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Guiding assessment for learning in Indigenous health at level 9 of the Australian Qualifications Framework:

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- Professor Phillipa Pattison, Deputy Vice-Chancellor (Education), The University of Sydney
- Professor David Beckett, Deputy Dean, Melbourne Graduate School of Education, the University of Melbourne
- Professor David Paul, Associate Dean (Aboriginal Health), Notre Dame University

List of acronyms used

- AIDA: Australian Indigenous Doctors' Association
- ALTC: Australian Learning and Teaching Council
- AQF: Australian Qualifications Framework
- MDANZ: Medical Deans Australia New Zealand
- OLT: Office for Learning and Teaching

Executive summary

Project Goals: This project, *'Guiding Assessment for Learning in Indigenous Health'* involved an investigation (using qualitative research methods) of assessment approaches used by academics involved in teaching Indigenous health at the Master's degree level across Australia and in New Zealand. This data was then used to compare current assessment and teaching practices with educational theory and learning goals stipulated by the Australian Qualification Framework (AQF) at Master's level learning. The key project deliverable was a practical teaching resource; ***A capability approach to assessment for Indigenous health education,*** to inform and guide effective assessment for learning in Indigenous health (Delany, et al., 2017b).

The project team: comprised academics across Australia and New Zealand, all of whom were involved in educational research and/or Indigenous health research and teaching and the project involved **4 phases (Box 1**):

Project Findings: Interview data showed that academics wanted to transform students' perspectives of their role from knowing *about* Indigenous health as a component of basic health education content, to developing skills to *critically and creatively provide* health care relevant to the needs and strengths of Indigenous people. In contrast to these complex learning goals, assessment tasks focused on synthesising information about specific historical and sociocultural factors contributing to the health of Indigenous people. The majority of assessment tasks had defined and pre-set parameters leaving relatively little room for students to identify, critique and build on their own understanding and perspectives. This had the effect of rendering the complexity of academics' desired learning goals invisible to students.

Participants described a range of factors which either inhibited or assisted them in their role to introduce Indigenous health content in health professional programs. Within the classroom, these included student resistance to Indigenous health content especially if they did not see its' relevance to their future work. Many described feeling uncertain about their expertise to teach Indigenous health (especially if they were not Indigenous themselves). Academics who were Indigenous spoke of feeling responsible for appropriately representing Indigenous knowledge and beliefs. All participants spoke about the importance of having institutional support for this aspect of health program curricula. If students were to take it seriously, it needed to be explicitly valued and meaningfully assessed.

Three main findings are:[1]

1. A discrepancy or pedagogical **gap** exists between the desired learning goals of Indigenous health education and the assessment tasks set to achieve them.

[1] See *Theory and Practice: Indigenous Health Assessment at Australian Qualifications Framework Level 9* for more details of these findings

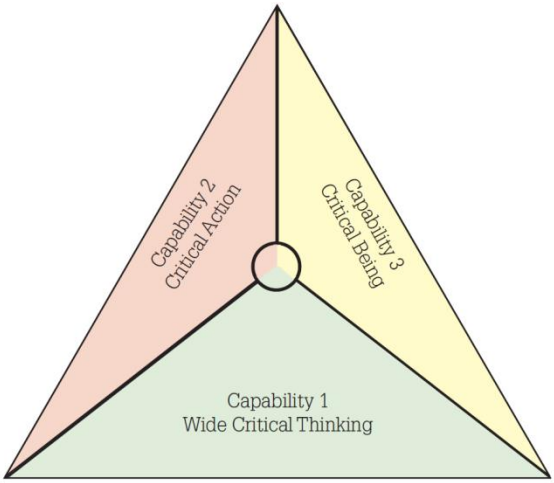
2. Teaching and learning Indigenous health is a **complex sociocultural activity** which is influenced by the individual classroom and wider institutional context and culture.
3. The desired student learning outcomes identified by academics do not fit neatly into discrete silos of specific Indigenous health knowledge and skills, and instead align more closely with notions of **building capability** in students.

Project Implications and Impact

Cultivating **capabilities** requires a shift in health professional graduate attributes from a focus on bounded areas of knowledge and technical skills, to synthesised knowledge and skills which build a students' agency (capacity to act). Capabilities also include elements of self-directed evaluation and continuous reflection on practice (Sargeant, et al., 2010). A capability approach also aligns closely with overarching goals of higher education described by Barnett and others (Barnett, 1997, 2015; Holmboe & Batalden, 2015), to prepare students with the capabilities and dispositions to act as mature and critical moral agents who can navigate complex social challenges.

Based on the project data, three main capabilities (Figure 1) were developed. They are represented as three sides of a pyramid without any obvious hierarchy.

Figure 1: Capabilities for Indigenous health practice



The final project resource, ***A capability approach to assessment for Indigenous health education*** outlines the cultural and pedagogic arrangements required to support Indigenous health academics to foster the development of Indigenous health capabilities in their students (Delany, et al., 2017b).

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Chapter 1: Background and Context

Project Background

Reducing disparities in health status and healthcare outcomes between Indigenous and non-Indigenous Australians is complex, and requires a multipronged approach (Bauert, et al., 2003). Training a health workforce is a key element. The AQF (AQF Council, 2013) is the national policy for regulated qualifications in Australian education and training. Students in health disciplines studying at AQF level 9 (masters or extended masters degrees) will be future primary practitioners and leaders in Indigenous health care delivery. At this level, the AQF specifies that they should achieve an extended understanding (of Indigenous health), be able to reflect critically, and have the skills to investigate, analyse and generate complex ideas and concepts about the determinants of Indigenous health and all facets of health delivery in this complex area of health service. There is a worldwide move towards specifying learning outcomes to achieve these types of higher education learning standards, and this trend reinforces the role of assessment as a key driver of student learning (Kennedy, et al., 2006).

However**,** in Australia, the development and delivery of Indigenous health curricula has been piecemeal and inconsistent between institutions and training levels (AIDA/MDANZ, 2012). There is general agreement that an effective Indigenous healthcare education curriculum for health professionals should encompass historical and contemporary Indigenous issues (Andersen, 2012; Bazen, Paul & Tennant, 2007) and assessment of learning should facilitate student understanding and capability to meet the needs of Indigenous patients (Andersen, 2009; Ma Rhea & Russell, 2012). However no work has been undertaken nationally to clearly articulate how assessment should be designed to drive learning outcomes within Indigenous healthcare curricula to achieve AQF level 9 standards. How academics make pedagogic decisions about assessing learning in Indigenous Health is unclear (Gair, Miles, & Thomson, 2005) and this gap in understanding, provided the impetus for this project.

This project addressed two questions for academics responsible for designing and delivering Indigenous health education content and assessment in health professional programs at Masters' level in tertiary institutions:

1. What assessment strategies (formative and summative) can I use to ensure students achieve AQF level 9 learning outcomes?

2. How will my assessment drive/communicate advanced understanding, high levels of critical thinking, creativity and motivation to keep learning in the area of indigenous health?

Links with previous Office of Learning and Teaching funded projects

This project builds explicitly on the work of one previous ALTC/OLT projects (Dawson, et al., 2012-2013; Dalziel & Cameron, 2008) and two ALTC/OLT (Asmar, 2012; Boud, 2010) Fellowships. *Implementing effective learning* designs demonstrated that generic learning designs are very useful for academic staff, who can adapt the frameworks to meet their individual disciplinary needs (Dalziel & Cameron, 2008; Dalziel, et al., 2011) . *Improving assessment: understanding educational decision-making in practice* focussed on the nexus between principles of best practice in assessment and assessment decisions made by academics in practice (Dawson, et al., 2012-2013), and its outputs informed the concepts developed in this work (e.g. Bearman, et al., 2014; 2016a; 2016b). Boud's 2007 ALTC fellowship focuses on the role of assessment in fostering learning both in and after courses. Asmar's (2012) Indigenous Teaching Fellowship provides excellent exemplars for Indigenous related teaching practice, although not specific to health.

Links with Learning and Teaching funding from The University of Melbourne

In 2012, the University of Melbourne based members of the research team behind this proposal obtained a small Teaching and Learning Grant from the University of Melbourne Learning and Teaching Initiative Grants, to support Indigenous health curriculum development and delivery. As background to this work, the study systematically reviewed the literature on teaching methodologies for AQF level 9 coursework masters and masters (extended) degrees. Identified methodologies and pedagogical concepts included the importance of providing authentic learning and assessment tasks closely related to future healthcare practices, and the need to involve students in actively constructing their own learning needs and assessment (see Delany, et al., 2016b). This project synthesised these findings with the prior work of the project team in medicine (Ewen, 2010), social work (Harms, et al., 2011), nursing science and clinical education (Delany & Molloy, 2009); previous OLT studies, and literature on the role of assessment for student learning, to assist educators to design assessment tasks specific to Indigenous health curricula at a masters level.

Project Goals

The broad project goal was to address how academics can design assessment tasks (both formative and summative) to achieve AQF level 9 learning outcomes in Indigenous healthcare programs so that future practitioners are able to effectively and sustainably influence determinants of health and support better outcomes for Indigenous Australians.

The specific project aims were to

(1) investigate assessment approaches used by academics involved in Indigenous health education at the Master's degree level;

(2) compare current assessment and teaching practices with educational theory and with learning goals stipulated by the Australian Qualifications Framework (AQF) at Master's level learning; and

(3) develop practical teaching resources to inform and guide effective assessment for learning in Indigenous health.

Chapter 2: Project Methodology and methods

Methodology

We used a qualitative methodology drawing from a social constructivist framework (Andrews, 2012) to enable exploration of how academics understand and interpret their role in designing and developing assessment tasks to achieve learning goals in Indigenous health education. We conducted semi-structured interviews with academics involved in teaching Indigenous health content at a Master's level in universities in Australia and New Zealand. Ethics approval (HREC protocol 1443255) for the study was obtained from The University of Melbourne, School of Health Sciences Human Research Ethics Advisory Group.[2]

A total of 41 academics involved in teaching and coordinating Indigenous health content in health sciences disciplines participated from 9 universities (8 Australian and 1 New Zealand). Participants' disciplinary backgrounds included public health (n=11 from four institutions), medicine (n=10 from 5 institutions), nursing (n=8 from 6 institutions), social work (n=4 from 2 institutions), dentistry (n=3 from 2 institutions), physiotherapy (n=2 from 1 institution), speech pathology (n=1 from 1 institution), neuroscience (n=1 from 1 institution), and psychiatry (n=1 from 1 institution).

Figure 2: Location of participants

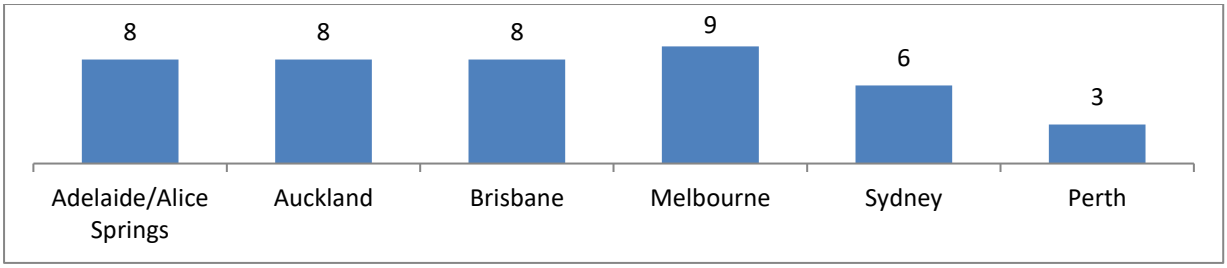
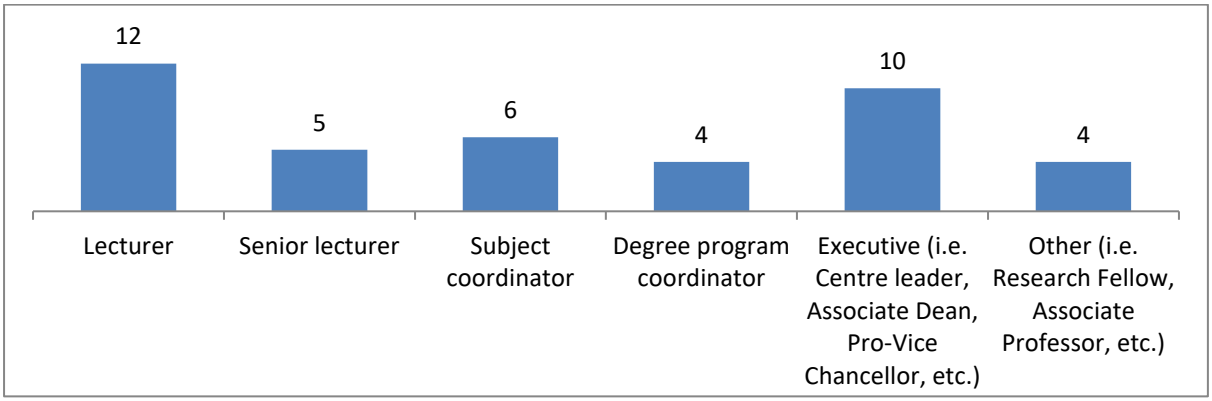


Figure 3: Position of participants



1. See Delany, et al., 2017a and Delany et al., 2016a for a full description of the methods used to collect data.

Results

Learning Goals

Participants were invited to discuss their broad learning goals with reference to types of understanding, skills, values and attitudes they were aiming to cultivate in students. Commonly expressed learning goals were to shift students' attitudes so that they were more disposed to think and act critically in relation to health care with Indigenous peoples. A recurring goal was a desire for students to develop a deep and reflexive understanding of factors influencing Indigenous health. The learning goals within the data clustered around students acquiring an understanding of the many intersecting factors which contribute to the health status of Indigenous people. Key learning goals were to foster critical thinking skills to encourage students to see connections between the historical, socio-political and economic experience of people and its impact on their health and well-being. In addition, academics wanted students to understand how their own values and professional roles may either negatively or positively impact on healthcare interactions and outcomes for Indigenous people.

Very few participants expressed teaching and learning goals to impart facts and information about the status of Indigenous health or the types of health interventions likely to be relevant for specific disciplines. Instead the learning goals suggest a desire to transform students' understanding.

Assessment types in Indigenous health education

The second part of the interviews focused on the types of assessments being used to assess Indigenous health knowledge. We grouped the assessment tasks according to participants' descriptions of the type of thinking they were aiming to achieve (Table 1)

Table 1: Assessment types identified in the data (from Delany, et al., 2017a, p. 14)

Assessment Type	**Assessment Task**	**Health discipline**
Type 1: Receiving & recalling information.	Short answer questions	Medicine Nursing Public health
	Multiple choice questions	Medicine Psychiatry
Type 2: Analysing information given	Case studies	Nursing
	Deconstruction exercises	Medicine Nursing Public health
Type 2-3: Analysing information identified &/or given	Reflective assessments	Medicine Nursing Public health Social work Speech pathology
	Policy critique &/or review	Nursing Public health Social work
Type 3: Identifying and analysing information	Other written assessments	Nursing Public health Social work Dentistry
	Oral presentations	Nursing Public health Psychiatry
Type 4: Applying knowledge to experience	Workplace proposal assessment	Nursing Public health
	Practice based assessment (OSCE)	Medicine Dentistry
Type 5: Using experience to develop knowledge	Scaffolded longitudinal assessment	Physiotherapy

Chapter 3: Comparing Practice with Theory

The main gaps, or differences between theories about effective assessment and current practice identified in this research, concerned the relative (lack of) emphasis on student self-evaluation and critique of their own learning. In the higher education literature, the role of assessment is to develop a capacity and motivation to engage in sustained learning in students, for their future professional practice (Boud & Falchikov, 2006). Carless described 'learning-oriented' assessment (Carless, 2007, 2015a, 2015b) as a method to encourage students to independently engage in the thinking required for their future disciplinary work. Table 2 (from Delany, et al., 2017a, .p. 2) lists some of the key characteristics of assessment tasks designed to promote this type of thinking.

Table 2: Principles of assessment design to promote critical thinking and life-long learning in higher education

Assessment tasks which are designed for sustained learning should (Boud, & Falchikov, 2006 p. 408-410)	1. Engage students with standards, criteria and problem analysis 2. Emphasise the importance of context 3. Involve students working in association with others 4. Promote transparency of knowledge 5. Foster reflexivity 6. Build learner agency for active learning 7. Provide scope for student initiative 8. Promote feedback seeking behaviours
Assessment tasks which promote learning should (from, Carless 2015a, p 65)	9. Encourage deep approaches to learning 10. Mirror real world application of subject matter 11. Involve students as participants in a disciplinary community 12. Develop student metacognition by having them engage with criteria, standards and exemplars 13. Involve elements of student choice and personal investment 14. Stimulate and encourage sustained involvement and effort over time 15. Facilitate forms of dialogic interaction or feedback between teacher and learner

Many of the learning goals identified in this project data resonated with these literature-based assessment goals. However, the data also highlighted misalignments between the rich and complex learning goals described, and the assessment tasks set to evaluate and drive such learning. For example, participants representing medical programs in our data rarely required students to demonstrate relationship building and communication skills in assessment tasks, despite these skills being raised as significant learning goals by these educators. Similarly, a key learning goal expressed by many of the nursing educator participants was to develop students' capacities to engage in culturally safe practice, but the

corresponding assessments required a written response, rather than examining practical skills in this area.

In effect, the complexity of academics' desired learning goals was invisible to students. The research suggests a subtle shift is required; from learning and assessment tasks set and controlled by the educator; to tasks explicitly designed to encourage students to identify, analyse and then develop and critique solutions to health problems in Indigenous health.

Chapter 4: Capabilities for Indigenous Health Practice

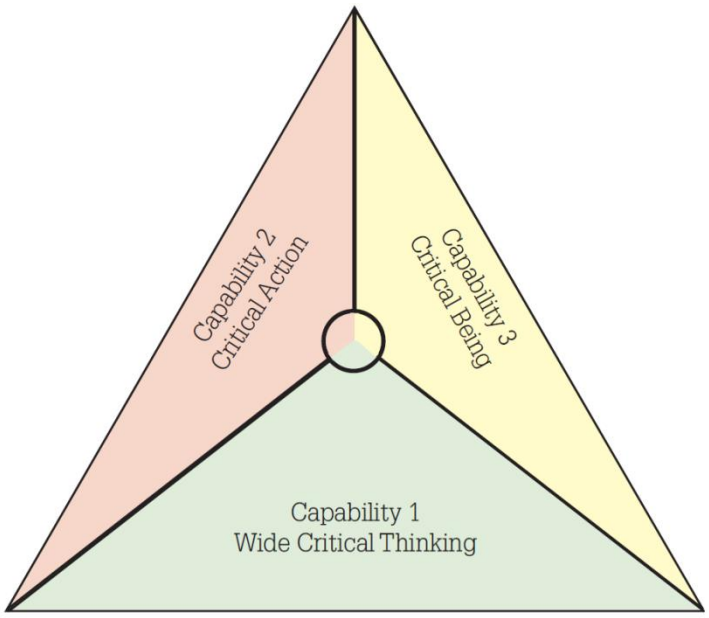
In the final phase of the project, we combined the knowledge derived from our data with knowledge about Indigenous health education from higher education literature to construct a model of Indigenous health education goals and assessment practice. Our overarching goal was to support scholarship in the area of health professional teaching. Shulman (1999) suggests scholarship in an area of learning and teaching requires the subject area to be publically known; to be open to critical review and evaluation by the learning community, and to be available for the academic community to use.

The final deliverable of this project aimed to achieve these criteria. The capability approach to Indigenous health assessment resource draws directly from project data and from established literature. It re-frames 'goals of learning' in Indigenous health as three interrelated 'capabilities for future practice, which are:

1. Critical thinking; using a wide theoretical lens to identify and incorporate complexity, diversity and history within Indigenous health practice
2. Critical action; a capability to use critical thinking to inform and drive practice decisions and actions
3. Critical being; a capability to become a health professional disposed to critical thinking and acting in the area of Indigenous health practice.

The three capabilities are represented as three sides of a triangle without any obvious hierarchy. Instead each side has equal value in supporting the overall structure.

Figure 1: Capabilities for Indigenous health practice



Using a capability approach to transform assessment and learning: a summary

Capability 1: Critical thinking; using a wide theoretical lens to identify and incorporate complexity, diversity and history within Indigenous health practice

To develop the capabilities for future practice in Indigenous health, students will need opportunities to practice adapting their health discipline knowledge to respond to challenges posed by uncertain or unfamiliar but real (Indigenous) health contexts, rather than obtaining their responses from textbooks and the commentaries of others. To be prepared for this active learning, students will need access to a wide range of socio-medical frames of knowledge (Dao et al., 2016) to enable them to make connections across different and sometimes disparate fields of knowledge and life experiences of Indigenous people, rather than viewing knowledge and understanding as fixed and bounded by their own specified competencies (Delany & Watkin, 2009; Martimianakis, et al., 2009; Metzl & Hansen, 2014).

Assessment tasks need to move from examining the production and evaluation of knowledge, towards how knowledge is used. This means focusing on processes required to transform such knowledge into collaborative practice and co-production of practice (Brigg, 2016; Holmboe & Batalden, 2015; Jackson et al., 2014). Assessment should shift the learning focus towards establishing and building relationships rather than learning how to transact a health care service by one person for another (Normann, 2001). This will require a shift from bringing Indigenous people into the content of health discipline curricula grounded in Western theories and beliefs to allowing Indigenous culture and perspectives on well-being to permeate the university and school environment (Lewis & Prunuske, 2016), by privileging their knowledge and voices.

Capability 2: Critical action; a capability to use critical thinking to inform and drive practice decisions and actions

Critical action requires an educational environment which allows students to "hone their critical thinking skills, cultivate a critical character, understand the nature of critical thinking, including the standards for judging its quality" (Golding, 2011, p. 357). Students will need to be habitually exposed to a learning culture which values creative and critical thinking where the focus is on learning 'to do something' in collaboration with or led by Indigenous people rather than have knowledge about their health and factors which have (historically and which continue to) impact on their health(Ewen, 2011; Fraser & Greenhalgh, 2001; Meyer, et al., 2011; Paul, et al., 2011). Importantly, the 'doing something' must represent the realities of Indigenous health clinical work, which involves listening, identifying strengths and health needs, whilst collaborating and co-producing health care (Meyer et al., 2011).

To move students towards acting critically, rather than merely knowing about Indigenous health practice in theory, Indigenous health education and assessment need to be part of

the formal and visible health curriculum (Ewen et al., 2012). It requires greater involvement, collaboration and co-creation of curricula and teaching practice from learners, academics and regulators (e.g. course accreditation bodies) and Indigenous people (Holmboe & Batalden, 2015). Fostering an orientation to take critical and pragmatic action as a health practitioner involves encouraging students to bring their personal understandings to bear on clinical scenarios, to test out their understandings, and to compare their own perspective and interpretation with others.

Capability 3: Critical being; a capability to become a health professional disposed to critical thinking and acting in the area of Indigenous health practice.

Dispositions to think and act critically as a health professional are components of the final capability **critical being**. For this transformatory learning to occur students need access to role models, so that professional values and behavioural criteria are visible and accessible to them. Assessment tasks should provide opportunities for students to respond in professional scenarios and to compare their responses to others, allowing them to try out their own professional communication and to identify differences in professional responses. The characteristics listed below are examples of behaviours and dispositions of a critical person (Golding, 2011; Halpern, 1998; Paul, 1990; Paul & Elder, 1997):

- Willingness to engage in and persist at complex tasks including the intellectual commitment to use critical thinking to guide professional behaviours
- Habitual use of planning combined with confidence and self-efficacy to reason
- Flexibility of thinking and a willingness to abandon non-productive thinking strategies
- Demonstrating empathy through awareness of social realities and an ability to see different perspectives
- Being professionally humble, curious, open minded and fair

Assessment tasks which evaluate these dispositions do not evaluate a students' capacity to understand, master and diagnose a patient's presenting health status as an 'object' (DasGupta, 2008; Downing & Kowal, 2011; Hunt, 2001; Metzl & Hansen, 2014). Instead, they evaluate students' understanding of the scope, limits and dynamic nature of their own continually developing skills and knowledge. Assessments of professional 'being' focus not only on the ability of a student to demonstrate competence in knowledge, skill or experience. Rather, they include evaluation of a students' integrity over time and in novel situations. This includes whether they are consistently conscientious, show they are aware of limits to their knowledge and display a willingness to ask for help. This means asking students:

- What they would 'do next' and 'why' (to examine their persistence)
- How they would plan their work (make specific adjustments) to accommodate the needs of an Indigenous person
- What they would do if (circumstances changed) and how they would adjust their

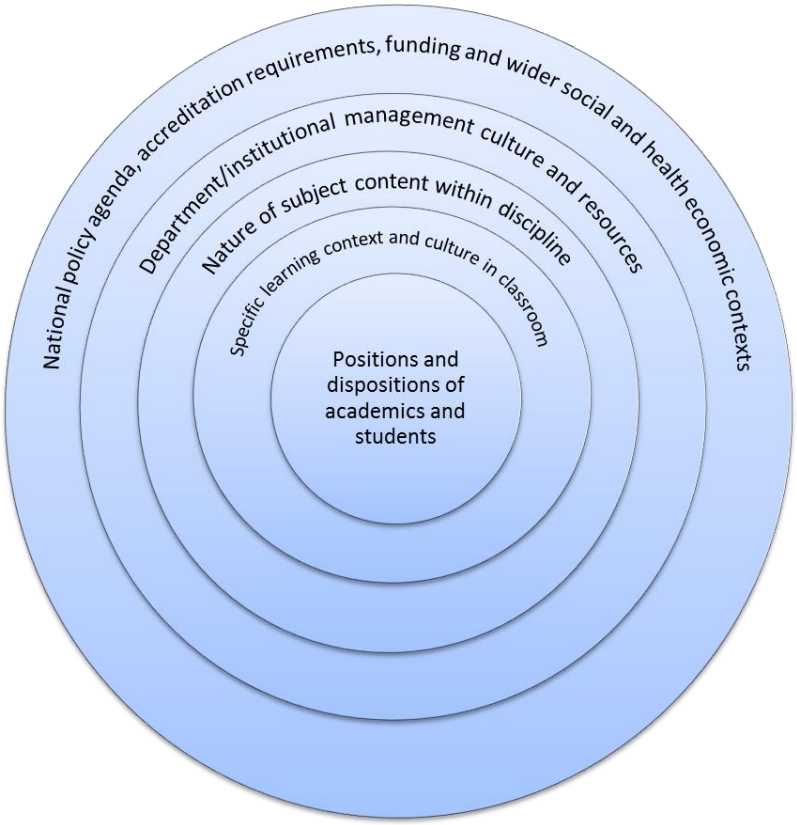
assessment, advice, treatment, communication

- What questions and communication strategies they would use to gain a deeper understanding of (an Indigenous person's or community's) needs and experiences
- How they would set aside their own professional views when listening to the stories, experiences of others

Institutional and Cultural support to develop and promote capabilities

The project also identified that the work of introducing and sustaining a capability approach to learning and assessment must be situated within the broader institutional and teaching context. This necessarily includes recognising that academics' learning goals and teaching strategies are buffeted by a range of intrinsic and extrinsic forces which can impact on an individual teacher's agency to develop curricula and design assessment(James & Biesta, 2007). James (2014) describes these influences as concentric circles around practice labelling them as affordances and constraints within a 'learning culture'. Within the 'capability for assessment' resource, we adapted James' (2014) description of learning cultures by situating the various institutional and cultural forces which impact on an individual teacher in a classroom in Figure xx.

Figure 4: Higher education learning cultures. Adapted from (James, 2014)



The role of the educator in designing assessment tasks is to provide the educational space and to cultivate a learning culture which enables students to feel safe in trying out critical thinking skills and professional dispositions (Barnett, 2015). The type of learning cultures

required at the broader educational environment level, values people and their perspectives and experiences through encouraging:

- Students, teachers and Indigenous people to co-create assessment tasks which matter for Indigenous people and their diverse health and well-being needs
- Opportunities for peer teamwork and collaboration (Jackson et al., 2014, p. 203)
- A program of continuing professional development opportunities for Indigenous and non-Indigenous staff teaching Indigenous health education
- Opportunities for pairs or small groups of Indigenous people to co-teach as a safety net for the teachers and to reflect diverse and complimentary perspectives
- Involvement from deans, managers and other influential members of the wider learning community to contribute to the Indigenous health curricula and assessment program
- Contribution and evaluation from Indigenous people of the curricula and assessment tasks
- Privileging of Indigenous voices and belief systems within the curriculum

Conclusion

The key impact of this project is to identify background pedagogy linked to specific and practical assessment tasks to ensure Indigenous health learning and assessment achieves masters level learning outcomes across all health professional programs.

The *capability* approach detailed in the resource will assist academics to determine and justify 'the best possible match' (Dijkstra, et al., 2010, p. 380) between their learning goals, assessment tasks and the curriculum. Reading this resource will assist an academic who teaches Indigenous health education to be in a better position to "defend or negotiate" (James, 2014, p. 164) the institutional, cultural and individual support they require for teaching and designing assessment for Indigenous health capabilities in health disciplinary programs (Jackson, et al., 2014).

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Appendix A: Certification

Certification by Deputy Vice-Chancellor (or equivalent)

I certify that all parts of the final report for this OLT grant/fellowship (remove as appropriate) provide an accurate representation of the implementation, impact and findings of the project, and that the report is of publishable quality.

Name: Frank Anastasopoulos Date: 28.4.17

Acting Director
Major Initiatives, Contracts and Grants Research, Innovation and Commercialisation
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Appendix B: External evaluator report

Enquiries about this report can be directed to:

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Contents

FINAL EVALUATION REPORT

Office for Learning and Teaching project: Guiding assessment for learning in Indigenous Health at level 9 of the Australian Qualifications Framework

Kate Reid

February 2017

Project overview

The Office for Learning and Teaching[3] project *Guiding assessment for learning in Indigenous Health at level 9 of the Australian Qualifications Framework* commenced in October 2014. A team of 14 academics from across Australia and in New Zealand and led by co-project leads Associate Professor Clare Delany and Professor Shaun Ewen at The University of Melbourne, collaborated on the project. The project aimed to develop a practical resource for academics teaching Indigenous Health at the Master's level to guide their assessment practices. Development of the assessment guide was supported by in-depth interviews in 2015 with Australian and New Zealand academics involved in delivering Indigenous Health education at the Master's level, and a literature review to elicit principles of effective assessment generally, and specifically as they applied in Indigenous Health contexts. In conjunction, these elements of the project allowed for a comparison of the contexts and practices experienced by Indigenous Health educators against the theoretical frameworks evident in the academic literature.

The project was completed in four phases. Phase 1 involved in-depth interviews with 41 Australian and New Zealand Indigenous Health educators to ask them about program learning goals and assessment of Indigenous Health in their contexts. Phase 2 involved analysing these data using content and thematic analysis and comparing the findings with information from a literature review of effective assessment in health professional education. Project team members developed a draft version of the assessment guide in Phase 3 that proposed a framework for assessment in Indigenous Health education, described the research evidence that informed the framework and provided guidance on good practice in assessment in

[3] Note that although the OLT ceased operation in June 2016, for convenience this evaluation report refers to the OLT project throughout as they were the original funding body.

Indigenous Health at the Master's level. Phase 4 focused on evaluating and refining the resource by integrating feedback from academics (both team members and a wider network of educators, including the original interviewees) and on introducing the completed assessment guide to Indigenous Health educators.

In line with the requirements of the original OLT funding, the project was subject to an external evaluation. This report outlines the purpose, structure and methods of the project evaluation and reports on the key findings.

Purpose of the evaluation

The evaluation focused on reviewing project and team processes over the life of the project. The process evaluation focused on describing and evaluating the implementation of the project throughout each of the four stages. In particular, the evaluation assessed the degree to which the goals of each phase were realised and described the factors which supported and hindered the progress of the project during each phase.

The initial plan for the evaluation incorporated an outcome component to describe the perceptions of potential users of the initial version of the assessment guide about its quality and usefulness. Potential users comprised academics who participated in the initial interviews which informed the development of the assessment guide. However, during the second year, the final stage of the project was restructured; the deliverable date for the assessment guide was extended and a symposium (held on February 24 2017) was proposed as the means to introduce the assessment guide to its intended audience. As a result, the evaluation could no longer include data from Indigenous Health educators about the most useful aspects of the resource and any elements which could be improved. Instead, the evaluation was adapted to focus on team processes in the planning of the symposium and in the process of review and feedback among team members on the final form of the assessment guide, and on observing the responses of participants at the final symposium.

The evaluation provided opportunities for project team members to reflect, from early in the project, on the strengths and challenges of the project design and its implementation. Participating in the evaluation provided an opportunity for team members to reflect on progress and to consider any possible improvement of project procedures (e.g., Scriven, 1967). Such information may be a useful source of guidance to future projects in highlighting project strengths, identifying challenges and approaches to overcoming them.

Evaluation Methods

The design and methodology of the evaluation was guided by the principles outlined in the OLT project evaluation resources (Chesterton & Cummings, 2011). Prior to commencing the evaluation, the evaluator discussed the project with the co-project lead and prepared a project plan which outlined a preliminary description of the evaluation methods, provided a

timeline of evaluation activities and the expected contribution of the evaluation. Project team members were invited to review the evaluation plan and had the opportunity to provide feedback.

The evaluation comprised six main components:

1. Interviews with the two co-project leads and the project manager at the end of the interview phase of the project to reflect on the successes of this phase, any challenges encountered and any strategies implemented to address challenges
2. Interviews with a wider group of project team members towards the end of the project about the successes and challenges of the whole project, their views on the usefulness of the assessment guide and the impact of the project on their own development
3. Meetings with the project manager at least once during each phase to gain more detailed feedback on the progress of the project
4. A desktop review of project documentation provided by the project manager (e.g. minutes and meeting notes) and a review of a draft and final version of the assessment guide
5. Data gathered from observations of project team meetings, advisory group meetings and the final symposium
6. A final evaluation report presenting summaries of major evaluation themes and outlining the major findings of the evaluation.

The six evaluation components are described in more detail below.

Component 1: The two co-project leads and the project manager were key informants to the evaluation for the interview phase of the project, as these team members had organised and undertaken all of the interviews with educators. Each of these team members participated in a face-to-face interview at the end of Phase 2 of the project. Project team members reflected on the objectives and outcomes of the interview phase of the project and identified facilitators and barriers towards achieving project goals. Examples of qualitative interview questions included: *What factors have contributed to positive outcomes in this stage of the project? Can you identify any challenges to achieving the goals of the project in these stages?* The first round of interviews occurred from September to November 2015 based on project team members' availability. These evaluation interviews were subjected to a thematic analysis to identify major themes.

Component 2: Towards the end of the project, eight project team members were interviewed to gather information about the progress of the project in the second year and also to reflect on the success of the project overall. These interviews were conducted face-to-face or by telephone depending on project team members' location and availability. Examples of qualitative interview questions included: *What factors were most helpful to achieving the objectives of the project in the last year? Did you learn anything from being involved in the project that has changed or influenced how you would approach similar projects?* The full schedule of interview questions for these interviews is included as Appendix 2. The second round of interviews occurred from November 2016 to January 2017 based on team members' availability. These evaluation interviews were subjected to a thematic analysis to identify major themes.

Component 3: The project manager acted as a key informant to all stages of the evaluation and provided progress reports on the project budget, tasks in progress and completed, and any changes to the project plan. The project manager provided information about the progress of the project during informal meetings scheduled at least once during each phase of the project.

Components 4 and 5: A desktop review of project documentation complemented information gathered from project team members. Such information included minutes and meeting notes, information about timelines, work planned, delegated, and completed, and budgetary information. Other documentation considered by the evaluation included the original project proposal, the guide used for interviews with Indigenous Health educators, a preliminary report on the findings of the interviews prepared in July 2015, a theory and practice report available as an OLT resource (see Delaney et al., 2016), and other academic output such as conference papers (see for instance Doughney, Ewen, Arkoudis, & Delany, 2016). The evaluation also included a review of a draft and a final version of the assessment guide.

The desktop review of project documentation and observations of project team meetings, advisory group meetings and the final symposium were used to supplement and elaborate on the information provided by project team members. Such information was assessed against a number of propositions such as: the project had clear objectives; communication between team members was effective; the project team encouraged communication with the wider network of stakeholders; and project objectives were met in a timely fashion.

Component 6: The final report describes and analyses the findings of the evaluation. This final report identifies lessons learned from the current project and identifies implications of the findings for future projects in this and related areas.

Table 1 shows the timeline of the main evaluation activities. The timeline was adapted over the life of the project as a function of input from the project team, to accommodate team members' availability for interviews and in response to the revised project activities and completion date.

Table 1: Timeline of evaluation activities

	2015							2016												2017	
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Observe advisory group/team meeting/final symposium																					
Desktop review of project documentation																					
Finalise evaluation plan																					
Interviews with project manager																					
Phase 1 and 2 interviews																					
Phase 3 and 4 interviews																					
Evaluator review of draft and final assessment guide																					
Final evaluation report																					

Reflections on the interview phase

Connecting with key academics in the field of Indigenous Health was a major component of better understanding the context for assessment in Indigenous Health, surveying current assessment practices in Indigenous Health and gathering information to inform the development of assessment guide framework. The objective of the interview phase was thus to identify and interview a range of key academics teaching Indigenous Health in Australia and New Zealand, in order to inform the development of the resource to guide assessment practices. The interview phase required significant effort in identifying potential interviewees, in arranging interviews, and in organising practical elements such as travel and accommodation for team members.

By the end of Phase 2, the project team had undertaken face-to-face interviews with 41 academics teaching Indigenous Health at the Master's level in Australia and New Zealand. The number of interviews conducted exceeded the number of interviews originally planned for the project (*n* = 30). These academics taught predominantly in Public Health (*n* = 11), Medicine (*n* = 10), and Nursing and Midwifery (*n* =8), but also included representatives from a range of other disciplines including Dentistry, Social Work, Physiotherapy, Speech Therapy, Neuroscience and Psychiatry.

This section reports on the general themes emerging from the first round of interviews conducted with the three project team members who conducted these interviews. The full schedule of questions for these interviews is included as Appendix 1. These questions acted as a guide to the conversation, with additional questions included to explore interviewees' responses in more detail as required. Additional evaluation information drawn on in this section includes team and advisory group meeting observations, reviews of project documentation (including a report on the initial findings from the interviews) and information on budgets, timelines and progress provided by the project manager. The interview phase also yielded a theory and practice report (Delany et al., 2016) which describes key themes in the interviews in the context of the project aims and which is available as an OLT resource.

Helpful factors in undertaking the interview phase of the project

In implementing the first phase, the project team found it helpful to draw on the professional networks of the wider project team to identify appropriate contacts teaching in the field of Indigenous Health. In this way, team members were successful in identifying key people to approach to be interviewed and, in turn, these contacts were able to suggest further potential interviewees to approach. A strong network of professional contacts enabled contacts with key academics in the field, which would otherwise have been more challenging.

Team members agreed that effective project management was central to implementing the interview phase of the project. Central project management ensured that the processes in the first phase kept to a schedule: professional contacts were followed up, interviews were arranged, and travel organisation undertaken. A significant portion of the budget was required to support the travel and accommodation required to complete this phase. The budget was carefully tracked through this stage and kept within appropriate limits, ensuring that funds remained for activities in the later stages of the project. Regular team meetings were also identified as helpful in implementing the interview phase of the project, due to the significant organisational demands of this research-intensive period. The proceedings of team meetings were carefully documented, with actions required of specific team members clearly noted.

In order to refine the form of the interview schedule, team members sought feedback from a current teacher in Indigenous Health. The interview schedule was then refined iteratively over the course of the initial interviews to develop questions most suitable to eliciting the best quality information about assessment in Indigenous Health. On occasion, interviews were conducted by two team members; this provided opportunities for team members to debrief and discuss the success of the interview. This process also provided opportunities for one team member to gain experience in the interview process by learning from experienced team members.

All team members agreed that the objectives of the interview phase were achieved. The project met predetermined timelines and was within the budget allocated to the interview phase. In reflecting on factors which helped the team to achieve the project objectives, the team reiterated the importance of team members' connections to the community of practitioners within Indigenous Health education and the central role of project management in achieving the project aims. A meeting of the broader team of investigators at the midpoint

of the first phase was also useful in gaining input from the wider group on the meaning of data collected up to that point.

The interview phase also provided opportunities for team members to build relationships and develop contacts in the community of practitioners which could be drawn upon later in the project when developing the assessment guide. Presenting findings from the project at the Leaders in Indigenous Medical Education (LIME) Connection in August 2015 further promoted the contribution of the project and helped to further develop connections with Indigenous Health educators. The project team utilised the resources of the wider project team and an advisory group to analyse the interview data, to gather feedback on the themes emerging from the interview data, and to consider what form an assessment guide might take. Utilising these larger discussion forums promoted the project and also ensured that there was input into the direction and form of the guide from a larger group of relevant academics. Distributing the analysis of the interview data over a larger team also introduced greater rigour and generalisibility into the findings, and ensured that the themes emerging were consistently identified.

Finally, undertaking the interview phase proved useful for team members in gaining a better understanding of the needs of the community of practitioners in Indigenous Health education, which provided valuable information to inform the development of a practical and useful guide to inform assessment practices.

Challenges encountered in undertaking the interview phase of the project

Team members identified some minor challenges for the project during the interview phase. In some instances, despite strong professional contacts, contacting potential interviewees was difficult. Barriers to initiating contact included a lack of presence on the Internet which made identifying email and telephone numbers for potential participants challenging, and difficulties confirming if potential participants were willing to participate. In part, difficulties securing participants to be interviewed related to challenges in explaining the project to potential participants so that they understood the relevance of the project to their teaching. There remained some concern among project team members that there may have been other potential participants who may have been overlooked. It was also a challenging task to develop the interview questions into a form that produced the most useful information about assessment in Indigenous Health–a process that occurred over the initial interviews.

Managing the timing of interviews against team members' availability, given that significant travel was involved, was challenging, but not a significant impediment to achieving the project's aims.

Largely however, there were no major challenges encountered in achieving the objectives of the interview phase.

Learnings from the interview phase of the project

Team members reported that the outcomes of the interview phase of the project were critical to undertaking the remainder of the project, with the interviews yielding rich information on current assessment practices in Indigenous Health education. The effort in identifying key informants to provide information for the assessment guide was generally seen by the wider team as critical to the success of the project. Individual team members reported learning personally during the process of undertaking the interviews, through developing understanding of the field of Indigenous Health, and learning how to engage with educators working in the area. Other team members noted the importance of project management to ensuring that project objectives were achieved as scheduled and within budget. Finally, the interview phase provided insights into the characteristics of the assessment guide–a practical, rather than theoretical resource, which would be clear, concise and offer examples of practice–that would prove useful to practitioners.

Reflections on the whole project

The primary activity undertaken after the interview phase of the project involved the development of the assessment guide, using the findings from the interviews and the literature review to inform the framework for the guide and to provide illustrations of the contexts and current practices in assessment in Indigenous Health. At the same time, the team worked on a series of academic papers related to the project. Towards the end of the project, as well as finalising the assessment guide, project team members planned for an all-day symposium to introduce the assessment guide to Indigenous Health educators.

Towards the end of the project, a series of individual interviews were conducted for the evaluation with eight members of the project team. These interviews, conducted face-to-face

or by telephone, focused on team perceptions of the success of activities in the second half of the project, but also provided scope to consider the success of the project overall. This section reports on the general themes emerging from this final round of interviews with project team members. The full schedule of questions for these interviews is included as Appendix 2. These questions acted as a guide to the conversation, with additional questions included to explore interviewees' responses in more detail as required. Additional evaluation information drawn on in this section includes team meeting and final symposium observations, reviews of project documentation (including minutes from a team planning day and a review of the draft and final versions of the assessment guide) and information on budgets, timelines and progress provided by the project manager.

Helpful factors in undertaking the project

During the second half of the project, the project remained on track, with direction and organisation provided by the co-project leads and the project manager. Having a dedicated project manager was again seen as important in keeping the project on track, through emphasising timelines to team members, collating and synthesising information from planning days, documenting project progress and team members' roles, and supporting the co-project leads. Team members valued the diversity of the team and spoke highly of the value of Indigenous Health academics on the team and of the importance of including different health professional disciplines on the team to convey different perspectives. Team members consistently emphasised the commitment, expertise, openness and interest of project team members as a strong aspect of the project. They also felt that grounding the work strongly in the experiences of Indigenous Health academics in the field was important to the success of the project.

There was a consensus among project team members that whole day, six-monthly face-to-face planning days held in the second half of the project were highly useful. These planning days replaced the regular shorter monthly teleconferences held in the initial phase of the project and were a deliberate strategy to promote team involvement and increase engagement and contribution. Team members spoke of the opportunity to have genuine input during the planning days, where there was a greater opportunity for relationships between team members to develop. These planning days were generally seen as more productive than the shorter teleconferences held earlier in the project. Team members felt that the longer meetings helped them to better manage their commitment to the project and to balance their time. The meetings were well-organised. Pre-reading and agendas were distributed beforehand, and they provided a context for richer interactions. Many team members would have valued such meetings earlier in the project. Some felt that this may have increased productivity at earlier stages of the project and may have established relationships between team members more quickly. At the same, there was an acknowledgement that regular contact was important throughout the project, particularly in the intense interview phase of the project, to ensure team members remained involved and engaged with the project.

Given that the project aimed to effect change in assessment in Indigenous Health, activities that promoted the work of the project, such as conferences, academic papers, and the final symposium were seen as critical in undertaking the project. The extension in time to complete the project was seen as important in allowing project tasks to be completed, and the final project symposium was regarded as a useful way to consult with academics in the field and

to encourage use of the assessment guide in practice. Project team members also undertook substantial development and revision of the assessment guide over the final months of the project. Substantial development of the resource in terms of readability, clarity and layout was evident between a draft and final version of the assessment guide reviewed as part of the evaluation. Such development suggests the usefulness of team members' feedback in refining the guide and the willingness of the main authors of the assessment guide to integrate feedback.

Challenges encountered in undertaking the project

Undertaking the project involved collaboration between a large interprofessional group of academics located throughout Australian and New Zealand. In this project, gathering a large project team was important in gaining access to key figures in the field of Indigenous Health and is important in disseminating the assessment guide to practitioners. However, ensuring that project team members remained engaged for the duration of the project and contributed meaningfully to the project outputs remained an ongoing challenge. An associated challenge related to maintaining the interdisciplinary focus of the project, given that medical educators were highly represented in the team and among original interviewees. Ensuring team engagement was challenging with budgetary constraints that could not accommodate paid time for project team members, or significant travel for face-to-face project team meetings. For individual team members, simply finding time to attend meetings and contribute significantly to the project given other competing responsibilities was identified as a challenge. On occasion, team members acknowledged that their ability to contribute by providing academic feedback was limited by the timelines required by the project. Scheduling face-to-face planning days twice during the final year of the project, encouraging individual contributions from project team members and introducing more flexibility into timelines for feedback were all successful strategies to keep the wider project team engaged. Many team members also mentioned that they valued the clear role expectations and clear timeline for project activities that were established in the project in helping them to balance their time.

Team members identified the area of Indigenous Health as a complex and challenging domain. Project team members believed that the assessment guide would be useful to individual educators and would be disseminated to a wider audience through contacts of the project team and original interviewees. There was, however, also recognition that effecting significant change required champions to push the agenda, rather than expecting individual educators to effect change.

Learnings from the project

Team members identified a range of professional learning outcomes provided through undertaking the project that they felt would be valuable in undertaking any future projects. These learnings included development of leadership and academic skills, greater appreciation of the dynamics of working in teams, and recognition of the importance of delegation and establishing expectations and priorities. Some team members were new to the area of Indigenous Health and felt that they had benefitted enormously from working in a new area, with learnings that they could apply in their academic work.

The interdisciplinary nature of the project team was also identified as an opportunity for learning and growth. Team members valued the opportunity to engage in academic conversations about assessment with the wider project team, many of whom they had not worked with previously. They felt that they had developed new, productive working relationships and had learnings from participating in the project that they could apply to future projects.

Impact of the project

Although any impact of the assessment guide on teaching and learning in Indigenous Health cannot be determined from this evaluation, a number of clear project achievements can be identified. These achievements comprise specific project outputs in the form of the assessment guide, conference presentations and research papers, and also the influence of the project on the professional and personal development of project team members. These project achievements extend beyond the original deliverable of the assessment guide and have the potential to influence future projects focused on Indigenous Health education.

A final version of the assessment guide entitled *A Capability approach to Assessment in Indigenous Health Education* was produced in February 2017 and distributed to more than 40 educators due to attend the project symposium on February 24 2017. A team planning meeting held on February 7 2016 was attended by a five team members and focused on developing a schedule for the symposium day which introduced the guide to participants, incorporated discussion on the contexts specific to attendees and analysed how the guide might be used in these contexts. A face-to-face symposium offered a good approach to dissemination of the assessment guide and the high-level of interest in attending the

symposium reflects the interest in the assessment guide. There were more than 35 symposium attendees over the course of the day. The program comprised a range of formats including presentations, whole and small group discussion and practical workshops, with sessions well-facilitated by different project team members. The audience remained interested, engaged, keen to ask questions, and to think deeply about the area. There are definite synergies through undertaking a face-to-face symposium for academics with an interest in Indigenous Health education, and it is likely to have been a more effective long-term approach to dissemination than the individual consultations originally planned for the project. Feedback from educators during the symposium will also be used to modify the assessment guide as is deemed necessary.

Promoting the project has been an ongoing focus of project planning, with presentations at conferences (including a workshop at the Leaders in Indigenous Medical Education (LIME) Network conference in August 2015, a presentation at the AMEE conference in 2016, and departmental presentations) and a series of up to four publications, published or in preparation. These publications will also provide enduring promotion of the resource to the Indigenous Health education community. The Melbourne Poche Centre for Indigenous Health will host a webpage dedicated to the project which will enable ongoing access to the assessment guide, which should ensure the assessment guide remains visible and accessible to Indigenous Health educators beyond the life of the project. Project team members from a number of different disciplines who currently work in Indigenous Health education have also indicated that the guide would be personally useful in shaping their assessment practices. Several team members also indicated that they planned to disseminate the assessment guide through their networks.

Conclusion

The evaluation of the project *Guiding assessment for learning in Indigenous Health at level 9 of the Australian Qualifications Framework* was conducted to examine the efficacy of team and project processes over the life of the project. Overall, the project was successful in delivering the outcomes of the project on time, within budget and to a high standard. Across the life of the project, a number of key deliverables were produced as part of the requirements of the OLT grant. These included a theory and practice report (Delany et al., 2016), the assessment guide (Delany et al., 2017) and a final symposium to facilitate dissemination of the assessment guide to the field. In addition, the project team has produced or have in development additional academic papers to further highlight the assessment guide

produced as part of the original grant. Presentations at conferences and at other forums have also publicised the work of the project team and drawn attention to the assessment guide.

Evidence drawn from interviews with project team members, through examination of additional documentation and through observation of team processes in the context of meetings, suggests that overall the team worked effectively and consistently throughout the project. The project team remained adaptive to challenges within the project and instituted measures to minimise the impact of any difficulties. This included instituting whole-day planning sessions in the second year of the project to increase team productivity and to enhance engagement and contribution. Key learnings from the evaluation include the importance of a central project manager to support the academics' work and to keep the project on time and within budget. In the context of a project in the area of Indigenous Health education, team members with expertise and connections in the area are essential to undertaking the project. Meanwhile, managing a large, geographically dispersed team provides challenges which must be managed in order to maximise the benefits for the project. Importantly, team members appreciated the opportunity to be part of the project and identified significant personal and professional learnings from the experience. The team collaborated successfully to produce the assessment guide, which has been consistently promoted through the course of the project, and which was positively received by attendees at the project symposium. Team members' strong commitment to the Indigenous Health area and to the aims of the project has resulted in this project successfully meeting its goals.

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Appendix 1: Reflection on the Interview Phase: Evaluation Questions

In the first phase of the project, your goal was to conduct interviews with academics currently involved in teaching Indigenous Health at the Master's level and use this information to inform the design of resources for assessment.

Just thinking firstly about the process of getting this first phase started.

What factors were most helpful in implementing this first phase of the project?

Did you encounter any barriers to implementing this first phase of the project? If so, what were they?

If there were barriers to implementing the first phase, were any strategies implemented to reduce the effects?

Now thinking more about the objectives of the first phase and the extent to which they were achieved.

Thinking about this first phase of the project, to what extent were the objectives of this phase achieved? Fully, partly or not at all?

What factors were most helpful to achieving the objectives in this phase of the project?

Can you identify any challenges to achieving the objectives of the project in these phases?

If there were challenges to achieving the objectives of the phase, what strategies were implemented to reduce their impact?

How useful were the outcomes of this phase to informing the rest of the project? Very useful, useful, Somewhat useful, not useful?

Did you learn anything from the first phase of the project that will influence how the remaining phases will be implemented?

Appendix 2: Reflection on the Whole Project: Evaluation Questions

Over the last year, I understand that the major focus of the project has been developing and refining the assessment guide to inform practices in teaching Indigenous Health at the Master's level.

Could you please tell me what role you have played in the project over the last year?

Thinking back over the last year of the project, to what extent do you think the project objectives were achieved? Fully, partly or not at all?

What factors were most helpful to achieving the objectives of the project in the last year?

Can you identify any challenges or barriers to achieving the objectives of the project in the last year?

If there were challenges to achieving the objectives of the project in the last year, are you aware of any strategies used to reduce their impact?

Thinking back over the past year, do you think that there are things that you or the team could have done differently to improve the outcomes of the project?

Do you believe the resources developed by the project will be useful? Why do you believe this is the case? Is there anything that the project team could have done or could do to increase the usefulness of the resources?

Did you learn anything from being involved in the project that has changed or influenced how you would approach similar projects?

Is there anything else you would like to add about your experiences in the project?

Appendix C: Updated project impact plan

	IMPACT PLAN			
	Project completion	Six months post completion	Twelve months post-completion	Twenty-four months post-completion
(1) Team members	• Development of academic knowledge related to assessment theory and practice (relevant to AQF level 9) • Enhanced educational practice – through use of the *A Capability approach to Assessment in Indigenous Health Education*(hereafter referred to as '*A Capability Approach)* • Increased knowledge of education programs and staff within own institution as well as partner institutions • Increased project management awareness and skills • Development of stronger partnerships with key academic staff and stakeholders involved in Indigenous health education across Australia and NZ.	• Enhanced knowledge transfer and collaboration between institutional and inter-institutional partners developed during the project.	(Enhanced knowledge transfer and collaboration continued)	(Enhanced knowledge transfer and collaboration continued)
(2) Immediate students		• Experiencing changed assessment practices	• Enhanced learning experiences and outcomes in students' Indigenous health education as a result of changed assessment practices.	(Enhanced learning continued)
(3) Spreading the word	• *A Capability Approach* will be made publically available • Conference and colloquium presentations • Individuals from academic networks in this area (e.g., LIME) will have access to the *A Capability Approach*	• Publications	• Publications	• Citations by others • Use of research in broader educational material on the development of assessment to assure the achievement of student skills and knowledge at different AQF levels.
(4) Narrow opportunistic adoption	• Individuals who participated in interviews will have access to and be able to use the *A Capability Approach* to inform their practice	Use of the *A Capability Approach (*continued)	Use of *A Capability Approach* (continued)	Use of *A Capability Approach* (continued)
(5) Narrow systemic adoption	* This is contingient on the institution and discipline in question, which, as demonstrated by the *Theory Practice Report,* are at various stages in their development and implementation of Indigenous health curricula. *A Capability Approach* may be adopted, although as shown in the guide, the capacity for this to be implemented appropriately within an institution depends on a range of factors to do with institutional culture.			
(6) Broad opportunistic adoption			• The development and implementation of assessment tasks using the *A Capability Approach* by many educators involved in Indigenous health across the sector.	• The development and implementation of assessment tasks using the *A Capability Approach* by by many educators involved in Indigenous health across the sector.
(7) Broad systemic adoption			• In enhancing and reviewing Indigenous health assessment in health sciences curricula, unit coordinators, course coordinators, staff in Indigenous health units and Deans and Heads of School from institutions across the sector will have access to the concepts and approaches, found in *A Capability Approach*, to inform their decisions.	• The implementation of Indigenous health assessment models that both drive student learning and provide quality assurance about graduates achieving AQF level 9 learning outcomes, in a range of different health sciences masters courses in institutions across the sector.