



Aboriginal and Torres Strait Islander Health Curriculum Implementation Project - Occupational Therapy Program Accreditation

A project of the Occupational Therapy Council of Australia Ltd

August 2023



Acknowledgement of Country

The Occupational Therapy Council of Australia Ltd (OTC) acknowledges the Traditional Custodians of the lands across Australia where we work and live. We celebrate the diversity of Aboriginal and Torres Strait Islander Peoples and their ongoing culture and connection to the lands and waters of Australia. We pay our respects to Elders past, present and emerging and recognise Aboriginal and Torres Strait Islander Peoples leadership, science and expertise that has helped formulate this report and, more broadly, the occupational therapy profession.

Acknowledgement of Artwork and Artist

About the artist

Katrina Graves is a proud Wiradjuri woman and the artist behind Bunan to Muran Art (<https://www.bunantomuranart.com/>). Katrina was born in Queanbeyan, NSW and raised on the Gold Coast, QLD since she was three years old. Since she was young, Katrina has been painting as she was encouraged by her mother who is also an artist. Katrina's love for art is greatly influenced by her mother and other family members. Katrina has always been encouraged to practice her culture and to teach others about the history and stories of Aboriginal Peoples. Katrina feels that art is not only a great way to share stories but to educate people through different lenses.

About 'Wirimbirra'

The artwork is titled Wirimbirra which means 'to take care of'. The painting is about coming together and learning how to better take care of ourselves, one another and mob. The top of the painting has stars which represents connection to the Dreaming but also our Ancestors who pass on knowledge. The centrepiece of the painting signifies the centre meeting spot which represents our People and community. In the centrepiece we come together and listen to one another with the purpose to learn. The bottom represents connection to Country through the rivers, mountains and vegetation. Connection to Country allows us to learn from each other and to look after ourselves and one another.

For further information about 'Wirimbirra' please view the [video explanation](#) from Katrina.

Report from the Project Advisory Group to the Occupational Therapy Council of Australia Ltd

Report prepared by

- Ashleigh Ryan (Wiradjuri and Bundjalung woman), Project Lead
- Dr Chontel Gibson (Kamilaroi woman), Koori Occupational Therapy and Consultancy
- Dr Jill Hummell, Project Manager

Contributors to the report

- Associate Professor Lynne Adamson
- Jodie Booth
- Corrine Butler (Kuku Yalanji, Wulgurukaba and South Sea Island woman),
- Associate Professor Margaret Cook
- Ali Gebhardt (Wiradjuri woman)
- Associate Professor Emma George
- Dr Shirley Godwin (Badimaya Yamatji woman)
- Anna Husband
- Kathryn Martin (Murri woman)
- Dr Claire Pearce
- Tirritpa Ritchie
- Jade Ryall (Galari Wiradyuri yinaa woman)
- Jaimison Simpson
- Professor Mandy Stanley
- Associate Professor Kerrie Thomsen (Wook-Koo Butchulla Clan)

OTC Statement of Commitment

We recognise Aboriginal and Torres Strait Islander Peoples as the First Peoples of Australia and the Traditional Owners and custodians of the lands and waters. We recognise the strength, resilience, and value of the oldest living continuous cultures of the world.

This statement represents the foundation of our commitment to building a strong relationship with Aboriginal and Torres Strait Islander Peoples based on respect, collaboration, and shared responsibility. We acknowledge the strength, longevity and richness of Aboriginal and Torres Strait Islander cultures, knowledges and histories.

We recognise that Aboriginal and Torres Strait Islander Peoples carry a disproportionate health burden relative to the broader Australian population. Many barriers exist in accessing culturally safe health services for Aboriginal and Torres Strait Islander Peoples. We acknowledge the foundations of occupational therapy as being through Western knowledge that have not valued, respected or privileged the voices, experiences, and ways of knowing, being and doing of Aboriginal and Torres Strait Islander Peoples.

The Occupational Therapy Council of Australia expresses its deep gratitude to the Aboriginal and Torres Strait Islander people involved in this project and commits to genuinely valuing the recommendations contained within this report. We commit to continuing this work in a shared and respectful manner which will enable our people and our organisation to grow our understanding of Aboriginal and Torres Strait Islander Knowledges and Ways.

Finally, the Occupational Therapy Council undertakes a commitment to take collaborative action in creating a healthcare system that is free of racism, is responsive, is accessible and is safe for all.

Margaret Cook
Chair

Kathryn Martin
Deputy Chair

Kim Bradbury
CEO

Contents

Acknowledgement of Country	2
Acknowledgement of Artwork and Artist	2
Report from the Project Advisory Group to the Occupational Therapy Council of Australia Ltd.	3
Report prepared by	3
Contributors to the report	3
OTC Statement of Commitment	4
Contents	5
Acronyms and Terminology	7
List of Tables	10
List of Figures	10
Acknowledgements	11
About the Report	13
Philosophy and values	13
The report	14
Section 1: Introduction	16
1.1 Background	16
1.2 Project development	18
1.3 Project implementation.....	18
Section 2: Centring Aboriginal and Torres Strait Islander Peoples in Occupational Therapy Literature	20
2.1 Occupations and occupational therapy	20
2.2 Occupations and Aboriginal and Torres Strait Islander Peoples	22
2.3 Culturally safe communication and assessment with Aboriginal and Torres Strait Islander Peoples	23
2.4 Aboriginal and Torres Strait Islander andragogies and research frameworks.....	27
Section 3: Guiding Principles for Occupational Therapy Accreditation Authority, Program Accreditation, Occupational Therapy Programs and Higher Education Providers	29
3.1 Addressing governance and leadership.....	30
3.2 Promoting workforce recruitment, retention and professional development.....	31
3.3 Establishing culturally safe processes through authentic partnerships.....	34
Section 4: Implementation - Priorities and Actions	38
4.1 Governance implementation priorities and actions	38
4.2 Workforce implementation priorities and actions	40
4.3 Culturally safe processes implementation priorities and actions	41
Closing Statement	44
References	45

Appendix A	52
PAG recommendations for strengthening the examples of evidence in sections of the Guidelines and Evidence Guide for the Accreditation of Australian Entry-Level Occupational Therapy Educational programs	52
Appendix B	74
PAG Resource Recommendations	74

Acronyms and Terminology

Acronyms and short titles used in the report

Ahpra	Australian Health Practitioner Regulation Agency
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
IAHA	Indigenous Allied Health Australia
National Law	Health Practitioner Regulation National Law Act (2009) (revised 2022)
NATSIOTN	National Aboriginal and Torres Strait Islander Occupational Therapy Network
NRAS	National Registration and Accreditation Scheme
OT	Occupational therapy
OTC	Occupational Therapy Council of Australia Limited
OTBA	Occupational Therapy Board of Australia
PAG	Project Advisory Group
The Framework	The Aboriginal and Torres Strait Islander Health Curriculum Framework
WFOT	World Federation of Occupational Therapists

Note on terminology

The terminology used in the report aligns with current policies and documents. It is important to note that terminology is contextual and preferences may change over time.

Aboriginal and Torres Strait Islander Peoples	It is acknowledged that there is not one preferred term to represent Aboriginal and Torres Strait Islander Peoples living in Australia. In this report the term Aboriginal and Torres Strait Islander Peoples is used. The plural 'Peoples' is used to respectfully acknowledge the diversity and sovereignty of Aboriginal and Torres Strait Islander Peoples, Nations and Kinship groups within Australia. Each Nation and Kinship group have their own unique sets of laws, cultures, languages and traditions (Narragunnawali, n.d.).
Andragogy	Andragogy is defined as the science and practice of adult learning (Cornerstone University, 2023). This differs from the term pedagogy which relates to the science and practice of children learning (Cornerstone University, 2023).
Anti-racism	Anti-racism describes forms of thought and/or practice that seek to confront, eradicate or ameliorate racism (Watego et al., 2021). It is the ability to identify racism and actively do something about it (Watego et al., 2021). Anti-racism is more than 'not being racist'; it involves actions and decisions to promote racial equity (Australian Human Rights Commission, 2022).
Cultural capability	Cultural capability is a demonstrated capacity to act on cultural knowledge and awareness through a suite of core attributes acquired through a dynamic lifelong-learning process. Capabilities are holistic, transferable and responsive and can be adapted to new and changing contexts (Commonwealth of Australia, 2014). The Framework's Graduate Cultural Capability Model (Commonwealth of Australia, 2014) identifies five interconnected cultural capabilities: respect, communication, safety and quality, reflection and advocacy.

Cultural humility	Cultural humility is a lifelong journey of self-reflection and learning (Cox & Simpson, 2020; Commonwealth of Australia, 2014). It involves listening without judgement, addressing power imbalances and developing mutually beneficial partnerships (Cox & Simpson, 2020). Cultural humility includes humility regarding how much one can meaningfully understand Aboriginal and Torres Strait Islander Peoples culture (Commonwealth of Australia, 2014).
Cultural responsiveness	Cultural responsiveness describes how individuals work to deliver and maintain culturally safe and effective practices that transform systems (IAHA, 2019). It is innately transformative and must incorporate knowledge (knowing), self-knowledge and behaviour (being) and action (doing) (IAHA, 2019). Cultural responsiveness is how cultural safety is achieved, maintained and governed (IAHA, 2019).
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities (Ahpra & National Boards, 2020). Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism (Ahpra & National Boards, 2020).
Decolonisation	<p>Decolonisation describes the process of critically examining the established culture and dominant Western discourses that foreground how power imbalances and privileges associated with being white in a white-dominant context are maintained (Commonwealth of Australia, 2014; Dudgeon et al., 2021). Decolonisation provides a method to challenge the dominant Western discourses through a contextualised discourse for re-claiming knowledges informed by a balance of truth, power and histories (Dudgeon et al., 2021; IAHA, 2019).</p> <p>Decolonisation requires people, organisations and institutions to actively shift social relations and power inequities for genuine and authentic change (Commonwealth of Australia, 2014). Decolonisation supports the development of new protocols, systems and practices that align with Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing.</p> <p>Decolonisation differs from Indigenisation, which focuses on incorporating Aboriginal and Torres Strait Islander Knowledges into existing structures, systems and governance (Rigney, 2017). To ensure the process of Indigenisation, as defined by Rigney (2017), is culturally safe, a decolonising approach is required that actively dismantles systems of power inequity, racism and all forms of discrimination, de-centres whiteness and positions Aboriginal and Torres Strait Islander Knowledges as epistemologically equal.</p>
Human rights-based approach	A human rights-based approach aims to support health outcomes by addressing inequalities, discriminatory practices and unjust power relations (Australian Human Rights Commission, 2010). In this report, a human rights-based approach relates to upholding the four principles set out by the Human Rights of Indigenous Peoples: self-determination, participation in decision-making, respect for and protection of culture, and equality and non-discrimination (Australian Human Rights Commission, 2010).

Indigenous Peoples	Indigenous Peoples is a common definition used internationally to describe Peoples who inhabited a country or geographical region before occupation and settlement (United Nations, 2007). Indigenous Peoples have distinct social, cultural, economic and political characteristics from the dominant societies in which they live (United Nations, 2007). Indigenous Peoples include, but are not limited to, Māori Peoples of New Zealand, Saami Peoples of northern Europe and Métis Peoples of Canada. Also, note that the term 'Indigenous' in the report may also include Aboriginal and Torres Strait Islander Peoples, to reflect cited literature.
Indigenous Knowledge	Indigenous Knowledge refers to place-based knowledge held and continually developed by Aboriginal and Torres Strait Islander Peoples and Nations (Intellectual Property Australia, 2023). Indigenous Knowledge includes Cultural expressions (such as language, music, stories, dance and art) and Cultural Knowledge (such as cultural know-how, practices, skills and innovations) (Intellectual Property Australia, 2023). Indigenous Knowledge is necessary for community survival and wellbeing, and can be transmitted orally, through imitation or demonstration (Dudgeon et al., 2020).
Racism	<p>Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race (Australian Human Rights Commission, 2022). Racism occurs when individuals or institutions use power to discriminate against, oppress or limit the rights of others (Australian Human Rights Commission, 2022).</p> <p>Where this report discusses racism, it includes racism at all levels: interpersonal (individual acts), institutional (organisational) and systemic (the broader socio-political level). Institutional and systemic racism relates to the laws, ideologies, policies, structures and practices within a particular society, organisation or institution that perpetuate inequitable opportunities and outcomes (Watego et al., 2021). Institutional and systemic racism advantages the dominant group and in turn disadvantages or marginalises other groups (Human Rights Commission, 2022). Institutional and systemic racism reinforces disadvantage, which is typically observed in education levels, employment opportunities, health outcomes or incarceration rates (Watego et al., 2021).</p> <p>Epistemological racism occurs when individuals or institutions exclude or marginalise pedagogies about or from Indigenous Peoples (Lachaud, 2020). Epistemological racism restricts the information students are exposed to but can also distort the lived experiences of Indigenous Peoples (Lachaud, 2020).</p>
Sovereignty	Sovereignty for Aboriginal and Torres Strait Islander Peoples is about exercising autonomy and self-determination at a personal, community and Nation level (Australians for Native Title and Reconciliation, 2022). Aboriginal and Torres Strait Islander Peoples sovereignty is inextricably connected to Country through Cultural Practices such as language, dance, art, stories and lore (Australians for Native Title and Reconciliation, 2022). Aboriginal and Torres Strait Islander Peoples inherent relationship with Country ensures sovereignty is exercised regardless of the broader political context (Australians for Native Title and Reconciliation, 2022).

Strengths-based approach	A strengths-based approach acknowledges the rich abilities, assets, knowledges, resources and capacity of communities to support the health and wellbeing of Aboriginal and Torres Strait Islander Peoples (Dudgeon et al., 2020; Fogarty et al., 2018). Strengths-based approaches move away from problem- and deficit-based paradigms (Dudgeon et al., 2020; Fogarty et al., 2018).
Whiteness	Whiteness is defined as the invisible norm against which other races are judged in the construction of identity, representation, subjectivity, nationalism and the law (Moreton-Robinson, 2004). Whiteness is not about skin colour and includes anyone who benefits from systemic oppression that has developed from European colonialism, which continues to provide political, social and legal advantages (Moreton-Robinson, 2004).

List of Tables

Table 1. Indigenous conceptualisations of occupations.....	21
Table 2. Examples of culturally safe communication frameworks developed by Aboriginal and Torres Strait Islander Peoples	23
Table 3. Examples of standardised assessments developed and/or research with Aboriginal and Torres Strait Islander Peoples and communities	26
Table 4. Examples of Aboriginal and Torres Strait Islander andragogies and research frameworks.	27
Table 5. Guiding principles for decolonising governance in occupational therapy	30
Table 6. Guiding principles to support workforce recruitment, retention and professional development of staff in occupational therapy	33
Table 7. Guiding principles for establishing partnerships in occupational therapy.....	36

List of Figures

Figure 1. Application of the three key tenets of decolonisation	13
Figure 2. Project Advisory Group aspirational values.....	14
Figure 3. Decolonising project implementation approach.....	18
Figure 4. Key components for culturally safe occupational therapy assessments with Aboriginal and Torres Strait Islander Peoples.....	25
Figure 5. Key priority areas identified by the Project Advisory Group.....	29
Figure 6. The Framework workforce recommendations for program accreditation assessment teams, contributors and educators	32
Figure 7. Cultural safety strategies for safe and respectful practice per Ahpra and National Boards (2020)	35

Acknowledgements

The Occupational Therapy Council of Australia (OTC) acknowledges the important contribution of the Project Advisory Group (PAG) members in developing the report 'Aboriginal and Torres Strait Islander Health Curriculum Implementation Project - Occupational Therapy Program Accreditation'. The processes and outcomes were only possible with the expertise, knowledge, science and experiences of the PAG, throughout all aspects of developing, contributing and finalising the report.

The initial project proposal was developed by Dr Chontel Gibson, Dr Jill Hummell and Ms Rebecca Allen.

Project funding

Funding for the project was provided by the Occupational Therapy Board of Australia (OTBA) and the OTC.

The OTC would like to thank the following:

OTC project contractors

- Ashleigh Ryan (Wiradjuri and Bundjalung woman), Project Lead
- Dr Jill Hummell, Project Manager

Consultant

- Dr Chontel Gibson (Kamilaroi woman), Koori Occupational Therapy and Consultancy

Project Advisory Group members

- Associate Professor Lynne Adamson, representative of the OTC Board (December 2022 – April 2023)
- Jodie Booth, representative of Australian and New Zealand Occupational Therapy Fieldwork Academics
- Corrine Butler (Kuku Yalanji, Wulgurukaba and South Sea Island woman), representative of the National Aboriginal and Torres Strait Islander Occupational Therapy Network
- Associate Professor Margaret Cook, representative of the OTC Board (April 2023 – August 2023)
- Ali Gebhardt (Wiradjuri woman), representative of occupational therapy academics
- Associate Professor Emma George, representative of the Australian and New Zealand Council of Occupational Therapy Educators
- Dr Chontel Gibson (Kamilaroi woman), representative of the National Aboriginal and Torres Strait Islander Occupational Therapy Network
- Dr Shirley Godwin (Badimaya Yamatji woman), representative of Aboriginal Health Academic and recommended by the National Aboriginal and Torres Strait Islander Occupational Therapy Network
- Anna Husband, occupational therapy student (March 2023 – August 2023)
- Kathryn Martin (Murri woman), representative of the OTC Board
- Dr Claire Pearce, representative of the Occupational Therapy Board of Australia
- Tirritpa Ritchie, representative of Indigenous Allied Health Australia and occupational therapy academics
- Jade Ryall (Galari Wiradyuri yinaa woman), representative of the National Aboriginal and Torres Strait Islander Occupational Therapy Network
- Jaimison Simpson, occupational therapy student (March 2023 – August 2023)
- Professor Mandy Stanley, representative of the OTC Program Accreditation assessor team
- Associate Professor Kerrie Thomsen (Wook-Koo Butchulla Clan), representative of Occupational Therapy Australia and occupational therapy academics.

During the project, many individuals, organisations and programs provided information, knowledge and expertise in other ways. Thank you to the members of the OTC Program Accreditation assessor team, the Australian and New Zealand Occupational Therapy Fieldwork Academics, the Australian and New Zealand Council of Occupational Therapy Educators and various occupational therapy education programs.

About the Report

Philosophy and values

The philosophy that underpins this report is to privilege and give voice to Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing in occupational therapy. Namely, this report implements a decolonising approach. In line with Gibson’s (2020) strengths-based framework, decolonisation in this report is applied as a:

- political movement through dismantling power indifferences
- journey of self-determination for Aboriginal and Torres Strait Islander Peoples to reclaim their place and truths
- praxis for occupational therapy to unlearn, transform and take affirmative action
- healing process for Aboriginal and Torres Strait Islander Peoples and all involved in decolonising occupational therapy.

A decolonised occupational therapy profession is crucial to ensuring cultural safety for all Aboriginal and Torres Strait Islander Peoples. Emery-Whittington, Draper & Gibson (2023) described three key tenets of decolonisation that were applied and expanded on to guide group processes and the development of the report. The key tenets are included in Figure 1:



Figure 1. Application of the three key tenets of decolonisation

The report was also guided by a set of values the PAG aspired to achieve throughout the process. These values provide further context to support decolonisation in occupational therapy. The values are displayed in Figure 2:

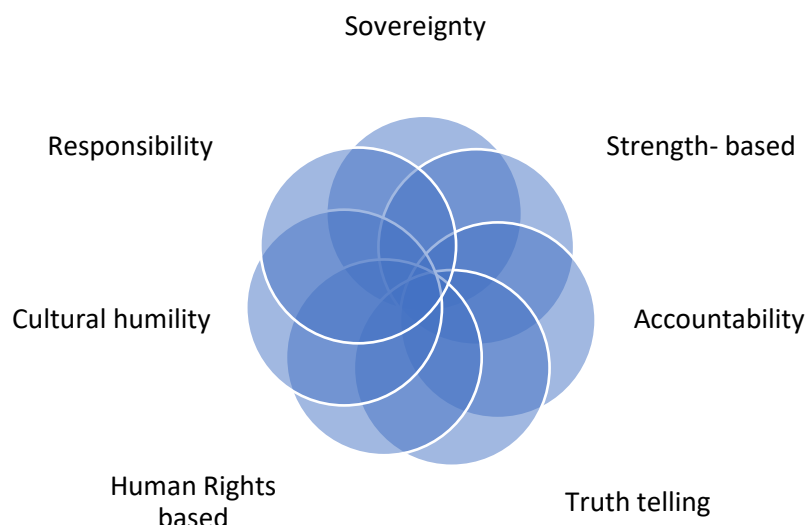


Figure 2. Program Advisory Group aspirational values

The report

The scope of the report was initially intended for occupational therapy program accreditation, occupational therapy programs and education providers. The Project Advisory Group (PAG) expanded the aims of the project to include recommendations for the occupational therapy accreditation authority, the OTC. This expansion was in line with the Project Plan.

The report supports the embedding of the:

- *Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework)* (Commonwealth of Australia, 2014)
- *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* (Ahpra and National Boards, 2020).

More broadly, other key documents include the *National Aboriginal and Torres Strait Islander Health Workforce Strategic and Implementation Plan 2021–2031* (Department of Health, 2022), *the 2023 Commonwealth Closing the Gap Implementation Plan* (National Indigenous Australians Agency, 2023) and the *Universities Australia's Indigenous Strategy 2022–2025* (Universities Australia, 2022).

All documents identify the crucial importance of culturally responsive: governance structures, workforce and processes in achieving cultural safety for Aboriginal and Torres Strait Islander Peoples. These documents further outline the rationale for providing recommendations more broadly to the OTC.

The National Law revisions (Queensland Government, 2022) made cultural safety with Aboriginal and Torres Strait Islander Peoples a guiding principle and objective. It is therefore imperative that all registered health professionals, including occupational therapists, provide culturally safe health services that are free of racism in all forms to Aboriginal and Torres Strait Islander Peoples. The inclusion of cultural safety in the National Law *ensures that every part of the National Scheme - practitioners, regulators, accreditation authorities, educators and employers - are working within the same principle and working towards the same objective* (Ahpra & National Boards, 2022c, p2).

The report acknowledges that institutions, programs, organisations and individuals are at different stages of engaging with Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing. Despite these differing stages, the report provides clear priorities and actions to ensure all contexts actively work towards decolonisation and cultural safety for Aboriginal and Torres Strait Islander Peoples. This includes but is not limited to cultural safety for occupational therapy students, assessors, academics, consultants, consumers and more.

The report is not intended to be prescriptive and encourages varied approaches led by respectful and reciprocal relationships and, where possible, by local Aboriginal and Torres Strait Islander Peoples, communities and Nations. Information in the report also reflects a time and place within the profession, institutions and society more broadly. As such, best practice will continue to evolve and therefore readers are encouraged to utilise the most current literature, documents and legislation.

The report has focused on three key priority areas: governance, workforce and culturally safe processes. These priority areas are identified in the core documents identified earlier and supported by other evidence included in the report. The report's guidelines and recommendations are supported by, and should accompany, existing legislation, policies and documents, particularly the Framework (Commonwealth of Australia, 2014).

The report is presented in four sections, as follows:

1. Background: overview of legislation and policies relating to the implementation of Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing in health programs.
2. Centring Aboriginal and Torres Strait Islander Peoples in occupational therapy literature: a summary of literature relating to Aboriginal and Torres Strait Islander Peoples occupations, including the history of occupation, culturally safe communication and assessment, andragogies and research frameworks.
3. Guiding principles for the occupational therapy accreditation authority, program accreditation and, occupational therapy programs and education providers: guidelines, resources and suggestions to assist in the embedding of Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing concerning governance, workforce and culturally safe processes.
4. Implementation: key priorities and recommended actions for the occupational therapy accreditation authority, OTC program accreditation and, occupational therapy programs and education providers in strengthening governance, workforce and culturally safe processes.

Accompanying the report is an Appendices section. Appendix A provides PAG recommendations on revisions for sections of the *OTC Guidelines and Evidence Guide for the accreditation of Australian entry-level occupational therapy education programs* (OTC, 2022). Appendix B provides PAG Resource Recommendations comprising select examples of recommended resources developed by or with Aboriginal and Torres Strait Islander Peoples and organisations that could be used in occupational therapy curricula.

Section 1: Introduction

1.1 Background

The Framework was developed in 2014 to support higher education providers in implementing Aboriginal and Torres Strait Islander health curricula and for accreditation authorities to adequately assess the curricula (Commonwealth of Australia, 2014). The Framework further aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014).

The Framework's Project Advisory Group consisted primarily of Aboriginal and Torres Strait Islander representatives from Australian stakeholder organisations. The Framework's Project Advisory Group directed key stages of the Framework development. Representatives from accreditation authorities were also involved in its development.

Soon after the Framework was published, the Occupational Therapy Council of Australia Ltd (OTC) revised the *Accreditation Standards for Entry-Level Occupational Therapy Programs* in December 2018 (Accreditation Standards) with an expectation that programs incorporate principles from the Framework. The revised Accreditation Standards include a greater emphasis on the inclusion of Aboriginal and Torres Strait Islander Peoples leadership, practice and science. The Accreditation Standards were implemented in January 2020 and incorporate the following:

- Occupational Therapy Board of Australia (OTBA, 2018), *Australian Occupational Therapy Competency Standards 2018*.
- Occupational Therapy Board of Australia (2014), *Code of Conduct*.
- Occupational Therapy Australia (2014), *Code of Ethics*.
- World Federation of Occupational Therapists (WFOT, 2016), *Minimum Standards for the Education of Occupational Therapists*.
- Commonwealth of Australia (2014), *Aboriginal and Torres Strait Islander Health Curriculum Framework*.

Inherent in the Accreditation Standards is an expectation that education providers engage with Aboriginal and Torres Strait Islander academics, local communities and organisations in a meaningful, authentic, sustainable and culturally responsive manner based on mutual respect and understanding. Specific reference is made to Aboriginal and Torres Strait Islander Peoples in the Accreditation Standards and criteria and, examples of evidence, for example: public safety inclusive of cultural safety; the involvement of Aboriginal and Torres Strait Islander Peoples in program governance and quality assurance and in the design, delivery and evaluation of the curriculum including assessment; and the experience for Aboriginal and Torres Strait Islander students.

The *Australian Occupational Therapy Competency Standards* (OTBA, 2018) (Competency Standards) specifically recognise the need for occupational therapists to enhance their cultural responsiveness and capabilities for effective practice with Aboriginal and Torres Strait Islander Peoples. The competency standards include many practice behaviours with specific reference to Aboriginal and Torres Strait Islander Peoples, cultural safety, cultural capability and cultural responsiveness.

Since the development of the Accreditation Standards in 2018, multiple legislative and policy changes have occurred. Key stakeholders such as the Australian Health Practitioner Regulation Agency (Ahpra) and the National Registration and Accreditation Scheme (NRAS) have also taken affirmative action to raise the profile of Aboriginal and Torres Strait Islander Peoples health. In June 2018, the NRAS Aboriginal and Torres Strait Islander Health Strategy Statement of Intent was signed

by 15 national health practitioner boards, including the OTBA, Ahpra, accreditation authorities including the OTC and, Aboriginal and Torres Strait Islander health sector leaders and organisations.

Following this, Ahpra developed the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* (Ahpra & National Boards, 2020), which was led by Aboriginal and Torres Strait Islander Peoples. The strategy explicitly defines cultural safety and culturally safe practice for registered health practitioners.

In June 2022, the OTBA and 11 other National Boards developed a common *Code of Conduct* under Section 39 of the National Law to protect the public. Principle 2 of the Code of Conduct; Aboriginal and Torres Strait Islander Health and Cultural Safety – states that *practitioners should consider the specific needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open, honest and culturally safe professional relationships* (Ahpra & National Boards, 2022a, p.4).

In July 2022, the Department of Health published the *National Aboriginal and Torres Strait Islander Health Workforce Strategic and Implementation Plan 2021–2031* (The Plan). One of the intended outcomes of The Plan is that the Framework will be implemented across all health programs, including all allied health education and training programs (Department of Health, 2022). The Plan also identifies targets for accreditation bodies, National Boards and the accreditation assessor workforce (Department of Health, 2022).

In October 2022, changes were made to the 2009 Health Practitioner Regulation National Law (Queensland Government, 2022). Ahpra and the National Boards (2022c, p.2) documented the new National Law's objective and guiding principle to enshrine cultural safety for Aboriginal and Torres Strait Islander Peoples.

The new objective is:

- *to build the capacity of the Australian workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples.*

The new guiding principle is:

- *The Scheme is to ensure the development of a culturally safe and respectful workforce that:*
 - *Is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and*
 - *contributes to the elimination of racism in the provision of health services.*

Ahpra and the National Boards (2022c), the Ahpra Aboriginal and Torres Strait Islander Health Strategy Group and the National Health Leadership Forum published a joint statement titled *Aboriginal and Torres Strait Islander health and cultural safety at heart of National Law Changes*. The statement commits to building the capacity of the Australian health workforce to provide culturally safe and responsive health services to Aboriginal and Torres Strait Islander Peoples, which contributes to the elimination of racism in the provision of health services (Ahpra & National Boards, 2022).

Consequently, there is strong evidence across the legislation and literature for health professions, inclusive of occupational therapy, that Aboriginal and Torres Strait Islander Peoples Knowledges and sciences must be embedded across all aspects of the profession (i.e., governance, workforce, education, program accreditation and more). In particular, the expectation that health professions commit to not only the implementation of the Framework but also to ensure cultural safety and the elimination of racism for all Aboriginal and Torres Strait Islander Peoples in healthcare settings is evident.

Consistent with the Framework’s purpose, it provides generic guidelines for health professions. As such, this report aims to provide specific guidance for the occupational therapy profession, namely:

- Occupational Therapy Council of Australia Ltd
- OTC program accreditation
- occupational therapy programs and education providers.

1.2 Project development

Following the implementation of the revised Accreditation Standards in 2020, the OTC initiated the *Aboriginal and Torres Strait Islander Health Curriculum Framework Implementation Project—Occupational Therapy Program Accreditation* (the Project Plan). The creators and authors of the original OTC Project Plan in January 2021 were Dr Chontel Gibson, Ms Rebecca Allen and Dr Jill Hummell. Work from the psychology, nursing and midwifery, dentistry, social work, speech pathology and optometry professions in implementing the Framework into health professional programs informed the Project Plan and the project. The original Project Plan was summarised and updated in November 2022 by Ms Ashleigh Ryan, Project Lead, and Dr Jill Hummell, Project Manager, before the commencement of the Program Advisory Group (PAG).

1.3 Project implementation

Core to the project was ensuring a decolonising approach through privileging Aboriginal and Torres Strait Islander Peoples leadership and supporting Indigenous Governance. As such, Aboriginal and Torres Strait Islander Peoples were involved in each phase of the project, as illustrated by Figure 3:

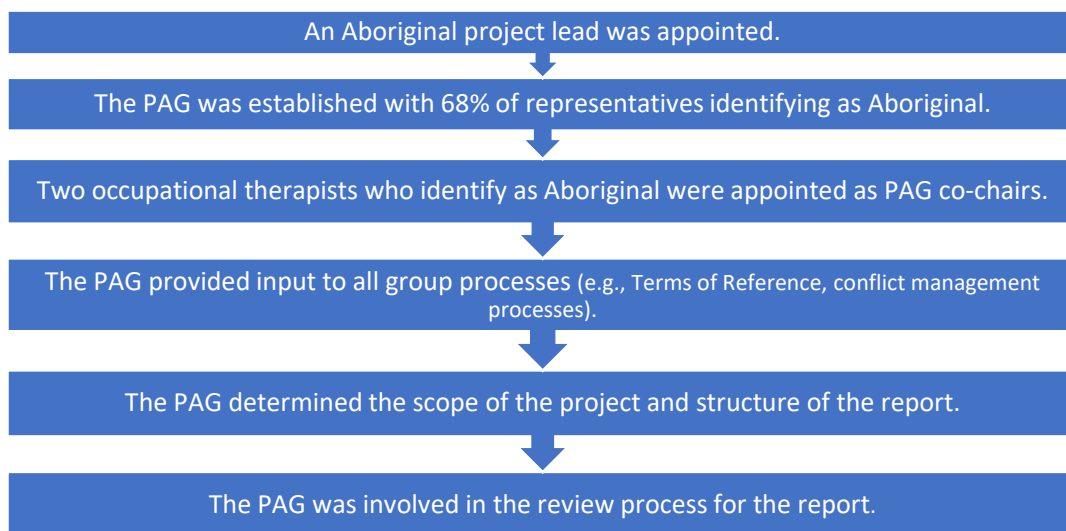


Figure 3. Decolonising project implementation approach

The OTC established the PAG in December 2022 as a time-limited partnership for the project. In line with a decolonising approach, the PAG required a minimum of 50% plus one membership of Aboriginal and Torres Strait Islander Peoples. The Aboriginal and Torres Strait Islander representative membership was approximately 68%.

The leadership, expertise and experiences from the PAG were integral to determining the scope of the project, group processes and development of the report. The PAG consisted of 18 representatives from numerous key stakeholder groups (listed on pages 11 and 12) with expertise or

experience in occupational therapy curriculum and/or Aboriginal and Torres Strait Islander health education.

During the first meeting, the PAG identified gaps in the group membership which included Elders, Torres Strait Islander Peoples and Aboriginal and Torres Strait Islander occupational therapy students. Two students were appointed through expressions of interest circulated by university Indigenous Support Units/Services. The project was unfortunately unable to obtain any Torres Strait Islander occupational therapists throughout its duration. A decision was made by the PAG that Elders would be consulted if required in line with other disciplines and similar projects.

The PAG held seven online meetings from December 2022 to July 2023 to inform and develop the report. A review process of the final report occurred between July 2023 and August 2023. Two workshops to gather perspectives and experiences from occupational therapy academics, educators and program accreditation assessors were also held to inform the report. This involved one online workshop with the OTC Program Accreditation assessors and a combined face-to-face workshop with the Australian and New Zealand Council of Occupational Therapy Educators and Australian and New Zealand Occupational Therapy Fieldwork Academics.

Section 2: Centring Aboriginal and Torres Strait Islander Peoples in Occupational Therapy Literature

This literature review intends to provide context to the report and to centre Aboriginal and Torres Strait Islander Peoples literature. The review of literature applied a decolonising approach as it privileges and promotes Aboriginal and Torres Strait Islander Peoples voices in the literature. Aboriginal and Torres Strait Islander Peoples and, more broadly, Indigenous health professionals are increasingly contributing to the literature. While embedding the literature within occupational therapy programs is essential, it is equally important to ensure Aboriginal and Torres Strait Islander stakeholders co-design, co-deliver and co-evaluate Aboriginal and Torres Strait Islander curricula.

The review of literature must be viewed as a starting point and the reader is strongly encouraged to develop their own relationship with the literature beyond what is presented. This section also provides some considerations for occupational therapy programs and higher education providers when applying the literature in curricula.

This review provides some critiques of the literature, however critical analyses of literature relating to Aboriginal and Torres Strait Islander Peoples, communities and Nations is essential. It is recommended the reader utilises tools such as the *Aboriginal and Torres Strait Islander Critical Appraisal Tool* (Harfield et al., 2020), *NHMRC's Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for researchers and stakeholders* (National Health & Medical Research Council, 2018) and the *AIATSIS code of ethics for Aboriginal and Torres Strait Islander research* (AIATSIS, 2020).

2.1 Occupations and occupational therapy

Occupation is a core concept in occupational therapy and as such various frameworks and definitions exist (Leclair, 2010). Historically, occupational therapy literature relating to Aboriginal and Torres Strait Islander Peoples is embedded in Western constructs and methodologies. Occupations have therefore been explored and presented through a Westernised and Judaeo-Christian lens (Hocking, 2009). However, an exception is the Kawa Model (Iwama, 2006) developed in Japan by Japanese and Canadian occupational therapists. The Kawa Model encouraged occupational therapists to 'depart' from Western-based models of practice by using a river metaphor to explore occupations, environmental contexts, life flow and personal resources (Iwama, 2006).

Ramugondo (2015), Emery-Whittington and Te Maro (2018), Gibson (2020) and Gibson et al. (2020) were the first Indigenous occupational therapists to highlight the origin of the profession and how colonial contexts influence occupations in occupational therapy. The colonial context has resulted in the exclusion and misrepresentation of Aboriginal and Torres Strait Islander Peoples experiences of occupations, and more broadly, health and wellbeing (Emery-Whittington & Te Maro, 2018; Gibson, 2020; Gibson et al., 2020; Ramugondo, 2015). In recent years, Aboriginal and Torres Strait Islander occupational therapists along with Indigenous occupational therapists globally have begun critiquing current understandings of occupations and more explicitly highlighted the need to 'unlearn' these understandings. Table 1 highlights some concepts of occupation from an Indigenous perspective.

Table 1. Indigenous conceptualisations of occupations

Conceptual framework	Understanding of occupation	Further reading
Occupational Consciousness	Occupational Consciousness acknowledges there are occupations of the dominant culture and that these occupations sustain hegemonic practices (Ramugondo, 2015). Occupational Consciousness highlights that people, either collectively or individually, participate in occupations that resist and challenge dominant practices (Ramugondo, 2015).	<ul style="list-style-type: none"> • Ramugondo, E. L. (2015). Occupational consciousness. <i>Journal of Occupational Science</i>, 22(4), 488–501. • Ramugondo, E. L. & Kronenberg, F. (2015). Explaining collective occupations from a human relations perspective: Bridging the individual-collective dichotomy. <i>Journal of Occupational Science</i>, 22(1), 3–16.
Decolonising Occupations	Decolonising Occupations reclaim and recentre everyday occupations for Indigenous People (Emery-Whittington & Te Maro, 2018). Decolonising Occupations acknowledge the structures, processes and systems that perpetuate racism and power through occupations and current conceptualisations of occupations (Emery-Whittington & Te Maro, 2018).	<ul style="list-style-type: none"> • Emery-Whittington, I. & Te Maro, B. (2018). Decolonising occupation: Causing social change to help our ancestors rest and our descendants thrive. <i>New Zealand Journal of Occupational Therapy</i>, 65(1), 12–19. • Ryan, A., Gilroy, J. & Gibson, C. (2020). #Changethedate: Advocacy as an on-line and decolonising occupation. <i>Journal of Occupational Science</i> 27(3), 405–416.
Cultural Occupations	Cultural Occupations centre Aboriginal and Torres Strait Islander Peoples connection to family, kin, community and culture, as well as the effects on spiritual, physical, mind and emotional domains of social and emotional wellbeing (Gibson et al., 2020). Cultural Occupations contribute to cultural survival, cultural identity and cultural healing (Gibson et al., 2020).	<ul style="list-style-type: none"> • Gibson, C., Dudgeon, P. & Crockett, J. (2020). Listen, look & learn: Exploring cultural obligations of Elders and older Aboriginal people. <i>Journal of Occupational Science</i>, 27(2), 193–203. • Gibson, C. (2020). When the river runs dry: Leadership, decolonisation and healing in occupational therapy. <i>New Zealand Journal of Occupational Therapy</i>, 67(1), 11–20.

Some considerations for applying the literature in occupational therapy education programs

- The inclusion of literature and concepts explored in this section can support the development of competency 1.6 in the Australian Occupational Therapy Competency Standards (OTBA, 2018, p.6):
An occupational therapist: incorporates and responds to historical, political, cultural, societal, environmental, and economic factors influencing health, wellbeing and occupations for Aboriginal and Torres Strait Islander Peoples.
- Educators include Indigenous conceptualisations of occupation in all units that discuss such conceptualisations, especially foundational units from the first year.
- Students explore and critically reflect on the history, philosophy and values that historically underpin conceptualisations of occupation.
- Students identify, analyse and understand the differences between Western and Indigenous conceptualisations of occupation.

2.2 Occupations and Aboriginal and Torres Strait Islander Peoples

Literature is emerging about Aboriginal and Torres Strait Islander Peoples occupations. Yalmambirra (2000), a Wiradjuri man is possibly the first known Aboriginal person to publish about occupations. Yalmambirra (2000) explored the effects of colonisation on traditional occupations for Wiradjuri people, such as hunting and gathering, initiation processes and land management. Yalmambirra (2000) also explored the importance of ‘resurrecting’ Cultural Occupations for cultural survival. Zeldenryk and Yalmambirra (2006) highlighted the experience of occupational deprivation through past policies that prevented the continuation of many occupations that reflected and passed on Cultural Practices and Knowledges among Aboriginal and Torres Strait Islander Peoples.

Gibson et al. (2020) was the first known Aboriginal occupational therapist to utilise an Indigenous research methodology to research occupations. Gibson et al. (2020) explored Elders and older Aboriginal Peoples occupations and developed the conceptual framework of Cultural Occupations (see Table 1). Cultural Occupations, such as yarning, attending ceremonial business, being with family/community and being on Country, were linked to social and emotional wellbeing (Gibson et al., 2020). Elder occupations also include attendance at community events, mentoring, passing on knowledge and caring duties (Warburton & Mclaughlin, 2007; Waugh & Mackenzie, 2011). By exploring the quality of life for older Aboriginal Peoples, Smith et al. (2021) revealed further insights into Cultural Occupations. This included learning and speaking traditional language and participating in everyday hobbies like watching sports (Smith et al., 2021). Eades et al. (2022) captured the complexity of the Elder role, detailing how one becomes an Elder, the characteristics of an Elder, the types of Elders and threats to the Elder occupation.

Published literature exploring occupations for Aboriginal and Torres Strait Islander children is still limited. Butten et al. (2021) conducted yarning sessions with Aboriginal and Torres Strait Islander parents and carers to understand quality of life for children. Cultural Occupations for children entailed similar activities to those of older Aboriginal and Torres Strait Islander Peoples, as they are centred around family, community and Country (Butten et al., 2021). More specifically, occupations included regular visits with family, visits to traditional environments and participation in everyday roles like school and sports (Butten et al., 2021).

Occupations and the context in which these take place for Aboriginal and Torres Strait Islander Peoples continue to evolve. Ryan et al. (2020) explored advocacy as an online occupation concerning 26 January (formally known as Australia Day). The study highlighted the effects of Cultural Occupations like advocacy on social and emotional wellbeing and insights into how, where and why people participate in Cultural Occupations (Ryan et al., 2020).

Some considerations for applying the literature in occupational therapy education programs

- The inclusion of literature and concepts explored in this section can support the development of competency 3.6 in the Australian Occupational Therapy Competency Standards (OTBA, 2018, p.8):
An occupational therapist: seeks to understand and incorporate Aboriginal and Torres Strait Islander Peoples’ experiences of health, wellbeing and occupations encompassing cultural connections.
- Educators highlight strengths-based literature written by Aboriginal and Torres Strait Islander Peoples about Aboriginal and Torres Strait Islander occupations.
- Educators include reflections on the occupational therapy profession and how Western constructs of occupation are valued.
- Educators promote strategies to decolonise occupations through centring Aboriginal and Torres Strait Islander ways of knowing, being and doing.

- Students critically reflect on how cultural backgrounds influence the occupations in which individuals and communities participate.
- Students analyse the effects of colonisation on occupations for Aboriginal and Torres Strait Islander Peoples through an Indigenous conceptual framework of occupation.

2.3 Culturally safe communication and assessment with Aboriginal and Torres Strait Islander Peoples

Communication

Occupational therapists play a role in ensuring cultural safety for Aboriginal and Torres Strait Islander Peoples through having the required skills, knowledges and attitudes to deliver safe, accessible and responsive healthcare (Ahpra & National Boards, 2020). Core to culturally safe services is ensuring respectful communication with Aboriginal and Torres Strait Islander Peoples. Respectful communication promotes the self-determination of Aboriginal and Torres Strait Islander Peoples through a strengths-based and human rights-oriented approach (Gibson 2020; Gibson et al. 2015). Table 2 provides examples of two communication frameworks developed by Aboriginal and Torres Strait Islander Peoples to develop and support culturally safe communication.

Table 2. Examples of culturally safe communication frameworks developed by Aboriginal and Torres Strait Islander Peoples

Document/ Framework	Brief Outline	Further reading
Strengths-Based Framework	Gibson (2020) provides a strengths-based framework with six dimensions to decolonise occupational therapy practices. All six dimensions underpin culturally safe communication with Aboriginal and Torres Strait Islander Peoples. Ryall et al. (2021) expands on the dimensions identified by Gibson (2020) by including specific suggestions for listening and communicating with Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> • Gibson, C. (2020). When the river runs dry: Leadership, decolonisation and healing in occupational therapy. <i>New Zealand Journal of Occupational Therapy</i>, 67(1), 11–20. • Ryall, J., Ritchie, T., Butler, C., Ryan, A. & Gibson, C. (2021). Decolonising occupational therapy through a strengths-based approach. In Brown, T., Bourke-Taylor, M., Isbel, S., Corider, R. & Gustafsson, L (Eds). <i>Occupational therapy in Australia</i> (2nd ed.) (pp. 130-142).
Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice	The chapter by Dudgeon and Ugle (2014) provides insights into the skills and understandings required when communicating with Aboriginal and Torres Strait Islander Peoples in diverse settings. Furthermore, the chapter by Adams et al. (2014) explores culturally safe communication skills for the assessment context.	<ul style="list-style-type: none"> • Dudgeon, P. & Ugle, K. (2014). Communicating and engaging with diverse communities. In Dudgeon, P., Milroy, H. & Walker, R (Eds). <i>Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing</i> (pp. 257–268). • Adams, Y., Drew, N. & Walker, R. (2014). Principles of practice in mental health assessment with Aboriginal Australians. In Dudgeon, P., Milroy, H. & Walker, R (Eds). <i>Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing</i> (pp. 271–288).

Assessment

Assessment approaches in occupational therapy are predominantly developed using Western frameworks and ways of knowing (White & Beagan, 2020). Key points of difference in Western occupational therapy assessment approaches include separating the person from the environment, focusing on individuals rather than collectives and classifying activities by divisions and categories (White & Beagan, 2020). As such, many standardised assessments are deemed unsuitable and potentially harmful for Indigenous communities (White & Beagan, 2020).

Assessment approaches developed by Aboriginal and Torres Strait Islander Peoples in occupational therapy and health more broadly are beginning to emerge. This includes an increased profile of international literature relating to assessments of Indigenous Peoples in occupational therapy. The following literature provides frameworks and guidance to support occupational therapy assessments with Aboriginal and Torres Strait Islander Peoples:

- 'Decolonising occupational therapy through a strengths-based approach' (Ryall, Ryan et al., 2020).
- 'Indigenous Peoples and human rights: Some considerations for the occupational therapy profession in Australia' (Gibson et al., 2015).
- 'Occupational therapy roles in an Indigenous context: An integrative review' (White & Beagan, 2020).
- *Principles of Practice in Mental Health Assessment with Aboriginal Australians* (Adams et al., 2014).
- 'When the river runs dry: leadership, decolonisation and healing in occupational therapy' (Gibson, 2020).

Some key components identified in the above literature are demonstrated in Figure 4. The application and consideration of the key components in occupational therapy assessments with Aboriginal and Torres Strait Islander Peoples can facilitate assessment approaches that are culturally responsive and safe.



Figure 4. Key components for culturally safe occupational therapy (OT) assessments with Aboriginal and Torres Strait Islander Peoples

Another consideration for culturally safe assessments with Aboriginal and Torres Strait Islander Peoples is using assessment tools developed by or with Aboriginal and Torres Strait Islander Peoples, communities and Nations. In occupational therapy, the availability of such tools is limited. Table 3 highlights examples of assessments that have involved Aboriginal and Torres Strait Islander Peoples in the development, research or evaluation of the assessment tool.

Table 3. Examples of standardised assessments developed and/or research with Aboriginal and Torres Strait Islander Peoples and communities

Assessment tool	Overview	Further reading
The Kimberley Indigenous Cognitive Assessment tool	The Kimberley Indigenous Cognitive Assessment tool (LoGiudice et al., 2006) was developed to meet the needs of the community. The research process included Aboriginal researchers and entailed consultation with key stakeholders, such as Elders, community members, local health workers and local community services, to ensure assessment items and terminology were culturally valid for the community (LoGiudice et al., 2006).	<ul style="list-style-type: none"> LoGiudice, D., Smith, K., Thomas, J., Lautenschlager, N. T., Almeida, O. P., Atkinson, D. & Flicker, L. (2006). Kimberley Indigenous Cognitive Assessment tool (KICA): Development of a cognitive assessment tool for older Indigenous Australians. <i>International Psychogeriatrics</i>, 18(2), 269–280.
The Good Spirit, Good Life tool	The Good Spirit, Good Life tool followed a Participatory Action Research method to include older Aboriginal Peoples in all stages of the research. This included the establishment of an Elders' governance group and a service provider advisory group comprising Aboriginal-controlled health services and centres (Smith et al., 2021). An Indigenous research paradigm underpinned all stages of the research to ensure the worldviews and standpoints of older Aboriginal Peoples were accurately reflected.	<ul style="list-style-type: none"> Smith, K., Gilchrist, L., Taylor, K., Clinch, C., LoGiudice, D., Edgill, P., Ratcliffe, J., Flicker, L., Douglas, H., Bradley, K. & Bessarab, D. (2021). Good Spirit, Good Life: A quality of life tool and framework for older Aboriginal Peoples. <i>The Gerontologist</i>, 61(5), E163–E172.
Bruininks-Oseretsky Test of Motor Proficiency-Short Form (BOT-SF)	The Liliwan Project study was developed following concerns from Aboriginal leaders in the community regarding Fetal Alcohol Spectrum Disorder (FASD) (Lucas et al., 2013). The study addressed the concerns of the community by investigating the reliability of the BOT-SF in detecting children at risk of FASD within the Aboriginal community.	<ul style="list-style-type: none"> Lucas, B. R., Latimer, J., Doney, R., Ferreira, M. L., Adams, R., Hawkes, G., Fitzpatrick, J. P., Hand, M., Oscar, J., Carter, M. & Elliott, E. J. (2013). The Bruininks-Oseretsky Test of Motor Proficiency-Short Form is reliable in children living in remote Australian Aboriginal communities. <i>BMC Pediatrics</i>, 13, Article no. 135.

Some considerations for applying the literature in occupational therapy education programs

- The inclusion of literature and concepts explored in this section can support the development of competency 4.3 in the Australian Occupational Therapy Competency Standards (OTBA, 2018, p.9):

An occupational therapist: works ethically with Aboriginal and Torres Strait Islander communities and organisations to understand and incorporate relevant cultural protocols and communication strategies, with the aim of working to support self-governance in communities.
- Students have opportunities to apply the approaches outlined in the communication and assessment section. This may include case studies developed, assessed and evaluated by Aboriginal and Torres Strait Islander stakeholders, simulation experiences with actors who identify as Aboriginal and Torres Strait Islander Peoples or placement opportunities with Aboriginal and Torres Strait Islander organisations.

- Students critically appraise literature through the use of tools such as the *Aboriginal and Torres Strait Islander Critical Appraisal Tool* (Harfield et al., 2020) to evaluate research relating to occupational therapy assessments to determine applicability.
- Students identify, analyse, critique and understand Aboriginal and Torres Strait Islander Peoples communication and assessment approaches and how they can utilise these in practice.
- Students use self-reflective questions designed by Gibson et al. (2015) to guide and inform communication and assessment approaches with Aboriginal and Torres Strait Islander Peoples.

2.4 Aboriginal and Torres Strait Islander andragogies and research frameworks

Occupational therapy programs and health care services are established within Westernised constructs. Inclusion of philosophies that promote equality, recognition of Aboriginal and Torres Strait Islander Peoples rights and reclaiming of culture are essential in developing culturally safe occupational therapy programs and graduates (Dudgeon & Walker, 2015). An understanding of best practices in teaching Aboriginal and Torres Strait Islander Peoples Knowledges must also be considered as Indigenous epistemologies, ontologies and axiologies should be taught by Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014; Godwin et al., 2023). Table 4 highlights frameworks that can support the positioning and implementation of Aboriginal and Torres Strait Islander Peoples content in occupational therapy programs. This table is complementary to the approaches already highlighted in the Framework (Commonwealth of Australia, 2014).

Table 4. Examples of Aboriginal and Torres Strait Islander andragogies and research frameworks

Framework	Definition	Further reading	Scholarly Applications
Decolonising Theory	Decolonising theory privileges and centres the voices, perspectives, knowledges and epistemologies of Indigenous Peoples (Smith, 1999). Decolonisation actively resists and transforms knowledges rather than simply consuming them (Smith, 1999).	Smith, L. T. (1999). <i>Decolonizing methodologies: Research and Indigenous Peoples</i> . Zed Books. Nakata, M., Nakata, V., Keech, S. & Bolt, R. (2012). Decolonial goals and pedagogies for Indigenous studies. <i>Decolonization: Indigeneity, Education & Society</i> , 1(1), Article no. 1.	<ul style="list-style-type: none"> • Dudgeon, P. & Walker, R. (2015). Decolonising Australian psychology: Discourses, strategies, and practice. <i>Journal of Social and Political Psychology</i>, 3(1), Article no. 1. • Emery-Whittington, I. & Te Maro, B. (2018). Decolonising occupation: Causing social change to help our ancestors rest and our descendants thrive. <i>New Zealand Journal of Occupational Therapy</i>, 65(1), 12–19. • Ryall, J., Ritchie, T., Butler, C., Ryan, A. & Gibson, C. (2021). Decolonising occupational therapy through a strengths-based approach. In Brown, T., Bourke-Taylor, M., Isabel, S., Corider, R., & Gustafsson, L (Eds). <i>Occupational therapy in Australia</i> (2nd ed.) (pp. 130-142).
Critical Race Theory	Critical race theory is considered a race-equity methodology	Delgado, R. & Stefancic, J. (2023). <i>Critical race theory, Fourth edition: An</i>	<ul style="list-style-type: none"> • Bargallie, D. & Lentin, A. (2021). Beyond convergence and divergence: Towards a

	that highlights complex racial concepts, hierarchies and power dynamics (Ford & Airhihenbuwa, 2010).	<i>introduction</i> . University Press.	<p>‘both and’ approach to Critical Race and critical Indigenous studies in Australia. <i>Current Sociology</i>, 70(5).</p> <ul style="list-style-type: none"> Nicols, F. (2004). Are you calling me a racist? Teaching critical whiteness theory in Indigenous sovereignty. <i>Borderlands e-journal</i>, (3)2.
Pedagogy of Discomfort	The pedagogy of discomfort encourages learners to critically reflect on values, beliefs and constructed images of others (Zembylas, 2018). It proposes discomfort can be the point at which dominant beliefs, habits and practices that sustain inequity can be challenged (Zembylas, 2018).	Boler, M. (1999). A pedagogy of discomfort: witnessing and the politics of anger and fear. In M. Boler (Eds), <i>Feeling power</i> . Routledge, (pp.175-202).	<ul style="list-style-type: none"> Mills, K. & Creedy, D. (2021). The ‘Pedagogy of discomfort’: A qualitative exploration of non-Indigenous student learning in a First Peoples health course. <i>The Australian Journal of Indigenous Education</i>, 50(1), 29–37. McIver, S. & Murphy, B. (2022). Beyond the safe and censored: Outcomes from student experiences within a pedagogy of discomfort. <i>Health Promotion International</i>, 37(4), daac099.
Indigenous Standpoint Theory	Indigenous standpoint theory is a conceptual platform that engages with dominant theories, tensions and complexities at the cultural interface and asserts the rightful place of Indigenous Knowledges (Nakata, 2007).	Nakata, M. (2007). <i>An Indigenous standpoint theory. Disciplining the savages: Savaging the disciplines</i> . Aboriginal Studies Press.	<ul style="list-style-type: none"> Moreton-Robinson, A. (2013). Towards an Australian Indigenous women’s standpoint theory. <i>Australian Feminist Studies</i>, 28(78), 331–347. Ryan, A., Gilroy, J. & Gibson, C. (2020). #Changethedate: Advocacy as an on-line and decolonising occupation. <i>Journal of occupational science</i>, 27(3), 405–416.

Some considerations for applying the literature in occupational therapy education programs

- The inclusion of literature and concepts explored in this section can support the development of competency 2.4 in the Australian Occupational Therapy Competency Standards (OTBA, 2018, p.7):

An occupational therapist: understands and responds to Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices.
- Educators reflect on epistemological racism in occupational therapy teaching and research and how this privileges certain ways of knowing.
- Educators make the andragogy and positioning of content explicit during lessons, especially as it relates to Aboriginal and Torres Strait Islander curricula.
- Students review and critically reflect on the above frameworks and applications to understand colonisation, power and privilege in occupational therapy and more broadly within the healthcare system.

Section 3: Guiding Principles for Occupational Therapy Accreditation Authority, Program Accreditation, Occupational Therapy Programs and Higher Education Providers

In Section 3, the PAG key priority areas are identified and outlined with guiding principles to support successful implementation. To increase the prospects of graduating culturally safe occupational therapists, the three priority areas include strengthening governance, workforce capacity and culturally safe processes within:

- Occupational Therapy Council of Australia Ltd
- OTC program accreditation
- Occupational therapy programs and education providers.

The work of Dr Chontel Gibson has been expanded and elaborated on in this section. In 2020, Dr Gibson developed a framework (with restricted circulation) for assessing criteria relevant to Aboriginal and Torres Strait Islander Peoples to facilitate consistency across OTC program accreditation assessors. The framework addressed the following four areas: Aboriginal and Torres Strait Islander content, decolonising governance structures, partnerships and, staff training and qualifications (Gibson, 2020).

Although this report focuses on the three priority areas of governance, workforce and culturally safe processes, all the principles and elements of the Framework (Commonwealth of Australia, 2014) must be embedded and interconnected to graduate culturally safe occupational therapists (see Figure 5).

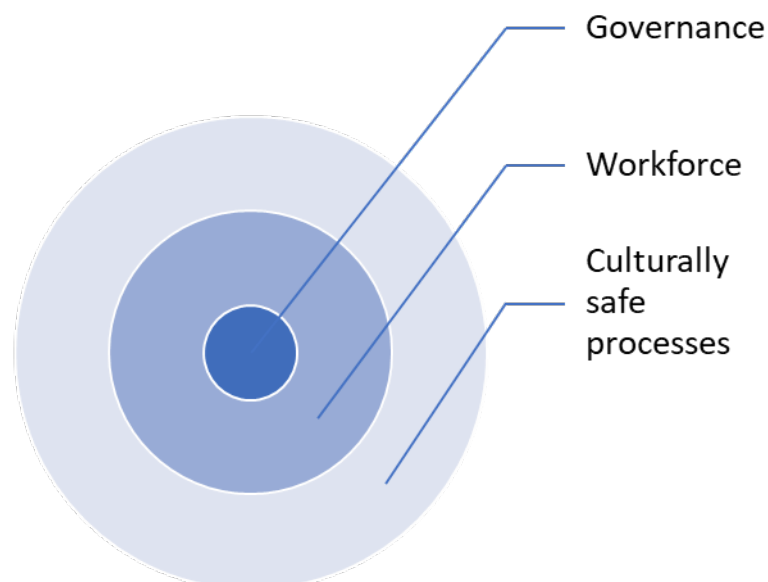


Figure 5. Key priority areas identified by Project Advisory Group

3.1 Addressing governance and leadership

Effective and legitimate governance was identified as a priority for all occupational therapy structures, with this report specifically referring to the OTC, OTC program accreditation and occupational therapy programs and higher education providers. As demonstrated in Figure 4, good governance is core, as it ensures ‘things get done’ through effective rules, structures and processes (Australian Indigenous Governance Institute, 2022). It is well documented that governance structures that meaningfully involve Aboriginal and Torres Strait Islander Peoples are more likely to succeed in embedding Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing (Commonwealth of Australia, 2014; Universities Australia, 2011; Universities Australia 2022). As such, addressing governance and leadership in all the contexts with Aboriginal and Torres Strait Islander Peoples is crucial in achieving outcomes set out by the Framework.

Table 5 has been developed using the Australian Indigenous Governance Institute (2022) elements of governance framework. The five elements of governance are: people, processes, resources, culture and the wider environment. These elements are broken down to provide guiding principles to decolonise governance structures (Australian Indigenous Governance Institute, 2022). The guiding principles provide a starting point to address current governance structures so that organisations can take steps to create a welcoming environment for Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing.

The guiding principles below should be used in conjunction with the following key document relating to governance:

- *Indigenous Governance Tool Kit* (Australian Indigenous Governance Institute, 2022).

Table 5. Guiding principles for decolonising governance in occupational therapy

Elements of governance	Guiding principles for decolonising governance in occupational therapy
People (Who does it?)	<ol style="list-style-type: none"> 1. Aboriginal and Torres Strait Islander stakeholders have meaningful leadership and decision-making roles. There should be a range of Aboriginal and Torres Strait Islander Peoples from various backgrounds and experiences involved in governance structures, including but not limited to: <ul style="list-style-type: none"> • consumers • students • occupational therapists • other health professionals • academics • Elders • significant community members. 2. All people who participate in decision-making processes have the appropriate experience, skills and training. 3. All people involved understand the roles, responsibilities, processes and protocols within the governance structure and processes.
Processes (How is it done?)	<ol style="list-style-type: none"> 1. Tensions between different ways of working are expected and as such there are policies, processes and procedures documented to manage and address this, including: <ul style="list-style-type: none"> • whiteness and white power, privilege and fragility • colonialism • racism • internal complaint processes.

	<ol style="list-style-type: none"> 2. Engagement principles for internal and external Aboriginal and Torres Strait Islander stakeholders are developed and reflect the United Nations Declaration of Indigenous Human Rights principles (Australian Human Rights Commission, 2010). 3. Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing inform evaluation and quality improvement processes. 4. An anti-racist and decolonising praxis informs all processes and aspects of governance.
Resources (What is needed?)	<ol style="list-style-type: none"> 1. Adequate resources to develop, implement and evaluate Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing are identified and made available in a timely manner (Commonwealth of Australia, 2014). 2. Appropriate time is allocated to develop genuine and meaningful relationships with Aboriginal and Torres Strait Islander stakeholders (Commonwealth of Australia, 2014). 3. Creative and new ways of working, including advocacy, are explored to address resource limitations.
Culture (How are things done?)	<ol style="list-style-type: none"> 1. Whole-of-organisation commitment to cultural competency is essential (Commonwealth of Australia, 2014). 2. Organisations authentically and regularly reflect on current policies, practices, procedures and organisational competency (Australian Indigenous Governance Institute, 2022). 3. There are culturally appropriate protocols in place to manage differing worldviews, values, assumptions and beliefs. 4. The organisation demonstrates accountability, such as implementing key performance indicators and reporting on progress regularly (Australian Indigenous Governance Institute, 2022). 5. Supports are in place for the organisation to manage change, especially change relating to embedding Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing.
Wider environment (How outside influences inform things?)	<ol style="list-style-type: none"> 1. Critical people, organisations, regulators and laws that affect decision-making (like those identified in Section 1, Background) relating to Aboriginal and Torres Strait Islander Peoples cultural safety are identified and reflected in processes and structures. 2. There is strong senior executive commitment and action for developing the cultural capabilities of the organisation (Commonwealth of Australia, 2014). 3. There is an acknowledgement that a wider movement within the occupational therapy profession and other health services is required to reflect an anti-racist and decolonising praxis, and, as such, organisations must actively contribute to this movement.

(Note: The Australian Indigenous Governance Institute updated the *Indigenous Governance Tool Kit* in October, 2023. This occurred after the completion of this Report.)

3.2 Promoting workforce recruitment, retention and professional development

The cultural capabilities of the occupational therapy workforce were identified as another key priority by the PAG.

Aboriginal and Torres Strait Islander Peoples are valuable to the occupational therapy profession and bring unique perspectives and skills to different roles as teachers, researchers, leaders, accreditation contributors, clinicians and many more. Despite this, Aboriginal and Torres Strait Islander Peoples remain under-represented in such roles in occupational therapy. It is now widely recognised that the recruitment of Aboriginal and Torres Strait Islander Peoples in accreditation authorities, program accreditation and higher education is imperative to improving health outcomes for Aboriginal and Torres Strait Islander Peoples, communities and Nations (Australian Government, 2022; Commonwealth of Australia, 2014; Universities Australia, 2011; Universities Australia, 2022). Involvement of Aboriginal and Torres Strait Islander Peoples further contributes to self-

determination and enables the principle of ‘nothing about us, without us’ to be enacted through structures and systems (The Lowitja Institute, 2020).

It is important to note that mainstream workplaces are not always safe environments for Aboriginal and Torres Strait Islander Peoples. This has a direct correlation to reduced recruitment and retention rates of Aboriginal and Torres Strait Islander staff in education and health settings (Universities Australia, 2011; Universities Australia, 2022). As such, a crucial factor in increasing these rates is strengthening the cultural safety of the workplace (Australian Government, 2022; Universities Australia, 2011; Universities Australia, 2022). This includes a strong focus on professional development (capacity building) that ensures all staff, new and existing, have adequate cultural capabilities and anti-racism skills to work alongside Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014; Godwin et al., 2023).

Recruitment and retention of Aboriginal and Torres Strait Islander Peoples must be a priority for accreditation authorities and higher education providers, given the Framework (Commonwealth of Australia, 2014), as well as government policies and other literature, makes strong recommendations about increasing representation in these settings. To summarise, the Framework (Commonwealth of Australia, 2014), as depicted in Figure 6, recommends the following:

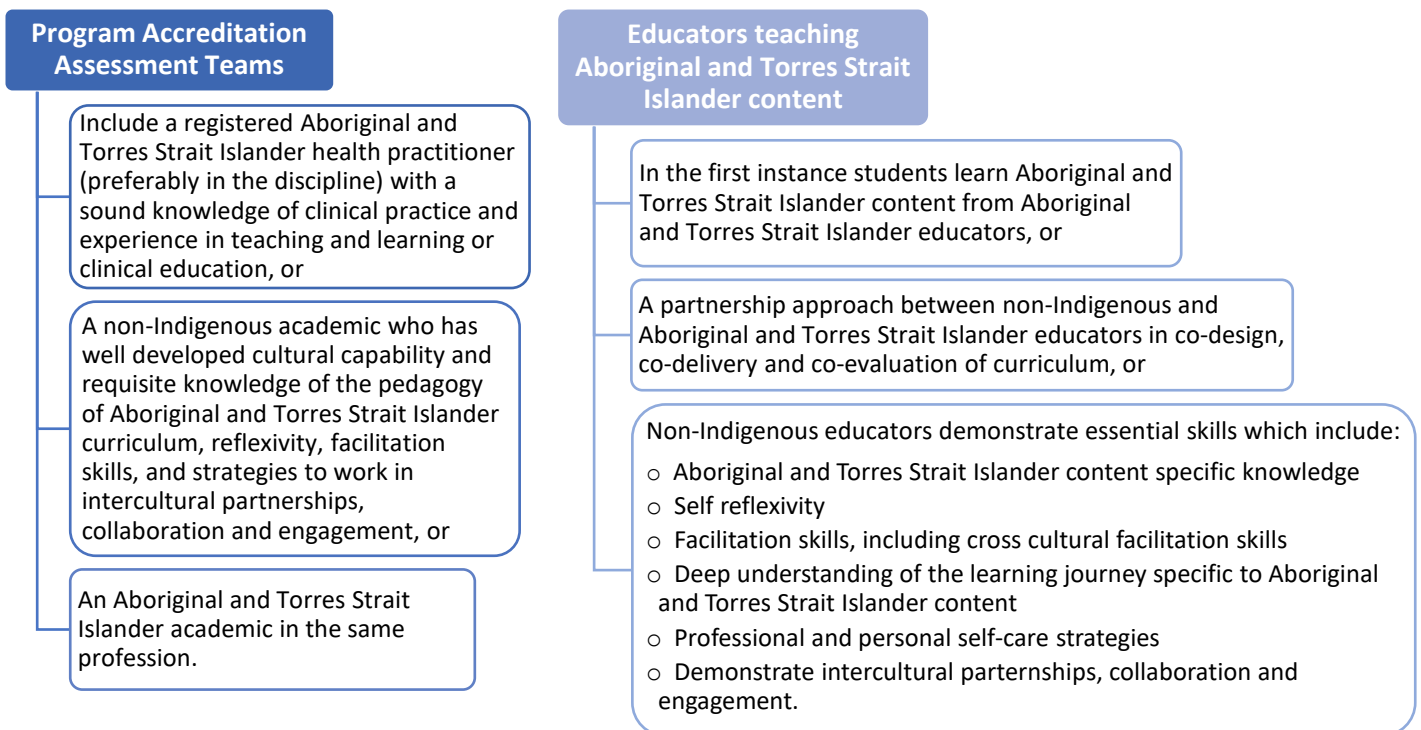


Figure 6. The Framework workforce recommendations for program accreditation assessment teams, contributors and educators [Commonwealth of Australia, 2014]

In addition to the essential skills listed in Figure 6, the PAG identified anti-racist skills as a crucial capability for all staff.

As evidenced by Figure 6, in the first instance, Aboriginal and Torres Strait Islander Peoples should lead, assess and teach in spaces that relate to Aboriginal and Torres Strait Islander Peoples Knowledges, sciences and experiences (Commonwealth of Australia, 2014; Godwin et al., 2023). To facilitate Aboriginal and Torres Strait Islander Peoples leadership in these spaces, recruitment and retention strategies alongside the cultural capabilities of all staff play an important role.

Table 6 provides five guiding principles for the recruitment, retention and professional development of Aboriginal and Torres Strait Islander Peoples and non-Indigenous staff. The principles should be implemented in conjunction with the following documents:

- *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Department of Health, 2022).
- *Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020–2024* (Commonwealth of Australia, 2020).
- *The National Indigenous Higher Education Workforce Strategy* (Department of Education and Training, 2016).
- *The National Best Practice Framework for Indigenous Cultural Competency in Australian Universities* (Universities Australia, 2011).
- *Universities Australia’s Indigenous Strategy 2022–2025* (Universities Australia, 2022).

Table 6. Guiding principles to support workforce recruitment, retention and professional development of staff in occupational therapy

Guiding principles to promote workforce recruitment, retention and professional development	Actions may include
1. Develop an Aboriginal and Torres Strait Islander employment strategy	<ul style="list-style-type: none"> • Establish identified positions and targeted recruitment at all levels (Universities Australia, 2011; Universities Australia, 2022). • Involve Aboriginal and Torres Strait Islander Peoples in the recruitment process. • Provide access to skill development and training for Aboriginal and Torres Strait Islander Peoples to ensure they have adequate skills for the role (Zubrycki et al., 2014). • Recognise the expertise, skills and cultural knowledge of Aboriginal and Torres Strait Islander Peoples and reflect this through appropriate pay and position titles (Zubrycki et al., 2014).
2. Establish career development pathways for Aboriginal and Torres Strait Islander staff	<ul style="list-style-type: none"> • Grow your own - create opportunities for Aboriginal and Torres Strait Islander students to have a space and place to connect with Aboriginal and Torres Strait Islander academics (Zubrycki et al., 2014). • Conduct gatherings of Aboriginal and Torres Strait Islander occupational therapists and/or graduates to support Aboriginal and Torres Strait Islander academics to be self-determining in what they want.
3. Ensure the working environment is appropriate for the needs of Aboriginal and Torres Strait Islander Peoples	<ul style="list-style-type: none"> • Implement strategies to mitigate or recognise cultural load in the workplace (Zubrycki et al., 2014). • Develop reconciliation statements and action plans (Department of Education and Training, 2016). • Provide access to cultural supports, such as formal or informal mentoring (Zubrycki et al., 2014). This includes Aboriginal and Torres Strait Islander Peoples having a place and space to debrief. • Ensure work relating to Aboriginal and Torres Strait Islander Peoples is everyone’s business (Zubrycki et al., 2014).

<p>4. Recruit staff with specific knowledge and cultural capabilities</p>	<ul style="list-style-type: none"> • Per the Framework (Commonwealth of Australia, 2014), recruit staff with knowledge and capabilities relating to: <ul style="list-style-type: none"> ▪ Aboriginal and Torres Strait Islander content-specific knowledge ▪ self-reflexivity ▪ facilitation of skills, including cross-cultural facilitation skills ▪ understanding of the learning journey specific to Aboriginal and Torres Strait Islander content ▪ ability to enact professional and personal self-care strategies ▪ demonstration of intercultural partnerships, collaboration and engagement ▪ development of anti-racism skills. • To appropriately assess the cultural capability of applicants, the selection panel should involve at least one Aboriginal and Torres Strait Islander person, alongside other members of the panel, who demonstrates adequate cultural capabilities (Commonwealth of Australia, 2020).
<p>5. Develop processes to ensure all staff demonstrate a level of cultural capabilities to work effectively with Aboriginal and Torres Strait Islander Peoples</p>	<ul style="list-style-type: none"> • Develop induction processes that include local cultural capability training (Universities Australia, 2011; Universities Australia, 2022). • Mandate cultural safety training developed and led by Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014). • Provide existing staff with ongoing internal and external professional development opportunities to develop cultural capabilities, including an anti-racist skill set (Universities Australia, 2011; Universities Australia, 2022). • Foster relationships with relevant and, where possible, local, internal and external stakeholders to undertake professional development activities (Commonwealth of Australia, 2014). • Monitor staff completion of professional development activities related to cultural capabilities.

3.3 Establishing culturally safe processes through authentic partnerships

The final core priority identified by the PAG is ensuring culturally safe processes through building partnerships within the OTC, OTC program accreditation and occupational therapy programs. The occupational therapy profession aligns with the definition of cultural safety detailed in the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* (Ahpra & National Boards, 2020). As defined by Ahpra and National Boards (2020, p.9):

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

As highlighted by this definition, Aboriginal and Torres Strait Islander Peoples must determine cultural safety. In line with this, the OTC, OTC program accreditation and occupational therapy education programs must value this principle by ensuring Aboriginal and Torres Strait Islander Peoples are involved in developing culturally safe processes and protocols. Ahpra and National Boards (2020) provide actions for health professionals to achieve cultural safety, as depicted in Figure 7.

1. *acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors that effect individual and community health*

2. *acknowledge and address individual racism, biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism*

3. *recognise the importance of self-determined decision-making, partnership and collaboration in healthcare, which is driven by the individuals, families and community*

4. *foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander Peoples and colleagues.*

Figure 7. Cultural safety strategies for safe and respectful practice per Ahpra and National Boards (2020)

Earlier sections of this report have discussed the above actions more broadly. This section of the report will focus on point three. To involve Aboriginal and Torres Strait Islander Peoples in the development of protocols and processes, there must be genuine and reciprocal partnerships established. The partnerships must extend beyond a transaction of knowledge to transform ways of knowing, being and doing (Gibson et al., 2015).

This aligns with the Framework's principles in that respectful and collaborative partnerships with Aboriginal and Torres Strait Islander Peoples are considered instrumental to successful implementation (Commonwealth of Australia, 2014). Godwin et al. (2023) have expanded on this, stressing relationships are not only instrumental to but also inseparable from Aboriginal and Torres Strait Islander teaching and curriculum design. The inclusion of Aboriginal and Torres Strait Islander Peoples in the design, development, implementation, monitoring and evaluation of all practices reflects a human rights-based approach (Gibson et al., 2015). This viewpoint should be extended to encompass all business relating to Aboriginal and Torres Strait Islander Peoples. In line with this thinking, this report recommends that Aboriginal and Torres Strait Islander Peoples must be involved in developing, implementing and evaluating all protocols and processes that relate to Aboriginal and Torres Strait Islander Peoples, communities and Nations.

There are several documents available to guide organisations to establish partnerships with Aboriginal and Torres Strait Islander stakeholders, including:

- *Respectful relationships* (Reconciliation Australia, n.d.).
- 'Indigenous Peoples and human rights: Some considerations for the occupational therapy profession in Australia' (Gibson et al., 2015).
- 'Decolonising occupational therapy through a strengths-based approach' (Ryall et al., 2021).
- *Creating change through partnership: An introductory guide to partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations in child and family services* (Secretariat of National Aboriginal Islander Child Care, 2020).
- *Cultural Responsiveness in Action: An IAHA Framework* (IAHA, 2019).

Despite the widely available resources to support organisations to develop partnerships with Aboriginal and Torres Strait Islander Peoples, this continues to be a reported area of difficulty. Table 7 provides numerous guiding principles for establishing partnerships using the three-stage partnership approach model (Corrigan & Burton, 2014) as adapted by Ryall et al. (2021): preparation, action and maintenance.

It is important to note there is no single way to build a partnership with Aboriginal and Torres Strait Islander Peoples and organisations. In line with the Framework’s principles, the local context and diversity of Aboriginal and Torres Strait Islander Peoples must be reflected through all processes, including when engaging with stakeholders (Commonwealth of Australia, 2014). As such, approaches must be individualised, adaptive and flexible to the context the partnership is being established within. Consequently, the principles outlined in Table 7 must be used as a guide.

Table 7. Guiding principles for establishing partnerships in occupational therapy

Element of partnership	Guiding principles for establishing partnerships	Actions may include
Preparation: Preparing for the partnership	<ol style="list-style-type: none"> 1. Ensure an appropriate amount of time and resources to prepare for the partnership. 2. Reflect and critique the context the partnership will operate in, including the past and present partnership context. 3. Ensure principles like those raised in the United Nations Declaration on the Rights of Indigenous Peoples (2007) are visible within the organisation. 	<ul style="list-style-type: none"> • Identify all key Aboriginal and Torres Strait Islander Peoples and organisations who are, and should be, involved. • Learn about the local community; this may include formal or informal training to understand local protocols, beliefs and practices (Reconciliation Australia, n.d.). • Build informal connections with the community by attending community events and undertaking shared activities with Aboriginal and Torres Strait Islander organisations (SNAICC, 2020). • Identify opportunities for potential collaboration with communities such as a project to address local priorities (Commonwealth of Australia, 2014). • Identify current internal processes that welcome or dismiss Aboriginal and Torres Strait Islander Peoples.
Action: Establishing the partnership	<ol style="list-style-type: none"> 1. Take the time to get to know the community or even multiple communities. This must be done slowly, steadily and respectfully, without fixed ideas (Commonwealth of Australia, 2019). 2. Develop new ways of working that reflect Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing. 3. Commit to both the partnership successes and challenges (SNAICC, 2020). 	<ul style="list-style-type: none"> • Discuss with partners openly and respectfully about the multiple ways business can be conducted. • Develop shared partnership goals, shared communication processes and shared accountability for all partnership outcomes and processes. • Establish reciprocity by agreeing on mutual benefits to all parties involved in the relationship (Commonwealth of Australia, 2019). • Acknowledge all problems and solutions, not just those deemed important or relevant by a particular organisation (Reconciliation Australia, n.d.). • Work through and record conflict, differences and resolutions.

		<ul style="list-style-type: none"> • Develop a protocol for how cultural and intellectual property will be managed (Commonwealth of Australia, 2019).
Maintenance: Sustaining and reviewing the partnership	<ol style="list-style-type: none"> 1. Maintain a long-standing and fluid partnership by demonstrating integrity, reciprocity, consistency, trustworthiness and reliability (Commonwealth of Australia, 2014). 2. Demonstrate two-way exchanges, including learning, which influence the partnership processes. 3. Provide evidence that new ways of working have informed all processes and outcomes. 4. Ensure regular and ongoing evaluation processes are safe and welcoming for all parties (Commonwealth of Australia, 2019). 	<ul style="list-style-type: none"> • Demonstrate a commitment to the relationship beyond the singular 'project' or 'activity' (SNAICC, 2020). • Ensure a memorandum of understanding is in place and clearly identifies the intention for long-term collaboration (SNAICC, 2020). • Ensure reciprocity is demonstrated through a two-way exchange of resources, such as knowledge, expertise, training, money, networks, fundraising, office space, employment and more (SNAICC, 2020). • Ensure strategies to identify and address signs of a relationship breakdown are established (Ryall et al., 2021). • Ensure regular communication is maintained to build trust and respect (Commonwealth of Australia, 2019). • Ensure adequate handover and transition processes are established to maintain relationships through staffing changes (Commonwealth of Australia, 2019). • Ensure Aboriginal and Torres Strait Islander partners are appropriately remunerated for time and workloads.

Section 4: Implementation - Priorities and Actions

In this implementation section, priorities and recommended actions, as determined by the PAG, have been established for the three priority areas: governance, workforce and culturally safe processes. Each priority area has individualised priorities and recommended actions specific to the context: the OTC, OTC program accreditation and occupational therapy programs. The priorities and recommended actions should be viewed as a starting point and perceived ‘achievement’ does not mean the work is done. The development of cultural capabilities is a lifelong journey like all work in this space (Commonwealth of Australia, 2014). Further to this, the evaluation and measure of successful implementation must involve Aboriginal and Torres Strait Islander Peoples.

4.1 Governance implementation priorities and actions

Occupational Therapy Council: Key governance priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Demonstrate a whole-of-organisation commitment to strengthening cultural capabilities and embedding Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing. 2. Ensure all OTC staff are aware of business relating to Aboriginal and Torres Strait Islander Peoples cultural safety. 3. Implement a decolonising and anti-racist praxis to underpin the everyday business of the organisation and to address whiteness and racism. 	<ul style="list-style-type: none"> • Document governance structures and processes clearly to ensure all staff understand roles, responsibilities, processes, protocols and how they relate to working with Aboriginal and Torres Strait Islander Peoples - internally and externally. • Undergo at a minimum annual organisational evaluation in collaboration with Aboriginal and Torres Strait Islander Peoples to measure outputs and actions relating to Aboriginal and Torres Strait Islander Peoples cultural safety, project implementation and any other business relating to Aboriginal and Torres Strait Islander Peoples. • Report annually on the implementation of internal Aboriginal and Torres Strait Islander community engagement and all other aspects that relate to Aboriginal and Torres Strait Islander Peoples (including program accreditation). • Ensure the expectations set out by policies and legislation related to building cultural safety for accreditation authorities are implemented.

Occupational therapy program accreditation: Key governance priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Ensure Aboriginal and Torres Strait Islander Peoples are involved in decision-making processes relating to cultural safety. 2. Develop culturally safe processes to raise issues or complaints regarding the program accreditation process. 	<ul style="list-style-type: none"> • Ensure each program accreditation assessment is subject to a quality check by at least one skilled Aboriginal and Torres Strait Islander person. Explore new ways to achieve this by possibly establishing the following: <ul style="list-style-type: none"> ▪ an Aboriginal and Torres Strait Islander advisory group ▪ a pool of Aboriginal and Torres Strait Islander consultants to engage when required ▪ leadership positions, such as an identified professional advisor relating to cultural safety in accreditation. • Develop a governance structure with Aboriginal and Torres Strait Islander Peoples relating to complaint mechanisms for any matters relating to program accreditation processes. • Appoint at least two Aboriginal and Torres Strait Islander representatives on the OTC Program Accreditation Committee and any other committees relating to accreditation or culturally safe graduates. • Document roles and responsibilities for each of the key parties involved in accreditation processes (e.g., the role of program accreditation assessors, the role of the OTC Program Accreditation Committee, the role of a professional advisor program accreditation, program accreditation manager and more).
Occupational therapy programs: Key governance priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Demonstrate a whole-of-occupational-therapy-program commitment to increasing cultural safety for staff, students, consumers and other key stakeholders. 2. Develop governance structures that allow Aboriginal and Torres Strait Islander Peoples to lead Aboriginal and Torres Strait Islander curricula. 3. Implement a decolonising and anti-racist praxis to underpin the everyday business of the organisation, to address whiteness and racism. 	<ul style="list-style-type: none"> • Develop a governance structure with Aboriginal and Torres Strait Islander Peoples relating to curriculum design, implementation and evaluation. • Allocate (and/or advocate for) adequate resources (human, time and monetary) within annual budgets to support the successful implementation of the Framework. In the instance resources are limited, be willing to explore creative new ways to access support, such as research grants or pooling resources with other programs/schools (Zubrzycki et al., 2014). • Recognise that implementation of the Framework is the responsibility of the whole program, not just the Aboriginal and Torres Strait Islander staff (Commonwealth of Australia, 2014).

4.2 Workforce implementation priorities and actions

Occupational Therapy Council: Workforce key priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Increase representation of Aboriginal and Torres Strait Islander Peoples in all aspects of OTC's governance structure and processes. 	<ul style="list-style-type: none"> • Involve Aboriginal and Torres Strait Islander Peoples with the skills, experiences and/or qualifications in each governance structure (e.g., membership on committees, panels and boards). This includes consideration of formal employment opportunities. • Engage a diverse range of Aboriginal and Torres Strait Islander Peoples, such as representatives from Indigenous Allied Health Australia, National Aboriginal and Torres Strait Islander Occupational Therapy Network and other key Aboriginal and Torres Strait Islander organisations. • Respect Aboriginal and Torres Strait Islander Peoples governance by allowing organisations to nominate representatives. • Promote opportunities for Aboriginal and Torres Strait Islander occupational therapists to engage with OTC, in current and future opportunities, through mechanisms that ensure they are safe to attend. • Ensure all positions and opportunities within OTC are welcoming of Aboriginal and Torres Strait Islander Peoples to apply.
Occupational therapy program accreditation: Workforce key priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Ensure program accreditation contributors (all people involved in accreditation, such as program accreditation managers, assessors, committee members and other stakeholders) have the necessary skills, experiences and knowledge to assess Aboriginal and Torres Strait Islander standards and evidence in program accreditation. 2. Increase the representation of Aboriginal and Torres Strait Islander program accreditation contributors through culturally safe recruitment processes. 	<ul style="list-style-type: none"> • Investigate reasons for (and employ strategies to mitigate) current barriers to recruitment of Aboriginal and Torres Strait Islander Peoples in program accreditation contributor roles. • Provide existing program accreditation contributors with a minimum of annual training, workshops and professional development opportunities to build specific skills that relate to cultural safety, assessing Aboriginal and Torres Strait Islander standards, identifying whiteness and racism, and more. Involve appropriately trained Aboriginal and Torres Strait Islander Peoples in the design, delivery and evaluation of training programs. • Involve appropriately trained Aboriginal and Torres Strait Islander Peoples in the recruitment process of new program accreditation contributors to ensure they are skilled in Aboriginal and Torres Strait Islander pedagogies, curricula, teaching and more. • Establish mechanisms to build the capacity of potential Aboriginal and Torres Strait Islander program accreditation contributors.
Occupational therapy programs: Workforce key priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Increase recruitment and retention of Aboriginal and Torres Strait Islander staff in occupational therapy programs. 	<ul style="list-style-type: none"> • Provide existing staff with a minimum of annual training, workshops and professional development opportunities to build specific skills that relate to cultural capabilities and safety, engaging with Aboriginal and Torres Strait Islander content, including teaching and facilitation skills.

<p>2. Ensure all staff demonstrate appropriate cultural capabilities and skills to embed Aboriginal and Torres Strait Islander content into occupational therapy programs.</p>	<p>Involve appropriately trained Aboriginal and Torres Strait Islander Peoples in the design, delivery and evaluation of training.</p> <ul style="list-style-type: none"> • Establish a minimum level of cultural capabilities to teach any content relating to Aboriginal and Torres Strait Islander Peoples. • Appoint Aboriginal and Torres Strait Islander Peoples to leadership positions (e.g., Indigenous pedagogical advisors). • Ensure program staff teaching philosophies illustrate a range of journeys as they relate to decolonisation and anti-racism with experienced and qualified staff leading transformations in the program. • Implement strategies within university processes to reduce the cultural load of Aboriginal and Torres Strait Islander Peoples involved in the program, including staff, students, consultants and consumers.
--	--

4.3 Culturally safe processes implementation priorities and actions

Occupational Therapy Council: Culturally safe processes key priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Develop all principles, processes and protocols relating to Aboriginal and Torres Strait Islander Peoples with Aboriginal and Torres Strait Islander Peoples. 2. Establish organisational processes that are safe for internal and external Aboriginal and Torres Strait Islander Peoples. 	<ul style="list-style-type: none"> • Develop principles, processes and protocols, in partnership with Aboriginal and Torres Strait Islander Peoples, regarding: <ul style="list-style-type: none"> ▪ addressing whiteness and racism ▪ ensuring culturally safe engagement with Aboriginal and Torres Strait Islander Peoples ▪ facilitating the evaluation of and reporting on business relating to Aboriginal and Torres Strait Islander Peoples and communities.

Occupational therapy program accreditation: Culturally safe processes key priorities	PAG recommended actions
<ol style="list-style-type: none"> 1. Establish program accreditation processes that are safe for Aboriginal and Torres Strait Islander accreditation contributors. 2. Ensure consistent understandings and views of how cultural safety and standards relating to Aboriginal and Torres Strait Islander Peoples are assessed. 3. Embed Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing in program accreditation processes. 4. Ensure Aboriginal and Torres Strait Islander stakeholders are program accreditation contributors at all site visits. 5. Value Aboriginal and Torres Strait Islander public safety in program accreditation processes. 6. Strengthen program accreditation monitoring processes to ensure ongoing quality improvement over the five-year cycle. 	<ul style="list-style-type: none"> • Develop principles, processes and protocols, in partnership with Aboriginal and Torres Strait Islander Peoples, in regard to: <ul style="list-style-type: none"> ▪ assessing Aboriginal and Torres Strait Islander program accreditation standards and criteria, particularly cultural safety, given these must be determined by Aboriginal and Torres Strait Islander Peoples ▪ engaging with Aboriginal and Torres Strait Islander stakeholders (e.g., how and who interviews Aboriginal and Torres Strait Islander Peoples) ▪ providing programs with strategies and feedback to promote anti-racism and decolonisation approaches to further their cultural capabilities journey. • Develop principles, processes and protocols in partnership with Aboriginal and Torres Strait Islander Peoples to ensure Aboriginal and Torres Strait Islander stakeholders: <ul style="list-style-type: none"> ▪ are involved at all stages of the program accreditation process ▪ have control over how and to whom feedback is provided ▪ include a variety of experiences, such as those from students, academics, clinical supervisors and consumers ▪ are represented by more than one Aboriginal and Torres Strait Islander voice ▪ are, where possible, inclusive of representatives from the local Aboriginal and Torres Strait Islander community. • Strengthen the program accreditation evidence guide, inclusive of examples of evidence, guidance notes and relevant literature (see Appendix A for recommendations), which can be used to assess each element recommended by the Framework (e.g., governance, teaching, partnerships, workforce, whiteness, racism and more). This may include undertaking a similar project to that achieved by the Australian Psychology Accreditation Council (2023): Annexure to the APAC Evidence Guide: Standard 3 Program of Study (criterion 3.4). • Implement strategies within program accreditation processes to reduce the cultural load of Aboriginal and Torres Strait Islander stakeholders, including assessors. • Strengthen monitoring processes to ensure quality improvement is consistently occurring over the five-year cycle (e.g., regular check-in processes). When conditions, monitoring requirements or recommendations are relevant to Aboriginal and Torres Strait Islander curriculum content, Aboriginal and Torres Strait Islander Peoples need to be involved in developing the program’s response to these conditions and/or monitoring requirements/recommendations.

	<ul style="list-style-type: none"> • Publish an online summary following a program’s accreditation and, specifically identify what (if any) conditions have been placed on a program.
<p>Occupational therapy programs: Culturally safe processes key priorities</p>	<p>PAG recommended actions</p>
<ol style="list-style-type: none"> 1. Ensure genuine and reciprocal partnerships exist with a variety of Aboriginal and Torres Strait Islander stakeholders who influence the way things are done. 2. Ensure best practice principles regarding developing, teaching and evaluating Aboriginal and Torres Strait Islander curricula are implemented. 	<ul style="list-style-type: none"> • Develop genuine and reciprocal partnerships with internal and external Aboriginal and Torres Strait Islander stakeholders, which may include but are not limited to: <ul style="list-style-type: none"> ▪ Aboriginal and Torres Strait Islander support centres/services ▪ Aboriginal and Torres Strait Islander health programs/courses/units of study academics ▪ Aboriginal and Torres Strait Islander occupational therapists ▪ Aboriginal Local Land Councils ▪ Aboriginal and Torres Strait Islander-controlled health organisations ▪ Aboriginal and Torres Strait Islander consumer groups ▪ Indigenous Allied Health Australia. • Ensure partnerships and relationships with Aboriginal and Torres Strait Islander stakeholders guide the implementation of best practice principles in line with the Framework regarding: <ul style="list-style-type: none"> ▪ teaching philosophies inclusive of Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing ▪ the facilitation of Aboriginal and Torres Strait Islander content, including strategies to support all student worldviews ▪ embedding the five interconnected graduate cultural capabilities: respect, communication, safety and quality, reflection and advocacy (Commonwealth of Australia, 2014). • Develop principles, processes and protocols concerning who teaches and develops Aboriginal and Torres Strait Islander content, given the recommendations in Figure 1, Section 3. • Embed culturally appropriate resources within the curriculum that are developed by or genuinely involve Aboriginal and Torres Strait Islander Peoples. See Appendix B for examples. • Establish principles and processes for developing, implementing, engaging and evaluating Aboriginal and Torres Strait Islander content to ensure cultural safety for all. This includes utilising the Model for First Nations Health Curriculum Development (Godwin et al., 2023) to decolonise the occupational therapy curriculum. • Ensure new and emerging literature (similar to the literature discussed in Section 2) from Aboriginal and Torres Strait Islander occupational therapists, academics and Indigenous Peoples more broadly, influence ways of knowing, being and doing in teaching, curriculum design and understanding of the profession more broadly.

Closing Statement

This report aims to provide recommendations and guidelines for the embedding of the Framework's principles in occupational therapy, specifically for:

- Occupational Therapy Council of Australia Ltd
- OTC program accreditation
- occupational therapy programs and higher education providers.

Three priority areas were identified by the Project Advisory Group and these must be addressed in a timely manner through genuine and transformative actions. The focus areas included:

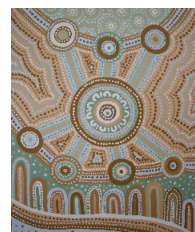
1. addressing governance and leadership
2. promoting workforce recruitment, retention and professional development
3. establishing culturally safe processes through authentic partnerships.

Multiple actions can be employed to address the key areas, some of which are provided in the report. Numerous comprehensive documents, literature and resources that outline additional actions to achieve the aims specified by the Framework are also recommended in this report. It is expected that, over time, the articulation of key issues, recommendations and practices will continue to be refined and developed.

The recommendations contained within this report support existing documents, literature and policies. The report also extends on existing work, which includes but is not limited to identifying:

- Aboriginal and Torres Strait Islander Peoples occupational therapy knowledges and broader Indigenous Peoples Knowledges for inclusion in occupational therapy higher education programs
- the importance of decolonising governance in all occupational therapy contexts
- the relationship between and use of cultural capabilities and cultural safety together
- core values, including the use of strength and human rights-based approaches to underpin decolonising work
- the importance of an anti-racist and decolonising praxis to inform all occupational therapy contexts
- key terminology for inclusion in occupational therapy higher education programs
- the rightful positioning of Aboriginal and Torres Strait Islander Peoples in occupational therapy curriculum design and education.

This report should be considered a starting place for the OTC and occupational therapy education programs. Decolonising work must continue through all occupational therapy systems to ensure cultural safety for Aboriginal and Torres Strait Islander Peoples engaging with the profession. It is crucial that future work continues to challenge Western constructs and centre Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing.



References

- Adams, Y., Drew, N. & Walker, R. (2014). Principles of practice in mental health assessment with Aboriginal Australians. In Dudgeon, P., Milroy, H & Walker, R (Eds). *Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing* (pp. 271–288).
- Australians for Native Title and Reconciliation. (2022). *Factsheet sovereignty 2022*. Retrieved from <https://antar.org.au/wp-content/uploads/2022/11/Sovereignty-Factsheet.pdf>
- Australian Health Practitioner Regulation Agency. (2018). *The National Scheme's Aboriginal and Torres Strait Islander Health Strategy Statement of intent*. Available from <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>
- Australian Health Practitioner Regulation Agency and the National Boards. (2020). *The national scheme's Aboriginal and Torres Strait Islander health and cultural safety strategy 2020–2025*. Retrieved from <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx>
- Australian Health Practitioner Regulation Agency and the National Boards. (2022a). Code of Conduct. Retrieved from [Australian Health Practitioner Regulation Agency - Shared Code of conduct \(ahpra.gov.au\)](https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Code-of-Conduct.aspx)
- Australian Health Practitioner Regulation Agency and the National Boards. (2022b). *How Ahpra will implement changes to the Health Practitioner National Law: An information guide*. Retrieved from [Australian Health Practitioner Regulation Agency - Search \(ahpra.gov.au\)](https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/How-Ahpra-will-implement-changes-to-the-Health-Practitioner-National-Law.aspx)
- Australian Health Practitioner Regulation Agency and the National Boards. (2022c). *Joint statement Aboriginal and Torres Strait Islander health and cultural safety at heart of National Law changes*. Retrieved from <https://www.ahpra.gov.au/About-Ahpra/Ministerial-Directives-and-Communiqués/National-Law-amendments/Joint-statement.aspx#:~:text=This%20change%20means%20that%20Aboriginal,us%20by%20submitting%20a%20complaint>.
- Australian Human Rights Commission. (2010). *Community guide to the United Nations Declaration on the rights of Indigenous peoples*. Retrieved from <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/community-guide-un>
- Australian Human Rights Commission. (2022). *Racism. It stops with me*. Retrieved from <https://itstopswithme.humanrights.gov.au/commit-to-learning/key-terms>
- Australian Indigenous Governance Institute. (2022). *Indigenous governance tool kit*. Retrieved from <https://aigi.org.au/toolkit>
- Australian Indigenous HealthInfonet. (n.d.). *The Australian Indigenous HealthInfonet guidelines for Aboriginal and Torres Strait Islander terminology*. Retrieved from https://healthinfont.net.au/healthinfont/getContent.php?linkid=675466&title=The+Australian+Indigenous+HealthInfoNet+guidelines+for+Aboriginal+and+Torres+Strait+Islander+terminology&contentid=44676_1
- Australian Institute of Aboriginal and Torres Strait Islander Studies. (2020). *AIATSIS code of ethics for Aboriginal and Torres Strait Islander research*. In. Australian Institute of Aboriginal and Torres Strait Islander Studies. Accessed from <https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf>
- Australian Institute of Aboriginal and Torres Strait Islander Studies. (2022a). *Australia's First Peoples*. Retrieved from <https://aiatsis.gov.au/explore/australias-first-peoples#:~:text=It's%20also%20preferable%20to%20use,of%20all%20the%20different%20peoples>
- Australian Institute of Aboriginal and Torres Strait Islander Studies. (2022b). *AIATSIS guide to evaluating and selecting education resources*. Retrieved from https://aiatsis.gov.au/sites/default/files/research_pub/AIATSIS%20Guide%20to%20evaluating%20and%20selecting%20education%20resources.pdf

- Australian Psychology Accreditation Council. (2022). *Annexure to the APAC evidence guide: Standard 3 Program of study, criterion 3.8*. Effective 1 January 2023. Retrieved from https://apac.au/wp-content/uploads/2022/12/Criterion-3.8-guidance-document_v1.1-final.pdf
- Bargallie, D., & Lentin, A. (2022). Beyond convergence and divergence: Towards a ‘both and’ approach to critical race and critical Indigenous studies in Australia. *Current Sociology*, 70(5), 665–681. <https://doi.org/10.1177/00113921211024701>
- Boler, M. (1999). *Feeling power: Emotions and education*. Routledge.
- Butten, K., Newcombe, P. A., Chang, A. B., Sheffield, J. K., O’Grady, K.-A. F., Johnson, N. W., King, N. & Toombs, M. (2021). Concepts of health-related quality of life of Australian Aboriginal and Torres Strait Islander children: Parent perceptions. *Applied Research in Quality of Life*, 16(4), 1653–1671. <https://doi.org/10.1007/s11482-020-09840-3>
- Commonwealth of Australia. (2014). *Aboriginal and Torres Strait Islander health curriculum framework*. Retrieved from <https://www.health.gov.au/sites/default/files/documents/2020/12/aboriginal-and-torres-strait-islander-health-curriculum-framework.pdf>
Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework.pdf>
- Commonwealth of Australia. (2019). *Partnering with Indigenous organisations*. Retrieved from <https://www.dcceew.gov.au/sites/default/files/documents/partnering-indigenous-organisations-guide.pdf>
- Commonwealth of Australia. (2020). *Commonwealth Aboriginal and Torres Strait Islander workforce Strategy 2020–2024*. Retrieved from <https://www.apsc.gov.au/working-aps/diversity-and-inclusion/aboriginal-and-torres-strait-islander-workforce/commonwealth-aboriginal-and-torres-strait-islander-workforce-strategy-2020-2024>
- Cornerstone University. (2017). *A simple, easy to understand guide to andragogy*. Accessed from: <https://www.cornerstone.edu/blog-post/a-simple-easy-to-understand-guide-to-andragogy/>
- Corrigan, N. & Burton, J. (2014). *Partnership training manual: Creating change through partnerships*. Secretariat of National Aboriginal and Islander Child Care (SNAICC). Retrieved from <https://www.snaicc.org.au/wp-content/uploads/2015/12/03346.pdf>
- Delgado, R. & Stefancic, J. (2023). *Critical race theory: An introduction* (4th ed.). New York University Press. <https://doi.org/10.18574/nyu/9781479818297.001.0001>
- Department of Education and Training. (2016). *National Indigenous higher education workforce strategy*. Retrieved from <https://www.education.gov.au/aboriginal-and-torres-strait-islander-higher-education/resources/national-indigenous-higher-education-workforce-strategy>
- Department of Health. (2022). *National Aboriginal and Torres Strait Islander health workforce strategic framework and implementation plan 2021–2031*. Retrieved from <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031>
- Dudgeon, P., Darlaston-Jones, D., & Alexi, J. (2021). Decolonising psychology: Why voice matters. *Griffith Review 72: States of Mind*. <https://research-repository.griffith.edu.au/handle/10072/404570>
- Dudgeon, P., Bray, A., Darlaston-Jones, D. & Walker, R. (2020). *Aboriginal participatory action research: An Indigenous research methodology strengthening decolonisation and social and emotional wellbeing*, Discussion Paper, The Lowitja Institute https://www.lowitja.org.au/content/Document/Lowitja-Publishing/LI_Discussion_Paper_P-Dudgeon_FINAL3.pdf
- Dudgeon, P., Gibson, C. & Bray, A. (2020). Social and emotional well-Being: Aboriginal health in Aboriginal hands. In T. A. Carey & J. Gullifer (Eds.), *Handbook of rural, remote, and very remote mental health*. Springer. https://doi.org/10.1007/978-981-10-5012-1_28-1

- Dudgeon, P., Milroy, H., Walker, R. (Eds.). (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Telethon Kids Institute, Kulunga Aboriginal Research Development Unit.
<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>
- Dudgeon, P. & Ugle, K. (2014). Communicating and engaging with diverse communities. In Dudgeon, P., Milroy, H & Walker, R (Eds). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing* (pp. 257–268).
- Dudgeon, P., & Walker, R. (2015). Decolonising Australian Psychology: Discourses, Strategies, and practice. *Journal of Social and Political Psychology*, 3(1), 276-297.
<https://doi.org/10.5964/jspp.v3i1.126>
- Eades, O., Toombs, M. R., Cinelli, R., Easton, C., Hampton, R., Nicholson, G. C., McCabe, M. P. & Busija, L. (2022). The path to Eldership: Results from a contemporary Indigenous Australian community. *The Gerontologist*, 62(4), 607–615. [The Path to Eldership: Results From a Contemporary Indigenous Australian Community - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/39888888/)
- Emery-Whittington, I., Draper, L., & Gibson, C. (2023). Connections, disruptions and transformations decolonizing qualitative research. In S. Nayar & M. Stanley (Eds.) *Qualitative research methodologies for occupational science and therapy*. Routledge.
- Emery-Whittington, I. & Te Maro, B. (2018). Decolonising occupation: Causing social change to help our ancestors rest and our descendants thrive. *New Zealand Journal of Occupational Therapy*, 65(1), 12–19. Retrieved from:
<https://search.informit.com.au/documentSummary;dn=779745338782955;res=IELNZC>
- Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J. (2018). *Deficit discourse and strengths-based approaches: Changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing*. The Lowitja Institute, Melbourne. https://apo.org.au/sites/default/files/resource-files/2018-05/apo-nid172676_1.pdf
- Ford, C. L. & Airhihenbuwa, C. O. (2010). Critical race theory, race equity, and public health: Toward antiracism praxis. *American Journal of Public Health*, 100(Suppl 1), S30–S35.
<https://doi.org/10.2105/AJPH.2009.171058>
- Gibson, C. (2020). When the river runs dry: Leadership, decolonisation and healing in occupational therapy. *New Zealand Journal of Occupational Therapy*, 67(1), 11–20.
- Gibson, C., Butler, C., Henaway, C., Dudgeon, P. & Curtin, M. (2015). Indigenous peoples and human rights: Some considerations for the occupational therapy profession in Australia. *Australian Occupational Therapy Journal*, 62(3), 214–218. <https://doi.org/10.1111/1440-1630.12185>
- Gibson, C., Dudgeon, P. & Crockett, J. (2020). Listen, look & learn: Exploring cultural obligations of Elders and older Aboriginal people. *Journal of Occupational Science*, 27(2), 193–203. DOI: 10.1080/14427591.2020.1732228
- Godwin, S., Hyett, N., McMahan, M., McKinstry, C., Long, N., Whiteside, M. & Bruce, C. (2023). Methods and processes for First Nations health curriculum development for nursing, medicine, dentistry and allied health entry-level programs: A scoping Review. *SAGE Open*, 13(2). <https://doi.org/10.1177/21582440231163834>
- Harfield, S., Pearson, O., Morey, K., Kite, E., Canuto, K., Glover, K., Gomersall, J. S., Carter, D., Davy, C., Aromataris, E. & Braunack-Mayer, A. (2020). Assessing the quality of health research from an Indigenous perspective: The Aboriginal and Torres Strait Islander quality appraisal tool. *BMC Medical Research Methodology*, 20(1), 79. <https://doi.org/10.1186/s12874-020-00959-3>
- Hocking, C. (2009). The challenge of occupation: Describing the things people do. *Journal of Occupational Science*, 16(3), 140–150. DOI: 10.1080/14427591.2009.9686655
- Indigenous Allied Health Australia. (2019). *Cultural responsiveness in action: An IAHA framework*. Retrieved from <https://www2.aifs.gov.au/cfca/knowledgecircle/news-events/resource-cultural-responsiveness-action-iaha-framework>

- Indigenous Archives Collective., Faulkhead, S., Thorpe, K., Sentance, N., Booker, L. & Barrowcliffe, R. (2023). *Indigenous referencing guidance for Indigenous knowledges*. Indigenous Archives Collective and the UTS Jumbunna Institute of Indigenous Education and Research. https://members.caval.edu.au/media/images/Documents/CRIG/CACIK/CAVAL_Indigenous_Knowledges_Citation_Guide.pdf
- Intellectual Property Australia. (2023). *Interim Report: Scoping study on standalone legislation to protect and commercialise Indigenous Knowledge*. Retrieved from: <https://www.ipaustralia.gov.au/tools-and-research/professional-resources/data-research-and-reports/publications-and-reports/2023/07/03/05/26/scoping-study-on-standalone-ik-legislation>
- Iwama, M. (2006). *The Kawa Model: Culturally relevant occupational therapy*. Churchill Livingstone-Elsevier Press.
- Lachaud, Q. (2020). *Combatting epistemological racism: Critical race participatory action research toward the promotion of faculty critical race conscience and transformative pedagogy* [Unpublished doctoral dissertation]. University of Pittsburgh. https://d-scholarship.pitt.edu/38721/1/0415_Lachaud%20Dissertation_FINAL_AS.pdf
- Leclair, LL. (2010). Re-Examining concepts of occupation and occupation-based models: Occupational therapy and community development. *Canadian Journal of Occupational Therapy*, 77(1), 15–21. DOI:10.2182/cjot.2010.77.1.3
- LoGiudice, D., Smith, K., Thomas, J., Lautenschlager, N. T., Almeida, O. P., Atkinson, D. & Flicker, L. (2006). Kimberley Indigenous Cognitive Assessment tool (KICA): Development of a cognitive assessment tool for older Indigenous Australians. *International Psychogeriatrics*, 18(2), 269–280. <https://doi.org/10.1017/S1041610205002681>
- Lucas, B. R., Latimer, J., Doney, R., Ferreira, M. L., Adams, R., Hawkes, G., Fitzpatrick, J. P., Hand, M., Oscar, J., Carter, M. & Elliott, E. J. (2013). The Bruininks-Oseretsky Test of Motor Proficiency-Short Form is reliable in children living in remote Australian Aboriginal communities. *BMC Pediatrics*, 13, Article no. 135. <https://doi.org/10.1186/1471-2431-13-135>
- McIver, S. & Murphy, B. (2022). Beyond the safe and censored: Outcomes from student experiences within a pedagogy of discomfort. *Health Promotion International*, 37(4), daac099. <https://doi.org/10.1093/heapro/daac099>
- Mills, K. & Creedy, D. (2021). The ‘pedagogy of discomfort’: A qualitative exploration of non-Indigenous student learning in a First Peoples health course. *The Australian Journal of Indigenous Education*, 50(1), 29–37.
- Moreton-Robinson, A. (Ed.) (2004). *Whitening Race: Essays in social and cultural criticism Australia*. Aboriginal Studies Press.
- Nakata, M. (2007). *An Indigenous standpoint theory. Disciplining the savages: Savaging the disciplines*. Aboriginal Studies Press. <https://search.informit.org/doi/10.3316/informit.208224435424405>
- Nakata, M., Nakata, V., Keech, S. & Bolt, R. (2012). Decolonial goals and pedagogies for Indigenous studies. *Decolonization: Indigeneity, Education & Society*, 1(1), Article no. 1. <https://jps.library.utoronto.ca/index.php/des/article/view/18628>
- National Health & Medical Research Council. (2018). *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders*. In. National Health and Medical Research Council. Retrieved from [Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities | NHMRC](#)
- National Indigenous Australians Agency. (2023). *2023 Commonwealth Closing the Gap Implementation Plan*. Retrieved from <https://www.niaa.gov.au/resource-centre/indigenous-affairs/commonwealth-closing-gap-implementation-plan-2023>
- Nicols, F. (2004). Are you calling me a racist? Teaching critical whiteness theory in Indigenous sovereignty. *Borderlands e-journal*, 3(2) <https://core.ac.uk/download/pdf/15031378.pdf>
- Occupational Therapy Australia. (2014). *Code of ethics*. Retrieved from OccupationalTherapyAustralia-Governance.otaus.com.au

- Occupational Therapy Board of Australia. (2014). *Code of conduct*. Retrieved from <https://www.occupationaltherapyboard.gov.au/codes-guidelines/code-of-conduct.aspx>
- Occupational Therapy Board of Australia. (2018). *Australian occupational therapy competency standards 2018*. Retrieved from <http://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Competencies.aspx>
- Occupational Therapy Council of Australia (OTC). (2018). *Accreditation standards for Australian entry-level occupational therapy education programs (December 2018)*. Retrieved from [Accreditation - Accreditation of Education Programs - Occupational Therapy Council \(otccouncil.com.au\)](http://otccouncil.com.au)
- Occupational Therapy Council of Australia Ltd. (2022). *Guidelines and evidence guide for the accreditation of Australian entry-level occupational therapy education programs (June 2022)*. Retrieved from [Accreditation - Guidelines for Education Providers - Occupational Therapy Council \(otccouncil.com.au\)](http://otccouncil.com.au)
- Queensland Government. (2009). *Health Practitioner Regulation National Law Act (2009)*. Retrieved from <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2009-045>
- Queensland Government. (2022). *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022*. Retrieved from [Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022](https://www.legislation.qld.gov.au/view/pdf/inforce/current/bill-2022-001)
- Ramugondo E. L. (2015). Occupational Consciousness. *Journal of occupational science*, 22(4), 488–501. <https://doi.org/10.1080/14427591.2015.1042516>
- Ramugondo, E. L. & Emery-Whittington, I. (2022). A decolonising approach to health promotion. *Decolonial Enactments in Community Psychology*, 191–211. https://doi.org/10.1007/978-3-030-75201-9_10
- Ramugondo, E. L. & Kronenberg, F. (2015). Explaining collective occupations from a human relations perspective: Bridging the individual-collective dichotomy. *Journal of Occupational Science*, 22(1), 3–16. <https://doi.org/10.1080/14427591.2013.781920>
- Reconciliation Australia. (n.d.) *Respectful relationships*. Share our pride. Retrieved from <https://shareourpride.org.au/sections/respectful-relationships/index.html>
- Rigney, L.-I. (2017). A design and evaluation framework for Indigenisation of Australian universities. In J. Frawley, S. Larkin & J. Smith (Eds.), *Indigenous pathways, transitions and participation in higher education*. Springer. https://link.springer.com/chapter/10.1007/978-981-10-4062-7_4
- Ryall, J., Ritchie, T., Butler, C., Ryan, A. & Gibson, C. (2021). Decolonising occupational therapy through a strengths-based approach. In *Occupational therapy in Australia (2nd ed.)* (pp.130-142).
- Ryan, A., Gilroy, J. & Gibson, C. (2020). #Changethedate: Advocacy as an on-line and decolonising occupation. *Journal of Occupational Science*, 27(3), 405416, DOI: 10.1080/14427591.2020.1759448
- Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2020). *Creating change through partnership: An introductory guide to partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations in child and family services*. https://www.snaicc.org.au/wp-content/uploads/2020/02/1148_SNAICC_PartnershipBook_LR-Final.pdf
- Smith, K., Gilchrist, L., Taylor, K., Clinch, C., Logiudice, D., Edgill, P., Ratcliffe, J., Flicker, L., Douglas, H., Bradley, K. & Bessarab, D. (2021). Good spirit, good Life: A quality of life tool and framework for older Aboriginal Peoples. *The Gerontologist*, 61(5), e163–e172. <https://doi.org/10.1093/geront/gnz185>
- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. Zed Books.
- The Lowitja Institute. (2020). *We nurture our culture for our future, and our culture nurtures us. Close the gap*. Retrieved from [https://www.lowitja.org.au/content/Document/CtG2020_FINAL4_WEB%20\(1\).pdf](https://www.lowitja.org.au/content/Document/CtG2020_FINAL4_WEB%20(1).pdf)
- United Nations. (2007). *United Nations Declaration on the rights of Indigenous peoples*, 13 September 2007. Retrieved from https://social.desa.un.org/sites/default/files/migrated/19/2018/11/UNDRIP_E_web.pdf

- Universities Australia. (2022). *Indigenous strategy 2022–25*. Retrieved from <https://www.universitiesaustralia.edu.au/publication/indigenous-strategy-2022-25/>
- Universities Australia. (2011). *National best practice framework for Indigenous cultural competency in Australian universities*. Retrieved from <https://www.universitiesaustralia.edu.au/wp-content/uploads/2019/06/National-Best-Practice-Framework-for-Indigenous-Cultural-Competency-in-Australian-Universities.pdf>
- Wagner, B., Fitzpatrick, J., Symons, M., Jirikowic, T., Cross, D. & Latimer, J. (2017). The development of a culturally appropriate school based intervention for Australian Aboriginal children living in remote communities: A formative evaluation of the Alert Program[®] intervention. *Australian Occupational Therapy Journal*, 64(3), 243–252. doi: 10.1111/1440-1630.12352
- Watego, C., Singh, D. & Macoun, A. (2021). *Partnership for justice in health: Scoping paper on race, racism and the Australian health system. Discussion paper*. The Lowitja Institute. DOI: 10.48455/sdrt-sb97. https://www.lowitja.org.au/content/Image/Lowitja_PJH_170521_D10.pdf
- Warburton, J. & McLaughlin, D. (2007). Passing on our culture: How older Australians from diverse cultural backgrounds contribute to civil society. *Journal of Cross-Cultural Gerontology*, 22(1), 47–60. [Passing on our culture: how older Australians from diverse cultural backgrounds contribute to civil society - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/170521/)
- Waugh, E. & Mackenzie, L. (2011). Ageing well from an urban Indigenous Australian perspective. *Australian Occupational Therapy Journal*, 58(1), 25–33. DOI:10.1111/j.1440-1630.2010.00914.x
- White, T. & Beagan, B. L. (2020). Occupational therapy roles in an Indigenous context: An integrative review. *Canadian Journal of Occupational Therapy*, 87(3), 200–210. <https://doi.org/10.1177/0008417420924933>
- World Federation of Occupational Therapists. (2016). *Minimum standards for the education of occupational therapists* (revised 2016). Retrieved from <https://wfot.org/assets/resources/COPYRIGHTED-World-Federation-of-Occupational-Therapists-Minimum-Standards-for-the-Education-of-Occupational-Therapists-2016a.pdf>
- Yalmambirra (2000). Black time ... white time: My time ... your time. *Journal of Occupational Science*, 7(3), 133–137. <https://researchoutput.csu.edu.au/en/publications/black-timewhite-time-my-timeyour-time>
- Zeldenryk, L. & Yalmambirra. (2006). Occupational deprivation: A consequence of Australia's policy of assimilation. *Australian Occupational Therapy Journal*, 53, 43-46. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1440-1630.2005.00530.x>
- Zembylas, M. (2018). Affect, race, and white discomfort in schooling: Decolonial strategies for 'pedagogies of discomfort'. *Ethics and Education*, 13(1), 86–104. <https://doi.org/10.1080/17449642.2018.1428714>
- Zubrzycki, J., Green, S., Jones, V., Stratton, K., Young, S., Besserab, D. (2014). *Getting it right: Creating partnerships for change. Integrating Aboriginal and Torres Strait Islander knowledges in social work education and practice. Teaching and learning framework 2014*. Retrieved from https://acuresearchbank.acu.edu.au/download/601199005b8920b74bf1a25dab737cf6411ea2df0aacd1365bd52267e8985cfc/1815144/Zubrzycki_2014_Getting_it_right_creating_partnerships_for.pdf



Wirimbirra, Katrina Graves 2023

Appendix A

PAG recommendations for strengthening the examples of evidence in sections of the Guidelines and Evidence Guide for the Accreditation of Australian Entry-Level Occupational Therapy Educational programs

GUIDELINES AND EVIDENCE GUIDE

For the accreditation of

AUSTRALIAN ENTRY-LEVEL

OCCUPATIONAL THERAPY EDUCATION PROGRAMS

June 2022 version

Key for viewing this document:

Black text	Current evidence guide text
Red Text	Recommended additions/changes from the PAG

Guidance on the presentation of evidence for program accreditation

The Occupational Therapy Council of Australia Ltd (OTC) relies on documentary evidence submitted by the education provider and experiential evidence obtained by the assessment team during the accreditation process, including discussions with academic leaders, program leaders, students, staff, practice education supervisors, Aboriginal and Torres Strait Islander Peoples and consumers engaged in the program, graduates and employers.

Some core pieces of documentary evidence may be used to demonstrate adherence with more than one standard or criterion. While separate evidence need not always be submitted against each criterion, the purpose of presenting any document as evidence should be explained in the context of a particular standard and its criteria.

The OTC may also rely on evidence acquired elsewhere, for example, the Tertiary Education Quality Standards Agency (TEQSA), other accrediting authorities and Occupational Therapy Australia the occupational therapy professional body. The OTC reserves the right to seek feedback from other relevant service providers and organisations.

The assessment team retains the right to request specific documents or evidence at any stage of the assessment process to help determine if a particular standard is met.

The following tables include examples of evidence relevant to each standard and criterion and are intended as a guide for education providers and assessment team members. Education providers may wish to provide alternative evidence to demonstrate achievement of standards and are encouraged to use material prepared for another purpose (e.g., for TEQSA or internal reviews). Guidance notes for each standard provide some additional comments on key aspects of the expectations of the standard.

Accreditation submissions should include a brief summary statement of evidence supporting each criterion with supportive evidence provided in appendices. **Evidence may be provided in various forms, including written documentation, videos and visual or oral presentations.**

Definitions

The OTC uses the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* (Ahpra and National Boards, 2020, p.9) definition of cultural safety in program accreditation and in this evidence guide.

Principles and definition of 'cultural safety'

Principles:

The following principles inform the definition of cultural safety:

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

NB: COAG: Council of Australian Governments (1992–2020) was replaced by the National Cabinet in 2020.

Definition:

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

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

How to:

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

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

The document also uses the following definitions:

Ahpra/OTBA Code of Conduct, 2022

The Ahpra/OTBA Code of Conduct principles (2022a, p. 4) include:

Principle 2: Aboriginal and Torres Strait Islander health and cultural safety

Practitioners should consider the specific needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open, honest and culturally safe professional relationships.

Principle 3: Respectful and culturally safe practice for all

Respectful, culturally safe practice requires practitioners to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. Practitioners should communicate with all patients in a respectful way and meet their privacy and confidentiality obligations, including when communicating online.

Cultural responsiveness

Cultural responsiveness has cultural safety at its core. Cultural responsiveness is what is needed to transform systems; how individuals and organisations work to deliver and maintain culturally safe and effective care and services. It is innately transformative and must incorporate knowledge (knowing), self-knowledge and behaviour (being) and action (doing). It is about the approaches we take in engaging with people and how we act to embed what we learn in practice. This requires genuine dialogue to improve practice and health outcomes—it is how we achieve, maintain and govern cultural safety. (Indigenous Allied Health Australia, 2019, p. 5)

Cultural responsiveness entails strengths-based, action-oriented approaches that enable Aboriginal and Torres Strait Islander people to experience cultural safety. (Indigenous Allied Health Australia, 2019, p. 5)

Culturally responsive care is about the 'centrality' of Culture to people's identity and working with them to determine what is culturally safe care for them as individuals. (Indigenous Allied Health Australia, 2019, p. 5)

Cultural capability

The Aboriginal and Torres Strait Islander Health Curriculum Framework (2014, pp. 2–22) defines cultural capability as:

The Framework uses the notion of 'cultural capability' as its foundational concept. Cultural capability implies the demonstrated capacity to act on cultural knowledge and awareness through a suite of core attributes that are acquired through a dynamic lifelong-learning process. Capabilities are holistic, transferrable and responsive, and can be adapted to new and changing contexts (Duignan, 2006; Stephenson, 2000).

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 (Commonwealth of Australia, 2014, pp. 1–4). It provides guidelines for higher education providers and accreditation authorities to achieve this aim.

The Framework's Graduate Cultural Capability Model (Commonwealth of Australia, 2014, pp. 2–8) identifies five interconnected cultural capabilities: respect, communication, safety and quality, reflection and advocacy. Each cultural capability (and associated key descriptors) is aligned to a series of primary learning outcomes.

Principles

- OTC expects programs to develop sustainable, respectful and reciprocal partnerships/collaborative relationships with Aboriginal and Torres Strait Islander Peoples in the design, delivery - including assessment, and evaluation of all aspects of the curriculum that relate to/affect Aboriginal and Torres Strait Islander Peoples.
- OTC expects programs to address and assess respectful, culturally safe practice for all peoples in their curricula, including the unique and distinct principles/practices required for working with Aboriginal and Torres Strait Islander Peoples.

Standards, criteria and guidance on evidence

Standard 1 Domain: Public safety

This accreditation standard addresses public safety, **which includes cultural safety**, and client services as the prime considerations. The key focus is on ensuring all educational experiences that involve some form of interaction with members of the public, including those internal and external to the education provider, are effectively scaffolded, sequenced, managed and supervised to ensure safety, **including cultural safety**, quality and reliable outcomes for clients and students.

Revisions to the Health Practitioner Regulation National Law Act in 2022 (Queensland Government, 2022) strengthened public safety and confidence and enshrined cultural safety with Aboriginal and Torres Strait Islander Peoples. See guidance notes below for details.

STANDARD 1 Assuring public safety is paramount in program design and implementation	
Criteria	Examples of evidence
1.1 Protection of the public and provision of safe, ethical and competent client-centred services are prominent among the guiding principles of the occupational therapy educational program, practice education and student learning outcomes.	<ul style="list-style-type: none"> Statement of education principles, curriculum design and learning outcomes for the program. Examples that illustrate how the principles used to guide and assess culturally safe practice are embedded in the program, including the unique and distinct principles required for working with Aboriginal and Torres Strait Islander Peoples. (Australian Health Practitioner Regulation Agency, 2020; Milligan et al., 2021; Swan and Raphael, 1995). The program's guiding principles reflect Ahpra's cultural safety definition, principles and strategies for implementation (Ahpra & the National Boards 2020).
1.2 Appraisal and management of students' fitness to practise during the program is effective.	<ul style="list-style-type: none"> Fitness to practise policy, procedures and guidelines. Examples of implementation of mechanisms used to identify, report and manage student fitness to practise issues, including those related to professional behaviours and culturally safe practices. This includes mechanisms specific to working with Aboriginal and Torres Strait Islander Peoples, which have been developed in partnership/collaboration with Aboriginal and Torres Strait Islander Peoples. Examples of strategies used to manage poorly performing and failing students.
1.3 Students have achieved relevant pre-requisite occupational therapy professional knowledge, skills and behaviours before interacting with the public or providing client services as a component of the program.	<ul style="list-style-type: none"> Documents identifying the learning outcomes to be achieved before student contact with clients (including volunteers) at each stage throughout the program. Learning and assessment activities used to determine foundational ethical and professional conduct, including: <ul style="list-style-type: none"> culturally safe practice with Aboriginal and Torres Strait Islander Peoples—reflective of the Aboriginal and Torres Strait Islander Health Curriculum Framework and/or equivalent (See also 3.9)

	<ul style="list-style-type: none"> ▪ cultural capability with people from culturally and linguistically diverse backgrounds ▪ communication skills ▪ an appropriate level of English language ▪ work health and safety, including infection control requirements. <ul style="list-style-type: none"> • Evidence students are informed of OTBA registration requirements to practise, including English language requirements and declaring a criminal history.
1.4 Competent and sufficient supervision is provided for students by occupational therapists and other suitably qualified supervisors to enable students to practise safely.	<ul style="list-style-type: none"> • Policies and procedures for practice education, including supervision standards and arrangements, examples of supervisory models and how these are managed in practice. • Examples of strategies used to provide support and development of supervisors, including the provision of education on and support for culturally safe supervision with Aboriginal and Torres Strait Islander students, and assessment of the SPEF-R2 culturally safe/competent practice skills/behaviours component. • Policies and procedures/processes for allocating Aboriginal and Torres Strait Islander students (with prior student discussion and agreement) to practice education supervisors with appropriate cultural safety skills/capabilities (Commonwealth of Australia, 2014; Pallas et al., 2022).
1.5 Robust quality and safety policies and processes consistent with relevant regulations and standards are in place for all practice education placements and experiences.	<ul style="list-style-type: none"> • Example of practice education placement agreements. • Examples of formal mechanisms, including professional indemnity insurance arrangements, health and safety requirements. • Evidence of policy and procedures used to manage voluntary community experiences. • Evidence of ongoing reciprocal relationships and partnerships with Aboriginal and Torres Strait Islander community-controlled organisations that support practice education (Commonwealth of Australia, 2014; Pallas et al., 2022). • Evidence that anti-racism strategies are developed and practised, including how the program addresses racism in a culturally safe manner when students, staff or others raise this as an issue.
1.6 Systems are in place to ensure clients or substitute decision-makers give informed consent for services provided by students.	<ul style="list-style-type: none"> • Mechanisms are used to ensure client and volunteer consent for student services, including: <ul style="list-style-type: none"> ▪ culturally appropriate consent with Aboriginal and Torres Strait Islander Peoples ▪ appropriate consent with culturally and linguistically diverse adults and children ▪ privacy procedures. • Example of media consent forms and processes.
1.7 The education provider requires staff and students to demonstrate ethical and professional conduct.	<ul style="list-style-type: none"> • Policies and procedures on ethical and professional behaviours for staff and students, inclusive of cultural safety, consistent with the profession's <i>Code of Conduct</i> and <i>Code of Ethics</i>.

	<ul style="list-style-type: none"> • Examples of mandatory staff training (including sessional staff) including training on culturally safe ethical and professional conduct with students, staff and consumers, developed and delivered by Aboriginal and Torres Strait Islander Peoples. • Examples of assessment of students' ethical and professional conduct including assessment by Aboriginal and Torres Strait Islander Peoples of students' culturally safe behaviours.
<p>1.8 The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, revised 2022, or equivalent national framework.</p>	<ul style="list-style-type: none"> • Evidence of systems in place to ensure student registration with the OTBA/Ahpra before initial client contact. • Mechanisms in place to comply with voluntary and mandatory notifications and evidence of their implementation. • Summary of evidence to indicate the program meets: • The National Law (2022) principles of: <ul style="list-style-type: none"> ▪ protection of the public and public confidence in the services provided by registered health practitioners and students ▪ enshrining cultural safety for Aboriginal and Torres Strait Islander Peoples ▪ the Ahpra and National Boards joint statement (2022) objectives and principles following changes to the National Law.

Standard 1: Guidance notes

Student fitness to practise processes

Fitness to practise includes ensuring students have the physical, sensory, mental, psychological and emotional attributes and professional behaviours and skills to undertake practice education experiences safely. **Fitness to practise requirements must include culturally safe practice behaviours, including with Aboriginal and Torres Strait Islander Peoples.** Fitness to practise requirements are often outlined in an education provider's 'Student Code of Conduct' and 'Inherent Requirements' documents.

Supervision of student practice education experiences

- All practice education experiences should be guided by learning objectives and supervised and assessed directly or indirectly by a registered occupational therapist.
- Practice education in occupational therapy is diverse, hence direct supervision may be provided onsite by other suitably qualified service providers who contribute to the assessment of students.
- The educational experience in practice education is always monitored and evaluated by the education provider's occupational therapy academic staff.
- Practice education supervisors must have the professional and supervisory skills to supervise students in the practice education setting, **including culturally safe supervision skills with Aboriginal and Torres Strait Islander students.**
- **Practice education supervisors must have completed education on using the SPEF-R2 including assessing students' culturally safe/competent practice skills/behaviours.**
- The amount and frequency of supervision will progress from close onsite supervision to independent practice as students progress through the program.
- The level of supervision will also vary with students' knowledge base, familiarity with the practice setting and their learning needs, the contexts of practice, including the presence or

absence of other health professionals, the complexity of the occupational therapy intervention to be provided and the level of proficiency required for it to be **culturally safe, ethical, professional**, effective, and the safety risks for both students and recipients of occupational therapy.

- The program needs to provide practice education supervisors with training and support as it relates to working with Aboriginal and Torres Strait Islander students (Commonwealth of Australia, 2014; Pallas et al., 2022; Quonoey et al., 2022). This includes education on an anti-racism skill set.

Ethical and professional conduct

The requirements for the ethical and professional conduct of occupational therapists to ensure safe, **including culturally safe**, practice/public safety in Australia are set out in the:

- *Australian Occupational Therapy competency standards 2018* (OTBA, 2018).
- *Code of conduct* (Ahpra/OTBA, 2022).
- *Code of ethics* (Occupational Therapy Australia, 2014).

It is expected students will be made aware of these standards and codes early in their studies and have developed detailed knowledge of, **and been assessed on**, these expectations at program completion.

The cultural safety of Aboriginal and Torres Strait Islander staff, students and consumers needs to be addressed in ethical and professional conduct documents and processes (Commonwealth of Australia, 2014; Dudgeon et al., 2016; Milligan et al., 2021; Zubrzycki et al., 2014). This is consistent with the OTBA/Ahpra Code of Conduct (2022).

2022 Amendments to the Health Practitioner Regulation National Law

In October 2022, several changes were made to the Health Practitioner Regulation National Law (2009) and the Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022 (Queensland Government, 2022) was passed into law.

Ahpra and the National Boards (2022b, pp. 5–6) have documented the first two of the key changes to the National Law (2022):

1. Strengthening public safety and confidence: refocusing the guiding principles and objectives of the National Scheme

1.1 New paramount principle- protection of the public and public confidence in the safety of services provided by registered health practitioners and students

1.2 New objective and guiding principle to enshrine cultural safety for Aboriginal and Torres Strait Islander Peoples

Ahpra and National Boards published a joint statement: *Aboriginal and Torres Strait Islander Health and Cultural Safety at Heart of National Law Changes* in October 2022. This statement between Ahpra and the National Boards, the Ahpra Aboriginal and Torres Strait Islander Health Strategy Group and the National Health Leadership Forum, documented the following commitment to the National Scheme (2022c, p.2):

New objective:

- *to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples*

New guiding principle for:

- *The Scheme is to ensure the development of a culturally safe and respectful health workforce that:*
 - *is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and*
 - *contributes to the elimination of racism in the provision of health services.*

The Health Practitioner Regulation National Law is available from <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2009-045>

Queensland Government. (2022). *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022*. Retrieved from [Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022](#)

Standard 2 Domain: Academic governance and quality assurance

This accreditation standard is intended to address organisation and governance at the program level, rather than the education provider’s governance assessed by TEQSA. There is a focus on the organisational structures, **including decolonising structures and processes and culturally responsive governance arrangements**, which support the program, the articulation of program management with the education provider’s governance structures, and the degree of control and autonomy of the academic staff leading the program.

The standard requires evidence of effective **partnerships**/collaboration and consultation with the occupational therapy profession and other internal and external stakeholders.

STANDARD 2	
Academic governance and quality improvement systems are effective in developing and delivering sustainable, high-quality occupational therapy education.	
Criteria	Examples of evidence
2.1 Robust academic governance arrangements are in place for the occupational therapy program, are inclusive of Aboriginal and Torres Strait Islander Peoples and include processes for systematic monitoring, review and improvement.	<ul style="list-style-type: none"> • Overview of formal academic governance for program quality assurance, review and improvement. • Detail of the occupational therapy program leader/leadership team, including occupational therapy qualifications, educational expertise, academic leadership experience and completion of cultural safety training. • An overview of the activities undertaken by the occupational therapy program leadership team demonstrating their level of autonomy in managing resources and decisions about the program. • Membership and terms of reference for program governance committees/reviews. • Participation of Aboriginal and Torres Strait Islander Peoples in governance and decision-making bodies and processes that influence the program and effects of this engagement. • Examples of implementation of decolonising structures and processes and culturally responsive governance arrangements at the program level.
2.2 Program design and implementation is informed through collaboration and consultation with key stakeholders,	<ul style="list-style-type: none"> • Evidence of strategies being used to collaborate and consult with each key stakeholder to inform program

<p>including the occupational therapy profession, Aboriginal and Torres Strait Islander Peoples, consumers, employers and other health and human service experts.</p>	<p>design and delivery (e.g., minutes/records of meetings and consultation processes).</p> <ul style="list-style-type: none"> Evidence of culturally responsive collaboration/partnerships and reciprocal processes with Aboriginal and Torres Strait Islander Peoples.
<p>2.3 Program quality improvement processes include student evaluations, internal and external academic and professional peer review, feedback from Aboriginal and Torres Strait Islander Peoples, consumer feedback and outcome information from new graduates.</p>	<ul style="list-style-type: none"> Examples of the ways student satisfaction data or other student feedback are used to improve the program. Reports from internal reviews and evaluations and actions taken in response to feedback received. Examples of feedback from Aboriginal and Torres Strait Islander stakeholders and action taken in response to this feedback. Examples of quality improvement processes that are collaboratively designed and implemented with Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014). Examples of processes to evaluate and improve practice education experiences, including those concerning the experiences of Aboriginal and Torres Strait Islander students. Evidence of benchmarking the program internally and externally (e.g., against national and international standards). Examples of reports on graduate performance outcomes, including culturally safe practice: e.g., feedback from employers and graduates and how this feedback is used to improve the program.
<p>2.4 Contemporary and emerging developments in occupational therapy and broader health, disability and human service education and practice are incorporated into the curriculum in a timely manner.</p>	<ul style="list-style-type: none"> Examples of updating curricula to contemporary evidence-based practice standards and future-oriented developments. Examples of staff development activities to ensure all staff have the required expertise for the delivery of contemporary, coherent curriculum, including training designed and delivered by Aboriginal and Torres Strait Islander Peoples. Examples of evidence of the inclusion of contemporary and emerging developments relating to Aboriginal and Torres Strait Islander Peoples, as well as Indigenous Peoples health, wellbeing, occupations and occupational therapy.

Standard 2: Guidance notes

Governance

The relationships between the governance structures at the organisation and program level should be clarified. **Examples of decolonising governance structures at the university and program level are required.**

Academic leadership of the program must be provided by a suitably qualified occupational therapist or a group of occupational therapists who can ensure the academic autonomy and integrity of the program content. **Academic leaders need to have completed cultural safety training designed and delivered by Aboriginal and Torres Strait Islander Peoples.**

Quality improvement

Processes for the continual improvement of the program are expected to be in place, timely and rigorous, while also using multiple information sources and the information gained to inform the

ongoing development of the program. All aspects of a program, including the philosophy and purpose, the curriculum, educational methods and assessments, should be reviewed periodically and revised in response to local changes and the development of national and international knowledge.

Education providers are encouraged to use documents produced for other purposes (e.g., for internal review and TEQSA reports) as evidence for this standard.

Contemporary and emerging developments

The program is required to have mechanisms that identify emerging developments and incorporate these into the curriculum in a timely manner to ensure it prepares graduates for current and future practice. This includes curriculum content on **Aboriginal and Torres Strait Islander philosophies, health and wellbeing models, occupations and occupational therapy (e.g., Gibson, 2020; Swan & Raphael, 1995); World Federation of Occupational Therapists (WFOT) (2020) anti-racism statement,** local, state/territory, national, and international developments in health, disability, human services and quality and safety standards. For example, the *National Safety and Quality Health Service Standards* (2021) and the safe and effective use of medicines as detailed by the Health Professions Accreditation Collaborative Forum (HPACF, 2021).

Processes should be in place to ensure academic staff have the expertise required to deliver the updated curriculum. **All staff need to have completed cultural safety training designed and delivered by Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014).**

Standard 3 Domain: Program of study

This accreditation standard focuses on ways the design, implementation and resourcing of the program produce graduates who have demonstrated all the *Australian Occupational Therapy Competency Standards 2018*, developed by the Occupational Therapy Board of Australia **and the graduate cultural capabilities documented in the Aboriginal and Torres Strait Islander Health Curriculum Framework (2014)/equivalent.**

STANDARD 3 Program design, delivery and resourcing enable students to achieve the required occupational therapy learning outcomes, attributes and competencies.	
Criteria	Examples of evidence
3.1 A contemporary educational framework informs the design and delivery of the program.	<ul style="list-style-type: none"> Statement of education frameworks used, relevance to occupational therapy and how this informs curriculum design and delivery. Education frameworks that include Aboriginal and Torres Strait Islander andragogies (Commonwealth of Australia, 2014; Dudgeon et al., 2016; Zubrzycki et al., 2014). Evidence and rationale for frameworks, including key references.
3.2 The program philosophy and design embed concepts of occupation and occupational therapy shared by the national and international community of occupational therapists.	<p>Program documents that demonstrate:</p> <ul style="list-style-type: none"> how the occupational therapy philosophy is embedded throughout the curriculum and informs graduate outcomes how the curriculum is informed by occupational therapy theory, research and practice how the curriculum privileges Aboriginal and Torres Strait Islander voices in incorporating Aboriginal and Torres Strait Islander research, leadership, practices and lived experiences of occupation

	<ul style="list-style-type: none"> consistency with occupational therapy international expectations documented by the WFOT 2016, including the WFOT 2020 statement on systemic racism.
3.3 The curriculum structure and content are coherent and informed by theory, research and practice relevant to occupational therapy.	<ul style="list-style-type: none"> Detail of unit content, teaching/learning methods, assessments, unit sequencing, pre-requisite requirements, and practice education experiences, including simulation. Examples of how topics are integrated both horizontally and vertically in the curriculum, including Aboriginal and Torres Strait Islander health content. Evidence that unit and topic sequencing support progressive learning outcomes. Examples of how advances in research and practice inform the program including research led by Aboriginal and Torres Strait Islander Peoples.
3.4 The program develops a commitment to lifelong learning and assesses students' skills in critical thinking, professional reasoning and self-reflection.	<ul style="list-style-type: none"> Indication of how and where this is addressed in the program, with teaching and learning examples. Examples of relevant student assessment. Examples of where critical reflection, professional reasoning and self-reflection draw on critical pedagogy in a way that provides students with learning experiences to critique what they know and how they know in relation to themselves, as well as how they relate to Aboriginal and Torres Strait Islander Peoples (Commonwealth of Australia, 2014; Dudgeon et al., 2016; Mills and Creedy, 2021; Zubrzycki et al., 2014).
3.5 The program and student learning outcomes address the occupational therapy competency standards published by the Occupational Therapy Board of Australia.	<ul style="list-style-type: none"> Detailed curriculum map/s to indicate alignment of unit learning outcomes and OTBA 2018 competency standards; ensure competency standards relevant to Aboriginal and Torres Strait Islander Peoples are addressed. Examples of how learning outcomes are scaffolded through the curriculum. Detailed unit outlines.
3.6 The quality, quantity, duration and diversity of practice education experiences are sufficient to ensure graduates are competent to practise across a range of client groups and environments reflective of current and emerging contexts.	<ul style="list-style-type: none"> Description of practice education experiences provided to students. Evidence students' practice education is congruent with national and international comparators, in particular the standards set by the WFOT 2016. Examples of practice education placements with Aboriginal and Torres Strait Islander organisations with details of the culturally responsive and reciprocal partnership arrangements with these organisations and student education on culturally safe practice specific to the organisation. Documents that identify the systems and administrative processes used to manage and monitor student practice education placements/experiences. Examples of innovation/new practice education experiences introduced into the curriculum.
3.7 Learning and teaching methods are informed by evidence and designed and delivered to ensure occupational therapy students achieve the required learning outcomes.	<ul style="list-style-type: none"> Examples of learning and teaching methods used. Outline of teaching and learning approaches and andragogies used to teach Aboriginal and Torres Strait Islander-specific content.
3.8 Cultural capability is integrated within the program and clearly articulated in student learning	<ul style="list-style-type: none"> Examples of learning and assessment, and teaching materials across the program demonstrating the integration

<p>outcomes, and consistent with the cultural diversity of Australian society.</p>	<p>of cultural capability, relevant to the diversity of Australian society and the local area.</p> <ul style="list-style-type: none"> • Examples of content, learning outcomes and assessment relevant to people from culturally and linguistically diverse backgrounds. • Detail of education provided for staff to develop their cultural capability.
<p>3.9 The program and student learning outcomes are guided by agreed Aboriginal and Torres Strait Islander Peoples health curriculum national principles and cultural capabilities.</p>	<ul style="list-style-type: none"> • Mapping of the curriculum and student learning outcomes against the National Aboriginal and Torres Strait Islander Health Curriculum Framework, or equivalent. • Evidence of the integration of the Framework into the overall curriculum, including occupational therapy-specific units. • Evidence that mapping is completed collaboratively between Aboriginal and Torres Strait Islander Peoples and non-Indigenous people. • Description of the current and planned engagement strategies with Aboriginal and Torres Strait Islander Peoples to design, deliver and evaluate the curriculum, including student assessment, as well as to evaluate how these are implemented, and the current and anticipated effects on student learning outcomes. • Evidence that an anti-racism skill set is an assessed student learning outcome.
<p>3.10 The perspectives of consumers/ service users/clients inform the design, delivery and evaluation of the program.</p>	<ul style="list-style-type: none"> • Examples of culturally safe processes for collaboration and consultation with consumers/service users/clients in the design, delivery and evaluation of the curriculum, including: <ul style="list-style-type: none"> ▪ consumers who identify as Aboriginal and Torres Strait Islander Peoples ▪ consumers who are from culturally and linguistically diverse communities. • Examples of how diverse consumer perspectives are integrated within the curriculum.
<p>3.11 Graduates are competent in research literacy for the level and type of program.</p>	<ul style="list-style-type: none"> • Examples of where research literacy is addressed and assessed in the program. • Evidence of content addressing ethical conduct, including in Aboriginal and Torres Strait Islander health research. • Evidence the curriculum design and volume of learning comply with the Australian Qualifications Framework or equivalent national framework.
<p>3.12 The application of principles of interprofessional learning for collaborative client-centred practice is a learning outcome of the program.</p>	<ul style="list-style-type: none"> • Description of the scaffolding or framework to support interprofessional learning throughout the program. • Examples of deliberate interprofessional student learning activities, including with health and other relevant practitioners. • Examples of assessment of interprofessional learning outcomes in each year of the program. • Examples of interprofessional learning that include Aboriginal and Torres Strait Islander Peoples leadership and co-design principles to develop experiences for students that support cultural safety/capabilities.
<p>3.13 The academic team is suitably qualified and experienced to deliver the components of the program it teaches and assesses, and the staffing complement is sufficient to</p>	<ul style="list-style-type: none"> • Academic staffing profile, including appointment fraction, level and type, professional qualifications, registration status, engagement with the profession, research, teaching, administrative and supervision responsibilities. Include key sessional staff.

<p>support the student cohort in achieving graduate competencies.</p>	<ul style="list-style-type: none"> • Details of staff suitability in teaching Aboriginal and Torres Strait Islander content, including demonstration of cultural safety/capability. • Evidence that the program is informed by the <i>Aboriginal and Torres Strait Islander Health Curriculum Framework</i> and other research to determine the responsibility of Aboriginal and Torres Strait Islander and non-Indigenous staff in collaboratively developing, implementing and evaluating Aboriginal and Torres Strait Islander content. • Details of Aboriginal and Torres Strait Islander academics, consumers or other stakeholders who assess students' culturally safe practice. • Outline of practice educator qualifications and preparedness/education for their supervisory role, including culturally safe supervision with Aboriginal and Torres Strait Islander students.
<p>3.14 Learning environments, facilities, resources and equipment support the effective delivery of the program and the achievement of the learning outcomes.</p>	<ul style="list-style-type: none"> • Description of learning environments, facilities, equipment and resources available to deliver the program and processes for ensuring these remain up to date. • Examples of program strategies/approaches to create culturally safe learning environments for Aboriginal and Torres Strait Islander Peoples, including students and staff. • Outline of anticipated program changes/revisions. • Campus environments are culturally welcoming and inclusive of Aboriginal and Torres Strait Islander cultures (Universities Australia, 2011 & 2022).

Standard 3: Guidance notes

International expectations documented by the WFOT 2016 and 2020

The WFOT Minimum Standards for the Education of Occupational Therapists (2016) provide a detailed outline of expectations relevant to program philosophy and content as well as detail of minimum standards that provide an international benchmark for the profession.

The WFOT expectations:

- The philosophy addresses an occupational view of humans, the occupational challenges humans face, and how to enable occupation to promote change towards a more inclusive and participatory society.
- Programs are structured so that 60% of the content is focused on occupation and occupational therapy, 10 to 30% on knowledge supporting an understanding of body structures and functions, biomedicine, psychological and sociological concepts, and 10 to 30% on knowledge supporting an understanding of the human and social environment and social perspectives of health, including practice placements where knowledge, related skills and attitudes are integrated with practice.
- Educational methods promote the development of competencies necessary to respond to social and health disparities, diversity, and human rights issues for local populations, communities and individuals.
- Practice education experiences are diverse but always include people of different age groups, people who have recently acquired and/or long-standing health needs, interventions that focus on the person, the occupation and the environment, and current and emerging practice areas.
- Students will complete sufficient practice education experiences to ensure the integration of theory with practice and achieve the required competencies. Given the diversity of

occupational therapy practice, a minimum of 1,000 hours is expected and has been set as an international benchmark.

- There is a policy of academic autonomy whereby the curriculum is designed and developed by occupational therapists.

The WFOT Statement on Systemic Racism is available from <https://wfot.org/resources/wfot-statement-on-systemic-racism>

Simulation

Simulation activities are an important part of student learning. The OTC supports the use of up to 200 hours of well-designed simulation activity, in line with the recommendations made by Rodger, Bennett, Fitzgerald and Neads (2010). More details can be found in the *Explanatory Notes for Simulation in Practice Education—July 2013*, which is available from www.otcouncil.com.au/accreditation.

Simulation experiences relating to Aboriginal and Torres Strait Islander Peoples must involve Aboriginal and Torres Strait Islander Peoples at all stages. This includes the development of scenarios, use of actors, assessment of students and overall evaluation.

Occupational therapy competency standards

The *Occupational Therapy Competency Standards 2018* (OTBA) are available from www.occupationaltherapyboard.gov.au/competencies.

N.B: OTBA competency standards include many practice behaviours with specific reference to Aboriginal and Torres Strait Islander Peoples, cultural safety, cultural capability and/or cultural responsiveness.

A template to map the curriculum to the OTBA competency standards is available from www.otcouncil.com.au/accreditation. This template is also relevant to criteria for 5.2 and 5.3. Programs are encouraged to use similarly detailed mapping undertaken to meet internal review requirements rather than creating a new document.

Cultural safety with Aboriginal and Torres Strait Islander Peoples

The *Aboriginal and Torres Strait Islander Health Curriculum Framework* (2014) is a **core resource** for education providers and is available from <http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>.

Section 2 of the Framework outlines principles, graduate **cultural** capabilities and learning outcomes. Section 3 provides guidance on implementation. As a minimum, mapping of how and where the graduate **cultural** capabilities outlined in Section 2 are being addressed and assessed in the curriculum is required.

Programs need to complete the *OTC Aboriginal and Torres Strait Islander Health Curriculum Framework* mapping template. Available from www.otcouncil.com.au/accreditation. Aboriginal and Torres Strait Islander Peoples and non-Indigenous people need to complete the mapping process collaboratively.

Some education providers will be guided by alternate frameworks and similar mapping is expected if these frameworks are also evidence-based and accepted by Aboriginal and Torres Strait Islander Peoples as being equally culturally relevant.

Consumer input

People with a health and/or occupational issues, as well as people who use occupational therapy services and their support persons/carers/families, have a key role in providing advice to all aspects of occupational therapy education. It is expected **diverse** consumer perspectives are sustainably integrated into the curriculum. Examples of consumer input include:

- consumer representatives as equal partners in the development, delivery and evaluation of curriculum content
- consumers in formal advisory roles (e.g., membership of program advisory and steering committees; membership of unit review teams)
- consumer co-design, **co-delivery, including assessment and co-evaluation** of study units
- consumers as assessors (e.g., providing verbal or written feedback to students)
- critical appraisal of teaching practices by consumers
- resourcing and long-term plans to include consumers in program delivery (i.e., beyond 'one-off' input)
- policies and procedures to remunerate/reimburse/provide sitting fees for consumers in line with usual sessional payments and/or as recommended by a consumer advocacy organisation
- staff interaction and liaison with consumer groups and disability representative organisations
- provision of training for consumers to prepare them to teach or participate in other roles.

Interprofessional learning

Interprofessional learning activities are those where students learn with, from and about other practitioners to develop a capacity for interprofessional collaborative practice. This should include practitioners in health and other practice areas relevant to occupational therapy.

The OTC has endorsed a set of competencies to support interprofessional education and expects the provider to demonstrate how these competencies are embedded in the curriculum. Refer to the Health Professions Accreditation Collaborative Forum (HPACF, 2018) *Position Statement on Interprofessional Learning*, which is available from <http://www.hpacf.org.au/wp-content/uploads/2018/11/Forum-statement-IPE-Update-Nov-2018.pdf>.

The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care.

The interprofessional learning competency statements endorsed by the OTC indicate, on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- explain interprofessional practice to patients, clients, families and other professionals
- describe the areas of practice of other health professions
- express professional opinions competently, confidently, and respectfully, avoiding discipline-specific language
- plan patient/client care goals and priorities with the involvement of other health professionals
- identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- recognise and resolve disagreements concerning patient care that arise from different disciplinary perspectives
- critically evaluate protocols and practices concerning interprofessional practice
- give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues.

Interprofessional learning needs to include Aboriginal and Torres Strait Islander Peoples leadership and co-design principles to develop experiences for students that support cultural safety/capabilities (Commonwealth of Australia, 2014; Garvey et al., 2022).

Staffing

Details of program staff should include:

- name and position
- qualifications
- appointment fraction, level and type (e.g., continuing, sessional, short-term contract)
- number of Aboriginal and Torres Strait Islander people employed, including occupational therapy academics
- Ahpra registration status (for occupational therapy educators)
- key responsibilities in the program
- involvement in specific units/subjects (e.g., teaching, coordination, supervision, examination)
- completion of cultural safety training designed and delivered by Aboriginal and Torres Strait Islander Peoples, including on Aboriginal and Torres Strait Islander health, wellness and wellbeing approaches and andragogies
- relevant professional activities (e.g., professional memberships and/or community engagement roles)
- key scholarship/research activities.

These details are also relevant to criteria 5.7.

Standard 4 Domain: The student experience

This standard focuses on the program-level provision of a student experience that is **culturally safe**, supportive, equitable and respectful of students' academic **learning**/development needs, personal wellbeing and rights.

STANDARD 4 Students are provided with equitable and timely access to information and support relevant to their occupational therapy program.	
Criteria	Examples of evidence
4.1 Program information is accurate, clear and accessible.	<ul style="list-style-type: none"> • Program of study information provided to prospective and enrolled students (link to website) includes the accreditation status of the program and registration requirements. • Information that the program and the university environment are accessible and welcoming for Aboriginal and Torres Strait Islander Peoples and students (Simpson, 2022; Universities Australia, 2011 & 2022).
4.2 Admission and progression requirements and processes are fair, equitable and transparent.	<ul style="list-style-type: none"> • Policies and procedures relevant to the student experience, including admission via detail of pre-requisites for entry (especially to entry-level master's degree programs) and progression (including grievance and appeals). • Examples of program strategies that prioritise the admission and progression of Aboriginal and Torres Strait Islander students. • Examples of program strategies that aim to recruit and retain at minimum a proportion of Aboriginal and Torres Strait Islander students that reflects the program's geographical footprint or the nation's proportion of

	<p>Aboriginal and Torres Strait Islander people choosing the highest proportion (Simpson, 2021).</p>
<p>4.3 The academic learning needs of occupational therapy students at risk of unsatisfactory progress are identified and support is provided.</p>	<ul style="list-style-type: none"> • Description of academic, cultural and personal support services available to domestic and international students. • Description of academic, cultural and personal support services available to Aboriginal and Torres Strait Islander students at program level, including for instances of unsatisfactory progress (Dudgeon et al., 2016; Taylor et al., 2019). • Examples of strategies used to develop student wellbeing and resilience. • Practices regarding English literacy and comprehension (including for international students and others who need literacy/language support). • Non-Indigenous students at risk of unsatisfactory progress concerning Aboriginal and Torres Strait Islander learning outcomes and assessment, despite overall satisfactory progress within units of study, are identified and provided with education/support.
<p>4.4 Students are informed of and have access to personal support services provided by qualified personnel, including during practice education placements.</p>	<ul style="list-style-type: none"> • Learning support for students, including those from under-represented groups or those admitted through schemes for increasing diversity. • Examples of learning and personal support for Aboriginal and Torres Strait Islander students and how students are informed of these.
<p>4.5 Students have opportunities to be represented within the deliberative and decision-making processes of the program.</p>	<ul style="list-style-type: none"> • Evidence of student representation within the governance and curriculum management processes of the program. • Evidence of strategies to value and engage Aboriginal and Torres Strait Islander students within the governance and curriculum management processes of the program, including providing feedback on the program.
<p>4.6 Equity and diversity principles are demonstrated and promoted in the student experience.</p>	<ul style="list-style-type: none"> • Policies and procedures on equity and diversity, with examples of program implementation and monitoring.
<p>4.7 Specific consideration is given to the recruitment, admission, participation and completion of the occupational therapy program to groups under-represented in the program, including Aboriginal and Torres Strait Islander Peoples.</p>	<ul style="list-style-type: none"> • Report on the program's recruitment, admission, participation and completion by Aboriginal and Torres Strait Islander students. Include an illustration of how the program's recruitment, admission, participation and completion strategies have had a positive effect on Aboriginal and Torres Strait Islander student participation and program completion (Dudgeon et al., 2016, Simpson, 2022). • Report on the program's recruitment, admission, participation and completion by under-represented student groups. • Program strategies to promote a profile that reflects the Australian community.

Standard 4: Guidance notes

Registration requirements

The OTC expects the program to inform students of the registration standards set by the National Board concerning the:

- Criminal history registration standard.
- English language skills registration standard.
- Professional indemnity insurance arrangements registration standard
- Recency of practice registration standard.
- Continuing professional development registration standard.

The Occupational Therapy Board of Australia's expectations are available from www.occupationaltherapyboard.gov.au/Registration-Standards.aspx

Student support services and facilities

The OTC does not assess against the *Higher Education Standards Framework* (2021) but expects the education provider to provide clear evidence of the implementation of adequate student safety and well-being, including via support services and physical facilities for the program.

Evidence of support services includes how students are informed of and access services such as culturally safe spaces and supports, **supports for Aboriginal and Torres Strait Islander students**, support for international students, disability support services, counselling services with trained staff, student health and financial services, student academic advisors, as well as more informal and accessible advice from individual academic staff.

The OTC will also review the formal mechanisms in place for feedback from and to students in the program, including the strategies to assist underperforming students, the provision of effective remediation opportunities and responses to student feedback. **Programs need to have strategies in place to ensure students have culturally safe opportunities to provide feedback** (Dudgeon et al., 2016).

Equity and diversity

While Aboriginal and Torres Strait Islander people benefit from equity and diversity principles, the distinct place of Aboriginal and Torres Strait Islander students needs to be observed and respected (Commonwealth of Australia, 2014; Dudgeon et al., 2016; Universities Australia, 2011 & 2022).

Program Aboriginal and Torres Strait Islander student recruitment, admission, participation and completion

Programs are expected to provide evidence of addressing the 10 principles identified as good practice for recruiting, retaining and graduating Aboriginal and Torres Strait Islander people as documented in *the Australian Indigenous Psychology Education Project (AIPEP) Curriculum Framework* (Dudgeon et al., 2016) and Simpson (2022); report Indigenous students' journeys to and through allied healthcare programs.

Standard 5 Domain: Assessment

This standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether the assessment methods and assessment data analysed by the education provider give assurance that every student who passes the program has achieved all the OTBA **competency standards and the Aboriginal and Torres Strait Islander Health Curriculum Framework's cultural capabilities**.

STANDARD 5 Graduates have demonstrated achievement of all program learning outcomes, including the requirements for safe, ethical and competent occupational therapy practice.	
Criteria	Examples of evidence
5.1 There is a clear relationship between learning outcomes and student assessment strategies.	<ul style="list-style-type: none"> Assessment policies and procedures. Unit outlines provided to students include details of how each unit is structured and assessed. Evidence that relationships between learning outcomes and assessments for culturally safe practice with Aboriginal and Torres Strait Islander Peoples are explicit.
5.2 The scope of assessment covers all learning outcomes required to ensure graduates are safe, ethical and competent to practise. N.B: 'safe' includes culturally safe.	<ul style="list-style-type: none"> Assessment blueprint/matrix that details assessment methods and weightings and demonstrates alignment of assessment to unit learning outcomes, OTBA competencies and the Health Curriculum Framework cultural capabilities with Aboriginal and Torres Strait Islander Peoples.
5.3 Learning outcomes are mapped to the required occupational therapy attributes and competency standards and assessed.	<ul style="list-style-type: none"> Processes used to evaluate student performance in practice education, including the SPEF-R2 component on cultural safety/competence. Strategies used to respond to feedback about student performance from practice education supervisors.
5.4 Assessment is fair, valid and reliable in measuring student achievement of learning outcomes.	<ul style="list-style-type: none"> Outline of evidence and processes that indicate assessments in academic and practice education environments are fair, valid and reliable. Examples of assessment tools, including for simulation activities and practice education experiences.
5.5 Contemporary, evidence-informed assessment tools are used, including direct observation in academic and practice education settings.	<ul style="list-style-type: none"> An overview of the evidence that informed the choice of authentic and contemporary assessments, including for culturally safe practice with Aboriginal and Torres Strait Islander Peoples, is provided. Aboriginal and Torres Strait Islander Peoples are included in the choice and development of assessment tools relating to cultural safety/capabilities. <p>To be provided at site/virtual site visit:</p> <ul style="list-style-type: none"> examples of de-identified marked student assessments with feedback provided to students. examples of de-identified student portfolios.
5.6 Program management and coordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.	<ul style="list-style-type: none"> Polices on and examples of program assessment moderation/benchmarking and feedback to students. Processes for identifying, using and evaluating involvement from external experts in assessment. Aboriginal and Torres Strait Islander Peoples are included in the program management and coordination of assessments relating to cultural safety/capabilities.
5.7 Staff who assess students in academic and practice education contexts are suitably qualified and experienced for their role.	<ul style="list-style-type: none"> Academic staffing profile, including qualifications, professional and academic experience, teaching, research and supervision responsibilities, registration status, continuing professional education undertaken specific to teaching and learning, including assessment, culturally safe practice and inclusive teaching. Staff have the required skills, experiences and knowledges and these are mapped to the work they are undertaking in the program concerning the Aboriginal and Torres Strait Islander content. Evidence that Aboriginal and Torres Strait Islander Peoples assess culturally safe practices, consistent with

	<p>the Ahpra & National Boards (2020) definition of cultural safety.</p> <ul style="list-style-type: none"> Practice educator qualification, registration status and preparedness/education, including education on culturally safe supervision with Aboriginal and Torres Strait Islander students.
--	---

Standard 5: Guidance notes

Assessment

Assessment matrix/blueprint: A template to map the curriculum to the *Australian Occupational Therapy Competency Standards 2018* (OTBA, 2018) is available from www.otcouncil.com.au/accreditation and can be used to provide assessment information (see also evidence example for criteria 3.5).

The OTC Aboriginal and Torres Strait Islander Health Curriculum Framework mapping template, available from www.otcouncil.com.au/accreditation, can be used to provide assessment information (see also evidence example for criteria 3.9).

Aboriginal and Torres Strait Islander Peoples assess culturally safe practices, consistent with the Ahpra & National Boards (2020) definition of cultural safety. Aboriginal and Torres Strait Islander Peoples need to be included in the choice and development of assessment tools and the program management and coordination of assessments relating to cultural safety/capabilities (Commonwealth of Australia, 2014; Godwin et al., 2023; Zubrzycki et al., 2014).

Practice education

Practice education assessment strategies are likely to be diverse and varied according to the practice experience and setting, for example:

- observation of student performance
- evaluation of student competency based on the SPEF-R2, including the cultural safety/competence component
- practice with simulated and standardised patients/clients to test specific skills
- feedback from clients
- Aboriginal and Torres Strait Islander Peoples assessing culturally safe practice
- detailed client scenarios assessing student abilities to take a complete history, conduct a full assessment, interpret the findings and develop a management plan
- student reflective diaries and assignments
- learning contracts
- individual and group project reports.

References

- Dudgeon, P., Darlaston-Jones, D., Phillips, G., Newnham, K., Brideson, T., Cranney, J., Hammond, S., Harris, J., Herbert, J., Homewood, J. & Page, S. (2016). *Australian Indigenous Psychology Education Project (AIPEP) Curriculum Framework*. University of Western Australia. Retrieved from <https://www.indigenousspsyched.org.au/resource/australian-indigenous-psychology-education-project-aipep-curriculum-framework>
- Garvey, L., Mackelprang, J.L., Bhowmik, J., Cassar, N., Delbridge, R., El-Ansary, D., Willetts, G. & Williams, A. 2022. Enhancing cultural capabilities amongst health professions students: A pilot study of interprofessional tag team simulation. *Clinical Simulation in Nursing*, 62, 83–91.
- Milligan, E., West, R., Saunders, V., Bialocerkowski, A., Creedy, C., Rowe Minniss, F., Hall, K. & Vervoort, S. 2021. Achieving cultural safety for Australia’s First Peoples: A review of the Australian Health Practitioner Regulation Agency-registered health practitioners’ Codes of Conduct and Codes of Ethics. *Australian Health Review*, 45. Retrieved from <https://doi.org/10.1071/AH20215>
- Occupational Therapy Board of Australia. (2022). *Code of Conduct*. Retrieved from <https://www.occupationaltherapyboard.gov.au/codes-guidelines/code-of-conduct.aspx>
- Quonoey, J., Coombe, L. & Willis, J. (2022). Mandatory versus non-mandatory training in culturally safe practices for education staff at universities. *AlterNative: An International Journal of Indigenous Peoples*, 18(1), 19–25. Retrieved from <https://doi.org/10.1177/11771801221087825>
- Pallas, P., Roberts, R., Webb, G., Walters, J. & Agllias, K. 2022. The experiences of Indigenous students on placement: A scoping review. *Australian Social Work* 1–16.
- Simpson, A., 2022. *Indigenous students’ journeys to and through allied healthcare programs*. Retrieved from https://www.ncsehe.edu.au/wp-content/uploads/2022/03/Simpson_LaTrobe_EquityFellowship_Final.pdf
- Swann, P. & Raphael., B. (1995). *Ways forward. National Aboriginal and Torres Strait Islander mental health policy national consultancy report*. Retrieved from https://library.bsl.org.au/jspui/bitstream/123456789/353/1/Ways%20forward_vol.1%20%202%20_1995.pdf

Appendix B

PAG Resource Recommendations

The resource list seeks to provide guidance to occupational therapy education programs as they embed Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing into curricula. In the first instance, the experiences, voices and resources of local Aboriginal and Torres Strait Islander Peoples, communities and Nations must be reflected. Embedding of resources must also be guided by Aboriginal and Torres Strait Islander stakeholders supporting curriculum development and teaching within the program.

Before using any resources relating to Aboriginal and Torres Strait Islander Peoples, resources must be evaluated and critiqued to ensure cultural safety. It is strongly recommended to utilise an evaluation framework such as:

- *AIATSIS Guide to Evaluating and Selecting Education Resources* (AIATSIS, 2022b)
- *Indigenous Knowledge Attribution Toolkit* (Indigenous Archives Collective et al., 2023)
- *Aboriginal and Torres Strait Islander Critical Appraisal Tool* (Harfield et al., 2020)

The resources listed are not exhaustive but provide select examples that are highly recommended. The knowledge in the resources is provided in a variety of formats (video, text, media, verbal), which aligns with Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing. The resources have been selected as they are developed by or with Aboriginal and Torres Strait Islander Peoples and organisations. Resources highlighted in the main body of the report should also be utilised.

Truth telling - History & culture

- Share Our Pride: <https://www.shareourpride.org.au/index.html>
- Australian Human Rights Commission: <https://humanrights.gov.au/our-work/education/track-history-timeline-stolen-generations>
- Healing Foundation: <https://healingfoundation.org.au/>
- National Library of Australia: <https://www.nla.gov.au/collections/what-we-collect/oral-history-and-folklore/bringing-them-home-oral-history-project#>
- Kinchela Boys Home: <https://www.youtube.com/@kinchelaboyshomeac6524>

Terminology

- Narragunnawali: <https://www.narragunnawali.org.au/about/terminology-guide>
- Reconciliation Australia: <https://www.reconciliation.org.au/wp-content/uploads/2021/10/inclusive-and-respectful-language.pdf>

Research

- Australian Indigenous HealthinfoNet: <https://healthinfo.net.ecu.edu.au/>
- Lowitja Institute: <https://www.lowitja.org.au/page/reading-lists>
- Australian Institute of Aboriginal and Torres Strait Islander Studies: <https://aiatsis.gov.au/research>
- IndigenousX: [The Blackfulla Test: 11 reasons that Indigenous health research grant/publication should be rejected – IndigenousX](https://www.indigenousx.org.au/news/the-blackfulla-test-11-reasons-that-indigenous-health-research-grant-publication-should-be-rejected-indigenousx)
- ABC News: <https://www.abc.net.au/news/2022-03-08/heart-failure:-an-investigation-into-the-hidden/13787308>

Cultural awareness, responsiveness and safety

- Indigenous Allied Health Australia: https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf
- Leaders in Indigenous Medical Education: <https://www.youtube.com/@LIMENetworkProgram/> & <https://limenetwork.net.au/resources-hub/slice-of-lime-seminars/>

Racism & anti-racism

- Australian Human Rights Commission: <https://itstopswithme.humanrights.gov.au/>
- University of Technology Sydney: <https://callitout.com.au/>
- Gayaadhuwi: https://www.gayaadhuwi.org.au/wpcontent/uploads/2023/07/GDPSA_Racism_06072023.pdf
- Lowitja Institute: https://www.lowitja.org.au/content/Image/Lowitja_PJH_170521_D10.pdf
- NITV: <https://www.sbs.com.au/nitv/article/10-things-you-should-know-about-white-privilege/0mrzfbvp>

Decolonisation & self-determination

- Occupied Podcast: <https://brockcook.com/063/>
- Australian Institute of Aboriginal and Torres Strait Islander Studies: <https://aiatsis.gov.au/whats-new/podcasts/voices-power>
- Australia and New Zealand Mental Health Association: https://anzmh.asn.au/blog/s4-e40-patdudgeon?utm_campaign=Podcasts&utm_content=230545418&utm_medium=social&utm_source=linkedin&hss_channel=lcp-4844914
- Australian Human Rights Commission: <https://declaration.humanrights.gov.au/>

Social and emotional wellbeing

- Gayaadhuwi: <https://www.youtube.com/@gayaadhuwiproudspiritaustr7421>
- Australian Government: https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf
- Australian Indigenous Healthinfonet: <https://wellmob.org.au/>
- NSW Health: <https://www.youtube.com/watch?v=2mrz8p4t-qo>
- NSW Ministry of Health: <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/aboriginal-people.pdf>
- Clinton Schultz: <https://www.youtube.com/watch?v=rqLezahgmqA>