style="list-style-type: none"> Monitoring review of data quality every year 	<ul style="list-style-type: none"> Ongoing
	<ul style="list-style-type: none"> Ahpra People and Culture 	<ul style="list-style-type: none"> Implementation commenced by early 2020 Monitoring of milestones periodically each year 	<ul style="list-style-type: none"> Develop annual workplan by 30 December Launch strategy by early 2020 Implement and deliver up to 2025

Greater access

Strategy	Initiatives	
14. Monitor and report patient safety and notifications	<ul style="list-style-type: none"> Develop and implement a monitoring and reporting framework for patient safety and notifications for Aboriginal and Torres Strait Islanders 	
15. Develop and implement a community education campaign	<ul style="list-style-type: none"> Develop and implement a community education campaign for Aboriginal & Torres Strait Islander Peoples about the National Scheme, Ahpra and notifications 	
16. Develop and implement a communications strategy	<ul style="list-style-type: none"> Develop and implement a 'good news' communications strategy, including risk management to mitigate community resistance 	

	Responsible	KPIs	Timeline
	<ul style="list-style-type: none"> Ahpra and Strategy Group 	<ul style="list-style-type: none"> Framework completed by the end of 2020 	<ul style="list-style-type: none"> Develop framework by 30 December 2020
	<ul style="list-style-type: none"> Strategy Group Secretariat 	<ul style="list-style-type: none"> Campaign implemented by 30 June 2021 	<ul style="list-style-type: none"> Campaign implemented by 30 June 2021
	<ul style="list-style-type: none"> Strategy Group Secretariat 	<ul style="list-style-type: none"> Strategy implemented by 30 June 2021 	<ul style="list-style-type: none"> Strategy implemented by 30 June 2021



Influence

Strategy	Initiatives	
17. Ensure alignment and consistency with other standards in services and employment	<ul style="list-style-type: none"> Collaborate with ACSQHC, TEQSA, UA, COAG, employers, professional groups and others to ensure alignment and consistency in standards for Aboriginal and Torres Strait Islander health and cultural safety 	
18. Implement a program of thought leadership symposia	<ul style="list-style-type: none"> Conduct symposia on topics like merit and excellence, definition of cultural safety, alignment with other standards 	
19. Convene a national summit on Aboriginal and Torres Strait Islander health workforce	<ul style="list-style-type: none"> Summit of universities, colleges, accreditors, regulators, professional groups, employers and governments on a quality pipeline, alignment of standards and funding. 	



	Responsible	KPIs	Timeline
	<ul style="list-style-type: none"> Ahpra and Strategy Group 	<ul style="list-style-type: none"> Communication and meetings completed with six agencies by the end of 2022 	<ul style="list-style-type: none"> Communication and meetings completed with six agencies by the end of 2022
	<ul style="list-style-type: none"> Ahpra, National Boards, HPACF, Strategy Group 	<ul style="list-style-type: none"> One symposium every second year 	<ul style="list-style-type: none"> First symposium in 2021
	<ul style="list-style-type: none"> Strategy Group and Strategy Group Secretariat 	<ul style="list-style-type: none"> 2020 	<ul style="list-style-type: none"> 2020

Monitoring and reporting

Ahpra undertakes to ensure monitoring and reporting against this Strategy's objectives and key performance indicators using the following methods:

- Strategy Group Secretariat develops a dashboard reporting framework
- Agency Management Committee (AManC), Forum of Chairs and Health Professions Accreditation Collaborative Forum (HPACF)
 - Strategy Group Secretariat reports on progress to the AManC, Forum of Chairs and HPACF every six months
 - Strategy Group meets with the AManC, Forum of Chairs and HPACF once per year.
- Strategy Group
 - Strategy Group communiqués distributed to all bodies in the National Scheme after every meeting seeking input and feedback
 - Strategy Group Co-Chairs meet with AManC, Forum of Chairs and HPACF once per year
 - Strategy Group, through the Ahpra Secretariat, communicates with the general public on dashboard reporting framework, upcoming events, how to make notifications and how to send feedback.

Terminology

ACSQHC	Australian Commission on Safety and Quality in Health Care
Ahpra	Australian Health Practitioner Regulation Agency
AManC	Agency Management Committee
COAG	Council of Australian Governments
CPD	Continuous Professional Development
Cultural Safety	<p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>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.</p>
HPACF	Health Professions Accreditation Councils' Forum
National Law	<i>Health Practitioner Regulation National Law Act 2009</i>
NCSQHC	National Safety and Quality Health Service
NHLF	National Health Leadership Forum
National Scheme	National Registration and Accreditation Scheme
RAP	Reconciliation Action Plan
Strategy Group	Aboriginal and Torres Strait Islander Health Strategy Group
TEQSA	Tertiary Education Quality and Standards Agency
UA	Universities Australia

Appendix 1: Initial workshop report

This section provides an overview of the key outcomes and recommendations from the February 2017 workshop. Participants included Aboriginal and Torres Strait Islander health organisations, academics and stakeholders, Ahpra's Agency Management Committee Chairperson, Ahpra CEO and staff, and representatives of National Boards and Accreditation Authorities.

Key background factors

- **Target audience:** It was made clear that any strategy should address the workforce development needs of Aboriginal and Torres Strait Islander people across the health professions as well as ensure *non*-Aboriginal and Torres Strait Islander health professionals are more adequately equipped to provide effective health care for Aboriginal and Torres Strait Islander Peoples.
- **Data:** Participants stressed the importance of tracking the number of Aboriginal and Torres Strait Islander people registered in health professions. Currently, only 0.8% of all registered health professionals identify as Aboriginal and Torres Strait Islander (n=5006).²
- **Consensus on terminology:** There needs to be consensus on using the terms 'cultural safety' or 'cultural competence' or others at the national level.
- **Consistency across professions:** There was a call for consistency of approach across the health professions for approaches to, and standards for, education, accreditation and registration.
- **Accreditation:** It was noted that the review of accreditation was a key opportunity to contribute Aboriginal and Torres Strait Islander perspectives, and that the Health Professions Accreditation Forum had already undertaken to prioritise Aboriginal and Torres Strait Islander health across the professions.
- **National Law:** Ms Janine Mohamed, CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) noted that they had written to the Minister requesting changes to the National Law to embed cultural competency and safety into the law. Other participants supported and endorsed this approach.
- **Clarity on strategic goal:** Participants suggested there needed to be clarity on how the National Scheme can contribute to patient safety and health workforce development, with an ultimate aim of helping to close the gap in life expectancy.

Partnership

- **Values:** Participants stressed the need for working in partnership with Ahpra and Aboriginal and Torres Strait Islander organisations and stakeholders, utilising the following values:
 - commitment
 - accountability
 - collaboration
 - leadership
 - high-level participation
 - shared priorities.
- **Role:** Aboriginal and Torres Strait Islander participants agreed to form a strategic and equal partnership with Ahpra and to provide advice to Ahpra, National Boards and accrediting authorities on how to meet strategic goals, as long as the following are observed:
 - **Accountability and reciprocity** – Participants were looking for both Ahpra and Aboriginal and Torres Strait Islander stakeholders to be accountable back to this group, and that jointly we would work with National Boards and Accreditation Authorities to build consensus and strategic clarity.
 - **Focus on outcomes** – Participants noted the need to devise a strategic direction that will contribute to tangibly improving Indigenous health outcomes.

²Ahpra and National Boards Annual Report 2015/16

Vision

Participants agreed on the following draft vision:

Patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander Peoples.³

Goal

Participants agreed that the goal of Ahpra and this group working together should be to:

Identify the National Registration Accreditation Scheme's (National Scheme) strategy and role in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.

Sub-goals

Additionally, a number of sub-goals were identified:

- **Clear roles** – The National Scheme, Ahpra, Boards and accrediting authorities need clearly identified roles in collaboratively working towards achieving our goals.
- **Consistent approach** – to Aboriginal and Torres Strait Islander health across the National Scheme's functions (professional standards, registration, notification, accreditation, etc).
- **Embedded implementation** – beyond the development of standards and guidelines, Ahpra and the National Scheme should work to ensure successful implementation and changes in behaviour.
- **Alignment with ACSQHC standards** – that this work should contribute to and strengthen the safety and quality standards for hospitals and other health providers.
- **Collaborative quality improvement** – there is an opportunity to foster collaborations across and between the professions to learn from examples for good practice, and to foster inter-professional learning approaches.
- **Strengthen and report on data** – the National Scheme holds a unique data set for registration, demographics and the National Workforce Survey. This data should be utilised to identify barriers and enablers to reform in workforce and patient safety.

Rationale for investment

The reason Ahpra and the National Scheme should invest in this work is because:

- **Strength** – There are lessons to be learned from Aboriginal and Torres Strait Islander Peoples and their health that can help inform a better health system for all
- **Concordance** – There is strong evidence of concordance, where better patient outcomes are more likely if there are more Aboriginal and Torres Strait Islander health professionals
- **Responsibility** – Ahpra and the National Scheme have responsibilities to protect patient safety and enhance health care quality for Aboriginal and Torres Strait Islander Peoples. A major part of this is ensuring non-Indigenous health professionals have the necessary training/skills in cultural safety and capability
- **National and community expectation** – there are significant national policy and political imperatives (e.g. Closing the Gap, National COAG targets, social visibility of Aboriginal and Torres Strait Islander health as a nationally significant issue).

³Please note, this vision has been updated subsequently.

Key areas of National Scheme activity

Participants agreed the following three areas should be prioritised.

- **Culturally safe workforce** – Protecting Aboriginal and Torres Strait Islander patients by having a culturally safe health workforce in Australia
- **Participation** - Expanding the Aboriginal and Torres Strait Islander workforce across all registered health professions by removing unnecessary barriers, and
- **Outcomes** – Contribute to improving Aboriginal and Torres Strait Islander health outcomes through setting requirements in National Boards' registration and accreditation standards, education and training, advocacy and community engagement.

Key strategic development opportunities

Short term priorities (2017)

- **Current reviews** – Ensure the accreditation review and review of the codes of conduct address Aboriginal and Torres Strait Islander health
- **Cultural safety training** – for the National Boards, State and Territory Boards, Accreditation Authorities and Ahpra staff
- **Engagement** – with National Boards and Chairs about the development of a strategy
- **Data** – Analyse existing data on Aboriginal and Torres Strait Islander registered health professionals and participation in accreditation, registration and making notifications
- **Reconciliation Action Plan** – Begin Ahpra and National Boards RAP
- **National Law** – Articulate changes for the National Law
- **Alignment with other standards** – engage relevant bodies to ensure alignment with:
 - ACSQHC Standards
 - TEQSA Standards (Tertiary Education Quality and Standards Agency)
 - Australian Standard on Healthcare Standards
 - Aboriginal and Torres Strait Islander Health Performance Framework
 - COAG's Close the Gap targets
- Aboriginal and Torres Strait Islander Health **Curriculum Framework** – consider promoting this across different professions and seeking endorsement by accrediting bodies and changes to accreditation standards.

Medium term priorities (2018-2019)

- **Data** – Ensure tracking and review of notifications are made by persons identifying as being Aboriginal and Torres Strait Islander.
- **Patient/Community participation** – Develop an engagement and communications strategy to better support Aboriginal and Torres Strait Islander patients and their families to make notifications and raise concerns when appropriate.
- **RAP** – Complete a RAP for Ahpra and the National Scheme.
- **Participation on Boards and committees** – Develop an engagement and recruitment strategy for greater Aboriginal and Torres Strait Islander representation on Boards and Committees.
- **Thought leadership** – Identify and conduct thought leadership and research on key issues relevant to all professions, such as:
 - What does **merit** mean for Aboriginal and Torres Strait Islander participation in and recruitment to health professions?
 - How does **cultural safety** differ from cultural capability/competence?
 - What is a standard definition for cultural safety and **best practice pedagogy** for cultural safety training and education?
- **CPD and upskilling strategy** – develop and implement a strategy for upskilling the existing workforce through CPD and other mechanisms.

Workplan

Ahpra will need to develop a draft workplan for the National Scheme. This will include:

- **Baseline data** – identify and strengthen data on: Aboriginal and Torres Strait Islander health practitioners, patients and workforce; the broader health workforce's roles in Aboriginal and Torres Strait Islander health; and Ahpra's role as an employer of Aboriginal and Torres Strait Islander people
- **Strategy and objectives** – Develop measurable objectives and timeframes for delivery
- **Engagement** with National Boards, Board chairs Accreditation Authorities and health professionals' associations
- **Representation** – increasing Aboriginal and Torres Strait Islander representation on National and state Boards
- **Cultural safety** – ensuring cultural safety is included in reviews of health professions' codes of conduct, reviews of accreditation standards, and other similar mechanisms
- **Reconciliation Action Plan** for National Boards and Ahpra
- **Terms of reference** – clearly define the terms of the partnership and roles
- **Cultural safety training** for Ahpra's committees, staff, National Boards, State and Territory Boards, Accrediting Authorities and professional associations (a staged roll out plan will be required)

Strategic considerations

Strategic considerations for the Agency Management Committee should include:

Core business

- Are Ahpra and the National Scheme significantly clear on their value proposition and buy-in to this agenda?
- What are the political, social and other imperatives guiding this work?

Appetite for and potential resistance to reform

- Is the draft vision, goals and rationale reasonable and are they likely to encounter pushback?
- What can be done to manage expectations, reputational risk and concerns?

Strategy and RAP alignment

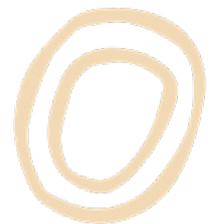
- Ensure an overall Strategy is developed, one part of which is a RAP at the 'Reflect' level. The Rap effectively becomes the initial operational workplan component of the overall Strategy.

Resources

- What human and financial resources will be required?

Recommendations

- **Clarity on rationale and core business** – Ahpra and the National Scheme should be clear on their investment in this area and be willing to manage potential for resistance.
- **Strategy Group** – Ahpra should, as a matter of priority, establish and formalise an Aboriginal and Torres Strait Islander Health Strategy Group comprised of the participants of this initial workshop and relevant other potential stakeholders. The Terms of Reference for this Group should be drafted for their consideration at their next meeting and to the next available Agency Management Committee Meeting.
- **Strategy, work plan and RAP** – Ahpra should develop a workplan, including a RAP, and these intentions should be publicly communicated as a communique.
- **Resources** – Ahpra should consider, cost and resource the Strategy Group and short and medium-term work plan and priorities.



Appendix 2: Progress

The initial workshop report and outcomes as presented in Appendix A were presented to the Ahpra Agency Management Committee in April 2017. The report's recommendations were fully endorsed, including the formalisation of workshop attendees as the Ahpra Aboriginal and Torres Strait Islander Strategy Group.

Ahpra and the Aboriginal and Torres Strait Islander Strategy Group (with ABSTARR Consulting's guidance and oversight) have undertaken significant pieces of work to date; including the following.

Figure 1: Progress towards an Aboriginal and Torres Strait Islander Health Strategy

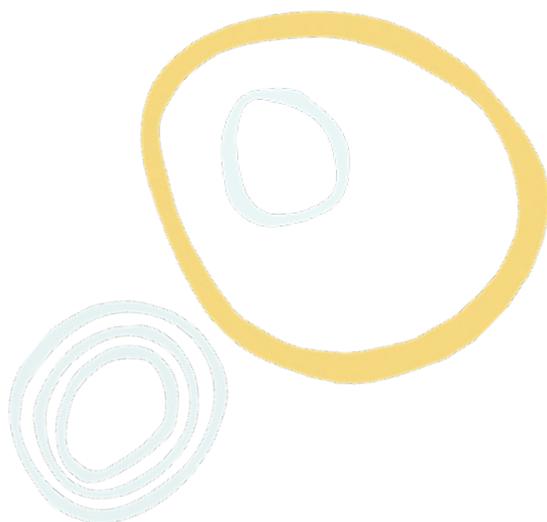
1. Formed a strategic partnership with Aboriginal and Torres Strait Islander health organisations and individual leaders, and consolidating this partnership in the form of the Aboriginal and Torres Strait Islander Health Strategy Group ('Strategy Group')
2. Engaged with the National Forum of Chairs, the Health Professions Accreditation Collaborative Forum, individual National Boards and Accreditation Authorities, individual practitioner groups, and Aboriginal and Torres Strait Islander organisations
3. Worked with the Strategy Group to develop and launch the National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of Intent
4. Worked with the Strategy Group to contribute to reviews of accreditation standards and codes of conduct
5. Worked with the Strategy Group to recommend changes to the National Law to include Aboriginal and Torres Strait Islander health and cultural safety requirements
6. Published an advertisement to recruit Aboriginal and Torres Strait Islander people to national and state boards
7. Developed and launched a Reconciliation Action Plan 2018-2019 at the 'Reflect' level
8. Developed a request for tender for the delivery of cultural safety training to Ahpra staff and Boards and Accrediting Authority representatives
9. Engaged with COAG's Council on Health Care regarding Aboriginal and Torres Strait Islander Health and cultural safety
10. Employed two Aboriginal and/or Torres Strait Islander people in positions relating to managing the Strategy Group's initiatives.

Table 1: progress against initial workshop recommendations

Workshop recommendations	Progress
Partnership	<ul style="list-style-type: none"> • The partnership has been formalised in a Terms of Reference for the Aboriginal and Torres Strait Islander Health Strategy Group and has been endorsed by Ahpra's Agency Management Committee. • Ahpra and Aboriginal Torres Strait Islander representatives have a clear commitment to equal shared decision-making, shared priorities and respectful working relationships. • The Strategy Group is actively engaging with boards and Accreditation Authorities and considers this key to shared strategic direction and priority-setting.
Vision	<p>The vision has been updated, and now reads:</p> <ul style="list-style-type: none"> • <i>Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples.</i>
Goal	<p>The goal remains unchanged:</p> <ul style="list-style-type: none"> • <i>Identify the National Registration Accreditation Scheme's strategy and role in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.</i> • This will need to include clear roles, a consistent approach across the practitioner groups and Accreditation Authorities, and embedded implementation.
Rationale for investment	<ul style="list-style-type: none"> • Ahpra and the Strategy Group have a clear and consistent commitment to the rationale for investment. • Further work will be required to engage national and state boards and Accreditation Authorities to ensure shared goals, priorities and alignment
Key areas of the National Scheme's activity	<ul style="list-style-type: none"> • These have been updated to form three pillars of the strategy and workplan: <ol style="list-style-type: none"> a. Culturally safe health workforce b. Increased Aboriginal and Torres Strait Islander participation in the registered health workforce c. Greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services

Workshop recommendations	Progress
Workplan Initiatives Reviews	<ul style="list-style-type: none"> Submissions to the accreditation and codes of conduct reviews completed.
Cultural safety training	<ul style="list-style-type: none"> Training framework developed and request for quote advertised.
Stakeholder engagement	<ul style="list-style-type: none"> Engaged with the National Forum of Chairs, individual National Boards, individual practitioner groups, representatives of accrediting authorities and Aboriginal and Torres Strait Islander organisations. More work is required to engage with Accreditation Authorities, state boards and Aboriginal and Torres Strait Islander community stakeholders.
Data	<ul style="list-style-type: none"> An Aboriginal and Torres Strait Islander identifier and questions have been included in a national survey of all health professionals. A strategy for tracking and data quality over time will be required.
Reconciliation Action Plan (RAP)	<ul style="list-style-type: none"> A 'Reflect' RAP for 2018-2019 has been developed and launched.
National Law	<ul style="list-style-type: none"> A submission to recommend amendments to the national law to ensure cultural safety has been completed and submitted.
Alignment with other standards (e.g. NCSQHC)	<ul style="list-style-type: none"> Work has not begun to date, other than a statement in our recommendation for changes to the national law that the National Cultural Respect Framework does not align with the views of Aboriginal and Torres Strait Islander health workforce and stakeholder organisations.
Aboriginal and Torres Strait Islander Health Curriculum Framework	<ul style="list-style-type: none"> Work has not begun to date, although the Strategy Group may recommend to the Health Professions Accreditation Collaborative Forum that accrediting bodies endorse and adopt this Framework.
Participation on Boards and Committees	<ul style="list-style-type: none"> A national advertising campaign has been undertaken to encourage applications from Aboriginal and Torres Strait Islander health professionals to apply to become members of boards. Clear feedback from Aboriginal and Torres Strait Islander members of the Strategy Group is that this is not sufficient, and a more concerted strategy will be required to ensure equity and access.
Thought leadership	<ul style="list-style-type: none"> Work has not begun to date. Ahpra may consider partnering with stakeholders to convene thought leadership symposia around key strategic quality issues – eg merit, definition of cultural safety and best practice pedagogy.

Workshop recommendations	Progress
CPD and upskilling strategy	<ul style="list-style-type: none"> Work has not begun to date. A submission has been made to the COAG Council on Health Care to this effect. More work is required.
Patient safety and notifications	<ul style="list-style-type: none"> Work has not begun to date. A specific communications and engagement strategy will be required to engage with Aboriginal and Torres Strait Islander community members to ensure their understanding of Ahpra's patient safety functions.
Strategy and objectives	<ul style="list-style-type: none"> This document is the first attempt at an overall draft the National Scheme Aboriginal and Torres Strait Islander Health Strategy.
Clarity on rationale and core business	<ul style="list-style-type: none"> Ahpra and the Strategy Group have developed clarity on their rationale for investment and how this aligns with their core business. Further work will be required with all parts of the National Scheme (National and State and Territory boards, Accreditation Authorities) to ensure shared goals, priorities and buy-in. Further work will be required to engage federal and state governments and policy-makers. Further work will be required on public messaging and communications to counter any backlash (as has already occurred from some sections of the media in terms of nursing codes of conduct).
Resources	<ul style="list-style-type: none"> Ahpra and the National Scheme members will need clarity on resourcing implications, including employment targets for Aboriginal and Torres Strait Islander staff and leadership within Ahpra and the National Scheme.



Australian Health Practitioner Regulation Agency

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