Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

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

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Title: Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework.

Acknowledgements:

The *'Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework'* is an adaptation of specific aspects of the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework, based on Commonwealth of Australia (Department of Health) material. OCANZ has permission to use this material under the Creative Commons Attribution 4.0 International Public and has identified where this has occurred in Section 2 of this document.

OCANZ has followed the adaptation approach taken by the Congress of Aboriginal and/or Torres Strait Islander Nurses and Midwives (CATSINaM) in creating their *'The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework'*. We express our appreciation for the support and assistance that CATSINaM provided OCANZ in guiding our approach to creating the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and extend this appreciation to the CATSINaM Members and collaborators who contributed to the development of CATSINaM's Framework.

OCANZ is also grateful for and acknowledges the partial funding support received for the development of this Framework from the 2017 Victorian Optometrists Training and Education (VOTE) Trust.

Recommended reference:

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Contents

Section 1: Introduction

1.1 The 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework

The 'Aboriginal and Torres Strait Islander Health Curriculum Framework' was released by the Australian Government Department of Health in September 2015 (Commonwealth of Australia, Department of Health 2014).[1] It was designed to support higher education providers to:

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

Higher education providers delivering pre-registration courses for health professions have been encouraged to use the Framework in ensuring that they meet and/or exceed the accreditation and registration guidelines for their profession in relation to Aboriginal and Torres Strait Islander health and cultural safety. This includes the five Schools of Optometry across Australia.

1.2 Why undertake an adaptation process?

The release of the Aboriginal and Torres Strait Islander Health Curriculum Framework (referred to as the original Framework in this document) coincided with the development in 2015-2016 of the new OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs. In training optometry education providers in the requirements of the new Standards, OCANZ explicitly drew attention to the need to integrate cultural competence within accredited programs of study and to articulate cultural competence as required disciplinary learning outcomes. During this training, the original Framework was referenced as a valuable guide in how to meet the OCANZ cultural competence requirements related to Aboriginal and/or Torres Strait Islander Australians. The OCANZ cultural competency requirement also explicitly references Māori and Pasifika cultures, as OCANZ is inclusive of Australia and New Zealand. The new OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs took effect in January 2017.

In 2018, work done by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to adapt the original Framework specifically for nurses and midwives was generously shared with OCANZ. The OCANZ Board agreed to adapt the original Framework for optometry, using

[1] Information on the Framework is available at this site, including a downloadable copy: <http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>.

the CATSINaM work as a base and with CATSINaM's permission. This document is the outcome of the adaptation process and will be referred to as the Optometry Framework.

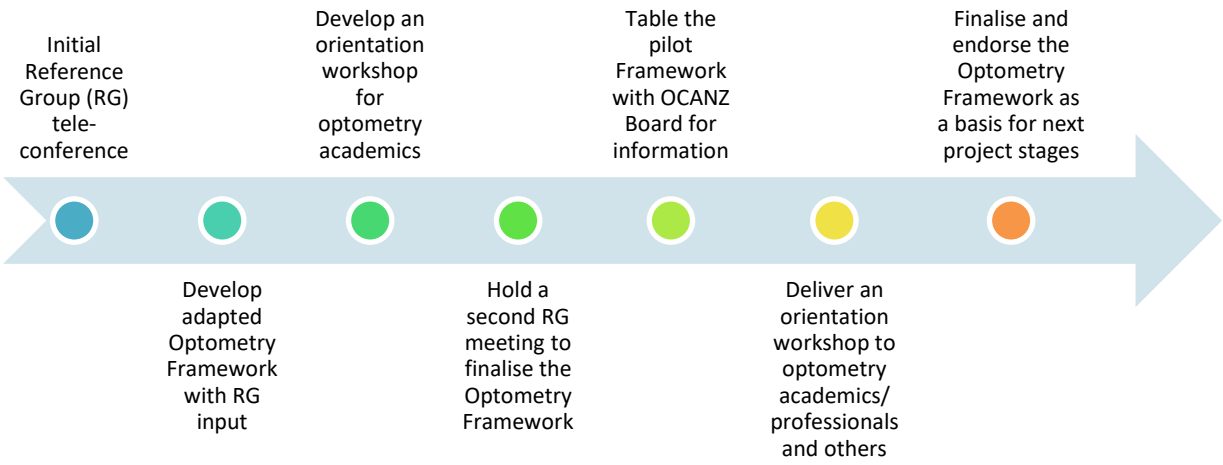
The purpose of the Optometry Framework is to help embed the original Framework and Indigenous health curricula in optometry programs of study, in order to better prepare optometry graduates to provide culturally safe eye health services to Aboriginal and Torres Strait Islander Australians. It provides key recommendations on curriculum content, learning outcomes and assessment, as well as requirements for successful implementation, in order to assist optometry education providers to address the OCANZ cultural competence requirements.

1.3 The pathway to creating the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

The pathway to creating the Optometry Framework has involved multiple stages.

The first stage was a pilot project in Victoria, focussed solely on Aboriginal and Torres Strait Islander health. The pathway for the Stage 1 Pilot is in Figure 1. The pilot was supported by a skilled Reference Group of mainly Victorian optometry academics involved in the delivery of content on Aboriginal and/or Torres Strait Islander health, history, culture and cultural safety, as well as a consultant drawing on the model provided by CATSINaM. The final draft created by the OCANZ Reference Group was taken to a Victorian roundtable (the orientation workshop) of proficient representatives drawn from optometry education providers, the profession and others engaged with projects seeking to improve Aboriginal and Torres Strait Islander health outcomes.

Figure 1: Pathway to creating the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework – Pilot stage



The commitment to and expertise of all the contributors to the pilot in delivering quality curriculum in relation to Aboriginal and Torres Strait Islander health, history and culture, as well as cultural safety within optometry programs, has been invaluable in producing this adaptation (the 'Acknowledgements' section identifies all people who have contributed).

Subsequent to the pilot, all optometry education providers throughout Australia and New Zealand were consulted about the Framework before its application in optometry programs of study. At its October

2018 meeting, the OCANZ Board adopted the Optometry Framework for implementation at the start of 2019 and approved its launch at a national workshop scheduled for late November 2018.

There will be a subsequent stage, not yet commenced, to develop Māori and Pasifika content.

1.4 Focus of the Optometry Framework

OCANZ accredits programs of study in both Australia and New Zealand, and the relevant OCANZ criterion to which the Optometry Framework relates is:

> *3.10 Cultural competence is appropriately integrated within the program and clearly articulated as required disciplinary learning outcomes: including an emphasis on Aboriginal, Torres Strait Islander, Māori and Pasifika cultures. (OCANZ, 2016, p. 10)*

Both Australian and New Zealand optometry providers deliver pre-registration courses that prepare graduates for work in either Australia and New Zealand, so must meet the OCANZ criterion 3.10 in its entirety. OCANZ recognises that programs of study will vary in their degree of emphasis on different cultures based on national, state and local priorities.

While the pilot Optometry Framework is not yet focussed specifically on New Zealand/Aotearoa or on issues particular to Māori and Pasifika health, history, culture and cultural safety, it includes information which will be generally valuable to all education providers in meeting OCANZ criterion 3.10.

1.5 A shift in terminology

The current OCANZ standards use the term 'cultural competence' in Standard 3.10 (quoted in Section 1.4). However, OCANZ has participated in the recent work of the Australian Health Practitioner Regulation Agency (AHPRA) to shift to the consistent use of 'cultural safety' across all registered health professions. The Optometry Framework has adopted the term cultural safety rather than cultural competence in order to align with this national shift.

The ongoing work that OCANZ undertakes to promote the Optometry Framework and support optometry education providers in using it, will include a focus on why this shift in terminology is important. A key reason is that the language and concept of cultural safety emerged from a First Nations context based on Irihapeti Ramsden's (2002) foundational work in New Zealand/Aotearoa. It has been broadly adopted by many Aboriginal and/or Torres Strait Islander health organisations and people across Australia over the past decade. Several of these organisations are involved in supporting AHPRA to embrace cultural safety as a preferred term in health professional registration and legislation.

1.6 Current status of eye health for Aboriginal and/or Torres Strait Islander Australians

Aboriginal and/or Torres Strait Islander Australians have a reduced standard of eye health compared to other Australians (Taylor HR et al. 2010; Foreman J et al. 2017a). Aboriginal and/or Torres Strait Islander children have less poor vision than other Australian children (AIHW, 2011a), but by the time Aboriginal and/or Torres Strait Islander person reaches 40 years of age or older they suffer significantly more blindness and impaired vision than other Australians. By 2015, the rate of blindness had reduced

from six times in 2008 to three times more than other Australians, although the impaired vision inequity remained three times greater. This vision loss contributes up to 11% of the health gap for Aboriginal people (Vos T & Taylor 2013) and eye and sight problems are the most common self-reported long-term Indigenous health condition (ABS 2013).

The major causes of impaired vision are refractive error (63%), cataract (20%), diabetic eye disease (6%) and trachoma (Vision 2020 Australia 2016). Most (94%) of the impaired vision is considered avoidable, as it is preventable or treatable. The unmet need for eye care was found to be similar in urban, regional and more remote areas. There is no shortage of available eye care services in urban areas, where optometry, ophthalmology and hospital services are readily available. However, poor utilisation of these services contributes to the lack of eye care and vision loss. In remote areas, a significant increase in the provision of services is still required.

The proportion of Aboriginal and/or Torres Strait Islander Australians who had an eye examination in 2016 was 29% lower than other Australians and treatment coverage for refractive error is significantly less (12%). The lack of reading glasses meant that over one third of adults surveyed could not see normal print (N8) (Vision 2020 Australia 2016), and further improvement in the availability of optometry services and subsidised glasses is warranted (Foreman J et al. 2017b, Keel S et al. 2018). Visually significant cataract is 12 times more common and cataract surgery rates are 7 times lower. The waiting time for cataract surgery is over 60% longer for Aboriginal and/or Torres Strait Islander Australians people than for other Australians, and Aboriginal and/or Torres Strait Islander Australians are four times more likely to wait more than one year for cataract surgery (AIHW 2011b; 2013; 2018). Therefore, improvement in access and outcomes for public cataract services is considered necessary (Foreman J et al. 2017c).

Diabetes is reported by more than one third (37%) of Aboriginal and/or Torres Strait Islander adults and 13% of those with diabetes had already lost vision (AIHW 2011a). The National Health and Medical Research Council guidelines (NHMRC 2008) require annual eye exams for Aboriginal and/or Torres Strait Islander people with diabetes, yet only 20% of those with diabetes had received their annual eye exam in 2008. Only 37% of those needing laser surgery had received this care. In 2016, it was estimated that over 50% of Aboriginal and/or Torres Strait Islander Australians with diabetes had received their annual eye examination, but this rate was still 30% less than other Australians. Given that up to 98% of blindness from diabetes is preventable with annual retinal review and timely treatment, and that up to three quarters of the eye care needs of a community are for those with diabetes, improving diabetes eye care is a key strategy to close the gap for vision (Keel S et al. 2017, Tapp et al. 2015).

Australia remains the only developed country to have trachoma and trachoma only exists in Aboriginal and Torres Strait Islander communities (Taylor HR & Anjou 2013). Trachoma was eliminated from the rest of Australia over 100 years ago. Australia is signatory to GET 2020. Since 2006 Australia has invested in surveillance for trachoma and then from 2009 in its treatment through screening and antibiotic therapy. Facial cleanliness is a critical component of the WHO SAFE strategy (WHO 2003), and is supported through health promotion and social marketing. The prevalence of active trachoma among five to nine year old children in at risk communities has decreased from 14% in 2009 to 4.7% in 2016. It has plateaued in recent years and there remain ‘hot spots’ (AIHW 2018, NTSRU 2017). Further work around facial cleanliness, and safe and functional bathrooms is required.

Since 2010, evidence-based health system reforms have been identified and established through community consultation and engagement (Taylor HR et al. 2012a, 2012b), and are being progressively introduced across the country (Abouzeid, Anjou & Taylor 2015). Improvements in Aboriginal and/or Torres Strait Islander Australians’ eye health are being achieved with government, non-government, and

eye and Aboriginal health sectors working in partnership (AIHW 2018, IEH 2017). While this progress in encouraging, more work is required to close the gap for vision.

Section 2: Relationship to the Aboriginal and Torres Strait Islander Health Curriculum Framework

The Optometry Framework adapts specific sections of the original Framework in order to respond to the context of optometry education and emphasise the importance of culturally safe practice to reduce poorer patient health outcomes and health inequities, such as access to services. Therefore, it is an abbreviated framework that complements but does not fully replace the original Framework. New material that replaces specific sections of the original Framework is identified in Table 1 in **bold text**, then outlined in detail in Section 3 of this document. Optometry educators are encouraged to continue drawing on other sections of the original Framework for the applications described in Table 1.

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

Section and focus	Application
Section 1: Introduction to the Framework	
Background (p. 1), Developing the Framework (pp 8-9) and Users of the Framework (pp. 9 -10)	This provides an orientation to the purpose, importance and development of the original Framework.
Context of Aboriginal and Torres Strait Islander people's health and higher education (pp. 5-8)	This outlines the current realities and health inequities that Aboriginal and/or Torres Strait Islander Australians face, which are imperative for health professions to address. It includes a brief history of the journey of the higher education sector in taking steps to do this.
Principles (pp. 6-7)	The principles should underpin curriculum design and be reflected in both curriculum content and delivery in optometry education.
Section 2: The elements	
Graduate capabilities for culturally safe Aboriginal and Torres Strait Islander health care and the 'Graduate cultural capability model' (pp. 7-10)	The term 'cultural capabilities' is used in the original Framework to emphasise that "capabilities reflect a lifelong journey of development and are tested in every new interaction" (p. 2-7), and that they capabilities contribute to cultural safety. Although this language is not currently used in optometry, the five named and interconnected cultural capabilities fit with contemporary thinking about how Optometrists, or any health professional, should demonstrate cultural respect that leads to culturally safe health care and better

Section and focus	Application
	health outcomes for Aboriginal and/or Torres Strait Islander Australians. The Optometry Framework has taken a different approach to how the five graduate cultural capabilities are reflected in the curriculum: **see Section 3.3**.
Primary learning outcomes to develop graduate cultural capabilities (pp. 10-14)	The original Framework table outlining primary learning outcomes associated with 17 themes mapped to the five cultural capabilities is not used in the Optometry Framework. The Optometry Framework outlines **three** curriculum content themes **in Section 3.2** that, in combination, address all five cultural capabilities as shown in **Section 3.3.** The relationship between the 17 themes in the original Framework and the three Optometry Framework themes is demonstrated in Table 3 in the Appendix.
Curriculum content, learning outcomes and assessment (pp. 14-20)	The original Framework's 17 areas of curriculum content and 51 learning outcomes **have been refined into three areas of curriculum content and 25 learning outcomes in Table 2, Section 3.3**. The three progressive stages of thinking and skill development have been retained in defining learning outcomes, i.e. 'novice', 'intermediate' and 'entry to practice'.
Graduate learning outcomes (p. 21)	Due to the changes made to primary learning outcomes and curriculum content, the table in the original Framework does not apply in the same manner to the Optometry Framework.
A note on terminology and Attachment A: References (pp. 22-23)	The descriptions of key terminology remain useful for optometry. However, the description of **cultural safety** as an overarching concept outlined **in Section 3.1** of this document is recommended as a preferred definition for optometry. The references in the original Framework may be valuable to use within the optometry curriculum.
Section 3: Implementation Guidelines	
Implementation guidelines (pp. 7-14)	This section includes useful guidance across multiple aspects of implementation that will be relevant to all health profession educators and Schools. A few examples of good practice are included. Areas of **specific attention for optometry educators are in Section 3.4 of this document**. This section introduces the 'Organisational Commitment and Health Professional Program Readiness Assessment Compass', contained in Attachment A, which will help

Section and focus	Application
	Schools ascertain their level of readiness and what steps they need to take to prepare for as well as see through implementation of the Framework. It highlights critical success factors and will inform the Implementation Plan that Schools need to develop.
Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program (pp. 15-17)	This section includes useful guidance for planning, coordinating, and implementing the curriculum mapping, development and integration process that will be relevant to all health profession educators and Schools. Areas of **specific attention for optometry educators are in Section 3.4 of this document**. A tool to determine organisational and/or program readiness for implementing the Framework is in Attachment A.
Educators and Aboriginal and Torres Strait Islander Health Curriculum (pp. 17-22)	This component of Section 3 offers advice on who should play a role in delivering this curriculum, the accountability practices needed when non-Indigenous educators are involved in delivery, the importance of partnership approaches and what essential skills all educators require for delivering this curriculum effectively. This is applicable to a broad number of disciplines, including optometry. Attachment B lists additional support resources on this topic.
Approaches to facilitating learning in the classroom (pp. 22-28)	A valuable summary of Aboriginal and/or Torres Strait Islander approaches to teaching and learning is provided to inform curriculum delivery and manage the range of challenges that are likely to emerge in the process for students and educators. Further resources are provided in Attachment B and C. All can be utilised in an optometry context.
Learning through experience – simulation, clinical placements, and community immersion and engagement (pp. 29-36)	The three learning opportunities described here have relevance for optometry, so this section provides direction and advice on how to prepare for and facilitate these opportunities successfully, including commentary on cultural supervision and assessment issues. There is strong emphasis on partnerships with Aboriginal and/or Torres Strait Islander staff, health services and/or community members, where involvement commences with decision-making through to planning, implementation, student assessment and evaluation. Emphasis is placed on strategies that ensure or strengthen the cultural safety of Aboriginal and Torres Strait Islander people who participate in this learning.
Attachments A, B, C and D (pp. 37-53)	All four attachments may be useful to optometry education providers. In preparing to implement the Optometry Framework, Schools will find the

Section and focus	Application
	'Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) a valuable tool and are highly encouraged to use it. It is consistent with the advice provided in the 'Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program' section of the original Framework, and the additional information in Section 3.4 of this document.
Section 4: Accreditation Guidelines	
Best practice accreditation guidelines (pp. 5-6)	This is a brief summary of the current approach to accreditation of health courses as defined in the Health Practitioner Regulation National Law Act (particularly for those health professionals that are regulated).
Accreditation standard requirements (pp. 6-9)	This has generic relevance to health professions, including optometry, recommending sources of evidence for meeting common standards relating to Aboriginal and/or Torres Strait Islander curriculum, staff, and students.
Accreditation assessors (p. 10)	This final section emphasises the importance of cultural capability for accreditation assessors if they are to be effective in adequately assessing how a course meets standards focused on Aboriginal and/or Torres Strait Islander curriculum, staff, and students. High familiarity with the Framework will be vital to them fulfilling this role successfully, as will cultural safety training. In terms of optometry, this raises expectations that OCANZ support assessors to develop their knowledge of the Optometry Framework and can access suitable training.

Section 3: Adaptations of the Aboriginal and Torres Strait Islander Health Curriculum Framework

This section describes the adaptations made to the original Framework to reflect the optometry context.

3.1 Setting a foundation for learning through cultural safety

Cultural safety is about integrating our understanding of Aboriginal and/or Torres Strait Islander peoples, history and cultures into our health care practice, and challenging our unconscious and conscious cultural biases in the process. Culture is central to health for Aboriginal and/or Torres Strait Islander Australians. The National Aboriginal and Torres Strait Islander Health Plan or NATSIHP (Department of Health, 2013) states that "Aboriginal and Torres Strait Islander peoples have the right to live a healthy, safe and empowered life with a healthy strong connection to culture and country" (p. 7).

Cultural safety places culture at the core of health combined with support for Aboriginal and/or Torres Strait Islander Australians to access the health care system without stigma, racism and fear. A priority within the NATSIHP is to have a health system that is "free of racism and inequality" (p. 7). In other words, a health system that is culturally safe.

To support optometrists to play their role within this, the Optometry Framework starts by teaching cultural safety as a foundation for learning about Aboriginal and/or Torres Strait Islander health, and equitable and quality eye health care for Aboriginal and/or Torres Strait Islander Australians. As will be clear in Table 2, cultural safety includes developing an understanding of racism as it operates at individual and institutional levels, including within the health system.

It is also important to understand ourselves as health practitioners, to practice critical self-reflection. Optometrists must also appreciate the impact of British invasion, colonisation and ongoing intergenerational trauma through past and ongoing policies, that resulted in removal from and appropriation of country, the Stolen Generations, stolen wages and the Native Title system currently in place. This affects how comfortable Aboriginal and/or Torres Strait Islander Australians feel about and therefore engage with the health systems in which we work.

Cultural safety is described in CATSINaM's (2017) *Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework* as follows:

> *Cultural safety has its roots in nursing education and health care in Aotearoa based on the work of Ramsden (2002) and others but has since become more broadly theorised and accepted in Australia as a means to work towards social justice and better health outcomes for those experiencing health inequity.*
>
> *Cultural safety is a philosophy of practice that is about how a health professional does something, not what they do, in order to not engage in unsafe cultural practice that '… diminishes, demeans or disempowers the cultural identity and wellbeing of an individual' (Nursing Council of New Zealand 2011, p 7). It is about how people are treated in society, not*

about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health.

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

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

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

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

Critically, cultural safety does not require the study of any culture other than one's own, so as to be open-minded and flexible in attitudes towards others. Identifying what makes others different is simple – understanding our own culture and its influence on how we think, feel and behave is much more complex. (pp. 11-12)

3.2 The curriculum themes

The 17 themes in the original Framework have been re-organised and integrated into the following three themes for optometry.

Theme 1: Integrating cultural safety into reflective practice and professionalism

Theme 2: History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice

Theme 3: Delivery of culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities

The relationship between the original Framework themes and optometry themes is illustrated in Table 3 in the Appendix.

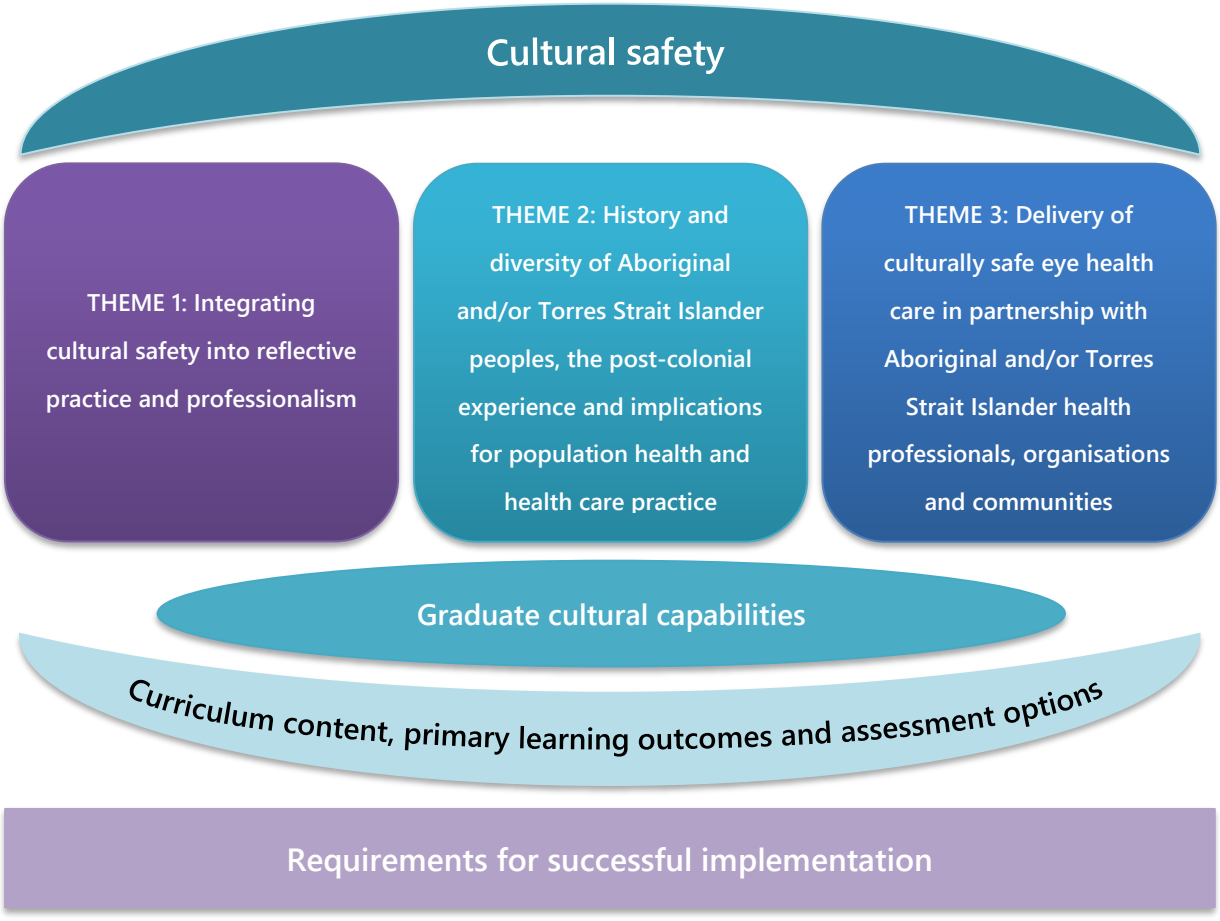
3.3 Curriculum content, primary learning outcomes and assessment options

This section replaces the equivalent named component of Section 2 in the original Framework. Figure 2 illustrates the relationship between the optometry adaptations to this component of the original Framework.

The dark aqua arc represents how cultural safety is an overarching concept for the Optometry Framework. All curriculum content for the three themes that sit below this arc is oriented towards optometry graduates developing the graduate cultural capabilities – represented in the dark aqua oval - for creating culturally safe experiences for Aboriginal and/or Torres Strait Islander clients, families and colleagues.

The pale aqua arc represents how the three curriculum themes are implemented. This is outlined in Table 2 below where the specific content associated with each theme is described in detail, primary learning outcomes are specified and assessment options are suggested. Therefore, Table 2 in this document replaces the table in the 'Curriculum content, learning outcomes and assessment' component of the original Framework (pp. 14-20). The final element of Figure 2 is the bottom lilac rectangle. It represents the material described in Section 3.4 of this document, which advice about the successful implementation to help ensure integrity is maintained in planning, implementing and monitoring the outcomes of the Optometry Framework for each individual optometry education provider.

Figure 2: Relationship between the optometry adaptations



Please take note of the following specific amendments in Table 2 compared to the original Framework:

- The 'Content' and 'Content description' columns are amended to reflect optometry language and needs.
- The order in which the three content themes are listed are a recommended order of teaching.

The 'Assessment approaches' column from the original Framework has been called 'Potential assessment **approaches'** to emphasise these are **suggestions only.** Other approaches not listed can be used and there is **no requirement** to use all options for a single learning outcome. The range of assessment approaches are not prescriptive or intended to limit innovative assessment practice.

Relationship between the five graduate cultural capabilities and the three optometry curriculum content themes

The original Framework describes a 'Graduate cultural capability model' that is a centred on achieving culturally safe health care for Aboriginal and/or Torres Strait Islander people. It consists of the following five graduate cultural capabilities:

> ***Respect:*** *Recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice.*
>
> ***Communication:*** *Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples.*
>
> ***Safety and quality:*** *Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care.*
>
> ***Reflection:*** *Examine and reflect on how one's own culture and dominant cultural paradigms, influence beliefs about and interactions with Aboriginal and Torres Strait Islander peoples.*
>
> ***Advocacy:*** *Recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Islander health. Advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander peoples and actively contribute to social change. (Section 2-9-10)*

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

Primary learning outcomes

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

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

- *Intermediate: Upskilling in this theme; Applying, analysing*
- *Entry to Practice: Practical skills and hands on engagement with this theme; Evaluating, creating*

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

These three progressive stages of thinking and skill development are relevant for optometry. The codes in the 'Learning outcomes addressed' column of Table 3 indicate the stage of development to which each outcome relates: (N) = Novice, (I) = Intermediate and (ETP) = Entry to Practice.

CURRICULUM CONTENT IN RELATION TO UNITS OF STUDY

The Optometry Framework supports the position of the original Framework, i.e. that content should be present in both stand-alone units and integrated horizontally and vertically across the curriculum. The current OCANZ standards state that "cultural competence is appropriately ***integrated*** within the program" (2016, p. 10, emphasis added).

For example, there will be units in the course that focus on eye health clinical presentations, including those that have higher incidence and prevalence among Aboriginal and Torres Strait Islander Australians, e.g. diabetes, cataracts and trachoma. It is advisable to include content in these units that reflect the eye health circumstances.

CONSIDERATIONS FOR STUDENTS UNDERTAKING CLINICAL PLACEMENTS

It is recommended that students cover core material in the 'Integrating cultural safety into reflective practice and professionalism' and 'History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice' themes through dedicated content that is completed **prior** to undertaking their first clinical placement.

The advice is to introduce content early in the course to set the novice learning outcomes as a foundation for clinical placements. In fact, it is recommended that students meet the novice learning outcomes as a minimum before applying their learning to patient encounters. If it can be achieved, the preferred benchmark would be for students to meet the intermediate learning outcomes.

Table 2: Curriculum content themes, learning outcomes and assessment options recommended for optometry students

Content	Content description	Learning outcomes addressed	Potential assessment approaches
THEME 1 **Integrating cultural safety into reflective practice and professionalism**	Develops students' understanding of and skills for addressing: ▪ self-reflexivity and its crucial role in facilitating culturally safe health service delivery ▪ different forms of racism and their impact on Aboriginal and/or Torres Strait Islander individuals, families and communities ▪ white privilege and its influence on relations between Aboriginal and/or Torres Strait Islander and non-Indigenous Australians, both historically and in contemporary Australia ▪ communication in a respectful and culturally safe manner with Aboriginal and/or Torres Strait Islander peoples ▪ how to create a culturally safe environment for Aboriginal and/or Torres Strait Islander peoples ▪ social justice, human rights, decolonisation and the social determinants of Aboriginal and Torres Strait Islander health.	**1.1** (a) Demonstrate an understanding of one's own culture and how that influences and shapes one's worldview. (N) (b) Discuss and examine different forms of racism, the concept of white privilege, one's own positioning in terms of white privilege and the social determinants of health for Aboriginal and/or Torres Strait Islander Australians. (N) **1.2** (a) Identify and examine responses to racism personally and professionally, and available policies, codes and legislation for addressing racism in health care contexts. (I) (b) Analyse how one's own worldview and positioning in relation to white privilege impact on health care delivery and outcomes for Aboriginal and/or Torres Strait Islander clients. (I) **1.3** (a) Demonstrate knowledge and skills in creating culturally safe interactions with Aboriginal and/or Torres Strait Islander individuals and family members. (ETP) (b) Demonstrate strategies that enable ongoing self-reflexivity in a professional context. (ETP) (c) Incorporate anti-racist, social justice and affirmative action approaches in health care practice that address the social determinants of health for Aboriginal and/or Torres Strait Islander Australians. (ETP)	Reflective journal; short answer/ multiple choice questions; oral presentation; short essay Reflective journal; problem scenario; case study; individual/group oral presentation; clinical placement problem reflection; research paper Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio; simulation; clinical placement-based project; self-evaluation

Content	Content description	Learning outcomes addressed	Potential assessment approaches
THEME 2 **History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice**	Introduces students to: ▪ the history of Aboriginal and Torres Strait Islander peoples in Australia ▪ key stages since British invasion, colonisation and implications for Aboriginal and/or Torres Strait Islander people's current health experiences ▪ the diversity of Aboriginal and/or Torres Strait Islander peoples and cultures, key cultural values and practices, and the implications for health care practice ▪ current demographic and health statistics for Aboriginal and/or Torres Strait Islander Australians ▪ how population health and health workforce policies and strategies compare with the needs of the Aboriginal and Torres Strait Islander population, and the implications for health service delivery.	**2.1** (a) Describe the diversity of Aboriginal and/or Torres Strait Islander peoples and cultures; and identify cultural values and practices important to consider in the health context. (N) (b) Describe how colonisation has impacted the contemporary health situation of Aboriginal and/or Torres Strait Islander Australians. (N) (c) Compare current demographic, health indicators and statistical trends for Aboriginal and/or Torres Strait Islander Australians with non-Indigenous Australians. (N) **2.2** (a) Analyse the impact of historical events on Aboriginal and/or Torres Strait Islander peoples' access to and engagement with health services, and the implications for building trust and relationships with diverse Aboriginal and/or Torres Strait Islander individuals, families and communities. (I) (b) Analyse the strengths and limitations of current data collection and reporting, and population health policies/strategies for Aboriginal and Torres Strait Islander health. (I) **2.3** Incorporate strategies for delivering health care and designing population health and health workforce policy that builds trust and relationships with diverse Aboriginal and Torres Strait Islander individuals, families and communities. (ETP)	Short answer/multiple choice questions; Oral examination/critique; short essay Problem scenario; case study; group work/presentation; clinical placement problem reflection; research paper; data based- project Design strategy/project; group/individual oral presentation; creative performance; simulation; clinical placement-based project
Please note: The knowledges, values and experiences of Aboriginal and/or Torres Strait Islander Australians may be shared in delivering this content, especially if delivered and/or co-delivered by Aboriginal and/or Torres Strait Islanders lecturers (internal and/or external). The extent to which this occurs will be determined by Aboriginal and/or Torres Strait Islander lecturers. Considerations include how important this is for particular learning points and whether the sharing occurs in a culturally safe context.			

Content	Content description	Learning outcomes addressed	Potential assessment approaches
THEME 3 **Delivery of culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities**	Develops students' knowledge and understanding of: ▪ clinical practice and service delivery factors in the Australian health system that impact on Aboriginal and Torres Strait Islander health ▪ features of optometry professional culture that impact on Aboriginal and Torres Strait Islander health ▪ the historical development of Aboriginal and Torres Strait Islander community-controlled health services, and the impacts on the Australian health care system, including eye health care pathways for Aboriginal and/or Torres Strait Islander Australians ▪ the importance of growing the Aboriginal and/or Torres Strait Islander optometry workforce, and the role of Aboriginal and/or Torres Strait Islander health professionals and leaders in effecting needed change ▪ strengths-based approaches to facilitating partnerships in Aboriginal and Torres Strait Islander health ▪ eye health clinical presentations, including those that have higher incidence and prevalence among Aboriginal and/or	**3.1** (a) Discuss the history of Australia's dominant Western cultural and political paradigm, and how this characterises the contemporary health system. (N) (b) Identify clinical practice and service delivery factors that impact on Aboriginal and/or Torres Strait Islander clients, including identification of Aboriginality. (N) (c) Describe the historical development of Aboriginal and Torres Strait Islander community-controlled health services and health sector initiatives, and the role of Aboriginal and/or Torres Strait Islander health professionals. (N) (d) Describe eye health concerns that occur more frequently for Aboriginal and/or Torres Strait Islander Australians. (e) Describe eye health population health programs that have proven to be effective and culturally safe for Aboriginal and/or Torres Strait Islander Australians. (N) **3.2** (a) Critically examine the culture of optometry and the broader health system in terms of their impact on Aboriginal and/or Torres Strait Islander people's health service experiences. (I) (b) Analyse the contemporary role of Aboriginal and/or Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health services and programs to Aboriginal and/or Torres Strait Islander clients and communities from a strengths-based approach. (I)	Short answer/multiple choice questions; individual/group oral presentation; short essay Reflective journal; critical essay; research paper; data-based project; design strategy/project; individual/ group oral presentation; peer assessment; portfolio

Content	Content description	Learning outcomes addressed	Potential assessment approaches
THEME 3 **Delivery of culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities** **(CONTINUED)**	Torres Strait Islander Australians, e.g. diabetes, cataracts and trachoma ▪ eye health population health programs to address Aboriginal and/or Torres Strait Islander people's identified priorities, including eye health literacy and health promotion ▪ their role as optometrists in achieving culturally safe health care for and with Aboriginal and/or Torres Strait Islander people.	(c) Examine the role of optometrists in developing eye health population health programs in a culturally safe and collaborative manner with Aboriginal and/or Torres Strait Islander colleagues, organisations and community members. (I) (d) Identify and discuss strategies for personal and professional advocacy, leadership and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and/or Torres Strait Islander health professionals and leaders. (I) **3.3** (a) Apply principles and practices of cultural safety in clinical practice and service delivery. (ETP) (b) Demonstrate strengths-based strategies for building partnerships with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities in delivering eye health services, and designing and implementing eye health population health programs. (ETP) (c) Demonstrate strategies for personal and professional leadership, lifelong learning and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and/or Torres Strait Islander health professionals and leaders. (ETP)	Reflective journal; Design strategy/project; group/individual oral presentation; research successful strengths-based initiatives and identify critical success factors; create poster; simulation; clinical placement experience

3.4 Requirements for successful implementation

The original Framework explains that:

> *Implementing curricula successfully is not just about content; it must address the overall educational journey where students are guided through a set of teaching, learning and assessment experiences toward the achievement of educational outcomes and graduate attributes (Hughes et al. 2012). To enable these learning outcomes to be reached, there are many elements throughout the journey that need to be considered. These include factors at the level of direct content delivery; professional development and support for educators; and elements that enable a supportive organisational context. (Section 3-7)*

As explained in Table 1 in Section 2 of this document, there are multiple aspects of 'Section 3: Implementation guidelines' in the original Framework that are useful for optometry educators. Although there is some discussion of the following areas in the original Framework, they are highlighted in this section for the particular attention of optometry educators as they develop their plans for implementing the Optometry Framework.

3.4.1 Leadership and strategy

High level leadership and strategy is critical to the successful development and implementation of the Optometry Framework by higher education providers – at the whole of organisation as well as the Faculty or School level in a university context. This includes:

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

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

3.4.2 Embedding community partnerships in governance and practice

The 'Academic governance and quality assurance' section of the OCANZ Accreditation Standards, states the following:

> *Standard 2.1 The provider has robust academic governance for the program of study that includes systematic monitoring, review and improvement.*
>
> *Standard 2.3 There is relevant external input to the design and management of the program, including from representatives of the optometry profession. (2016, p. 8).*

Optometry education providers may choose to address these standards in a variety of ways. For example, providers may already work with appropriate governance **processes** that include Aboriginal and/or Torres Strait Islander representatives (for Australian programs). If this is a committee, the committee

may oversee and guides curriculum development for optometry and could be involved in how the Optometry Framework is implemented. Other strategies include:

- developing relationships and partnership agreements with Aboriginal and/or Torres Strait Islander organisations
- developing and implementing Reconciliation Action Plans
- developing and implementing Aboriginal and/or Torres Strait Islander health curriculum frameworks.

Optometry education providers may undertake more than one of these strategies.

It will be valuable to consider how the existing governance processes can support implementation of the Optometry Framework. Careful consideration must be given to the Aboriginal and/or Torres Strait Islander representatives invited to participate. Participants can include relevant Aboriginal and/or Torres Strait Islander health leaders within and outside of the optometry profession, and representatives from local Aboriginal and/or Torres Strait Islander health organisations.

3.4.3 Staff capacity

The OCANZ accreditation standards require teaching and clinical staff and assessors to be suitably qualified and experienced for the units they teach, supervise and assess. Specifically, Standard 3.6 states that "teaching staff are suitably qualified and experienced to deliver the units that they teach" (OCANZ 2016, p. 10).

Therefore, staff capacity is a vital element for optometry education providers to include in their implementation plan for the Optometry Framework. Currently there are very few Aboriginal and/or Torres Strait Islander teaching staff and a low number of non-Indigenous teaching staff with the requisite knowledge and skills. Building cultural safety in the workplace, and up-skilling all staff in knowledge and skills in cultural safety and Aboriginal and Torres Strait Islander health are critical steps for implementing and delivering curriculum.

Critical questions for optometry education providers to address are:

- Is there a shared and clear understanding of the difference between cultural safety training compared to cultural awareness training? Please see the brief description of each form of cultural training in the Glossary.
- Has completion of cultural safety training been set as a minimum requirement for staff who teach, tutor and assess Aboriginal and Torres Strait Islander health and cultural safety program content?
- What level of support has been secured from staff at all levels of governance, management and implementation of the optometry program? Has cultural safety training been provided or offered to these staff to assist them in appreciating the relevance of the Optometry Framework?
- What formal support and resources are available to recognise the emotional labour of Aboriginal and/or Torres Strait Islander staff involved in the optometry program and provide direct support?

- Is an Aboriginal and Torres Strait Islander employment strategy currently in place and/or does the program actively support any organisation-wide Aboriginal and Torres Strait Islander employment strategy that is in place.[2]
- What steps have been taken to ensure that existing Aboriginal and/or Torres Strait Islander staff, including guest lecturers, also have access to the cultural safety professional development and support offered to non-Indigenous staff? It is important to not assume that because of their cultural identity, Aboriginal and/or Torres Strait Islander staff are fully equipped to develop and deliver curriculum and support Aboriginal and/or Torres Strait Islander students.
- What steps have been taken to establish and support active pathways for progression and professional development of existing and future Aboriginal and/or Torres Strait Islander staff?
- What steps have been taken to establish standardised processes for culturally safe moderating as part of the program's quality review process for assessment?

3.4.4 Aboriginal and/or Torres Strait Islander student support needs

In the 'The student experience' section of the OCANZ standards there are two standards that focus on student support, and equity and diversity.

> *Standard 4.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.*
>
> *Standard 4.7 Equity and diversity principles are observed and promoted in the student experience" (OCANZ 2016, p. 15).*

While these two standards are inclusive of Aboriginal and/or Torres Strait Islander students, it is vital that Australian optometry education providers consider the specific needs of Aboriginal and/or Torres Strait Islander students. First, they need to recognise the emotional labour and journey of Aboriginal and/or Torres Strait Islander students within the higher education environment and provide formal support and resources. Second, they need to consider the existing ability of staff to provide this support, and the steps needed to improve what is provided and how it is implemented.

An important component that may not receive sufficient consideration is the need to prepare academics and Aboriginal and/or Torres Strait Islander students for teaching and learning on cultural safety and Aboriginal and Torres Strait Islander health. At times this content can be traumatic for Aboriginal and/or Torres Strait Islander students depending on their history and experiences, how the teaching is structured, and the modalities used to engage students. Ideally such material would be experienced as acknowledging and validating their realities. Such an outcome will be more likely if academics are well

[2] Aboriginal and Torres Strait Islander staff must meet the three-part definition of identity, i.e. are of Aboriginal descent, Torres Strait Islander descent or Aboriginal and/or Torres Strait Islander descent; identify as an Aboriginal person, Torres Strait Islander person or Aboriginal and Torres Strait Islander person; and are accepted as such by the community in which he/she lives.

prepared for creating and maintaining culturally safe learning spaces, and if Aboriginal and/or Torres Strait Islander students are briefed on the units before they are delivered.

In addition to the daily experience of being 'racialised', Aboriginal and/or Torres Strait Islander students frequently face racial prejudice and discrimination from non-Indigenous peers on a number of additional fronts in higher education e.g. regarding their presence in the course, how they accessed their place, and what support they are and are not receiving. These dynamics can escalate when curriculum on Aboriginal and Torres Strait Islander health is being covered. It can contribute to Aboriginal and/or Torres Strait Islander students choosing not to declare their cultural identity within the program and/or the wider higher education context.

Critical questions for optometry education providers to address are:

- Have specific strategies been developed for academic staff and Aboriginal and/or Torres Strait Islander students to prepare adequately for teaching and learning in relation to Aboriginal and Torres Strait Islander knowledges and well-being?
- Have specific strategies been developed for Aboriginal and/or Torres Strait Islander students to seek support, if needed, based on either the content or how their non-Indigenous peers respond in teaching and learning spaces, including online?
- Have specific strategies been developed for educating non-Indigenous students on the necessity of affirmative action strategies for Aboriginal and/or Torres Strait Islander students, and the respect that is required when discussing curriculum that describes the lived experience of their families and communities?
- What is the existing ability of academic staff to both identify and respond to the support needs of Aboriginal and/or Torres Strait Islander students, and what should be done to enhance this?

3.4.5 Ensuring the allocation of sufficient resources

Standard 3.11 of the OCANZ standards requires that "the optometry program has the resources to sustain the quality of education that is required to facilitate the achievement of the competency standards (OCANZ 2016, p. 10). In 'Element 1.9: Provides for the care of patients with a diverse range of requirements and needs' of the entry-level optometric competency standards (Kiely & Slater 2015), performance criterion 1.9.3 states that "culturally sensitive optometric services are delivered" (p. 75). The suggested indicators for achieving this criterion are:

> *Ability to deliver optometric care that considers cultural, religious, language and socio-economic diversity and accords with current National Health and Medical Research Council cultural competencies for populations such as, but not limited to:*
>
> - *Aboriginal and Torres Strait Islander communities*
> - *socio-economically disadvantaged or otherwise marginalised people (e.g. homeless)*
> - *people with intellectual disabilities*
> - *residents in aged care facilities or supported accommodation*
> - *people of culturally and linguistically diverse backgrounds.*

> *Ability to recognise, monitor and evaluate how own personal attitudes, beliefs, values, norms, stereotypes, assumptions and biases can influence perceptions, behaviour and interactions with patients and affect equitable and relevant service delivery. (p. 75).*

Resourcing the Optometry Framework implementation process is paramount as it will support optometry education providers to prepare students to meet this criterion. It will be important for optometry education providers to include an allocation of resources for enhancing staff capacity as part of the implementation plan (see Section 3.4.3). These resources will be directed at:

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

3.4.6 Integrated and discrete curriculum content

The OCANZ standards are the **minimum** requirements to be met by optometry higher education providers. Consistent with the existing Standard 3.10 (see Section 1.4 of this document), it is highly recommended that the Optometry Framework be delivered through having both discrete content and content integrated across other units in the optometry curriculum. Undertaking an initial curriculum mapping process will help identify what content is currently delivered and where in the curriculum. This can then be compared with the material in Tables 2 and 3 in this document to identify what changes or adaptations will assist the program to strengthen its alignment with the Optometry Framework.

3.4.7 Continuous quality improvement

In the ‘Academic governance and quality assurance’ section, Standard 2.1 requires “robust academic governance for the program of study that includes systematic monitoring, review and improvement” (OCANZ 2016, p. 8). Further, Standard 2.2 states that “quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program” (OCANZ 2016, p. 8).

Therefore, implementation of the Optometry Framework is a starting point for optometry education providers. Once implemented it can be included in regular program review and improvement processes.

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Appendix

Table 3 demonstrates how the three curriculum content themes in the Optometry Framework map to the 17 themes in the original Framework.

Table 3: Relationship between the 17 original Framework and three Optometry Framework curriculum themes

Original Framework Theme	Optometry Framework
1: History of Aboriginal and Torres Strait Islander peoples and the post-colonial experience	**Theme 2:** History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice
2: Aboriginal and/or Torres Strait Islander culture, beliefs and practices	
3: Diversity of Aboriginal and Torres Strait Islander cultures	
4: Humility and lifelong learning	**Theme 3:** Delivery of culturally safe eye care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities
5: Cultural safety in health care, terminology and definitions	**Theme 1:** Integrating cultural safety into reflective practice and professionalism
6: Culturally safe communication	
7: Strengths-based knowledge and communication	**Theme 1:** Integrating cultural safety into reflective practice and professionalism **Theme 2:** History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice
8: Partnerships with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities	**Theme 3:** Delivery of culturally safe eye care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities
9: Clinical presentations	
10: Population health	**Theme 2:** History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice
11: Self-reflexivity	**Theme 1:** Integrating cultural safety into reflective practice and professionalism

Original Framework Theme	Optometry Framework
12: Culture of Australian health systems	**Theme 3:** Delivery of culturally safe eye care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities
13: Racism and anti-racism in health practice	**Theme 1:** Integrating cultural safety into reflective practice and professionalism
14: White privilege	
15: Equity and human rights in health care	
16: Social determinants	
17: Leadership, advocacy and effecting change	**Theme 3:** Delivery of culturally safe eye care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities

Glossary

The following descriptions explain the meaning of specific terminology used in the Optometry Framework.

Aboriginal and/or Torres Strait Islander is used to be inclusive when referring to individual people or groups of people. A person may identify as Aboriginal only, Torres Strait Islander only, or both Aboriginal and Torres Strait Islander. OCANZ acknowledges the diversity of the many nations or countries of Aboriginal peoples and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander is commonly used in national health documents; when referring to these documents or to the field of Aboriginal and/or Torres Strait Islander health, this term will be used.

Cultural awareness training: Cultural awareness training focuses on:

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

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

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

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

Cultural respect: This refers to the demonstration of individual and institutional health care practice that respects the rights of Aboriginal and Torres Strait Islander Australians to maintain, protect and develop their cultural values, knowledges, practices and skills. This contributes to Aboriginal and Torres Strait Islander Australians experiencing cultural safety during their interactions with the health care system, whether as staff or clients, and achieving equitable health outcomes (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016).

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

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

Cultural safety: The following boxed definition has been adopted by the National Registration and Accreditation Scheme (December 2019) for consistent use across the Scheme:

Principles:

The following principles inform the definition of cultural safety:

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

Definition

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

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

How to

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

a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;

b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;

c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;

d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

At an Australian Government level, cultural safety:

> *…identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns. (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, p. 18)*

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

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

This CATSINaM definition was adopted in the Australian Government's *'Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health'* (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016, p. 18).

There are other resources that optometry education providers can draw on in strengthening their understanding of and ability to teach cultural safety in their program. They include the *Cultural Safety in Policy and Practice Seminar Report* (CATSINaM 2016), the *CDAMS Indigenous Health Curriculum Framework* (CDAMS 2004) and the *Many Ways Learning Indigenous Curriculum Framework* (University of Melbourne 2017).

Cultural supervision and mentoring: The reference to cultural supervision and mentoring in this framework refers specifically to supervision provided by an experienced Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander person (within or external to the university) for non-Indigenous ***staff***, and Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander academic ***staff***. It focuses on supporting and developing the supervisee's cultural capabilities in delivering optometry education regarding health care for Aboriginal and/or Torres Strait Islander Australians. In contrast, commentary on this topic in the original Framework was focused on cultural supervision and mentoring for students.

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