

Ahpra Innovate Reconciliation Action Plan
April 2021 – April 2023



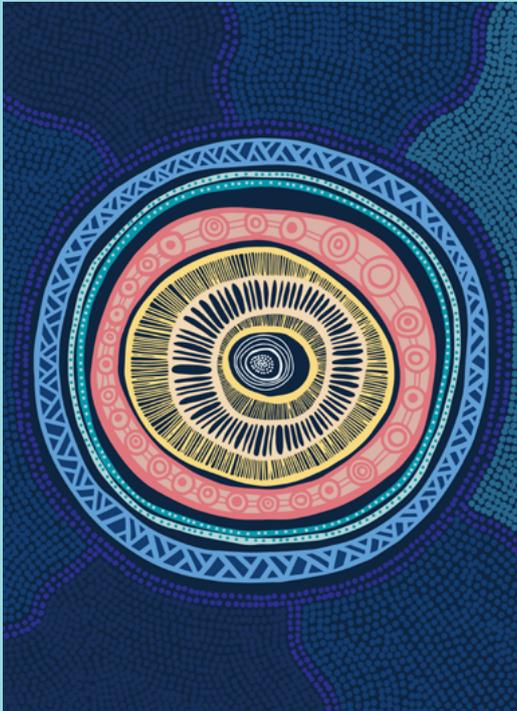
RECONCILIATION
ACTION PLAN

INNOVATE



Ahpra
& National
Boards





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 healthy 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

The Australian Health Practitioner Regulation Agency (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 cultures as the oldest continuing cultures in the world. Aboriginal and Torres Strait Islander Peoples never ceded sovereignty and we recognise the impacts colonisation continues to have on the health of Aboriginal and Torres Strait Islander Peoples 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 that 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 Peoples.



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Building culturally safe practices

The two inside aqua rings represent healthcare as equitable, culturally safe and free of racism. Engaging and providing opportunities to communities creates a better environment for a culturally safe healthcare to grow, and helps break down the problems and find solutions for each community and group of people. A culturally safe workforce will be able to meet the needs of communities by delivering a culturally safe healthcare.

Collaborative relationships

The second blue ring represents building strong, collaborative relationships with people and communities, working together to create a culturally safe healthcare free from racism.

Thriving communities

The outside ring represents when the foundations of strong healthcare are created, communities and the people thrive, sharing knowledge, creating opportunities and creating pathways for future generations. People can freely pursue culturally safe, accessible healthcare, and focus on their own lives and their communities.

Our vision for reconciliation



The National Scheme is a partnership between Ahpra, National Boards and accreditation authorities. Working with health practitioners and those they care for, the National Scheme is in a unique position to enable safer healthcare across Australia.

The National Scheme is working towards a more equitable healthcare system. Our vision for reconciliation is a healthcare system in which Aboriginal and Torres Strait Islander people receive care that is culturally safe and meets their needs. Our vision is for a healthcare system that is also culturally safe for Aboriginal and Torres Strait Islander health practitioners, in any profession, in any setting.

We are committed to becoming a regulator that enables cultural safety throughout Australia's healthcare system and one that leads the way by establishing culturally safe practice in every aspect of our work.



Message from the Agency Chair and Chief Executive Officer

Patient safety being the norm for Aboriginal and Torres Strait Islander Peoples by 2031 is our overarching goal.

Through this statement we have made a commitment to work towards patient safety being the norm for Aboriginal and Torres Strait Islander Peoples through our work. We respect and recognise that patient safety is inextricably linked with clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples. This commitment, which is shared by 37 signatories, is set out in the National Scheme's Statement of Intent and leads the way for our approach to reconciliation.

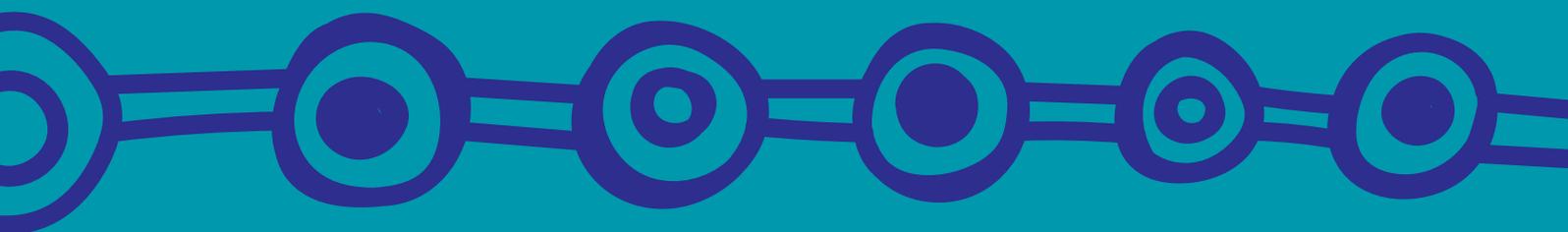
In our role as the regulator for registered health practitioners across Australia, we have an important role to play in the broader health system to help achieve this goal, and this Reconciliation Action Plan sets out how we will work towards it from April 2021 to April 2023.



Mr Martin Fletcher
Chief Executive Officer, Ahpra



Ms Gill Callister PSM
Chair, Ahpra's Agency
Management Committee



Our business

Introduction

Since 2010, Australia has had a single, national scheme for regulating registered health practitioners across all the regulated professions – the National Registration and Accreditation Scheme (National Scheme).

Its main purpose is to protect the public.

Under the National Scheme, practitioners register once, renew yearly, can practise anywhere in Australia (within the scope of their registration) and must meet nationally consistent standards. The registration details of all registered practitioners are available to the public through the online register of practitioners, which allows anyone to look up individual practitioners.

Importantly, the National Scheme provides for concerns about the health, conduct or performance of registered practitioners to be raised by members of the public, employers and other practitioners.

The National Scheme and Ahpra's operations are governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect in July 2010 for all states and territories, except for Western Australia where it came in to effect in October 2010. The Agency Management Committee oversees the work of Ahpra.

Health Council

The Health Council comprises health ministers from each state and territory and the Commonwealth and, acting in its capacity as the Australian Health Workforce Ministerial Council, has a function under the National Law to oversee the National Scheme.

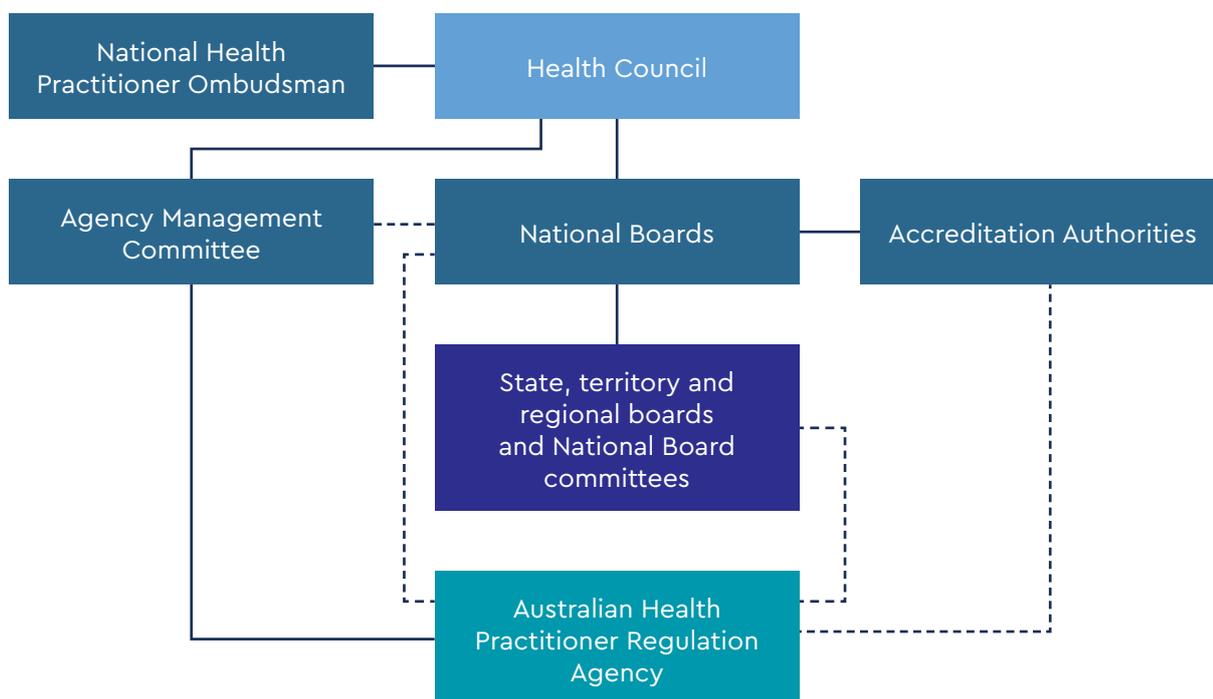
Australian Health Practitioner Regulation Agency

Ahpra is the statutory authority responsible for administering the National Scheme. It also provides support and advice to the National Boards. Ahpra is required to establish procedures for developing registration standards, accreditation standards and codes and guidelines to ensure they are developed in accordance with good regulatory practice. To inform regulatory decision-making, Ahpra also has worked with National Boards to develop a set of regulatory principles for the National Scheme.

Structure

Figure 1 below illustrates the National Scheme's governance structure.

Figure 1



National Boards

National Boards develop registration standards, professional codes and guidelines and are principally responsible for registering suitably qualified and competent practitioners and determining the necessary requirements for registration. National Boards also oversee the receipt, assessment and investigation of complaints (called 'notifications' under the National Law) about registered health practitioners in the registered professions. National Boards can take action in relation to registered health practitioners when a concern or complaint is raised and received as a notification, under provisions set out under the National Law.

Accreditation authorities

Accreditation authorities may be either an external accreditation council or an accreditation committee established by a National Board. Ahpra and the National Boards work with accreditation authorities to make sure the education and training of registered health practitioners meet the requirements for registration in Australia. There are accreditation entities for all health professions regulated under the National Scheme.

Sphere of influence

The National Scheme regulates more than 800,000 registered health practitioners and over 193,000 registered students across 16 health professions. It also accredits more than 8500 approved programs of study delivered by over 130 education providers.

Through our work, we know that as at 30 June 2020, Ahpra regulated 801,659 registered health practitioners. Of these, 7,637 identified as Aboriginal and/or Torres Strait Islander – an increase of 13% from the previous year.

Growing Aboriginal and Torres Strait Islander participation in the registered health workforce is one of the objectives of the *National Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*.

Number of employees

Ahpra employs over 1,135 full-time equivalent (FTE) staff as at 30 June 2020.

Number of Aboriginal and Torres Strait Islander staff

At a recent staff survey, two of our 992 staff have identified as Aboriginal and/or Torres Strait Islander and 65 preferred not to say.

Geographic reach and office locations

The National Law gives Ahpra national reach. Ahpra staff are based in eight state and territory offices; Canberra, Sydney, Melbourne, Brisbane, Perth, Adelaide, Hobart and Darwin, as well as our national office in Melbourne.

Core business and operations of Ahpra

Our primary role is to protect the public.

We do this by working in partnership with the 15 National Boards that are responsible for regulating registered health practitioners in Australia, and the authorities that provide the accreditation function.

Specifically, Ahpra:

- works with National Boards to fulfil their primary role of protecting the public
- publishes national registers of practitioners that make important information about the registration of individual health practitioners available to the public
- manages the registration and renewal processes for health practitioners and students around Australia
- has offices in each state and territory where the public can make a complaint about a registered health practitioner or student
- on behalf of the Boards, manages investigations into the professional conduct, performance or health of registered health practitioners, except in:
 - New South Wales where this carried out by the Health Professional Councils Authority and the Health Care Complaints Commission, and
 - Queensland where National Boards only deal with matters referred by the Queensland Health Ombudsman (from 1 July 2014 onwards)
- manages statutory offences under the National Law
- works with the Health Complaints Commissions in each state and territory to make sure the appropriate organisation deals with community concerns about individual, registered health practitioners
- supports the Boards in the development of registration standards, and codes and guidelines, and
- provides advice to the Ministerial Council about the administration of the National Registration and Accreditation Scheme.

Our RAP

Our progress so far

As we continue our reconciliation journey with our first Innovate RAP, we build on our foundations of relationships, respect and opportunities established during our Reflect RAP. A key driver of this Innovate RAP is to focus on ensuring we do our part in embedding cultural safety in the practice of registered health practitioners, as well as how we do our work as regulators, supporting health equity for all Australians and eliminating racism in the healthcare system. To implement the Innovate RAP, Ahpra will be working closely with the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group (the Strategy Group).

The Strategy Group leads the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025, with the *Ahpra Innovate RAP April 2021 – April 2023* (this Innovate RAP) being a commitment of that strategy. The Strategy Group consists of Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards and Ahpra and the Chair of Ahpra's Agency Management Committee.

Co-Chaired by Mr Karl Briscoe, CEO of the National Aboriginal and Torres Strait Islander Health Worker Association, Ms Julie Brayshaw, Chair of the Occupational Therapy Board of Australia and Ms Jacqui Gibson-Roos, Member of the Dental Board of Australia, the Strategy Group provides advice on how best to develop and implement the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*, and define its role in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system. The Strategy Group's agreed vision is: 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.



Ahpra, the National Boards and the Strategy Group have already accomplished significant achievements for the regulation of the registered health practitioner workforce:

The National Scheme's cultural safety definition

In 2019, the Strategy Group, in partnership with the National Health Leadership Forum (NHLF), carried out a public consultation to develop a definition of cultural safety for the National Scheme. This is a baseline definition designed for consistent use across the National Scheme, with some professions already adding the National Scheme's definition of cultural safety into their codes of conduct and standards and others to follow in future.

The National Scheme's definition is:

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

Culturally safe practice 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.'

Cultural safety training

In April 2020, Ahpra and the National Boards began to undertake bespoke cultural safety training delivered by PricewaterhouseCoopers Indigenous Consultants and Griffith University's First Peoples Health Unit. Senior leaders, as well as a cross-section of Ahpra staff, National Board members and Aboriginal and Torres Strait Islander Health Strategy Group members, completed the training as a trial for feedback and evaluation before the rollout across the organisation which will take place from 2021. It is estimated that the cultural safety training will reach 1,408 participants around Australia committing to online and face-to-face learning. From how notifications are received, to how Boards make decisions, cultural safety training will provide participants with the knowledge and skills to enable ongoing critical self-reflection in their roles.

Increasing Aboriginal and Torres Strait Islander staff, board and committee members

Since we began our reconciliation journey, Ahpra has developed three Aboriginal and Torres Strait Islander identified positions and recruited people to fill them. These roles lead the implementation of the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#). The strategy also aims to have at least two Aboriginal and Torres Strait Islander representatives on all boards and committees by 2025. An ambitious target, but with the right leadership and support, the National Scheme can provide a platform for Aboriginal and Torres Strait Islander voices to be heard in the healthcare system.

Acknowledgement of local Aboriginal and Torres Strait Islander Peoples

Respect, culture, relationships and opportunity

Ahpra has offices in each capital city across Australia. This is where Ahpra's work takes place. In the spirit of respect, Ahpra acknowledges the Traditional Custodians of the land and seas of Australia. We pay our respects to the Elders past, present and future for they hold the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander Peoples.

We also acknowledge our Aboriginal and Torres Strait Islander staff whose Countries are not listed below. We pay our respects to their Elders past, present and future.

Adelaide

The Kurna [pronounced 'Gar-na'] are the Traditional Custodians of Adelaide and the Adelaide Plains. The area now occupied by the city and parklands – called by the Kurna Tarntanya (red kangaroo place) – is the heart of Kurna country. Before 1836, it was an open grassy plain with patches of trees and shrubs, the result of hundreds of generations of skillful land management. Kurna country encompasses the plains, which stretch north and south from Tarntanya and the wooded foothills of the range that borders them to the east.¹

Brisbane

In terms of Aboriginal occupation and significance, Brisbane is a small part of a larger dynamic landscape that hosted not only the Brisbane-based group but also a diverse range of neighbouring groups involved in economic, subsistence, social, ritual and political activities. For thousands of years the Turrbal [pronounced 'Tur-a-bul'] and Jagera [pronounced differently according to accent: Both "Yug-er-a" and "Jug-er-a" are acceptable] Peoples have been the Traditional Custodians of the Brisbane River and surrounding land.^{2,3}

Canberra

The Ngunawal [pronounced 'nana wall'] are widely recognised as the Traditional Custodians of the area from Goulburn to the north, Gundagai to the west, Cooma to the south and Braidwood to the east. The Ngunawal Peoples consist of a number of different clans bounded by the broad language groups of Wiradjuri (to the west of Yass), Ngarigo (southeast of Canberra), Walgalu, Gundungurra (to the north) and Yuin (on the coast).

We also acknowledge that other groups have a connection to the land, including the Ngambri, the Ngarigu, and the Ngambri-Guumaal.^{4,5}

Darwin

The Larrakia People are the Traditional Owners of the Darwin region. Larrakia country runs from Cox Peninsula in the west to Gunn Point in the north, Adelaide River in the east and down to the Manton Dam area southwards. The Larrakia are a vibrant Aboriginal Nation numbering around 2,000 people, and well-recognised for their strengths in performance, music and art.^{6,7}

Hobart

The Muwinina [*pronounced 'Moo-he-ne-nah'*] people of the South East Nation are the original owners of nipaluna country, on which Hobart sits. White invasion resulted in the Muwinina people being dispossessed of their land and their culture, language and way of life shattered. We pay respects to their long custodianship of the land, and we acknowledge the palawa people, today's Aboriginal community, as the Traditional Owners of Hobart. kunanyi/Mount Wellington is a major spiritual place.⁸

Melbourne

The Wurundjeri People who speak the Woiwurrung language are the Traditional Custodians of Melbourne. The Wurundjeri are part of the Kulin Nation, an alliance of five Aboriginal Nations, comprising the Wathaurong, Boon Wurrung, Taungerton, Dja Dja Wurrung, and the Wurundjeri.

For the Wurundjeri People, Melbourne has always been an important meeting place and location for social, educational, sporting and cultural events and activities. The Wurundjeri remain active in the community today – practising culture, performing ceremonies and passing on knowledge to younger generations.^{9,10}

Perth

The Noongar People are the Traditional Custodians of the greater Perth area, including Subiaco. The word Noongar means 'a person of the south-west of Western Australia'. While Noongar is identified as a single language, there are three to fifteen different dialects. The difference in dialects are often at a phonemic level, and this is reflected in the fact that there are several ways of pronouncing and spelling Noongar, including: *Noongar*, *Nyungar*, *Nyoongar*, *Nyoongah*, *Nyungah*, *Nyugah*, *Yungar* and *Noonga*.

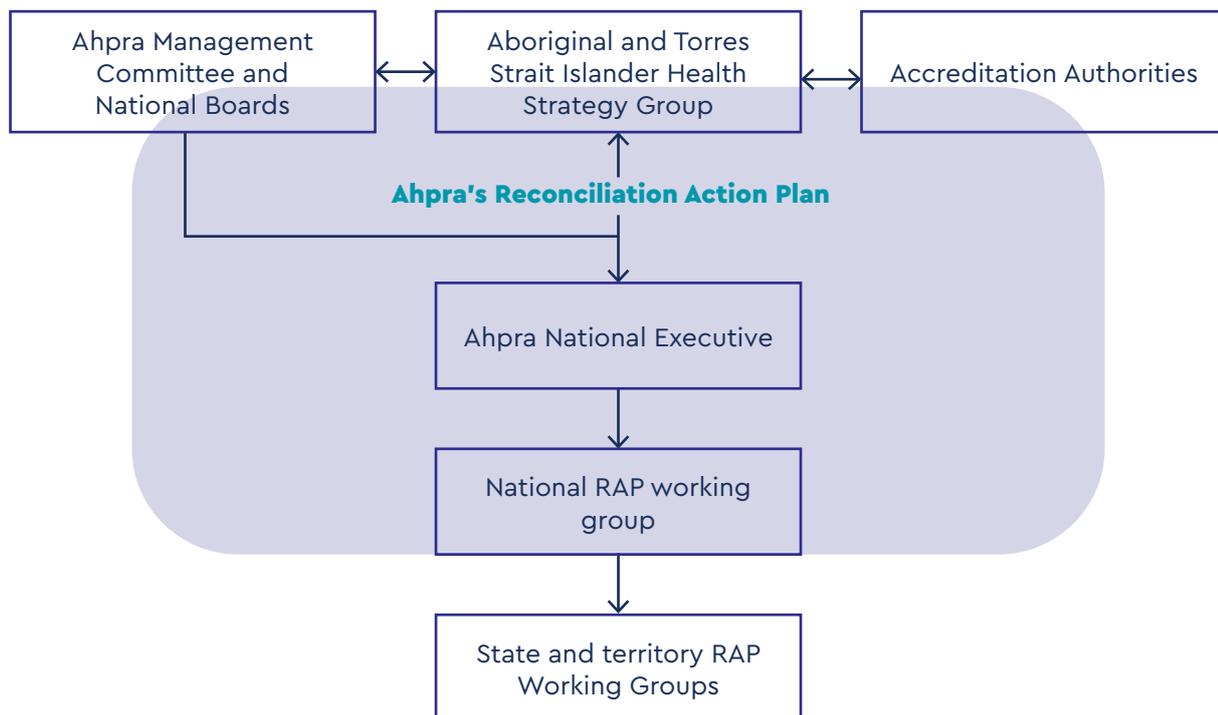
Noongar boodja (country) covers the entire southwestern portion of Western Australia. The boundary commences on the west coast at a point north of Jurien Bay, proceeds roughly easterly to a point approximately north of Moora and then roughly southeast to a point on the southern coast between Bremer Bay and Esperance.^{11,12}

Sydney

The Gadigal People of the Eora Nation are the Traditional Custodians of present-day inner city Sydney. There are about 29 clan groups of the Sydney metropolitan area, referred to collectively as the Eora Nation. The Gadigal are a clan of the Eora Nation. Their Traditional Lands and Waters are south of Port Jackson, stretching from South Head to Petersham, and the western boundary is approximately the Balmain peninsula.^{13,14,15}

Reconciliation Action Plan governance

Figure 2



National RAP Working Group

The National RAP Working Group will comprise the following members:

<i>Chair, National RAP Working Group Representative of the Ahpra Victoria office RAP working group RAP Champion</i>	Joe Goddard-Williams
<i>National Director, Communications</i>	Anita Rivera
<i>Identified Program Manager, Aboriginal and Torres Strait Islander Health Strategy</i>	Jayde Fuller
<i>Identified Project Officer, Aboriginal and Torres Strait Islander Health Strategy</i>	Kristin Wuruki
<i>Representative of the Ahpra Australian Capital Territory office RAP working group</i>	Adam Young
<i>Representative of the Ahpra New South Wales office RAP working group</i>	Karen Schleiter
<i>Representative of the Ahpra Queensland office RAP working group</i>	Sharon Jordan
<i>Representative of the Ahpra Western Australia office RAP working group</i>	Karen Banks
<i>Representative of the Ahpra South Australia office RAP working group</i>	Vanessa Oelkers
<i>Representative of the Ahpra Tasmania office RAP working group</i>	Tamsin Lowe
<i>Representative of the Ahpra Northern Territory office RAP working group</i>	Helen Egan

The National RAP Group includes members in Ahpra's identified positions whose roles have RAP accountabilities, to ensure permanent and ongoing Aboriginal and Torres Strait Islander representation.



Relationships

Action	Deliverables	Timeline	Responsibility
<p>1. Maintain and build mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders and organisations</p>	<p>A Use the RAP Working Groups to further develop Ahpra's relationships with other RAP organisations and Aboriginal and Torres Strait Islander organisations, particularly those with a health focus</p> <p>B Meet with Aboriginal and Torres Strait Islander stakeholders and organisations to develop guiding principles for engagement</p> <p>C Use guiding principles to develop and implement an engagement plan to work with Aboriginal and Torres Strait Islander stakeholders and organisations, in support of the <i>National Scheme engagement strategy 2020–2025</i></p>	<p>A October 2021</p> <p>B June 2021</p> <p>C June 2021</p>	<p>A National RAP Working Group Chair</p> <p>B Program Manager, Aboriginal and Torres Strait Islander Health Strategy</p> <p>C Program Manager, Aboriginal and Torres Strait Islander Health Strategy</p>
<p>2. Further opportunities and alignment of the Aboriginal and Torres Strait Islander health workforce across Australia to contribute to safer healthcare for Aboriginal and Torres Strait Islander Peoples</p>	<p>A Deliver a summit of peak Aboriginal and Torres Strait Islander health organisations, universities, colleges, accreditors, regulators, professional groups, employers and governments on a quality pipeline, alignment of standards and funding</p> <p>B Invite relevant Aboriginal and Torres Strait Islander guest speakers to share knowledge, insight and best practices with delegates</p> <p>C Engage local Traditional Owners for a Welcome to Country to open the summit</p>	<p>A July 2021</p> <p>B July 2021</p> <p>C July 2021</p>	<p>A National Director, Engagement and Government Relations</p> <p>B National Director, Engagement and Government Relations</p> <p>C National Director, Engagement and Government Relations</p>



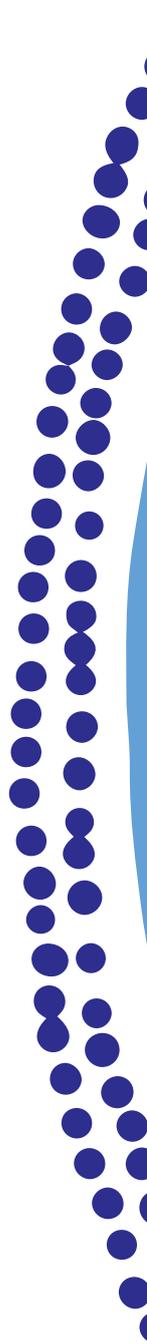
Action	Deliverables	Timeline	Responsibility
3. Promote reconciliation through our sphere of influence	<p>A State and Territory Managers, in partnership with state and territory RAP Working Groups, develop and implement strategies to engage our staff in reconciliation</p> <p>B Communicate our commitment to reconciliation publicly</p> <p>C Explore opportunities to positively influence our external stakeholders to drive reconciliation outcomes</p> <p>D Collaborate with RAP and other like-minded organisations to develop ways to advance reconciliation.</p> <p>E Develop RAP Working Groups' relationships with state and territory-based reconciliation councils and support their work</p>	<p>A June 2021</p> <p>B June 2021</p> <p>C October 2022</p> <p>D February 2022</p>	<p>A State and Territory Managers</p> <p>B National Director, Communications</p> <p>C State and Territory Managers</p> <p>D State and Territory Managers</p>
4. Promote positive race relations through anti-discrimination strategies	<p>A Conduct a review of HR policies and procedures to identify existing anti-discrimination provisions, and future needs</p> <p>B Engage with the Strategy Group to consult on our anti-discrimination policy</p> <p>C Design, develop, implement and communicate an anti-discrimination policy for our organisation</p> <p>D Educate senior leaders, all boards and all Ahpra staff on cultural safety which includes topics like critical self-reflection, the impacts of bias and racism and activities to build personal and professional cultural safety capabilities.</p>	<p>A June 2021</p> <p>B October 2021</p> <p>C April 2022</p> <p>D June 2021</p>	<p>A Executive Director, People and Culture</p> <p>B Executive Director, People and Culture</p> <p>C Executive Director, People and Culture</p> <p>D Executive Director, People and Culture</p>
5. Build relationships through celebrating National Reconciliation Week (NRW)	<p>A Circulate Reconciliation Australia's NRW resources and reconciliation materials to our staff</p> <p>B RAP Working Group members to participate in an external NRW event</p> <p>C Encourage and support staff and senior leaders to participate in at least one external event to recognise and celebrate NRW</p> <p>D Organise at least one NRW event each year</p> <p>E Register all our NRW events on Reconciliation Australia's NRW website</p>	<p>A April 2021, 2022</p> <p>B May 2021, 2022</p> <p>C May 2021, 2022</p> <p>D May 2021, 2022</p> <p>E April 2021, 2022</p>	<p>A National RAP Chair</p> <p>B National RAP Chair</p> <p>C National RAP Chair</p> <p>D National RAP Chair</p> <p>E National RAP Chair</p>



Respect

Action	Deliverables	Timeline	Responsibility
6. Deliver Aboriginal and Torres Strait Islander cultural safety training to all National Scheme employees	<p>A Develop an implementation plan for cultural safety training across the National Scheme</p> <p>B Develop a communications plan to support implementation of cultural safety training</p> <p>C Provide opportunities for RAP Working Group members, HR managers and other key leadership staff to participate in formal and structured cultural learning</p> <p>D Conduct an evaluation of the cultural safety learning needs within our organisation</p>	<p>A April 2021</p> <p>B April 2021</p> <p>C December 2021</p> <p>D December 2021</p>	<p>A Executive Director, People and Culture</p> <p>B Executive Director, People and Culture</p> <p>C Executive Director, People and Culture</p> <p>D Program Manager, Aboriginal and Torres Strait Islander Health Strategy</p>
7. Build respect for Aboriginal and Torres Strait Islander cultures and histories by celebrating NAIDOC Week	<p>A State and Territory Managers, in partnership with state and territory RAP Working Groups, to increase staff participation in NAIDOC Week and increase attendance at internal events</p> <p>B State and Territory Managers, in partnership with state and territory RAP Working Groups, to organise at least one internal NAIDOC event with an Aboriginal and/or Torres Strait Islander speaker</p> <p>C Review HR policies and procedures to enable staff to participate in NAIDOC Week</p> <p>D National RAP Working Group to participate in an external NAIDOC Week event</p>	<p>A July 2021 and July 2022</p> <p>B July 2021 and July 2022</p> <p>C May 2021</p> <p>D July 2021 and July 2022</p>	<p>A State and Territory Managers</p> <p>B State and Territory Managers</p> <p>C Executive Director, People and Culture</p> <p>D National RAP Working Group Chair</p>
8. Celebrate/ recognise Aboriginal and Torres Strait Islander dates of significance	<p>A Maintain and promote a calendar of Aboriginal and Torres Strait Islander dates of significance to all staff</p> <p>B Continue to share Aboriginal and Torres Strait Islander dates of significance in internal communications</p>	<p>A October 2022</p> <p>B October 2022</p>	<p>A Project Officer, Aboriginal and Torres Strait Islander Health Strategy</p> <p>B Project Officer, Aboriginal and Torres Strait Islander Health Strategy</p>

Action	Deliverables	Timeline	Responsibility
<p>9. Increase representation of Aboriginal and Torres Strait Islander Peoples, cultures and histories throughout Ahpra offices and operations</p>	<p>A Investigate options for artwork and Acknowledgements of Country across digital spaces</p> <p>B Promote Aboriginal and Torres Strait Islander cultures and histories in Ahpra offices through local artwork, books, renaming meeting rooms with local places of cultural significance, or other forms of representation</p> <p>C Ensure cultural protocol is followed by engaging with Traditional Owners when exploring and ensure representation in all Ahpra offices</p> <p>D Have a standing agenda item on all Strategy Group meetings to have an update on the progress of actions and deliverables to date</p>	<p>A October 2021</p> <p>B October 2021</p> <p>C Ongoing to April 2023, review every month</p> <p>D Every 3 months from May 2021 to April 2023</p>	<p>A Project Officer, Aboriginal and Torres Strait Islander Health Strategy</p> <p>B State and Territory Managers</p> <p>C State and Territory Managers</p> <p>D Strategy Group Secretariat</p>
<p>10. Raise visibility and access to Aboriginal and Torres Strait Islander Peoples, cultures and histories on Ahpra's intranet</p>	<p>A Review intranet platform, Cultural safety centre, to ensure learning material about Aboriginal and Torres Strait Islander Peoples, cultures and histories is accurate</p> <p>B Update First Nations Hub with accurate and relevant content</p> <p>C Promote First Nations Hub with an internal awareness campaign to increase intranet traffic to the content</p> <p>D Review traffic to the intranet page every three months and report to the National RAP Working Group and National Executive Committee</p>	<p>A June 2021</p> <p>B June 2021</p> <p>C June 2021</p> <p>D June 2021</p> <p>E June 2021</p>	<p>A National RAP Chair</p> <p>B National RAP Chair</p> <p>C National RAP Chair</p> <p>D National RAP Chair</p> <p>E National RAP Chair</p>



Action	Deliverables	Timeline	Responsibility
11. Demonstrate respect for Aboriginal and Torres Strait Islander Peoples by observing cultural protocols	<p>A Increase staff's understanding of the purpose and significance behind cultural protocols, including Acknowledgement of Country and Welcome to Country protocols, and the principles of self-determination</p> <p>B Develop, implement and communicate a cultural protocol document, including protocols for Welcome to Country and Acknowledgement of Country, and the principles of self-determination</p> <p>C Invite a local Traditional Owner or Custodian to provide a Welcome to Country or other appropriate cultural protocol at significant events</p> <p>D Ensure Ahpra staff include an Acknowledgement of Country at the start of all meetings</p>	<p>A June 2021</p> <p>B June 2021</p> <p>C October 2022</p> <p>D June 2021</p>	<p>A Project Officer, Aboriginal and Torres Strait Islander Health Strategy</p> <p>B Project Officer, Aboriginal and Torres Strait Islander Health Strategy</p> <p>C National RAP Working Group Chair</p> <p>D State and Territory Managers</p>
12. Promote changes to the National Law which ensure greater consistency in cultural safety for Aboriginal and Torres Strait Islander Peoples	<p>A Develop a communications plan to share the amendments to the National Law to Ahpra staff, board and committee members, all registered health practitioners and Aboriginal and Torres Strait Islander communities and external stakeholders</p>	<p>A October 2022</p>	<p>A National Director, Engagement and Government Relations</p>
13. Strengthen Aboriginal and Torres Strait Islander Peoples' participation, and embed cultural safety requirements, in the development and review of health practitioner standards, codes and guidelines	<p>A Embed agreed cultural safety definition in new and revised multi-profession policies</p> <p>B Embed cultural safety in registered health practitioner standards, codes of conduct and guidelines for consistency</p> <p>C Engage with the Strategy Group wordsmithing working group for the development and review of health practitioner standards, codes and guidelines</p>	<p>A October 2022</p> <p>B October 2022</p> <p>C October 2022</p>	<p>A National Director, Policy and Accreditation</p> <p>B National Director, Policy and Accreditation</p> <p>C National Director, Policy and Accreditation</p>

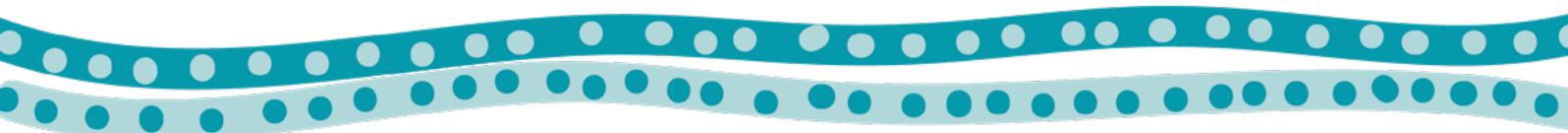




Opportunities

Action	Deliverables	Timeline	Responsibility
14. Support, promote and enhance employment and training opportunities for Aboriginal and Torres Strait Islander Peoples across the National Scheme	<p>A Build understanding of current Aboriginal and Torres Strait Islander staffing to inform future employment and professional development opportunities</p> <p>B Engage with Aboriginal and Torres Strait Islander staff to consult on our recruitment, retention and professional development strategy</p> <p>C Advertise job vacancies to effectively reach Aboriginal and Torres Strait Islander stakeholders</p> <p>D Review HR and recruitment procedures and policies to remove barriers to Aboriginal and Torres Strait Islander participation in our workplace</p> <p>E Increase the percentage of Aboriginal and Torres Strait Islander staff employed in our workforce</p> <p>F Meet all employment strategy commitments, in addition to above, committed to in the strategy for the 2021-23 period</p>	<p>A June 2021</p> <p>B June 2021</p> <p>C April 2022</p> <p>D April 2022</p> <p>E April 2023</p> <p>F April 2023</p>	<p>A Executive Director, People and Culture</p> <p>B Executive Director, People and Culture</p> <p>C Executive Director, People and Culture</p> <p>D Executive Director, People and Culture</p> <p>E Executive Director, People and Culture</p> <p>F Executive Director, People and Culture</p>
15. Support, promote and enhance Aboriginal and Torres Strait business opportunities	<p>A Investigate Supply Nation membership and/or memorandum of understanding</p> <p>B Formalise a national Aboriginal and Torres Strait Islander procurement partner for Ahpra</p> <p>C Develop a national procurement strategy which formalises Aboriginal and Torres Strait Islander businesses as preferred suppliers</p> <p>D Develop and communicate opportunities for procurement of goods and services from Aboriginal and Torres Strait Islander businesses to staff</p> <p>E Review and update procurement practices to remove barriers to procuring goods and services from Aboriginal and Torres Strait Islander businesses</p> <p>F Develop commercial relationships with Aboriginal and/or Torres Strait Islander businesses</p>	<p>A June 2021</p> <p>B December 2021</p> <p>C December 2021</p> <p>D February 2022</p> <p>E October 2022</p> <p>F October 2022</p>	<p>A Chief Financial Officer</p> <p>B Chief Financial Officer</p> <p>C Chief Financial Officer</p> <p>D Chief Financial Officer</p> <p>E Chief Financial Officer</p> <p>F Chief Financial Officer</p>

Action	Deliverables	Timeline	Responsibility
<p>16. Support greater participation of Aboriginal and Torres Strait Islander Peoples in the registered health workforce</p>	<p>A Aboriginal and Torres Strait Islander Health Practice Board of Australia to share the value proposition of their profession throughout the National Scheme, in partnership with other National Boards</p> <p>B Increase Aboriginal and Torres Strait Islander representatives on National Boards, the Agency Management Committee and Community Reference Group</p> <p>C Engage with Aboriginal and Torres Strait Islander health professionals in all professions about barriers and enablers for registration and participation</p> <p>D Implement strategies to support Aboriginal and Torres Strait Islander health professionals, increase their registration and support their participation</p>	<p>A October 2021</p> <p>B October 2022</p> <p>C June 2021</p> <p>D June 2021</p>	<p>A National Director, Communications</p> <p>B National Director, Engagement and Government Relations</p> <p>C Executive Director, Regulatory Operations</p> <p>D Executive Director, Regulatory Operations</p>





Governance, tracking and reporting

Action	Deliverables	Timeline	Responsibility
17. Continue our reconciliation journey by developing our next Innovate RAP	<p>A Consult with National Boards and accreditation authorities to be included in draft RAP</p> <p>B Submit draft Innovate RAP to the Strategy Group to review and endorse</p> <p>C Submit draft revised Innovate RAP to Reconciliation Australia for formal endorsement</p>	<p>A April 2022</p> <p>B August 2022</p> <p>C November 2022</p>	<p>A National RAP Working Group Chair</p> <p>B National RAP Working Group Chair</p> <p>C National RAP Working Group Chair</p>
18. Improve data quality	<p>A Evaluate current data collected on Aboriginal and Torres Strait Islander participation in the National Scheme to support strategic development</p>	<p>A June 2021</p>	<p>A Executive Director, Strategy and Policy</p>
19. Maintain an effective National RAP Working Group (NRWG) to drive governance of the RAP	<p>A Maintain Aboriginal and Torres Strait Islander representation on the NRWG</p> <p>B Establish and apply terms of reference for the NRWG</p> <p>C National, state and territory Working Groups to meet at least six times per year to monitor and report on RAP implementation and staff engagement</p>	<p>A October 2022</p> <p>B June 2021</p> <p>C October 2022</p>	<p>A National RAP Working Group Chair</p> <p>B National RAP Working Group Chair</p> <p>C National RAP Working Group Chair</p>
20. Provide appropriate support for effective implementation of RAP commitments	<p>A Define financial, staff and other resource needs for RAP implementation</p> <p>B Engage our senior leaders and other staff in the delivery of RAP commitments</p> <p>C Define and maintain appropriate systems to track, measure and report on RAP commitments</p> <p>D Appoint and maintain an internal RAP Champion from senior management</p>	<p>A June 2021</p> <p>B June 2021</p> <p>C June 2021</p> <p>D June 2021</p>	<p>A National RAP Working Group Chair</p> <p>B National RAP Working Group Chair</p> <p>C National RAP Working Group Chair</p> <p>D CEO</p>

Action	Deliverables	Timeline	Responsibility
<p>21. Build accountability and transparency through reporting RAP achievements, challenges and learnings both internally and externally</p>	<p>A Complete and submit the annual RAP Impact Measurement Questionnaire to Reconciliation Australia</p> <p>B Report RAP progress to all staff and senior leaders quarterly</p> <p>C Publicly report our RAP achievements, challenges and learnings, annually</p> <p>D Investigate participating in Reconciliation Australia's biennial Workplace RAP Barometer</p>	<p>A September 2021 and 2022</p> <p>B Quarterly for 2021 and 2022, review progress yearly</p> <p>C October 2021 and 2022</p> <p>D April 2022</p>	<p>A National RAP Working Group Chair</p> <p>B National RAP Working Group Chair</p> <p>C National RAP Working Group Chair</p> <p>D National RAP Working Group Chair</p>
<p>22. Monitor and report on Aboriginal and Torres Strait Islander safety under the National Scheme</p>	<p>A Develop and implement a monitoring and reporting framework for patient safety and notifications relating to Aboriginal and Torres Strait Islander people</p>	<p>A June 2021</p>	<p>A Executive Director, Regulatory Operations</p>



Contact

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