CSIRO PUBLISHING

Australian Health Review, 2021, 45, 398–406
https://doi.org/10.1071/AH20215

Achieving cultural safety for Australia's First Peoples: a review of the Australian Health Practitioner Regulation Agency-registered health practitioners' Codes of Conduct and Codes of Ethics

Eleanor Milligan[1,4] PhD, BA Hons1st, GradDipEd, BSc, Professor

Roianne West[2] PhD, Professor

Vicki Saunders[2] PhD, Adjunct Research Fellow

Andrea Bialocerkowski[3] PhD, Professor

Debra Creedy[2] PhD, Professor

Fiona Rowe Minniss[2] PhD, Adjunct Research Fellow

Kerry Hall[1] PhD, Lecturer and Aboriginal Health Practitioner

Stacey Vervoort[1] BPsych (Hons), MAPsych(Org), Associate Lecturer

[1]Griffith University, School of Medicine, Gold Coast, Qld 4215, Australia.
Email: kerry.hall@griffith.edu.au; s.vervoort@griffith.edu.au
[2]Griffith University, School of Nursing and Midwifery, Gold Coast, Qld 4215, Australia.
Email: r.west@griffith.edu.au; v.saunders@griffith.edu.au; d.creedy@griffith.edu.au;
f.roweminniss@griffith.edu.au
[3]Griffith University, Griffith Health, Gold Coast, Qld 42150, Australia.
Email: a.bialocerkowski@griffith.edu.au
[4]Corresponding author. Email: e.milligan@griffith.edu.au

Abstract.

Objective. Health practitioners' Codes of Conduct and Codes of Ethics articulate practice standards across multiple domains, including the domain of cultural safety. As key tools driving individual practice and systems reform, Codes are integral to improving health outcomes for Aboriginal and Torres Strait Islander peoples. It is, therefore, critical that their contents specify meaningful cultural safety standards as the norm for institutional and individual practice. This research assessed all Codes for cultural safety specific content.

Methods. Following the release of the Australian Health Practitioner Regulation Agency's (Ahpra) Health and Cultural Safety strategy 2020–25, the 16 Ahpra registered health practitioner Board Codes of Conduct and professional Codes of Ethics were analysed by comparing content to Ahpra's new cultural safety objectives. Two Codes of Conduct, Nursing and Midwifery, met these objectives. The Aboriginal and Torres Strait Islander Health Practitioners Code partially met these objectives.

Results. Most Codes of Conduct (14 of 16) conflated Aboriginal and Torres Strait Islander peoples with culturally and linguistically diverse (CALD) communities undermining the sovereignty of Australia's First Peoples. Eleven professions had a Code of Ethics, including the Physiotherapy Code of Conduct, which outlined the values and ethical principles of practice commonly associated with a Code of Ethics. Of the 11 professions with a Code of Ethics, two (Pharmacy and Psychology) articulated specific ethical responsibilities to First Peoples. Physiotherapy separately outlined cultural safety obligations through their reconciliation action plan (RAP), meeting all Ahpra cultural safety objectives. The remaining eight advocated respect of culture generally rather than respect for Aboriginal and Torres Strait Islander cultures specifically.

Conclusions. The review identified multiple areas to improve the codes for cultural safety content for registered health professions, providing a roadmap for action to strengthen individual and systems practice while setting a clear regulatory standard to ensure culturally safe practice becomes the new norm. It recommends the systematic updating of all professional health practitioner Board Codes of Conduct and professional Codes of Ethics based on the objectives outlined in Ahpra's Cultural Safety Strategy.

What is known about the topic? Systemic racism and culturally unsafe work environments contribute to poor health outcomes for Aboriginal and Torres Strait Islander peoples. They also contribute to the under-representation of Aboriginal and Torres Strait Islander peoples in the health workforce, denying the system, and the people who use and work in it, much needed Indigenous knowledge. Creating a culturally safe healthcare system requires all health practitioners to reflect on their own cultural background, to gain appreciation of the positive and negative impacts of individually held cultural assumptions on the delivery of healthcare services. Competence in cultural safety as a required standard of practice is therefore essential if broad, sustainable and systemic cultural change across the health professions and ultimately across Australia's healthcare system is to be achieved. Given that Codes of Conduct and Codes of Ethics are integral in setting the practical and moral standards of the professions, their contents with respect to cultural competence are of great importance.

What does this paper add? A review of this type has not been undertaken previously. Following the establishment of the Ahpra Aboriginal and Torres Strait Islander Health Strategy Group, release of Ahpra's 2018 Statement of intent, and the 2019 Aboriginal and Torres Strait Islander Health and Cultural Safety strategic plan and Reconciliation Action Plan, we analysed the content of each of the 16 registered health professions Codes of Conduct and Code of Ethics looking for content and guidance in accordance with the new national cultural safety definition. Several opportunities to improve the Codes of Conduct and Codes of Ethics were identified to realise the vision set out in the statement of intent including through the application of the National Law. This analysis provides a baseline for future improvements and confirms that although some current health practitioner Codes of Conduct and Codes of Ethics have begun the journey of recognising the importance of cultural safety in ensuring good health outcomes for Australia's Indigenous peoples, there is broad scope for change.

What are the implications for practitioners? The gaps identified in this analysis provide a roadmap for improvement and inclusion of Aboriginal and Torres Strait Islander Health and cultural safety as a required standard in Codes of Conduct and Codes of Ethics for all registered health practitioners. Although it is recognised that Codes alone may not change hearts and minds, codifying the clinical competency of cultural safety provides a portal, and a requirement, for each individual practitioner to engage meaningfully and take responsibility to improve practice individually and organisationally.

Keywords: Aboriginal and Torres Strait Islander, Code of Conduct, Code of Ethics, First Peoples, health practitioners, cultural safety, racism, organisational culture.

Received 17 August 2020, accepted 1 February 2021, published online 13 April 2021

Introduction

Against the backdrop of entrenched poor health outcomes for Aboriginal and Torres Strait Islander peoples, the Australian health professional regulator Ahpra recently released a set of new cultural safety objectives.[1] Australia's First Peoples, the Aboriginal and Torres Strait Islander Peoples, are the longest living culture in the world. Australia's healthcare system is one of the best in the world; however, in Australia, the life expectancy of Aboriginal and Torres Strait Islander peoples remains more than 8 years less than the non-Indigenous population. Despite 'Close the Gap' efforts,[2,3] chronic diseases remain over-represented in First Peoples. Globally, First Peoples carry the greatest burden of cancer, which partially contributes to the higher mortality rates observed.[4] Australian studies confirm that First Peoples with the same characteristics as non-Indigenous patients are around one-third less likely to receive appropriate medical care across all conditions, often with fatal consequences. In addition to physical harm, psychological and other indirect harms are experienced through poor access, differential funding, poor communication and generally lower levels of care.[5–9] Jennings *et al.*[10] reported nearly one-third of respondents had experienced '*racism in health settings, the majority by communication*', which they described as '*exclusion, hearing racist names and comments based on stereotypes*'.

The poor health and social outcomes for First Peoples is exacerbated by low numbers of First Peoples health professionals. Low levels of attraction and retention of First Peoples health practitioners across most registered health professions persist,[2,3,11] representing only 1% of all registered health practitioners.[12] The reasons for this under-representation are multiple and complex, but critical factors preventing First Peoples from pursuing or persisting with careers in health include racism, peer insensitivity to cultural issues, discrimination, family commitments, poor educational preparation, lack of resources, low expectations and poor preparedness of educators to give effective advice to students hoping to pursue a career in health.[2,13,14] In a recent survey of Australian midwives, Fleming *et al.* (p. 555) noted '*over 70% of participants agreed that racism existed in their workplace and that not all staff were respectful to First Peoples midwifery students and staff*'.[15] Best[16] further notes that improvements in First Peoples health are strongly linked to increased numbers of Indigenous people working in health service delivery, hence, this under-representation is particularly concerning as it links First Peoples poor health outcomes to employment outcomes. Perhaps most distressing is the loss of First People's knowledge and wisdom to a system that acutely needs these critical insights for the benefit of all.

At the core of these unacceptable employment and health outcomes are unresolved issues flowing from the intergenerational impacts of colonisation and institutionalised racism generally, and particularly in health care. Bond[17] explains, '*race was the foundation on which this nation was built, and it continues to structure our society, its institutions and social life*'. Institutional racism, described by Mayes[18] as '*the ways that race has been encoded into medical education, funding regimes, health policy and clinical settings*', permeates the values, beliefs, principles, policies, procedures and workplace cultures of many health organisations, structures, institutions and systems resulting in significant health inequities described above.

Making meaningful change in health care has been slow and difficult; however, registered health practitioners, Indigenous and non-Indigenous, are in a privileged position to drive such cultural change individually at the bedside, but also through influencing the institutions they work within. With one in 17 people employed in Australia being registered health practitioners,[12] this group of Australians has a unique and powerful opportunity to make immediate, significant and positive impact to improve care and health outcomes for Australia's First Peoples.

The National Registration and Accreditation Scheme (NRAS) administered by the Australian Health Practitioner Regulation Agency (Ahpra) regulates more than 800 000 health practitioners and over 150 000 registered students across 16 health professions. It also accredits more than 740 approved health education programs delivered by over 330 education providers.[12] In June 2018, the 15[1] national health practitioner boards, with the support of Ahpra, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders, launched a statement of intent.[19] This group committed to use their leadership and influence to achieve equity in health outcomes by 2031 using the NRAS scheme to increase the numbers of First Peoples health professionals and to ensure a culturally safe health workforce supported by nationally consistent standards, codes and guidelines across all professions in the National Scheme.

Ahpra's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy states, '*We share a commitment to ensuring that Aboriginal and Torres Strait Islander Peoples have access to health services that are culturally safe and free from racism so that they can enjoy a healthy life, equal to that of other Australians, enriched by a strong living culture, dignity and justice*'.[19] This strategy also outlined the vision that: '*Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples*'.[19]

Codes of Conduct and Codes of Ethics are integral to achieving this vision as, in addition to setting meaningful standards for practitioners, they also make a public declaration of the standards, principles and obligations of the professions that inform the community of the standard of care that can be expected. Codes of Conduct are produced by relevant Boards under the NRAS scheme, whereas Codes of Ethics are published by each profession's peak body to convey the values and aspirations of the profession. Together, each complements the other setting practice standards that convey the integrity of the profession. Their combined contents are integral to achieving culturally safe practice as the norm, which further positively impacts the recruitment and retention of First Peoples health professionals.

Methods

Each of the 16 Ahpra registered practitioners' (there are now 16 registered health professions, with Nursing and Midwifery now considered as distinct professions from 2020) Codes of Conduct, published by the relevant Board, was analysed for content and assessed against the criteria outlined in Ahpra's Aboriginal and Torres Strait Islander Health Strategy – Strategic Plan,[1] which states:

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

1. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors that impact individual and community health;
2. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
3. Recognise the importance of self-determined decision-making, partnership and collaboration in health care, which is driven by the individual, family and community; and
4. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues (p. 9).[1]

Similarly, the contents of each profession's peak professional body Code of Ethics, accessible through each profession's public website, was analysed against the same criteria outlined above. This assessment was undertaken primarily by one author with additional discussion and analysis from the research team.

Results

Analysis of Codes of Conduct and Codes of Ethics

Table 1 compares the content of each professions Code of Conduct and Code of Ethics regarding guidance on Aboriginal and Torres Strait Islander Health and Cultural Safety, and alignment with Ahpra cultural safety criteria.[1,20–54]

Three of the 16 registered health professions (Aboriginal and Torres Strait Islander Health Practitioners, Nursing, and Midwifery) Codes of Conduct explicitly acknowledged the requirement for culturally safe practice as it applies to First Peoples. Nursing and Midwifery Codes reflected all four criteria listed by Ahpra for cultural safety in their codes and were the only Codes of Conduct that identified the objective of 'healthcare free of racism'. The Aboriginal and Torres Strait Islander Practitioners Code partially met the criteria. The remaining 13 professions' Codes of Conduct made general reference to '*culturally safe and sensitive practice*', assimilating First Peoples and Culturally and Linguistically Diverse (CALD) people.

Two of the 16 registered professions' peak body Codes of Ethics (Pharmacy and Psychology) articulated specific ethical responsibilities to First Peoples. Although the Australian Physiotherapy Association (APA) published an additional (non-Board) Code of Conduct, the contents of this document reflected

Table 1. Comparison of Aboriginal and Torres Strait Islander Health and Cultural Safety content in Code of Conduct and Code of Ethics for 16 Ahpra registered health professions

ATSI, Aboriginal and Torres Strait Islander; CALD, culturally and linguistically diverse

Regulated Health Professions Board of Australia	Code of Conduct content	Code of Ethics content
Aboriginal and Torres Strait Islander Health Practice[20]	1.3 Australia and Australian healthcare Australia is culturally and linguistically diverse. We inhabit a land that, for many ages, was held and cared for by Aboriginal and/or Torres Strait Islander Australians, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home. 3.7 Culturally safe and sensitive practice. Good practice involves an awareness of the cultural needs and contexts of all patients and clients, to obtain good health outcomes. This includes: (a) having knowledge of, respect for and sensitivity towards the cultural needs and background of the community practitioners serve, *including those of* Aboriginal and/or Torres Strait Islander Australians *and those* from culturally and linguistically diverse backgrounds. Alignment with Ahpra cultural safety objectives 1 and 4. *Note – coupling of ATSI and CALD groups.	No Code of Ethics
Chinese Medicine[21]	* as above ** '*respect for and sensitivity towards the cultural needs and background of the community practitioners serve, including those of Aboriginal and/or Torres Strait Islander Australians and those from culturally and linguistically diverse backgrounds*'. No alignment with Ahpra cultural safety objectives 1–4	AACMA – Australian Acupuncture and Chinese Medicine Association[22] No alignment with Ahpra cultural safety objectives 1–4
Chiropractic[23]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Chiropractors Association of Australia (CAA)[24] No alignment with Ahpra cultural safety objectives 1–4
Dental[25]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Australian Dental Association (ADA) – By Law II Code of Ethics[26] No alignment with Ahpra cultural safety objectives 1–4
Medical[27]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Australian Medical Association (AMA) Code of Ethics[28] No alignment with Ahpra cultural safety objectives 1–4
Medical Radiation Practice[29]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)[30] No alignment with Ahpra cultural safety objectives 1–4
Nursing and Midwifery[31,32]	3.1 – Australia has always been a culturally and linguistically diverse nation. Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the first peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform care. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and/or Torres Strait Islander peoples, midwives must: a. provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples; b. advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples; and c. recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.	Australian College of Nursing and Midwifery (ACN)[33] In 2008, the ACN published a Code of Ethics with specific Aboriginal and Torres Strait Islander specific content. '*In recognising the linkages and operational relationships that exist between health and human rights, the nursing profession respects the human rights of Australia's Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of and live a distinct and viable culture that shapes their world view and influences their daily decision-making. Nurses recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care*'. In care standard 3.3, '*Nurses seek to eliminate disparities in nursing and health care, especially among population groups in society that are considered most vulnerable, including Aboriginal and Torres Strait Islander populations*'.

(*continued next page*)

Table 1. (*continued*)

Regulated Health Professions Board of Australia	Code of Conduct content	Code of Ethics content
	Alignment with Ahpra cultural safety objectives 1–4	However, from November 2018, the Australian College of Nurses adopted the International College of Nursing Code of Ethics (ICN)[34] with no specific ATSI content, and the generic statement '*In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected*'. No alignment with Ahpra cultural safety objectives 1–4. The Australian College of Midwives have adopted the ICM (International Confederation of Midwives) Code of Ethics.[35] General comment '*Midwives empower women/families to speak for themselves on issues affecting the health of women and families within their culture/society*'. No alignment with Ahpra cultural safety objectives 1–4
Occupational Therapy[36]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Occupational Therapy Australia (OTA)[37] No alignment with Ahpra cultural safety objectives 1–4
Optometry[38]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Optometry Australia[39] No Code of Ethics
Osteopathy[40]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Osteopathy Australia (OA)[41] No Code of Ethics
Paramedicine[42]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Australasian College of Paramedicine (ACP)[43] No Code of Ethics Additional Code of Conduct
Pharmacy[44]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Pharmacy Association of Australia (PSA)[45] Code refers to cultural safety in general terms and specifically for ATSI peoples. • Culturally safe, appropriate and competent care is a key strategy for improving access to services and health outcomes for all individuals, *including* Aboriginal and Torres Strait Islander people. • Provides care in a compassionate, professional, timely, and culturally safe and responsive manner, supports the rights of all patients, *including* Aboriginal and Torres Strait Islander peoples, to access culturally safe and responsive, high-quality professional services. No alignment with Ahpra cultural safety objectives 1–4.
Physiotherapy[46]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Australian Physiotherapy Association (APA)[47] No Code of Ethics – Additional Code of Conduct – principles and values[48] No alignment with Ahpra cultural safety objectives 1–4 APA Reconciliation Action Plan[49] Alignment with Ahpra cultural safety objectives 1–4
Podiatry[50]	* as above ** as above No alignment with Ahpra cultural safety objectives 1–4	Australian Podiatry Association (APA)[51] No Code of Ethics Additional Code of Conduct[52] – No alignment with Ahpra cultural safety objectives 1–4. Vision and Values statement – No alignment with Ahpra cultural safety objectives 1–4.
Psychology[53]	No current Code of Conduct. Under review for republication in 2022.	Australian Psychological Society (APS)[54] Publicly accessible Code of Ethics – General Principle A: Respect for the rights and dignity of people and peoples. No alignment with Ahpra cultural safety objectives 1–4. APS has another set of guidelines available to members only, '*Ethical guidelines for the provision of psychological services for, and the conduct of psychological research with, Aboriginal and Torres Strait Islander peoples*'. This document aligns with Ahpra 1–4, however, as this document is not accessible to non-members of the APS, its impact and usefulness to the public and to other health professions is limited.

the values and principles commonly associated with Codes of Ethics, hence, it was included in the analysis on that basis. The APA Code of Conduct did not reflect Ahpra's cultural safety criteria; however, APA have also published an innovate reconciliation action plan (RAP). This comprehensive document provides guidance to physiotherapists that meets all four Ahpra criteria. Of the remaining 13, eight (Nursing, Midwifery, Medicine, Dentistry, Occupational Therapy, Medical Radiation Practitioners, Chiropractors, and Chinese Medicine) promoted valuing diversity and respect for culture in general terms. The final five had no publicly accessible Code of Ethics (Paramedicine, Optometry, Podiatry, Osteopathy, and Aboriginal and Torres Strait Islander Health Practitioners).

Although the Australian College of Nursing (ACN) had robust and clear guidance regarding appropriate culturally safe care in its 2008 Code of Ethics, the recent shift to adopt the International College of Nursing Code (ICN) has undermined the strength of cultural safety to the profession. Similarly, Australian Midwives have adopted the International Confederation of Midwives Code of Ethics, which makes generic statements about empowering women within their culture/society. The Australian Psychological Society (APS) has a comprehensive set of ethical guidelines for practitioners working with First Peoples clients, which incorporate the four criteria listed by Ahpra; however, this is not publicly accessible, limiting its use as a visible model of professional commitment generally and, in particular, limiting its use in communicating the profession's values and commitments for clients and other health practitioners.

Discussion

Cultural safety

The term 'cultural safety' was originally conceptualised by Irihapeti Ramsden through her work with Māori nurses in New Zealand. She described cultural safety as a framework that could help people in nursing education, teachers and students '*become aware of their social conditioning and how it has effected them and therefore their practice*'[55] (p. 111). With this awareness, Ramsden argued that the negative impacts of colonisation on Indigenous peoples, such as widespread damaging attitudes and beliefs could be challenged, and the ongoing impact of historical, social and political processes that had created significant health and social disparities for Māori people could be overcome. She further believed that such change could positively impact the attraction and retention of Māori nurses.

'Cultural safety' is now widely recognised in Australia, noting key differences that acknowledge the cultural diversity of Aboriginal and Torres Strait Islander populations throughout Australia. Philips further developed understanding of cultural safety in the Australian context outlining three requirements for cultural safety being: (1) knowledge of and respect for self; (2) knowledge of and respect for Aboriginal and Torres strait Islander people; and (3) commitment to decolonising the healthcare system.[56]

Building on the work of Philips,[56] Ahpra's Cultural Safety Strategy Group developed and adopted the following 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*'.

The four 'how to' points, which formed the basis of this analysis, outlined previously, now provide the roadmap for promoting cultural safety across the registered health professions. A key strategy to drive practice change is to embed these requirements into health practitioner Codes of Conduct and Codes of Ethics. The analysis undertaken here provides a baseline that identifies the gaps, thus highlighting opportunities to strengthen practice standards with respect to cultural safety through review and updating of all Codes.

Role and content of Codes of Conduct and Codes of Ethics

Codes of Conduct outline the professional norms of practice internally within the profession. Codes of Ethics traditionally communicate the virtues, values and principles of the profession internally within the profession, and externally to the public.[57] Together, these key documents communicate to the public what standard of care they should expect. For many health practitioners, explicit consideration of cultural safety may be an aspect of practice they have not previously been challenged to consider. Hence, the explicit embedding of cultural safety in the Codes opens a portal requiring deeper engagement. Although mere compliance with a Code may be regarded as a superficial form of engagement, it can be a critical first step in engaging professionals who may otherwise not have considered the impact of their own cultural assumptions and biases on the health outcomes for First Peoples. Importantly, Codes also play a role in regulation with practitioner conduct and professionalism being assessed against the norms outlined in each Code of Conduct. Hence, the active inclusion of cultural competency, and requirement to deliver culturally safe care as a practice standard, opens a door for regulatory action should practitioners fall short in this area of practice.

The absence of a publicly accessible Code of Ethics for 5 of the 16 registered health professions (Paramedicine, Optometry, Podiatry, Osteopathy, and Aboriginal and Torres Strait Islander Health Practitioners) reveals a gap that warrants further work by those professions. Interestingly, all Codes are set in the sole context of a practitioner treating patients, and limited guidance is offered regarding each practitioner's role in creating a culturally safe workplace in peer-to-peer interactions, or in creating culturally safe practices and policies. The addition of these broader considerations including the experience of Indigenous health practitioners could further strengthen the Codes.

Because Codes shape and drive the systems, practices and policies that determine healthcare standards in Australia, they are a critical part of the infrastructure of change if institutional racism is to be eliminated in health care. While Laverty *et al.*[58] (p. 16) were referring to health safety and quality standards when they stated, '*Cultural safety requires embedding in not only course accreditation for each health profession — including measures to reduce resistance — but also in the standards governing clinical professionalism and quality*'; the same observation must apply to the standards governing the professionalism of health practitioners through each profession's Code of Conduct and Code of Ethics.

Sovereignty

A key finding from this analysis was the conflation in the Codes of First Peoples in Australia with other CALD groups. As noted in Table 1, most Codes combined First Peoples with those from CALD backgrounds making the common statement that practitioners must show '*respect for and sensitivity towards the cultural needs'*. This joining together undermines the unique and special place of Australia's First Peoples as the sovereign owners of this country.

Sovereignty refers to legal and political power and a supreme authority to govern.[59,60] From one standpoint, First People's sovereignty refers to the rights inherent in, and emanating from, being First Peoples of this country and living according to laws established within that. From another standpoint, sovereignty pertains to human rights and self-determination actualised in the right to determine one's own life and destiny (as opposed to having these determined by governments, laws and political agendas). In Australia, First Peoples hold this unique place, a place that is not shared with those from CALD backgrounds. Hence, recognition of sovereignty is a critical first step to demonstrating respect for cultural safety in Aboriginal and Torres Strait Islander Health. Institutional racism in Australian health care cannot be addressed without attending to the denial of Indigenous sovereignty and control of land, lives and futures. Medical anthropologist, Phillips,[56] calls for '*new terms of reference in Indigenous health which centre Indigenous sovereignty*' rather than *'inclusion and equity discourse*' that merely recentres whiteness.

If cultural safety is to become the norm for First Peoples, acknowledgement of the unique status as sovereign, traditional custodians of this land must be re-enforced in professional codes, identifying another area of future reform. It requires ongoing reflection of health practitioner knowledge, skills, attitudes and behaviours that recognise the power differentials at play when delivering safe, accessible and responsive health care free of racism. As articulated in Ahpra's Cultural Safety Strategy,[1] achieving cultural safety in health care will require the acknowledgment of systemic racism, social, cultural, behavioural and economic factors that impact individual and community.

Conclusion

An analysis of this kind has not previously been undertaken; hence, this paper adds an important and comprehensive snapshot of the current situation. Of the 16 Ahpra-registered health practitioner Board Codes of Conduct analysed, three (Nursing, Midwifery and Aboriginal and Torres Strait Islander Health practitioners) outlined specific obligations to First Peoples. The remaining 13 framed obligations in general terms of '*culturally safe and sensitive practice*', assimilating Aboriginal and Torres Strait Islander peoples and CALD people, failing to respect the unique sovereign place of First Peoples in Australia.

Two Codes of Ethics (Pharmacy and Psychology) articulated specific ethical responsibilities to First Peoples. Although not articulating cultural safety in the APA (Physiotherapy) Code of Conduct, all Ahpra cultural safety criteria were met in the APA reconciliation action plan.[49] Of the remaining 13 Codes, eight (Nursing, Midwifery, Medicine, Dentistry, Occupational Therapy, Medical Radiation Practitioners, Chiropractors, and Chinese Medicine) made generic statements about respect for culture. Five had no publicly accessible Code of Ethics (Paramedicine, Optometry, Podiatry, Osteopathy, and Aboriginal and Torres Strait Islander health practitioners).

Health profession Codes of Conduct and Codes of Ethics form a critical foundation from which to communicate standards of care; hence, they have a central role in driving the required system and standards changes to achieve culturally safe health care. This review has shown that, currently, their contents could be improved to understand and address the systemic racism in health care. There is also scope to improve guidance for practitioners to overcome their own biases, to understand the impacts of institutional racism in the healthcare system, and to understand the critical role of recognising the sovereignty of Indigenous Australians in improving health outcomes.

As all 16 health practitioner board Codes of Conduct fall under the auspices of NRAS, the gaps identified in this analysis provide a clear roadmap to create nationally consistent and strengthened frameworks with respect to cultural safety for First Peoples as a core professional competency. Each health professional peak body is also invited to review the contents of their own Codes of Ethics to include explicit recognition of First Peoples sovereignty, acknowledgement of the ongoing harms of colonisation and institutional racism. The non-negotiable requirement to listen and respond to the voices, wisdom and needs of First Peoples as partners in their own health are the necessary precursors for increasing the number of First Peoples health professionals. Without these steps, the vision of closing the gap in First Peoples health outcomes remains vulnerable. Together, Codes of Conduct and Codes of Ethics can form part of the necessary foundation to achieve culturally safe care, systems and workplaces where the rights and dignity of First Peoples is respected as the indisputable norm.

Competing interests

The authors declare no competing interests.

Acknowledgements

This research did not receive any specific funding.

References

1 Australian Health Practitioner Regulation Agency (AHPRA). Aboriginal and Torres Strait Islander Health Strategy – Strategic Plan 2018. 2018. Available at: https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx. [verified 28 July 2020].

2 Wright P, Lewis P. Close the Gap: Progress and Priorities Report. Canberra, ACT: Close the Gap Campaign Steering Committee for Indigenous Health Equality. 2017. Available at: https://humanrights.gov.au/sites/default/files/document/publication/Close%20the%20Gap%20report%202017.pdf. [verified 5 December 2020].

3 Department of the Prime Minister and Cabinet. Closing the Gap Report. 2019. Available at: https://www.niaa.gov.au/sites/default/files/ reports/closing-the-gap-2019/sites/default/files/ctg-report-20193872.pdf?a=1. [verified 12 March 2020].

4 Moore S, Antoni S, Colquhoun A, Healy B, Ellison-Loschmann E, Potter J, Garvey G, Bray F. Cancer incidence in indigenous people in Australia, New Zealand, Canada, and the USA: a comparative population-based study. *Lancet Oncol* 2015; 16: 1483–1492. doi:10.1016/S1470-2045(15)00232-6

5 Paradies Y. Colonisation, Racism and Indigenous Health. *J Popul Res* 2016; 33: 83–96. doi:10.1007/s12546-016-9159-y
6 Awofeso N. Racism: A Major Impediment to Optimal Indigenous Health and Health Care in Australia. *Aust Indigen Health Bull* 2011; 11: 3.
7 Durey A, Thompson S, Wood M. Time to Bring Down the Twin Towers in Poor Aboriginal Hospital Care: Addressing Institutional Racism and Misunderstandings in Communication. *Intern Med J* 2012; 42: 17–22. doi:10.1111/j.1445-5994.2011.02628.x
8 Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelaher M, Gee G. Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PLoS One* 2015; 10: e0138511. doi:10.1371/journal.pone.0138511
9 Dwyer J, O'Donnell K, Willis E, Kelly J. Equitable Care for Indigenous People: Every Health Service Can Do It. *Asia Pacific J Health Management* 2016; 11: 11–17. doi:10.24083/apjhm.v11i3.143
10 Jennings W, Bond C, Hill P. The Power of Talk and Power in Talk: A Systematic Review of Indigenous Narratives of Culturally Safe Healthcare Communication. *Aust J Prim Health* 2018; 24: 109–15. doi:10.1071/PY17082
11 Lai G, Taylor E, Haigh M, Thompson S. Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review. *Int J Environ Res Public Health* 2018; 15: 914. doi:10.3390/ijerph15050914
12 Australian Health Practitioner Regulation Agency (AHPRA). Annual Report 2019–2020. 2020. Available at: https://www.ahpra.gov.au/Publications/Annual-reports/Annual-Report-2020.aspx. [verified 5 December 2020].
13 Usher K, Lindsay D, Miller M, Miller A. Challenges faced by Indigenous nursing students and strategies that aided their progress in the course: A descriptive study. *Contemporary Nurse* 2005; 19: 17–31. doi:10.5172/conu.19.1-2.17
14 Chesters J, Drysdale M, Elender I, Faulkner S, Turnbull L, Kelly H, Robinson A, Chambers H. Footprints Forwards Blocked by a Failure Discourse: Issues in Providing Advice about Medicine and other Health Science Careers to Indigenous Secondary School Students. *Aust J Career Develop* 2009; 18: 26–35. doi:10.1177/10384162090 1800105
15 Fleming T, Creedy DK, West R. Evaluating awareness of Cultural Safety in the Australian midwifery workforce: A snapshot. *Women Birth* 2019; 32: 549–57. doi:10.1016/j.wombi.2018.11.001
16 Best O. The cultural safety journey: An Aboriginal Australian nursing and midwifery context. In: Best O and Fredericks B, editors. Yatdjuligin Aboriginal and Torres Strait Islander Nursing and Midwifery Care. 2nd edn. Cambridge. Cambridge University Pres; 2018. pp. 46–66.
17 Bond C. Fifty Years on from the 1967 Referendum, It's Time to Tell the Truth About Race. *The Conversation*: 2017. Available at: https://theconversation.com/fifty-years-on-from-the-1967-referendum-its-time-to-tell-the-truth-about-race-78403. [verified at 5 December 2020].
18 Mayes C. White Medicine, White Ethics: On the Historical Formation of Racism in Australian Healthcare *J Aust Stud* 2020; 44: 287–302. doi:10.1080/14443058.2020.1796754
19 Australian Health Practitioner Agency (AHPRA). Aboriginal and Torres Strait Islander Health Strategy - Statement of Intent. 2018. Available at: http://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx. [verified 10 July 2020].
20 Aboriginal and Torres Strait Islander Practitioner Board of Australia. Code of Conduct. 2014. Available at: https://www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx. [verified 28 July 2020].
21 Australian Chinese Medicine Board of Australia. Code of Conduct. 2014. Available at: https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx. [verified 28 July 2020].
22 Australian Acupuncture and Chinese Medicine Association (AACMA). Code of Ethics, Code of Conduct, Policy on Reasonably Necessary Treatment. 2006. Available at: https://www.acupuncture.org.au/wp-content/uploads/2019/05/AACMA_Code_of_Ethics_-_2006_05_20.pdf. [verified 28 July 2020].
23 Chiropractic Board of Australia. Code of Conduct. 2014. Available at: https://www.chiropracticboard.gov.au/codes-guidelines/code-of-conduct.aspx. [verified 28 July 2020].
24 Chiropractors Association of Australia (CAA). Code of Ethics. 2017. Available at: https://members.chiro.org.au/images/CAA_Code_of_Ethics_2017.pdf. [verified 28 July 2020].
25 Dental Board of Australia. Code of Conduct. 2014. Available at: https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Code-of-conduct.aspx. [verified 28 July 2020].
26 Australian Dental Association (ADA). Code of Ethics. 2017. Available at: https://www.ada.org.au/About/Code-of-Ethics/ADA_By-LawsII_Code-of-Ethics_01022018.aspx. [verified 28 July 2020].
27 Medical Board of Australia. Good Medical Practice: A Code of Conduct for Doctors in Australia. 2014. Available at: https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx. [verified 20 July 2020].
28 Australian Medical Association (AMA). Code of Ethics. 2016. Available at: https://ama.com.au/sites/default/files/documents/170317%20-%20AMA%20Releases%20Revised%20Code%20of%20Ethics.pdf. [verified 20 July 2020].
29 Medical Radiation Practitioners Board of Australia. Code of Conduct For Medical Radiation Practitioners. 2014. Available at: https://www.medicalradiationpracticeboard.gov.au/Codes-Guidelines/Codes-and-Guidelines/Code-of-conduct.aspx. [verified 20 July 2020].
30 Australian Society of Medical Imaging and Radiation Therapy (ASMIRT). Code of Ethics. 2017. Available at: https://www.asmirt.org/media/124/124.pdf. [verified 20 July 2020].
31 Nursing and Midwifery Board of Australia. Code of Conduct for Nurses. 2018. Available at: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx. [verified 20 July 2020].
32 Nursing and Midwifery Board of Australia. Code of Conduct for Midwives. 2018. Available at: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx. [verified 20 July 2020].
33 Australian College of Nursing (ACN). Code of Ethics for Nurses in Australia. 2008 (cached). Available at: https://www.nursingmidwiferyboard.gov.au. [verified 28 July 2020].
34 International Council of Nurses (ICN). The ICN Code of Ethics for Nurses. 2012. Available at: https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf. [verified 20 July 2020].
35 International Confederation of Midwives. International Code of Ethics for Midwives. 2014. Available at: https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-international-code-of-ethics-for-midwives.pdf. [verified 26 November 2020].
36 Occupational Therapy Board of Australia. Code of Conduct. 2014. Available at: https://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx. [verified 20 July 2020].
37 Occupational Therapy Australia (OTA). Code of Ethics. 2014. Available at: https://otaus.com.au/publicassets/f3bceaea-49ff-e811-a2c2-b75c2fd918c5/OTA%20Code%20of%20Ethics%202014.pdf. [verified 20 July 2020].
38 Optometry Board of Australia. Code of Conduct. 2014. Available at: https://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx. [verified 20 July 2020].
39 Optometry Australia. About Us. 2021. Available at: https://www.optometry.org.au/about-us/ [verified 30 March 2021].
40 Osteopathy Board of Australia. Code of Conduct. 2018. Available at: https://www.osteopathyboard.gov.au/codes-guidelines/code-of-conduct.aspx. [verified 20 July 2020].
41 Osteopathy Australia. About Us. 2020 Available at: https://www.osteopathy.org.au/about-us. [verified 5 December 2020].

42 Paramedicine Board of Australia. Code of Conduct. 2014. Available at: https://www.paramedicineboard.gov.au/Professional-standards/Codes-guidelines-and-policies.aspx. [verified 20 July 2020].
43 The Australasian College of Paramedicine (ACP). About Us. 2020 Available at: https://paramedics.org/about. [verified 5 December 2020].
44 Pharmacy Board of Australia. Code of Conduct. 2014. Available at: https://www.pharmacyboard.gov.au/Codes-Guidelines.aspx. [verified 20 July 2020].
45 Pharmacy Association of Australia (PSA). Code of Ethics for Pharmacists. 2017. Available at: https://www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf [verified 20 July 2020].
46 Physiotherapy Board of Australia. Code of Conduct. 2014. Available at: https://www.physiotherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx. [verified 20 July 2020].
47 Australian Physiotherapy Association (APA). About Us. 2020. Available at: https://australian.physio/aboutus. [verified 5 December 2020].
48 Australian Physiotherapy Association (APA). Code of Conduct. 2017 Available at: https://australian.physio/sites/default/files/ABOUT-US/Governance/APA_Code_of_Conduct.pdf. [verified 5 December 2020].
49 Australian Physiotherapy Association (APA). Reconciliation Action Plan. 2018 Available at: https://australian.physio/sites/default/files/ABOUT-S/Reconciliation/RAP2017_A4%20booklet_FA.pdf [verified 5 December 2020].
50 Podiatry Board of Australia. Code of Conduct. 2014. Available at: https://www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct.aspx. [verified 20 July 2020].
51 Australian Podiatry Association (APodA). Vision and Values. 2020. Available at: https://www.podiatry.org.au/about/vision-and-values/vision-and-values. [verified 5 December 2020].
52 Australian Podiatry Association (APodA). Code of Conduct. 2020. Available at: https://www.podiatry.org.au/documents/item/2270. [verified 5 December 2020].
53 Psychology Board of Australia. Code of Conduct. 2010. Available at: https://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx. [verified 20 July 2020].
54 Australian Psychological Society (APS). Code of Ethics. 2007. Available at: https://www.psychology.org.au/getmedia/d873e0db-7490-46de-bb57-c31bb1553025/APS-Code-of-Ethics.pdf. [verified 13 August 2020].
55 Ramsden I. Cultural safety and nursing education in Aotearoa and Te Waipounamu. Unpublished doctoral thesis, Victoria University; Wellington, New Zealand. 2002.
56 Philips G. Dancing with Power, Aboriginal Health, Cultural Safety and Medication Education. Monash University. Thesis. 2015. Available at: doi:10.4225/03/58b774b372862. [Verified 5 December 2020].
57 Breakey H. Harnessing Multidimensional Legitimacy for Codes of Ethics: A Staged Approach. *J Bus Ethics* 2019; 1–15. doi:10.1007/s10551-019-04270-0
58 Laverty M, McDermott DR, Calma T. Embedding cultural safety in Australia's main health care standards. *Med J Aust* 2017; 207: 15–16. doi:10.5694/mja17.00328
59 Brennan S, Gunn B, Williams G. Treaty: What's sovereignty got to do with it? *Analysis and Policy Observatory* 2004: Issues Paper 2. Available at: http://www.gtcentre.unsw.edu.au/sites/gtcentre.unsw.edu.au/files/mdocs/Issues_Paper2.pdf. [verified 5 December 2020].
60 Williams G, Brennan S, Gunn B. 'Sovereignty' and its relevance to treaty-making between indigenous peoples and Australian governments. *Syd Law Rev* 2004; 26: 307–52.