

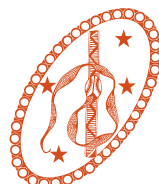
Cultural awareness education and cultural safety training

The RACGP National Faculty
of Aboriginal and Torres Strait Islander Health

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The Royal Australian
College of General
Practitioners



The RACGP
National Faculty of Aboriginal
and Torres Strait Islander Health
Working Together

Preamble

The Royal Australian College of General Practitioners is committed to improving the health of Aboriginal and Torres Strait Islander people, most significantly demonstrated by the establishment of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health in February 2010.

In its position statement on Aboriginal and Torres Strait Islander health,¹ the RACGP recognised that the medical profession had a key role to play in improving the quality of health services to Aboriginal and Torres Strait Islander people. It made a commitment to raising general practitioner awareness of Aboriginal and Torres Strait Islander health needs and their cultural context, and to advocating for culturally appropriate health delivery systems that improve health outcomes.

In April 2010, the Department of Health and Ageing (DoHA) announced the requirements for the Practice Incentives Program Indigenous Health Incentive. One of the Indigenous Health Incentive requirements is that at least two practice members (one of whom must be a GP) must undertake approved cultural awareness training within 12 months of committing to the incentive.

In June 2010, DoHA provided funding to the RACGP National Faculty of Aboriginal and Torres Strait Islander Health to undertake the project, 'Implementing a RACGP response to the Cultural Awareness Training Requirements of the Indigenous Practice Incentive'. This project had two components:

- An online activity: Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice, which is available free of charge to practices participating in the Indigenous Health Incentive and to RACGP QI&CPD Program participants
- Development of educational criteria to adjudicate applications by training providers to deliver cultural awareness education and cultural safety training to GPs.

This project allows the RACGP to support general practices to participate in the various measures of the Indigenous Health Incentive intended to provide better healthcare for their Aboriginal and Torres Strait Islander patients. It also makes more tangible the RACGP commitment to encourage GPs and their practice staff to develop an understanding of Aboriginal and Torres Strait Islander culture, history and health, and to incorporate this into their own professional practice.

Cultural awareness education and cultural safety training

The RACGP recognises that cultural education and training programs are described in various ways, including 'cultural competence' or 'cultural security' training. The RACGP has chosen to focus on two descriptive terms: 'cultural awareness education' and 'cultural safety training', and draws a distinction between the two.

Cultural awareness education is defined as:

'An understanding of how a person's culture may inform their values, behaviours, beliefs and basic assumptions.... [It] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people'.²

The focus of cultural awareness education is on outcomes for the participant or learner: self reflection leading to enhanced cultural awareness. It is introductory in nature, and through increased awareness, the learner can enhance their skills in working effectively with Aboriginal and Torres Strait Islander people. Cultural awareness education is considered to be the first building block toward cultural safety.

Because it is generally recognised that cultural awareness education results in enhanced awareness, but not necessarily in behavioural change, this method of education aligns with the style of teaching that obtains RACGP Category 2 QI&CPD points.

Cultural safety training, too, requires an awareness of how the practitioner's own values can influence their practice, but it has a focus on outcomes for health services and their patients.

Cultural safety is defined as ‘an outcome of health practice and education that enables safe service to be defined by those who receive the service’.³ Strategies aim to create an environment that is ‘safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need’, where there is ‘shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening’.⁴

Cultural safety training is more in-depth and aims to result in a behavioural change. The approach to training is still highly reflective but it also uses learning methodologies that result in behavioural changes and practice improvements. To this end, cultural safety training is an RACGP Category 1 QI&CPD activity, based on the participant’s own practice.

The RACGP strongly encourages GPs and practice staff to participate in both cultural awareness education and cultural safety training. It facilitates this in two ways: by developing the cultural awareness education activity that is provided via the RACGP’s *gplearning* and ClinEd websites and by developing educational criteria to ensure the quality of cultural awareness education and cultural safety training programs provided by training providers to GPs.

Online activity: Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice

The RACGP’s ‘Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice’ activity is an online cultural awareness education activity. It aims to improve the health of Aboriginal and Torres Strait Islander people by enhancing the cultural awareness of GPs, general practice staff, primary healthcare staff and other healthcare providers. This activity is a compulsory requirement for all GP trainees in the RACGP Specialist Pathway, including overseas trained doctors. Medical students will also benefit.

Completion of this activity allows participants to meet the cultural awareness training requirements for the Practice Incentives Program Indigenous Health Incentive. It has been approved for 12 Category 2 points in the RACGP QI&CPD Program 2011–2013 triennium.

This 6 hour activity aims to help participants to:

- extend their knowledge about Aboriginal and Torres Strait Islander history and culture
- explore how attitudes and values can influence perceptions, assumptions and behaviours in a clinical setting
- discuss key issues facing the practice team and Aboriginal and Torres Strait Islander people
- consider ways to address these issues.

Development of educational criteria for cultural awareness education and cultural safety training

The RACGP QI&CPD Program aims to assist Australian GPs to maintain and improve the quality of care they provide to patients and promote care to the community of the highest possible standard. Assessment of all educational activities by these standards is extremely rigorous.

The development of the QI&CPD Program is based on a number of well accepted adult learning principles, which emphasise that learning outcomes are improved when the learning:

- is self directed
- is driven by the learner’s identified needs
- is integrated into an individual’s learning program
- encourages active participation
- involves reflection and evaluation of what was learnt.

The QI&CPD criteria used to assess educational activities are extremely rigorous. However, these requirements only cover educational standards for general practice and do not cover important dimensions relating to cultural awareness education and cultural safety training.

The RACGP National Faculty of Aboriginal and Torres Strait Islander Health believes that any cultural awareness education or cultural safety training should be based on genuine partnership with Aboriginal and Torres Strait Islander people and involvement with local communities in its planning, delivery and evaluation.

Therefore, an additional set of standards to the QI&CPD criteria is necessary to ensure that cultural awareness education and cultural safety training for GPs is of a high standard.

This means that any application by a training provider for assessment of cultural awareness education and cultural safety training will be assessed by two sets of educational standards:

- QI&CPD educational standards,⁵ followed by
- educational criteria for cultural awareness education and cultural safety training.

Details of the criteria for cultural awareness education and cultural safety training and contact details for state and territory QI&CPD offices are detailed in Appendices 1, 2 and 3.

What this means for GPs, practice staff and training providers

As a result of the development of the online activity and the cultural educational criteria, GPs and practice staff can consider the following options:

- Cultural awareness education: They can participate in the online RACGP activity or in other externally delivered cultural awareness education approved by the RACGP. They can also apply for QI&CPD accreditation through an individual active learning module (ALM) application. These options will be assessed according to the QI&CPD criteria and the cultural awareness education criteria. For the purposes of registration for the Indigenous Health Incentive, they can also participate in other cultural awareness education approved by NACCHO, affiliates or other professional medical colleges (eg. ACCRM, RACP)
- Cultural safety training: They can participate in the training delivered by training providers that is accredited by the RACGP via existing QI&CPD criteria and the cultural safety training criteria. They can also participate in other cultural safety training approved by NACCHO, affiliates or other professional medical colleges for registration with the Indigenous Health Incentive.

The following options will be available for training providers (eg. NACCHO, affiliates, divisions of general practice) wishing to obtain RACGP QI&CPD accreditation:

- Apply for accreditation of their cultural awareness education (which could be delivered online or face-to-face) under the RACGP QI&CPD criteria and the cultural awareness education criteria
- Apply for accreditation of their cultural safety training (which must be delivered face-to-face), under the RACGP QI&CPD criteria and the cultural safety training criteria.

1 Available at www.racgp.org.au/policy/Aboriginal_Health_policy.pdf.

2 Centre for Cultural Diversity in Ageing. Available at www.culturaldiversity.com.au/.

3 Eckermann AK, et al. Binan Goonj: Bridging Cultures in Aboriginal Health. 2nd edn. Churchill Livingstone, 2006.

4 Williams R. Cultural safety – What does it mean for our work practice? Australian and New Zealand Journal of Public Health 1999;23:213–4.

5 Available at http://qicpd.racgp.org.au/media/39262/qicpd_program_handbook_2010_locked.pdf.

Appendix 1: Educational criteria for cultural awareness education (Category 2 QI&CPD)

Step 1: The training must satisfy the RACGP QI&CPD education criteria

All cultural awareness education must first satisfy the QI&CPD education criteria for the 2011–2013 training program for Category 2 activities.

All training must be submitted first to the RACGP state faculty QI&CPD office for adjudication (see *Appendix* for details). Once adjudication has taken place, the application will be forwarded to the RACGP National Faculty of Aboriginal and Torres Strait Islander Health for Step 2 of the adjudication process.

Step 2: The training must satisfy the cultural awareness criteria set by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health

In addition, the following specific criteria will be used to adjudicate applications by training providers for accreditation for cultural awareness education.

Educational criteria for cultural awareness education

Planning, delivery and evaluation

A cultural awareness education activity can be delivered face-to-face, via self paced learning methods or online. It should:

- be at least 3 hours in duration
- demonstrate the partnership of Aboriginal and/or Torres Strait Islander people in its planning, delivery and evaluation. This may be demonstrated by satisfaction of the National Aboriginal Community Controlled Health Organisation (NACCHO) standards for cultural awareness training
- demonstrate the involvement of GPs in its planning, delivery and evaluation
- set measurable learning objectives.

Mandatory content

The content of a cultural awareness orientation activity should be determined by the involvement of Aboriginal and/or Torres Strait Islander people in the planning stage.

A cultural awareness education activity is intended to be introductory, to be followed up by more action learning focused cultural safety training. However, it cannot be assumed that all participants will go on to participate in cultural safety training. Therefore cultural awareness education should include an overview of all key issues relevant to the development of a culturally safe health service environment for Aboriginal and Torres Strait Islander people.

Cultural awareness education should:

- define and distinguish between cultural awareness education and cultural safety, the former being a reflective, awareness raising activity
- emphasise that participation in cultural safety training and further learning, planning and improvement is needed in order to develop a culturally safe practice
- contextualise the education activity in current national Aboriginal and Torres Strait Islander health initiatives, including the Closing the Gap* initiative and PIP IHI
- meet criteria for cultural appropriateness as set by the NACCHO standards or the NACCHO state affiliates
- have a practical focus and be relevant to, and engaging for, diverse learners in a range of health professions (eg. GPs and other practice staff, including nurses, health workers and allied health professionals)
- identify common barriers to cultural safety in primary healthcare services
- identify good practices for cultural safety (eg. in relation to access, identification of Aboriginal and Torres Strait Islander patients, communication and engagement with local communities)
- encourage participants to reflect on their own practice in relation to Aboriginal and Torres Strait Islander patients and identify opportunities to enhance cultural safety for these patients.

* Closing the Gap is 'a commitment made in 2008 by all Australian governments to work towards a better future for Aboriginal and Torres Strait Islander people. It aims to close the gap of Aboriginal and Torres Strait Islander disadvantage in areas such as health, housing, education and employment'. The Closing the Gap initiative should not be confused with the human rights based 'Close the Gap' campaign, which was initiated in 2005 by a group of Aboriginal and Torres Strait Islander people and other organisations. The campaign followed the publication of the 2005 annual *Social Justice Report* by then Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, which called for action to end the gross health inequities between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians. The Close the Gap campaign created momentum for government action and is still being run through the Australian Human Rights Commission, chiefly through The Steering Committee for Indigenous Health Equality. More information on the campaign can be accessed at www.hreoc.gov.au/social_justice/health/targets/closethegap/index.html.

Appendix 2: Educational criteria for cultural safety training (Category 1 QI&CPD)

Step 1: The training must satisfy the RACGP QI&CPD education criteria

All cultural safety training must first satisfy the the RACGP QI&CPD education criteria for the 2011–2013 training program for Category 1 activities.

All training must be submitted first to the RACGP state faculty QI&CPD office for adjudication (see *Appendix* for details). Once adjudication has taken place, the application will be forwarded to the RACGP National Faculty of Aboriginal and Torres Strait Islander Health for Step 2 of the adjudication process.

Step 2: The training must satisfy the cultural safety criteria set by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health

In addition, the following specific criteria will be used to adjudicate applications by training providers for accreditation for cultural safety training.

The educational criteria for cultural safety training

Category 1 activities must include:

- a range of teaching/learning strategies within the accredited activity
- 6–10 hours of structured learning
- two-thirds of the time to be interactive or experiential.

Delivery method

The program must be delivered face-to-face, and:

- have preparatory and follow up activities, with a minimum of 6 hours interactive teaching activity
- have a focus on behaviour change
- involve local Aboriginal and Torres Strait Islander representatives in planning, delivery and evaluation of the program
- involve a non-Aboriginal/Torres Strait Islander person (eg. a GP or practice staff member), to discuss culturally safe work practices
- use a variety of learning methodologies
- be relevant to, and engaging for, diverse learners in a range of health professions (eg. GPs and practice staff, such as nurses, health workers and practice managers)
- provide opportunities for participants to reflect, obtain feedback on, and discuss improvements to, their practise of culturally safe behaviours
- be evaluated, with a view to continuous improvement of training
- provide opportunities for accessing support for practice improvement at the local level.

Mandatory content

While some participants may have completed a cultural awareness education activity, some may not have. Therefore the cultural safety training program should include the following key elements:

- definition of cultural safety, determined by how safe Aboriginal and Torres Strait Islander patients/clients feel when they use the service
- core content includes historical, cultural, socioeconomic factors underpinning health and wellbeing, cross cultural communication and cultural safety
- current national Aboriginal and Torres Strait Islander Health initiatives, including identification, the Close the Gap[®] initiative, the PIP IHI and the Pharmaceutical Benefits Scheme (PBS) co-payment measure
- opportunity for participants to become aware of their own attitudes, perceptions and assumptions in relation to Aboriginal and Torres Strait Islander people
- identification of barriers to cultural safety and examples of culturally safe processes and behaviours
- strategies for developing an ongoing relationship with local Aboriginal and Torres Strait Islander community or representative groups
- strategies for implementing a culturally safe health service, including access (physical, financial, environmental, cultural), interpersonal relationships, communication and culturally appropriate procedures for assessment, referral, treatment and continued care.

Additional information:

The 2011–2013 QI&CPD triennium requires that all Category 1 and Category 2 activities include the following components:

- the primary objective is to improve the quality of patient care
- the content of the activity must be relevant to GPs and general practice
- if the activity is developed by an education provider, there must be GP involvement in the planning and development of that activity
- planning must include a learning needs assessment to validate the education activity
- clear and measurable learning objectives must be included
- the content must observe the highest ethical standards
- the content must be of a high clinical standard which is evidence based and supported by an accepted medical theory
- the content must use a range of presentation and engagement modes
- the content must account for prior knowledge, skills, attitude and behaviour
- the content must demonstrate a systems approach that can be implemented in a GP's practice to improve patient safety
- identification of International Classification of Primary Care (ICPC) code/s by a GP on the planning committee
- there must be identification of one or more domains of general practice
- specific interest areas covered in the educational content must be identified
- there must be evaluation of the activity upon completion.

For further information:

The RACGP National Faculty of Aboriginal and Torres Strait Islander Health

Phone 03 8699 0411 | www.racgp.org.au/aboriginalhealth

Indigenous Health Incentive Guidelines

www.medicareaustralia.gov.au/provider/incentives/pip/files/indigenous-health-incentive-guidelines.pdf

Appendix 3: RACGP QI&CPD Program state and territory offices

Victoria

Program Coordinators: Ms Maria Fraser and Ms Penny Liddington

Administrator: Ms Erin Kealley

Phone: 03 8699 0483

Fax: 03 8699 0560

Email: vic.qacpd@racgp.org.au

South Australia and Northern Territory

Program Coordinator: Ms Sue Whitfield

Administrator: Ms Glenda Malkin

Phone: 08 8267 8330

Fax: 08 8267 8339

Email: sant.qacpd@racgp.org.au

Queensland

Program Coordinator: Ms Dianne Lane

Administrator: Ms Jill Burnett

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Fax: 07 3391 7009

Email: qld.qacpd@racgp.org.au

Western Australia

Program Coordinator: Ms Beth McEwan

Administrator: Ms Linda Cridland

Phone: 08 9489 9508

Fax: 08 9489 9544

Email: wa.qacpd@racgp.org.au

New South Wales and Australian Capital Territory

Program Coordinator: Ms Christine Owen

Administrator: Ms Maria Orosa

Phone: 02 9886 4700

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Email: nswact.qacpd@racgp.org.au

Tasmania

Program Coordinator/Admin: Ms Joanna Rosewell

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