Submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professionals

1 May 2017
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1. Introduction

1.1. The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) welcomes the opportunity to contribute to the review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. CATSINaM is the national peak body that represents, advocates for and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We are a membership-based organisation and are governed by a nationally elected Aboriginal and Torres Strait Islander Board.

1.2. We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities. As nurses and midwives often work in frontline positions, their capacity to do this effectively is critical.

1.3. Two strategic directions for CATSINaM are to strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives, and supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery.

1.4. CATSINaM advocates on behalf of Aboriginal and Torres Strait Islander peoples by promoting a framework of cultural safety and respect to inform attitudes and behaviours in the provision of care by health professionals to Aboriginal and Torres Strait Islander people and communities, so individuals and their families can feel culturally secure, safe, and respected. To achieve this, cultural safety must be embedded in every aspect of nursing and midwifery education and practice and across all health professions.

1.5. Health education and training, and its accreditation, play a critical role in creating a culturally safe health workforce. As such, CATSINaM’s submission to the Independent Review of Accreditation Systems focuses on how the accreditation of health education and training can create a culturally safe and respectful workforce now and in the future. We discuss cultural safety in health education curricula, the involvement of Aboriginal and Torres Strait Islander people in accreditation reviews and curriculum development, and the importance of existing frameworks on cultural safety relating to accreditation, such as the Aboriginal and Torres Strait Islander Health Curriculum Framework, the National Aboriginal and Torres Strait Islander Health Plan and the Australian Health Ministers’ Advisory Council’s Aboriginal and Torres Strait Islander Cultural Respect Framework.
1.6. CATSINaM believes that promoting a framework of cultural safety across all health professions will improve the recruitment, retention and wellbeing of Aboriginal and Torres Strait Islander students, and health professionals and improve the access to, and quality of healthcare for Aboriginal and Torres Strait Islander patients. Embedding cultural safety requires a systems approach where health service standards, health professions curricula, and health professional standards and codes all support cultural safety. Accreditation systems can be effective levers to achieving this important cultural change.

1.7. There this submission and its recommendations is focussed on cultural safety and the education and training of health professionals. Our submission aligns with the Review’s themes of: accreditation standards; training and readiness of assessment panels; health program development; and interprofessional education, learning and practice.

2. Summary of Recommendations

1. Education and training for all health professions contains curricula on cultural safety and Aboriginal and Torres Strait Islander Health as per the Aboriginal and Torres Strait Islander Health Curriculum Framework and that this requirement is reflected in accreditation standards for all health professions.

2. The Review gives careful regard to the Aboriginal and Torres Strait Islander Health Curriculum Framework and the Aboriginal and Torres Strait Islander Nursing and Midwifery Curriculum Framework when making its final recommendations and considers how the elements, principles, research findings and the implementation and accreditation guidelines of the Frameworks can be reflected in its final recommendations.

3. The Aboriginal and Torres Strait Islander Health Curriculum Framework is tailored for each health profession and is embedded into accreditation standards for all education and training providers for those professions.

4. The accreditation of all health professional education and training courses includes standards on the inclusion of specific units on cultural safety and Aboriginal and Torres Strait Islander Health.

5. Accreditation standards for all health professions education and training include the requirement for Aboriginal and Torres Strait Islander people to be involved in curriculum planning and review.

6. Aboriginal and Torres Strait Islander people are included in accreditation assessment teams.
7. Accreditation assessors and bodies are required to demonstrate their cultural capability and ability to assess cultural safety.

8. Aboriginal Community Controlled Health Services are supported to provide clinical placements for health professionals as part of their education and training.

3. Cultural Safety

3.1. Aboriginal and Torres Strait Islander peoples have poorer health status than other Australians, and are under-represented across the health professions.\(^1\) This reflects a history of dispossession, racism, marginalisation, poverty, and inter-generational disadvantage, which have had a profound effect on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Culturally safe health service delivery is one mechanism for addressing these social and health inequities. Aboriginal and Torres Strait Islander Australians are more likely to access health services that are respectful and culturally safe, and experience better outcomes from these services.\(^2\)

3.2. Cultural safety has its origins in the nursing profession in New Zealand to work toward social justice and better health outcomes for First Nations Peoples. Over the years, it has been adapted in Australia and internationally as an essential element of providing safe, accessible and high quality health care for all patients.

3.3. Cultural safety and respectful practice are as important to quality care as clinical safety. It includes regard for the physical, mental, social, spiritual and cultural components of the patient and the community. In focusing on clinical interactions, particularly on the power relations between patient and health professional, it calls for a genuine partnership where power is shared between the individuals and cultural groups involved in health care.\(^3\) As part of our submission we wish to submit our most recent position statement: Embedding Cultural Safety across Australian Nursing and Midwifery, which provides further explanation on cultural safety (Appendix A).

3.4. Recently, there has been a justifiable focus on racism within the health system. The 2016 Australian Reconciliation Barometer showed that one in four Aboriginal and Torres Strait Islander Australians and one in 10 Australians have personally

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\(^2\) Australian Indigenous Doctors' Association (2013) Position paper: cultural safety for Aboriginal and Torres Strait Islander doctors, medical students, and patients, Canberra.

experienced racism within the health system. This is too high. The Close the Gap Campaign for Indigenous Health Equality also notes the impact of racism on the health of Aboriginal and Torres Strait Islander people. In its 2017 Progress and Priorities report it notes that a systematic review of differentials in access to good care by Aboriginal and Torres Strait Islander people showed that systemic racism is widespread among health care providers. The review found there is widespread ambivalence about the impacts of racism in the health system in mainstream Australian thinking and called for ‘for all levels of the health system to acknowledge and address systemic racism through practical measures to reduce discrimination, enhance respect for cultural identity and remove barriers to access.’

3.5. In CATSINaM’s experience, racism in the health system causes Aboriginal and Torres Strait Islander people to delay or avoid health care and in turn has a significant effect on the poorer health outcomes. Institutional racism and a lack of cultural safety and respect are also barriers to the recruitment and retention of Aboriginal and Torres Strait Islander nurses, midwives and other health practitioners.

3.6. The inconsistent and in some cases tokenistic approach taken in Australia is enabled by the fact that the key legislation covering health practitioner registration and accreditation, the Health Practitioner Regulation National Law Act 2009, is silent on the issue of cultural safety. Other countries have led the way in developing legislation that underpins and promotes cultural safety (see Appendix A for more information).

3.7. Essential to creating a culturally safe health system is the adoption of a zero-tolerance approach to racism, and increasing access to and quality of health care for Aboriginal and Torres Strait Islander people. The only way to practice a zero-tolerance approach is to strengthen practitioner regulation particularly around notifications, which to date there has been no reporting on the racist behaviour of health professionals yet it is the experience of Aboriginal and Torres Strait Islander people and has substantial impacts on health outcomes.

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3.8. Cultural safety and respect, are highly relevant to the education and training of all health professionals in Australia and in turn the accreditation of health education and training. While CATSINaM has a focus on nursing and midwifery, ensuring all health care professionals develop their ability to practice cultural safety before graduating is an important way to improving health service delivery to Aboriginal and Torres Strait Islander people.\(^6\) As such we draw on our experiences of cultural safety within nursing and midwifery to provide advice across the health sector.

3.9. We’d like to bring to the attention of the Review team an article (Appendix B) in the Guardian Australia written by one of our members, which provides a personal account of institutional racism and its impact on health.

4. Cultural safety in health profession education

4.1. An environmental scan of Higher Education Providers undertaken in 2013 as part of the development of the Aboriginal and Torres Strait Islander Health Curriculum Framework found that only 25 per cent of Health Education Providers had graduate attributes that made reference to Aboriginal and Torres Strait Islander perspectives.\(^7\) This low number shows the importance of using levers such as accreditation regulation to develop a health workforce that can adequately address a critical health priority in Australia – that of achieving Aboriginal and Torres Strait Islander Health equality.

4.2. The Aboriginal and Torres Strait Islander Health Curriculum Framework was released by the Australian Government Department of Health in September 2015 in response to “extensive evidence and recommendations from other related reports, studies and consultations” about the need to actively develop greater cultural safety and respect in health service delivery.\(^8\) It was designed to support higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.\(^9\)

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\(^6\) Aboriginal and Torres Strait Islander Health Curriculum Framework. 

\(^7\) Aboriginal and Torres Strait Islander Health Curriculum Framework. 

\(^8\) Information on the Framework is available at this site, including a downloadable copy: 

\(^9\) Aboriginal and Torres Strait Islander Health Curriculum Framework.
4.3. Currently, universities delivering pre-registration courses for health professions are encouraged to use the Framework so that they meet and/or exceed the accreditation and registration guidelines for their profession in relation to Aboriginal and Torres Strait Islander health and cultural safety. CATSINaM considers that the Framework provides the minimum standards for the inclusion of Aboriginal and Torres Strait Islander health curricula for all health professions and that the framework should be used as the minimum standards for accreditation across all health professions in this regard. Further to this, we consider that the Framework should be used and adapted by each health profession to embed cultural safety and Aboriginal and Torres Strait Islander health into their curricula, and curriculum development processes as is being done by CATSINaM in collaboration with Nursing and Midwifery Schools.

4.4. CATSINaM, in collaboration with colleagues from academic institutions has adapted the Aboriginal and Torres Strait Islander Health Curriculum Framework for nursing and midwifery. The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Appendix C) sets national benchmarks for comprehensive and quality education in Aboriginal and Torres Strait Islander health, history, culture and cultural safety for the nursing and midwifery professions. CATSINaM recommends the uptake of the Framework by all Schools of Nursing and Midwifery and recommends that the Aboriginal and Torres Strait Islander Health Curriculum Framework is tailored for other health professions and actively used in their education and training. This will produce graduates who are better equipped to make a positive contribution to the health experiences and outcomes of Aboriginal and Torres Strait Islander Australians.

4.5. The Framework provides explicit direction on what should be included in the curriculum, and on the structures, that are needed in areas such as governance, leadership, planning, resourcing, and professional development, to support effective development and implementation of the curriculum. Prior to the advent of the Framework, there was no consistent guidance and therefore no consistent approach to the development and delivery of curriculum on Aboriginal and Torres Strait Islander health, history, culture, and cultural safety across nursing and midwifery and hence it addresses a very significant gap.


CATSINaM, The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0), CATSINaM, Canberra, 2017.
4.6. The implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework into education accreditation standards for all health professions will also support the implementation of the Aboriginal and Torres Strait Islander Health Plan 2013-2013 (the Health Plan) and the Australian Health Ministers’ Advisory Council’s Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health (the Cultural Respect Framework).

4.7. The Health Plan is a positive example of collaborative and holistic policy development and outlines the context, vision, principles and strategies required to achieve health equality for Aboriginal and Torres Strait Islander people by 2031. It includes creating a health system that is free of racism and providing access to health care than is effective, high quality, appropriate and affordable for Aboriginal and Torres Strait Islander people. Importantly, the Health Plan acknowledges the centrality of culture and wellbeing in the health of Aboriginal and Torres Strait Islander people. Creating a culturally safe and capable health work force is critical to the implementation and realisation of the Health Plan. The Cultural Respect Framework is designed to influence the entire Australian health system to become accessible, responsive and safe for Aboriginal and Torres Strait Islander people. Along with the Health Plan and the Aboriginal and Torres Strait Islander Health Curriculum Framework these documents outline the comprehensive evidence on the impacts of racism and the benefits of developing a culturally safe health system for all Australians. Based on the evidence outlined in these documents, and many other reports, CATSINaM urges the Review to embed requirements for the inclusion of cultural safety and Aboriginal and Torres Strait Islander health in health education and training into accreditation standards.

**Recommendation 1:** education and training for all health professions contains curricula on cultural safety and Aboriginal and Torres Strait Islander Health as per the Aboriginal and Torres Strait Islander Health Curriculum Framework.

**Recommendation 2:** the accreditation of all health professional education and training courses includes standards on the inclusion of specific units on cultural safety and Aboriginal and Torres Strait Islander Health.

**Recommendation 3:** Review findings gives careful regard to the Aboriginal and Torres Strait Islander Health Curriculum Framework and the Aboriginal and Torres Strait Islander Nursing and Midwifery Curriculum Framework (Appendix C).

11 Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health – A national approach to building a culturally respectful health system
**Recommendation 4:** That the Aboriginal and Torres Strait Islander Health Curriculum Framework is tailored for each health profession and is embedded into accreditation standards for all health education and training providers for those professions.

5. Involvement of Aboriginal and Torres Strait Islander people in health education and accreditation

5.1. To ensure cultural safety and respectful practice are embedded in education and training for health professionals, Aboriginal and Torres Strait Islander communities and their representatives must be systematically engaged in curriculum planning and review for education courses and accreditation assessment.

5.2. It is essential that Aboriginal and Torres Strait Islander people are involved with curricula development and implementation to ensure it is effective and culturally safe. Aboriginal and Torres Strait Islander people need to be involved as academic staff, health professionals and health service users in the design, delivery, monitoring and evaluation of curricula on cultural safety and Aboriginal and Torres Strait Islander Health. Additionally, there needs to be professional development opportunities for Aboriginal and Torres Strait Islander health professionals to become involved with health curriculum design and delivery.¹²

5.3. To provide a supportive mechanism for embedding cultural safety and Aboriginal and Torres Strait Islander Health into curricula, CATSINaM recommends the development of profession specific Indigenous Leaders Education Networks. For example, CATSINaM believes that a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN) should be established to enable nursing and midwifery academics to learn from one another in a collaborative rather than competitive environment. Through LINMEN, universities can share, co-develop and evaluate materials for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety in nursing and midwifery. It would be an equivalent network to the Leaders in Medical Education Network (LIME), which the Australian Government has funded since 2004.

5.4. The Aboriginal and Torres Strait Islander Health Curriculum Framework also emphasises the importance of developing the cultural capability of Accreditation Assessors. 13

5.5. It is particularly important that the accreditation process for education and training courses for the health professions includes reference to Accreditation Assessor attributes. Those undertaking the assessment of health professional education curricula must have appropriate skills and knowledge, including in cultural safety and respect. It is important that appropriate professional development is offered to Aboriginal and Torres Strait Islander health professionals to enable them to develop their knowledge and skills about education and curriculum development so they can become Accreditation Assessors.

**Recommendation 5:** accreditation standards for all health professions education and training include the requirement for Aboriginal and Torres Strait Islander people to be involved in curriculum planning and review.

**Recommendation 6:** Aboriginal and Torres Strait Islander people are included in accreditation assessment teams.

**Recommendation 7:** accreditation assessors and bodies are required to demonstrate their cultural capability and ability to assess cultural safety. This could be done through options such as:
- Provision of an accredited course in cultural safety and respect that must be undertaken by all assessment panellists.
- Accreditation authorities outsource the training of cultural safety and respect to Aboriginal and Torres Strait Islander organisations.

6. Clinical placements and the role of ACCHSs

6.1. Clinical placements play a critical role in the education of health professionals and can provide unique opportunities for students to develop their understanding of Aboriginal and Torres Strait Islander health and cultural safety. Across all health professions clinical placements should include the opportunity for students to increase their understanding of Aboriginal and Torres Strait Islander health and health service delivery for Aboriginal and Torres Strait Islander people.

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13 ATSIHCF, pg 4-10.
6.2. Knowledge and understanding about cultural safety and Aboriginal and Torres Strait Islander health need to be applied in multiple health contexts and education providers should offer a broad range of clinical placements. Aboriginal and Community Controlled Health Services (ACCHS) provide the ideal opportunity for such clinical placements.

6.3. Education providers should develop partnerships with ACCHS and support them to provide a wide range of clinical placements for students. This would not only assist in developing the skills and cultural capability of future health professionals but also increase clinical capacity of ACCHS to provide health services to Aboriginal and Torres Strait Islander people. Importantly, core cultural safety and Aboriginal and Torres Strait Islander health units should occur prior to students undertaking clinical placements.

Recommendation 8: Aboriginal Community Controlled Health Services are supported to provide clinical placements for health professionals as part of their education and training.

7. CATSINaM Response link to AS Review questions

ACREDITATION STANDARDS

7.1. CATSINAM supports greater consistency and commonality in the development and application of accreditation standards as this could help embed cultural safety and Aboriginal and Torres Strait Islander perspectives across all health professions. Aboriginal and Torres Strait Islander peoples’ cultural perspectives must be part of any reforms to enhance consistent and commonality.

7.2. Having a common framework for all Nursing and Midwifery Accreditation Standards provides a degree of consistency across the professions. We are aware that the decisions of TEQSA and ASQA are already incorporated in all the Nursing and Midwifery Accreditation Standards.

7.3. As a member of the ANMAC Board, we are aware that ANMAC has moved to a risk based approach to accreditation with a greater focus on annual monitoring through risk analysis.

TRAINING AND READINESS OF ASSESSMENT PANELS

7.4. CATSINAM calls for all assessment teams to include Aboriginal and Torres Strait Islander people and demonstrate cultural capability. To achieve this cultural safety and respect training will need to be provided to current and prospective assessment panellists, as we recognise that this is a significant gap.
**INPUT AND OUTCOME BASED ACCREDITATION STANDARDS**

7.5. Whilst CATSINaM is supportive of standards being outcome-based, any transition will require careful consideration and recognition that it will be necessary to retain some prescription elements. We agree with ANMAC that to ensure graduates of health programs are equipped to challenge and address inherent racism and disadvantage in health services, a more prescriptive approach will be necessary. This is particularly relevant to achieving consistency and commonality in delivering cultural safety and Aboriginal and Torres Strait Islander perspectives across all health professions.

**HEALTH PROGRAM DEVELOPMENT AND TIMELINESS OF ASSESSMENT**

7.6. CATSINaM supports a common approach to the development of professional competency frameworks as this will help embed cultural safety and respect, and Aboriginal and Torres Strait Islander perspectives across all health professions. Cultural safety and Aboriginal and Torres Strait Islander perspectives must be part of any reforms to enhance consistency and commonality.

7.7. We advocate for the inclusion of Aboriginal and Torres Strait Islander consumers into the assessment process. Where possible more than one consumer representative is advocated as this will negate the minority status within panels and bring forward diversity of views regarding how care is received.

7.8. Culturally safe and respectful practice must be part of education programs to ensure the right attributes of the current and future workforce.

**CLINICAL EXPERIENCE AND STUDENT PLACEMENTS**

7.9. Clinical placements offer a range of education and training experiences that facilitate the exposure of students and new graduates to different career options, and play an important role in developing positive learning experiences for them.

7.10. Positive clinical experiences in various health settings assist with the retention of Aboriginal and Torres Strait Islander nursing and midwifery students and new graduates. A secondary benefit to communities arises from the positive experiences and increased cultural safety associated with non-Aboriginal and Torres Strait Islander students undertaking clinical placements in Aboriginal and Torres Strait Islander specific health settings.

7.11. Clinical placements in Aboriginal and Torres Strait Islander communities are best provided through partnerships with education providers, industry leaders and Aboriginal Community Controlled Health Services.
7.12. Clinical placements for non-Aboriginal and Torres Strait Islander nursing and midwifery students and new graduates in Aboriginal and Torres Strait Islander communities are mutually beneficial for students, new graduates, and Aboriginal and Torres Strait Islander people.

7.13. All students and new graduates must have achieved at least competency in the cultural safety and respect unit of their respective program as a pre-requisite to commencing their clinical placement at an Aboriginal and Torres Strait Islander specific health service or a health service located in an Aboriginal and/or Torres Strait Islander community.

7.14. CATSINAM supports the Aboriginal community controlled health sector providing clinical placement experience to all health students. However, for this sector to be able to provide a quality experience and meet the course requirements they would need adequate funding to provide the supervisory requirements of each student. This sector has the necessary cultural safety and respect experience that would grow and develop our broader health workforce.

7.15. Healthcare priorities and clinical experience can be improved through strengthening extraprofessional/disciplinary practice. Whilst, we and ANMAC understand and support the importance of nurses and midwives working as a member of an interdisciplinary team in practice, this is often hindered by the teaching and promoting of professional hierarchies.

THE DELIVERY OF WORK-READY GRADUATES

7.16. We agree with ANAMC that nursing and midwifery graduates are educated to the level of a beginning practitioner and require support to transition to the work place just as any other professional requires.

7.17. A transition to practice program for new graduates is important for the professional development for all health students. The lack of consistent arrangements within services for nurses and midwives, means that many employers are preferring to recruit staff from overseas rather than hire new graduates. CATSINaM is aware that some student members are struggling to find employment once they graduate due to lack of support for early career nurses and midwives.

7.18. Mentoring arrangements within services and between services and education and training providers is one way to provide ongoing professional development support for early career graduates particularly in lieu of transition to practice programs. Mentoring programs require the support of employers and their management to be successful.
7.19. Formal mentoring is a structured process that provides a framework for the mentoring relationship. There is discussion and agreement about expectations, goals and the methods to be used. The frequency and duration of contact is agreed and ground-rules are established. Mentoring partners negotiate an agreement creating a clearly established relationship, a program of support, and feedback & evaluation of the process.

7.20. Mentoring is a developmental, caring, sharing and supportive relationship where a more experienced person (Mentor) invests time, know-how and effort in enhancing the personal and professional growth, knowledge and skills of a less experienced person (Mentee). It is a distinctive and meaningful relationship where the two parties consider each other with positive regard, develop respectful boundaries – including confidentiality, paying close attention to cultural safety and respect, and committing to working with each other over an agreed timeframe.

**INDEPENDENCE OF ACCREDITATION AND REGISTRATION**

7.21. CATSINaM is a member organisation of ANMAC. ANMAC was constituted with member organisations in nursing and midwifery which provides a professional ownership of the quality of education in both professions. The Directors are clear about the roles and responsible of a Director of a company and there are clear mechanisms for conflict of interest.

7.22. The NMBA does not have as part of its governance structure any requirement for Aboriginal and Torres Strait Islander representation either from a professional or consumer perspective. Cultural safety and respect is as important to quality care as clinical safety. To close the health inequality gap it is vital to ensure that the voice of Aboriginal and Torres Strait Islander people a represented on the Professional Boards.

**GOVERNANCE OF ACCREDITATION AUTHORITIES**

7.23. CATSINaM would like to acknowledge the positive relationship and involvement with ANMAC and that this needs to be replicated across the professions. As mentioned above we advocate for Aboriginal and Torres Strait Islander people needed to be represented on all Boards.

**SETTING HEALTH WORKFORCE REFORM PRIORITIES**

7.24. To achieve the priorities of the NRAS, accreditation system needs to be more strategic regarding workforce planning that is about achieving best health outcomes rather than protecting or maintaining professional demarcations.
7.25. The Ministerial Council should provide the overarching leadership and strategic direction for the health system regarding public and population health policy, service delivery and quality assurance. This should also include leadership in advocating for health professionals to be working at their full scope of practice and for interdisciplinary collaboration.

Appendices


B: Banok Rind, (2017), I have seven weeks left of my nursing degree. I am scared, The Guardian Australia, IndigneousX, 11 April.

C: CATSINaM, (2017), The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework: An adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework.
Position Statement: Embedding Cultural Safety across Australian Nursing and Midwifery

Aboriginal and Torres Strait Islander peoples have poorer health status than other Australians, and are under-represented across the health professions.\(^1\) This reflects a history of dispossession, racism, marginalisation, poverty, and inter-generational disadvantage, which have had a profound effect on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Culturally safe health service delivery is one mechanism for addressing these social and health inequities. Aboriginal and Torres Strait Islander Australians are more likely to access health services that are respectful and culturally safe, and experience better outcomes from these services.\(^2\) Nursing is the largest health profession, and the participation of Aboriginal and Torres Strait Islander peoples in the nursing and midwifery workforce is an essential element in making health services culturally safe.

CATSINaM calls for system changes to embed cultural safety across Australian nursing and midwifery, through:

- The early and full implementation of Version 2 of the National Safety and Quality Health Service Standards, which represents the first-time standards for health service safety and quality in Australia have specifically addressed the needs of Aboriginal and Torres Strait Islander people.

- Action to ensure nursing and midwifery curricula consistently support cultural safety, through uptake of the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework by all Schools of Nursing and Midwifery, and the establishment of a Leaders in Indigenous Nursing and Midwifery Education Network.


\(^2\) Australian Indigenous Doctors’ Association Position paper: cultural safety for Aboriginal and Torres Strait Islander doctors, medical students, and patients, 2013.
Embedding Cultural Safety across Australian Nursing and Midwifery

1. The engagement of national Aboriginal and Torres Strait Islander peak health bodies in developing a shared national benchmark for high quality cultural safety training, along with an appropriate assessment process and implementation resources.

2. The amendment of the Health Practitioner Regulation National Law Act 2009 to clearly identify cultural safety as a priority, and require the Australian Health Practitioner Regulation Agency (AHPRA) and the relevant National Boards to act to embed cultural safety in their structures and processes.

Our position

1. CATSINaM affirms that Aboriginal and Torres Strait Islander Australians have the right to live a healthy, safe and empowered life with strong connections to culture and country.

2. CATSINaM believes that Aboriginal and Torres Strait Islander Australians are more likely to seek access to health care, and achieve better health outcomes by accessing services that are respectful and culturally safe.

3. CATSINaM believes that the participation of Aboriginal and Torres Strait Islander peoples in the nursing and midwifery workforce is an essential element in closing the life expectancy gap for Aboriginal and Torres Strait Islander peoples within a generation.

4. CATSINaM believes that promoting a framework of cultural safety in health care can improve the recruitment, retention, and wellbeing of Aboriginal and Torres Strait Islander students, nurses and midwives, as well as improving access and quality of care for Aboriginal and Torres Strait Islander patients.

5. CATSINaM believes that embedding cultural safety across nursing and midwifery will require a systems approach. Health service standards, nursing and midwifery curricula, continuing professional development, and health professional standards and codes must all support cultural safety. Further, Aboriginal and Torres Strait Islander health organisations must be systematically included in relevant governance structures, and policy and review processes.

6. CATSINaM calls on all nurses and midwives, their employers, professional associations, regulatory agencies, and governments, to show leadership in embedding cultural safety into all aspects of nursing and midwifery education and practice.
We resolve to:

1. Advocate for implementation of health service standards which require a culturally safe approach to the delivery of health care; and continue to provide advice to health service providers and other key stakeholders on creating culturally safe working environments for Aboriginal and Torres Strait Islander students, nurses and midwives.

2. Advocate for cultural safety in nursing and midwifery education and training, including curriculum development and review, and assessment processes; and continue to advocate for adequate support to be provided for Aboriginal and Torres Strait Islander nurses and midwives throughout their education and practice to improve recruitment and retention.

3. Advocate for a nationally consistent and adequately resourced approach to cultural safety training across the health sector and other relevant sectors, and actively participate in the development of this approach.

4. Advocate for a consistent approach to the inclusion of cultural safety across nursing and midwifery practice standards, codes of conduct, and accreditation standards, and actively participate in the review of these standards and codes.

5. Advocate for changes to national legislation to prioritise cultural safety, and to require key health regulatory bodies to act to ensure cultural safety is embedded in health professional education, training, and practice.

6. Advocate for the systematic inclusion of Aboriginal and Torres Strait Islander communities and organisations in relevant governance structures, and in key policy processes across nursing and midwifery; and actively participate in relevant governance structures and policy processes.

We recommend that:

1. Action is taken to ensure the successful implementation of relevant health service standards to support cultural safety: CATSINaM notes that Version 2 of the National Quality and Safety Health Service Standards (NSQHS Standards), due for commencement in January 2019, addresses the current situation where there are no safety and quality health service standards applying to mainstream health services that specifically address the needs of Aboriginal and Torres Strait Islander people. Several relevant actions are embedded in Version 2 of the NSQHS Standards. CATSINaM supports the early implementation of these Standards, accompanied by support and guidance to ensure mainstream health organisations develop organisational competence for culturally safe care.
2. Action is taken to ensure nursing and midwifery curricula support cultural safety: The new Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (CATSINaM, January 2017) should be adopted by all Schools of Nursing and Midwifery. Aboriginal and Torres Strait Islander communities and their representatives must be systematically included in curriculum planning and review for undergraduate and postgraduate nursing and midwifery courses, and continuing professional development courses, to ensure a cultural safety approach is embedded in education and training. A ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN) should be established to enable nursing and midwifery academics to learn from one another in a collaborative rather than competitive environment.

3. Action is taken to ensure all Australian health professionals have access to quality cultural safety training: CATSINaM proposes the engagement of national Aboriginal and Torres Strait Islander peak health bodies in developing a shared national benchmark for high quality cultural safety training, accompanied by an assessment process that would be undertaken by people qualified to determine what constitutes quality for cultural safety training. Adequate resourcing from government is also needed to support the implementation of cultural safety training across the health system.

4. Health professional standards consistently support cultural safety: CATSINaM calls for the amendment of the Health Practitioner Regulation National Law Act 2009 to clearly identify cultural safety as a priority. The amendments to the Act should also include that The Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards responsible for regulation of specific health professions, including the Nursing and Midwifery Board of Australia (NMBA), are required to develop an understanding of cultural safety and develop clear approaches to ensuring cultural safety is embedded in health professional education, training and practice. AHPRA and the National Boards, including the NMBA, should also be required to: set and monitor standards for cultural safety in the health professions; seek out and value Aboriginal and Torres Strait Islander knowledge, skills, and attributes; and include Aboriginal and Torres Strait Islander people in their governance structures.
Background

UNDERSTANDING CULTURAL SAFETY

The 2017 Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework defines cultural safety as follows:

*Cultural safety has its roots in nursing education and health care in Aotearoa [New Zealand], but has... [been] more broadly theorised and accepted in Australia to work towards social justice and better health outcomes for those experiencing health inequality.*

*Cultural safety is a philosophy of practice that is about how a health professional does something, not what they do.... Its focus is on systemic and structural issues and on the social determinants of health. Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples’ unique needs.... In regard to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in health care encounters.*

Another current definition developed in the Australian context states that:

*Cultural safety identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients’ rights. Part of this process requires health professionals to examine their own realities, beliefs, and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer’s experience.*

CATSINaM defines the essential features of cultural safety as:

- an understanding of one’s own culture

- an acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s)

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3 CATSINaM, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra, 2017, pp.11-12.

it is informed by the theory of power relations – any attempt to depoliticise cultural safety is to miss the point

an appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and the impact on First Nations people’s lives and wellbeing, both in the past and the present

its presence or absence is determined by the recipient of care - it is not defined by the caregiver.”

Therefore, culturally safe and respectful practice requires having knowledge of how one’s own culture, values, attitudes, assumptions and beliefs influence interactions with patients or clients, their families and the community. To ensure culturally safe and respectful practice, nurses must:

- understand that only the patient or client and or their family can determine whether care is culturally safe and respectful
- treat patients or clients as individuals, with respect, dignity, cultural appropriateness and consideration always
- acknowledge the social, economic, cultural, historic and behavioural factors that influence health, both at the individual and population levels
- adopt practices that respect patients’ characteristics and needs, and are not founded on assumptions regarding gender, disability, race, ethnicity, religion, sexuality, age or political beliefs
- promote an inclusive environment for the safety and security of the individual and their family and/or significant others.

Cultural safety is as important to quality care as clinical safety. It includes regard for the physical, mental, social, spiritual and cultural components of the patient and the community. In focusing on clinical interactions, particularly on the power relations between patient and health professional, it calls for a genuine partnership where power is shared between the individuals and cultural groups involved in health care.5

5 CATSINaM (2014), Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples, CATSINaM, Canberra, pp. 8-9.

THE IMPORTANCE OF CULTURAL SAFETY IN NURSING AND MIDWIFERY

An increased Aboriginal and Torres Strait Islander health workforce is a key element of culturally safe service delivery, and has the potential to contribute to better access and improved health outcomes for Aboriginal and Torres Strait Islander Australians, and play a vital role in closing the life expectancy gap within a generation. Evidence has demonstrated that employment of Aboriginal and Torres Strait Islander staff, as well as Indigenous leadership within a health service, increases access to the health service by Aboriginal and Torres Strait Islander people. Strategies to improve health workforce participation by Aboriginal and Torres Strait Islander people must be complemented by strategies to improve the capability of the non-Indigenous health workforce to deliver culturally safe care.

Nursing is the largest professional group in the Australian health care system. However, in 2011 Aboriginal and Torres Strait Islander nurses and midwives made up only 0.8% of the nursing and midwifery workforce. While this continues to grow, with representation rising to 1.03% in the 2015 data, this is occurring at too slow a rate. Increasing the number of Aboriginal and Torres Strait Islander nurses and midwives helps to address the broader social determinants of health. We are role models of the positive effect of education, training and employment, and contribute to the economic development of our communities, as well as access to care and health outcomes.

Increased recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives requires, among other things, education, training and employment environments that are culturally safe. Embedding cultural safety into all aspects of nursing and midwifery education and practice will contribute to an increase in the numbers and wellbeing of the Aboriginal and Torres Strait Islander nursing and midwifery workforce, as well as the capability of the non-Indigenous nursing and midwifery workforce to provide culturally safe care. In turn, this will contribute to improved health care access and better health outcomes for Aboriginal and Torres Strait Islander Australians.

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HEALTH SERVICE STANDARDS

The National Quality and Safety Health Service Standards (NSQHS Standards), developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC), provide the basis for quality assurance and accreditation of hospitals and health services across Australia.

The ACSQHC has undertaken a consultation process to develop Version 2 of the NSQHS Standards. The revised Standards are due for release in late 2017 and assessment against Version 2 will commence in January 2019. The draft Version 2 of the Standards addresses the current situation where there are no safety and quality health service standards applying to mainstream health services that specifically address the needs of Aboriginal and Torres Strait Islander peoples. The ACSQHC has noted that improvement strategies for health care for Aboriginal and Torres Strait Islander peoples have typically focused on a location, service or disease, whereas the NSQHS Standards provide a mechanism for implementing systemic change across all health services. The ACSQHC notes that the introduction of mandatory standards that improve health outcomes for Aboriginal and Torres Strait Islander Australians, even with a small improvement of 1–2 per cent, has the potential to save many millions of dollars in expenditure annually.

In response to this focus on improving health outcomes for Aboriginal and Torres Strait Islander people, a number of Aboriginal and Torres Strait Islander specific actions have been included in draft Version 2 of the NSQHS Standards. These include:

- Action 1.21: The health service organisation has strategies to improve the cultural competency and cultural awareness of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.
- Action 1.33: The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.
- Action 2.13: The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

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13 Australian Commission on Safety and Quality in Health Care, Consultation Regulation Impact Statement: review of the National Safety and Quality Health Service Standards, pp. 16-17, July 2016.

Action 5.8: The health service organisation has processes to routinely ask patients if they identify as Aboriginal or Torres Strait Islander, and to record this information in administrative and clinical information systems.

A series of guides to drive best practice care for Aboriginal and Torres Strait Islander people has also been developed based on the NSQHS Standards. The ACSQHC is now undertaking further work to improve the safety and quality of health care provided to Aboriginal and Torres Strait Islander peoples in mainstream health service organisations using Version 2 of NSQHS Standards. The objectives of this project are to:

- raise awareness of the issues facing Aboriginal and Torres Strait Islander patients in mainstream health service organisations
- improve the safety and quality of care for Aboriginal and Torres Strait Islander patients by supporting mainstream organisations to implement the NSQHS Standards, using resources that contain effective, evidence-based strategies to address Aboriginal and Torres Strait Islander health issues
- improve the Aboriginal and Torres Strait Islander cultural awareness skills of the surveyor workforce whose members assess health service organisations to the NSQHS Standards.  

For services to implement any necessary changes to comply with the cultural safety aspects of Version 2 of the NSQHS Standards, they may need to change policies, procedures, and practices, and this will require cultural safety training. Later in this paper, CATSINaM sets out specific recommendations for quality assurance in cultural safety training throughout Australia. CATSINaM has also provided feedback to the ACSQHC to further strengthen the focus on cultural safety in the revised NSQHS Standards.

**Nursing and Midwifery Education and Training**

To ensure a cultural safety approach is embedded in nursing and midwifery education and training, Aboriginal and Torres Strait Islander communities and their representatives must be systematically engaged in curriculum planning and review for undergraduate and postgraduate nursing and midwifery courses, and continuing professional development courses.

It is particularly important that the accreditation process for nursing and midwifery courses includes reference to Accreditation Assessor attributes. Those undertaking the assessment of health professional education curricula must have appropriate skills and knowledge, including in cultural safety. It is important that appropriate professional

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development is offered to Aboriginal and Torres Strait Islander nurses and midwives that enables them to develop their knowledge and skills with regard to education and curriculum development so they can become Accreditation Assessors.

CATSINaM has worked with colleagues from academic institutions to adapt the Aboriginal and Torres Strait Islander Health Curriculum Framework for nursing and midwifery.\textsuperscript{16} The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework sets national benchmarks for comprehensive and quality education in Aboriginal and Torres Strait Islander health, history, culture and cultural safety for our profession. CATSINaM recommends uptake of the Framework by all Schools of Nursing and Midwifery. This will produce graduates who are better equipped to make a positive contribution to the health experiences and outcomes of Aboriginal and Torres Strait Islander Australians.

The Framework provides explicit direction on what should be included in the curriculum, and on the structures, that are needed in areas such as governance, leadership, planning, resourcing, and professional development, to support effective development and implementation of the curriculum. There was no consistent guidance and therefore no consistent approach to development and delivery of curriculum on Aboriginal and Torres Strait Islander health, history, culture, and cultural safety prior to the advent of the Framework; hence it addresses a very significant gap.

To provide a supportive mechanism for the Framework, a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN) should be established to enable nursing and midwifery academics to learn from one another in a collaborative rather than competitive environment. Through LINMEN, universities can share, co-develop and evaluate materials for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety in nursing and midwifery. It would be an equivalent network to the Leaders in Medical Education Network (LIME), which the Australian Government has funded since 2004.

This is just one of the measures of support required to improve recruitment and retention for Aboriginal and Torres Strait Islander nursing and midwifery students throughout their education. Other important support measures include specialised academic support such as mentoring and the appointment of an Aboriginal and Torres Strait Islander nurse academic in all schools of nursing; more financial support for students in the form of scholarships and bursaries and targeted support for universities with higher proportions of Aboriginal and Torres Strait Islander students.\textsuperscript{17}

\textsuperscript{16} CATSINaM, The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0), CATSINaM, Canberra, 2017.

\textsuperscript{17} Alford K, A cost-effective approach to closing the gap in health, education and employment: investing in Aboriginal and Torres Strait Islander nursing education, training and employment,
CULTURAL SAFETY TRAINING

The 2013 – 2023 National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) has a stated intention of creating a health system “free of racism and inequality”.¹⁸ In the NATSIHP Implementation Plan, Strategy 1B for the “Health Systems Effectiveness” domain of the Plan reads: “Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality”.¹⁹ Two of the listed actions are: “systemic racism and discrimination is better understood, addressed and prevented”, and “guidance on the provision of clinically competent and culturally safe services (including mental health) has been provided and implemented”.²⁰ The ability of the health system to achieve the deliverables for these two actions will require health system staff to access quality cultural safety training as a foundation for this work.

Cultural safety training in the health sector is predominantly run as professional development for qualified health professionals and other health system staff, often but not always linked to an overall organisational development/cultural change process. There is evidence that existing approaches that promote ‘cultural awareness’ or ‘cultural competence’ have been less than effective, and that organisational competence for culturally safe care requires the effective implementation of practical measures to reduce discrimination, enhance respect for cultural identity, and remove barriers to access, so that the patient can experience care that is respectful of cultural identity and integrity.²¹

CATSINaM proposes that national Aboriginal and Torres Strait Islander peak health bodies are engaged to develop a shared national benchmark for high quality cultural safety training. This would set national core requirements based on the foundational work undertaken by the National Aboriginal Community Controlled Health Organisation (NACCHO),²² accompanied by an assessment process that would be undertaken by people qualified to determine what constitutes quality for cultural safety training.

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²⁰ *op cit*, p. 11.


National Aboriginal and Torres Strait Islander health organisations have an expressed, demonstrated and sustained commitment to the vital need for greater cultural safety. Critically, they have the necessary cultural integrity, and have developed tools, training, and/or guidance on how to strengthen cultural safety. These organisations must be the lead agencies, in partnership with government, for the development of a national benchmark for cultural safety training.

Adequate resourcing from government is also needed to support the implementation of cultural safety training across the health system.

**Health Professional Standards and Codes**

The approach to embedding cultural safety in nursing and midwifery education and practice in Australia has been piecemeal and inconsistent to date.

There are some positive examples of inclusion of cultural safety in systems and practices. For example, CATSINaM supports the Nursing and Midwifery Board of Australia’s Code of Ethics for Nurses (2008) and Code of Ethics for Midwives (2008), which articulate the inextricable link between human rights and health in shaping the outcomes of care provided to Aboriginal and Torres Strait Islander Australians.

On the other hand, the process for the development of new *Registered Nurse Standards for Practice*, which came into effect in 2016, was not appropriately inclusive of Aboriginal and Torres Strait Islander people either as nurses or as patients. Practice standards such as these are critical documents. They form the basis for the development of nursing curricula by education providers, determining scope of practice, and assessment of students and new graduates, overseas-educated nurses, and those returning to work after breaks in service. The Registered Nurse Standards for Practice state in the introductory section that:

> RNS recognize the importance of history and culture to health and wellbeing. This practice reflects particular understanding of the impact of colonisation on the cultural, social and spiritual lives of Aboriginal and Torres Strait Islander peoples, which has contributed to significant health inequity in Australia.23

Despite this, the Standards fail to include any reference to cultural safety, referring instead to “respect” for “all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait

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Islander peoples and people of other cultures”. 24 The Standards use the phrase a “culture of safety”, which has an entirely different meaning and implication than cultural safety. This has occurred despite strong advocacy by CATSINaM for the process to be inclusive and for the content of the Standards to include an indicator requiring that a Registered Nurse “demonstrates cultural respect and safety towards Aboriginal and Torres Strait Islander peoples”.

The 2014 Nurse Practitioner Standards for Practice include no mention of Aboriginal and Torres Strait Islander health, or of cultural safety.25 By contrast, the new Enrolled Nurse Standards for Practice, which came into effect in 2016 and replaced the previous EN competency standards, does include an indicator requiring that an Enrolled Nurse “practises culturally safe care for (i) Aboriginal and Torres Strait Islander people; and (ii) people from all other cultures”.26

Similarly, the National Competency Standards for the Midwife (2006), include as a competency that the midwife “ensures midwifery practice is culturally safe”.27 There are several indicators to measure this standard, including that the midwife “recognises the specific needs of Aboriginal and Torres Strait Islander women and their communities”. The inclusion of the concept of cultural safety in these documents stands in marked contrast to the complete lack of reference to cultural safety in the RN and NP standards for practice. There is no obvious rationale for this inconsistency.

In relation to the representation of Aboriginal and Torres Strait Islander people in key nursing and midwifery bodies, the approach is again inconsistent. For example, Aboriginal and Torres Strait Islander nurses and midwives are represented on the Australian Nursing and Midwifery Accreditation Council (ANMAC), which is responsible for standards relating to nursing and midwifery education, training, and assessment. However, they are not represented on the Nursing and Midwifery Board of Australia (NMBA), which is responsible for registering nursing and midwifery practitioners and students, and developing standards, codes and guidelines for the nursing and midwifery professions.

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24 op cit p.3


The inconsistent and in some cases tokenistic approach taken in Australia is enabled by the fact that the key legislation covering health practitioner registration and accreditation, the Health Practitioner Regulation National Law Act 2009, is silent on the issue of cultural safety. Other countries have led the way in developing legislation that underpins and promotes cultural safety.

The New Zealand Health Practitioners Competence Assurance Act 2003 (Section 118 (i)) charges health professional regulating authorities with the function “to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession”. This approach systematically embeds the capacity to provide culturally secure health care as a requirement for health professional registration.

It is notable that cultural safety is included within a range of guidelines and codes for nurses in New Zealand, as well as being the subject of a stand-alone set of guidelines.

Canada is another example of a nation where nurses are expected to offer culturally safe care for Indigenous peoples. Practice standards and accreditation are dealt with at jurisdictional (provincial) level, rather than nationally. Several provincial competency standards require that the Registered Nurse “demonstrates leadership in client care by promoting healthy and culturally safe practice environments”. Cultural safety is defined as the process that:

...addresses power differences inherent in health service delivery and affirms, respects, and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities and practise in a way that affirms the culture of clients and nurses”.

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28 Parliament of New Zealand, Health Practitioners Competence Assurance Act 2003 s. 118(i)
31 Registered Nurses Association of the Northwest Territories and Nunavut, Competencies in the Context of Entry-Level Registered Nurse Practice, 2014 p. 20 online viewed 16 March 2017 <http://www.rnantnu.ca/sites/default/files/Entry%20Level%20Competencies%20%20Feb%202014%20PDF.pdf>
The New Zealand and Canadian approaches are far more advanced and comprehensive than that taken to date in Australia, but could easily be emulated. Therefore, CATSINaM calls for the amendment of the Health Practitioner Regulation National Law Act 2009 to clearly identify cultural safety as a priority. The amendments to the Act should also include that:

- The Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards responsible for regulation of specific health professions, including the Nursing and Midwifery Board of Australia (NMBA), are required to develop an understanding of cultural safety and develop clear approaches to ensuring cultural safety is embedded in health professional education, training, and practice.

- AHPRA and the National Boards, including the NMBA, are required to set and monitor standards for cultural safety in the health professions.

- AHPRA and the National Boards, including the NMBA, are required to seek out and value Aboriginal and Torres Strait Islander knowledge, skills, and attributes, and include Aboriginal and Torres Strait Islander people in their governance structures.

Such changes to the national law will underpin a holistic and consistent approach to the inclusion of cultural safety across the health professions, including nursing and midwifery.

**Conclusion**

Culturally safe practice must be embedded into systems and structures in nursing and midwifery education, training and practice, and across the health service system. CATSINaM calls on all nurses and midwives, their employers, professional associations, regulatory agencies, and governments, to show leadership in achieving this.

Systematic inclusion of Aboriginal and Torres Strait Islander people and organisations across all processes relating to nursing and midwifery education, training and practice will be necessary to ensure a meaningful and consistent approach to embedding cultural safety across all areas.

**About CATSINaM**

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was founded in 1997. It is the national peak body that represents, advocates for and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We are a membership-based organisation and are governed by a nationally elected Aboriginal and Torres Strait Islander Board.

We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities. As nurses and midwives often work in frontline positions, their capacity to do this effectively is critical.
Two strategic directions for CATSINaM are to strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives, and supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery. Cultural safety is integral to pursuing both directions.

CATSINaM advocates on behalf of Aboriginal and Torres Strait Islander peoples by promoting a framework of cultural safety to inform attitudes and behaviours in the provision of care by health professionals to Aboriginal and Torres Strait Islander people and communities, so individuals and their families can feel culturally secure, safe, and respected. To achieve this, cultural safety must be embedded in every aspect of nursing and midwifery education and practice.
I have seven weeks left of my nursing degree. I am scared

I have faced endless racism as a student nurse. If governments want to close the gap on Indigenous health disparities, they need to listen to the experiences of Indigenous people, writes @IndigenousX host Banok Rind

‘Coming from a family where a dozen of my father’s siblings have diabetes, where kids are committing suicide, has pushed me into the health field.’ Photograph: Carla Gottgens/Oxfam Australia

Banok Rind for IndigenousX
Tuesday 11 April 2017 11.06 AEST

I always doubted myself before completing any given task at school because I was Aboriginal. I was growing up in a society where hearing the words “abo”, “boong”, and “unemployed” at school was completely normal. I was a little Yamatji-Badimia girl in a racist education system who begun believing those words. They imprinted inside of me, creating all sorts of self-esteem issues, self-doubt and a complete lack of self-determination.

Is it because I’m an “abo” that I can’t do it? Is it because they called me “boong” that I can’t do it?

These words weren’t just said by students, but by teachers. Teachers from privileged
academic backgrounds who are meant to be educating students. They were preaching
equality, yet holding personal biases against a certain race. That isn’t teaching, it’s bullying.

However, these moments do not define me. I was taught to be resilient from my father who
learnt it from his father, who learnt it from his father and so forth. Resilience is one of the
many beautiful traits that is a part of Indigenous people. It is who we are. It is how we have
been for thousands of years. Resilience is a part of us. With resilience and family support, I
persevered through school and onto university.

I did not think I would make it to year 11 or year 12, let alone university. Completing my
final two years of school in Melbourne, away from the rest of the family, away from Western
Australia was difficult. Being the only Aboriginal girl in school, always having to prove
myself and my Aboriginality to peers and teachers in Melbourne was a daily struggle.

Why do Aboriginal people always have to prove themselves to people? Why have we always
been forced to prove ourselves to society? I made it through high school and went onto
study at university with the sole purpose of giving back to my community. I had always
desired to be a part of changing the state of our people’s health. Coming from a family
where a dozen of my fathers siblings have diabetes, where kids between the ages of eight
and 14 years old in my community are committing suicide, where so many lives in my
community have been lost from preventable illnesses has pushed me to into the health
field.

I have seven weeks left till I finish my nursing degree, but I am scared. I am scared because
throughout the three-and-a-half years it has taken me to complete the degree, I have faced
endless counts of racism in hospitals as a student nurse. Whether it was racism directed at
me or directed at Indigenous patients, it fills me with fear. I am scared to enter a workforce
where racism is prevalent. I am scared because Indigenous people are expected to live 11.7
years less than non-Indigenous people. Why are we expected to live over 10 years less than
the rest of this country’s population?

In my community in Mount Magnet and Geraldton, WA, many mob members don’t access
health services because we don’t feel safe in an environment where being treated for an
illness means facing racism, being judged for being at a health service , and a blatant lack of
cultural awareness. Our people aren’t comfortable going to health services to be treated by
non-Indigenous health workers because there’s a lack of trust based on not just what
happened in the past, but what still happens every single day.

Racism is in the health workforce is real and alive. Why is it still happening?

My uncle passed away five days after being mistreated for a common cold. It wasn’t a
common cold. It was meningococcal disease. It is no wonder that our people are dying when
we are being so poorly diagnosed due to a lack of cultural practice. It is no wonder that the
government is well behind on the Close the Gap targets. The “one-size fits all approach” is
not working, it never has. Every Indigenous community is different and the needs for every
community are different.

After reading through the 2017 Close the Gap report, the only words I could remember were
the negative ones: “These targets weren’t met”, “This was not achieved”, “This target is not
on track”.
Government mob need to understand that only community-based interventions and community-controlled organisations will reduce the health, education and employment disparities and finally meet Close the Gap targets. Do not perceive us as people with problems. This isn’t an “Indigenous issue”. It needs national urgency. This is the health of our people. We are people. We are human.

How are we going to achieve this? Sit with us, yarn with us and listen to us. In community, diabetes education is provided through visual aids because Aboriginal people are known to be visual learners; it is how we have been learning for thousands of years. It is the evidence of culture in modern day society and is adapted in health services to treat illnesses.

I recently collaborated with Oxfam for a Close the Gap video series. This is a step towards reducing disparities, and paves the way for our youth to be strong in their identity.

If there are any words of advice I can give to our young malyus and buwas, it is is to be resilient and stay resilient. Do not doubt yourself because you are Aboriginal, but rather use your culture, traditions and identity as a strong source of empowerment. Your identity is your strength. We have the longest living culture in the world and we are still here, we are still proud and we are still strong.

Guardian Australia is proud to partner with IndigenousX to showcase the diversity of Indigenous peoples and opinions from around the country.

Topics
Indigenous AustraliansOpinion
Healthcomment
The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

An adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

Version 1.0: 2017 (FINAL DRAFT, January 2017)
Recommended reference: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2017, The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework, CATSINaM, Canberra.

CATSINaM is applying for an ISBN number.

Title: The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework.
ISBN: TBD
Online ISBN: TBD
Publications Number: TBD

‘The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework’ is an adaptation of specific aspects of the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework, based on Commonwealth of Australia (Department of Health) material. CATSINaM has permission to use this material under the Creative Commons Attribution 4.0 International Public, and has identified where this has occurred in Section 2 of this document.
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Section 1: Introduction

1.1 The 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

The ‘Aboriginal and Torres Strait Islander Health Curriculum Framework’ was released by the Australian Government Department of Health in September 2015 (Commonwealth of Australia, Department of Health 2014). It was designed to support higher education providers to:

...implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs. Developed with extensive input and guidance from a wide range of stakeholders around Australia, the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training. (Section 1, p. 4)

Universities delivering pre-registration courses for health professions are encouraged to use the Framework in ensuring that they meet and/or exceed the accreditation and registration guidelines for their profession in relation to Aboriginal and Torres Strait Islander health and cultural safety.

1.2 Why undertake an adaptation process?

Following release of the Aboriginal and Torres Strait Islander Health Curriculum Framework (referred to as the original Framework in this document), CATSINaM held two roundtables to explore how transferable it was within nursing and midwifery curriculum. The participants were representatives from universities with solid experience in delivering high quality curriculum in relation to Aboriginal and Torres Strait Islander health, history and culture, as well as cultural safety within nursing and midwifery courses. As a consequence, the following recommendations were made:

0 CATSINaM should lead a process to adapt the original Framework specifically for nursing and midwifery – a Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework - and promote its implementation with the support of key stakeholders.

0 CATSINaM should investigate whether the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework needs to be accompanied by a ‘companion guide’, i.e.

a document that could include good practice exemplars gathered from existing higher education programs.

The recommendations were considered by and endorsed by the CATSINaM Board as they were consistent with Strategic Direction 2 in CATSINaM’s 2013-2018 Strategic Plan, which is to “strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives”. Specifically, they aligned with the following two strategies:

- **Strategy 2.9**: Lobby for and participate in the development of materials that advance Aboriginal and Torres Strait Islander peoples’ health, and social and emotional wellbeing in nursing and midwifery.

- **Strategy 2.10**: Actively engage in developing, publishing, distributing and promoting an academically rigorous interpretative guide for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety for all nursing and midwifery programs, including continuing professional development.

The intention of Strategy 2.10 is to publish and promote exemplars of good practice in curriculum content and delivery, and recommended curriculum resources that are consistent with but specifically focused on nursing and midwifery education. Therefore, CATSINaM approached the Australian Government Department of Health to clarify it could undertake an adaptation; this was confirmed, providing the copyright of the original Framework is acknowledged.

This initiative is consistent with CATSINaM’s ongoing effort to establish a ‘Leaders in Indigenous Nursing and Midwifery Education Network’ (LINMEN). The LINMEN will be a mechanism through which universities can collectively share, develop and evaluate materials for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety in nursing and midwifery. It would be an equivalent network to the LIME, Leaders in Medical Education Network, which the Australian Government has funded since 2004.
1.3 Pathway to creating the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

As a consequence of the CATSINaM Board decision, CATSINaM commenced the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (the N&M Framework) Initiative in September 2016. It established a Steering Committee to provide strategic oversight, developed a project plan, and assigned project staff to coordinate and implement the initiative. Figure 1 illustrates the pathway to creating the final N&M Framework and accompanying Companion Guide.

Figure 1: Pathway to creating the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

The purpose of the orientation and consultation workshops with the nursing and midwifery higher education sector in early 2017 was to support higher education providers in mapping and transitioning their existing curriculum to meet the recommendations in the N&M Framework. The workshops directed participants to other possible resources that can assist with implementation of the N&M Framework.

Note: After the Orientation Workshop series is complete, a paragraph will be inserted in the final version on: participation in and outcomes of the orientation workshops with the nursing and midwifery higher education sector, the online resource hub as a complementary resource and what decision is made on the Companion Document.

1.4 Differences between nursing and midwifery

Nursing and midwifery stand as two discrete professions, differing in philosophy and indeed focus. As cited by the NMBA (2006, updated 2016), the International Council of Nurses’ (ICN) current definition of nursing states that:
Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles).

Similarly, the NMBA (2006, updated 2016) cites the International Confederation of Midwives’ (ICM) current definition of midwives:

*A midwife is a person who has successfully completed a midwifery education program that is duly recognised in the country where it is located and that is based on the ICM essential competencies for basic midwifery practice and the framework of the ICM global standards for midwifery education; who has acquired the requisite qualifications to be registered and or legally licensed to practise midwifery and use the title ‘midwife’: and who demonstrates competence in the practice of midwifery.*

These definitions differentiate the two professions. While there are similarities of autonomy and responsibility to maintain competence to practice, the scopes of practice for each profession are not interchangeable. Midwives and nurses are recognised as responsible and accountable professionals who work in partnership with individuals and families.

Nurses provide a diversity of care to a variety of individuals. In contrast, midwives’ practice is specifically directed towards women and families in the childbearing continuum. The philosophical foundations of midwifery include autonomy and “women centeredness” (Homer, Brodie & Leap 2008), making midwifery unique.

It should be noted that in practice many midwives are also nurses, though their roles in employment will usually be to fulfil the requirements of one or the other. This will change in the future with the emergence of University Bachelor of Midwifery (direct entry) programs (BMID) that do not require midwives to be nurses in the first instance. Hence, it is critical that university nursing and midwifery curricula incorporate appropriate frameworks that ensure a culturally informed and competent nursing and midwifery workforce, such as the N&M Framework. The four content themes in the N&M Framework are equally applicable to nurses and midwives.

### 1.5 Focus of the N&M Framework

Consistent with the approach taken by the original Framework, the N&M Framework focuses on pre-registration university courses for Registered Nurses and Registered Midwives. While there is also a need to examine the Aboriginal and Torres Strait Islander health curriculum requirements in the VET sector for Enrolled Nurses and Assistants in Nursing, this is outside the scope of this initiative and the N&M Framework.

In the future, CATSINaM hopes to engage relevant stakeholders in a discussion of how to strengthen the existing approach to cultural safety and Aboriginal and Torres Strait Islander health content and delivery for Enrolled Nursing and Assistants in Nursing courses.
1.6 A brief reflection on Western nursing and midwifery practices in Australia

Western nursing and midwifery practice has a long history with Aboriginal and Torres Strait Islander peoples. Florence Nightingale showed particular interest in the well-being of Aboriginal and Torres Strait Islander peoples, evident by her work in the 1860’s that highlighted poor child health endured under the ‘civilising’ practices implemented by Australian colonial governments (Nightingale n.d.; 1865)

Throughout the many policy eras that were imposed on Aboriginal and Torres Strait Islander peoples, nurses and midwives were often agents who implemented government policy that had detrimental impacts on individuals, families and communities (Forsyth 2007). These nursing and midwifery practices often reflected popular race-based and racist attitudes and beliefs. Historically, these synergies are often not considered in the educational preparation of nurses and midwives. In fact, nurses and midwives have often undergone training that prescribes a list of characteristics, which determine typical actions and reactions, and essentialise Aboriginal and Torres Strait Islander peoples into stereotypes (Best 2014). This evades the issue of the degree to which the culture of nursing and midwifery and our professional history has demonstrated ‘caring’ for Aboriginal and Torres Strait Islander peoples.

Forsyth (2007, p. 33) asserts that “only by understanding and confronting the historical roots of institutional racism, and by speaking out against such practices, can discrimination and racism be abolished from nursing practice and health care”.
Section 2: Relationship to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

The N&M Framework adapts specific sections of the original Framework in order to respond to the context of nursing and midwifery education. Therefore, it is an abbreviated framework that complements but does not fully replace the original Framework. New material that replaces specific sections of the original Framework is identified in Table 1 in **bold text**, then outlined in detail in Section 3 of this document. Nursing and midwifery educators are encouraged to continue drawing on other sections of the original Framework for the applications described in Table 1.

**Table 1: Relevant sections of the original Aboriginal and Torres Strait Islander Health Curriculum Framework for nursing and midwifery educators**

<table>
<thead>
<tr>
<th>Section and focus</th>
<th>Application</th>
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</thead>
<tbody>
<tr>
<td><strong>Section 1: Introduction to the Framework</strong></td>
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</tr>
<tr>
<td>Background (p. 1), Developing the Framework (pp 8-9) and Users of the Framework (pp. 9-10)</td>
<td>This provides an orientation to the purpose, importance and development of the Framework.</td>
</tr>
<tr>
<td>Context of Aboriginal and Torres Strait Islander people’s health and higher education (pp. 5-8)</td>
<td>This briefly outlines the current realities and health inequities that Aboriginal and Torres Strait Islanders face, which are imperative for health professions to address. It includes a brief history of the journey of the higher education sector in taking steps to do this.</td>
</tr>
<tr>
<td><strong>Section 2: The elements</strong></td>
<td></td>
</tr>
<tr>
<td>Principles (pp. 6-7)</td>
<td>The principles should underpin curriculum design, and be reflected in both curriculum content and delivery in nursing and midwifery education.</td>
</tr>
<tr>
<td>Graduate capabilities for culturally safe Aboriginal and Torres Strait Islander health care and the ‘Graduate cultural capability model’ (pp. 7-10)</td>
<td>The concept of ‘cultural capabilities’ rather than ‘cultural competence’ has currency in nursing and midwifery, and is consistent with lifelong learning, which is built into our process for maintaining registration. The five named and interconnected cultural capabilities fit with contemporary thinking about how nurses and midwives should demonstrate cultural respect that leads to culturally safe health care and better health outcomes for Aboriginal and Torres Strait Islander Australians. The N&amp;M Framework has taken a different approach to how the five graduate cultural capabilities are reflected in the curriculum: see Section 3.1 and 3.2.</td>
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<tr>
<td>Section and focus</td>
<td>Application</td>
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<tr>
<td>Primary learning outcomes to develop graduate cultural capabilities (pp. 10-14)</td>
<td>The original Framework table outlining primary learning outcomes associated with 17 themes mapped to the five cultural capabilities is not used in the N&amp;M Framework. The N&amp;M Framework has outlined <strong>three domains of learning in nursing and midwifery in Section 3.1</strong>, which are operationalised in the curriculum through four curriculum content themes that, in combination, address all five cultural capabilities as shown in <strong>Section 3.2</strong>.</td>
</tr>
<tr>
<td>Curriculum content, learning outcomes and assessment (pp. 14-20)</td>
<td>The original Framework’s 17 areas of curriculum content and 51 learning outcomes have been refined into <strong>four areas of curriculum content and 20 learning outcomes in Table 2, Section 3.2</strong>. This represents a realistic application of the Framework to the nursing and midwifery curriculum, and the body of work on cultural safety undertaken over the last two decades based on Irahpheti Ramsden’s (2002) foundational work in New Zealand. The three progressive stages of thinking and skill development have been retained in defining learning outcomes, i.e. ‘novice’, ‘intermediate’ and ‘entry to practice’.</td>
</tr>
<tr>
<td>Graduate learning outcomes (p. 21)</td>
<td>Due to the changes made to primary learning outcomes and curriculum content, the table in the original Framework does not apply in the same manner to the N&amp;M Framework.</td>
</tr>
</tbody>
</table>
| A note on terminology and Attachment A: References (pp. 22-23) | The descriptions of key terminology remain useful for nursing and midwifery, however, **the description of ‘Cultural safety’ as a key domain of learning that is outlined in Section 3.1 of this document is recommended as a preferred definition for nursing and midwifery.**

The references in the original Framework may be valuable to use within the nursing and midwifery curriculum. |

### Section 3: Implementation Guidelines

| Implementation guidelines (pp. 7-14) | This section includes useful guidance across multiple aspects of implementation that will be relevant to all health profession educators and Schools. A few examples of good practice are included. **Areas of specific attention for nursing and midwifery educators are in Section 3.3 of this document.**

This section introduces the ‘Organisational Commitment and Health Professional Program Readiness Assessment Compass’, contained in Attachment A, which will help Schools ascertain their level of readiness and what steps they need to take to prepare for as well as see through implementation of the Framework. It highlights critical success factors, and will inform the Implementation Plan that Schools need to develop. |
<table>
<thead>
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<tbody>
<tr>
<td>Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program (pp. 15-17)</td>
<td>This section includes useful guidance for planning, coordinating, and implementing the curriculum mapping, development and integration process that will be relevant to all health profession educators and Schools. Areas of specific attention for nursing and midwifery educators are in Section 3.3 of this document. A tool to determine organisational and/or program readiness for implementing the Framework is in Attachment A.</td>
</tr>
<tr>
<td>Educators and Aboriginal and Torres Strait Islander Health Curriculum (pp. 17-22)</td>
<td>This component of Section 3 offers advice on who should play a role in delivering this curriculum, the accountability practices needed when non-Indigenous educators are involved in delivery, the importance of partnership approaches and what essential skills all educators require for delivering this curriculum effectively. This is applicable to a broad number of disciplines, including nursing and midwifery. Attachment B lists additional support resources on this topic.</td>
</tr>
<tr>
<td>Approaches to facilitating learning in the classroom (pp. 22-28)</td>
<td>A valuable summary of Aboriginal and Torres Strait Islander approaches to teaching and learning is provided to inform curriculum delivery, and manage the range of challenges that are likely to emerge in the process for students and educators. Further resources are provided in Attachment B and C. All can be utilised in a nursing and midwifery context.</td>
</tr>
<tr>
<td>Learning through experience – simulation, clinical placements, and community immersion and engagement (pp. 29-36)</td>
<td>These three learning opportunities are relevant for nursing and midwifery, so this section provides direction and advice on how to prepare and facilitate these opportunities successfully, including commentary on cultural supervision and assessment issues. There is a strong emphasis on partnerships with Aboriginal and Torres Strait Islander staff, health services and/or community members, where involvement commences with decision-making through to planning, implementation, student assessment and evaluation. Emphasis is placed on strategies that ensure or strengthen the cultural safety of Aboriginal and Torres Strait Islander people who participate.</td>
</tr>
<tr>
<td>Attachments A, B, C and D (pp. 37-53)</td>
<td>All four attachments may be useful to Schools of Nursing and Midwifery. In preparing to implement the N&amp;M Framework, Schools will find the ‘Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) a valuable tool and are highly encouraged to use it. It is consistent with the advice provided in the ‘Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program’ section of the original Framework, and the additional information in Section 3.3 of this document.</td>
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<tr>
<td>Section and focus</td>
<td>Application</td>
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<tr>
<td><strong>Section 4: Accreditation Guidelines</strong></td>
<td></td>
</tr>
<tr>
<td>Best practice accreditation guidelines (pp. 5-6)</td>
<td>This is a brief summary of the current approach to accreditation of health courses as defined in the Health Practitioner Regulation National Law Act (particularly for those health professionals that are regulated).</td>
</tr>
<tr>
<td>Accreditation standard requirements (pp. 6-9)</td>
<td>This has generic relevance to health professions, including nursing and midwifery, recommending sources of evidence for meeting common standards relating to Aboriginal and Torres Strait Islander curriculum staff, and students.</td>
</tr>
<tr>
<td>Accreditation assessors (p. 10)</td>
<td>This final section emphasises the importance of cultural capability for accreditation assessors if they are to be effective in adequately assessing how a course meets standards focused on Aboriginal and Torres Strait Islander curriculum staff, and students. High familiarity with the Framework will be vital to them fulfilling this role successfully, as will cultural safety and cultural capability training. In terms of nursing and midwifery, this raises expectations that ANMAC ensure they support assessors to develop their knowledge of the N&amp;M Framework, and can access suitable training (this may be provided through their universities or health service employers).</td>
</tr>
</tbody>
</table>
Section 3: Nursing and midwifery adaptations of the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

This chapter describes the adaptations made to the original Framework in order to reflect the nursing and midwifery context.

Figure 2 illustrates the relationship between the three different parts of this section. The three domains of learning are described in Section 3.1, then linked to the five graduate cultural capabilities from the original Framework through four curriculum content themes listed in Section 3.2. The yellow arc represents how the themes are operationalised in Table 2 of Section 3.2 by mapping the four curriculum content themes to the three domains of learning. The content is described in detail, primary learning outcomes are specified for each theme and assessment options suggested.

In Section 3.3, advice is provided about the requirements for successful implementation that will help ensure integrity is maintained in planning, implementing and monitoring the outcomes of the N&M Framework in each individual university. This is represented by the red side bar.

Figure 2: Relationship between the nursing and midwifery adaptations
3.1 Three domains of learning in nursing and midwifery: Central concepts underpinning the N&M Framework

All nursing and midwifery higher education courses need to reflect the following three domains of learning in order to address accreditation standards regarding Aboriginal and Torres Strait Islander health, history and culture, and cultural safety effectively. At present, the term ‘cultural safety’ is not consistently used in all nursing and midwifery accreditation standards. The strong recommendation of the N&M Framework is that even if not currently stated, all standards should be read as including cultural safety.

The domains need to be taught in the order they are outlined below. The learning and reflection gained through ‘Cultural Safety’ sets a foundation for and influences learning throughout the ‘Context’ and ‘Aboriginal and Torres Strait Islander Health’ domains.

3.1.1 Cultural Safety

Cultural safety has its roots in nursing education and health care in Aotearoa based on the work of Ramsden (2002) and others, but has since become more broadly theorised and accepted in Australia as a means to work towards social justice and better health outcomes for those experiencing health inequality.

Cultural safety is a philosophy of practice that is about how a health professional does something, not what they do, in order to not engage in unsafe cultural practice that ‘… diminishes, demean or disempowers the cultural identity and wellbeing of an individual’ (Nursing Council of New Zealand 2011, p 7). It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health.

Cultural safety represents a key philosophical shift from providing care regardless of difference to care that takes account of peoples’ unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse’s/midwife’s personal culture impacts on care.

Cultural safety uses a broad definition of culture that does not reduce it to ethnicity, but includes age/generation, sexual orientation, socio-economic status, religious or spiritual belief, ethnic origin, gender and ability. It also recognises that professions and work places have cultures, and cultural safety is as applicable to working with colleagues in providing health care as it is to working with health service users.

In regards to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in health care encounters.

While it may be reassuring and even satisfying to consider one’s progress towards cultural safety through levels of awareness and practice along a staged continuum, this may not be the best way to frame policy or practice as it implies that one can ‘get there’, or there is a ‘recipe’ or an
‘answer’. The process of creating cultural safety, like all forms of study and development, is a lifelong one and it is the receiver of services who determine if the care was culturally safe or not.

Critically, cultural safety does not require the study of any culture other than one’s own, so as to be open-minded and flexible in attitudes towards others. Identifying what makes others different is simple – understanding our own culture and its influence on how we think, feel and behave is much more complex.

3.1.2 Context

This is about the general skills and knowledge that nurses and midwives will need in order to respond to the context of health and wellbeing, including principles and practices in these areas:

- Historical determinants of health: invasion, colonisation, genocide and the health impacts on populations around the world.
- Social determinants of health.
- Human rights, social justice and justice reinvestment, and equality versus equity.
- Comprehensive primary health care: effective communication, strengths-based approaches, health promotion, health literacy, community development and engagement.
- The strengths and limitations of an epidemiological approach.
- Policy, legislation and professional regulation, and their health impacts.

3.1.3 Aboriginal and Torres Strait Islander Health

This domain operationalises Domains 1 and 2 in ways that respect Aboriginal and Torres Strait Islander knowledges and epistemologies, including the specific skills of working within an Aboriginal or a Torres Strait Islander health context. It includes these areas:

- Respect for Aboriginal and Torres Strait Islander knowledges.
- Aboriginal and Torres Strait Islander health and wellbeing (National Aboriginal Health Strategy 1989 definition).
- The importance of sovereignty and self-determination on health - community controlled health and wellbeing.
- Learning how to apply the principles of cultural safety within an Aboriginal and Torres Strait Islander health context - self-care, self-reflexivity, respectfulness and willingness to learn one’s strengths and limitations (knowing what you don’t know).
- How to work in partnership - specific skills for working with Aboriginal and Torres Strait Islander patients/clients and colleagues.
Diversity of Aboriginal and Torres Strait Islander communities and experiences, including geography, demography, gender, sexuality and history. What is meant by ‘traditional’ and ‘contemporary’, and the repatriation of practices, knowledges and cultures?

Clinical management and service delivery with Aboriginal and Torres Strait Islander patients and communities.

Communication – generic and specific, inter-professional, collegial and patient/client.

Cultural protocols - how to ascertain and work with localised cultures and communities ethically and respectfully.

Working inter-professionally with Aboriginal and Torres Strait Islander health professionals and leaders.

It is important to note that decolonising and repatriating knowledges and cultures for Aboriginal and Torres Strait Islander students may require specific curriculum initiatives sensitive to their needs. This has strong links to the retention of Aboriginal and Torres Strait Islander nursing and midwifery students. It is also consistent with the existing ANMAC accreditation standards, as each discipline includes a standard that states “a range of support needs are provided to Aboriginal and Torres Strait Islander students”.

3.2 Curriculum content, primary learning outcomes and assessment options

The table for this section of the original Framework is replaced by Table 2 below, with the following amendments:

- Curriculum content is edited and re-aligned to reflect the work on cultural safety in a nursing and midwifery context as led by Irapheti Ramsden (2002), a Maori nurse, and her Maori and Pakeha colleagues in New Zealand (this also underpins CATSINaM’s approach to cultural safety).

- The three nursing and midwifery learning domains from Section 3.1 are mapped to four curriculum content themes that are combined and reduced from 17 in the original Framework:
  - **Theme 1:** Cultural safety
  - **Theme 2:** History and diversity of Aboriginal and Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice
  - **Theme 3:** Partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities
  - **Theme 4:** Clinical practice, service delivery and achieving culturally safe health care systems

The domains are coded by these colours in the left side bar of the table for each theme:

```
  Cultural safety  Context  Aboriginal and Torres Strait Islander Health
```

- The ‘Content’ and ‘Content description’ columns are amended to reflect nursing and midwifery language and needs

- The order in which the four content themes are listed reflects the recommended order of teaching, with cultural safety being the first area to address as it sets a foundation for and influences learning in the other domains

- The ‘Assessment approaches’ column from the original framework has been called ‘Assessment options’ to emphasise these are suggestions only; other approaches not listed can be used and there is no requirement to use all options for a single learning outcome.

**Relationship between the five graduate cultural capabilities and the four nursing and midwifery curriculum content themes**

The original Framework describes a ‘Graduate cultural capability model’ that is a centred on achieving culturally safe health care for Aboriginal and Torres Strait Islander people. It consists of the following five graduate cultural capabilities (see Section 2, pp. 8-10 of the original Framework):
Respect: Recognise Aboriginal and Torres Strait Islander peoples’ ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice.

Communication: Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples.

Safety and quality: Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care.

Reflection: Examine and reflect on how one’s own culture and dominant cultural paradigms, influence beliefs about and interactions with Aboriginal and Torres Strait Islander peoples.

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

All five cultural capabilities are addressed by the four curriculum themes in Table 2.

PRIMARY LEARNING OUTCOMES

In relation to learning outcomes, the original Framework explains that:

Learning outcomes describe what students are expected to understand, or be able to do, in order to be successful in an area of study. Learning outcomes need to be observable and measurable, and provide the basis for designing student assessments....[In this Framework, the] learning outcomes are adapted from Bloom’s revised teaching taxonomy (Atherton 2013), which describes three progressive stages of thinking and skill development in the following way:

- **Novice**: Information about matters relating to this theme; Remembering, comprehending
- **Intermediate**: Upskilling in this theme; Applying, analysing
- **Entry to Practice**: Practical skills and hands on engagement with this theme; Evaluating, creating

These progressive levels provide a structure for mapping student learning in stand-alone units of study, as well as across horizontal and vertically integrated curriculum. (Section 2-10, emphasis added)

These three progressive stages of thinking and skill development are relevant for nursing and midwifery. The codes in the ‘Learning outcomes addressed’ column of Table 3 indicate the stage of development to which each outcome relates: (N) = Novice, (I) = Intermediate and (ETP) = Entry to Practice.
CURRICULUM CONTENT IN RELATION TO UNITS OF STUDY

The N&M Framework supports the position of the original Framework, i.e. that content should be present in both stand-alone units, and integrated horizontally and vertically across the curriculum. This is consistent with ANMAC standards of having a discrete stand-alone unit and content embedded in other subjects within the curriculum (Australian Nursing and Midwifery Accreditation Council 2012, 2014); also see Section 3.3.5.

CONSIDERATIONS FOR STUDENTS UNDERTAKING CLINICAL PLACEMENTS

Core cultural safety and Aboriginal and Torres Strait Islander health units should occur prior to students undertaking their first clinical placement. Students should meet the novice learning outcomes as a minimum, but preferably the intermediate learning outcomes before applying their learning in real world contexts.

Schools of Nursing and Midwifery need to consider a wider range of options for clinical placements, i.e. beyond hospital placements. Learnings about cultural safety and Aboriginal and Torres Strait Islander health need to be applied in multiple health contexts. Excellent placement options include primary health care, particularly Aboriginal Community Controlled Health services, and school-based health.
<table>
<thead>
<tr>
<th>Content</th>
<th>Content description</th>
<th>Learning outcomes addressed</th>
<th>Assessment options</th>
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</table>
| **Theme 1: Cultural safety** | Develops students’ understanding of and skills for addressing:  
  - self-reflexivity and its crucial role in facilitating culturally safe health service delivery  
  - different forms of racism and their impact on Aboriginal and Torres Strait Islander individuals, families and communities  
  - white privilege and its influence on relations between Aboriginal and Torres Strait Islander and non-Indigenous Australians, both historically and in contemporary Australia  
  - communication in a respectful and culturally safe manner with Aboriginal and Torres Strait Islander peoples  
  - social justice, human rights, decolonisation and the social determinants of Aboriginal and Torres Strait Islander health. | 1.1 (a) Demonstrate an understanding of one’s own culture and how that influences and shapes one’s worldview. (N)  
  (b) Discuss and examine different forms of racism, the concept of white privilege, one’s own positioning in terms of white privilege and the social determinants of health. (N)  
  1.2 (a) Identify and examine responses to racism personally and professionally, and available policies, codes and legislation for addressing racism in health care contexts. (I)  
  (b) Analyse how one’s own worldview and positioning in relation to white privilege impact on health care delivery and outcomes for Aboriginal and Torres Strait Islander clients. (I)  
  1.3 (a) Demonstrate knowledge and skills in culturally safe interactions with Aboriginal and Torres Strait Islander individuals and family members. (ETP)  
  (b) Demonstrate strategies that enable ongoing self-reflexivity in a professional context. (ETP)  
  (c) Incorporate anti-racist, social justice and affirmative action approaches in health care practice that address the social determinants of health for Aboriginal and Torres Strait Islander Australians. (ETP) | Reflective journal; short answer/multiple choice questions; oral presentation; short essay  
  Reflective journal; problem scenario; case study; group/individual oral presentation; clinical placement problem reflection; research paper  
  Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio; simulation; clinical placement based project; self-evaluation |
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| Theme 2: History and diversity of Aboriginal and Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice | Introduces students to:  
  - the history of Aboriginal and Torres Strait Islander peoples in Australia  
  - key stages since European invasion/colonisation and implications for contemporary Aboriginal and Torres Strait Islander health experiences  
  - the diversity of Aboriginal and Torres Strait Islander peoples and implications for health care practice  
  - current demographic and health statistics for Aboriginal and Torres Strait Islander peoples  
  - how population health policies and strategies compare with the needs of the Aboriginal and Torres Strait Islander population, and implications for health service delivery. | 2.1 Describe how colonisation has impacted the contemporary health situation of Aboriginal and Torres Strait Islander peoples; and compare current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples with non-Indigenous peoples in Australia. (N)  
  2.2 (a) Analyse the impact of historical events on Aboriginal and Torres Strait Islander peoples’ access and engagement with health services, and the implications for building trust and relationships with diverse Aboriginal and Torres Strait Islander individuals, families and communities. (I)  
  (b) Analyse the strengths and limitations of current data collection and reporting, and population health policies/strategies for Aboriginal and Torres Strait Islander health. (I)  
  2.3 Incorporate strategies for delivering health care and designing population health policy that builds trust and relationships with diverse Aboriginal and Torres Strait Islander individuals, families and communities. (ETP) | Short answer/multiple choice questions; Oral examination/critique; short essay  
  Problem scenario; case study; group work/presentation; clinical placement problem reflection; research paper; data based-project  
  Design strategy/project; group/individual oral presentation; creative performance; simulation; clinical placement based project |

**Please note:** The knowledges, values and experiences of Aboriginal and Torres Strait Islander Australians may be shared in delivering this content, especially if delivered and/or co-delivered by Aboriginal and Torres Strait Islanders lecturers (internal and/or external). However, the extent to which this occurs will be determined by Aboriginal and Torres Strait Islander lecturers, as well as communities in which students may do placements. Considerations include how important this is for particular learning points and whether the sharing occurs in a culturally safe context.
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</table>
| Theme 3: Partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities | Develops students’ knowledge and understanding of:  
- the historical development of Aboriginal and Torres Strait Islander community controlled health services, health initiatives, and health professionals, and the impacts on the Australian health care system  
- strengths-based approaches to facilitating partnerships in Aboriginal and Torres Strait Islander health. | 3.1 Describe the historical development of Aboriginal and Torres Strait Islander community controlled health services and health sector initiatives, and the role of Aboriginal and Torres Strait Islander health professionals. (N)  
3.2 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients from a strengths-based approach. (I)  
3.3 Demonstrate strengths-based strategies for building partnerships with Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering health care, and designing and implementing health initiatives. (ETP) | Short answer/multiple choice questions; Oral examination/critique; short essay  
Critical essay; research paper; group/individual oral presentation; peer assessment;  
Design strategy/project; group/individual oral presentation; create poster; concept map; simulation; clinical placement experience |
<table>
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<tr>
<th>Content</th>
<th>Content description</th>
<th>Learning outcomes addressed</th>
<th>Assessment options</th>
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<tbody>
<tr>
<td>Cultural Safety</td>
<td>Aboriginal and Torres Strait Islander Health</td>
<td>Develops students’ knowledge and understanding of: clinical practice and service delivery factors in the Australian health system that impact on Aboriginal and Torres Strait Islander health; features of nursing and midwifery professional culture that impact on Aboriginal and Torres Strait Islander health; the role of Aboriginal and Torres Strait Islander nurses, midwives and other health leaders in effecting needed change; their role as nurses and/or midwives in achieving culturally safe health care for and with Aboriginal and Torres Strait Islander people.</td>
<td>4.1 (a) Discuss the history of Australia’s dominant Western cultural and political paradigm, and how this characterises the contemporary health system. (N) (b) Identify clinical practice and service delivery factors that impact on Aboriginal and Torres Strait Islander clients, including identification of Aboriginality. (N) 4.2 (a) Critically examine the culture of nursing and midwifery, along with the broader health system, in terms of their impact on Aboriginal and Torres Strait Islander health service experiences. (I) (b) Develop strategies for personal and professional leadership and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and Torres Strait Islander nurses, midwives and other health leaders. (I) 4.3 (a) Apply principles and practices of cultural safety in clinical practice and service delivery. (ETP) (b) Demonstrate/apply strategies for personal and professional leadership and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and Torres Strait Islander nurses, midwives and other health leaders. (ETP)</td>
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</table>
3.3 Requirements for successful implementation

The original Framework explains that:

Implementing curricula successfully is not just about content; it must address the overall educational journey where students are guided through a set of teaching, learning and assessment experiences toward the achievement of educational outcomes and graduate attributes (Hughes et al. 2012). To enable these learning outcomes to be reached, there are many elements throughout the journey that need to be considered. These include factors at the level of direct content delivery; professional development and support for educators; and elements that enable a supportive organisational context. (Section 3.7)

As explained in Table 1 in Section 2 of this document, there are multiple aspects of ‘Section 3: Implementation guidelines’ in the original Framework that are useful to nursing and midwifery educators. Although there is some discussion of the following areas in the original Framework, they are highlighted for the particular attention of nursing and midwifery educators.

These areas reflect the combined experience of nursing and midwifery educators involved in creating the N&M Framework. They will enable universities to ensure they meet the current nursing and midwifery accreditation standards, as well as position universities to meet any improvements made to the standards focused on Aboriginal and Torres Strait Islander curriculum, student recruitment and retention, staff recruitment and retention, and governance.

3.3.1 Leadership and strategy

High level leadership and strategy is critical to the successful development and implementation of the N&M Framework – at University, Faculty and School executive level. This includes:

- championing the importance of Aboriginal and Torres Strait Islander health
- leadership of the implementation plan and securing required resources to do this to a high quality standard
- shared leadership across Schools in Faculties of Health to promote alliances and sharing of resources for mutual benefit and best outcomes.

It is vital that the N&M Framework content is articulated and highly visible in the School’s strategic planning, documentation and monitoring activities so there is an accountability process in place to track how it is implemented.

3.3.2 Embedding community partnerships in governance

Universities and schools implementing the N&M Framework should already be working with an appropriate governance committee that has Aboriginal and Torres Strait Islander representatives, and oversees and guides curriculum development, i.e. consistent with the ANMAC standards. It may be the appropriate committee to oversee implementation of the N&M Framework. If such a
committee is not yet in place, it would be a high priority to establish one. The Committee’s roles would include overseeing:

- content, including partnerships with the community on adaptation of the curriculum to local contexts (this may require new as well as existing partnerships)
- assessment design
- reviewing staff capacity and what steps are required to enhance it (see Section 3.3.3).

Whether universities and schools integrate this role with an existing committee or establish a new committee, careful consideration must be given to the Aboriginal and Torres Strait Islander representatives invited to participate. It may involve an extension of existing membership. For example, participants can include relevant Aboriginal and/or Torres Strait Islander health leaders, representatives from local Aboriginal health organisations, secondary schools and vocational education providers in order to connect with feeder pathways and link into existing university governance frameworks.

### 3.3.3 Staff capacity

Staff capacity is an essential element to address for nursing and midwifery schools when implementing the N&M Framework. Currently there is a low number of Aboriginal and Torres Strait Islander teaching staff in universities, a low number of non-Indigenous teaching staff with the requisite knowledge and skills, and under-resourcing of teaching staff in general. Therefore, building cultural safety in the workplace, and up-skilling all staff in knowledge and skills in cultural safety and Aboriginal and Torres Strait Islander health are critical steps for implementing and delivering curriculum.

Nursing and midwifery schools should:

- Set minimum skill requirements for teaching, tutoring and marking staff. This includes compulsory cultural safety and anti-racism training, not cultural awareness training (see the description of ‘Cultural safety’ in Section 3.1.1 and in the ‘Glossary’).
- Secure the support of staff at all levels for governance, management and implementation of the curriculum – an important underpinning for achieving this is providing cultural safety training to all of these staff.
- Recognise the emotional labour of Aboriginal and Torres Strait Islander staff within the School and wider university through formal support and resources.
- Recognise that Aboriginal and Torres Strait Islander staff must have access to the professional development and support identified for non-Indigenous staff. Do not assume they are fully equipped to develop and deliver curriculum, as well as support Aboriginal and Torres Strait Islander students just on the basis of their cultural identity.
- Recognise the emotional labour and journey of Aboriginal and Torres Strait Islander students within the School and wider university through formal support and resources; consider the existing ability of staff to provide this support and what steps are needed to improve it.
Ensure an Aboriginal and Torres Strait Islander employment strategy is in place and/or actively support the university-wide Aboriginal and Torres Strait Islander employment strategy.

Establish standardised processes for culturally safe moderating as part of the university quality review process for assessment.

Establish and support active pathways for progression and professional development of Aboriginal and Torres Strait Islander staff.

3.3.4 Ensuring the allocation of sufficient resources

Resourcing the N&M Framework implementation process is paramount. Schools of Nursing and Midwifery should plan for the allocation of resources for enhancing staff capacity as outlined in section 3.4.3. Resources will be required to:

- build staff capacity in understanding and teaching cultural safety, and providing support to Aboriginal and Torres Strait Islander students, i.e. through both professional development and recruitment
- prepare for and support the cultural safety of educators who deliver the curriculum, both Aboriginal and Torres Strait Islander and non-Indigenous educators, including access to cultural supervision and mentoring from Aboriginal and Torres Strait Islander people.

3.3.5 Integrated and discrete curriculum content

The current ANMAC standards for Registered Nurses and Midwives in relation to content on Aboriginal and Torres Strait Islander health read:

**Nurses**: 4.6 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples are also appropriately embedded into other subjects within the curriculum. (Australian Nursing and Midwifery Accreditation Council 2012, p. 14)

**Midwives**: 4.7 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture. Midwifery practice issues relevant to Aboriginal and Torres Strait Islander peoples and communities are also appropriately embedded in other subjects across the curriculum. (Australian Nursing and Midwifery Accreditation Council 2014, p. 18)

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2 Aboriginal and Torres Strait Islander staff must meet the three part definition of identity, i.e. are of Aboriginal or Torres Strait Islander descent, identify as an Aboriginal person and/or a Torres Strait Islander person, and are accepted as such by the community in which he/she lives.
Further, both have a standard that reads in a similar manner to this: “inclusion of content giving students an appreciation of the diversity of Australian culture, to develop and engender their knowledge of cultural respect and safety” (Australian Nursing and Midwifery Accreditation Council 2014, p. 18).

ANMAC standards are the minimum requirements to be met by higher education providers; effective implementation of the N&M Framework would mean Schools of Nursing and Midwifery meet and exceed the existing standards and may inform the development of future reviews of the standards.

Therefore, the N&M Framework should be delivered through discrete subjects and integrated across the nursing and midwifery curriculum. An initial curriculum mapping process will be required to identify what content is currently delivered and where in the curriculum, and compare this with the material in Tables 2 and 3 in this document.

### 3.3.6 Continuous quality improvement

The development and implementation of the N&M Framework is a starting point. It will need regular review and improvement, as for any other aspect of curriculum. Cyclical review points should be identified in the School’s implementation plan.
References


Best, O 2014, ‘The cultural safety journey: an Australian nursing context’, in O Best & B Fredericks (eds), Yatdjuligin: Aboriginal and Torres Strait Islander nursing and midwifery care, (1st edn, pp.51-73), Cambridge University Press, Port Melbourne, VIC.


NACCHO 2011, Creating the NACCHO Cultural Safety Training Standards and Assessment Process: a background paper, National Aboriginal Community Controlled Health Organisation, Canberra.
Nightingale, F 1865, Notes on the Aboriginal races of Australia: a paper read at the annual meeting of the National Association for the Promotion of Social Science, held at York, September, 1864, Emily Faithfull, London.


The following descriptions explain the meaning of specific terminology used in the N&M Framework.

**Cultural awareness:** Cultural awareness training focuses on:

...raising the awareness and knowledge of participants about the experiences of cultures different from their own - in particular, different from the dominant culture. Therefore, cultural awareness training maintains an ‘other’ rather than clear self-focus for participants. It... tends to have an individual/personal rather than systemic focus. Even if racism is named the focus is on individual acts of racial prejudice and racial discrimination. While historical overviews may be provided, the focus is again on the individual impact of colonisation in this country, rather than the inherent embedding of colonising practices in contemporary health and human services institutions. (NACCHO 2011, p. 9)

**Cultural capabilities:** This term is used in the original Framework (Commonwealth of Australia, Department of Health 2014) and reflects the outcome of a recent literature review (Taylor et al. 2014) that indicates a move away from the idea of ‘cultural competence’ to focusing on the development of cultural capabilities, which “denotes ongoing learning, and for students/health professionals to demonstrate these capabilities in practice” (p. 3). The idea of developing capabilities:

...offers not only a more holistic framework for approaching the kinds of skills, attributes and knowledges that need to be developed; but an approach that moves away from reducing individuals to tick box cultural categories and instead towards abilities that can be responsive to the diversity of Aboriginal and Torres Strait Islander peoples. (p. 8)

The original Framework emphasises that capabilities are “holistic, transferable and responsive, and can be adapted to new and changing contexts” (Section 2, p. 27). Five interconnected graduate cultural capabilities are identified: respect, communication, safety and quality, reflection and advocacy. Please refer to Section 2, pages 8-10 of the original Framework for more detail on how each capability is described.

**Cultural respect:** This refers to the demonstration of individual and institutional health care practice that respects the rights of Aboriginal and Torres Strait Islander Australians to maintain, protect and develop their cultural values, knowledges, practices and skills. This contributes to Aboriginal and Torres Strait Islander Australians experiencing cultural safety during their interactions with the health care system, whether as staff or clients, and achieving equitable health outcomes (Australian Health Ministers Advisory Council’s Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004).

Further, as emphasised in NACCHO’s (2011) background paper to the creation of ‘Cultural Safety Training Standards’:

...cultural respect means Aboriginal Peoples receive competent and skilled professional care from health workers who demonstrate consciousness that respect for different cultural
values and meanings must be taken into consideration within their practice. They actively ensure culturally-informed health care decisions are made with and by the Aboriginal person and their family members, so that their rights to quality care are upheld. This includes recognition that Australian health care systems are based on the cultural values and beliefs of the dominant culture. Therefore, in order to demonstrate cultural respect, aspects of the system must be changed, adapted and/or challenged. (p. 12)

**Cultural safety:** The New Zealand Nursing Council (2011) defines cultural safety as:

> The effective nursing practice of a person or family from another culture....The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact of his or her culture on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual. (p. 7)

CATSINaM (2014b) identifies the following essential features of cultural safety that should be reflected in cultural safety training, and in individual and institutional health care practice:

- **An understanding of one’s own culture.**
- **An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).**
- **It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.**
- **An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations People's lives and wellbeing – both in the past and the present.**
- **Its presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver. (pp. 8-9).**

Two other CATSINaM resources that explore cultural safety in health, nursing and midwifery are CATSINaM (2014a; 2016).

**Cultural supervision and mentoring:** The reference to cultural supervision and mentoring in this framework refers specifically to supervision provided by an experienced Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander person (within or external to the university) for non-Indigenous or Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander academic staff. It focuses on supporting and developing the supervisee’s cultural capabilities in delivering nursing and midwifery education regarding health care for Aboriginal and Torres Strait Islander Australians.

Commentary on this topic in the original Framework was focused on cultural supervision and mentoring for students.
## Acknowledgements

We extend our deep appreciation to the following contributors:

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