



Dr Zena Burgess
Chief Executive Officer
The Royal Australian College of General Practitioners
100 Wellington Parade
East Melbourne VIC 3002

Dear Dr Burgess

RE: First draft of the 5th Edition of the Royal Australian College of General Practitioners Standards for general practices

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to review and comment on the first draft of the Royal Australian College of General Practitioners (RACGP) 5th edition Standards for general practices (the Standards). AIDA is very interested to engage with this process and we note the significant change in structure of the Standards since we last provided feedback in May 2015.

As you would be aware, 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.

Before providing specific comments on the current draft of the Standards, I would like to reiterate a number of contextual policy matters that AIDA regards as important to general practice as it applies to, and is experienced by Aboriginal and Torres Strait Islander patients and communities.

Culturally safe health care

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. 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. Practical ways to deliver culturally safe health care include asking patients if they identify as Aboriginal and/or Torres Strait Islander, having well-trained staff to provide culturally appropriate service, medical care, treatment and ongoing management and having culturally appropriate primary sources of information on relevant health matters.

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 relevant 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-centered 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.

Below are some specific comments from AIDA regarding the standards in *Module 1: Core Module*. While we are supportive of standards that acknowledge the health needs of Aboriginal and Torres Strait Islander people, AIDA feels there is always scope to be more specific around the particular issues impacting on effective health care and treatment for Indigenous patients.

Module 1: Core Module

Standard 3: Rights and responsibilities of Patients

- AIDA is supportive of the reference to the ACSQHC Charter of Healthcare rights to underpin this standard.
- We think that the indicators listed against Criterion 3.1 – *Respectful and appropriate care* could be strengthened with a specific reference to Aboriginal and Torres Strait Islander patients.
- We note the reference to Aboriginal and Torres Strait Islander patients on p.44, however think this could be emphasised in further detail in the broader context of culturally safe health care.

Standard 4: Health promotion and preventive activities

- AIDA notes the potential impact of this standard on the ongoing treatment of Aboriginal and Torres Strait Islander patients. In particular we make reference to the wording of 'Managing patient information to support preventive health care' on p.55.
- We note that taking patient history, including that of the extended family can be challenging for Aboriginal and Torres Strait Islander patients. For a number of reasons this history may not be readily available or easily shared. Issues arising from Stolen Generations, intergenerational trauma and uncertainty of identity and family ties need to be acknowledged by treating doctors and handled with sensitivity and acknowledgement.
- There is scope in this standard to acknowledge the positive impact improved patient risk assessments and information checks can have on health outcomes and ongoing management of illness or conditions impacting on Aboriginal and Torres Strait Islander patients.

Standard 5: Clinical management of health issues

- AIDA notes the update to Indicator 5.2 - *A practice can exercise clinical autonomy in decisions that affect clinical care* from the 4th edition, noting this indicator is now mandatory.
- AIDA is supportive of the principles of consistent and tailored health care based on community needs, as stated under Criterion 5.1 – *Diagnosis and management of health issues*.
- In particular we support the reference to Aboriginal and Torres Strait Islander patients and culturally safe health care, but note that this could be strengthened by a reference to AIDA's Position Paper; *Cultural Safety for Aboriginal and Torres Strait Islander doctors, medical students and patients*. The paper is available here: http://www.aida.org.au/wp-content/uploads/2015/03/Cultural_Safety.pdf

Standard 6: Continuity of care

- With regard to Criterion 6.1 - *Requesting a preferred practitioner*, AIDA acknowledges the specific reference to providing care to Aboriginal and Torres Strait Islander patients. It is valuable to note that 'continuity of care may involve a wider set of relationships, extending from the patient to the practitioner, Aboriginal health workers, and practice nurses' as stated on p.61.
- AIDA suggests that such linkages are valid to appropriate health care for Aboriginal and Torres Strait Islander patients across the Standards.

Standard 8: Patient health records

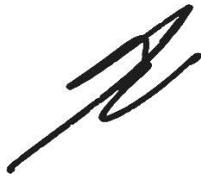
- With regard to Criterion 8.1 – *Patient health records*, AIDA notes that Indicator F - *Our practice routinely records the Aboriginal and Torres Strait Islander status of our patients in the patient health record* is supportive of our broader point that this should be occurring as a matter of course.
- AIDA advocates for allowing patients to identify as Aboriginal and/or Torres Strait Islander by asking the question in an appropriate and consistent way. This information can assist with improved data collection and supports delivery of culturally safe primary health care.

Standard 9: Education and training of practice staff

- See our detailed comments above.

AIDA is grateful for the opportunity to provide draft feedback on the Standards. We would be happy to further engage with you on 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 be 'Kali Hayward', written in a cursive style.

Dr Kali Hayward

President AIDA

1 April 2016