Aboriginal Cultural eLearning Policy

1. Purpose
The purpose of the Aboriginal Cultural eLearning (ACeL) Policy (Policy) is to build the cultural knowledge of the WA health system workforce and strengthen its capacity to provide health care that is culturally respectful and non-discriminatory. ACeL training is one step towards improving the cultural effectiveness of the WA health system and its interaction with Aboriginal clients and colleagues.

The WA Aboriginal Health and Wellbeing Framework 2015-2030 (Framework) provides the guiding principles that underpin the requirement for this Policy. The Framework recognises a culturally respectful and non-discriminatory health system is a key strategic enabler for improving health outcomes for Aboriginal people. This Policy is also directly aligned to priority four of the WA Health Strategic Intent 2015-2020, which is Aboriginal Health Services.

This Policy demonstrates a whole-of-organisation approach and an ongoing commitment to grow and sustain a culturally responsive WA health system.

This Policy is a mandatory requirement under the Employment Policy Framework and supersedes Operational Directive 0599/15 Aboriginal Cultural eLearning – “A Healthier Future”.

2. Applicability
This Policy is applicable systemwide (Health Service Providers and the Department of Health).

3. Policy requirements
All staff are required to complete ACeL training through their organisation’s Learning Management System within six months of their commencement date. An alternative narrated version of the course is available to support staff who do not have sufficient access to a computer at work and/or sufficient English reading and writing skills to be able to complete the ACeL online.

4. Compliance, monitoring and evaluation
Health Service Providers and the Department of Health are responsible for complying with the requirements of this Policy.

The system manager has responsibility for monitoring compliance against this Policy and to evaluate the effectiveness of Policy outcomes. Compliance for ACeL training is measured by regular monitoring of employee completion rates and the compilation of a quarterly report, which is made available to nominated Department and Health Service Provider representatives and to executives on request. Evaluation takes place through
analysis of the quarterly report and by addressing participant feedback during and upon completion of the training.

5. Related documents
The following documents are required to give affect to this Policy (i.e. the documents included are mandatory):

- N/A

6. Supporting information
The following documents inform this Policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the policy):

- **WA Health Strategic Intent 2015-2020**;
- **WA Aboriginal Health and Wellbeing Framework 2015-2030**;
- **Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030**;
- **National Aboriginal and Torres Strait Islander Health Plan 2013-2023**;
- **Implementation Guide for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023**;
- **Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health**; and
- **Australian Commission on Safety and Quality in Health Care - Improving Care For Aboriginal and Torres Strait Islander People**.

7. Definitions
The following definitions are relevant to this policy.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal cultural eLearning</td>
<td>The acquisition of knowledge and awareness via electronic media to improve an understanding and respect for Aboriginal culture, customs, heritage and protocols.</td>
</tr>
</tbody>
</table>

8. Policy owner

**Assistant Director General, System Policy and Planning Division**

Enquiries relating to this Policy may be directed to:

Title: Director, Aboriginal Health Policy Directorate  
Division: System Policy and Planning  
Email: AboriginalCulturalLearning.DOH@health.wa.gov.au
9. **Review**
This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within 1 year after first issue and at least every 3 years thereafter.

<table>
<thead>
<tr>
<th>Version</th>
<th>Effective from</th>
<th>Effective to</th>
<th>Amendment(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP0065/17</td>
<td>06 September 2017</td>
<td>06 September 2018</td>
<td>Original version</td>
</tr>
</tbody>
</table>

The review table indicates previous versions of the mandatory policy and any significant changes.

10. **Approval**
This mandatory policy has been approved and issued by the Director General of the Department of Health.

<table>
<thead>
<tr>
<th>Approval by</th>
<th>Dr David Russell-Weisz, Director General, Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval date</td>
<td>28, August, 2017</td>
</tr>
<tr>
<td>Published date</td>
<td>06, September, 2017</td>
</tr>
<tr>
<td>RMR#</td>
<td>F-AA-54105</td>
</tr>
</tbody>
</table>
This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2017

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.