



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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Acknowledgment of Country



The Optometry Council of Australia and New Zealand acknowledges the Traditional Custodians across the lands, waters and seas that we work, live and learn on. We pay our respects to Elders past and present and thank them for their continuing custodianship and ongoing contribution to society. OCANZ respects all Aboriginal and Torres Strait Islander Peoples, their customs and beliefs.

We acknowledge the Wurundjeri Woi Wurrung People of the Kulin Nation as the Traditional Owners of the lands where our office is located.

Kāhore taku toa i te toa takitahi, he toa takitini
We cannot succeed without the support of those around us



Artwork acknowledgement:

Looking at Country – Cultural Connections by Riki Salam (Mualgal, Kuku, Yalanji, Ngai Tahu), We are 27 Creative
Māori Art design by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu), Te Wheke Moko Design Studio

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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.

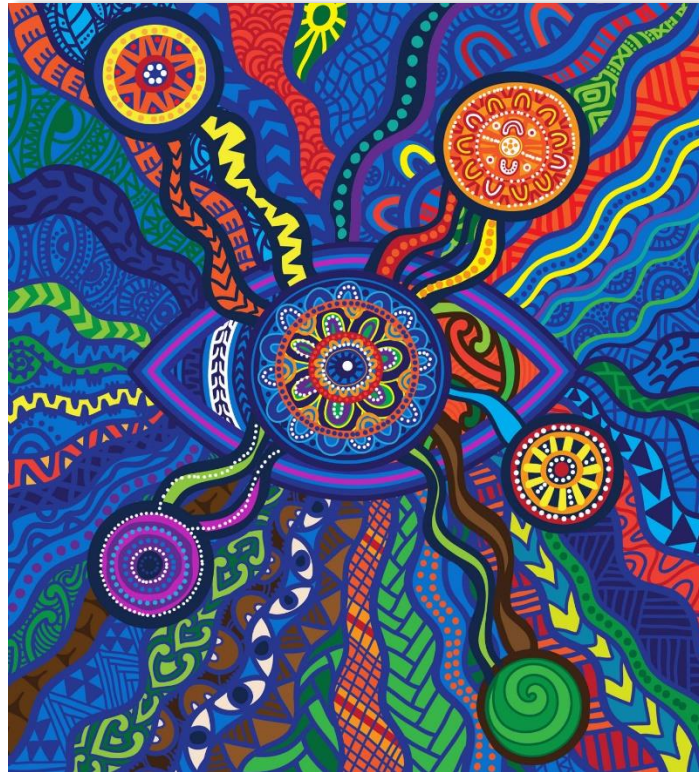
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Recommended reference:

Optometry Council of Australia and New Zealand 2018, *The 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*, OCANZ, Melbourne.

Looking at Country - Cultural Connections'

by Riki Salam (Mualgal, Kuku Yalanji, Ngai Tahu), We are 27 Creative.



Magpie lark sings in early dawn light, mist lifts as heat rises. Deep lines carved throughout Country, mud slides in shaded mangroves streams nurtures new beginnings. Engravings etched in wood send messages from place to place. Stars guide our way and bring us to new and plentiful lands. Tracks imprinted in desert sands; freshwater is found. Pathways connect us all stretching across land, sea and sky. Songs are sung in ceremony, Country is born, celebrations begin.

This artwork 'Looking at Country - Cultural Connections' is about looking at all different aspects and ways of looking and seeing Country and how it provides for us for in many and varied ways. From time immemorial Country has sustained us across generations, we, the custodians of these lands need to continually care for and look at Country in new and different ways. As we care for Country, so Country will take care of us. Cultural pathways are connected to OCANZ which is symbolised as a meeting place and yarning circle. This central circle also reflects the iris and the almond shape reflects that of an eye. The OCANZ values are connected to the central circle and references the Southern Cross constellation significant to both Australia and Aotearoa. These values help guide the organisation to open up many and varied opportunities of entering into the ever-important work of optometry and bettering the health and well-being of First Nations People throughout Australia, Zenadth Kes (Torres Strait) and Aotearoa New Zealand. The patterned pathways represent the importance of People, Culture and communities, these paths guide our way and reinforce support, stability and understanding throughout OCANZ.

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Section 1: Introduction

OCANZ works to promote and protect the eye health of the public in Australia and Aotearoa New Zealand by setting standards which assure the quality of optometric education, training, and assessment. OCANZ is committed to working alongside First Nations Peoples in Australia and Aotearoa to improve eye health outcomes for Aboriginal and Torres Strait Islander Peoples. A key component of this work contributes to making optometry services free of racism and inequity.

OCANZ supports equitable access and outcomes to eye care services for Aboriginal and Torres Strait Islander Peoples, without stigma, racism and fear, and the right to equitable outcomes from care. OCANZ aims to ensure that optometrists entering the workforce from universities in Australia, Aotearoa and overseas are equipped with the knowledge, skills, and attributes to provide culturally safe care. OCANZ further supports the equitable representation of Aboriginal and Torres Strait Islander Peoples in the profession through equitable access and admissions to culturally safe learning, training, and employment.

OCANZ strives to achieve this by:

- Including the knowledges and perspectives of First Nations Peoples across OCANZ accreditation and assessment functions.
- Ensuring that our Standards for optometry programs require education providers to include learning outcomes for Aboriginal, Torres Strait Islander and Māori Peoples health and to develop an entry-level optometry workforce that is cognisant of, sensitive and responsive to the needs and strengths of First Nations Peoples.
- Supporting education and training which increases optometrists' understanding of their own culture and cultural values and its impact on the delivery of eye care services.
- Supporting education and training to increase First Nations participation in the profession to at least population parity (OCANZ, 2020, p. 2).

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 courses² for health professions have been encouraged to use the Framework to ensure 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 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 2016 of the OCAZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs. In training optometry education providers in the requirements of these Standards, OCAZ 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 OCAZ cultural competence requirements related to Aboriginal and/or Torres Strait Islander Australians. The OCAZ cultural competency requirement also explicitly references Māori cultures, as OCAZ is inclusive of Australia and New Zealand. The OCAZ Accreditation Standards and Evidence Guide for Entry-Level

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>.

² Office of the Australian Qualifications Framework. *Australian Qualifications Framework*, 2013

Optometry Programs took effect in January 2017. In 2023, OCANZ released an updated Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs. The new standards include a standalone domain (Domain 2) on Cultural Safety.

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

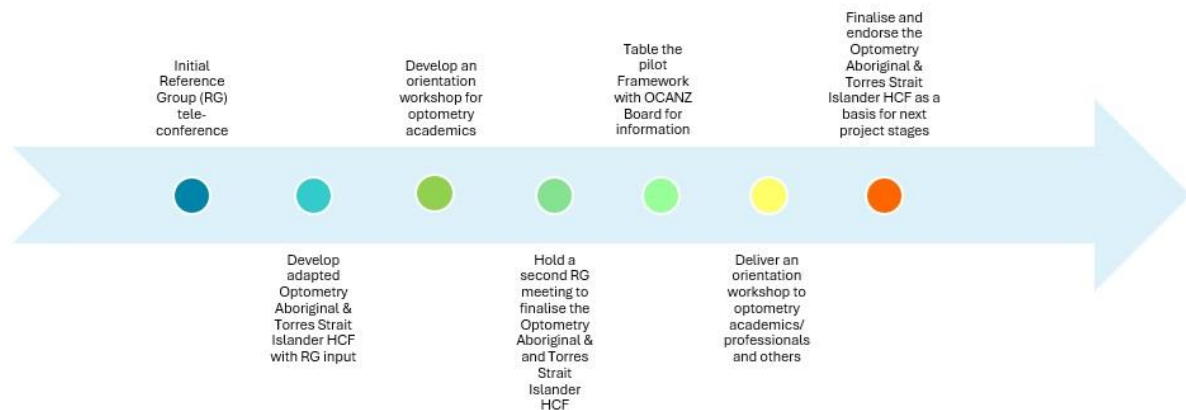
The Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework aims to help embed the original Framework and Indigenous health curricula in optometry programs of study to better prepare optometry graduates to provide culturally safe eye health services to Aboriginal and Torres Strait Islander Australians. It provides key recommendations on curriculum content, learning outcomes and assessment, and requirements for successful implementation to assist optometry education providers in addressing 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 Aboriginal and Torres Strait Islander Health Curriculum 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 shown 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/or 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/or Torres Strait Islander culture, history and health, 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 Aotearoa New Zealand were consulted about the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework before its application in optometry programs of study. At its October 2018 meeting, the OCANZ Board adopted the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework for implementation at the start of 2019. The Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework was launched at a national workshop on the 28 November 2018.

In 2024, OCANZ launched the Optometry Māori Health Curriculum Framework which introduces education in Māori culture, history, principles and core values into the optometry curriculum to enhance the cultural safety and responsiveness of optometrists in Australian and Aotearoa New Zealand. The development of the Optometry Māori Health Curriculum Framework was based on extensive community consultation and evidence review and developed with Kaupapa Māori approaches to ensure the content of the Optometry Māori Health Curriculum Framework was developed by Māori, for Māori with Māori. The Optometry Māori Health Curriculum Framework aligns with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and includes nine key themes and twenty-six learning outcomes that range in skill level development from novice, to intermediate and entry to practice. OCANZ will support optometry educators in

Australia and Aotearoa New Zealand to implement the Optometry Māori Health Curriculum Framework into the optometry curriculum.

1.4 Focus of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

OCANZ accredits programs of study in both Australia and Aotearoa New Zealand, and the relevant OCANZ criterion to which the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework relates is:

Domain 2: Cultural Safety. *The program ensures that students can provide culturally safe care for First Nations Peoples.*

This Standard requires education providers to demonstrate how the objective of culturally safe care for First Nations Peoples is being achieved in the program and is inculcated in graduates. A focus on increasing the number of First Nations optometry graduates is included (OCANZ, 2023, p. 10-11).

Both Australian and New Zealand optometry providers deliver pre-registration courses that prepare graduates for work in either Australia or Aotearoa New Zealand, so must meet the OCANZ Standard on Cultural Safety 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.

1.5 A shift in terminology

The current OCANZ standards use the term Cultural Safety in Domain 2 (page 10-11), reflecting a shift in terminology from the previous standards referencing cultural competence. It is for this reason that the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and the Optometry Māori Health Curriculum Framework have adopted the term cultural safety rather than cultural competence to align with this.

The ongoing work that OCANZ undertakes to promote the Optometry Aboriginal and Torres Strait Islander Health Curriculum 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 Aotearoa New Zealand. Over the past decade, it has been broadly adopted by many Aboriginal and/or Torres Strait Islander health organisations and people across Australia. Several of these organisations are involved in supporting Ahpra in embracing 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, 2019).

The three leading causes of vision impairment and blindness (vision loss) for First Nations people aged 40 and over in 2016 were refractive error (61%), cataract (20%) and diabetic retinopathy (5.2%) (AIHW 2023). Most (94%) of 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 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) at near (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 47% of those with diabetes had an eye examination at least once in 2021–22 (AIHW, 2023). 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 the Global Elimination of Trachoma by the year 2020 (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 2.2% in 2022. The overall prevalence has been below 5% since 2012 (AIHW, 2023). Ongoing work around facial cleanliness, safe and functional bathrooms and adequate housing is required but Australia is expected to receive WHO certification for the elimination of trachoma as a public health problem in 2025/2026.

The factors that contribute to poorer eye health for First Nations people are complex and may be related to a range of social and cultural determinants of health (Kirby Institute 2020; Razavi et al. 2018). 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 is encouraging, more work is required to close the gap for vision and eliminate avoidable blindness and vision loss in Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander self-determination and leadership are considered key to further improving Aboriginal and Torres Strait Islander health and wellbeing (The Lowitja Institute, 2020) as are efforts to improve patient cultural safety for Aboriginal and Torres Strait Islander Peoples and to ensure a health system free of racism (Ahpra, 2020).



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

The Optometry Aboriginal and Torres Strait Islander Health Curriculum 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 the 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

Section and focus	Application
	demonstrate cultural respect that leads to culturally safe health care and better health outcomes for Aboriginal and/or Torres Strait Islander Australians. The Optometry Aboriginal and Torres Strait Islander Health Curriculum 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 Aboriginal and Torres Strait Islander Health Curriculum Framework. The Optometry Aboriginal and Torres Strait Islander Health Curriculum 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 Aboriginal and Torres Strait Islander Health Curriculum 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 Aboriginal and Torres Strait Islander Health Curriculum 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	

Section and focus	Application
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 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

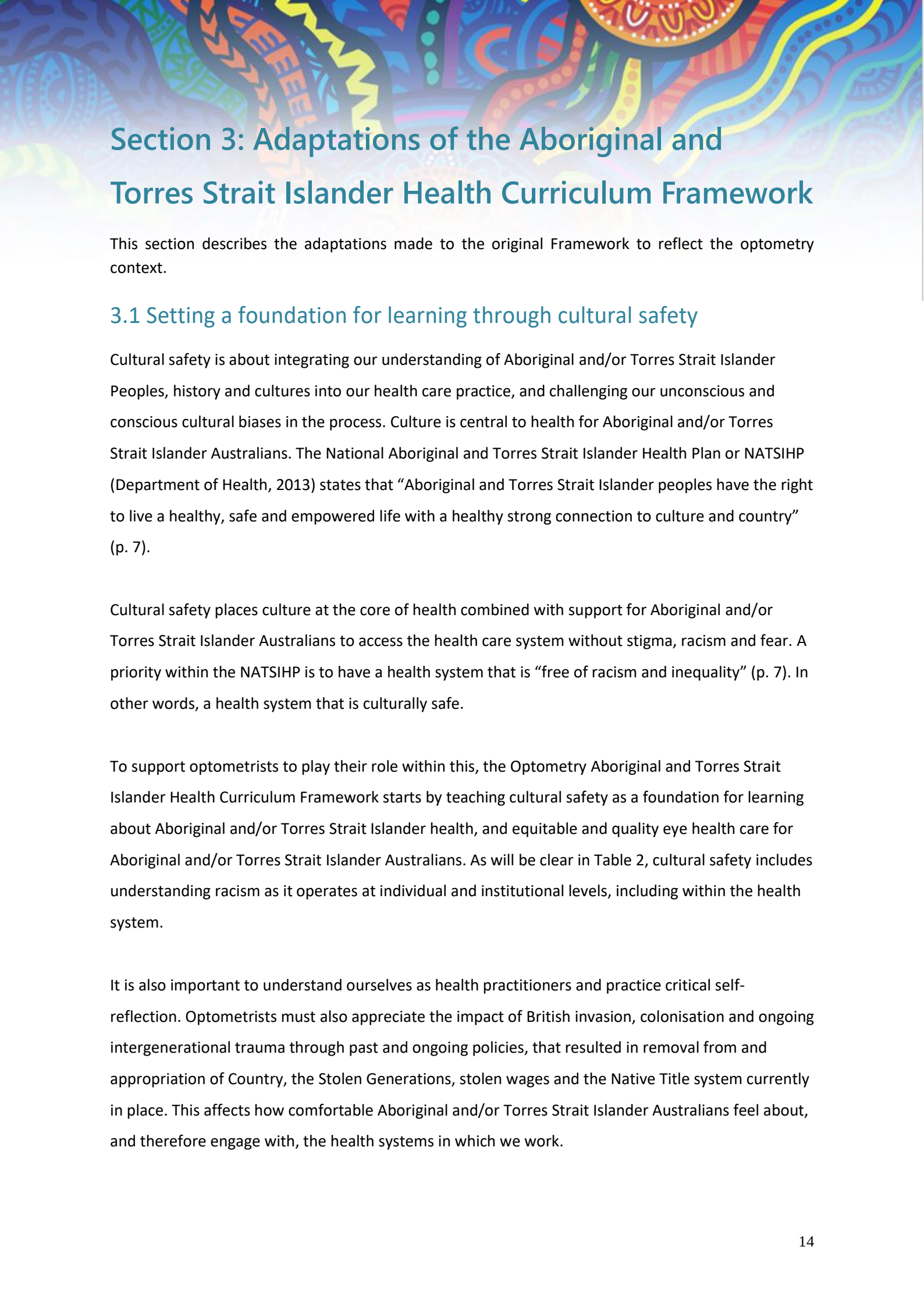
Section and focus	Application
	on cultural supervision and assessment issues. There is strong emphasis on partnerships with Aboriginal and/or Torres Strait Islander staff, health services and/or community members, where involvement commences with decision-making through to planning, implementation, student 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 Aboriginal and Torres Strait Islander Health Curriculum Framework, Schools will find the 'Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) a valuable tool and are highly encouraged to use it. It is consistent with the advice provided in the 'Implementing Aboriginal and Torres Strait Islander curriculum across the health professional program' section of the original Framework, and the additional information in Section 3.4 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 Aboriginal and Torres Strait Islander

Section and focus	Application
	Health Curriculum Framework and can access suitable training.

Implementation Guide

In 2024 OCANZ updated the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and created a separate Implementation Guide that included the information previously found in *Section 3 Implementation Guidelines* of the Framework. The Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: Implementation Guide is a companion document to the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and includes recommendations and resources to support the implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. The Implementation guide also specifies OCANZ expectations for optometry educators in implementing the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework.





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 Aboriginal and Torres Strait Islander Health Curriculum 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 understanding racism as it operates at individual and institutional levels, including within the health system.

It is also important to understand ourselves as health practitioners and 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)

Further to this the definition of cultural safety adopted by the National Registration and Accreditation Scheme (December 2019) and confirmed again in the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 defines cultural safety as:

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

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

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 1.

3.3 Trans-Tasman Bridging themes

While developing the Optometry Māori Health Curriculum Health Framework, two of the nine themes were identified as themes with Trans-Tasman application and therefore relevant to the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. OCANZ view these themes as 'bridging' themes between the Optometry Aboriginal and Torres Strait Islander and Māori Curriculum Health Framework in Australia and Aotearoa New Zealand. These include Theme 7:

Building a bridge: Research, Clinical environments, and suspicions and Theme 9: *Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands.*

Theme 7 encourages reflection on how one's own culture is influenced by majority cultures in Australia and/or Aotearoa New Zealand and how the dominant culture impacts suspicions of minority cultures when engaging in bridging programs.

Theme 9 recognises that Aboriginal and/or Torres Strait Islander and Māori Peoples in Australia and Aotearoa New Zealand have a shared colonial trauma that precedes the current inequities observed within communities. The theme highlights the similarities and, importantly, the differences that exist for each Peoples. It is essential to know and acknowledge the custodians of Country (Australia) and local/traditional mana whenua (Aotearoa) and maintain appropriate respect and recognition of regional cultural practice and processes.

The relationship between the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework themes and the Optometry Māori Health Curriculum Health Framework themes is illustrated in Table 4 in the Appendix 2.

3.4 Curriculum content, primary learning outcomes and assessment options

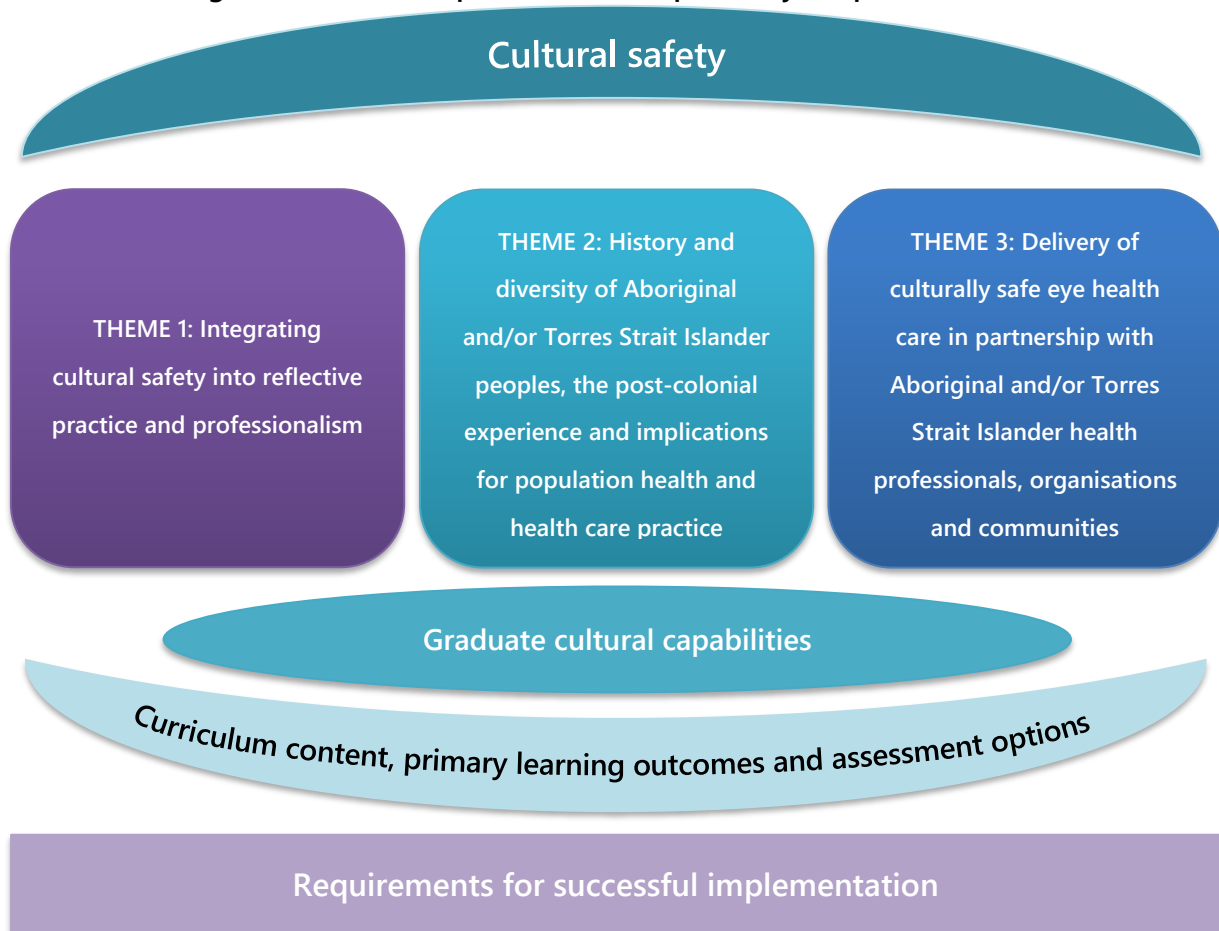
This section replaces the equivalent named component of Section 2 in the original Framework. Figure 2 illustrates the relationship between the optometry adaptations to this component of the original Framework.

The dark aqua arc represents how cultural safety is an overarching concept for the Optometry Aboriginal and Torres Strait Islander Health Curriculum 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). Further information regarding assessment can be found in the OCANZ Entry-Level Accreditation Standards and Evidence Guide. The final element of Figure 2 is the bottom lilac rectangle. It represents the material described in the Implementation

Guide, that provides recommendations for successful implementation to help ensure integrity is maintained in planning, implementing and monitoring the outcomes of the Optometry Aboriginal and Torres Strait Islander Health Curriculum 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 is a recommended teaching order.

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 AND STRENGTH BASED TEACHING

Strength-based teaching is a learner-centred approach that focuses on identifying, articulating, and applying students' individual skills and strengths. Instead of concentrating on deficits or what students can't do, this approach emphasises their abilities, knowledge, and capacities. The goal is to empower students by recognising and building on their strengths, fostering a positive and motivating learning environment.

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 Aboriginal and Torres Strait Islander Health Curriculum 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. 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/or 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	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
	incidence and prevalence among Aboriginal and/or		
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



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Appendix 1

Table 3 demonstrates how the three curriculum content themes in the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework map to the 17 themes in the original Framework.

Table 3: Relationship between the 17 original Framework and three Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework curriculum themes

Original Framework Theme	Optometry Aboriginal and Torres Strait Islander Health Curriculum 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-

Original Framework Theme	Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework
	colonial experience and implications for population health and health care practice
11: Self-reflexivity	Theme 1: Integrating cultural safety into reflective practice and professionalism
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



Appendix 2

Table 4 demonstrates how the three themes in the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework map to the nine themes in the Optometry Māori Health Curriculum Framework.

Table 4: Overview of OCANZ Optometry Health Curriculum Frameworks themes

Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework themes
Theme 1: Integrating cultural safety into reflective practice and professionalism	Theme 1: Achieving an accessible eye health care service
	Theme 2: Promises broken and where to from here
	Theme 3: Unpacking equality and equity
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 4: Racism, discrimination and recovering an equal partnership
	Theme 5: Kaupapa Māori approaches and other frameworks
	Theme 6: Naming the challenges: Structures, frameworks, and positionality
Theme 3: Delivery of culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations, and communities	Theme 7: Building a bridge: Research, Clinical environments, and suspicions
	Theme 8: Kaupapa Māori in a clinical context
	Theme 9: Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands



Glossary

The following descriptions explain the meaning of specific terminology used in the Optometry Aboriginal and Torres Strait Islander Health Curriculum 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) and confirmed again in the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 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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CONSULTANT

Kathleen Stacey, *beyond...* (Kathleen Stacey & Associates)

REFERENCE GROUP MEMBERS

Mitchell Anjou, Academic Specialist; Senior Research Fellow, Indigenous Eye Health Unit University of Melbourne

Anthea Cochrane, Senior Lecturer, University of Melbourne

Andrew Collins, Academic Director, School of Optometry, University of Auckland; Board Member, Optometry Council of Australia and New Zealand

Sian Lewis, Executive Officer, Optometry Council of Australia and New Zealand

Candice McKenzie, Academic Coordinator for Indigenous Education, Deakin University

Joleen Ryan, Lecturer, Indigenous Health, Deakin University

Linda Turner, Board Member, Optometry Council of Australia and New Zealand

PILOT ORIENTATION WORKSHOP PARTICIPANTS

Mitchell Anjou, Academic Specialist; Senior Research Fellow, Indigenous Eye Health Unit University of Melbourne

Lyn Brodie, National Chief Executive Officer, Optometry Australia

Anthea Cochrane, Senior Lecturer, University of Melbourne

Andrew Collins, Academic Director, School of Optometry, University of Auckland; Board Member, Optometry Council of Australia and New Zealand

Jane Duffy, Senior Lecturer, Deakin University

Daryl Guest, Clinical Director, University of Melbourne

Michael Guthrie, Director Accreditation and Quality Assurance, Australian Dental Council

Shelley Hopkins, Lecturer, Queensland University of Technology

Jia Jia Lek, Associate Lecturer, University of Melbourne

Sian Lewis, Executive Officer, Optometry Council of Australia and New Zealand

Christine Nguyen, Lecturer, University of Melbourne

Joleen Ryan, Lecturer Indigenous Health, Deakin University

Linda Turner, Board Member, Optometry Council of Australia and New Zealand

Ryan Wood-Bradley, Lecturer, Deakin University

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Peter Malouf, Associate Professor, University of New South Wales

Members of the Optometry Council of Australia and New Zealand Indigenous Strategy Taskforce:

Renate Watene, Chair

Shannon Peckham, Deputy Chair

Mitchell Anjou

Nicola Anstice

Lilon Bandler

Lauren Carr

Sara Carrison

Andrew Collins

Donna Murray

Optometry Council of Australia and New Zealand staff:

Kelley Baldwin

Susan Kelly



