



Multicultural health

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Definition

Multicultural health in Australian general practice reflects how the core principles of multiculturalism operate within the context of general practice, including ensuring that the training of general practitioners has a strong and specific emphasis on building cultural competence and effectiveness, that is, the ability to work competently and effectively in a culturally diverse workplace and in encounters with people from different cultural backgrounds to ensure the delivery of high quality general practice care.

The concept of multiculturalism in Australia is based on the principles of pluralism, which recognises, accepts and respects the rights of all Australians to express and share their individual cultural heritage within an overriding commitment to Australia, its people and the basic structures and values of Australian society. The key to Australian multiculturalism is inclusivity rather than division, with Australia's multicultural composition being 'at the heart of our national identity and intrinsic to our history and character'.¹

Terms often used within discussions of multicultural health include:

NESB: Non-English speaking background (NESB) is used most frequently to describe people who were born in a country where the predominant language is not English. They are first generation NESB. Their children are second generation NESB.

CALD: Culturally and linguistically diverse (CALD) refers to the wide range of cultural groups that make up the Australian population and Australian communities. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. The term 'culturally and linguistically diverse background' is used to reflect intergenerational and contextual issues, not only migrant experience.¹

Culturally and linguistically diverse background is a term used in policy documents but is often poorly defined. The term is commonly used to refer to people living within culturally diverse communities in Australia that may differ from the mainstream dominant culture.

Specific general practice issues affecting people from culturally and linguistically diverse backgrounds in Australia are many and diverse. They include providing high quality, culturally relevant, appropriate and accessible services and information, recognising the potential for discrimination in services targeted toward mainstream dominant culture being inappropriate for people of different cultural and linguistic backgrounds; using language services to best effect and the specific needs of different communities; and promoting the benefits of a culturally diverse community. These are only a few examples of the many complex issues that impact on people from culturally and linguistically diverse backgrounds and Australian general practice.

Ethnic: This term is no longer favoured and is not officially used in some states and territories of Australia. It is largely understood to refer to people born in a non-English speaking country or whose parents were born in a non-English speaking country.

Ethnicity: This term refers to geographical and cultural origins, which are sometimes used when referring to specific conditions, eg. beta-thalassaemia is more common in Australian people of Greek ethnicity or background.

Multicultural health recognises that the issues addressed in this curriculum are interconnected with many but not all indigenous health issues. Even so, users of this curriculum statement should not apply it directly in developing teaching and training materials for Aboriginal and Torres Strait Islander health, but instead should refer to the specific curriculum statement on Aboriginal and Torres Strait Islander health.

Curriculum in practice

The following case illustrates how the multicultural health curriculum applies to general practice:

- Charuni, 28 years of age, has recently arrived from Sudan. She presents looking sweaty and unwell. Her husband Hasan has accompanied her as he is the only family member who speaks English, but he clearly appears uncomfortable and keeps his face averted. It transpires her problem has to do with pain and fever and something relating to 'women's troubles'. How will you proceed?

Rationale and general practice context

A patient's presentation of illness is influenced by culture. The GP needs to understand how the cultural background of both the doctor and the patient influences the general practice consultation. Multicultural health in Australian general practice involves making a holistic assessment of the patient's needs and recognising the impact of cultural issues in the Australian environment.

Every individual constructs the meaning of their experience of health from within their cultural background. The social group in which we live influences our interpretation of the meaning of our experience of health and illness and affects our understanding of what symptoms are significant. Cultures help determine the behaviours we use when presenting to the GP.

The development of cultural competence is an integral skill in general practice.

Cultural competence² is a set of congruent behaviours, attitudes and policies that come together in a system, agency or health service, or among professionals, which enable the organisation or those professionals to work effectively in cross cultural situations.

Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating the understanding and appreciation of different cultures. To become more culturally competent, a health service or professional or system needs to:

- value diversity
- have the capacity for cultural self assessment
- be conscious of the dynamics that occur when cultures interact
- institutionalise cultural knowledge
- adapt service delivery so that it reflects an understanding of the diversity between and within cultures.

This involves challenging practitioner cultural assumptions, developing empathy for patients and colleagues with a different worldview, and developing the necessary skills to ensure that appropriate communication and interaction occurs within the consultation to result in quality care.

Multicultural health issues impacting on general practice

Multicultural health issues can present challenges to providing quality primary care and GPs are in a strong position to be advocates to improve the health of people from culturally and linguistically diverse backgrounds.

Australia's society is linguistically and culturally diverse, consisting of about 3% of Australians being of indigenous origin, while 97% have settled or are descendants of settlers over the past 200 years.³

Since 1945, 7 million people have migrated to Australia and 1 in 4 of Australia's 22 million people were born overseas. Australians speak over 260 languages and identify with more than 270 ancestries.¹

Multicultural diversity in Australia is increasing. In 2001, 23.1% of people living in Australia were born overseas compared to 14.35% in 1991. Those born in the United Kingdom (5.6%) and Europe (11.6%) have been decreasing but those born in east, central or southern Asia (6.0%) have been increasing over the past 10 years.⁴ Around 44% were born overseas or have a parent who was born overseas. Four million people (over 25%) speak a language other than English at home.¹

Issues in multicultural health in Australian general practice are complex and exist at every level of the health system, community and individual social environments. These issues include:

- Access to healthcare – patients from a culturally and linguistically diverse background may find they have specific problems accessing healthcare. Poverty, poor education and difficulty with transport are likely to impact health opportunities for those from a culturally and linguistically diverse background. In addition to these well documented social determinants of health, those from a culturally and linguistically diverse background may not be aware of the care available in the community and may not be able to access what is readily available because of language, religion or other cultural barriers.
- Equity of healthcare access is important for all Australians and is difficult to achieve when access issues are not addressed. As well as these issues, some patients from a culturally and linguistically diverse background experience discrimination from the healthcare system due to their country of origin, cultural background and religious beliefs. Healthcare professionals need to recognise this potential and be prepared to advocate for their patients when necessary to ensure adequate care. Social discrimination in health is experienced by many people from a culturally and linguistically diverse background, as well as inequality in employment, education and other areas.
- Language difficulties can negatively impact upon the care received by those from a culturally and linguistically diverse background. Over 200 languages are spoken in Australia, and in addition, nonverbal communication, communication styles, use of family or a third person for communication support and differing understandings of English words and phrases can all impact on clinical care. Different cultures attach different meanings to parts of the body and types of illness, and this can impact upon the presentation of the illness or compliance with treatment.
- Culture encompasses many issues. There are significant cultural differences even between people who speak the same language or come from the same country. Cultural issues that need to be considered are:
 - cultural lens:⁵ each person, including health professionals, needs to recognise that they have their own unique personal worldview influenced by the cultures that nurtured them. This ‘cultural lens’ may influence the way a health professional may judge and make assumptions about patients from a different background, and recognising this cultural bias is a necessary step for clinical effectiveness. A patient’s cultural lens shapes beliefs about illness causation, the nature of a particular illness, and the appropriate treatment and expected outcome
 - diversity within diversity: within each culture group there may be differences in ideas about age, gender, sexuality and social issues. General practice care needs to acknowledge this diversity in its provision of healthcare
 - religious issues: can alter the management of a patient. Religion can determine the patient’s and healthcare provider’s worldview and has a major influence over a person’s life, lifestyle and understanding of illness. It may affect diet and use of medications. All major religions are represented in Australia.

Multicultural health in general practice involves tackling health inequalities and reducing barriers to accessing general practice care.

The GP also has a role to play in breaking down cultural stereotypes through the provision of high quality care for all people from culturally and linguistically diverse backgrounds.

Training outcomes of the five domains of general practice

1. Communication skills and the patient-doctor relationship

- MCHT1.1 Communicate with cultural competence.
- MCHT1.2 Understand how language difficulties complicate communication during the consultation, making an appointment, phoning for emergency care and reading health information.
- MCHT1.3 Understand that even when a patient speaks English, lack of English proficiency can cause communication problems, resulting in potentially serious medical situations. These may include not understanding how to take medications, subtle misunderstandings that can be critical in emotionally charged issues, and mental health issues and cultural assumptions.
- MCHT1.4 Use interpreters skilfully and effectively to help avoid potential problems encountered during interpreted consultations. This includes working with face-to-face and telephone interpreters and understanding how the gender and background of the interpreter may influence the interaction, eg. when discussing women's health, sexual health or other sensitive matters.
- MCHT1.5 Understand the importance of directing the conversation to the patient during the interpreted consultation and not to the interpreter.
- MCHT1.6 Ensure confidentiality, especially in small communities, and beware of the pitfalls of using families in this role.
- MCHT1.7 Understand how a lack of awareness of culturally specific religious needs, beliefs and practices may impede addressing specific cultural issues, such as female genital mutilation, domestic violence and sexual violence, as well as potentially offending patients.
- MCHT1.8 Be aware of the risk of mental health issues in culturally and linguistically diverse communities, which may result from trauma, torture, social isolation and language isolation, and how these may also impact on effective communication.
- MCHT1.9 Be aware of and use, where appropriate, relevant written materials.
- MCHT1.10 Understand how educational background and literacy levels may be difficult to assess when there is a language barrier.
- MCHT1.11 Understand that the relevance of educational materials will vary for each individual, eg. some people speak one language but read in another – this will have implications when determining which resources are appropriate for the patient.
- MCHT1.12 Be aware of the impact of a patient's own cultural lens. This includes beliefs about disease, health and healthcare; the impact of faith and religious beliefs; and pharmacology differences in different ethnicities.

2. Applied professional knowledge and skills

- MCHT2.1 Learn about illnesses that may not be common within the general community but occur among those from culturally and linguistically diverse backgrounds.
- MCHT2.2 Understand how social and environmental determinants of health influence quality multicultural general practice care, including:
- MCHT2.2.1 diseases from the country of origin of the patient – nutritional deficiencies; health effects of war, torture and trauma; infectious diseases

- MCHT2.2.2 diseases relating to migration; refugees may spend many years transiting countries
- MCHT2.2.3 diseases of settlement – nutrition and lifestyle diseases of host country
- MCHT2.2.4 mental health including conditions related to patients' pre-migration experiences of loss, torture and trauma; difficulties associated with settling into a new country; cultural stigma of mental illness
- MCHT2.2.5 specific diseases common to certain populations such as thalassaemia, sickle cell anaemia, haemochromatosis
- MCHT2.2.6 culturally specific practices such as female genital mutilation/cutting.
- MCHT2.3 Understand how the social, linguistic and cultural isolation commonly experienced by patients from a culturally and linguistically diverse background has the potential to escalate minor health problems into serious health concerns.
- MCHT2.4 Recognise there may be limited evidence related to the conditions encountered. An innovative approach may be needed, including relying on specialist multicultural agencies for advice and accessing online information.
- MCHT2.5 Understand the barriers that may limit access for culturally and linguistically diverse people, including refugees, such as individual health patient issues, complexity of family structures and health issues related to their communities, and adjusting to and having ongoing access to the Australian health system.
- MCHT2.6 Understand how a holistic approach helps address multicultural health including attention to factors at the level of the:
 - MCHT2.6.1 individual – physical and emotional dimensions
 - MCHT2.6.2 family – social and relationship dimensions
 - MCHT2.6.3 community – cultural and political dimensions.
- MCHT2.7 Tolerate ambiguity, suspend judgment and develop empathy when meeting the health needs of patients from different cultures.
- MCHT2.8 Be prepared to deal with culturally specific conditions despite the lack of evidence based information for some problems faced within culturally and linguistically diverse communities.

3. Population health and the context of general practice

- MCHT3.1 Understand how language barriers and cultural acceptability are potential major barriers to accessing specific services such as breast screening, Pap tests, palliative care and immunisation.
- MCHT3.2 Understand how the experiences of people from culturally and linguistically diverse backgrounds in accessing healthcare in their country of origin can impact on their access to healthcare in Australia.
- MCHT3.3 Understand how the Australian health system has been set up for the majority culture, which may be culturally very different from some culturally and linguistically diverse communities.
- MCHT3.4 Understand how population health risks can change with time and acculturation and can impact upon subsequent generations.

4. Professional and ethical role

- MCHT4.1 Be aware of how a clinician's personal cultural beliefs and attitudes affect their management of patients from culturally and linguistically diverse backgrounds. Medical practitioners in many countries have been involved in the torture of political

detainees and this means the trust usually considered inherent within the patient-doctor relationship cannot be assumed, and therefore needs to be established.

- MCHT4.2 Respect and address any specific patient concerns about accessing services in a large government hospital if they had negative experiences in hospital in the country they left.
- MCHT4.3 Understand how important professional issues may be experienced or perceived differently by people from culturally and linguistically diverse backgrounds including:
 - MCHT4.3.1 privacy and confidentiality
 - MCHT4.3.2 informed consent
 - MCHT4.3.3 autonomy and adherence to treatment and treatment plans
 - MCHT4.3.4 equality and partnership in management.

5. Organisation and legal dimensions

- MCHT5.1 Record necessary cultural information within the medical records in a culturally sensitive manner that still enables others within the practice to access the relevant information needed to enhance a patient's care.
- MCHT5.2 Engage within and beyond medical settings to enhance a practice's ability to care for these communities.
- MCHT5.3 Access patient health information in different languages.
- MCHT5.4 Ensure practice services are accessible and appropriate for family groups and culturally diverse populations.
- MCHT5.5 Ensure systems are in place for efficient access to face-to-face and telephone interpreters before and during consultations.
- MCHT5.6 Know how to gain access to interpreter services for routine and emergency consultations and be aware of the costs.
- MCHT5.7 Ensure appropriate opportunities are available for training to ensure effective service delivery to culturally and linguistically diverse background patients.
- MCHT 5.8 Know the legal issues related to consent when the patient is not proficient in the English language.

Learning objectives across the GP professional life

Medical student

1. Communication skills and the patient-doctor relationship

- MCHLM1.1 Describe common challenges in cross cultural communication – trust, rapport, verbal and nonverbal cues and style.
- MCHLM1.2 Outline the importance of curiosity, empathy and respect in patient care.
- MCHLM1.3 Describe models of effective cross cultural communication, assessment and negotiation and how this impacts on illness.
- MCHLM1.4 Describe the function of the interpreter in the medical interview and list effective ways of working with interpreters.
- MCHLM1.5 Elicit a cultural, social and medical history, including patients' health beliefs and explanatory models of their illness.

2. Applied professional knowledge and skills

- MCHLM2.1 Define contemporary and accepted terms in multicultural health such as ethnicity, race, culture, NESB, cultural and linguistic diversity and their implications on healthcare.
- MCHLM2.2 Describe Australian patterns of multicultural health within a worldwide immigration context.
- MCHLM2.3 List prevalent health problems in culturally and linguistically diverse communities in Australia and how these differ from the general Australian population.
- MCHLM2.4 Discuss how cultural issues are integral in the medical interview and in providing healthcare.
- MCHLM2.5 Describe the challenges related to linguistic diversity in healthcare.

3. Population health and the context of general practice

- MCHLM3.1 Understand the population health issues related to those from a culturally and linguistically diverse background.
- MCHLM3.2 Understand that the pattern of health among specific groups from a culturally and linguistically diverse background may initially reflect patterns of the country of origin and that these patterns can change following migration, settlement and acculturation.
- MCHLM3.3 Identify reasons for intra and intergroup difference in health experiences of culturally and linguistically diverse communities and have an awareness of how to describe the diversity that occurs within specific culturally and linguistically diverse communities.
- MCHLM3.4 Describe the social and environmental determinants of health in relation to people from culturally and linguistically diverse communities – education, employment, socioeconomic status, housing, culture, gender.
- MCHLM3.5 Understand how those from culturally and linguistically diverse communities may experience health issues differently because of their language, religious and cultural beliefs.

- MCHLM3.6 List the sociocultural and environmental determinants of health that are applicable to people from culturally and linguistically diverse backgrounds.
- MCHLM3.7 Outline the epidemiology and demographics of culturally and linguistically diverse communities in Australia.

4. Professional and ethical role

- MCHLM4.1 Reflect and describe your own (ie. the medical student's) cultural background and biases and how this shapes your own cultural lens.
- MCHLM4.2 Discuss the ethical principles of patient centred care.

5. Organisational and legal dimensions

- MCHLM5.1 Outline when approaches to the assessment and management of a patient from a culturally and linguistically diverse background are the same as those of patients of mainstream culture, and where they may differ, eg. in the use of interpreters and being aware of culturally different health beliefs and expectations.

Learning objectives across the GP working life

Prevocational doctor

Assumed level of knowledge – medical student

1. Communication skills and the patient-doctor relationship

- MCHLP1.1 Use negotiation and problem solving skills in shared decision making with patients from culturally and linguistically diverse backgrounds.
- MCHLP1.2 Assess and enhance patient adherence based on patients' explanatory model of health and illness.
- MCHLP1.3 Apply models of effective cross cultural communication in consultations.
- MCHLP1.4 Identify when an interpreter is required and work with the interpreters effectively both face-to-face and over the telephone.
- MCHLP1.5 Describe the inherent power imbalance between doctor and patient and how this may affect the clinical encounter.
- MCHLP1.6 Be aware of referral agencies and resources that may be useful in communication with and education of patients from culturally and linguistically diverse backgrounds.
- MCHLP1.7 Demonstrate respect for a patient's culture and health beliefs.

2. Applied professional knowledge and skills

- MCHLP2.1 Identify how factors in multicultural health (eg. culture, cultural and linguistic diversity) affect healthcare quality, access, cost and outcomes.
- MCHLP2.2 Outline how patients' and their families' healing traditions, beliefs and cultural beliefs may affect their healthcare.
- MCHLP2.3 Assess and manage common health problems of culturally and linguistically diverse communities, including refugees.

3. Population health and the context of general practice

- MCHLP3.1 Describe systemic factors other than biomedical, such as historical, political, social, environmental and institutional, which impact on health and healthcare disparities.
- MCHLP3.2 Describe the epidemiology of culturally and linguistically diverse communities in Australia including recently arrived refugees.
- MCHLP3.3 Discuss the public health implications of government policy on refugees and asylum seekers.
- MCHLP3.4 List relevant and appropriate public and private community resources that patients from culturally and linguistically diverse background can access.
- MCHLP3.5 Discuss the historical and political impact of discrimination on health and healthcare for people from culturally and linguistically diverse backgrounds.
- MCHLP3.6 List strategies used to address prevalent public health issues in culturally and linguistically diverse communities.
- MCHLP3.7 Discuss barriers to eliminating health disparities.

4. Professional and ethical role

- MCHLP4.1 Identify how your (ie. the doctor's) own cultural background and biases (cultural lens) may impact healthcare delivery to culturally and linguistically diverse communities.
- MCHLP4.2 Apply ethical principles to the care of patients from culturally and linguistically diverse backgrounds in an appropriate and sensitive way, knowing that there may be differences in values.
- MCHLP4.3 Outline the role of the health professional as an advocate for patients from culturally and linguistically diverse communities.

5. Organisational and legal dimensions

- MCHLP5.1 Identify strategies used in hospitals to reduce risks and adverse events to patients from culturally and linguistically diverse backgrounds.
- MCHLP5.2 Discuss the legal issues related to some cultural practices (eg. female genital mutilation/cutting).

Learning objectives across the GP working life

Vocational registrar

Assumed level of knowledge – prevocational doctor

1. Communication skills and the patient-doctor relationship

- MCHLV1.1 Outline the possible implications of the patient's use of English as a second language on their health, treatment and compliance.
- MCHLV1.2 Communicate effectively and sensitively with patients from different cultures.
- MCHLV1.3 Identify the need to provide gender specific health education, which takes into account cultural and gender attitudes, gender power and appropriate examination procedures.
- MCHLV1.4 In assessing people from culturally and linguistically diverse backgrounds, recognise the need for interpreters and know how to access and utilise different types of interpreting services.
- MCHLV1.5 Recognise and manage the impact of bias, class and power in consultations.
- MCHLV1.6 Utilise referral agencies and resources that may be useful in communication with and education of patients from culturally and linguistically diverse backgrounds.
- MCHLV1.7 Apply strategies for overcoming critical communication barriers to the diagnosis and management of health problems.

2. Applied professional knowledge and skills

- MCHLV2.1 Outline the health related issues specific to pre-migration, migration, settlement, ethnicity and culture.
- MCHLV2.2 Identify cultural groups that are potentially torture and trauma sufferers, recognise the common presenting symptoms, outline the screening of these common problems and outline appropriate management strategies.
- MCHLV2.3 Identify strategies to overcome low usage of specific services and preventive activities.
- MCHLV2.4 Assess and manage health issues of recently arrived refugees, including screening for common nutritional deficiencies, infectious disease, mental health problems, catch up immunisation, preventive screening and dental and specialist referral as appropriate.
- MCHLV2.5 Outline strategies for the management of culture specific issues that affect health, eg. late presentation of illness and problems with treatment concordance.

3. Population health and the context of general practice

- MCHLV3.1 Discuss the cultural, language, social, economic, emotional, biological and political issues that can potentially affect the health of culturally and linguistically diverse communities:
 - MCHLV3.1.1 diseases from the country of origin of the patient, eg. nutritional deficiencies; health effects of war, torture and trauma; infectious diseases; and any neglected chronic conditions
 - MCHLV3.1.2 diseases relating to migration process, including refugee health
 - MCHLV3.1.3 diseases of settlement (eg. diet and lifestyle related diseases of host country)

- MCHLV3.1.4 mental health – including depression, anxiety, post-traumatic stress disorder, torture and trauma related conditions. Describe the impact of stigma and of differing cultural understandings of mental health problems
- MCHLV3.1.5 specific diseases common to certain populations such as thalassaemia, sickle cell anaemia, haemochromatosis
- MCHLV3.1.6 culturally specific practices such as female genital mutilation – it is important to include women's health as a whole, including contraception, antenatal and obstetric issues, as well as female genital mutilation/cutting
- MCHLV3.1.7 the conditions that are screened for prior to migration and which conditions need follow up after arrival.
- MCHLV3.2 List relevant public health issues of people coming from a culturally and linguistically diverse background.
- MCHLV3.3 Identify local and relevant services in the mainstream and those specifically for people from culturally and linguistically diverse backgrounds to improve equity of access, including refugee services.
- MCHLV3.4 Apply a holistic approach to health assessment and management of culturally and linguistically diverse patients.

4. Professional and ethical role

- MCHLV4.1 List strategies to deal with potential effects of personal cultural experiences, beliefs and behaviour on the outcome of consultations with patients from culturally and linguistically diverse backgrounds.
- MCHLV4.2 Outline how different cultural views impact on legal and ethical aspects of healthcare and health service.
- MCHLV4.3 Identify strategies to act as an advocate for people from culturally and linguistically diverse backgrounds in the multidisciplinary care environment and in negotiating secondary and tertiary care.
- MCHLV4.4 Identify the political climate that you live and work in to help your effectiveness in delivering appropriate healthcare to culturally and linguistically diverse communities, including recently arrived refugees.
- MCHLV4.5 Describe the good medical practice guidelines of the Medical Board of Australia and how they relate to multicultural health.

5. Organisational and legal dimensions

- MCHLV5.1 Outline how to identify, and the importance of appropriately recording, culturally and linguistically diverse background and refugee status.
- MCHLV5.2 Describe the impact on practices servicing the needs of culturally and linguistically diverse patients and newly arrived refugees.
- MCHLV5.3 Identify strategies used in general practice to reduce risks and adverse events for patients from culturally and linguistically diverse backgrounds, including refugees.
- MCHLV5.4 Identify strategies for the efficient and effective use of interpreting services.
- MCHLV5.5 Outline strategies to improve follow up and recall of patients from culturally and linguistically diverse backgrounds, including refugees.
- MCHLV5.6 Identify practice systems required to access relevant health and healthcare information to aid in the assessment and management of patients from culturally and linguistically diverse communities, including refugees.

Learning objectives across the GP working life

Continuing professional development

Assumed level of knowledge – vocational registrar

1. Communication skills and the patient-doctor relationship

MCHLC1.1 Actively seek to identify gaps in the knowledge, skills and attitudes to communicating effectively with people from culturally and linguistically diverse backgrounds.

2. Applied professional knowledge and skills

MCHLC2.1 Actively seek to identify gaps in their knowledge, skills and attitudes to cultural competence and health disparities for culturally and linguistically diverse communities.

3. Population health and the context of general practice

MCHLC3.1 Keep up-to-date with changes in the field of multicultural health and the needs of local culturally and linguistically diverse communities.

MCHLC3.2 List strategies to improve access for patients from culturally and linguistically diverse backgrounds.

MCHLC3.3 Discuss the specific social, medical and mental health problems faced by asylum seekers placed in detention.

MCHLC3.4 Institute strategies for effective and culturally appropriate health education and health promotion in local practices.

4. Professional and ethical role

MCHLC4.1 Identify deficiency in knowledge of ethical and legal aspects of consultation with patients from culturally and linguistically diverse backgrounds.

MCHLC4.2 Identify ways to engage, involve or consult with local culturally and linguistically diverse groups in matters relating to health service delivery to these communities.

MCHLC4.3 Use and be involved in local culturally and linguistically diverse community health related activities, especially when approached.

MCHLC4.4 Describe strategies for collaborating with culturally and linguistically diverse communities to eliminate stereotyping and other bias from healthcare.

5. Organisational and legal dimensions

MCHLC5.1 Outline a practice policy for collecting information about the culturally and linguistically diverse backgrounds of patients, including refugees, which attends to the issues of confidentiality and sensitivity.

MCHLC5.2 Use practice audits or similar activities to assess practice demographics and determine whether the needs of culturally and linguistically diverse groups including refugees are met.

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