

Accreditation of Speech Pathology Degree Programs: Guidelines for Reporting of Aboriginal and Torres Strait Islander Curriculum Development and Inclusions

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1. Purpose

The purpose of this document is to outline Speech Pathology Australia's university accreditation guidelines related to the acknowledgment of Aboriginal and Torres Strait Islander Peoples as the First Nations Peoples. In addition, this document details consequent implications for speech pathology curriculum development, teaching and learning, staff capabilities and student recruitment and retention.

2. Background

In 2011, Health Workforce Australia (HWA) recommended that all health science degrees should be mandated to “Embed mandatory cultural competency curricula, including an understanding of the role of the Aboriginal and Torres Strait Islander Health Worker, in vocational and tertiary education for health professionals” (Health Workforce Australia, 2011, p.57).

Around this time, momentum to develop greater inclusion of Aboriginal and Torres Strait Islander curricula within speech pathology university programs, was growing. Much of the impetus was initiated by Aboriginal speech pathologists who were also part of the Indigenous Allied Health Association (IAHA) and interested speech pathology academic staff. Meetings followed in subsequent years, generally linked to accreditor or heads of university program meetings.

In 2015 Professor Beth Armstrong obtained a grant from Edith Cowan University which enabled these conversations to be furthered and become more formalised. Aboriginal speech pathologists and advisors, members of IAHA, non-Aboriginal clinicians with significant experience working in Aboriginal and Torres Strait Islander communities, academics, university accreditors, heads of university programs and representatives from SPA including Board members, were part of these extensive conversations and forums.

Key reference documents during this period of consultation included:

Health Workforce Australia (2011). *Growing Our Future: The Aboriginal and Torres Strait Islander Health Worker Project Final Report*. Adelaide.

Zubrzycki, J., Green, S., Jones, V., Stratton, K., Young, S., Bessarab, D. (2014). *Getting it Right: Creating Partnerships for Change. Integrating Aboriginal and Torres Strait Islander knowledges in social work education and practice*.

Indigenous Allied Health Australia (2015). *Cultural Responsiveness in Action: An IAHA Framework*. Deakin, ACT: Indigenous Allied Health Australia.

Commonwealth Department of Health (2016). *Aboriginal and Torres Strait Islander Health Curriculum Framework*. Canberra: Department of Health.

In 2016, the Commonwealth Department of Health developed the Aboriginal and Torres Strait Islander Health Curriculum Framework. The Framework was the product of “an environmental scan of entry level curricula and professional/ accreditation standards; key informant interviews; a broad literature review; workshops with stakeholders in the higher education system, health professionals, and accreditation bodies; online consultation submissions; a series of case studies on good practice; online surveys and consultation with expert advisors; and a final stakeholder forum” (p. 1-8).

The Framework reinforces that “developing a shared vision and map for implementing Aboriginal and Torres Strait Islander health curricula across health professions is important to support the health care system to holistically enhance the cultural capabilities of health service providers” (p.1-8).

Speech Pathology Australia consequently determined that university accreditation requirements should specifically include frameworks that facilitate provision of culturally safe and appropriate services to Aboriginal and Torres Strait Islander people. An Aboriginal and Torres Strait curriculum working party was formed and subsequently, an Aboriginal and Torres Strait Islander advisory committee. These groups facilitated, inputted and reviewed the changes and additions to the Competency Based Occupational Standards (CBOS, 2011) as well as changes and recommendations made to the Speech Pathology Australia accreditation guidelines.

The SPA Board accepted the new Aboriginal and Torres Strait Islander inclusions to the Competency Based Occupational Standards (CBOS) for Speech Pathologists – Entry Level (2011) in January 2017. The guidelines which follow include specific inclusions and suggestions to support universities to demonstrate how they currently embed and report on Aboriginal and Torres Strait Islander content, pedagogies and assessments in their speech pathology curricula as well as how to report on future implementation plans.

As the current CBOS (2011, revised 2017) is under review, it should be acknowledged that the current CBOS and relevant accreditation guidelines are subject to change. These documents are therefore seen as a starting point for the accreditation requirements of Aboriginal and Torres Strait speech pathology curriculum development and inclusions.

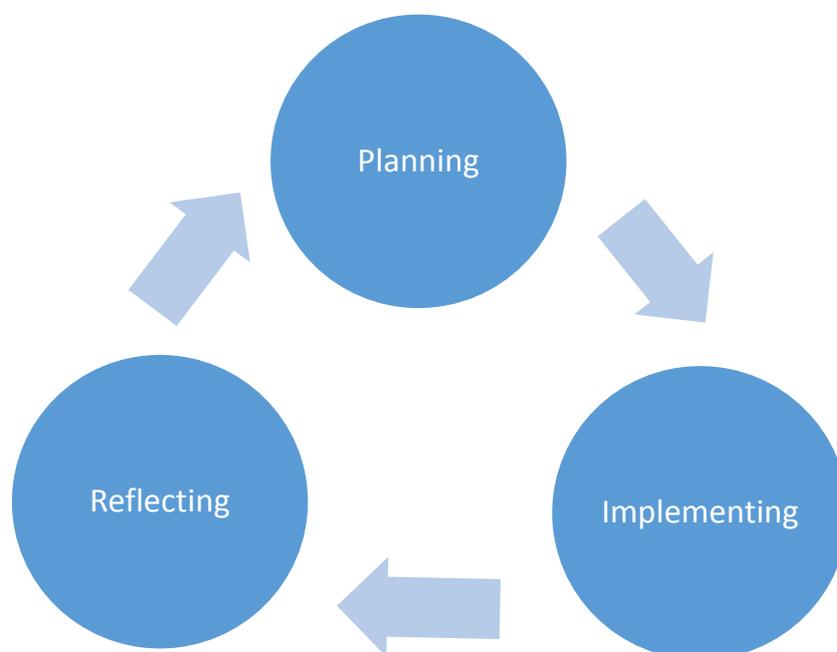
3. The Guidelines

From 2019, accreditation of Australian speech pathology programs will require that each program provides evidence of how they are responding to the 2017 amendments to CBOS (2011) and how they are facilitating the development of all graduating students' capabilities regarding speech pathology practice with Aboriginal and Torres Strait Islander Peoples.

Speech Pathology Australia recognises that each program's journey towards meeting the requirements outlined in these amendments will be different. Some programs may already have well-developed inclusions and future plans whereas others are only beginning to consider what is required. Hence, the accreditation requirements serve as guidelines to development rather than prescriptive expectations. The notion of 'progressing towards' the requirements will be central to the overall approach to accreditation in the foreseeable future.

A 'quality cycle' approach to curriculum development is recommended in which the three key components are: planning, implementation and reflection (see Figure 1).

Figure 1: Quality cycle approach to curriculum development



This constitutes a curriculum 'development and/or renewal' process that aligns with all programs, irrespective of individual programs' progression with the revised requirements.

Programs will not be judged by where they are in the cycle, but rather, will provide evidence of their implementation and engagement with the quality cycle. *It should be noted that generic cross-cultural content must be articulated separately from that which is exclusively Aboriginal and Torres Strait Islander content.*

3.1 Areas to be addressed

There are five primary areas to be addressed for accreditation purposes within the quality cycle approach:

1. **Partnership/engagement with Aboriginal and Torres Strait Islander communities**
2. **Curriculum development**
3. **Student capabilities**
4. **Staff capabilities**
5. **Aboriginal and Torres Strait Islander student recruitment, retention and graduation**

Whilst each area is related, the notion of partnership and engagement with Aboriginal and/or Torres Strait Islander communities are central to the development of all aspects of curriculum.

The following documents have informed the guidelines and are considered key resources for developing content which aligns with the guidelines.

- The Aboriginal and Torres Strait Islander Health Curriculum Framework
Commonwealth Department of Health. (2016). *Aboriginal and Torres Strait Islander Health Curriculum Framework*. Canberra: Department of Health. Retrieved July 26, 2018, from [http://www.health.gov.au/internet/main/publishing.nsf/Content/72C7E23E1BD5E9CFCA257F640082CD48/\\$File/Health%20Curriculum%20Framework.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/72C7E23E1BD5E9CFCA257F640082CD48/$File/Health%20Curriculum%20Framework.pdf)
- Cultural Responsiveness in Action: An IAHA Framework
Indigenous Allied Health Australia. (2015). *Cultural Responsiveness in Action: An IAHA Framework*. Deakin, ACT: Indigenous Allied Health Australia. Retrieved July 26, 2018, from <http://iaha.com.au/wp-content/uploads/2015/08/2015-IAHA-Cultural-Responsiveness-Framework-WEB.pdf>
- Getting it Right: Creating partnerships for change. Integrating Aboriginal and Torres Strait Islander knowledges into social work education and practice
Zubrzycki, J., Green, S., Jones, V., Stratton, K., Young, S., Bessarab, D. (2014). *Getting it Right: Creating Partnerships for Change. Integrating Aboriginal and Torres Strait Islander knowledges in social work education and practice*. Teaching and Learning Framework. Sydney: Australian Government Office for Learning and Teaching. Retrieved July 26, 2018, from http://www.acu.edu.au/data/assets/pdf_file/0010/655804/Getting_It_Right_June_2014.pdf
- The Universities Australia Indigenous Strategy 2017-2020, developed in close consultation with the National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC).
Universities Australia. (2017). *Universities Australia's Indigenous Strategy 2017-2020*. Canberra, ACT: Universities Australia. Retrieved July 26, 2018, from <https://www.universitiesaustralia.edu.au/ArticleDocuments/212/Indigenous%20Strategy%20Web.pdf.aspx>

3.2 Exploration of the primary areas and exemplars of evidence

To facilitate each program's development of content which addresses the guidelines, an outline of each of the areas to be addressed and possible examples of evidence are provided below.

3.2.1 Partnership/engagement

Partnership/engagement may take a variety of forms and have a variety of purposes. Partnerships may develop from long term relationships or shorter-term opportunities which benefit both Aboriginal community organisations and university programs. The aim of these partnerships is to increasingly and in an ongoing manner inform speech pathology pedagogies so that speech pathology graduates can incorporate Aboriginal and Torres Strait Islander knowledges and values into relevant clinical practice. The important component is demonstrating collaboration as part of a two-way process, with sensitivity to community needs and goals. Different levels of partnership exist. They may be part of a whole of program/school/university ethos and culture of partnership with Aboriginal and Torres Strait Islander communities or could exist in isolation in one of these areas. Details of this could be included in the Governance section of your accreditation documents. Research partnerships may also be a source of relationship that may be of benefit to the general academic program.

Strong evidence for partnerships would include co-development and review of curriculum, individual subjects, learning materials, assessment, practicum experiences. Potential partners may include within-university Aboriginal and/or Torres Strait Islander centres, student and staff groups or individuals, Aboriginal and/or Torres Strait Islander clients, family groups, language centres, Aboriginal Community Controlled Health Organisations, education and early childhood contexts, community groups, non-government organisations, Aboriginal and/or Torres Strait Islander teams within other services, Indigenous Allied Health Australia.

Partnership/engagement examples:

- Aboriginal and/or Torres Strait Islander representation on curriculum/consultative committees
- Aboriginal and/or Torres Strait Islander academic staff member(s) as regular contributor(s) to curriculum discussions and/or as regular lecturer(s)/unit convenor(s)
- Individual staff relationships with Aboriginal and/or Torres Strait Islander community organisations which may be related to or result from clinical, academic (curriculum) or research activities
- A working relationship between the program and the university's Aboriginal /Torres Strait Islander Centre (staff, student pathways, research, resources)
- Links between the program and local communities/ Elders/ potential speech pathology stakeholders e.g. parents of children with hearing loss, families of people with acquired brain injury, service providers, community support groups
- A working relationship with one of the University Departments of Rural Health (federally funded centres across the country) that may be involved with local regional/rural communities
- A working relationship with local language centres present in most cities or towns e.g. Wangka Maya Language Centre in Port Hedland, WA, the Yugambeh Museum, Language and Heritage Research Centre in Brisbane, Qld, the Victorian Aboriginal Corporation for Languages, in Melbourne.

3.2.2 Curriculum development

In consultation with Aboriginal and/or Torres Strait Islander academic colleagues and/or community contacts, speech pathology curricula can be planned to encompass a variety of content, activities and assessments relevant to Aboriginal and Torres Strait Islander knowledge and understandings to inform the development of cultural responsiveness in graduates.

This should range from introductory components, relating to cultural, historical, socio-political and systemic issues, and notions of power, knowledge and white privilege at an 'awareness' level, to components developing these ideas by involving increasingly higher levels of reflection and critical thinking and employing notions of cultural safety and responsiveness as they relate to a variety of clinical contexts. This would cover reflection on practicum experiences and examination of different lenses used in the reflections. Explicit teaching regarding appropriate terminology to use when referring to Aboriginal and Torres Strait Islander peoples should also be included.

As part of their accreditation documentation, programs may provide information on the following as they relate to their stage of development:

- The university context e.g. governance, supports available etc.
- Vision across a program
- Curriculum structure, development and ongoing review
- Curriculum content (this can be articulated as vertical or horizontal structuring, individual topics, or other curriculum structures that may be utilised)
- Assessment.

Curriculum does not only involve the content, but the manner in which the content is taught. As noted in the previous section, content should be developed in consultation with Aboriginal academics and/or community members. In addition, the curriculum should demonstrate a strengths-based approach toward Aboriginal and Torres Strait Islander communication, not one engendering notions of Aboriginal and Torres Strait Islander clients requiring additional 'support' or 'strategies' to function in mainstream Australia.

Reference to the location of the university within the historical context, grounds, traditional owners, languages, and landmarks should be built in to curriculum, rather than being separate from the educational experience itself.

Through the accreditation guidelines, SPA acknowledges that assessment practices may not always drive curriculum content or experiential learning. Valuable learning can occur outside of assessment but the pedagogical frame needs to be articulated.

In describing their Aboriginal and Torres Strait Islander curriculum content, universities need to outline the process or cycle that enables curriculum development and renewal depicted in Figure 1. This may include detail on governance, the overarching vision or direction for the program, as well as the process by which this is enacted at a curriculum level.

Curriculum development examples:

Differences in curriculum design and pedagogy will be evident across programs. For example, some programs may have dedicated units; others may have content embedded within topics across the program; in others both may apply. However, content related to Aboriginal and Torres Strait Islander communities and culture must be distinct from curriculum components addressing cultural and linguistic diversity in general and should not be embedded in a particular stream that focuses on disorder e.g. 'special populations' which typically has a disability focus. Neither should the inclusions be represented by a single lecture within a disorder based unit.

Two examples of curriculum structure are presented in Tables 1 and 2.

Table 1. Possible Aboriginal and Torres Strait Islander curriculum structure within an integrated graduate entry program

Year 1 Semester 1	Year 1 Semester 2	Year 2
Communication topic: Includes content on communication and culture across the lifespan.	Language impairment topic: Includes case discussion of a child from an Aboriginal and/or Torres Strait background referred for assessment. Treatment includes discussion of language disorder vs. language difference. Language use in clinical discussions with families and reporting research data is discussed, with strength-deficit framework explicitly critiqued.	Case studies involving Aboriginal and/or Torres Strait Islander clients to be embedded within units. Multiple components to be considered: One case is an Aboriginal man from a remote community who is flown to a metropolitan hospital to undergo laryngectomy surgery
Population health subject includes discussion on social and cultural determinants of health		
Placement experiences	Placement experiences	Placement experiences

Table 2. Possible Aboriginal and Torres Strait Islander curriculum structure within an undergraduate program with dedicated content

Year 1	Year 2	Year 3	Year 4
<p>Cultural competence module incorporating reference to colonisation and assimilation and associated issues as they arise for individuals and families currently. Notions of white privilege, white fragility, cultural lens</p>		<p>Two units devoted to Aboriginal and/or Torres Strait Islander content e.g. Unit 1: Focus on Aboriginal English incorporating pragmatics - not focusing only on vocabulary, syntax and phonology i.e. ways of communicating; values of communication/ yarning Unit 2: Focus on Speech Pathology practice incorporating principles of cultural security</p>	<p>Professional practice unit incorporating advocacy roles in relation to Aboriginal language rights, re-visiting the notion of 'cultural lens' and how one's own culture may influence one's practice and assumptions</p>
<p>Placement experiences</p>	<p>Placement experiences</p>	<p>Placement experiences</p>	<p>Placement experiences</p>

3.2.3 Student capabilities

As noted above, the accreditation guidelines acknowledge that assessment practices should not always drive curriculum content or experiential learning, as valuable learning experiences can occur that are not necessarily assessed and may occur despite assessment practices.

In this context, the notion of capability rather than competency drives the new standards. Capability is defined as an “all round human quality that allows knowledge, skills and personal attributes to be applied not just in the known circumstances but in response to new and changing circumstances” (Stephenson, 2000, p.2). This differs from the notion of competency which is defined by Duignan as “a set of skills, knowledge and attributes that are the outcome of a learning journey” (as cited in Commonwealth Department of Health, 2016, p.2-7). Capabilities encompass different qualities as noted in various key frameworks already developed (e.g. Aboriginal and Torres Strait Islander Health Curriculum Framework, IAHA Cultural Responsiveness Framework, Getting it Right Framework).

Levels of achievement varying from Novice to Intermediate to Entry Level are described in the Aboriginal and Torres Strait Islander Health Curriculum Framework, while the other frameworks describe capabilities in less prescriptive terms.

Capabilities outlined in the IAHA framework are aligned with the dimensions of knowing (skills, knowledge, experience), being (attitudes, values), and doing (actions), with culturally responsive outcomes crucial to any documentation of these capabilities.

- Respect for centrality of culture
- Self-awareness
- Proactivity
- Inclusive Engagement
- Leadership
- Responsibility and accountability

Capabilities in the Aboriginal and Torres Strait Islander Health Curriculum Framework are framed within an encompassing context of relationships and partnerships.

- Respect
- Communication
- Safety and quality
- Reflection
- Advocacy

The Getting it Right framework outlines the following Social Work graduate attributes:

- Be critically aware and capable of deconstructing individual cultural situatedness and its relationship to the construction of Aboriginal and Torres Strait Islander knowledges, peoples etc.
- Be critically alert to the complexities of cross-cultural understanding and the acquisition of cross-cultural sensitivity.
- Value and engage with diverse forms of knowledge, ‘other’ ways of knowing, and their pertinent/related practices
- Understand Aboriginal and Torres Strait Islander cultures and cultural values including the complexity and diversity of Aboriginal and Torres Strait Islander communities and their contemporary concerns.

- Actively contribute to contemporary debates on the delivery of social justice and human rights for Aboriginal and Torres Strait Islander peoples.
- Recognise and practice appropriate professional values and skills with respect to Social Work with Aboriginal and Torres Strait Islander peoples.

Extensive examples of assessments and curriculum content are included in both the Aboriginal and Torres Strait Islander Health Curriculum Framework and the Getting it Right Framework. Another framework that may inform assessment processes is found in the Office of Learning and Teaching (OLT) report by Delaney and colleagues (2016). They describe three interrelated capabilities relevant to speech pathology practice, namely:

- Critical thinking; using a wide theoretical lens to identify and incorporate complexity, diversity and history within health practice.
- Critical action; a capability to use critical thinking to inform and drive practice decisions and actions.
- Critical being; a capability to be a health professional disposed to critical thinking and action necessary for work with Indigenous peoples (p. 9).

Student capability examples:

Critical thinking:

Delaney et al. (2016) describe wide critical thinking as referring to “the wide lens that students need to use to recognise and incorporate political, institutional, and economic structures and the stories and experiences, and their own biases and attitudes, all of which can impact on a person’s health and well-being.” (p.12). Within this capability, multiple perspectives are examined including socio-political, historical and systemic issues, and theorising occurs about why circumstances are as they are. Curriculum content for this capability can be embedded throughout a program in many ways.

Some cases study examples are provided below.

Case studies can be examined through a critical lens in which students would be exposed to multiple perspectives, for both theoretical and clinical decision-making processes.

An adult case may describe a patient from a remote community who is transferred to a metropolitan hospital after a brain injury who may want to return home; this may be for multiple reasons including a lack of culturally secure rehabilitation services in the metropolitan hospital, difficult communication channels regarding prognosis and future options, personal experience of a family member passing away in the same metropolitan hospital, or relating recovery to being on country. Classroom discussion or assessment may explore student/health professional attitudes to the recovery process, historical knowledge, openness to personal experiences of the client, and spiritual beliefs.

A paediatric case may describe a mother going to her local GP where she is told her child is delayed. The GP suggests the child needs a Speech Pathology assessment to ensure the child will be ready for school. The family feels unsure about what this means and not sure where to go for access to services (showing the differences in access).

Classroom discussion or assessment may explore the type of assessments that might be used by the speech pathologist, as well as requirements for engagement with the client and family (in an Aboriginal Community Controlled Health Organisation, mainstream private or public practice). It will also include assessment of student knowledge surrounding linguistic/ pragmatic features of Aboriginal English and Aboriginal languages to gauge students’ ability to incorporate a strength rather than deficit-based approach to language difference.

Case studies may be supported using varied media e.g. video, simulation, to facilitate authenticity and student exploration of a range of perspectives.

Case studies should encompass both urban and rural/remote issues, reflecting the population pattern of the majority of Aboriginal and Torres Strait Islander peoples residing in urban settings, but also acknowledging the challenges facing those living in rural and remote areas in terms of accessing currently organised health and education services.

Case studies should also encompass a range of contexts and scenarios, ensuring that common or stereotypical case scenarios e.g. children having otitis media are not the only cases presented to students.

Critical action:

Critical action refers to “the idea of combining critical thinking with practice decisions about what to do or say in clinical contexts. Critical actions from this perspective are grounded in self-reflection, incorporate self-regulatory judgment, and result in ‘productive and positive activity’” (p.13). This involves culturally responsive practice.

While learning for this capability may occur through use of case studies or simulation, much learning will occur in clinical practice. Examples include: case history taking using a ‘yarning’ approach, emphasis on reflective practice, health promotion activities in partnership with Aboriginal and/or Torres Strait Islander communities, considering the environment and person before analysing the impairment, after acknowledging client’s concerns and broader issues, student/health professional comes to joint problem solving with client, and potential options.

Critical being:

Critical being represents “the final and emancipatory phase of transformative learning It combines and integrates wide critical thinking and an orientation to critical action. It also corresponds to the concept described in educational literature as the capability to continue along a life-long learning professional career trajectory.” (p. 14) Reflections have implications for contexts beyond individual situations – drawing on experiences to form ongoing practice.

Students may demonstrate the integration of their critical thinking and action and reflect on their own being and identity within the Australian context and as a health profession. This capability includes continuation of lifelong learning and of continually reflecting on experiences and practice. For example, a student/health professional reflects on context, beliefs etc. and generates new conclusions/options for a variety of future situations and contexts based on prior experiences and knowledge i.e. generalises beyond the particular situation(s) encountered to develop a new way of responding.

Table 3. Specific assessment examples

Assessment principles	Assessment examples
Critical thinking	<ul style="list-style-type: none"> • case scenarios (written and video stimulated) • critique and linguistic analysis of policies, • critique and linguistic analysis of speech pathology reports, • critique journal articles in terms of stance, agency • simulations • self-reflections on policies, and media representations of Aboriginal and/or Torres Strait Islander peoples • analysis of health status of one's own town/city, potential comparisons with other communities • analysis of differing world view frameworks (e.g., medical model, ways of knowing, being and doing)
Critical action	<ul style="list-style-type: none"> • case studies • reflections on working with cultural difference and own development. How student's behaviours/ practices have changed • health promotion assignments • case history taking assignments and assessment methods e.g. assessment yarning (Lewis, Hill, Bond, & Nelson, 2017) making the connection methods (Nelson, McLaren, Lewis, & Iwama, 2017), clinical yarning methods (Lin, Green, & Bessarab, 2016) • final capstone reflection on experience of working with an Aboriginal and/or Torres Strait Islander client OR • reflection on student's journey and what they have learnt about cultural capabilities and responsiveness.
Critical being	<ul style="list-style-type: none"> • clinical cases • vivas • simulations, incorporating assessment, feedback and treatment sessions with individuals and families, language used by clinician, use of clinical yarning techniques, language not always framed through 'deficit lens' particularly in regard to research findings and therapy/treatment/ strategies • reflections on changes of actions (e.g.in a portfolio) • final capstone reflection on student journey and how they have changed in response to developing cultural capabilities

3.2.4 Staff capabilities

It is important to acknowledge that staff involved in teaching students in academic and clinical contexts are on their own journey towards understanding and demonstrating cultural capabilities. This capability cannot be assumed and therefore programs should provide evidence of their commitment to developing staff cultural capabilities.

Speech pathology programs are required to provide evidence of strategies which are currently in place/planned to develop cultural capabilities at both an individual staff and team level and to demonstrate how this capability development impacts on the planning and implementation of curriculum.

Staff capability examples:

- Evidence of staff taking up opportunities for internal (university) and/or external professional development which focus on development of cultural capabilities including:
 - An awareness of historical and current contexts
 - Respect for culture/ valuing culture/ focusing on strength-based approaches to clinical practice
 - Understanding where harm has happened and potential for ongoing harm
- Evidence of immersion experiences for staff, for example, an opportunity to visit an Aboriginal community or attend clinical placements with students
- Evidence of development of collaborative relationships with Aboriginal and Torres Strait Islander communities/units, e.g. a connection with the Poche Centre or Indigenous Studies Unit at your university or a community-controlled Aboriginal and Torres Strait Islander Health Service.
- Evidence of strategies to develop staff awareness of student cultural capabilities which are considered and incorporated throughout the program, for example, capabilities identified in the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (pages 30-32)
- Evidence of speech pathology staff involvement in relevant university committees, e.g. reconciliation action plan committees, Aboriginal and Torres Strait Islander curriculum development committees, student recruitment committees focusing on attracting and retaining students from Aboriginal and Torres Strait Islander background.
- Evidence of involvement of speech pathology staff in research projects working with clients and/or staff in Aboriginal and Torres Strait Islander communities/units
- Evidence of strategies to develop cultural capabilities for university-employed clinical educators, e.g. advising them of opportunities for professional development.

3.2.5 Student recruitment, retention and graduation

As part of the SPA 2017-2019 Strategic Plan to create a culturally-responsive workforce, a key initiative is to “identify and implement specific strategies to target and ensure diversity of entrants to the profession, including those from Aboriginal & Torres Strait Islander backgrounds...” (p.13). To align with this intention, university speech pathology programs will be required to provide evidence of how they are engaging with this endeavour.

Strategies currently in place at Australian universities aimed at increasing Aboriginal and Torres Strait Islander student recruitment, retention and graduation include targeted entry programs and pathways, Aboriginal and Torres Strait Islander support units, Australian Indigenous Mentoring Experience, primary and secondary school visits by marketing teams and in some cases health professionals and student ambassadors, and particular university scholarships for Aboriginal and Torres Strait Islander students. It is important that specific speech pathology involvement/collaboration in any of these initiatives would provide good evidence of development of this component of the requirements.

A focus on recruitment at both undergraduate and postgraduate levels is important as there may be different strategies required for each of these levels of entry. Programs are referred to the Universities Australia Indigenous Strategy 2017-2020 for further details of university initiatives. Engagement of the speech pathology program with the university’s Indigenous centre regarding student recruitment is essential.

Student recruitment, retention and graduation examples:

- Aboriginal representation on program consultative committees providing input into recruitment and retention strategies for speech pathology specifically
- Targeted university media campaigns involving speech pathology
- Engagement with local Aboriginal communities to increase the speech pathology profile, including potential Aboriginal employers/organisations
- Regular engagement with IAHA
- Indigenous career expos, including those targeted towards students in the local university area
- Program involvement in Australian Indigenous Mentoring Experience (AIME).

4. Self-evaluation

To ensure graduating students have capabilities to practice with Aboriginal and Torres Strait Islander Peoples, programs are encouraged to engage in ongoing reflection. To assist in this process, the Organisational Commitment and Health Professional Program Readiness Assessment Compass (OCHPPRAC) tool is recommended (Commonwealth Department of Health, 2016, Attachment A, p 3-37. Retrieved August 2, 2018, from

[http://www.health.gov.au/internet/main/publishing.nsf/Content/72C7E23E1BD5E9CFA257F640082CD48/\\$File/Health%20Curriculum%20Framework.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/72C7E23E1BD5E9CFA257F640082CD48/$File/Health%20Curriculum%20Framework.pdf).

The OCHPPRAC was developed to assist the HPP (Health Professional Program) to identify the readiness of their environment for implementing The Aboriginal and Torres Strait Islander Health Curriculum Framework. While programs are not required to implement this framework specifically, the Assessment Compass will nevertheless provide a useful method for programs evaluating their progress.

5. Conclusion

As noted in the introduction, this paper provides guidelines for universities to address the changes to CBOS (2011, revised 2017) in their accreditation processes in relation to development of academic and practicum curriculum content related to working with Aboriginal and Torres Strait Islander clients and their communities.

Five areas of focus have been identified and must be addressed via an ongoing quality improvement process. These areas are:

1. partnership/engagement with Aboriginal and Torres Strait Islander communities,
2. curriculum development,
3. student capabilities,
4. staff capabilities, and
5. Aboriginal and Torres Strait islander student recruitment, retention and graduation.

There are multiple strategies that can be employed to address these areas. Thus, this paper seeks only to provide guidance to universities as they begin or continue to develop their curricula to be culturally responsive to the health needs of Aboriginal and Torres Strait Islander clients. The examples cited are neither definitive nor exhaustive. Universities are advised to consult the comprehensive frameworks already developed and referred to in this paper for further ideas and curriculum discussion.

6. References

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6.1 Other Resources

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