



Dr Zena Burgess
Chief Executive Officer
Royal Australian College of General Practitioners
RACGP House
100 Wellington Parade
EAST MELBOURNE VIC 3002

Dear Dr Burgess

**Re. Response to the Royal Australian College of General Practitioners consultation on the
*Standards for general practices (4th Edition)***

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to contribute to the Royal Australian College of General Practitioners (RACGP) consultation on the *Standards for general practices (4th Edition)* (Standards). Please find in this submission some broad advice relating to key aspects of AIDA's policy agenda that we believe are of relevance to the application of the Standards. We hope our comments are useful to the RACGP consultation and review process.

AIDA is the nation's professional association for Aboriginal and Torres Strait Islander doctors and medical students, and advocates for improvements in Indigenous health in Australia. We are working towards improving the health of Aboriginal and Torres Strait Islander people and reaching parity of Indigenous health professionals across the entire health sector. We also seek to create a health system that is culturally safe, high quality, reflective of need, and respects and integrates Aboriginal and Torres Strait Islander cultural values.

Patient Feedback

AIDA considers seeking and implementing formal patient feedback is an important part of general practice continuous quality improvement activities. However, in the context of the delivery of primary care services to Aboriginal and Torres Strait Islander people we would make two comments.

Firstly, we note that there are a number of models of general practice which also include Aboriginal Community Controlled Health Services (ACCHS) in which the community owns the service and controls it through the service's governance arrangements. While AIDA does not speak for the National Aboriginal Community Controlled Health Organisation (NACCHO), nor individual ACCHS, we do note that patient feedback is built into the structure of these services. In this case validated patient questionnaires may not be the most appropriate mechanism for feedback. The revised Standards need to accommodate this model. NACCHO, as the professional association representing Aboriginal and Torres Strait Islander primary health care across Australia, would be best placed to inform this process.

Secondly, with reference to validated questionnaires, we would welcome advice as to what work has been done by the College to ensure that validated questionnaires are a culturally appropriate tool to record Aboriginal and Torres Strait Islander patient's satisfaction levels. AIDA, through the RACGP's National Faculty for Aboriginal and Torres Strait Islander health, would be happy to work with you on this issue as required.



Definition of General Practice

In reviewing these Standards we would urge caution in how general practice is defined in order to avoid unintended consequences particularly as they relate to the delivery of Aboriginal and Torres Strait Islander health care. We note that Aboriginal and Torres Strait Islander health care is not always delivered in a traditional general practice environment led by General Practitioners. Care needs to be taken to ensure that the definition of general practice does not discriminate against services that are non-traditional – for example with a fly in fly out General Practitioner or Nurse/Aboriginal Health Worker led. The definition of general practice should not result in organisations with these types of models being unable to receive accreditation for the general practice elements of their service.

Recommendation:

Standard 2.1, Criterion 2.1.2 – needs to recognise the different compositions of services that deliver general practice services. When accrediting against the standards, only the general practice elements of the service should be assessable i.e. not other types of health or community service

Appropriate identification of Aboriginal and Torres Strait Islander patients

AIDA strongly believes that general practice plays a critical and integral role in Aboriginal and Torres Strait Islander health. It is therefore vital that places where primary health care is delivered are able to do so in ways that are culturally safe. Additionally the doctors in these settings need to deliver health care in culturally safe ways. A critical enabler of culturally safe general practice is the identification of Aboriginal and Torres Strait Islander patients.

Recommendation:

AIDA supports the suggestion that there is significant value in obtaining this information not only from new patients, but also the existing patient base. Further, we would like to acknowledge the importance of proper handling of this information by general practitioners in their communication, diagnosis, suggested care and information provided to the patient. We reiterate this point below in the following two sections concerning cultural safety and continuing professional development.

AIDA's commitment to facilitating culturally safe patient care

It is well known that Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from, services that are culturally safe places for Aboriginal and Torres Strait Islander people. AIDA strongly advocates for efforts to strengthen cultural safety through:

- the leadership of Aboriginal and Torres Strait Islander people and national professional health organisations;
- genuine partnerships between governments, institutions and other key stakeholders with Aboriginal and Torres Strait Islander organisations and communities;
- the ongoing accumulation of knowledge of past and current Aboriginal and Torres Strait Islander values, principles and norms; and
- accountability mechanisms to ensure awareness of Aboriginal and Torres Strait Islander values, principles and norms are applied appropriately.

AIDA is committed to working with RACGP to ensure cultural safety for patients and we note the ongoing commitment of RACGP to achieve this with trainees and fellows. The linkages between Aboriginal and Torres Strait Islander health and cultural safety are important, and need to be strongly valued and understood by the medical profession at all levels. AIDA supports any efforts towards ensuring that general practices are culturally safe places for Aboriginal and Torres Strait Islander doctors and patients. Some ways this can be



achieved include a welcoming physical environment, culturally aware communication between staff and patients and culturally appropriate primary information resources regarding health matters.

Recommendation:

With regard to Standard 2.1, Criterion 2.1.1 – we suggest inclusion of a link to AIDA's Cultural Safety position paper to the resources currently listed under the subheading Cultural awareness education. The paper can be found on AIDA's website at http://www.aida.org.au/wp-content/uploads/2015/03/Cultural_Safety.pdf.

Continuing Professional Development

AIDA advocates for ongoing professional development opportunities and training modules to be developed that focus on capabilities and competencies related to cultural safety for general practice fellows and trainees. We maintain that overall, more work needs to be undertaken to support trainees and fellows to develop an understanding of Aboriginal and Torres Strait Islander histories, thus assisting more effective and culturally safe ways to interact and gain clinically relevant information from Aboriginal and Torres Strait Islander people.

This point is particularly pertinent in the context of the greater health needs of the Aboriginal and Torres Strait Islander population (which has a greater need for high-quality health care than non-Indigenous Australians due to their lower life expectancy, and higher morbidity and mortality rates). AIDA believes that improving the health of Aboriginal and Torres Strait Islander people must be the responsibility, and a priority of the entire medical workforce.

Given that Aboriginal and Torres Strait Islander people currently comprise 0.2% of the entire medical profession, it is our view that fellows and trainees across medical specialisations must be able to relate cultural and social factors to diagnostic reasoning and provide advocacy and leadership for patient-centred care. AIDA asserts that these skills are not uniformly taught and assessed and are therefore not uniformly achieved. Additionally AIDA supports parity of Aboriginal and Torres Strait Islander representation, including doctors and specialists, across the health professions.

AIDA supports:

- Aboriginal and Torres Strait Islander health content to be user friendly to increase engagement, impact and ongoing use of material and resources;
- providing all trainees and fellows with the skills to understand the historical and socio-cultural context in which health issues occur, to assist in their ability to practice in a culturally safe manner when engaging with Aboriginal and Torres Strait Islander people; and
- increasing opportunities for personal insight development regarding culturally unsafe practice, and that these opportunities can be integrated into education and training and continuing professional development programs.

Recommendation:

With regard to Standard 3.2, Criterion 3.2.1 – AIDA maintains that continuing professional development for general practitioners should include mandatory units focusing on Aboriginal and Torres Strait Islander health. Further, we assert that assessment of performance against these standards should be undertaken in a culturally appropriate way by Aboriginal and Torres Strait Islander people. We also maintain that overseas-trained specialists must be required to demonstrate equivalent competency against these standards as a baseline requirement of the medical college assessment regime.



AIDA is grateful for the opportunity to provide feedback on the standards. We would be happy to further engage with you regarding any of the above issues should this be useful. Please direct further queries to Ms Kate Thomann, Chief Executive Officer, AIDA on (02) 6273 5013 or Kate.Thomann@aida.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Tammy Kimpton'. The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Dr Tammy Kimpton

President AIDA

27 May 2015

**AIDA summary table of comments**

| Standard number | AIDA comments on Consultation Attachment 1: Summary of changes to the <i>Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs</i> |
|-------------------------------|--|
| 1.1.3 | AIDA recommends including Aboriginal and Torres Strait Islander representation on decision making bodies and the governance structure of the medical college. |
| 1.1.5 | It would be beneficial to strengthen consultation with Aboriginal and Torres Strait Islander stakeholders in this point. AIDA is interested to know more regarding how consultation is assessed and by whom. |
| 1.2.1 | We would like to emphasise that overseas trained specialists require training in cultural safety and need to be assessed in this regard. |
| 1.3.1 | AIDA's view is that assessment should remain included and strengthened at this standard (not removed), noting that it is under the existing standard. |
| 1.4.1 | AIDA notes that education providers also need adequate resources to assess programs. |
| 1.5.2 | AIDA recommends also including 'and facilitate cultural safety' in these enablers. |
| 1.6.1 | AIDA recommends that assessment processes also need to be regularly reviewed and suggest including this in this standard. |
| 2.1.1 | As per the previous comment, we suggest also including 'assessment' along with 'training and education' in this standard. |
| 2.3.1 | AIDA advocates for enhanced and improved collection of Aboriginal and Torres Strait Islander graduation numbers. While we are mindful of the associated privacy issues, this information is critical to tracking Aboriginal and Torres Strait Islander graduate numbers. We recommend asking trainees for consent in collecting this information as part of medical college reporting. |
| 3.2.3 | AIDA recommends the addition of 'and cultural safety' to this standard. |
| 3.2.6 | AIDA recommends strengthening this standard by inclusion of 'Aboriginal and Torres Strait Islander health' |
| 3.2.9 3.2.10 | AIDA supports the development of curriculum specific to Aboriginal and Torres Strait Islander health and cultural issues. We maintain that assessment of this is critical to its overall effectiveness to educational and clinical outcomes. Specifically, we are interested in whether it is assessed at all, and if yes - how and by whom? |
| 4.2.1 | AIDA recommends an additional standard regarding learning and training in Aboriginal and Torres Strait Islander health competence. Regarding assessment, it would be beneficial to move away from 'factual' to 'strengths-based' approaches. |
| 6.2.1 | AIDA is interested in the frequency of these evaluations. |



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| 6.2.3 | AIDA is interested in how stakeholders will be asked to contribute to this and how evaluations will be undertaken. |
| 8.1.3 | AIDA notes the importance of adequately remunerating supervisors who fulfil this role. We are also interested to hear what steps colleges are undertaking to support Aboriginal and Torres Strait Islander fellows to become supervisors. |
| 8.2.2 | AIDA suggests making the following additional point here: - deliver high quality and culturally safe patient care. |

| Page no. | AIDA comments on Consultation Attachment 2: Draft Revised Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council |
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| page 4/ notes/ paragraph 2/ | AIDA suggests inclusion of 'culturally safe' in the existing sentence "...delivery of high quality, safe, patient care." |
| page 5/ notes/ paragraph 1/ | AIDA suggests inclusion of 'including cultural safety' at the end of the existing sentence "...medical and scientific progress and changing community needs." |
| page 9/ notes/ | AIDA suggests it may be beneficial to mention the National Health and Medical Research Council publication - <i>Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research</i> (Values and Ethics) (2013) at this point in the draft standards. The publication can be downloaded here http://www.nhmrc.gov.au/guidelines-publications/e52 |