



# APAC Third Consultation Draft Accreditation Standard for Programs of Study in Psychology (June 2016)

## AIPEP, AIPA and IAHA joint response

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## **1. The Australian Indigenous Psychology Education Project**

The Australian Indigenous Education Project (AIPEP) is a Commonwealth Government Office for Learning and Teaching (OLT) funded project. Professor Pat Dudgeon, from the University of Western Australia, led a project team that represents several Australian Universities (Charles Sturt University, Macquarie University, University of New South Wales, the University of Notre Dame, and the University of Western Australia) and the Australian Psychological Society.

The Project designed, implemented and evaluated curricular and support frameworks in psychology training programs in order to maximise: (a) recruitment and retention of Indigenous students, and (b) integration of Indigenous content and cultural competency training for all students in psychology.

The Project involved a multi-pronged approach. Information, insights and experiences were gathered from a range of key stakeholders and data sources to inform the development of a curriculum framework, best practice examples and professional development. AIPEP is informed by a multi-disciplinary national reference committee, with representation from Heads of Departments and Schools of Psychology Association (HODSPA) and the Australian Psychology Accreditation Council (APAC). AIPEP is guided by Indigenous governance, values and partnership.

<http://www.IndigenousPsychEd.org.au>

## **2. The Australian Indigenous Psychologists Association**

The Australian Indigenous Psychologists Association (AIPA) is the national body representing Aboriginal and Torres Strait Islander psychologists in Australia. AIPA is committed to improving the social and emotional well-being and mental health of Aboriginal and Torres Strait Islander peoples by leading the change required to deliver equitable, accessible, sustainable, timely and culturally competent psychological care which respects and promotes their cultural integrity. Furthermore, AIPA is committed to supporting and formally representing the views of Aboriginal and Torres Strait Islander psychologists, supporting Indigenous psychology students through undergraduate and postgraduate courses, working toward achieving equity within the profession, and developing and delivering professional development activities which aim to increase the cultural competence of the mental health workforce, service delivery and the mental health system overall. By maintaining a high standard of practice and engaging in Indigenous psychological research, AIPA is committed to being on the forefront of Indigenous psychology in Australia.

<http://www.indigenouspsychology.com.au>

### **3. Indigenous Allied Health Australia**

Indigenous Allied Health Australia (IAHA) is the national member based Aboriginal and Torres Strait Islander allied health organisation. IAHA is committed increasing the number of Aboriginal and Torres Strait Islander allied health professionals in order to close the gap in health outcomes and improve the health and wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities.

As a national body IAHA provides support and advocacy on behalf of Aboriginal and Torres Strait Islander allied health professionals and students at a local, regional and national level, works closely with organisations, universities and other related sectors to improve health curricula, address allied health workforce issues, and promote allied health careers to Aboriginal and Torres Strait Islander peoples, and provides expert advice to governments, allied health professional bodies, educational institutions and the health sector in relation to health policy and issues. IAHA develops and maintains strong networks and connections to Aboriginal and Torres Strait Islander communities to ensure IAHA core objectives are meeting their needs and aspirations.

(<http://www.iaha.com.au>)

### **4. Introduction and General Comments on the Third Consultation Draft Accreditation Standards**

Thank you for the opportunity to comment. These comments are informed by our particular interest in increased cultural responsiveness in psychology graduates in general and professional psychologists in particular. Comments are made with particular reference to the perspectives of Aboriginal and Torres Strait Islander Australians. We also refer to AIPA's (2012) submission to the First Consultation Draft and AIPEP and AIPA's (2014) joint submission to the Second Consultation Draft.

Our submission draws greatly on the work of AIPEP and in particular the AIPEP Curriculum Framework and AIPEP Workforce Capabilities Framework (to be published at [www.IndigenousPsychEd.org.au](http://www.IndigenousPsychEd.org.au) in September 2016). APAC was represented on the AIPEP National Reference Committee and at a meeting on Leadership in Indigenous Mental Health held in February 2016. As a result APAC have been involved in the development of the AIPEP Frameworks and has become signatory to the AIPEP Statement of Commitment (to be published at [www.IndigenousPsychEd.org.au](http://www.IndigenousPsychEd.org.au) in September 2016) iterating APAC's commitment to "take collaborative action as a profession and a discipline to play our part in addressing the mental health gap and preventing future harm".

We also note the extensive work on cultural competence in the health workforce. This has been explicitly addressed both in the revision of the National Practice Standards for the Mental Health Workforce (Victorian Department of Health, 2013), and the Aboriginal and Torres Strait Islander Health Curriculum Framework (Department of Health, 2014). Moreover, there is discipline-specific work in

medicine (Phillips, 2004), public health (e.g. PHERP, 2008), social work (Young, Zubrzcki, Green, Jones, Stratton & Bessarab, 2013), nursing (e.g. Nash, Meiklejohn & Sacre, 2006) and internationally (e.g. Nikora, 2007; IPAC, 2009; Jones, Pitama, Huria, Poole, McKimm, Pinnock & Reid, 2010).

Cultural responsiveness is a strengths based, action oriented approach to building cultural safety. Being culturally responsive places the onus on health professionals to respond appropriately to the unique attributes of the person, family or community with whom they are working. Self-reflection and reducing power differences are central. Assumptions based on generalisations or stereotypes about a person's ethnic, cultural or social group are barriers to cultural safety.

A culturally responsive psychology workforce is imperative to APAC's mission to protect the public. AIPEP, AIPA and IAHA contend that a psychologist who is not competent in Indigenous health is not a competent psychologist. In order to "ensure graduates of accredited programs receive high-quality education and are well equipped to employ their psychological knowledge and skills in the community" there must be a conscious and visible focus within the psychology curriculum (including pedagogy and assessment). It is therefore critical that the APAC Accreditation Standards for Psychology Programs stipulate the minimum standards needed to meet the unique needs of Aboriginal and Torres Strait Islander peoples.

## **5. What is missing from the components of the proposed Accreditation Standards for Psychology Programs?**

### ***Terminology and Inclusion***

AIPEP, AIPA and IAHA acknowledge the strong criterion included under Domain 3

*Criterion 3.7 Cultural competence, including with Aboriginal and Torres Strait Islander culture, is appropriately integrated within the program and clearly articulated as required learning outcomes.*

However, overall the Draft Standards do not adequately set the standard for effective psychological practice in relation to Aboriginal and Torres Strait Islander peoples. There needs to be stronger emphasis and visibility of Aboriginal and Torres Strait Islander specific references within the Standards in order to meet the unique needs of Aboriginal and Torres Strait Islander peoples.

While cultural competency, cultural safety, cultural respect, cultural awareness and cultural sensitivity are all terms that have been used (often interchangeably) to describe the training and/or attributes required to effectively engage with Aboriginal and Torres Strait Islander peoples, the National Aboriginal and Torres Strait Islander Health Curriculum Framework (Department of Health, 2014) notes that:

*There is no single definition for cultural competence or pedagogical model to develop it, and the term remains contentious due to its implication that there is a finite set of learning outcomes.*

*(Department of Health, 2014. p2-22).*

By contrast IAHA (2015) defines cultural responsiveness as:

- holding culture as central to Aboriginal and Torres Strait Islander health and wellbeing
- involving ongoing reflective practice and life-long learning
- relationship focussed
- person and community centred
- appreciating diversity between groups, families and communities
- requiring access to knowledge about Aboriginal and Torres Strait Islander histories, peoples and cultures.

IAHA (2015) also identifies 6 key capabilities that are essential components of culturally responsive practice which are Respect for Centrality of Culture, Self-Awareness, Proactivity, Inclusive Engagement, Leadership, and Responsibility and Accountability.

Cultural responsiveness focuses on the health professional's ability to apply the above principles and capabilities at each health encounter and acknowledges the diversity within Aboriginal and Torres Strait Islander communities.

AIPEP, AIPA and IAHA recommend that the APAC Standards reflect current terminology using 'cultural responsiveness' and 'Aboriginal and Torres Strait Islander inclusion' in place of 'cultural competence'.

**Recommendation 1: Embed Aboriginal and Torres Strait Islander specific references within the Standards and explicitly articulate the minimum and ongoing requirements for psychology students at all the different graduate competency levels to demonstrate culturally responsive practice, particularly when working with Aboriginal and Torres Strait Islander peoples.**

AIPA and IAHA are happy to respond to any subsequent inquiries and assist with further wording upon request.

### ***Social and Emotional Wellbeing***

There is overwhelming evidence of the mental health crisis facing Aboriginal and Torres Strait Islander peoples. This includes:

- an overall suicide rate twice that of non-Indigenous peoples and more than five times for 15-19 year olds (Australian Health Ministers' Advisory Council, 2015)
- more than twice the rate of self-reported high and very high levels of psychological distress (Australian Health Ministers' Advisory Council, 2015)
- anxiety and depression accounting for more than half of the total burden of mental illness among Indigenous adults (Vos et al., 2007; note that the efficacy of psychological treatments for these conditions is well established, although less so with Indigenous peoples)

And yet

*the lack of 'fit' between Indigenous concepts of social and emotional wellbeing and mainstream concepts of mental health and illness that have informed mental health service provision to date, has been well documented (NATSIHC 1989; RCIADC 1991; National Aboriginal Mental Health Conference 1993; Burdekin 1995; Swan & Raphael 1995; HREOC 1997; Senate Community Affairs Committee 2008; 2010).  
(AIPA, 2016)*

This crisis is further exacerbated by the severe under-representation of Aboriginal and Torres Strait Islander peoples in the profession of psychology and the dearth of cultural responsiveness in psychology education and training programs. A complexity of historical, economic, social and cultural factors, including past approaches to health care, have created a system in which there is inequitable access to health care and wellbeing program.

Social and emotional wellbeing (SEWB) is a multidimensional concept of health that includes mental health, as well as other health domains. The Ways Forward national consultancy established nine guiding principles that underpin SEWB. The model developed by AIPA members Gee, Dudgeon, Schultz, Hart and Kelly (2013) provides a visual illustration of how these domains interact and relate in the overall wellbeing of Aboriginal and Torres Strait Islander peoples.

As First Peoples of Australian, Aboriginal and Torres Strait Islander peoples have the right to expect consideration within the Draft Standards, acknowledging the importance of Aboriginal and Torres Strait Islander culture and the specific history and experiences of Aboriginal and Torres Strait Islander peoples in Australia (United Nations, 2008).

As First Nations peoples, Aboriginal and Torres Strait Islander peoples have a right to receive services situated within their cultural realities and needs and "to the highest attainable standard of physical and mental health" (United Nations, 2008. Article 24(2)).

**Recommendation 2: Include understanding of social and emotional wellbeing, the cultural and social determinants and how they apply to practitioner and public understandings and interventions**

### ***Assessor Tools and Training***

AIPEP, AIPA and IAHA recognise that the effectiveness of the APAC Accreditation Standards will be determined primarily by the assessment tools and training program provided to APAC Assessors. In developing the tools and training it is fundamental to APAC's commitment to close the mental health gap and reduce further harm, and to the principles of Indigenous governance and culturally responsiveness, that APAC work in partnership with AIPA and IAHA.

AIPEP, AIPA and IAHA recommend that Aboriginal and Torres Strait Islander peoples be involved as Assessors for all programs. However, in recognition of the limited number of eligible Aboriginal and Torres Strait Islander psychologists it is recommended that:

- An Aboriginal and Torres Strait Islander Assessment Committee be established to assess the responses provided by institutions with specific attention on and reference to cultural responsiveness and Aboriginal and Torres Strait Islander inclusion
- APAC work to increase the number of Aboriginal and Torres Strait Islander Assessors

**Recommendation 3: An Aboriginal and Torres Strait Islander Assessment Committee be established to assess the responses provided by institutions with specific attention on and reference to cultural responsiveness and Aboriginal and Torres Strait Islander inclusion**

**Recommendation 4: APAC work to increase the number of Aboriginal and Torres Strait Islander Assessors**

### ***Psychological Tools and Therapeutic Interventions***

All reference to psychological tests, inventories, tests and therapeutic interventions has been removed from the Draft Standards. AIPEP, AIPA and IAHA contend that the use of generic tests and interventions has been a key contributor to both damage done by culturally inappropriate psychological practice, and related barriers for Aboriginal and Torres Strait Islander peoples. It is critical that the APAC Standards include specific reference to the need for education providers to discuss:

- the context in which psychological theories and tools are developed
- reflexive practice
- how to locate culturally appropriate tools
- how to be culturally responsive in the absence of culturally appropriate tools

**Recommendation 5: The Standards Domains include discussion of culturally responsive psychological tools and therapeutic interventions**



## **Domains of Standards**

AIPEP, AIPA and IAHA recognise that APAC's intent in developing the Draft Standards was to provide flexibility for education providers. However, Aboriginal and Torres Strait Islander social and emotional wellbeing, and the knowledge, values and skills to work effectively and appropriately with Aboriginal and Torres Strait Islander peoples are not yet developed enough within the discipline and profession to be taken for granted. It is therefore critical that specific reference is made throughout the document to ensure that Aboriginal and Torres Strait Islander peoples are front and centre of mind when developing, implementing and evaluating psychology programs.

As discussed in the introduction, psychologists' capacity to work in a culturally responsive manner with Aboriginal and Torres Strait Islander peoples is fundamental to the APAC mission of public safety.

### **Domain 1: Public safety**

Domain 1 would be improved by including reference to relevant concepts, tools and principles, for example:

- Criterion 1.2: include specific reference to the APS Guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander people of Australia (2015) and NHMRC Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research (2003).
- Criterion 1.3 include the ability to practice in a culturally responsive manner

**Recommendation 6: Include specific reference to Aboriginal and Torres Strait Islander concepts, tools and principles under Domain 1.**

### **Domain 2: Academic governance and quality assurance**

Domain 2 would be improved by including criteria requiring the involvement of Aboriginal and/or Torres Strait Islander peoples, and in particular representatives of the local Aboriginal or Torres Strait Islander community, in the governance arrangements of psychology programs.

**Recommendation 7: Include specific reference to Aboriginal and Torres Strait Islander peoples involvement in governance and quality assurance under Domain 2.**

### **Domain 3: Program of study**

AIPEP, AIPA and IAHA would like to comment on this domain with regards to the criterion for education providers to ensure cultural competence, including with Aboriginal and Torres Strait Islander cultures, is appropriately integrated within the program and clearly articulated as required learning outcomes.

Despite the strength of this criterion there is no further explanation or exploration in the Evidence Guide of how this might be achieved or demonstrated.

Domain 3 would be improved by ensuring that Criterion 3.7 include a commitment to a lifelong journey toward cultural responsiveness to achieve cultural safety for Aboriginal and Torres Strait Islander peoples and other Australians and that graduates can:

- apply the understanding that all Australians and particularly Aboriginal and Torres Strait Islander peoples have the right to access culturally safe and responsive health care that is free from racism
- acquire and apply attitudes, skills and knowledge that facilitate cultural safety
- conduct regular self-reflection of attitudes, skills and knowledge required to deliver culturally responsive care
- identify areas for professional development and undertake training related to building capabilities required to deliver client-centred, culturally responsive services

**Recommendation 8: Include commitment to lifelong journey toward cultural responsiveness under Criterion 3.7.**

**Recommendation 9: Include guidance on how cultural competence, included under Domain 3, may be achieved in the Evidence Guide.**

**Recommendation 10: Include definition of cultural competence, cultural responsiveness, cultural safety and Aboriginal and Torres Strait Islander inclusion in Glossary.**

### **Domain 4: The student experience**

The experience of AIPEP, AIPA and IAHA is that there is great misunderstanding of the concepts of equity and merit and how they may be applied to the student experience. In order to ensure that education providers understand both their obligations to meet the APAC Standards and their obligations to increase the recruitment, retention and graduation of Aboriginal and Torres Strait Islander psychology students it is essential that these concepts are further explained. The use of examples of compliant and non-compliant applications of equity may assist in providers in developing innovative approaches.

For example, the University of New England has amended their honours entry requirements such that all Aboriginal and Torres Strait Islander students meeting

the minimum requirements for entry are offered a place. These places have been added to the original allocation and students are therefore not in competition with, or seen as 'taking places away' from, student entering the program through traditional routes.

The recommendations resulting from the Leadership in Indigenous Mental Health meeting (Feb, 2016), attended by APAC representatives, provide specific suggestions on selection guidelines:

- Selection guidelines (particularly for Honours and postgraduate programs) that highlight the strengths related to Aboriginal and Torres Strait Islander heritage and the benefits this brings for the student, the training program and the profession
- Culturally safe selection procedures (for example, involving Indigenous Education Centre (IEC) staff in interviews; holding interviews at the IEC)

**Recommendation 11: Include 'culturally appropriate' under Criterion 4.1**

**Recommendation 12: Include a definition of equity in the Glossary**

**Recommendation 13: Add the following criterion: Culturally responsive and safe personal and professional support services are provided and promoted to students**

**Recommendation 14: Add the following criterion: Selection procedures are culturally safe and recognise the strengths related to Aboriginal and Torres Strait Islander heritage and the benefits this brings to the student, the training program and the profession.**

### **Domain 5: Assessment is fair, reliable and valid**

Assessment is the manner through which education providers will determine students' progress towards the graduate competencies and, in postgraduate programs, towards professional capabilities. It is critical therefore, that assessment strategies are developed and implemented in a manner that is culturally appropriate, culturally validated and effective in evaluating the specific knowledge, skills and values in question.

**Recommendation 15: Add the following criterion: Assessment tools are culturally appropriate and validated**

**Recommendation 16: Add the following criterion: Appropriate tools are used to assess the development of cultural responsiveness and culturally safe practise**

## **Graduate Competencies**

### **Foundational Competencies**

AIPEP, AIPA and IAHA recognise that graduates of undergraduate psychology programs, while not qualified to register as psychologists, may go on to hold roles within the mental health, health or other related fields. The cultural responsiveness of these graduates is equally as important as those working in the psychology profession and therefore a key responsibility of education providers. The knowledge, skills and values of psychology undergraduates working in other fields will also affect the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, through their professional and personal engagement, the involvement in the recruitment, management and peer support of colleagues, and the development of public and private policy, services and products. APAC also has a responsibility to these graduates to provide the foundations of cultural responsiveness.

**Recommendation 17: Include 'cultural responsiveness' in list of topics under 1.1**

**Recommendation 18: Amend 1.1(iv) to read "psychological disorders and evidence-based and culturally appropriate interventions"**

**Recommendation 19: Amend 1.1(xi) to read "culturally appropriate psychological assessment and measurement"**

**Recommendation 20: Amend 1.2 to read "Apply knowledge and skills of psychology in a manner that is reflexive, culturally appropriate, and sensitive to the diversity of ..."**

**Recommendation 21: Amend 1.4 to read "Demonstrate an understanding of appropriate values and ethics in psychology, including the APS Guidelines for the provision of psychological services for, and the conduct of psychological research with, Aboriginal and Torres Strait Islander people of Australia and NHMRC Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research"**

**Recommendation 22: Amend 1.5 to read: "Demonstrate interpersonal skills and teamwork, including culturally responsive engagement, Aboriginal and Torres Strait Islander inclusion, and working in partnership with community"**

## **Pre-professional Competencies**

As with undergraduates, AIPEP, AIPA and IAHA recognise that graduates of fourth year and other pre-professional qualifications may or may not enter mental health or related fields. As the APAC Standards reflect, pre-professional graduates are expected to have well developed understanding of the fundamentals of psychological practice. This must also include cultural responsiveness.

**Recommendation 23:** Amend 2.2 to read: “Demonstrate appropriate and culturally responsive interpersonal communication skills...”

**Recommendation 24:** Amend 2.3 to read “Demonstrate culturally responsive interview techniques across a range of contexts”

**Recommendation 25:** Amend 2.4 to read “Demonstrate basic assessment strategies in situations appropriate to psychological practice, applying knowledge of the construction, cultural considerations, implementation and interpretation of some of the more widely used standardized psychological test instruments.”

**Recommendation 26:** Amend 2.5 to read “Explain how basic psychological intervention strategies can be applied in a culturally responsive manner across a range of contexts”

## **Professional Competencies for General Registration**

As has been discussed in the introduction and earlier in this section, psychologists who are not competent to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples are at risk of causing significant damage in the use of inappropriate communication, assessments and interventions. As well as direct clinical practice, psychologists may be involved in the development of policies, interventions, communications, service design and funding models that have community or population impacts. Cultural responsiveness is therefore imperative to the minimum standards for professional registration.

**Recommendation 27:** Amend 3.2 to read “Apply evidence-based and scientific methods to professional practice across the lifespan in culturally responsive and empirically valid ways”

**Recommendation 28:** Amend 3.3 to read “Employ culturally responsive professional communication skills with a range of socially and culturally diverse clients”

**Recommendation 29:** Amend 3.4 to read “Perform appropriate standardized psychological testing, in a culturally responsive manner and as part of a broader assessment, to assess and interpret aspects of functioning”

**Recommendation 30:** Amend 3.5 to read "Applying a culturally responsive understanding of social and emotional wellbeing, identify psychological disorders using a recognised taxonomy"

**Recommendation 31:** Amend 3.6 to read "Conduct culturally responsive professional interviews and assessments and synthesise information from multiple sources, including assessment of risk, to formulate a conceptualization of the presenting issues to determine the most appropriate interventions."

**Recommendation 32:** Amend 3.7 to read "Interpret and communicate findings in oral and written formats, including formal and psychological reports, using culturally appropriate language"

**Recommendation 33:** Amend 3.10 to read "Work appropriately and effectively with a range of professional and support staff in the workplace and communicate and collaborate effectively and respectfully, within the bounds of ethical and legal requirements."

### **Professional Competencies for Specialised Areas of Practice**

While it is recognised that psychologists training for specialised area of practice endorsement will be expected to demonstrate the competencies of general registration it is critical that the training ensure the development of culturally responsiveness in relation to the advanced knowledge, skills and values required of graduates and that the content, assessment strategies and pedagogy are developed in partnership with Aboriginal and Torres Strait Islander peoples.

**Recommendation 34:** Amend 4.1.1, 4.2.1, 4.3.1, 4.4.1, 4.5.1, 4.6.1, 4.7.1, 4.8.1 and 4.9.1 to include social and emotional wellbeing

**Recommendation 35:** Amend 4.1.2, 4.2.2, 4.3.2, 4.4.2, 4.5.2, 4.6.2, 4.7.2, 4.8.2 and 4.9.2 to read "Apply advanced psychological knowledge to culturally responsive assessment in the area of ..."

**Recommendation 36:** Amend 4.1.3, 4.2.3, 4.3.3, 4.4.3, 4.5.3, 4.6.3, 4.7.3, 4.8.3 and 4.9.3 to read "Apply advanced psychological knowledge to culturally responsive interventions in the area of ..."

## 5. Evidence Guide

AIPA, AIPEP and IAHA understand that the revised Accreditation Standards will be stronger when supported by explicit evidence requirements that reflect an increased commitment to achieving Aboriginal and Torres Strait Islander health equality.

In particular, as stated previously in Recommendation 9, explicit guidance is needed under Domain 3 on how education providers can demonstrate they are able to meet Criteria 3.7 - Cultural competence, including with Aboriginal and Torres Strait Islander peoples, and how this is appropriately integrated within and across the program and clearly articulated as required learning outcomes for students.

It is also critical that the guidance provided in the accompanying Evidence Guide embeds evidence requirements across all standard statements and criteria (including those with no explicit mention of Aboriginal and Torres Strait Islander peoples/issues) to articulate how education providers can:

- produce psychology graduates with the skills, knowledge and experiences to work effectively with, and deliver culturally responsive care to, Aboriginal and Torres Strait Islander peoples;
- recognise and strengthen the processes, structures and systems that will enhance their ability to create culturally safe learning and teaching environments; and
- place priority on the development of cultural as well as clinical capabilities in their graduates.

Evidence may include:

- outlining how Aboriginal and Torres Strait Islander peoples and perspectives are integrated into formal academic governance arrangements
- specific policies and procedures in place to address the needs of Aboriginal and Torres Strait Islander peoples as students, staff and community
- culturally inclusive information provided to prospective and enrolled students about each program (in particular, any specific resources available to Aboriginal and Torres Strait Islander prospective and enrolled students).
- Data on the number, EFTSL and representation of Aboriginal and Torres Strait Islander students are enrolled in programs, including those enrolled in programs delivered online.
- Aboriginal and Torres Strait Islander specific educational philosophy/design/threshold learning outcomes for each of the programs being accredited.
- unit profiles/outlines for each component of each program that clearly articulate how Aboriginal and Torres Strait Islander specific content is included.
- program learning outcomes and their alignment to building the cultural responsiveness of graduates at each level of competency within the curriculum map for each program.

- assessment aligned to building the cultural responsiveness of graduates at each level of competency within the assessment matrix, or other consolidated and comprehensive assessment design documentation, for each program.
- examples of learning and teaching materials and approaches, using a range of delivery methods, that are inclusive of Aboriginal and Torres Strait Islander pedagogies and perspectives.
- staffing numbers, professional qualifications, areas of expertise, teaching and supervision responsibilities that demonstrate suitability to teach Aboriginal and Torres Strait Islander content.
- professional staff development opportunities and participation that promote lifelong journeys toward being culturally responsive.

**Recommendation 37: Explicitly articulate the evidence requirements at all graduate competency levels that outline the structures and processes in place to ensure graduates can engage in culturally responsive practice when working with Aboriginal and Torres Strait Islander peoples.**

## **6. Concluding Comments**

In conclusion, AIPEP, AIPA and IAHA are pleased to see increasing attention to Indigenous content and specific cultural responsiveness in this APAC Consultation Draft. We believe that the proposed standards will be strengthened by including the additional standards or reworded standards as detailed above and assuring that emphasis on cultural responsiveness in working with Aboriginal and Torres Strait Islander peoples is included for all competency levels of the APAC Standards.



## 7. References

- AIPA (2012). *Response to the APAC consultation draft: Accreditation standards for psychology courses, September 2012.*  
[https://www.psychologycouncil.org.au/Assets/Files/Australian\\_Indigenous\\_Psychologists\\_Association.pdf](https://www.psychologycouncil.org.au/Assets/Files/Australian_Indigenous_Psychologists_Association.pdf)
- AIPA (2016). Evaluation of AIPA's Cultural Competence Workshop.  
<http://www.indigenouspsychology.com.au/workshop/about-the-workshops/>
- AIPEP & AIPA (2014) *Response to the APAC Second consultation draft: Accreditation standards for psychology courses, July 2014.*  
[https://www.psychologycouncil.org.au/Assets/Files/33%20AIPEP\\_AIPA.pdf](https://www.psychologycouncil.org.au/Assets/Files/33%20AIPEP_AIPA.pdf)
- APS (2015) *Guidelines for the provision of psychological services for, and the conduct of psychological research with, Aboriginal and Torres Strait Islander people of Australia.* Melbourne: Australian Psychological Society.
- Australian Health Ministers' Advisory Council (AHMAC), (2015). *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report.* Canberra: Australian Health Ministers' Advisory Council. Retrieved from:  
<http://www.dpmc.gov.au/indigenous-affairs/publication/hpf>
- Indigenous Allied Health Australia (2015). *Cultural responsiveness in action: An IAHA framework.*  
<http://iaha.com.au/wp-content/uploads/2015/08/2015-IAHA-Cultural-Responsiveness-Framework-WEB.pdf>
- Department of Health, (2014). *Aboriginal and Torres Strait Islander Health Curriculum Framework.*  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>
- Gee, G., Dudgeon, P., Schultz, C., Hart, A. & Kelly, K. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In Dudgeon, P., Milroy, H. & Walker, R. (Eds) *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (p. 55-68). Barton: Commonwealth of Australia.  
<http://aboriginal.telethonkids.org.au/media/673974/wt-part-1-chapt-4-final.pdf>
- (IPAC) Indigenous Physicians Association of Canada (2009). *First Nations, Inuit, Métis Health CORE COMPETENCIES: A Curriculum Framework for Undergraduate Medical Education*  
<http://www.afmc.ca/pdf/CoreCompetenciesEng.pdf>
- Jones, R., Pitama, S., Huria, T., Poole, P., McKimm, J., Pinnock, R. and Reid, P. (2010). Medical education to improve Māori health, *The New Zealand Medical Journal*, Vol 123 No 1316  
<http://journal.nzma.org.nz/journal/123-1316/4166/>

- Nash, R., Meiklejohn, B., and Sacre, S. (2006). The Yapunyah project: Embedding Aboriginal and Torres Strait Islander perspectives in the nursing curriculum. *Contemporary Nurse: Vol. 22, Indigenous Health Care*, pp. 296-316.  
<http://eprints.qut.edu.au/10782/>
- NHMRC. (2003). *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Canberra: Commonwealth of Australia. Retrieved from  
[www.nhmrc.gov.au/guidelines-publications/e52](http://www.nhmrc.gov.au/guidelines-publications/e52)
- Nikora, L. W. (2007). Maori and psychology: Indigenous psychology in New Zealand. In A. Weatherall, M. Wilson, D. Harper & J. McDowall (Eds), *Psychology in Aotearoa/ New Zealand* (pp. 80-85). Auckland, New Zealand: Pearson Education New Zealand.  
<http://researchcommons.waikato.ac.nz/bitstream/handle/10289/2146/Nikora%20Maori.pdf?sequence=1&isAllowed=y>
- IPHERP Indigenous Public Health Capacity Development Project Reference Group (2008). *National Indigenous Public Health Curriculum Framework*, Onemda VicHealth Koori Health Unit, The University of Melbourne, Melbourne.  
<http://www.onemda.unimelb.edu.au/sites/default/files/docs/IPHERPFramework.k.pdf>
- Phillips, G. (2004). *CDAMS Indigenous Health Curriculum Framework*, VicHealth Koori Health Research and Community Development Unit on behalf of the Committee of Deans of Australian Medical Schools  
<http://www.medicaldeans.org.au/wp-content/uploads/CDAMS-Indigenous-Health-Curriculum-Framework.pdf>
- United Nations, (2008). *United Nations Declaration on the Rights of Indigenous Peoples*.  
[http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)
- Victorian Department of Health (2013). *The national practice standards for the mental health workforce*. Melbourne: Victorian Government.  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-wkstd13>
- Vos, T., Barker, B., Stanley, L., & Lopez, A. (2007). *The Burden of Disease and Injury in Aboriginal and Torres Strait Islander Peoples: Summary Report*. Retrieved from  
[http://www.lowitja.org.au/sites/default/files/docs/Indigenous-BoD-Summary-Report\\_0.pdf](http://www.lowitja.org.au/sites/default/files/docs/Indigenous-BoD-Summary-Report_0.pdf)
- Young, S., Zubrzycki, J., Green, S., Jones, V., Stratton, K. and Bessarab, D. (2013). "Getting It Right: Creating Partnerships for Change": Developing a Framework for Integrating Aboriginal and Torres Strait Islander Knowledges, *Australian Social Work Education, Journal of Ethnic And Cultural Diversity in Social Work* 22(3-4) pp179-197.  
<http://www.tandfonline.com/doi/pdf/10.1080/15313204.2013.843120>