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Two-Way Cultural Safety for Internationally Qualified Nurses

Programme descriptor

Programme	Two-Way Cultural Safety for Internationally Qualified Nurses (OBA-TCS-2026)
Version	1.0, issued 28/09/2026. Review due 28/03/2027.
For	Prospective participants, employers, and anybody deciding whether to enrol

The finding this programme is built on

Ahpra and the National Boards publish a definition of cultural safety for the National Scheme. It opens with a sentence that does something no other professional standard in the scheme does.

AHPRA AND THE NATIONAL BOARDS, 'DEFINITION OF CULTURAL SAFETY FOR THE NATIONAL SCHEME'

"Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities."

DETERMINED BY THE PEOPLE RECEIVING THE CARE. Not demonstrated by the practitioner, not certified by a trainer, not evidenced by a certificate of attendance. Every other standard a nurse works to - aseptic technique, medication administration, documentation - is assessed by somebody qualified to assess it. This one is assessed by the patient and their family, and the practitioner does not get a vote.

Which means the ordinary training response is the wrong shape. A COURSE CANNOT MAKE ANYBODY CULTURALLY SAFE, and a provider that issued a certificate saying otherwise would be contradicting the definition on its own first slide. What a course can do is the other half of the same definition: ONGOING CRITICAL REFLECTION. That is a practice that can be taught, modelled and assessed honestly, and it is what this programme assesses.

THE SECOND SENTENCE, WHICH IS TEACHABLE

"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."

And the second finding, which is about who you are

An internationally qualified nurse occupies TWO POSITIONS AT ONCE, and no existing programme addresses both.

The position	What exists for it	What it leaves out
THE PERSON WHO HAS JUST MIGRATED	Navigating a new health system, a new idiom, a new hierarchy, and often a new relationship to authority and to speaking up.	Cultural orientation and settlement programmes exist for this, and they are mature, well-evidenced work. But they are written for the SERVICE, not for the practitioner, and they say nothing about the learner's own regulatory obligations.
THE REGISTERED HEALTH PRACTITIONER	Who, from day one, carries a Principle 3 obligation to provide culturally safe care to Aboriginal and Torres Strait Islander peoples.	Cultural safety training exists for this, and it is designed for the EXISTING Australian workforce - it assumes the learner grew up here and is being asked to examine a culture they are inside. It assumes a starting point the learner does not have.

THE GAP, IN ONE SENTENCE

An internationally qualified nurse is asked to provide culturally safe care to the First Peoples of a country they arrived in eleven weeks ago - and is usually handed either a settlement briefing that ignores the obligation, or a workforce cultural safety module that assumes they already know the history it is built on. THIS PROGRAMME IS BUILT FOR THE PERSON STANDING IN BOTH POSITIONS.

A live discrepancy this programme teaches

Instrument	What it says	Whose assessment
Ahpra / National Boards, definition of cultural safety for the National Scheme	Cultural safety IS DETERMINED BY Aboriginal and Torres Strait Islander individuals, families and communities.	THE COMMUNITY'S
NSQHS Standards, Action 1.21	The health service organisation has strategies to improve the CULTURAL AWARENESS AND CULTURAL COMPETENCY of the workforce.	THE ORGANISATION'S OWN, against its own workforce
NMBA and the professions, joint statement 2018	Cultural safety 'is about the person who is providing care REFLECTING ON THEIR OWN ASSUMPTIONS AND CULTURE' in order to work in genuine partnership.	THE PRACTITIONER'S, through reflection

These are not contradictions to be resolved on a slide, and this programme will not pretend to resolve them. They are a real seam in Australian health regulation, and the practical consequence is concrete: A SERVICE CAN FULLY SATISFY ACTION 1.21 WITH AN AWARENESS COURSE AND STILL NOT BE DELIVERING WHAT THE NATIONAL SCHEME DEFINITION DESCRIBES, because 1.21 measures the workforce and the definition measures the experience of the person receiving care. A nurse who can say that sentence out loud in a team meeting is more use to their employer than one who has a certificate.

CURRENCY - RECHECK BEFORE EVERY DELIVERY

- The NATIONAL SCHEME'S ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND CULTURAL SAFETY STRATEGY 2020-2025 has passed the end of its stated period.
- Ahpra appointed Wakaya Distinguished Professor YIN PARADIES on 9 OCTOBER 2025 to develop the next five-year iteration, and stated that 'the final strategy is expected to be delivered in FEBRUARY 2026'.
- AS AT 28/09/2026 IT IS NOT PUBLISHED. The Ahpra page still offers only the 2020-2025 PDF, with the note 'The Strategy will be published in an accessible format on this page soon.'
- The DEFINITION is current and unchanged. The STRATEGY around it is between editions. Ahpra's stated commitment is to 'assist in eliminating racism from the health system and achieving health equity for Aboriginal and Torres Strait Islander Peoples by 2031'.
- RECHECK BEFORE EVERY DELIVERY. A programme that quotes an expired strategy period without saying so is exactly the defect it should be teaching people to catch - which is why the participants run this check themselves in Session 1 rather than being told the answer.

What you will be able to do

Session 1 - Two-Way Cultural Conversations (3 hours)

Ahpra's own definition of cultural safety opens by saying it is determined by Aboriginal and Torres Strait Islander individuals, families and communities. This session starts there, because it

changes what any course can honestly promise - and then turns to the position an internationally qualified nurse is actually in, which is two positions at once and which nobody has built a programme for.

- Say who determines cultural safety, and why that changes what a course can promise
- Read Principle 3 in the Code of conduct's own words, having obtained the document yourself
- Run a currency check on a regulator's page in under three minutes
- Name the two positions you occupy, and stop treating the second one as something that starts later
- Distinguish cultural awareness, cultural competence and cultural safety, and say which one an instrument is asking for
- Describe your own culture as a clinical variable rather than as a personal disclosure
- Identify the Australian clinical idioms that cause real error, and ask about them without embarrassment

Session 2 - Working with Interpreters, from Both Sides (2 hours)

Every service has an interpreter policy and most nurses cannot find it. This session fixes that first, then turns to the question the settlement-sector version never asks: what a bilingual nurse should do when a colleague asks them to interpret. It is a clinical risk, it is usually unpaid, it is frequently outside their actual fluency, and it puts them inside a conversation they may later be the only witness to.

- Book and brief a professional interpreter through the route your own service uses
- Work with an interpreter properly - where to sit, how long to allow, who to address
- State the five specific risks of interpreting for a patient yourself
- Decline to be the interpreter in a sentence that does not damage the relationship
- Handle a family member offering to interpret, including when that is reasonable
- Recognise when your own English is the constraint, and escalate it the same way

Session 3 - Trauma-Informed Practice for Nurses (2 hours)

Trauma-informed practice is a way of working, not a treatment. This session gives the question it turns on, the specific things a hospital does that re-trigger people, and the changes a nurse can make without asking anybody's permission. It is deliberately built so that a participant carrying their own history can take part without disclosing any of it.

- Work from the trauma-informed question rather than from a behaviour label
- Describe intergenerational trauma as a clinical reality with a documented mechanism
- Name the triggers a hospital contains, and the ones you can change today
- Avoid re-traumatisation in history-taking, examination and any restrictive intervention
- Say where trauma-informed practice stops and therapy begins
- Locate support for yourself, and know that the session will not ask you to disclose

Session 4 - Applying Cultural Safety in Practice (7 hours)

The workshop. Acknowledgement led by the Aboriginal or Torres Strait Islander co-facilitator; the instruments read against constructed scenarios; four unfolding cases; the three hardest conversations rehearsed, including the one nobody has ever addressed with these participants;

and then the two documents - a source register and a workplace plan for their own unit - completed before they leave.

- Say what Acknowledgement of Country and Welcome to Country each are, and who gives which
- Decide which instrument answers a given question, and which questions none of them answers
- Work four constructed cases through to a defensible next action
- Respond when a patient or family directs racism at you
- Respond when a colleague does
- Raise a cultural safety concern about a colleague's care, upward, as a new arrival
- Record where each of the nine unread sources actually lives
- Complete a workplace cultural safety plan for your own unit

How it is assessed

THE PROGRAMME ASSESSES REFLECTIVE PRACTICE AND PROCESS. It does not assess cultural competence, and it cannot - that follows directly from the definition above. A provider that scored participants on cultural safety would be taking a determination the National Scheme assigns to Aboriginal and Torres Strait Islander individuals, families and communities.

Component	What it is	Graded?
Reflective workbook	Completed across all four sessions. It is yours, it is your CPD evidence, and it is NOT collected or marked.	No
Constructed case work	Four unfolding cases in Session 4. Feedback on every option, including the plausible wrong ones. Discussed, not scored.	No
Knowledge check	Short, on the things that are simply facts: who determines cultural safety, what Principle 3 requires, which NSQHS action covers recording Indigenous status, what an interpreter is for, Acknowledgement against Welcome to Country - plus two source-discipline items.	Yes
Source register	Where each of the nine unread sources actually lives. Checked for whether you can FIND things, which is the only part of source discipline a programme can verify.	Completion
Workplace cultural safety plan	Completed in Session 4 for your own unit. Reviewed for completion, NOT for quality - nobody outside your service is in a position to judge the content.	Completion

What the certificate says, and what it does not

ON COMPLETION

- It records ATTENDANCE and COMPLETION of the reflective and applied components, and states the contact hours.
- IT DOES NOT STATE THAT THE HOLDER IS CULTURALLY SAFE, CULTURALLY COMPETENT, OR QUALIFIED TO ASSESS ANYBODY ELSE'S CULTURAL SAFETY - because the definition places that determination with Aboriginal and Torres Strait Islander individuals, families and communities, and a certificate claiming otherwise would contradict the programme's own first slide.

Delivery

Hours	14 contact hours across four sessions. Core pathway (Sessions 1 and 2) is 5 hours.
Group size	10 to 30. Below 8 the rehearsal work does not function; above 30 the reflective work stops being honest.
Modes	Live online, in person at a client site, or at an OBANA-arranged venue. Session 4 works best in person and that is stated when it is booked.
Pre-arrival	Sessions 1 and 2 run online before you arrive in Australia, which is where they are worth most.
Co-delivery	A CONDITION OF DELIVERY. See below.

CO-DELIVERY IS A CONDITION OF DELIVERY

- OBA NURSING ACADEMY CANNOT DELIVER SESSIONS 1 OR 4 WITHOUT AN ABORIGINAL OR TORRES STRAIT ISLANDER CO-FACILITATOR, ENGAGED AND PAID. Not as a reviewer, not as a consultant on the materials, not as a recorded video - as a co-facilitator in the room or on the call, with the authority to take the session where they judge it should go, and a standing right to require a change to any slide or case. That right is written into the engagement, not offered informally.
- A non-Indigenous provider teaching that cultural safety is determined by Aboriginal and Torres Strait Islander people, and then delivering it entirely without them, has refuted itself in the first hour - and a room of internationally qualified nurses will notice, because noticing that kind of gap is what their whole migration has trained them to do.

What this programme will not do

	Why
It will not certify anybody as culturally safe or culturally competent	The determination belongs to Aboriginal and Torres Strait Islander individuals, families and communities.
It will not present an internationally qualified nurse as an authority on Aboriginal or Torres Strait Islander culture	and it will not substitute for cultural safety education designed and led by Aboriginal and Torres Strait Islander people.
It will not speak for any community	Nothing in it generalises across nations, language groups or communities, and the Aboriginal or Torres Strait Islander co-facilitator speaks from their own position, not for anybody else's.
It will not reproduce, paraphrase or approximate licensed content	safeTALK, LivingWorks, CATSINaM's own frameworks, or MRC Tas's materials.
It will not claim to be required for AHPRA registration, or to count towards the IQNM pathway	Whether cultural safety is assessed anywhere in that pathway was not researched and is therefore not asserted.
It will not teach any therapeutic intervention, screening tool or suicide intervention method	Trauma-informed practice is a practice, not a therapy.
It will not use a real service, patient, family or community in any scenario	and it will not identify a jurisdiction - because the local Aboriginal health plan, liaison role and community relationships differ in every one, and the programme has read none of them.
It will not state an obligation without naming the instrument it came from	and it will not present a secondary summary of a document as the document. Where this build did not read a source, the slide that relies on it says so.

AND THE NINE SOURCES THIS BUILD DID NOT READ

- 'WHICH DOCUMENT SAYS THAT, AND HAS ANYBODY HERE READ IT?' Asked plainly, without accusation, as an ordinary professional question. It cannot be taught by a programme that presents its own content as settled. It can be taught by one that publishes its own gaps, names them out loud, and hands each one to the participant as something to go and get.
- The full list, and the session each one is handed over in, is in the programme syllabus and on the source register card. Where a statement in this document rests on a source this build did not read, THE STATEMENT SAYS SO at the point it is made.

WHERE THE LINE IS

WHERE THE LINE IS. Every quotation, count and provision in this programme belongs to Ahpra, the NMBA, the NMBA and CATSINaM jointly, or the ACSQHC, and is attributed at the point of use. The practical suggestions - how to decline being used as an interpreter, how to ask which document settles something, what to put in a workplace plan - are OBA'S TEACHING and are labelled as such wherever they appear.

SCOPE

This programme is professional development. It states what Ahpra, the NMBA and the ACSQHC publish, quotes them where the words matter, and names the source every time. IT IS NOT LEGAL ADVICE AND IT IS NOT CLINICAL ADVICE. IT DOES NOT CERTIFY CULTURAL SAFETY and it cannot, because the National Scheme definition places that determination with Aboriginal and

Torres Strait Islander individuals, families and communities. It does not substitute for cultural safety education designed and led by Aboriginal and Torres Strait Islander people. It contains no therapeutic intervention, no screening tool and no suicide intervention method, and it makes no claim to be required for or to count towards AHPRA registration.